FOR BHF USE

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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: 0042671

Facility Name: Prairie Village Healthcare Center

Address: 1024 West Walnut (Number) Jacksonville (City) 62650 (Zip Code)

County: Morgan

Telephone Number: (217) 245 - 5175 **Fax #** (217) 243 - 4276

HFS ID Number:

Date of Initial License for Current Owners: 05/01/97

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Edward N. Slack, CPA **Telephone Number:** (847) 628 - 8796
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 01/01/12 to 12/31/12 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)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title) Edward N. Slack, CPA, Partner, Health and Human Services
(Firm Name & Address) Plante & Moran, PLLC, 2155 Point Boulevard, Suite 200 Elgin, Illinois 60123
(Telephone) (847) 628 - 8796 Fax # (248) 327 - 8417

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 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	74	Skilled (SNF)	74	27,084	1
2		Skilled Pediatric (SNF/PED)			2
3	52	Intermediate (ICF)	52	19,032	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	126	TOTALS	126	46,116	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	11,402	784	4,199	16,385	8
9	SNF/PED					9
10	ICF	8,013	22	862	8,897	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	19,415	806	5,061	25,282	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 54.82%

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)
N/A

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 05/01/97

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 05/01/97 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 53 and days of care provided 2,366

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: 12/31/12 Fiscal Year: 12/31/12

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	148,745	11,832	6,618	167,195		167,195	132	167,327			1
2	Food Purchase		133,607		133,607		133,607	252	133,859			2
3	Housekeeping	101,377	16,775		118,152		118,152	252	118,404			3
4	Laundry	36,597	10,700		47,297		47,297		47,297			4
5	Heat and Other Utilities			99,617	99,617		99,617	364	99,981			5
6	Maintenance	71,228		62,385	133,613		133,613	4,809	138,422			6
7	Other (specify):* See Supplemental			99	99		99	619	718			7
8	TOTAL General Services	357,947	172,914	168,719	699,580		699,580	6,428	706,008			8
	B. Health Care and Programs											
9	Medical Director			18,000	18,000		18,000		18,000			9
10	Nursing and Medical Records	1,071,986	48,343	3,782	1,124,111		1,124,111		1,124,111			10
10a	Therapy	21,521			21,521		21,521		21,521			10a
11	Activities	41,861	1,493		43,354		43,354	(69)	43,285			11
12	Social Services	36,761	7	3,616	40,384		40,384		40,384			12
13	CNA Training											13
14	Program Transportation			60	60		60		60			14
15	Other (specify):* See Supplemental											15
16	TOTAL Health Care and Programs	1,172,129	49,843	25,458	1,247,430		1,247,430	(69)	1,247,361			16
	C. General Administration											
17	Administrative	91,364			91,364		91,364	8,847	100,211			17
18	Directors Fees											18
19	Professional Services			197,289	197,289		197,289	(124,631)	72,658			19
20	Dues, Fees, Subscriptions & Promotions			21,434	21,434		21,434	(10,194)	11,240			20
21	Clerical & General Office Expenses	88,990	10,823	38,032	137,845		137,845	38,005	175,850			21
22	Employee Benefits & Payroll Taxes			286,878	286,878		286,878	(5,984)	280,894			22
23	Inservice Training & Education			209	209		209		209			23
24	Travel and Seminar			3,760	3,760		3,760	117	3,877			24
25	Other Admin. Staff Transportation			25,805	25,805		25,805	436	26,241			25
26	Insurance-Prop.Liab.Malpractice			187,670	187,670		187,670	6,370	194,040			26
27	Other (specify):* See Supplemental							12,456	12,456			27
28	TOTAL General Administration	180,354	10,823	761,077	952,254		952,254	(74,578)	877,676			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,710,430	233,580	955,254	2,899,264		2,899,264	(68,219)	2,831,045			29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Prairie Village Healthcare Center
Medicaid Cost Report
01/01/12 - 12/31/12

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 7 Detailed			
Security			99
Allocation - Extended Care Consulting: Emp. Ben.			619
Total	-	-	718
Line 15 Detailed			
Total	-	-	-
Line 27 Detailed			
Allocation - Extended Care Consulting: Emp. Ben.			12,456
Total	-	-	12,456

Page 3 Supplemental Schedule - Other Admin. Staff Transportation

Payee	Amount	Allowable
Abby Ala	397	397
Care Consultants of Illinois	6,652	6,652
Cindy Wardle	4,529	4,529
Cummins Crosspoint	806	806
Enterprise Fleet Management	847	847
Kelly Rothering	3,129	3,129
Kiel Peregrin	2,613	2,613
Laura Sepessy	625	625
Melissa Newingham	485	485
Pamela Stege	32	32
Extended Care Consulting	3,637	3,637
Tom Finch Automotive	1,486	1,486
West Central Mass Transit	567	567
Alloc. - Extended Care Consulting	436	436
	26,241	26,241

