



Facility Name & ID Number Illinois Knights Templar Home

# 0010058 Report Period Beginning: 08/01/13 Ending: 07/31/14

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>75</u>	Skilled (SNF)	<u>75</u>	<u>27,375</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>75</u>	TOTALS	<u>75</u>	<u>27,375</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>8,008</u>	<u>10,415</u>	<u>1,566</u>	<u>19,989</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>8,008</u>	<u>10,415</u>	<u>1,566</u>	<u>19,989</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.02%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES  NO

I. On what date did you start providing long term care at this location?

Date started 8/1/1954

J. Was the facility purchased or leased after January 1, 1978?

YES  Date \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?

YES  NO  If YES, enter number of beds certified 75 and days of care provided 1,566

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

Is your fiscal year identical to your tax year? YES  NO

Tax Year: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

\* All facilities other than governmental must report on the accrual basis.

Facility Name &amp; ID Number

Illinois Knights Templar Home

# 0010058

Report Period Beginning:

08/01/13

Ending:

07/31/14

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	222,098	19,347		241,445		241,445	241,445			1
2	Food Purchase		109,872		109,872		109,872	109,872			2
3	Housekeeping	91,523	17,998		109,521		109,521	109,521			3
4	Laundry	36,055	5,669		41,724		41,724	41,724			4
5	Heat and Other Utilities			96,132	96,132		96,132	96,132			5
6	Maintenance	102,219	65,645	95,076	262,940		262,940	262,940			6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>451,895</b>	<b>218,531</b>	<b>191,208</b>	<b>861,634</b>		<b>861,634</b>	<b>861,634</b>			<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			12,000	12,000		12,000	12,000			9
10	Nursing and Medical Records	1,095,174	112,922	40,573	1,248,669		1,248,669	1,248,669			10
10a	Therapy		52,115	376,158	428,273	(70,979)	357,294	357,294			10a
11	Activities	38,312	4,603		42,915		42,915	42,915			11
12	Social Services	51,037	246	4,675	55,958		55,958	55,958			12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>1,184,523</b>	<b>169,886</b>	<b>433,406</b>	<b>1,787,815</b>	<b>(70,979)</b>	<b>1,716,836</b>	<b>1,716,836</b>			<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	99,173			99,173		99,173	99,173			17
18	Directors Fees										18
19	Professional Services			281,895	281,895		281,895	(28,266)	253,629		19
20	Dues, Fees, Subscriptions & Promotions			89,664	89,664	(41,063)	48,601	(22,388)	26,213		20
21	Clerical & General Office Expenses	295,894	14,573	7,437	317,904		317,904	317,904			21
22	Employee Benefits & Payroll Taxes			688,060	688,060		688,060	688,060			22
23	Inservice Training & Education			634	634		634	634			23
24	Travel and Seminar			6,409	6,409		6,409	(1,410)	4,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			85,481	85,481		85,481	85,481			26
27	Other (specify):* <b>Bad Debt</b>			69,083	69,083		69,083	(69,083)			27
28	<b>TOTAL General Administration</b>	<b>395,067</b>	<b>14,573</b>	<b>1,228,663</b>	<b>1,638,303</b>	<b>(41,063)</b>	<b>1,597,240</b>	<b>(121,147)</b>	<b>1,476,093</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>2,031,485</b>	<b>402,990</b>	<b>1,853,277</b>	<b>4,287,752</b>	<b>(112,042)</b>	<b>4,175,710</b>	<b>(121,147)</b>	<b>4,054,563</b>		<b>29</b>

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Illinois Knights Templar Home

#0010058

Report Period Beginning:

08/01/13

Ending:

07/31/14

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			108,628	108,628		108,628		108,628			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							(17,929)	(17,929)			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			14,027	14,027		14,027		14,027			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			122,655	122,655		122,655	(17,929)	104,726			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					70,979	70,979		70,979			39
40	Barber and Beauty Shops			13,117	13,117		13,117		13,117			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					41,063	41,063		41,063			42
43	Other (specify):* <b>Non-Allowable</b>		55,675	9,042	64,717		64,717	(64,717)				43
44	<b>TOTAL Special Cost Centers</b>		55,675	22,159	77,834	112,042	189,876	(64,717)	125,159			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,031,485	458,665	1,998,091	4,488,241		4,488,241	(203,793)	4,284,448			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number Illinois Knights Templar Home

# 0010058

Report Period Beginning: 08/01/13

Ending: 07/31/14

**VI. ADJUSTMENT DETAIL**

**A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.**

**In column 2 below, reference the line on which the particular cost was included. (See instructions.)**

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer-</b>	<b>BHF USE</b>	
			<b>ence</b>	<b>ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(17,929)			10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(1,410)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(28,266)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(69,083)			24
25	Fund Raising, Advertising and Promotional	(22,388)			25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Attached	(64,717)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (203,793)</b>		<b>\$</b>	<b>30</b>

<b>BHF USE ONLY</b>						
48		49		50		51
						52

**B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)**

		1	2	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (203,793)</b>		<b>37</b>

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

**C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)**

		1	2	3	4	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$</b>		<b>47</b>

Illinois Knights Templar Home

ID# 0010058

Report Period Beginning: 08/01/13

Ending: 07/31/14

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Disallow ILC Expenses	\$ (58,913)	43	1
2	Disallow Townhome Expenses	(5,607)	43	2
3	Disallow Rental Hoiuse Expenses	(197)	43	3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15		0	33	15
16			24	16
17		0	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(28,266)	19	22
23				23
24		(69,083)	27	24
25		(22,388)	20	25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(184,454)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Illinois Knights Templar Home

# 0010058

Report Period Beginning:

08/01/13

Ending:

07/31/14

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	0	0	0	0	0	0	0	0	0	0	0	0	8
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	0	0	0	0	0	0	0	0	0	0	0	0	16
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(28,266)	0	0	0	0	0	0	0	0	0	0	(28,266)	19
20	Fees, Subscriptions & Promotions	(22,388)	0	0	0	0	0	0	0	0	0	0	(22,388)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(1,410)	0	0	0	0	0	0	0	0	0	0	(1,410)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(69,083)	0	0	0	0	0	0	0	0	0	0	(69,083)	27
28	<b>TOTAL General Administration</b>	(121,147)	0	0	0	0	0	0	0	0	0	0	(121,147)	28
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	(121,147)	0	0	0	0	0	0	0	0	0	0	(121,147)	29

