FOR BHF USE

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0010058

Facility Name: Illinois Knights Templar Hom

Address: 450 Fulton St Box 49 (Number) Paxton (City) 60957 (Zip Code)

County: Ford

Telephone Number: (217) 379-2116 **Fax #** (217) 379-3000

HFS ID Number:

Date of Initial License for Current Owners: 8/1/1954

Type of Ownership:

x	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
x	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: David Underwood **Telephone Number:** 309823-7135
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 08/01/15 to 07/31/16 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed)
(Date)
(Type or Print Name) David M Underwood
(Title) EVP & CFO

Paid Preparer
(Signed)
(Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

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 _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	75	Skilled (SNF)	75	27,450	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	75	TOTALS	75	27,450	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	7,209	7,993	1,443	16,645	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	7,209	7,993	1,443	16,645	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 60.64%

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 [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

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 [x]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified 75 and days of care provided 1,443

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: _____ Fiscal Year: _____

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

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	211,982	11,045		223,027		223,027		223,027			1
2	Food Purchase		83,883		83,883		83,883		83,883			2
3	Housekeeping	66,534	6,189		72,723		72,723		72,723			3
4	Laundry	45,377	5,823		51,200		51,200		51,200			4
5	Heat and Other Utilities			99,747	99,747		99,747		99,747			5
6	Maintenance	103,608	46,705	79,661	229,974		229,974		229,974			6
7	Other (specify):*											7
8	TOTAL General Services	427,501	153,645	179,408	760,554		760,554		760,554			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	974,645	96,397	259,787	1,330,829		1,330,829		1,330,829			10
10a	Therapy		79,400	363,215	442,615	(86,767)	355,848		355,848			10a
11	Activities	25,349	4,276		29,625		29,625		29,625			11
12	Social Services	44,445		4,659	49,104		49,104		49,104			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,044,439	180,073	639,661	1,864,173	(86,767)	1,777,406		1,777,406			16
	C. General Administration											
17	Administrative	108,807			108,807		108,807		108,807			17
18	Directors Fees											18
19	Professional Services			209,503	209,503		209,503	(636)	208,867			19
20	Dues, Fees, Subscriptions & Promotions			96,475	96,475	(41,175)	55,300	(22,134)	33,166			20
21	Clerical & General Office Expenses	226,419	16,976	6,953	250,348		250,348		250,348			21
22	Employee Benefits & Payroll Taxes			574,036	574,036		574,036		574,036			22
23	Inservice Training & Education			1,050	1,050		1,050		1,050			23
24	Travel and Seminar			4,005	4,005		4,005		4,005			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			91,943	91,943		91,943		91,943			26
27	Other (specify):* Bad Debt			60,353	60,353		60,353	(60,000)	353			27
28	TOTAL General Administration	335,226	16,976	1,044,318	1,396,520	(41,175)	1,355,345	(82,770)	1,272,575			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,807,166	350,694	1,863,387	4,021,247	(127,942)	3,893,305	(82,770)	3,810,535			29

*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 Hom #0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			151,568	151,568		151,568	(10,255)	141,313			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			16,988	16,988		16,988		16,988			35
36	Other (specify):*											36
37	**TOTAL Ownership**			168,556	168,556		168,556	(10,255)	158,301			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					86,767	86,767		86,767			39
40	Barber and Beauty Shops		714	11,434	12,148		12,148		12,148			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					41,175	41,175		41,175			42
43	Other (specify):* **Non-Allowable**		72,683	2,688	75,371		75,371	(75,371)				43
44	**TOTAL Special Cost Centers**		73,397	14,122	87,519	127,942	215,461	(75,371)	140,090			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,807,166	424,091	2,046,065	4,277,322		4,277,322	(168,396)	4,108,926			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 Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
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				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				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(636)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(60,000)			24
25	Fund Raising, Advertising and Promotional	(22,134)			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	(85,626)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (168,396)		$	30

BHF USE ONLY								
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 Amount	2 Reference	
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	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (168,396)		37

***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 Yes	2 No	3 Amount	4 Reference	
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	**TOTAL (C): (sum of lines 38-46)**			$		47

Illinois Knights Templar Hom

ID# 0010058

Report Period Beginning: 08/01/15

Ending: 07/31/16

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Disallow ILC Expenses	$ (72,893)	43	1
2	Disallow Townhome Expenses	(2,478)	43	2
3	Disallow Rental Hoiuse Expenses	0	43	3
4	Disallow Townhome Depreciation	(10,255)	30	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		(636)	19	22
23				23
24		(60,000)	27	24
25		(22,134)	20	25
26				26
27		0	22	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	**Total**	(168,396)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 **Report Period Beginning:** 08/01/15 **Ending:** 07/31/16

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(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	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
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	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
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	(636)	0	0	0	0	0	0	0	0	0	0	(636)	19
20	Fees, Subscriptions & Promotions	(22,134)	0	0	0	0	0	0	0	0	0	0	(22,134)	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	0	0	0	0	0	0	0	0	0	0	0	0	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):*	(60,000)	0	0	0	0	0	0	0	0	0	0	(60,000)	27
28	**TOTAL General Administration**	(82,770)	0	0	0	0	0	0	0	0	0	0	(82,770)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(82,770)	0	0	0	0	0	0	0	0	0	0	(82,770)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 **Report Period Beginning:** 08/01/15 **Ending:** 07/31/16