Facility Name & ID Number Prairie Village Healthcare Center #0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			4,571	4,571		4,571	59,633	64,204			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			28,163	28,163		28,163	129,044	157,207			32
33	Real Estate Taxes							23,941	23,941			33
34	Rent-Facility & Grounds			285,783	285,783		285,783	(285,148)	635			34
35	Rent-Equipment & Vehicles			17,650	17,650		17,650	563	18,213			35
36	Other (specify):* See Supplement							12,132	12,132			36
37	TOTAL Ownership			336,167	336,167		336,167	(59,835)	276,332			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		218,085	556,436	774,521		774,521		774,521			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			198,094	198,094		198,094		198,094			42
43	Other (specify):* See Supplement	84,067		4,090	88,157		88,157	(88,157)				43
44	TOTAL Special Cost Centers	84,067	218,085	758,620	1,060,772		1,060,772	(88,157)	972,615			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,794,497	451,665	2,050,041	4,296,203		4,296,203	(216,211)	4,079,992			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Prairie Village Healthcare Center
Medicaid Cost Report
01/01/12 - 12/31/12

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 36 Detailed			
Premium Mortgage Insurance			12,132
Total	-	-	12,132
Line 43 Detailed			
Non-Allowable Expenses	84,067		4,090
Total	84,067	-	4,090

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	(5,901)	32		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	(2,730)	21		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(12,103)	20		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 See Supplemental	(132,233)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (152,967)		$	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)	(63,244)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (63,244)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (216,211)		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

SEE ACCOUNTANTS' COMPILATION REPORT

Prairie Village Healthcare Center

ID# 0042671

Report Period Beginning: 01/01/12

Ending: 12/31/12

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	TAG Properties - Rent	$ (10,054)	34	1
2	Patient Clothing	(69)	11	2
3	Cable Expense	(212)	21	3
4	Bank Charges	(16,071)	21	4
5	Theft Loss	(260)	21	5
6	Collection Expense	(408)	21	6
7	Non-Allowable Legal	(6,832)	19	7
8	Non-Allowable Expenses	(88,157)	43	8
9				9
10				10
11				11
12	Prairie Village Healthcare Center, LLC			12
13	Accounting / Audit Fee	(7,500)	19	13
14	State Replacement Tax	(114)	21	14
15	Amortization	(2,556)	31	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
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**	(132,233)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 **Report Period Beginning:** 01/01/12 **Ending:** 12/31/12

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	132	0	0	0	0	0	0	0	0	132	1
2	Food Purchase	0	0	252	0	0	0	0	0	0	0	0	252	2
3	Housekeeping	0	0	252	0	0	0	0	0	0	0	0	252	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	364	0	0	0	0	0	0	0	0	364	5
6	Maintenance	0	0	1,441	3,368	0	0	0	0	0	0	0	4,809	6
7	Other (specify):*	0	0	0	619	0	0	0	0	0	0	0	619	7
8	**TOTAL General Services**	0	0	2,441	3,987	0	0	0	0	0	0	0	6,428	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	(69)	0	0	0	0	0	0	0	0	0	0	(69)	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**	(69)	0	0	0	0	0	0	0	0	0	0	(69)	16
	C. General Administration													
17	Administrative	0	0	1,557	7,290	0	0	0	0	0	0	0	8,847	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(14,332)	7,500	(117,799)	0	0	0	0	0	0	0	0	(124,631)	19
20	Fees, Subscriptions & Promotions	(12,103)	0	1,909	0	0	0	0	0	0	0	0	(10,194)	20
21	Clerical & General Office Expenses	(19,795)	114	6,515	51,171	0	0	0	0	0	0	0	38,005	21
22	Employee Benefits & Payroll Taxes	0	0	0	(5,984)	0	0	0	0	0	0	0	(5,984)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	117	0	0	0	0	0	0	0	0	117	24
25	Other Admin. Staff Transportation	0	0	436	0	0	0	0	0	0	0	0	436	25
26	Insurance-Prop.Liab.Malpractice	0	5,856	514	0	0	0	0	0	0	0	0	6,370	26
27	Other (specify):*	0	0	0	12,456	0	0	0	0	0	0	0	12,456	27
28	**TOTAL General Administration**	(46,230)	13,470	(106,751)	64,933	0	0	0	0	0	0	0	(74,578)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(46,299)	13,470	(104,310)	68,920	0	0	0	0	0	0	0	(68,219)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 **Report Period Beginning:** 01/01/12 **Ending:** 12/31/12