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Illinois Knights Templar Home# 0010058

Report Period Beginning:

08/01/13

Ending:

07/31/14

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(17,929)	0	0	0	0	0	0	0	0	0	0	(17,929)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(17,929)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(17,929)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(64,717)	0	0	0	0	0	0	0	0	0	0	(64,717)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(64,717)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(64,717)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(203,793)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(203,793)</b>	<b>45</b>

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
N/A						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.  YES  NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$	N/A		\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	<b>Total</b>			\$			\$	\$ *	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number

Illinois Knights Templar Home

# 0010058

Report Period Beginning:

08/01/13

Ending:

07/31/14

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2	See Attached Schedule							2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	None								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Illinois Knights Templar Home

# 0010058

Report Period Beginning:

08/01/13

Ending: 07/31/14

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

Name of Related Organization N/A  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Illinois Knights Templar Home

# 0010058

Report Period Beginning:

08/01/13

Ending:

07/31/14

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
	<b>A. Directly Facility Related</b>																
	<b>Long-Term</b>																
1	None						\$	\$			\$						
2																	
3																	
4																	
5																	
	<b>Working Capital</b>																
6	None																
7																	
8																	
9	<b>TOTAL Facility Related</b>						\$	\$			\$						
	<b>B. Non-Facility Related*</b>																
10																	
11																	
12																	
13																	
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$						
15	<b>TOTALS (line 9+line14)</b>						\$	\$			\$						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ Line # \_\_\_\_\_

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)**

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>				
1. Real Estate Tax accrual used on 2013 report.		\$			1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$			2	
3. Under or (over) accrual (line 2 minus line 1).		\$			3	
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$			4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$			7	
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2009 _____	8	<b>FOR BHF USE ONLY</b>			
	2010 _____	9				
	2011 _____	10				
	2012 _____	11				
	2013 _____	12				
<b>N/A - Not for profit</b>			13	FROM R. E. TAX STATEMENT FOR 2013	\$	13
			14	PLUS APPEAL COST FROM LINE 5	\$	14
			15	LESS REFUND FROM LINE 6	\$	15
			16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

## 2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Illinois Knights Templar Home COUNTY Ford

FACILITY IDPH LICENSE NUMBER 0010058

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2013 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2013.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	None. Entity is exempt.	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		<b>TOTALS</b>	\$ _____	\$ _____

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?                 YES                 NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

**PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.**

Facility Name & ID Number Illinois Knights Templar Home

# 0010058

Report Period Beginning:

08/01/13 Ending:

07/31/14

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 40,268 B. General Construction Type: Exterior Brick Frame Fire Resistant Number of Stories 2

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

Illinois Knights Templar Home-Townhouse Apartments; 2862 Sq Ft; 4 units

Illinois Knights Templar Home- Congregate Living Units (CLU's); 3330 sq Ft; 11 units

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>	<u>120,000</u>		<u>\$ 23,000</u>	<u>1</u>
2	<u>Garage</u>	<u>7,850</u>		<u>3,204</u>	<u>2</u>
3	<b>TOTALS</b>	<b>127,850</b>		<b>\$ 26,204</b>	<b>3</b>

Facility Name &amp; ID Number Illinois Knights Templar Home

# 0010058

Report Period Beginning:

08/01/13

Ending:

07/31/14

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	13			1963	\$ 155,247	\$		\$	\$	\$	4
5	37			1975	825,217						5
6	6			1987	587,238						6
7	4			1992	64,239						7
8	15			1996	1,292,665						8
	<b>Improvement Type**</b>										
9	Doors			1977	10,621						9
10	Parking Lights			1977	5,523						10
11	Improvements			1978	40,262						11
12	Generator			1979	12,921						12
13	Generator			1980	26,890						13
14	Roof			1980	32,948						14
15	Roof - Nurses Station			1981	22,000						15
16	Basement Renovation			1981	20,614						16
17	Air Conditioner Installation			1982	1,271						17
18	Carpeting - Administrators House			1982	365						18
19	Laundry Room - Plumbing & Heating			1982	9,799						19
20	Electrical Updates			1984	1,405						20
21	Water Heater			1984	1,430						21
22	Garage			1985	6,015						22
23	Furnace - Administrators House			1985	1,522						23
24	5 Room Renovation			1988	144,260						24
25	Resurface Parking Lots & Drives			1988	12,875						25
26	Patio			1989	9,000						26
27	Solarium			1989	21,547						27
28	Remodel Day Room			1989	3,558						28
29	Install Catch Basins			1989	790						29
30	New Sidewalk			1989	890						30
31	Sidewalk & Ramp			1990	1,090						31
32	Rewire Garage			1992	3,238						32
33	Install New Hot Water Supply			1992	3,039						33
34	Land Improvement -Cleared Site for Garage			1992	1,540						34
35	Garage			1992	39,976						35
36	Wall Replacement			1993	71,464						36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Illinois Knights Templar Home

# 0010058

Report Period Beginning:

08/01/13

Ending:

07/31/14

## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Land Improvenet - Removal of Tank	1993	\$ 2,500	\$		\$	\$	\$	37
38	Roof Insulation	1993	15,800						38
39	Roof Insulation and Replace Skylights	1993	6,672						39
40	Wallpaper, Lights, Sashes - Adm House	1993	3,531						40
41	Sump Pump & Pit-Adm House	1993	815						41
42	Repaired Generator	1994	5,156						42
43	Wallpaper, Blinds, Cabinets - Adm House	1994	2,338						43
44	Land Improvement - Repaired Water Main	1994	1,063						44
45	Land Improvement - Sidewalks	1994	1,721						45
46	Air Conditioner in Dining Room	1994	4,801						46
47	Rewired Cable	1995	875						47
48	Tile In Front Entrance, Intermediate Rooms & House	1995	7,408						48
49	Land Imporvement - Transplanted Tree	1995	275						49
50	Replace Fire System	1995	2,915						50
51	Installed New Shower	1996	647						51
52	Instaalled Garage Door & Asbestos Analysis	1996	1,254						52
53	Land Improvement - Repaired Water Main	1996	1,002						53
54	Remodeled Dining Room - Wallpaper	1996	550						54
55	Replace Tile in Bath #1	1996	685						55
56	Installed New Fire Door	1996	4,321						56
57	Wallpaper & Blinds In Dining Room - Adm House	1996	2,136						57
58	Repaired Generator	1996	2,217						58
59	Replace Piping From hot water heater	1996	603						59
60	Wallpaer & Jacks In Master Bedrood - Adm House	1997	785						60
61	Run New Water Line In Mechanical Room	1997	2,643						61
62	Install New Door Alarms In 1995 Addition	1997	1,752						62
63	Increased Value of Land - demolition of Old House	1997	51,268						63
64	Maintenance Equipment	2003	937						64
65	Wallpaper and Tile in Solarium	1997	2,586						65
66	Installed Wallpaper	1997	392						66
67	Installed New Water Line	1997	3,336						67
68	Installed Mop Sink & Ductwork for Furnace	1997	2,508						68
69				236,702		236,702			69
70	TOTAL (lines 4 thru 69)		\$ 3,566,951	\$ 236,702		\$ 236,702	\$	\$	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete

Facility Name &amp; ID Number Illinois Knights Templar Home

# 0010058

Report Period Beginning:

08/01/13

Ending:

07/31/14

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 3,566,951	\$ 236,702		\$ 236,702	\$	\$	1
2	Replaced Water & Sewer Lines, Sink, Facet & Countertops	1998	3,511						2
3	Installed Mini-Blinds in Breakroom	1998	904						3
4	Land Improvement	1998	3,239						4
5	Land Improvement - Plant Trees	1998	699						5
6	Repaired Generator	1998	1,925						6
7	Installed Closet Dividers	1998	474						7
8	Repaired Roof	1998	633						8
9	Installed Oxygen Ventilation System	1998	2,980						9
10	Installed Carpet	1998	680						10
11	Land Improvement - Tested & Upgraded Fuel Tank	1998	8,050						11
12	Landscaping	1998	300						12
13	Concrete Driveway	1999	8,000						13
14	Roof Improvements on 1975 Addition	1999	4,776						14
15	Roof Improvements on 1988 Dining Room Addition	1999	10,528						15
16	Pavillion	1999	14,214						16
17	Electric Improvements on the 1995 Addition	1999	4,762						17
18	Kitchen Fire System	1999	1,797						18
19	Pavillion Lights	2000	1,235						19
20	Building Improvement Original Memorial Monument	2000	746						20
21	Building Improvement Original BTU Heat Pump	2000	1,988						21
22	Building Improvements 1988 New Wander Guard System	2000	11,990						22
23	Land Improvement Sidewalk and Pad	2001	2,300						23
24	Building Improvement 1975 PTAC Chassis	2002	25,807						24
25	Garage Door	2002	675						25
26	Building Improvements - Handrails	2002	1,480						26
27	Water Heater	2002	2,378						27
28	Smoke Damper	2002	605						28
29	Transformer	2002	206						29
30	Building Improvements - Roofing	2003	140,166						30
31	Room Furnishings	2003	1,248						31
32	Building Improvements - Original Building	2004	17,366						32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,842,613	\$ 236,702		\$ 236,702	\$	\$	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

Facility Name &amp; ID Number Illinois Knights Templar Home

# 0010058

Report Period Beginning:

08/01/13

Ending:

07/31/14

## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 3,842,613	\$ 236,702		\$ 236,702	\$	\$	1
2	PTAC Unit	2004	2,848						2
3	Door	2005	1,806						3
4	Water supply & pipe	2005	1,500						4
5	PTAC Unit	2005	586						5
6	Handrail	2006	1,156						6
7	PTAC Unit	2006	562						7
8	PTAC Unit	2006	570						8
9	Door	2006	4,780						9
10									10
11	PTAC Unit	2006	7,470						11
12	Wallpaper	2007	2,557						12
13	CARPETING/TILE	2007	4,754						13
14	Blinds	2007	3,700						14
15	Dishwasher Booster Heater	2007	10,175						15
16	Fire Rated Duct Enclosure	2007	9,000						16
17	Rebuild Water Softener	2007	2,938						17
18	Kitchen floor tile & installation	2007	6,785						18
19	Re-Roof Rent House & Garage	2006	7,418						19
20									20
21	Landscaping (new flower beds areound facility	2008	3,275						21
22	Paving of parking lot	2007	42,750						22
23	Replace concrete sidewalk and fire hydrant area	2007	6,582						23
24	Dining Room (new floor,cabinets>window coverings,painting)	2008	13,960						24
25	Water Heater	2007	16,308						25
26	Kitchen (blinds, entrance board, linoleum)	2008	3,049						26
27	Kitchen (cabinets, Flooring)	2007	17,068						27
28	Shower/Tub	2007	3,311						28
29	Plumbing/electrical work	2007	3,908						29
30	Concrete repairs - new patio	2008	5,448						30
31	Carpeting/Tile	2007	7,258						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,034,135	\$ 236,702		\$ 236,702	\$	\$	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

Facility Name &amp; ID Number Illinois Knights Templar Home

# 0010058

Report Period Beginning:

08/01/13

Ending:

07/31/14

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 4,034,135	\$ 236,702		\$ 236,702	\$	\$	1
2	Asphalt work-new retaining wall, landscape beneath	2008	20,710						2
3	Gazebo	2008	27,889						3
4	South Tunnel Exit	2008	10,582						4
5	Plumbing & Heat pump	2008	10,147						5
6	Electrical work, exhaust fan	2009	6,854						6
7	Elevator Repair	2008	5,124						7
8	Gutter Helmets	2008	5,784						8
9	New Shelving	2008	4,682						9
10	Sewer line replacement & unit compressor	2008	10,075						10
11	Fire doors	2009	10,163						11
12	Smoke Detectors	2009	4,368						12
13	Handicap electrical door	2009	6,528						13
14	Electrical doors	2009	19,998						14
15	Generator charging system	2009	3,725						15
16	Security systems	2009	5,430						16
17	Room Repair-plumbing	2009	2,995						17
18	Water Heater	2009	3,665						18
19	Bathroom Renovation-Plumbing, hardware	2010	52,122						19
20	Elevator Repair	2010	5,248						20
21	Roof Repair	2010	9,928						21
22	Air Conditioner	2010	6,690						22
23	Accordion Doors	2010	4,750						23
24	Heating/Ventilation	2010	9,455						24
25	Security Cameras	2010	16,650						25
26	Doors	2011	8,050						26
27	PTAC Unit	2011	6,165						27
28	Increased Value of Land - Denolition of Old House	2011	5,000						28
29	Call Light System	2012	41,607						29
30	PTAC Unit	2012	8,028						30
31	Fire Alarm	2012	17,000						31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,383,547	\$ 236,702		\$ 236,702	\$	\$	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 4,383,547	\$ 236,702		\$ 236,702	\$	\$	1
2	New Fire Alarm System	2013	81,944						2
3	Renovation - Windows	2012	2,400						3
4	Renovation- Floors	2012	7,660						4
5	Sewer Repair	2012	8,064						5
6	Door Replacement	2013	6,125						6
7	Call Light System	2013	5,872						7
8	Reclass R&M - Painting	2013	3,000						8
9									9
10									10
11									11
12	Fire alarm system	2013	29,749						12
13	IT Network	2013	39,579						13
14	Furnace Part Replacement	2014	2,070						14
15	Patio Replacement	2014	15,072						15
16	Retaining Wall Construction	2014	7,275						16
17	New Rooftop AC Unit	2014	6,496						17
18	Installation of 4 PTAC Units	2014	2,600						18
19	Painting and Installation of New Blinds-Rehab Unit	2014	7,146						19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,608,599	\$ 236,702		\$ 236,702	\$	\$	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 957,473	\$ 58,095	\$ 58,095	\$		\$	71
72	Current Year Purchases	35,797						72
73	Fully Depreciated Assets	156,672						73
74								74
75	TOTALS	\$ 1,149,942	\$ 58,095	\$ 58,095	\$		\$	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility-Patient Care	Ford Aerotech, 1980	1980	\$ 35,800	\$	\$	\$		\$	76
77	Facility-Maintenance	Chevy S-10, 1988	1988	10,077						77
78	Facility-Patient Care	Buick Century, 1993	1993	14,491						78
79	Truck		2013	3,596	360	360				79
80	TOTALS			\$ 63,964	\$ 360	\$ 360	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 5,848,709	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 108,628	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 108,628	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Townhouse 1975	\$ 104,547	\$ 5,177	\$	86
87	Congregate Living Units, 1998	405,870	(191,706)		87
88					88
89					89
90					90
91	TOTALS	\$ 510,417	\$ (186,529)	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ <u>N/A</u>			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_ /2015 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2017 \$ \_\_\_\_\_

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized

by the length of the lease \_\_\_\_\_.

N/A

N/A

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 1,416 Description: Nursing Equip-\$342; Office Equip-\$439; Misc. Equip-\$635

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ <u>N/A</u>	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Illinois Knights Templar Home # 0010058 Report Period Beginning: 08/01/13 Ending: 07/31/14  
**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS** (See instructions.)

**A. TYPE OF TRAINING PROGRAM** (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <b>CLASSROOM PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <b>CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

**C. CONTRACTUAL INCOME**

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

**D. NUMBER OF CNAs TRAINED**

<b>COMPLETED</b>		
1. From this facility		
2. From other facilities (f)		
<b>DROP-OUTS</b>		
1. From this facility		
2. From other facilities (f)		
<b>TOTAL TRAINED</b>		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

**XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)**

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)		Total Units (Column 2 + 4)		Total Cost (Col. 3 + 5 + 6)					
			Units of Service	Cost	Units	Cost										
1	Licensed Occupational Therapist		hrs	\$			\$	111,672	\$				\$	111,672	1	
2	Licensed Speech and Language Development Therapist		hrs					36,742						36,742	2	
3	Licensed Recreational Therapist		hrs												3	
4	Licensed Physical Therapist		hrs					208,199		681				208,880	4	
5	Physician Care		visits												5	
6	Dental Care		visits												6	
7	Work Related Program		hrs												7	
8	Habilitation		hrs												8	
9	Pharmacy		# of prescripts							51,434				51,434	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs												10	
11	Academic Education		hrs												11	
12	Other (specify):														12	
13	Other (specify):							19,545						19,545	13	
14	<b>TOTAL</b>			\$			\$	376,158	\$	52,115			\$	428,273	14	

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Illinois Knights Templar Home# 0010058Report Period Beginning: 08/01/13

Ending:

07/31/14

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 07/31/14

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 181,660	\$	1
2	Cash-Patient Deposits	6,778		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	417,162		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	85,876		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 691,476	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	235,273		13
14	Buildings, at Historical Cost	5,093,734		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,033,247		16
17	Accumulated Depreciation (book methods)	(3,914,408)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,447,846	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,139,322	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 249,875	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,778		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	159,147		30
31	Accrued Taxes Payable (excluding real estate taxes)	(17,081)		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Bed Tax</u>	69,723		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 468,442	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 468,442	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 2,670,880	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,139,322	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,572,302	1
2	Restatements (describe):		2
3	Prior Period Adjustments	(154,492)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,417,810	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(593,520)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (593,520)	17
<b>B. Transfers (Itemize):</b>			
18	Administrative Transfers	846,590	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 846,590	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,670,880	24 *

\* This must agree with page 17, line 47.