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(10,255)	0	0	0	0	0	0	0	0	0	0	(10,255)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	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	**TOTAL Ownership**	(10,255)	0	0	0	0	0	0	0	0	0	0	(10,255)	37
	Ancillary Expense													
	E. Special Cost Centers													
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):*	(75,371)	0	0	0	0	0	0	0	0	0	0	(75,371)	43
44	**TOTAL Special Cost Centers**	(75,371)	0	0	0	0	0	0	0	0	0	0	(75,371)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(168,396)	0	0	0	0	0	0	0	0	0	0	(168,396)	45

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

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
Board of Directors List Attached						

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 [x] 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			$			$	$	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	Total			$			$	$ *	14

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

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	There was no compensation								$		1
2	paid to any Board Members										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 Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

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 [x]

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

Name of Related Organization None
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

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	2		3	4	5	6	7	8	9	10	
	Name of Lender	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				
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$	$			$	9
	B. Non-Facility Related*											
10	Interest Income											10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$	15

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.)**

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 **Report Period Beginning:** 08/01/15 **Ending:** 07/31/16

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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 2016 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. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	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. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	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:			
	2011		8
	2012		9
	2013		10
	2014		11
	2015		12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2015	$	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.**

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Illinois Knights Templar Hom 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 2015 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 2015.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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 Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

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? [x] (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? [x] (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 [x] 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:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	120,000		$ 23,000	1
2	Garage	7,850		3,204	2
3	TOTALS	127,850		$ 26,204	3

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 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
	Improvement Type**										
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 & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 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	Reparied Generator	1996	2,217						58
59	Replace Piping From hot water heator	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				128,903		128,903			69
70	TOTAL (lines 4 thru 69)		$ 3,566,951	$ 128,903		$ 128,903	$	$	70

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

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 3,566,951	$ 128,903		$ 128,903	$	$	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	Pravillion	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	TOTAL (lines 1 thru 33)		$ 3,842,613	$ 128,903		$ 128,903	$	$	34

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

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 3,842,613	$ 128,903		$ 128,903	$	$	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	$ 128,903		$ 128,903	$	$	34

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

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 4,034,135	$ 128,903		$ 128,903	$	$	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 Al;arm	2012	17,000						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,383,547	$ 128,903		$ 128,903	$	$	34

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

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 4,383,547	$ 128,903		$ 128,903	$	$	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	Completion of Rehab Unit Remodeling - Installation of	2015	5,847						21
22	cabinetry, millwork and new signage								22
23	Replace Hot Water Storage Tank - 175 gallons	2015	7,132						23
24									24
25	Sidewalk Replacement	2016	4,000						25
26	Replace Life Safety Panel	2016	9,950						26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,635,528	$ 128,903		$ 128,903	$	$	34

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

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

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	$ 1,012,026	$ 11,691	$ 11,691	$		$	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	217,040						73
74								74
75	TOTALS	$ 1,229,066	$ 11,691	$ 11,691	$		$	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	Truck		2013	$ 3,596	$ 719	$ 719	$		$	76
77										77
78										78
79										79
80	TOTALS			$ 3,596	$ 719	$ 719	$		$	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)	$ 5,894,394	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 141,313	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 141,313	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	$ 9,276	$	86
87	Congregate Living Units, 1998	405,870	979		87
88					88
89					89
90					90
91	TOTALS	$ 510,417	$ 10,255	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	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.

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: None

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:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

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 ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

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.	/2017	$
13.	/2018	$
14.	/2019	$

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: $ 16,988 Description: ____
(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			$	$	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 Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? ☐ YES ☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM ☐
- IN OTHER FACILITY ☐
- COMMUNITY COLLEGE ☐
- HOURS PER CNA ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM ☐
- IN OTHER FACILITY ☐
- HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
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	TOTALS	$	$	$	$
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

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

(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.)

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	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	$		$ 158,493	$		$ 158,493	1
2	Licensed Speech and Language Development Therapist		hrs			13,752			13,752	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			182,591	1,012		183,603	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				78,388		78,388	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					8,379			8,379	13
14	TOTAL			$		$ 363,215	$ 79,400		$ 442,615	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.

STATE OF ILLINOIS

Facility Name & ID Number Illinois Knights Templar Hom **#** 0010058 **Report Period Beginning:** 08/01/15 **Ending:** 07/31/16

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 07/31/16 **(last day of reporting year)**

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 113,098	$	1
2	Cash-Patient Deposits	4,253		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	521,971		3
4	Supply Inventory (priced at FIFO)	19,587		4
5	Short-Term Investments			5
6	Prepaid Insurance	57,369		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 716,278	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	235,273		13
14	Buildings, at Historical Cost	5,126,066		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,052,002		16
17	Accumulated Depreciation (book methods)	(4,232,026)		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	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,181,315	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,897,593	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 293,686	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,253		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	105,660		30
31	Accrued Taxes Payable (excluding real estate taxes)	(1,469)		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
	Other Current Liabilities(specify):			
36	Bed Tax	32,451		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 434,581	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 434,581	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,463,012	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,897,593	$	48