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	0	55,974	3,659	0	0	0	0	0	0	0	0	59,633	30
31	Amortization of Pre-Op. & Org.	(2,556)	2,556	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(5,901)	132,670	2,275	0	0	0	0	0	0	0	0	129,044	32
33	Real Estate Taxes	0	22,787	1,154	0	0	0	0	0	0	0	0	23,941	33
34	Rent-Facility & Grounds	(10,054)	(275,094)	0	0	0	0	0	0	0	0	0	(285,148)	34
35	Rent-Equipment & Vehicles	0	0	563	0	0	0	0	0	0	0	0	563	35
36	Other (specify):*	0	12,132	0	0	0	0	0	0	0	0	0	12,132	36
37	**TOTAL Ownership**	(18,511)	(48,975)	7,651	0	0	0	0	0	0	0	0	(59,835)	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):*	(88,157)	0	0	0	0	0	0	0	0	0	0	(88,157)	43
44	**TOTAL Special Cost Centers**	(88,157)	0	0	0	0	0	0	0	0	0	0	(88,157)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(152,967)	(35,505)	(96,659)	68,920	0	0	0	0	0	0	0	(216,211)	45

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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
See Page 6 - Supp		See Page 6 - Supp		See Page 6 - Supp		

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. [X] 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	34	Rent	$ 275,094	Prairie Village Healthcare Center, LLC	100.00%	$	$ (275,094)	1
2	V	32	Interest	779	Prairie Village Healthcare Center, LLC	100.00%		(779)	2
3	V	19	Accounting		Prairie Village Healthcare Center, LLC	100.00%	7,500	7,500	3
4	V	21	State Replacement Tax		Prairie Village Healthcare Center, LLC	100.00%	114	114	4
5	V	26	Property Insurance		Prairie Village Healthcare Center, LLC	100.00%	5,856	5,856	5
6	V	30	Depreciation		Prairie Village Healthcare Center, LLC	100.00%	55,974	55,974	6
7	V	31	Amortization		Prairie Village Healthcare Center, LLC	100.00%	2,556	2,556	7
8	V	32	Interest		Prairie Village Healthcare Center, LLC	100.00%	133,449	133,449	8
9	V	33	Real Estate Taxes		Prairie Village Healthcare Center, LLC	100.00%	22,787	22,787	9
10	V	36	Mortgage Insurance Premium		Prairie Village Healthcare Center, LLC	100.00%	12,132	12,132	10
11	V								11
12	V								12
13	V								13
14	Total			$ 275,873			$ 240,368	$ * (35,505)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Sherwin I. Ray	33.33%	Avenue Care Nursing and Rehab	Chicago, IL	Ext. Care Consult.	Evanston, IL	Home Office	1
2	Jakob Bakst	33.33%	Beecher Manor Nursing and Rehab	Beecher, IL	Ext. Care Clinical	Evanston, IL	Administrative	2
3	Eric Rothner	33.34%	Briar Place	Indian Head, IL	CC Health Systems	Des Plaines, IL	Dietary & Suppl.	3
4			Chateau Village Nursing and Rehab	Willowbrook, IL	CCS VEBA	Evanston, IL	Health Insurance	4
5			Grasmere Place	Chicago, IL	2201 Main	Evanston, IL	Bldg. Company	5
6			Lakewood Nursing and Rehab	Plainfield, IL	Rothner Vents	Evanston, IL	Vent. Rental	6
7			Lemont Nursing and Rehab	Lemont, IL	Tricare Rehab	Hillside, IL	Therapy	7
8			Prairie Manor Halth Care	Chicago Heights, IL	Reliable Medical	Des Plaines, IL	Medical Supplies	8
9			Rainbow Beach Nursing Center	Chicago, IL	Harbor Light	Glen Ellyn, IL	Hospice	9
10			Sheridan Shores	Chicago, IL				10
11			Snow Vally Nursing and Rehab	Lisle, IL				11
12			South Suburban Rehabilitation Center	Chicago, IL	Prairie Village			12
13			Tri-State Nursing and Rehab	Lansing, IL	Healthcare Ctr	Jacksonville, IL	Bldg. Company	13
14			Wheaton Care Center	Wheaton, IL				14
15			Boulevard Care Nursing and Rehab	Chicago, IL				15
16			Countryside Nursing and Rehab	Dolton, IL				16
17			Hillcrest Nursing and Rehab	Joliet, IL				17
18			Oak Park Healthcare Center	Oak Park, IL				18
19			Park House Nursing and Rehab	Chicago, IL				19
20			Timber Point Healthcare Center	Camp Point, IL				20
21			Prairie Village Healthcare Center	Jacksonville, IL				21
22			Dyer Nursing and Rehab	Dyer, IN				22
23			Lake County Nursing and Rehab	East Chicago, IN				23
24			Sebos Nursing and Rehab	Holbart, IN				24
25			Sheffield Manor Nursing Center	Indianapolis, IN				25
26			McKinley Health Care Center	Canton, OH				26
27			Homestead Nursing and Rehab	Lincoln, NE				27
28			Lancaster Manor	Lincoln, NE				28
29			Golden Plaines	Hutchinson, KS				29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