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note:** This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 3,502,672	1
2	Discounts and Allowances for all Levels	(762,556)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 2,740,116</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	924,862	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 924,862</b>	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,555	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	153,409	16
17	Sale of Drugs	58,757	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	7,867	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 222,588</b>	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	7,155	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 7,155</b>	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Other</b>		28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>		29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 3,894,721</b>	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	861,634	31
32	Health Care	1,787,815	32
33	General Administration	1,638,303	33
<b>B. Capital Expense</b>			
34	Ownership	122,655	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	77,834	35
36	Provider Participation Fee		36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 4,488,241</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(593,520)</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (593,520)</b>	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$</b>	49

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Illinois Knights Templar Home

# 0010058

Report Period Beginning:

08/01/13

Ending:

07/31/14

**XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,783	2,016	\$ 42,784	\$ 21.22	1
2	Assistant Director of Nursing	2,277	2,589	63,902	24.68	2
3	Registered Nurses	7,846	8,201	265,385	32.36	3
4	Licensed Practical Nurses	7,730	7,825	164,508	21.02	4
5	CNAs & Orderlies	35,318	36,761	531,879	14.47	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,922	3,197	26,716	8.36	8
9	Activity Director					9
10	Activity Assistants	3,648	3,703	38,312	10.35	10
11	Social Service Workers	1,867	2,045	51,037	24.96	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	19,323	20,682	222,098	10.74	15
16	Dishwashers					16
17	Maintenance Workers	5,710	6,121	102,219	16.70	17
18	Housekeepers	8,608	8,992	91,523	10.18	18
19	Laundry	3,873	4,161	36,055	8.66	19
20	Administrator	1,872	2,080	99,173	47.68	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,354	18,798	295,894	15.74	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	120,131	127,171	\$ 2,031,485 *	\$ 15.97	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$ 0		35
36	Medical Director	12,000		36
37	Medical Records Consultant	1,274		37
38	Nurse Consultant			38
39	Pharmacist Consultant	1,320		39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant	4,675		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 19,269		49

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ 36,366		50
51	Licensed Practical Nurses	247		51
52	Certified Nurse Assistants/Aides	0		52
53	TOTAL (lines 50 - 52)	\$ 36,613		53

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Katherine Laube	Administrator	0	\$ 99,173	Workers' Compensation Insurance	\$ 96,110	IDPH License Fee	\$	
				Unemployment Compensation Insurance	34,570	Advertising: Employee Recruitment	13,808	
				FICA Taxes	155,409	Health Care Worker Background Check (Indicate # of checks performed _____)	6,281	
				Employee Health Insurance	337,293	Patient Background Checks		
				Employee Meals		PR	8,245	
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	3,552	
				Other Benefits	64,678	License & Fees	2,572	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 99,173			Less: Public Relations Expense	(8,245)	
B. Administrative - Other						Non-allowable advertising	( 0 )	
Description			Amount			Yellow page advertising	( )	
			\$			TOTAL (agree to Sch. V, line 20, col. 8)	\$ 26,213	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 688,060			
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type		Amount			\$		
Heritage Operations Group	Mgmt		\$ 163,219				Out-of-State Travel	\$
McGladrey LLP	Accounting & Tax		68,591					
ADP	Payroll Processing		2,177				In-State Travel	
Bank of Champaign	Retirement Plan		750					3,358
Benefit Plan Consultants	Retirement Plan		125					39
Duane Morris	Legal		47,158				Seminar Expense	3,012
								(1,410)
							Entertainment Expense	( )
Legal adj to Zero			0				TOTAL (agree to Sch. V, line 24, col. 8)	\$ 4,999
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 282,020	TOTAL		\$		

\* Attach copy of IMRF notifications

\*\*See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name &amp; ID Number Illinois Knights Templar Home

# 0010058

Report Period Beginning:

08/01/13

Ending:

07/31/14

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IHCA
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,000 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 41,063  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 7,397
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_
- c. What percent of all travel expense relates to transportation of nurses and patients? 100%
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: McGladrey LLC
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

Account Number	Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg Line #	Sch 5 pg Col #	Sch 6 pg Line #	Adjustment Amount			
1009	PETTY CASH	181,660						1,009	1,009	PETTY CASH 181,660
1010	CASH IN BANK							1,100	1,100	ACCTS RECEIVABLE 417,162
1040	CASH IN BANK-PAYROLL							1,101	1,101	ALLOW. FOR UNCOLLECTIBLE
1100	ACCOUNTS RECEIVABLE	417,162						1,110	1,110	ACCTS RECEIV-M/C
1110	MEDICARE RECEIVABLES							1,125	1,125	ACCTS RECEIV-IPA
1125	IPA INCOME RECEIVABLE							1,135	1,135	ACCTS RECEIV-IC
1130	MEDICARE COST REPORT							1,140	1,140	UNAPPLIED CASH RECEIPTS
1135	ACCOUNTS RECEIVABLE-IC							1,145	1,145	A/R SUSPENSE-REFUNDS
1140	UNAPPLIED CASH RECEIPTS							1,200	1,200	PREPAID 85,876
1145	A/R SUSPENSE-REFUNDS							1,220	1,220	OTHER PREPAID EXPENSES
1190	ACCRUED INTEREST REC							1,300	1,300	DIETARY INVENTORY
1200	PREPAID INSURANCE	85,876						1,310	1,310	SUPPLIES INVENTORY
1220	OTHER PREPAID EXPENSES							1,320	1,320	LINEN INVENTORY
1300	FOOD INVENTORY							1,409	1,409	LAND 235,273
1310	SUPPLIES INVENTORY							1,450	1,450	FURNITURE 1,033,247
1409	LAND	235,273						1,460		(867,642)
1450	FURNITURE & EQUIPMENT	1,033,247						1,475	1,475	CODE AL 5,093,734
1460	ACCUM DEPR-FURN & EQUIP	-867,642						1,490	1,490	ACCUM DEPR-BUILDING (3,046,766)
1475	BUILDING & IMPROVEMENTS	5,093,734						1,530	1,530	RESIDENT FUNDS 6,778
1490	ACCUM DEPR-BUILDING	-3,046,766						1,550	1,550	LOAN FEES 0
1530	RESIDENT FUNDS	6,778						1,551	1,551	LOAN FEES ADDED
1550	LOAN FEES	0						1,850	1,850	INTERCOMPANY 0
1560	REAL ESTATE TAX ESCROW							2,010	2,010	ACCOUNTS PAYABLE (249,875)
1575	REIMBURSABLE PURCHASES							2,100	2,095	BONUSES PAYABLE
1850	INTRACOMPANY	0						2,100	2,100	ACCRUED PAYROLL (100,417)
2010	ACCOUNTS PAYABLE	-249,875						2,100	2,100	PR CLEARING-BENEFITS
2095	BONUSES PAYABLE							2,100	2,100	PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-100,417						2,110	2,110	ACCRUED PAYROLL (58,730)
2110	ACCRUED VACATION PAY	-58,730						2,120	2,120	U.C. TAX 0