***(See instructions.)**

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,621,821	1
2	Restatements (describe):		2
3	**Audit Adjustments**	(4,107)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,617,714	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(515,116)	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)**	$ (515,116)	17
	B. Transfers (Itemize):		
18	**Administrative Transfers**	360,414	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 360,414	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,463,012	24 *

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

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 3,354,817	1
2	Discounts and Allowances for all Levels	(1,212,227)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,142,590	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,298,294	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,298,294	8
	C. Other Operating Revenue		
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	17,251	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	170,813	16
17	Sale of Drugs	128,162	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	25	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 316,251	23
	D. Non-Operating Revenue		
24	Contributions	5,071	24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 5,071	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 3,762,206	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	760,554	31
32	Health Care	1,864,173	32
33	General Administration	1,396,520	33
	B. Capital Expense		
34	Ownership	168,556	34
	C. Ancillary Expense		
35	Special Cost Centers	87,519	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,277,322	40
41	**Income before Income Taxes (line 30 minus line 40)****	(515,116)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (515,116)	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	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ 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 Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,737	1,848	$ 61,231	$ 33.13	1
2	Assistant Director of Nursing	1,857	1,976	58,586	29.65	2
3	Registered Nurses	6,815	7,250	216,107	29.81	3
4	Licensed Practical Nurses	7,541	8,022	195,004	24.31	4
5	CNAs & Orderlies	30,057	31,976	443,717	13.88	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	2,026	2,155	25,349	11.76	10
11	Social Service Workers	1,745	1,856	44,445	23.95	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	17,994	19,143	211,982	11.07	15
16	Dishwashers					16
17	Maintenance Workers	5,234	5,568	103,608	18.61	17
18	Housekeepers	5,873	6,248	66,534	10.65	18
19	Laundry	3,886	4,134	45,377	10.98	19
20	Administrator	1,955	2,080	108,807	52.31	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,221	11,937	226,419	18.97	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)	97,941	104,193	$ 1,807,166 *	$ 17.34	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 0		35
36	Medical Director		12,000		36
37	Medical Records Consultant		2,000		37
38	Nurse Consultant				38
39	Pharmacist Consultant		5,628		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		4,659		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 24,287		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 76,506		50
51	Licensed Practical Nurses		6,669		51
52	Certified Nurse Assistants/Aides		168,535		52
53	TOTAL (lines 50 - 52)		$ 251,710		53

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Katherine Laube			$ 108,807
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 108,807

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Heritage Operations Group	Mgmt	$ 178,664
RSM US LLP	Accounting & Tax	24,143
ADP	Payroll Tax Processing	1,124
Benefit Plan Consultants	Retirement Plan	4,936
Legal adj to Zero		636
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 209,503

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 106,045
Unemployment Compensation Insurance	4,894
FICA Taxes	138,248
Employee Health Insurance	258,448
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	66,401
TOTAL (agree to Schedule V, line 22, col.8)	$ 574,036

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	24,013
Health Care Worker Background Check	
(Indicate # of checks performed)	1,002
Patient Background Checks	
PR	10,124
Dues & Subscriptions	4,672
License & Fees	3,981
Less: Public Relations Expense	(10,124)
Non-allowable advertising	(502)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 33,166

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	2,854
	29
Seminar Expense	1,122
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,005

**See instructions.

Facility Name & ID Number Illinois Knights Templar Hom # 0010058 Report Period Beginning: 08/01/15 Ending: 07/31/16

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? **No**
If YES, give association name and amount. **NA**

(3) Did the nursing home make political contributions or payments to a politica
action organization? **No** If YES, have these costs
been properly adjusted out of the cost report? **NA**

(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? **7 Yrs**

(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 fo
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 Departmen
during this cost report period. $ **41,175**
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 tc
the Department, in addition to the daily rate, been properly classifiec
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 fo
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. $ **13,745**

(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 fo
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: **RSM US LLP**