VII. RELATED PARTIES (continued)

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. [X] 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)	
15	V	01	Dietary	$	Extended Care Consulting, LLC	100.00%	$ 132	$ 132	15
16	V	02	Food		Extended Care Consulting, LLC	100.00%	252	252	16
17	V	03	Housekeeping		Extended Care Consulting, LLC	100.00%	252	252	17
18	V	05	Utilities		Extended Care Consulting, LLC	100.00%	364	364	18
19	V	06	Maintenance		Extended Care Consulting, LLC	100.00%	1,441	1,441	19
20	V	17	Administrative		Extended Care Consulting, LLC	100.00%	1,557	1,557	20
21	V	19	Professional Fees	120,000	Extended Care Consulting, LLC	100.00%	2,201	(117,799)	21
22	V	20	Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	1,909	1,909	22
23	V	21	Office and Clerical		Extended Care Consulting, LLC	100.00%	6,515	6,515	23
24	V	24	Seminar and Travel		Extended Care Consulting, LLC	100.00%	117	117	24
25	V	25	Other Staff Admin. Transport.		Extended Care Consulting, LLC	100.00%	436	436	25
26	V	26	Insurance		Extended Care Consulting, LLC	100.00%	514	514	26
27	V	30	Depreciation		Extended Care Consulting, LLC	100.00%	3,659	3,659	27
28	V	32	Interest		Extended Care Consulting, LLC	100.00%	2,275	2,275	28
29	V	33	Real Estate Taxes		Extended Care Consulting, LLC	100.00%	1,154	1,154	29
30	V	35	Rent - Equipment and Auto		Extended Care Consulting, LLC	100.00%	563	563	30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 120,000			$ 23,341	$ * (96,659)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

VII. RELATED PARTIES (continued)

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. [X] 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)	
15	V	06	Maintenance	$	Extended Care Consulting, LLC	100.00%	$ 3,368	$ 3,368	15
16	V	06	Maintenance		Extended Care Consulting, LLC	100.00%			16
17	V	07	Employee Benefits		Extended Care Consulting, LLC	100.00%	619	619	17
18	V	07	Employee Benefits		Extended Care Consulting, LLC	100.00%			18
19	V	10	Nursing		Extended Care Consulting, LLC	100.00%			19
20	V	17	Administrative		Extended Care Consulting, LLC	100.00%	7,290	7,290	20
21	V	21	Office and Clerical		Extended Care Consulting, LLC	100.00%	51,171	51,171	21
22	V	21	Office and Clerical	15,163	Extended Care Consulting, LLC	100.00%	15,163		22
23	V	27	Employee Benefits		Extended Care Consulting, LLC	100.00%	10,741	10,741	23
24	V	27	Employee Benefits		Extended Care Consulting, LLC	100.00%	1,715	1,715	24
25	V	22	Employee Benefits	5,984	Extended Care Consulting, LLC	100.00%		(5,984)	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 21,147			$ 90,067	$ * 68,920	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

VII. RELATED PARTIES (continued)

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. [X] 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)	
15	V	22	Health Insurance	$ 18,674	CCS VEBA	100.00%	$ 18,674	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 18,674			$ 18,674	$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Adam Vales	Relative	Clerical	0	See Attached	0.19	0.05%	Alloc. Sal	$ 347	22 - 7	1
2	Sherwin Ray	Owner	Administration	33.33%	See Attached	4.68	11.70%	Alloc. Sal	18,226	17 - 1	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 18,573		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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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
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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 [X] NO [ ]

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

Name of Related Organization: Extended Care Consulting, LLC
Street Address: 2201 Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847) 905 - 3000
Fax Number: (847) 491 - 9565

	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	01	Dietary	Patient Days	1,364,178	31	$ 7,101	$	25,282	$ 132	1
2	02	Food	Patient Days	1,364,178	31	13,586		25,282	252	2
3	03	Housekeeping	Patient Days	1,364,178	31	13,573		25,282	252	3
4	05	Utilities	Patient Days	1,364,178	31	19,636		25,282	364	4
5	06	Maintenance	Patient Days	1,364,178	31	77,756		25,282	1,441	5
6	17	Administrative	Patient Days	1,364,178	31	84,000		25,282	1,557	6
7	19	Professional Fees	Patient Days	1,364,178	31	118,750		25,282	2,201	7
8	20	Dues and Subscriptions	Patient Days	1,364,178	31	102,984		25,282	1,909	8
9	21	Office and Clerical	Patient Days	1,364,178	31	351,528		25,282	6,515	9
10	24	Seminar and Travel	Patient Days	1,364,178	31	6,315		25,282	117	10
11	25	Other Staff Admin. Transpor.	Patient Days	1,364,178	31	23,506		25,282	436	11
12	26	Insurance	Patient Days	1,364,178	31	27,741		25,282	514	12
13	30	Depreciation	Patient Days	1,364,178	31	197,424		25,282	3,659	13
14	32	Interest	Patient Days	1,364,178	31	122,765		25,282	2,275	14
15	33	Real Estate Taxes	Patient Days	1,364,178	31	62,275		25,282	1,154	15
16	35	Rent - Equipment and Auto	Patient Days	1,364,178	31	30,363		25,282	563	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,259,303	$		$ 23,341	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 [X] NO [ ]