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	17,081
2125	FICA TAX PAYABLE	17,081	17,081	2,130	2,130 FEDERAL W/H TAX PAYABLE	
2130	FIT PAYABLE			2,140	2,140 STATE W/H TAX PAYABLE	
2140	STATE W/H PAYABLE		0	2,152	2,152 WORKERS COMP ACCRUAL	
2145	EARNED INCOME CREDIT			2,225	2,225 EMPLOYEE INSURANCE REFUND	
2150	UC FED CREDIT REDUCTION			2,230	2,230 PAYROLL SAVINGS	
2230	PAYROLL SAVINGS			2,235	2,240 UNITED FUND	
2235	IRA W/HOLDINGS			2,240	2,246 GROUP INSURANCE - CAFETERIA	
2240	UNITED WAY			2,246	2,250 401K W/H	
2245	GROUP INSURANCE PAYABLE			2,250		
2246	GROUP INSURANCE PAYABLE-CAFETERIA			2,260	2,260 WAGE GARNISHMENTS	
2260	WAGE GARNISHMENTS			2,300	2,300 ACCRUED INTEREST	0
2280	MISC PAYROLL DEDUCTIONS			2,320	2,320 IPA PAYMENTS	(69,723)
2300	ACCRUED INTEREST PAYABLE	0		2,350	2,350 REAL ESTATE TAX	0
2310	SALES TAX PAYABLE			2,385		0
2320	IPA PAYMENTS PAYABLE	-69,723		2,400	2,400 CURRENT PORTION OF LT DEBT	
2350	REAL ESTATE TAX PAYABLE	0		2,512	2,512 DUE TO FUND	(6,778)
2385	ACTIVITY FUND	0		2,600	2,600 LASALLE	0
2390	SECURITY DEPOSITS	0		2,600		
2391	VOLUNTEER FUND			2,625	2,625 LASALLE CONSTR. LOAN #2	
2393	HEART FUND/BAZAAR			2,625		
2395	DEFERRED INC EMP & MEM			2,695	2,695 CURRENT PORTION OF LT DEBT	
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINED EARNINGS	(3,264,400)
2460	INCOME TAXES PAYABLE				net income	593,520
2512	DUE TO RESIDENTS	-6,778				
2600	MORTGAGE PAYABLE	0			balance	<u>0</u>
2650	EQUIPMENT LOAN PAYABLE					
2695	CURRENT PORTION LT DEBT					
2696	DEFERRED INCOME TAXES					
2710	COMMON STOCK					
2720	RETAINED EARNINGS	-3,264,400				
2970	PROFIT/LOSS FOR PERIOD	593,520				
3007.1	PATIENT DAYS-PRIVATE	10,415				3,007

3007.2	PATIENT DAYS-IPA	8,008						3,007
3007.3	PATIENT DAYS-MEDICARE	1,566						3,007
3007.4	PATIENT DAYS-CONVERSION							3,007
3007.5	PATIENT DAYS-LICENSED							3,007
3007.6	PATIENT DAYS-TOTAL							3,007
3010	1 BASIC CHARGE-PRIVATE & VA	-3,490,090	0	0	0	0		3,007
3015	1 PRIVATE ASSESSMENT TAX INCOME		0	0	0	0		3,010
3020	1 BASIC CHARGE-IPA	0	0	0	0	0		3,020
3030	1 BASIC CHARGE-MEDICARE	0	0	0	0	0		3,030
3035	4 DAY CARE/HOME CARE		0	0	0	0		3,040
3040	1 LIGHT NURSING CARE	0	0	0	0	0		3,050
3050	1 MEDIUM NURSING CARE		0	0	0	0		3,060
3060	1 HEAVY NURSING CARE		0	0	0	0		3,061
3061	1 SKILLED NURSING CARE							3,080
3080	1 NURSING SUPPLIES-PRIVATE	-9,655	0	0	0	0		3,081
3081	1 NURSING SUPPLIES-IPA		0	0	0	0		3,082
3082	1 NURSING SUPPLIES MED PT A		0	0	0	0		3,083
3083	1 NURSING SUPPLIES MED PT B							3,100
3100	17 DRUGS	-58,757	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-924,862	0	0	0	0		3,111
3111	6 PT-IPA		0	0	0	0		3,112
3112	6 PT-MEDICARE PART A		0	0	0	0		3,113
3113	6 PT-MEDICARE PART B		0	0	0	0		3,140
3130	1 PUBLIC AID ASSESSMENT INC							3,150
3140	19 LABORATORY INCOME		0	0	0	0		3,151
3150	6 SPEECH/OT-PRIVATE		0	0	0	0		3,152
3151	6 SPEECH/OT-IPA		0	0	0	0		3,153
3152	6 SPEECH/OT-MED PART A		0	0	0	0		3,160
3153	6 SPEECH/OT MED PART B							3,410
3410	2 IPA DISCOUNTS	762,556	0	0	0	0		3,411
3411	2 MEDICAID PART B DISCOUNT		0	0	0	0		3,420
3420	2 MEDICARE DISCOUNTS		0	0	0	0		3,500

3440	36 ASSESSMENT TAX EXPENSE			42	3	0	0		3,520
3520	16 RENT INCOME	-153,409		6	0	6	0		3,530
3530	13 BEAUTY SHOP	-2,555		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	0		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	0		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-2,927		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	-3,135		0	0	0	0		4,110
3600	21 MISC INCOME	-4,732		0	0	0	0		4,111
4110	GENERAL & ADMINIST WAGES	297,514	295,894	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	99,173	99,173	17	1	0	0		4,120
4115	VACATION & SICK - G&A	-1,620		21	1	0	0		4,121
4120	4475 EMPLOYEE BENEFITS	64,678	688,060	22	3	0	0		4,130
4125	EMPLOYEE HEPETITIS VACCINE	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLORSHIP WAGE	0		21	1	0	0		4,250
4135	EMPLOYEE SCHOLORSHIP COST	0		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250	4255 OFFICE SUPPLIES	14,105	14,573	21	2	0	0		4,275
4260	TELEPHONE	7,437	7,437	21	3	0	0		4,276
4275	TRAINING & EMPLOYEE DEVL	634	634	23	3	16	0 **		4,280
4280	GENERAL TRAVEL	3,358	6,409	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	39		24	3	19	0		4,285
4285	EDUCATION & SEMINAR	3,012		24	3	19	-1,410 ***		4,289
4290	HELP WANTED ADVERTISING	13,808	89,664	20	3	0	0 -41,063		4,290
4291	PROMOTIONAL ADVERTISING	14,143		20	3	25	-14,143		4,291
4292	PUBLIC RELATIONS	8,245		20	3	25	-8,245		4,292
4300	LICENSES & FEES	43,635		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	3,552		20	3	17	0		4,310
4320	CONTRIBUTIONS	0		27	3	20	0		4,320
4350	PROFESSIONAL FEES	150,697	281,895	19	3	22	-28,266		4,350
4355	MEDICAL DIRECTOR	12,000	12,000	9	3	0	0		4,355
4360	UTILIZATION REVIEW	0		10	3	0	0		4,362
4361	OTHER PHYSICIAN FEES			39	3	0	0		4,363