(18) Have all costs which do not relate to the provision of long term care been adjusted out
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 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg Line #	Adjustment Amount		
1009			PETTY CASH	113,098							
1010			CASH IN BANK								
1040			CASH IN BANK-PAYROLL								
1100			ACCOUNTS RECEIVABLE	521,971							
1110			MEDICARE RECEIVABLES								
1125			IPA INCOME RECEIVABLE								
1130			MEDICARE COST REPORT								
1135			ACCOUNTS RECEIVABLE-IC								
1140			UNAPPLIED CASH RECEIPTS								
1145			A/R SUSPENSE-REFUNDS								
1190			ACCRUED INTEREST REC								
1200			PREPAID INSURANCE	57,369							
1220			OTHER PREPAID EXPENSES								
1300			FOOD INVENTORY								
1310			SUPPLIES INVENTORY	19,587							
1409			LAND	235,273							
1450			FURNITURE & EQUIPMENT	1,052,002							
1460			ACCUM DEPR-FURN & EQUIP	-931,582							
1475			BUILDING & IMPROVEMENTS	5,126,066							
1490			ACCUM DEPR-BUILDING	-3,300,444							
1530			RESIDENT FUNDS	4,253							
1550			LOAN FEES	0							
1560			REAL ESTATE TAX ESCROW								
1575			REIMBURSABLE PURCHASES								
1850			INTRACOMPANY	0							
2010			ACCOUNTS PAYABLE	-293,686							
2095			BONUSES PAYABLE								
2100			ACCRUED PAYROLL	-35,708							
2110			ACCRUED VACATION PAY	-69,952							
2120			UC TAXES PAYABLE								
2125			FICA TAX PAYABLE	1,469	1,469						
2130			FIT PAYABLE								
2140			STATE W/H PAYABLE		0						
2145			EARNED INCOME CREDIT								
2150			UC FED CREDIT REDUCTION								
2230			PAYROLL SAVINGS								
2235			IRA W/HOLDINGS								
2240			UNITED WAY								
2245			GROUP INSURANCE PAYABLE								
2246			GROUP INSURANCE PAYABLE-CAFETERIA								
2260			WAGE GARNISHMENTS								
2280			MISC PAYROLL DEDUCTIONS								
2300			ACCRUED INTEREST PAYABLE	0							
2310			SALES TAX PAYABLE								
2320			IPA PAYMENTS PAYABLE	-32,451							
2350			REAL ESTATE TAX PAYABLE	0							
2385			ACTIVITY FUND	0							
2390			SECURITY DEPOSITS	0							
2391			VOLUNTEER FUND								
2393			HEART FUND/BAZAAR								
2395			DEFERRED INC EMP & MEM								
2400			CURRENT PORTION LT DEBT								
2460			INCOME TAXES PAYABLE								
2512			DUE TO RESIDENTS	-4,253							
2600			MORTGAGE PAYABLE	0							
2650			EQUIPMENT LOAN PAYABLE								
2695			CURRENT PORTION LT DEBT								
2696			DEFERRED INCOME TAXES								
2710			COMMON STOCK								
2720			RETAINED EARNINGS	-2,978,128							
2970			PROFIT/LOSS FOR PERIOD	515,116							
3007.1			PATIENT DAYS-PRIVATE	7,993							
3007.2			PATIENT DAYS-IPA	7,209							
3007.3			PATIENT DAYS-MEDICARE	1,443							
3007.4			PATIENT DAYS-CONVERSION								
3007.5			PATIENT DAYS-LICENSED								
3007.6			PATIENT DAYS-TOTAL								
3010		1	BASIC CHARGE-PRIVATE & VA	3,333,385		0	0	0	0		
3015		1	PRIVATE ASSESSMENT TAX INCOME			0	0	0	0		
3020		1	BASIC CHARGE-IPA	0		0	0	0	0		
3030		1	BASIC CHARGE-MEDICARE	0		0	0	0	0		
3035		4	DAY CARE/HOME CARE			0	0	0	0		
3040		1	LIGHT NURSING CARE	0		0	0	0	0		
3050		1	MEDIUM NURSING CARE			0	0	0	0		
3060		1	HEAVY NURSING CARE			0	0	0	0		
3061		1	SKILLED NURSING CARE								
3080		1	NURSING SUPPLIES-PRIVATE	-18,074		0	0	0	0		
3081		1	NURSING SUPPLIES-IPA			0	0	0	0		
3082		1	NURSING SUPPLIES MED PT A			0	0	0	0		
3083		1	NURSING SUPPLIES MED PT B								
3100		17	DRUGS	-128,162		0	0	0	0		