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

Name of Related Organization: Extended Care Consulting, LLC
Street Address: 2201 Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847) 905 - 3000
Fax Number: (847) 491 - 9565

	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	06	Maintenance	Patient Days	1,364,178	31	$ 181,713	$ 181,713	25,282	$ 3,368	1
2	06	Maintenance	Direct Allocation	1	1			1		2
3	07	Employee Benefits	Patient Days	1,364,178	31	33,386		25,282	619	3
4	07	Employee Benefits	Direct Allocation	1	1			1		4
5	17	Administrative	Patient Days	1,364,178	31	393,362	393,362	25,282	7,290	5
6	21	Office and Clerical	Patient Days	1,364,178	31	2,761,089	2,761,089	25,282	51,171	6
7	21	Office and Clerical	Direct Allocation	1	1	15,163	15,163	1	15,163	7
8	27	Employee Benefits	Patient Days	1,364,178	31	579,570		25,282	10,741	8
9	27	Employee Benefits	Direct Allocation	1	1	1,715		1	1,715	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					$ 3,965,998	$ 3,351,327		$ 90,067	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 [X] NO [ ]

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

Name of Related Organization: CCS VEBA
Street Address: 2201 Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847) 905 - 3000
Fax Number: (847) 491 - 9565

	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	22	Health Insurance	Direct Allocation	1	1	$ 18,674	$	1	$ 18,674	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					$ 18,674	$		$ 18,674	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Heartland Bank - HUD		X	Mortgage			$	$ 2,398,972			$ 133,449	1
2												2
3												3
4												4
5												5
	Working Capital											
6	First Bank / HFG		X	Line of Credit							28,163	6
7	Alloc. - Extended Care	X		Line of Credit							2,275	7
8												8
9	TOTAL Facility Related						$	$ 2,398,972			$ 163,887	9
	B. Non-Facility Related*											
10	Interest Income		X								(5,901)	10
11	Interest Income - Bldg. Part.		X								(779)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (6,680)	14
15	TOTALS (line 9+line14)						$	$ 2,398,972			$ 157,207	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 12,132 Line # 36

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

SEE ACCOUNTANTS' COMPILATION REPORT

** 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 Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2011 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	21,700	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.)	$	22,841	2
3. Under or (over) accrual (line 2 minus line 1).	$	1,141	3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)	$	22,800	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.	$	23,941	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2007	21,455	8
	2008	22,669	9
	2009	20,324	10
	2010	20,680	11
	2011	21,687	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

2012 Real Estate Tax Accrual = $21,687 * 1.05 = $22,800

Extended Care Consulting, LLC (Allocation) - $1,154

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.

SEE ACCOUNTANTS' COMPILATION REPORT

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Prairie Village Healthcare Center COUNTY Morgan

FACILITY IDPH LICENSE NUMBER 0042671

CONTACT PERSON REGARDING THIS REPORT Edward N. Slack

TELEPHONE (847) 628 - 8796 FAX #: (248) 327 - 8417

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

Enter the tax index number and real estate tax assessed for 2011 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 2011.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	09-17-100-012	Long Term Care Facility	$ 21,686.72	$ 21,686.72
2.	Allocation	Extended Care Consulting, LLC	$ 127,119.67	$ 916.97
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 148,806.39	$ 22,603.69

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? X 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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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 Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 27,028 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (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 [X] (b) Rent equipment from a Related Organization. [X] (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).