4362	MEDICAL RECORDS CONSULT	1,274		10	3	0	0	4,364
4363	PHARMACIST FEES	1,320		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	4,675	4,675	12	3	0	0	4,383
4370	TV RENTAL	7,488		35	3	5	0	4,390
4380	INCOME TAXES		69,083	27	3	26	0	4,400
4383	BACKGROUND CHECKS	6,281		20	3	26	0	4,401
4400	PAYROLL TAXES	182,304		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIST	7,675		22	3	0	0	4,420
4410	GROUP INSURANCE	337,293		22	3	0	0	4,430
4420	LIABILITY INSURANCE	86,663	85,481	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSURANCE	96,110		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	131,198		19	3	34	0 **	4,460
4460	BAD DEBTS	69,083		27	3	24	-69,083	4,461
4470	LOST ITEMS-RESIDENTS	468		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	0	0	33	3	0	0	4,486
4600	LEASED EQUIPMENT	6,539	14,027	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	102,792	102,219	6	1	0	0	4,496
5120	MAINTENANCE SICK & VAC	-573		6	1	0	0	4,510
5130	ELECTRIC	78,150	96,132	5	3	0	0	4,600
5131	NATURAL GAS	6,242		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	19,005		5	3	0	0	5,130
5134	TRASH COLLECTION	13,679	95,076	6	3	0	0	5,131
5140	PROPERTY PLANT REPLACEMNT	24,230	65,645	6	2	0	0	5,133
5160	GENERAL REPAIR & MAINT	41,916		6	2	0	0	5,134
5165	MAINTENANCE CONTRACTS	81,491		6	3	0	0	5,140
5210	DIETARY WAGES	223,216	222,098	1	1	0	0	5,160
5220	DIETARY SICK & VAC	-1,118		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	169,642	109,872	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	5,960	19,347	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	1,888		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	11,499		1	2	0	0	5,260
5295	MEAL CREDIT	-7,397		2	2	0	0	5,270
5310	LAUNDRY WAGES	36,055	36,055	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	0		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	2,670	5,669	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	3,458		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	91,989	91,523	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	-466		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	12,191	17,998	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-PPR	8,650		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,095,174	10	1	0	0	5,490
6020	RN WAGES-NON MEDICARE	266,229		10	1	0	0	6,020
6030	DON WAGES	42,784		10	1	0	0	6,030
6035	ADON	63,902		10	1	0	0	6,035
6040	RN SICK & VACATION	-844		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	164,920		10	1	0	0	6,120
6120	LPN WAGES-NON MEDICARE	0		10	1	0	0	6,140
6130	LPN WAGES OTHER			10	1	0	0	6,220
6140	LPN SICK & VACATION	-412		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICARE	532,487		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	-608		10	1	0	0	6,250
6245	CONTRACT NURSES-RN	36,366		10	3	0	0	6,255
6246	CONTRACT NURSES-LPN	247		10	3	0	0	6,260
6247	CONTRACT NURSES-AIDES	0		10	3	0	0	6,270
6250	NURSE AIDE TRAINING WAGES	0	0	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	0	0	13	2	0	0	6,290
6260	NURSE AIDE TRAINING REIMB	0		0	0	0	0	6,295
6270	REHAB WAGES	26,717		10	1	0	0	6,390
6275	REHAB SICK & VAC	-1		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	32,474	112,922	10	2	0	0	7,281
6295	NURSING SUPPLIES	72,875		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	7,573		10	2	0	0	7,391
6490	NURSING OTHER	1,366	40,573	10	3	0	0	7,393
7280	DRUG PURCHASES	42,575	52,115	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	8,859		39	2			7,540
7380	LABORATORY SERVICES	19,545	376,158	39	3	0	0	7,590
7410	HOME HEALTH SALARY			39	1	0	0	7,620
7440	HOME HEALTH SICK & VAC			39	1	0	0	7,660
7450	HOME HEALTH EXPENSES			39	3	0	0	7,710
7510	ACTIVITES WAGES	38,610	38,312	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	-298		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	4,603	4,603	11	2	0	0	7,740
7595	ACTIVITIES FEES	0	0	11	3	0	0	7,750
7610	PT WAGES			39	1	0	0	7,770
7611	PT SICK & VACATION			39	1	0	0	7,820
7620	PT FEES	208,199		39	3	0	0 ***	7,890
7660	PT SUPPLIES	681		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	51,572	51,037	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & VAC	-535		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSES	246	246	12	2	0	0	8,130
7740	OT FEE	111,672		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	36,742		39	3	0	0 ***	9,520
7800	BEAUTICIAN WAGES		0	40	1	0	0	9,530
7810	BEAUTICIAN SICK & VAC			40	1	0	0	
7820	BEAUTICIAN FEES	13,117	13,117	40	3	0	0	
7890	BEAUTY SHOP SUPPLIES	0	0	40	2	0	0	
7910	VOLUNTEER COORDINATOR			21	1	0	0	
7940	VOL COORD SICK & VAC			21	1	0	0	
7960	VOL COORD SUPPLIES	0		21	2	0	0	
8100	RENT	0	0	34	3	0	0	

8120	INTEREST EXPENSE	0	0	32	3	14	-17,929	
8130	DEPRECIATION	108,628	108,628	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-17,929		32	0	10	0	
9520	MISC NON-OPERATING INCOME	0		0	0	0	0	
9700	INCOME TAXES	10,774		0	0	0	0	
		4,481,086	4,423,524					
			-57,562					

GRAND TOTALS 593,520 -139,076  
(NET INCOME)

0  
FACILITY NAME:  
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	10,415	10,415
IPA	8,008	8,008
medic	1,566	1,566
		19,989

S

JND

IA

T

T

3,007 PATIENT  
HFS 3745 (N-4-99)

10,415  
ILC

TH

RH

3,007 PATIENT	8,008
3,007 PATIENT	1,566
	0
3,010 BASIC CI	(3,490,090)
3,020 BASIC CI	0
3,030 BASIC CI	0
	0
	0
	0
	0
3,080 NURSING	(9,655)
3,081 NURSING	0
3,082 NURSING	0
3,083 NURSING	0
3,100 DRUGS-M	(58,757)
	0
3,110 PHYSICA	(924,862)
	0
3,112 PHYSICA	0
3,113 PHYSICA	0
3,140 LABORATORY INCOME	
	0
3,152 ST/OT TF	0
3,153 ST/OT TF	0
3,185 REHAB/ISOLATION/OTHER CHG	
3,410 IPA/OTH	0
3,411 MEDICAL	0
3,420 MEDICAL	751,819

3,520 RENT INC	(153,409)	-118,937	-27,572	-6,900
3,530 BEAUTY	(2,555)			
	0			
3,570 VENDING	0			
3,590 EQUIPMI	(2,927)			
3,595 RESIDEN	(3,135)			
3,600 MISC INC	(4,732)			
4,110 G&A WA	297,514			
4,111 ADMINIS	99,173			
4,115 G&A PTC	(1,620)			
4,120 EMPLOY	64,545			
4,130 EMPLOY	0			
4,135 EMPLOY	0			
4,250 OFFICE S	10,727			
4,255 POSTAGI	3,378			
4,260 TELEPHC	7,437			
4,275 TRAININ	634			
	0			
4,280 GENERA	3,358			
4,281 MEAL EX	39			
4,285 EDUCAT	2,824			
4,289 MEETING	188			
4,290 HELP WA	13,808			
4,291 PROMOT	14,143			
4,292 PUBLIC I	8,245			
4,300 LICENSE	43,635			
4,310 DUES & S	3,552			
4,320 CONTRIE	0			
4,350 PROFESS	150,697			
4,355 MEDICAL	12,000			
	1,274			
	1,320			

4,364 SOCIAL S	4,675				
4,370 TV RENT	7,488				
4,383 BACKGR	6,281				
4,390 OTHER T	13,219				
4,400 PAYROL	182,304				
4,401 PAYROL	7,675				
4,410 GROUP I	337,293				
4,420 LIABILIT	86,663	591	591		1,182
4,430 WORKM	94,247				
4,435 W/C-FIRS	400				
4,436 DRUG TE	1,463				
4,450 MANAGI	131,198				
4,460 BAD DEF	69,083				
4,461 BAD DEF	10,737				
4,470 LOST ITE	468				
4,475 UNIFORM	133				
4,486 SERVICE	33,812				
4,490 MISC EX	1,699				
4,496 MISC. M.	0				
4,510 REAL ES	0				
4,600 LEASED	6,539				
5,110 MAINTEI	102,792				
5,120 MAINTEI	(573)				
5,130 ELECTRI	78,150	1,372	1,176	197	2,745
5,131 NATURA	6,242	84	2,435		2,519
5,133 WATER &	19,005	625	1,376		2,001
5,134 TRASH C	13,679				<u>7,265</u>
5,140 PROP/PL	24,230				
5,160 GENERA	41,916	501			<u>501</u>
5,165 MAINTEI	47,679	65	29		<u>94</u>
5,210 DIETARY	223,216	29,589			<u>29,589</u>
5,220 DIETARY	(1,118)				
5,248 FOOD PU	167,943	22,784			<u>22,784</u>

5,250 SUPPLIE	5,960		<u>52,373</u>
5,260 REPLACI	1,888		
5,270 KITCHEN	11,499		
5,295 MEAL IN	(7,397)		
5,310 LAUNDR	36,055		
5,340 LAUNDR	0		
5,370 REPLACI	2,670		
	0		
5,390 SUPPLIE	3,458	459	<u>459</u>
5,410 HOUSEK	91,989	1,722	<u>1,722</u>
5,440 HOUSEK	(466)		
5,480 SUPPLIE	12,191		
5,490 SUPPLIE	8,650	1,121	<u>1,121</u>
6,020 RN WAG	266,229		<u>2,843</u>
6,030 DON WA	42,784		
6,035 ADON W	63,902		
6,040 RN PTO	(844)		
6,120 LPN WAG	164,920		
6,140 LPN PTO	(412)		
6,220 AIDES W	532,487		
6,240 AIDES PT	(608)		
	36,366		
	247		
	0		
	0		
	0		
6,270 REHAB V	26,717		
6,275 REHAB F	(1)		
6,290 NURSINC	32,474		
6,295 NURSINC	72,875		
6,390 REPLACI	7,573		
6,490 OTHER	1,366		

7,280 DRUG PU	42,575			
7,281 DRUG PU	8,859			
7,380 LABORA	11,814			
7,390 X-RAY S	5,732			
	1,999			
7,510 ACTIVIT	38,610			
7,540 ACTIVIT	(298)			
7,590 ACTIVIT	4,603			
7,620 PHYSICA	208,199			
7,660 P.T. SUP	681			
7,710 SOCIAL S	51,572			
7,720 SOCIAL S	(535)			
7,730 SOCIAL S	246			
7,740 OCCUPA	111,672			
7,770 SPEECH'	36,742			
7,820 BEAUTIC	13,117			
	0			
	0			
8,120 INTERES	0			
	0			
8,130 DEPRECI	108,628	-192,944	5,970	-2,448
	0			
9,510 INTERES	(17,929)			
9,520 MISC NO	(2,445)			
4,220	0			
8,100	0			
9,702	0			
5,230	0			
	593,520	58,913	5,607	197

Expenses Fixed Assets