3101		17	DRUGS-OTHER								
3110		6	PT-PRIVATE	-1,298,294		0	0	0	0		
3111		6	PT-IPA			0	0	0	0		
3112		6	PT-MEDICARE PART A			0	0	0	0		
3113		6	PT-MEDICARE PART B			0	0	0	0		
3130		1	PUBLIC AID ASSESSMENT INC								
3140		19	LABORATORY INCOME			0	0	0	0		
3150		6	SPEECH/OT-PRIVATE			0	0	0	0		
3151		6	SPEECH/OT-IPA			0	0	0	0		
3152		6	SPEECH/OT-MED PART A			0	0	0	0		
3153		6	SPEECH/OT MED PART B								
3410		2	IPA DISCOUNTS	1,212,227		0	0	0	0		
3411		2	MEDICAID PART B DISCOUNT			0	0	0	0		
3420		2	MEDICARE DISCOUNTS			0	0	0	0		
3440		36	ASSESSMENT TAX EXPENSE			42	3	0	0		
3520		16	RENT INCOME	-170,813		6	0	6	0		
3530		13	BEAUTY SHOP	-17,251		0	0	0	0		
3560		12	ACTIVITY FUND INCOME	0		0	0	0	0		
3570		12	VENDING INCOME/EXPENSE	0		0	0	0	0		
3580		12	MANAGEMENT FEES			0	0	0	0		
3590		1	EQUIPMENT RENTAL	-3,358		0	0	0	0		
3595		21	RESIDENT TRANSPORTATION	0		0	0	0	0		
3600		21	MISC INCOME	-25		0	0	0	0		
4110			GENERAL & ADMINIST WAGES	215,633	226,419	21	1	17	0		
4111			ADMINISTRATOR WAGES	108,807	108,807	17	1	0	0		
4115			VACATION & SICK - G&A	10,786		21	1	0	0		
4120	4475		EMPLOYEE BENEFITS	66,401	574,036	22	3	0	0		
4125			EMPLOYEE HEPETITIS VACCINE	0		22	3	0	0		
4130			EMPLOYEE SCHOLORSHIP W	0		21	1	0	0		
4135			EMPLOYEE SCHOLORSHIP C(	0		23	3	0	0		
4220			DIRECTORS FEES	0	0	18	3	0	0		
4250	4255		OFFICE SUPPLIES	16,976	16,976	21	2	0	0		
4260			TELEPHONE	6,953	6,953	21	3	0	0		
4275			TRAINING & EMPLOYEE DEVL	1,050	1,050	23	3	16	0	**	
4280			GENERAL TRAVEL	2,854	4,005	24	3	16	0		
4281			MEAL EXPENSE FOR TRAVEL	29		24	3	19	0		
4285			EDUCATION & SEMINAR	1,122		24	3	19	0	***	
4290			HELP WANTED ADVERTISING	24,013	96,475	20	3	0	0		-41,175
4291			PROMOTIONAL ADVERTISING	11,508		20	3	25	-11,508		
4292			PUBLIC RELATIONS	10,124		20	3	25	-10,124		
4300			LICENSES & FEES	45,156		20	3	17	0		
4310			DUES & SUBSCRIPTIONS	4,672		20	3	17	-502		
4320			CONTRIBUTIONS	0		27	3	20	0		
4350			PROFESSIONAL FEES	30,871	209,503	19	3	22	-636		
4355			MEDICAL DIRECTOR	12,000	12,000	9	3	0	0		
4360			UTILIZATION REVIEW	0		10	3	0	0		
4361			OTHER PHYSICIAN FEES			39	3	0	0		
4362			MEDICAL RECORDS CONSULT	2,000		10	3	0	0		
4363			PHARMACIST FEES	5,628		10	3	0	0		
4364			SOC SERV/ACT CONSULT	4,659	4,659	12	3	0	0		
4370			TV RENTAL	7,998		35	3	5	0		
4380			INCOME TAXES		60,353	27	3	26	0		
4383			BACKGROUND CHECKS	1,002		20	3	26	0		
4400			PAYROLL TAXES	131,848		22	3	0	0		
4401			PAYROLL TAXES ADMINIST	11,294		22	3	0	0		
4410			GROUP INSURANCE	258,448		22	3	0	0		
4420			LIABILITY INSURANCE	91,943	91,943	26	3	0	0		
4425			INSURANCE-OWNERS			22	3	21	0		
4430			WORKMENS COMP INSURANCE	106,045		22	3	0	0		
4450			CENTRAL OFFICE FEES	178,632		19	3	34	0	**	
4460			BAD DEBTS	60,000		27	3	24	-60,000		
4470			LOST ITEMS-RESIDENTS	353		27	3	0			
4490			MISCELLANEOUS	0		27	3	0	0		
4510			REAL ESTATE TAXES	0	0	33	3	0	0		
4600			LEASED EQUIPMENT	8,990	16,988	35	3	16	0		
5110			MAINTENANCE SALARIES	96,220	103,608	6	1	0	0		
5120			MAINTENANCE SICK & VAC	7,388		6	1	0	0		
5130			ELECTRIC	82,452	99,747	5	3	0	0		
5131			NATURAL GAS	4,865		5	3	0	0		
5132			HEATING & DEISEL OIL			5	3	0	0		
5133			WATER & SEWER	14,908		5	3	0	0		
5134			TRASH COLLECTION	11,163	79,661	6	3	0	0		
5140			PROPERTY PLANT REPLACEI	22,863	46,705	6	2	0	0		
5160			GENERAL REPAIR & MAINT	24,052		6	2	0	0		
5165			MAINTENANCE CONTRACTS	68,498		6	3	0	0		