N/A

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	8,686	1997	$ 170,000	1
2	Ext. Care Consult.			5,915	2
3	TOTALS	8,686		$ 175,915	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	126		1997		$ 1,114,539	$ 28,577	39	$ 28,577	$	$ 441,783	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Prairie Village Healthcare Center (Operating Entitiy)										9
10	Various			2002	4,490	165	27.5	165		1,659	10
11	Various			2003	13,083	577	15 - 27.5	577		5,478	11
12	Various			2004	5,343	190	27.5	190		1,726	12
13	Various			2005	4,475	298	15	298		2,236	13
14	Various			2006	13,021	523	15 - 27.5	523		3,355	14
15	Various			2007	7,421	389	15 - 27.5	389		2,102	15
16	Bathroom / Water Lines / Faucets / Conduits / Lights			2009	6,987	250	27.5	250		697	16
17	Handrail / Bumper / Kickplates / Base / Draperies			2009	4,390	282	5	282		1,782	17
18	Fire Supression			2010	4,857	177	27.5	177		508	18
19	Bathroom Flooring			2010	2,750	100	27.5	100		288	19
20	Phone System			2011	5,707	208	10	208		311	20
21	Outside Patio			2011	3,725	135	15	135		158	21
22	Doors			2012	8,460	117	27.5	117		117	22
23	Stool Repair			2012	6,824	165	27.5	165		165	23
24	Fire Protection Engineering			2012	10,500	159	27.5	159		159	24
25											25
26	Prairie Village Healthcare Center, LLC (Building Partnership)										26
27	Various			1997	487,113	12,490	39	12,490		189,479	27
28	Various			1998	185,832	4,765	39	4,765		69,862	28
29	Various			1999	3,549	91	39	91		1,187	29
30	Various			2000	9,164	333	27.5	333		4,102	30
31	Various			2001	54,531	1,983	27.5	1,983		23,344	31
32	New Roof / Fire Supression System / Hood System			2008	128,307	4,666	27.5	4,666		19,586	32
33	Concrete Sidewalks			2008	5,860	391	15	391		1,758	33
34	Windows			2009	63,595	2,313	27.5	2,313		8,191	34
35	Concrete Pad for Bathroom			2010	14,295	365	39	365		991	35
36											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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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			$	$		$	$	$	37
38	Related Party Allocations - See Supplemental Schedules								38
39									39
40	Allocations - Extended Care Consulting	2007	85	4	20	4		26	40
41	Allocations - Extended Care Consulting	2009	51	3	20	3		10	41
42	Allocations - Extended Care Consulting	2010	500	25	20	25		75	42
43	Allocations - Extended Care Consulting	2011	180	9	20	9		18	43
44	Allocations - Extended Care Consulting	2012	59	3	20	3		3	44
45									45
46	Allocations - Extended Care Consulting / 2201 Main LLC	2002	8,151	209	39	209		2,151	46
47	Allocations - Extended Care Consulting / 2201 Main LLC	2002	6,733	615	10	615		5,544	47
48	Allocations - Extended Care Consulting / 2201 Main LLC	2003	7,935	725	10	725		6,534	48
49	Allocations - Extended Care Consulting / 2201 Main LLC	2005	394	42	10	42		268	49
50	Allocations - Extended Care Consulting / 2201 Main LLC	2009	71	4	10	4		14	50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,192,977	$ 61,348		$ 61,348	$	$ 795,667	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	$ 207,888	$ 597	$ 597	$	5 - 7	$ 204,357	71
72	Current Year Purchases	1,595	239	239		5	239	72
73	Fully Depreciated Assets							73
74	See Supplemental	145,555	1,446	1,446			144,378	74
75	TOTALS	$ 355,038	$ 2,282	$ 2,282	$		$ 348,974	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				$	$	$	$		$	76
77	Alloc. - Extended Care			2,872	574	574		5	2,872	77
78										78
79										79
80	TOTALS			$ 2,872	$ 574	$ 574	$		$ 2,872	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)	$ 2,726,802	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 64,204	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 64,204	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)	$ 1,147,513	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		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	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.

SEE ACCOUNTANTS' COMPILATION REPORT

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

Prairie Village Healthcare Center
Medicaid Cost Report
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Page 13 Supplemental Schedule

Description	Cost	Depreciation	Accumulated Depreciation
Related Party 1 - Prairie Village Healthcare Center, LLC			
Prior	69,000		69,000
Current			
Total	69,000	-	69,000
Related Party 2 - Extended Care Consulting			
Prior	1,916	192	733
Current	52,530	-	53,530
Total	54,446	192	54,263
Related Party 3 - Extended Care Consulting / 2201 Mail LLC			
Prior	2,257	226	2,231
Current			
Total	2,257	226	2,231
Related Party 4 - Extended Care Consulting - Matrix Software			
Prior	19,852	1,028	18,884
Current			
Total	19,852	1,028	18,884
Total	**145,555**	**1,446**	**144,378**

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A - Related Party
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. [X] 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	See Supp.				635			6
7	TOTAL				$ 635 **			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.	/2013	$
13.	/2014	$
14.	/2015	$

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: *

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

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO
16. Rental Amount for movable equipment: $ 15,931 Description: See Supplemental Schedule
    (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	Facility	Various	$	$ 2,282	17
18					18
19					19
20					20
21	TOTAL		$	$ 2,282	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Prairie Village Healthcare Center
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Page 14 Supplemental Schedule - Building and Fixed Equipment

Vendor	Description	Amount
TAG Properties	Office Space	10,054
Kiel Peregrin	Off Site Storage	420
Kelly Rothering	Off Site Storage	215
TAG Properties	Non-Allowable	(10,054)
Total		635

Page 14 Supplemental Schedule - Equipment Rental

Vendor	Description	Amount
Care Consultants of Illinois	Medical Equipment	17
Extended Care Consulting		2,117
Digital Copy Systems	Copier	3,713
Flynn Sales & Service	Copier	6,875
Kiel Peregrin		150
Pitney Bowes	Postage Meter	520
Quality Water Solutions	Water Softner	1,600
Various	Other	376
Alloc. - Extended Care Consulting		563
Total		15,931

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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
   - [X] 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.

SEE ACCOUNTANTS' COMPILATION REPORT

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 222,685	$		$ 222,685	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			59,254			59,254	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			232,599			232,599	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				199,045		199,045	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See Supplemental	39 - 02					19,040		19,040	12
13	Other (specify): See Supplemental	39 - 03				41,898			41,898	13
14	TOTAL			$		$ 556,436	$ 218,085		$ 774,521	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Prairie Village Healthcare Center
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Page 16 Supplemental Schedule

Description	Supplies	Other
Ambulance		13,454
Food Pump		4
Hospital Services		6,127
Laboratory		10,752
Medical Supplies	920	
Other Services		2,800
Oxygen	14,873	
Prosthetics and Orthotics	1,593	
Radiology		8,761
Therapy and Rehab Supplies	304	
Wheelchairs and Walkers	1,350	
Total	19,040	41,898

STATE OF ILLINOIS

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/12 (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	$	$ 12	1
2	Cash-Patient Deposits	32,125	32,125	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 333,090)	1,372,470	1,372,470	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	35,194	35,194	6
7	Other Prepaid Expenses	29,623	41,450	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Supplemental	130	715,758	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,469,542	$ 2,197,009	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		170,000	13
14	Buildings, at Historical Cost		1,114,539	14
15	Leasehold Improvements, at Historical Cost	105,596	1,057,842	15
16	Equipment, at Historical Cost	205,920	274,920	16
17	Accumulated Depreciation (book methods)	(225,337)	(1,054,620)	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): See Supplemental	191,695	245,048	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 277,874	$ 1,807,729	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,747,416	$ 4,004,738	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 891,543	$ 891,543	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,278	14,278	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	80,725	80,725	30
31	Accrued Taxes Payable (excluding real estate taxes)	4,900	4,900	31
32	Accrued Real Estate Taxes(Sch.IX-B)		22,800	32
33	Accrued Interest Payable		10,995	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Supplemental	85,140		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,076,586	$ 1,025,241	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		2,398,972	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 2,398,972	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,076,586	$ 3,424,213	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 670,830	$ 580,525	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,747,416	$ 4,004,738	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Prairie Village Healthcare Center
Medicaid Cost Report
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Page 17 Supplemental Schedule

Description	Operating	After Consolidation
Line 9 - Other Current Assets		
Due from Employees	130	130
Escrow Deposits		245,816
Replacement Reserve		434,358
Due from Related Parties		35,454
Total	130	715,758
Line 23 - Other Long Term Assets		
Construction in Progress	191,495	191,495
State Replacement Tax Benefit	200	200
Financing Costs (Net of Amortization)		53,353
Total	191,695	245,048
Line 36 - Other Current Liabilities		
Due to Related Entities	85,140	
Total	85,140	-
Line 43 - Other Long Term Liabilities		
Total	-	-

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (42,210)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (42,210)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	713,040	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)**	$ 713,040	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 670,830	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	$ 4,724,072	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,724,072	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	174,062	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 174,062	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		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	5,901	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 5,901	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	105,208	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 105,208	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,009,243	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	699,580	31
32	Health Care	1,247,430	32
33	General Administration	952,254	33
	B. Capital Expense		
34	Ownership	336,167	34
	C. Ancillary Expense		
35	Special Cost Centers	862,678	35
36	Provider Participation Fee	198,094	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,296,203	40
41	**Income before Income Taxes (line 30 minus line 40)****	713,040	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 713,040	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,612,767	44
45	Private Pay - Net Inpatient Revenue	106,835	45
46	Medicare - Net Inpatient Revenue	1,828,257	46
47	Other-(specify) Hospice - Net Patient Service Revenue	112,163	47
48	Other-(specify) Insurance - Net Patient Service Revenue	64,050	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 4,724,072	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Finished 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.

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Page 19 Supplemental Schedule

Description	Total	Adjustment
Line 28 - Other Revenue		
PP Income and Expense Adjustments	42,365	
Bed Debt Recovery	62,843	
Total	105,208	