5210			DIETARY WAGES	203,663	211,982	1	1	0	0		
5220			DIETARY SICK & VAC	8,319		1	1	0	0		
5240			SALES TAX			2	3	13	0		
5248			FOOD PURCHASES	158,758	83,883	2	2	0	0		
5250			SUPPLIES-DISHWASHING	948	11,045	1	2	0	0		
5260			DIETARY REPLACEMENT	1,408		1	2	0	0		
5270			KITCHEN SUPPLIES-PAPER	8,689		1	2	0	0		
5295			MEAL CREDIT	-13,745		2	2	0	0		
5310			LAUNDRY WAGES	43,510	45,377	4	1	0	0		
5340			LAUNDRY SICK & VAC	1,867		4	1	0	0		
5370			LAUNDRY REPLACEMENT	2,315	5,823	4	2	0	0		
5380			LAUNDRY REIMBURSEMENT			4	3	0	0		
5390			LAUNDRY SUPPLIES	4,238		4	2	0	0		
5410			HOUSEKEEPING WAGES	63,130	66,534	3	1	0	0		
5440			HOUSEKEEPING SICK & VAC	3,404		3	1	0	0		
5480			HOUSEKEEPING SUPPLIES	16,825	6,189	3	2	0	0		
5490			HOUSEKEEPING SUPPLIES-PPR	187		3	2	0	0		
6010			RN WAGES-MEDICARE		974,645	10	1	0	0		
6020			RN WAGES-NON MEDICARE	203,428		10	1	0	0		
6030			DON WAGES	61,231		10	1	0	0		
6035			ADON	58,586		10	1	0	0		
6040			RN SICK & VACATION	12,679		10	1	0	0		
6110			LPN WAGES-MEDICARE	189,884		10	1	0	0		
6120			LPN WAGES-NON MEDICARE	0		10	1	0	0		
6130			LPN WAGES OTHER			10	1	0	0		
6140			LPN SICK & VACATION	5,120		10	1	0	0		
6210			AIDE WAGES-MEDICARE			10	1	0	0		
6220			AIDE WAGES-NON MEDICARE	432,077		10	1	0	0		
6230			WARD CLERKS			10	1	0	0		
6240			AIDE VACATION & SICK	11,640		10	1	0	0		
6245			CONTRACT NURSES-RN	76,506		10	3	0	0		
6246			CONTRACT NURSES-LPN	6,669		10	3	0	0		
6247			CONTRACT NURSES-AIDES	168,535		10	3	0	0		
6250			NURSE AIDE TRAINING WAGES	0	0	13	1	0	0		
6255			NURSE AID TRAINING EXP	0	0	13	2	0	0		
6260			NURSE AIDE TRAINING REIMB	0		0	0	0	0		
6270			REHAB WAGES	0		10	1	0	0		
6275			REHAB SICK & VAC	0		10	1	0	0		
6280			NURSING DEPT EDUCATION			23	3	0	0		
6290			NURSING SUPPLIES	27,062	96,397	10	2	0	0		
6295			NURSING SUPPLIES	66,197		10	2	0	0		
6390			REPLACEMENT-NURSING	3,138		10	2	0	0		
6490			NURSING OTHER	449	259,787	10	3	0	0		
7280			DRUG PURCHASES	78,367	79,400	39	2	0	0	***	
7281			DRUG PURCHASES-OTHER	21		39	2				
7380			LABORATORY SERVICES	8,379	363,215	39	3	0	0		
7410			HOME HEALTH SALARY			39	1	0	0		
7440			HOME HEALTH SICK & VAC			39	1	0	0		
7450			HOME HEALTH EXPENSES			39	3	0	0		
7510			ACTIVITES WAGES	24,982	25,349	11	1	0	0		
7540			ACTIVITIES SICK & VAC	367		11	1	0	0		
7590			ACTIVITIES SUPPLIES	4,276	4,276	11	2	0	0		
7595			ACTIVITIES FEES	0	0	11	3	0	0		
7610			PT WAGES			39	1	0	0		
7611			PT SICK & VACATION			39	1	0	0		
7620			PT FEES	182,591		39	3	0	0	***	
7660			PT SUPPLIES	1,012		39	2	0	0		
7710			SOCIAL SERVICE WAGES	39,951	44,445	12	1	0	0		
7720			SOCIAL SERVICE SICK & VAC	4,494		12	1	0	0		
7730			SOCIAL SERVICE EXPENSES	0	0	12	2	0	0		
7740			OT FEE	158,493		39	3	0	0	***	
7750			SOCIAL THERAPIST FEE	0	0	12	3	0	0		
7770			SPEECH THERAPY FEE	13,752		39	3	0	0	***	
7800			BEAUTICIAN WAGES		0	40	1	0	0		
7810			BEAUTICIAN SICK & VAC			40	1	0	0		
7820			BEAUTICIAN FEES	11,434	11,434	40	3	0	0		
7890			BEAUTY SHOP SUPPLIES	714	714	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	0		
8130			DEPRECIATION	151,568	151,568	30	3	9	0		
8150			LOAN FEE AMORTIZATION	0		32	3	0	0		0
9510			INTEREST INCOME	0		32	0	10	0		
9520			MISC NON-OPERATING INCOME	0		0	0	0	0		
9700			INCOME TAXES	-5,071		0	0	0	0		
				4,272,251	4,201,951						
					-70,300						
GRAND TOTALS				515,116					-82,770		
				(NET INCOME)							
				0							

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

				ILC	TH	RH	
1,009	1,009	CASH	113,098				
1,100	1,100	ACCTS RI	521,971				
1,101	1,101	ALLOW. FOR UNCOLLECTIBLES					
1,110	1,110	ACCTS RECEIV-M/C					
1,125	1,125	ACCTS RECEIV-IPA					
1,135	1,135	ACCTS RECEIV-IC					
1,140	1,140	UNAPPLIED CASH RECEIPTS					
1,145	1,145	A/R SUSPENSE-REFUNDS					
1,200	1,200	PREPAID	57,369				
1,220	1,220	OTHER PREPAID EXPENSES					
1,300	1,300	DIETARY INVENTORY					
1,310	1,310	SUPPLIES	19,587				
1,320	1,320	LINEN INVENTORY					
1,409	1,409	LAND	235,273				
1,450	1,450	FURNITUI	1,052,002				
1,460			(931,582)				
1,475	1,475	BUILDING	5,126,066				
1,490	1,490	ACCUM D	(3,300,444)				
1,530	1,530	RESIDEN	4,253				
1,550	1,550	LOAN FEE	0				
1,551	1,551	LOAN FEES ADDED					
1,850	1,850	INTERCO	0				
2,010	2,010	ACCOUNT	(293,686)				
2,100	2,095	BONUSES PAYABLE					
2,100	2,100	ACCRUEI	(35,708)				
2,100	2,100	PR CLEARING-BENEFITS					
2,100	2,100	PR CLEARING-LABOR					
2,110	2,110	ACCRUEI	(69,952)				
2,120	2,120	U.C. TAXE	0				
2,125	2,125	FICA TAX	1,469				
2,130	2,130	FEDERAL W/H TAX PAYABLE					
2,140	2,140	STATE W/H TAX PAYABLE					
2,152	2,152	WORKERS COMP ACCRUAL					
2,225	2,225	EMPLOYEEE INSURANCE REFUND					
2,230	2,230	PAYROLL SAVINGS					
2,235	2,240	UNITED FUND					
2,240	2,246	GROUP INSURANCE - CAFETERIA					
2,246	2,250	401K W/H					
2,250							
2,260	2,260	WAGE GA					
2,300	2,300	ACCRUEI	0				
2,320	2,320	IPA PAYM	(32,451)				
2,350	2,350	REAL EST	0				
2,385			0				
2,400	2,400	CURRENT PORTION OF LT DEBT					
2,512	2,512	DUE TO R	(4,253)				
2,600	2,600	LASALLE	0				
2,600							
2,625	2,625	LASALLE CONSTR. LOAN #2					
2,625							
2,695	2,695	CURRENT PORTION OF LT DEBT					
2,720	2,720	RETAINEI	(2,978,128)				
		net income	515,116				
		balance	0				
3,007	3,007	PATIENT	7,993				
3,007	3,007	PATIENT	7,209				
3,007	3,007	PATIENT	1,443				
3,007			0				
3,007							
3,007							
3,007							
3,010	3,010	BASIC CH	(3,333,385)				
3,020	3,020	BASIC CH	0				
3,030	3,030	BASIC CH	0				
3,040			0				
3,050			0				
3,060			0				
3,061			0				
3,080	3,080	NURSING	(18,074)				
3,081	3,081	NURSING	0				
3,082	3,082	NURSING	0				
3,083	3,083	NURSING	0				
3,100	3,100	DRUGS-M	(128,162)				
3,101			0				
3,110	3,110	PHYSICAI	(1,298,294)				
3,111			0				
3,112	3,112	PHYSICAI	0				
3,113	3,113	PHYSICAI	0				
3,140	3,140	LABORATORY INCOME					
3,150			0				
3,151							
3,152	3,152	ST/OT TH	0				
3,153	3,153	ST/OT TH	0				
3,160	3,185	REHAB/ISOLATION/OTHER CHG					
3,410	3,410	IPA/OTHE	0				
3,411	3,411	MEDICAR	0				
3,420	3,420	MEDICAR	1,190,142				
3,500							
3,520	3,520	RENT INC	(170,813)	-130,908	-32,430	-7,475	
3,530	3,530	BEAUTY S	(17,251)	-4,115	0	0	
3,560			0				
3,570	3,570	VENDING	0				
3,590	3,590	EQUIPME	(3,358)				
3,595	3,595	RESIDEN	0				
3,600	3,600	MISC INC	(25)				
4,110	4,110	G&A WAG	215,633				
4,111	4,111	ADMINIST	108,807				
4,115	4,115	G&A PTO	10,786				
4,120	4,120	EMPLOYE	66,348				
4,121							
4,130	4,130	EMPLOYE	0				
4,135	4,135	EMPLOYE	0				
4,250	4,250	OFFICE S	7,594				
4,255	4,255	POSTAGE	1,303				
4,260	4,260	TELEPHO	6,953				
4,275	4,275	TRAINING	1,050				
4,276			0				
4,280	4,280	GENERAL	2,854				
4,281	4,281	MEAL EXI	29				
4,285	4,285	EDUCATI	1,122				
4,289	4,289	MEETING	0				
4,290	4,290	HELP WA	24,013				
4,291	4,291	PROMOTI	11,508				
4,292	4,292	PUBLIC R	10,124				
4,300	4,300	LICENSE	45,156				
4,310	4,310	DUES & S	4,672				
4,320	4,320	CONTRIB	0				
4,350	4,350	PROFESS	30,871				
4,355	4,355	MEDICAL	12,000				
4,362			2,000				
4,363			5,628				
4,364	4,364	SOCIAL S	4,659				
4,370	4,370	TV RENT	7,998				
4,383	4,383	BACKGRO	1,002				
4,390	4,390	OTHER T	0				
4,400	4,400	PAYROLL	131,848				
4,401	4,401	PAYROLL	11,294				
4,410	4,410	GROUP IN	258,448				
4,420	4,420	LIABILITY	91,943	0	0	0	0
4,430	4,430	WORKMA	102,130				
4,435	4,435	W/C-FIRS	538				
4,436	4,436	DRUG TE	3,377				
4,450	4,450	MANAGEI	178,632				
4,460	4,460	BAD DEBT	60,000				
4,461	4,461	BAD DEBT	22,085				
4,470	4,470	LOST ITEI	353				
4,475	4,475	UNIFORM	53				
4,486	4,486	SERVICE	21,786				
4,490	4,490	MISC EXP	3,266				
4,496	4,496	MISC. M.I.	8,079				
4,510	4,510	REAL EST	0				
4,600	4,600	LEASED E	8,990				
5,110	5,110	MAINTEN	96,220				
5,120	5,120	MAINTEN	7,388				
5,130	5,130	ELECTRIC	82,452	0	0	0	0
5,131	5,131	NATURAL	4,865	0	1,699		1,699
5,133	5,133	WATER &	14,908	0	779		779
5,134	5,134	TRASH C	11,163				2,478
5,140	5,140	PROP/PL	22,863				
5,160	5,160	GENERAL	24,052	210			210
5,165	5,165	MAINTEN	46,712	0	0		0
5,210	5,210	DIETARY	203,663	34,688			34,688
5,220	5,220	DIETARY	8,319				
5,248	5,248	FOOD PU	155,492	26,442			26,442
5,250	5,250	SUPPLIES	948				61,130
5,260	5,260	REPLACE	1,408				
5,270	5,270	KITCHEN	8,689				
5,295	5,295	MEAL INC	(13,745)				
5,310	5,310	LAUNDRY	43,510				
5,340	5,340	LAUNDRY	1,867				
5,370	5,370	REPLACE	2,315				
5,380			0				
5,390	5,390	SUPPLIES	4,238	730			730
5,410	5,410	HOUSEKE	63,130	10,849			10,849
5,440	5,440	HOUSEKE	3,404				
5,480	5,480	SUPPLIES	16,825				
5,490	5,490	SUPPLIES	187	-26			-26
6,020	6,020	RN WAGE	203,428				10,823
6,030	6,030	DON WAG	61,231				
6,035	6,035	ADON WA	58,586				
6,040	6,040	RN PTO &	12,679				
6,120	6,120	LPN WAG	189,884				
6,140	6,140	LPN PTO	5,120				
6,220	6,220	AIDES WA	432,077				
6,240	6,240	AIDES PT	11,640				
6,245			76,506				
6,246			6,669				
6,247			168,535				
6,250			0				
6,255			0				
6,260			0				
6,270	6,270	REHAB W	0				
6,275	6,275	REHAB PT	0				
6,290	6,290	NURSING	27,062				
6,295	6,295	NURSING	66,197				
6,390	6,390	REPLACE	3,138				
6,490	6,490	OTHER	449				
7,280	7,280	DRUG PU	78,367				
7,281	7,281	DRUG PU	21				
7,380	7,380	LABORAT	4,799				
7,391	7,390	X-RAY SE	3,580				
7,393							
7,510	7,510	ACTIVITIE	24,982				
7,540	7,540	ACTIVITIE	367				
7,590	7,590	ACTIVITIE	4,276				
7,620	7,620	PHYSICAI	182,591				
7,660	7,660	P.T. SUPF	1,012				
7,710	7,710	SOCIAL S	39,951				
7,720	7,720	SOCIAL S	4,494				
7,730	7,730	SOCIAL S	0				
7,740	7,740	OCCUPAT	158,493				
7,750							
7,770	7,770	SPEECH 1	13,752				
7,820	7,820	BEAUTICI	11,434				
7,890			714				
7,960			0				
8,120	8,120	INTEREST	0				
8,125			0				
8,130	8,130	DEPRECI	151,568	8,546	730	979	
8,150			0				
9,510	9,510	INTEREST	0				
9,520	9,520	MISC NON	(5,071)				
9,530	4,220		0				
	8,100		0				
	9,702		0				
	5,230		0				
			515,116	72,893	2,478	0	

Expenses Fixed Assets 0

	G/L	RECAP CENSUS
PP	7,993	7,993

Illinois Knights Templar Home
2016 Cost Report
Supplemental Schedules

1. Schedule V - Line 10a to Line 39 - Reclassifications

Line Item		Amount
Purchased Drugs and Medications	$	78,388
Purchased Hospital Services		867
Purchased Laboratory Services		4,800
Purchased Radiology Services		2,712
Amount Reclassified to Line 39	$	86,767

2. Schedule V - Line 20 to Line 42 - Reclassification

Line Item		
Provider Participation Fee	$	41,175

3. Schedule V - Line 43 - Non-Allowable Costs

Line Item		
Independent Living Center - Supplies	$	72,683
Independent Living Center - Other		0
Townhome - Supplies		0
Townhome - Other		2,688
Total Non-Allowable Costs	$	75,371

4. Schedule VI - Line 29 - Other Adjustments

Item		
Independent Living Center - Supplies	$	72,683
Townhome - Other		2,688
Independent Living Center - Depreciation		8,546
Townhome - Depreciation		730
Rental Unit - Depreciation		979
Total Other Adjustments	$	85,626