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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	2,044	2,138	$ 69,674	$ 32.59	1
2	Assistant Director of Nursing	1,717	2,065	46,382	22.46	2
3	Registered Nurses	6,303	6,645	155,009	23.33	3
4	Licensed Practical Nurses	17,535	19,140	358,812	18.75	4
5	CNAs & Orderlies	39,868	42,244	422,475	10.00	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,384	1,443	21,521	14.91	8
9	Activity Director	1,606	1,904	19,946	10.47	9
10	Activity Assistants	2,380	2,565	21,915	8.54	10
11	Social Service Workers	1,922	2,115	36,761	17.38	11
12	Dietician					12
13	Food Service Supervisor	1,907	2,103	31,207	14.84	13
14	Head Cook					14
15	Cook Helpers/Assistants	4,232	4,668	42,154	9.03	15
16	Dishwashers	8,017	8,876	75,384	8.49	16
17	Maintenance Workers	5,779	6,395	71,228	11.14	17
18	Housekeepers	10,713	11,937	101,377	8.49	18
19	Laundry	3,732	4,219	36,597	8.68	19
20	Administrator	1,652	1,972	73,138	37.09	20
21	Assistant Administrator					21
22	Other Administrative	253	253	18,226	72.04	22
23	Office Manager					23
24	Clerical	4,252	4,646	88,990	19.15	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	1,583	1,834	19,634	10.71	31
32	Other Health Care(specify)					32
33	Other(specify) Non-Allowable	926	926	84,067	90.79	33
34	TOTAL (lines 1 - 33)	117,803	128,088	$ 1,794,497 *	$ 14.01	34

SEE ACCOUNTANTS' COMPILATION REPORT

* 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		$ 6,618	01 - 03	35
36	Medical Director		18,000	09 - 03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant		3,782	10 - 03	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		3,616	12 - 03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 32,016		49

C. CONTRACT NURSES

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

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Kiel S. Peregrin (010112-070612)	Administrator	0	$ 37,060
Kelly K. Rothering (070712-123112)	Administrator	0	36,078
Sherwin Ray	Administration	33.33	18,226
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 91,364

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
Extended Care Consulting	Home Office	$ 120,000
Plante & Moran, PLLC	Accounting	19,400
Frost, Ruttenberg & Rothblatt	Accounting	1,500
Burke, Warran, MacKay	Legal	4,042
Chuhak & Tecson	Legal	2,790
Extended Care Consulting	Legal	785
Meyer Magence	Legal	375
Myers, Carden & Sax	Legal	(9,065)
Williams Montgomery	Legal	1,673
Extended Care Consulting	Other Professional	1,853
HFG	Other Professional	9,674
See Supplemental Schedule		44,262
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 197,289

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 63,948
Unemployment Compensation Insurance	59,942
FICA Taxes	131,702
Employee Health Insurance	18,674
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Physicals	870
Other Employee Welfare	4,508
Holiday Expense	1,250
TOTAL (agree to Schedule V, line 22, col.8)	$ 280,894

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

Description	Line #	Amount
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	
Health Care Worker Background Check	1,639
(Indicate # of checks performed)	
Patient Background Checks	
Dues and Subscriptions	5,305
Licenses and Fees	397
Advertising and Promotion	12,103
Alloc. - Extended Care Consulting	1,909
Less: Public Relations Expense	( )
Non-allowable advertising	(12,103)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 11,240

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	3,760
Alloc. - Extended Care Consulting	117
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,877

* Attach copy of IMRF notifications

**See instructions.

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Page 21 Supplemental Schedule - Other Professional Fees

Vendor	Type	Amount
Blymas	Other Professional	6,200
Personnel Planners, Inc.	Unemployment Consultant	1,714
American Data	Data Processing	3,602
Care Consultants of Illinois	Data Processing	66
E-Health Data Solutions	Data Processing	4,680
Extended Care Consulting	Data Processing	1,624
MDI Achieve	Data Processing	4,757
MediFax-EDI, LLC	Data Processing	551
National Datacare Corporation	Data Processing	1,797
Nebo Systems, Inc.	Data Processing	77
Pro Payroll Solutions	Data Processing	6,512
Paycor	Data Processing	2,039
Other	Data Processing	35
Care Consultants of Illinois	Computer Maintenance	10,608
Total		44,262

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Page 21 Supplemental Schedule - Legal Invoice Detail

Vendor	Date	Amount
Burke, Warran, MacKay		4,042
Chuhak & Tecson		2,790
Extended Care Consulting		785
Meyer Magence		375
Myers, Carden & Sax		(9,065)
Williams Montgomery		1,673
Total		600

Total legal expense is less that $5,000. Per the instructions, there is no need to include copies of the legal invoices with the filed Medicaid Cost Report.

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Page 21 Supplemental Schedule - Seminar

Vendor	Invoice Date	Amount	Allowable
Kiel Peregrin	02/09/12	120	120
Ramirez Consulting Group	03/09/12	600	600
Care Consultants of Illinois	04/30/12	1,500	1,500
Pathway Health Services	06/14/12	750	750
Illinois Nursing Home	06/30/12	195	195
Other	12/31/12	595	595
Alloc. - Extended Care Consulting		117	117
		3,877	3,877
Page 5 Adjustments			-

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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	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

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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. **N/A**

(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? **N/A**

(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 Yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ _____ Line **Ln 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. **N/A**

(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. $ **198,094**
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.

SEE ACCOUNTANTS' COMPILATION REPORT

(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? **No** Indicate the amount. $ **N/A**

(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. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **Ln 14**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **No**
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. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees