FOR BHF USE

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2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

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: (847) 905 - 3000 **Fax #** (847) 491 - 9565

HFS ID Number:

Date of Initial License for Current Owners: 09/15/91

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: Jeremy M. Brune, CPA **Telephone Number:** (779) 875 - 3979
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 01/01/10 to 12/31/10 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) Sherwin Ray
(Title) President

Paid Preparer

(Signed) (Date)
(Print Name and Title) Jeremy M. Brune, CPA
(Firm Name & Address) Jeremy Brune & Associates, LLC
2508 Riverwalk Drive Plainfield, Illinois 60586
(Telephone) (779) 875 - 3979 Fax # (866) 216 - 5355

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: 01/01/10 Ending: 12/31/10

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	27,010	1
2		Skilled Pediatric (SNF/PED)			2
3	52	Intermediate (ICF)	52	18,980	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	126	TOTALS	126	45,990	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			4,244	4,244	8
9	SNF/PED					9
10	ICF	18,382	2,852	363	21,597	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	18,382	2,852	4,607	25,841	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 56.19%

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 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 4,244

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL	MODIFIED CASH*	CASH*
[X]	[ ]	[ ]

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

Tax Year: 12/31/10 Fiscal Year: 12/31/10

* 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: 01/01/10 Ending: 12/31/10

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	152,458	35,543	7,046	195,047		195,047	1,903	196,950			1
2	Food Purchase		152,566		152,566	(18,883)	133,683	187	133,870			2
3	Housekeeping	79,505	17,786		97,291		97,291	266	97,557			3
4	Laundry	56,654	13,527		70,181		70,181		70,181			4
5	Heat and Other Utilities			106,111	106,111		106,111	601	106,712			5
6	Maintenance	43,127		98,021	141,148		141,148	3,982	145,130			6
7	Other (specify):* Employee Benefits							840	840			7
8	**TOTAL General Services**	331,744	219,422	211,178	762,344	(18,883)	743,461	7,779	751,240			8
	B. Health Care and Programs											
9	Medical Director			8,000	8,000		8,000		8,000			9
10	Nursing and Medical Records	975,387	51,940	12,016	1,039,343		1,039,343	12,779	1,052,122			10
10a	Therapy	50,470		1,318	51,788		51,788	1,848	53,636			10a
11	Activities	48,867	9,160		58,027		58,027		58,027			11
12	Social Services	34,999		3,918	38,917		38,917	1,322	40,239			12
13	CNA Training											13
14	Program Transportation			8,601	8,601		8,601		8,601			14
15	Other (specify):* Employee Benefits							2,235	2,235			15
16	**TOTAL Health Care and Programs**	1,109,723	61,100	33,853	1,204,676		1,204,676	18,184	1,222,860			16
	C. General Administration											
17	Administrative	80,444			80,444		80,444	23,714	104,158			17
18	Directors Fees											18
19	Professional Services			275,454	275,454		275,454	(153,856)	121,598			19
20	Dues, Fees, Subscriptions & Promotions			36,308	36,308		36,308	(20,039)	16,269			20
21	Clerical & General Office Expenses	36,843	15,163	761,803	813,809		813,809	(678,853)	134,956			21
22	Employee Benefits & Payroll Taxes			238,650	238,650	18,883	257,533	(400)	257,133			22
23	Inservice Training & Education			374	374		374		374			23
24	Travel and Seminar			1,078	1,078		1,078	702	1,780			24
25	Other Admin. Staff Transportation			1,538	1,538		1,538	341	1,879			25
26	Insurance-Prop.Liab.Malpractice			124,295	124,295		124,295	447	124,742			26
27	Other (specify):* Employee Benefits			1,502	1,502		1,502	11,075	12,577			27
28	**TOTAL General Administration**	117,287	15,163	1,441,002	1,573,452	18,883	1,592,335	(816,869)	775,466			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,558,754	295,685	1,686,033	3,540,472		3,540,472	(790,906)	2,749,566			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
01/01/10 - 12/31/10

Page 3 Reclass

Description	Meals Served	Resident Meals	Employee Meals
Employees Meals			
Employees	30		
Meals Per Day	1		
Days in Year	365		
Meals Served Per Year	10,950		12.38%
Nursing Home Residents			
Census	25,841		
Meals Per Day	3		
Meals Served Per year	77,523	87.62%	
Total Meals Served	88,473	87.62%	12.38%
Food Cost			
Page 3 Line 2 Column 2	152,566		
Pre-Allocation Adjustments			
Meal Income - Page 5	-		
Food Cost For Allocation	152,566	152,566	152,566
Allocated Food Cost		133,683	18,883

Facility Name & ID Number Prairie Village Healthcare Center #0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

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			9,000	9,000		9,000	58,276	67,276			30
31	Amortization of Pre-Op. & Org.			401	401		401		401			31
32	Interest			73,311	73,311		73,311	105,569	178,880			32
33	Real Estate Taxes							21,397	21,397			33
34	Rent-Facility & Grounds			270,446	270,446		270,446	(269,832)	614			34
35	Rent-Equipment & Vehicles			21,495	21,495		21,495	967	22,462			35
36	Other (specify):* Mortgage Ins.							19,749	19,749			36
37	TOTAL Ownership			374,653	374,653		374,653	(63,874)	310,779			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		145,129	285,051	430,180		430,180		430,180			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			68,985	68,985		68,985		68,985			42
43	Other (specify):* Marketing	18,491		3,250	21,741		21,741	(21,741)				43
44	TOTAL Special Cost Centers	18,491	145,129	357,286	520,906		520,906	(21,741)	499,165			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,577,245	440,814	2,417,972	4,436,031		4,436,031	(876,521)	3,559,510			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

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

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	(1,410)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(150)	01		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	(3,169)	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	(722,318)	21		24
25	Fund Raising, Advertising and Promotional	(21,526)	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	(109,865)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (858,438)		$	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)	(18,083)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (18,083)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (876,521)		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: 01/01/10

Ending: 12/31/10

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Other Income (Page 19)	$ (356)	21	1
2	Bank Charges	(14,481)	21	2
3	Theft Loss	(10)	21	3
4	Collection Expense	(212)	21	4
5	Marketing Salary	(18,491)	43	5
6	Penalties - Payroll Taxes	(400)	22	6
7	Expensed Capitalized Assets	(1,004)	6	7
8	Interest / Penalties	(43,125)	32	8
9	Building Rent - Non-Allowable	(5,484)	34	9
10	Non-Allowable Legal Fees	(12,006)	19	10
11	Non-Allowable Expenses	(3,250)	43	11
12				12
13				13
14	Prairie Village Healthcare Center, LLC			14
15	Accounting / Audit Fee	(8,000)	19	15
16	Bank Service Charges	(65)	21	16
17	Filing Fees	(400)	21	17
18	Late Fees	(25)	21	18
19	Amortization	(2,556)	31	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**	(109,865)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Prairie Village Healthcare Center **#** 0042671 **Report Period Beginning:** 01/01/10 **Ending:** 12/31/10

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	(150)	0	67	1,986	0	0	0	0	0	0	0	1,903	1
2	Food Purchase	0	0	187	0	0	0	0	0	0	0	0	187	2
3	Housekeeping	0	0	240	26	0	0	0	0	0	0	0	266	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	545	56	0	0	0	0	0	0	0	601	5
6	Maintenance	(1,004)	0	4,931	55	0	0	0	0	0	0	0	3,982	6
7	Other (specify):*	0	0	562	278	0	0	0	0	0	0	0	840	7
8	**TOTAL General Services**	(1,154)	0	6,532	2,401	0	0	0	0	0	0	0	7,779	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	12,779	0	0	0	0	0	0	0	12,779	10
10a	Therapy	0	0	0	1,848	0	0	0	0	0	0	0	1,848	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	1,322	0	0	0	0	0	0	0	1,322	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	2,235	0	0	0	0	0	0	0	2,235	15
16	**TOTAL Health Care and Programs**	0	0	0	18,184	0	0	0	0	0	0	0	18,184	16
	C. General Administration													
17	Administrative	0	0	5,425	18,289	0	0	0	0	0	0	0	23,714	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(20,006)	8,000	(144,954)	3,104	0	0	0	0	0	0	0	(153,856)	19
20	Fees, Subscriptions & Promotions	(21,526)	0	1,408	79	0	0	0	0	0	0	0	(20,039)	20
21	Clerical & General Office Expenses	(741,036)	490	58,334	3,359	0	0	0	0	0	0	0	(678,853)	21
22	Employee Benefits & Payroll Taxes	(400)	0	0	0	0	0	0	0	0	0	0	(400)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	69	633	0	0	0	0	0	0	0	702	24
25	Other Admin. Staff Transportation	0	0	341	0	0	0	0	0	0	0	0	341	25
26	Insurance-Prop.Liab.Malpractice	0	0	375	72	0	0	0	0	0	0	0	447	26
27	Other (specify):*	0	0	8,145	2,930	0	0	0	0	0	0	0	11,075	27
28	**TOTAL General Administration**	(782,968)	8,490	(70,857)	28,466	0	0	0	0	0	0	0	(816,869)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(784,122)	8,490	(64,325)	49,051	0	0	0	0	0	0	0	(790,906)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 **Report Period Beginning:** 01/01/10 **Ending:** 12/31/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	55,868	2,025	383	0	0	0	0	0	0	0	58,276	30
31	Amortization of Pre-Op. & Org.	(2,556)	2,556	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(44,535)	138,940	3,865	7,299	0	0	0	0	0	0	0	105,569	32
33	Real Estate Taxes	0	20,527	784	86	0	0	0	0	0	0	0	21,397	33
34	Rent-Facility & Grounds	(5,484)	(264,887)	539	0	0	0	0	0	0	0	0	(269,832)	34
35	Rent-Equipment & Vehicles	0	0	967	0	0	0	0	0	0	0	0	967	35
36	Other (specify):*	0	19,749	0	0	0	0	0	0	0	0	0	19,749	36
37	**TOTAL Ownership**	(52,575)	(27,247)	8,180	7,768	0	0	0	0	0	0	0	(63,874)	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):*	(21,741)	0	0	0	0	0	0	0	0	0	0	(21,741)	43
44	**TOTAL Special Cost Centers**	(21,741)	0	0	0	0	0	0	0	0	0	0	(21,741)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(858,438)	(18,757)	(56,145)	56,819	0	0	0	0	0	0	0	(876,521)	45

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Supplemental		See Supplemental		See Supplemental		

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	$ 264,887	Prairie Village Healthcare Center, LLC		$	$ (264,887)	1
2	V	32	Interest	685	Prairie Village Healthcare Center, LLC			(685)	2
3	V	19	Accounting		Prairie Village Healthcare Center, LLC		8,000	8,000	3
4	V	21	Bank Fees		Prairie Village Healthcare Center, LLC		65	65	4
5	V	21	Filing Fees		Prairie Village Healthcare Center, LLC		400	400	5
6	V	21	Late Fees		Prairie Village Healthcare Center, LLC		25	25	6
7	V	30	Depreciation		Prairie Village Healthcare Center, LLC		55,868	55,868	7
8	V	31	Amortization		Prairie Village Healthcare Center, LLC		2,556	2,556	8
9	V	32	Interest		Prairie Village Healthcare Center, LLC		139,625	139,625	9
10	V	33	Real Estate Taxes		Prairie Village Healthcare Center, LLC		20,527	20,527	10
11	V	36	Mortgage Insurance Premium		Prairie Village Healthcare Center, LLC		19,749	19,749	11
12	V								12
13	V								13
14	Total			$ 265,572			$ 246,815	$ * (18,757)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Prairie Village Healthcare Center
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Owners Name	Ownership Percentage
Sherwin I. Ray	32.97%
Jakob Bakst	32.97%
Eric Rothner	31.88%
Joe Zimmerman	2.17%

Other Related Business Entities

Prairie Village Healthcare Center, LLC	Building Partnership

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

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%	$ 67	$ 67	15
16	V	02	Food		Extended Care Consulting, LLC	100.00%	187	187	16
17	V	03	Housekeeping		Extended Care Consulting, LLC	100.00%	240	240	17
18	V	05	Utilities		Extended Care Consulting, LLC	100.00%	545	545	18
19	V	06	Maintenance		Extended Care Consulting, LLC	100.00%	1,568	1,568	19
20	V	17	Administrative		Extended Care Consulting, LLC	100.00%	1,111	1,111	20
21	V	19	Professional Fees	149,585	Extended Care Consulting, LLC	100.00%	4,631	(144,954)	21
22	V	20	Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	1,408	1,408	22
23	V	21	Office and Clerical		Extended Care Consulting, LLC	100.00%	6,580	6,580	23
24	V	24	Seminar and Travel		Extended Care Consulting, LLC	100.00%	69	69	24
25	V	25	Other Staff Admin. Transportation		Extended Care Consulting, LLC	100.00%	341	341	25
26	V	26	Insurance		Extended Care Consulting, LLC	100.00%	375	375	26
27	V	30	Depreciation		Extended Care Consulting, LLC	100.00%	2,025	2,025	27
28	V	32	Interest		Extended Care Consulting, LLC	100.00%	3,865	3,865	28
29	V	33	Real Estate Taxes		Extended Care Consulting, LLC	100.00%	784	784	29
30	V	34	Rent - Building		Extended Care Consulting, LLC	100.00%	539	539	30
31	V	35	Rent - Equipment and Auto		Extended Care Consulting, LLC	100.00%	967	967	31
32	V	06	Maintenance		Extended Care Consulting, LLC	100.00%	3,363	3,363	32
33	V	07	Employee Benefits		Extended Care Consulting, LLC	100.00%	562	562	33
34	V	17	Administrative		Extended Care Consulting, LLC	100.00%	4,314	4,314	34
35	V	21	Office and Clerical		Extended Care Consulting, LLC	100.00%	52,286	52,286	35
36	V	21	Office and Clerical	6,535	Extended Care Consulting, LLC	100.00%	6,003	(532)	36
37	V	27	Employee Benefits		Extended Care Consulting, LLC	100.00%	9,458	9,458	37
38	V	27	Employee Benefits	1,502	Extended Care Consulting, LLC	100.00%	189	(1,313)	38
39	Total			$ 157,622			$ 101,477	$ * (56,145)	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: 01/01/10 Ending: 12/31/10

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	03	Housekeeping	$	Extended Care Clinical, LLC	100.00%	$ 26	$ 26	15
16	V	05	Utilities		Extended Care Clinical, LLC	100.00%	56	56	16
17	V	06	Maintenance		Extended Care Clinical, LLC	100.00%	55	55	17
18	V	19	Professional Fees		Extended Care Clinical, LLC	100.00%	3,104	3,104	18
19	V	20	Dues and Subscriptions		Extended Care Clinical, LLC	100.00%	79	79	19
20	V	21	Office and Clerical		Extended Care Clinical, LLC	100.00%	741	741	20
21	V	24	Travel and Seminar		Extended Care Clinical, LLC	100.00%	633	633	21
22	V	26	Insurance		Extended Care Clinical, LLC	100.00%	72	72	22
23	V	30	Depreciation		Extended Care Clinical, LLC	100.00%	383	383	23
24	V	32	Interest		Extended Care Clinical, LLC	100.00%	7,299	7,299	24
25	V	33	Real Estate Taxes		Extended Care Clinical, LLC	100.00%	86	86	25
26	V	01	Dietary		Extended Care Clinical, LLC	100.00%	1,986	1,986	26
27	V	07	Employee Benefits		Extended Care Clinical, LLC	100.00%	278	278	27
28	V	10	Nursing		Extended Care Clinical, LLC	100.00%	12,779	12,779	28
29	V	10a	Rehab		Extended Care Clinical, LLC	100.00%	1,848	1,848	29
30	V	12	Social Service		Extended Care Clinical, LLC	100.00%	1,322	1,322	30
31	V	15	Employee Benefits		Extended Care Clinical, LLC	100.00%	2,235	2,235	31
32	V	17	Administrative		Extended Care Clinical, LLC	100.00%	18,289	18,289	32
33	V	21	Office and Clerical		Extended Care Clinical, LLC	100.00%	2,618	2,618	33
34	V	27	Employee Benefits		Extended Care Clinical, LLC	100.00%	2,930	2,930	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 56,819	$ * 56,819	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: 01/01/10 Ending: 12/31/10

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	Sherwin I. Ray	Owner	Administrative	32.97%	120,000	0.57	1.43%		$	19 - 7	1
2	Jakob Bakst	Owner	Administrative	32.97%	83,116	0.38	0.95%	Salary	733	19 - 7	2
3	Eric Rothner	Owner	Administrative	31.88%	200,000	0.56	1.20%			19 - 7	3
4	Joe Zimmerman	Owner	Administrative	2.17%	156,235	0.68	1.70%	Salary	2,362	19 - 7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 3,095		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

Prairie Village Healthcare Center
Medicaid Cost Report
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					Average Hours Per Week		Compensation Included		
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference
Sherwin I. Ray	Owner	Administrative	32.97%	120,000	0.57	1.43%	-	-	19 - 7
Jakob Bakst	Owner	Administrative	32.97%	83,116	0.38	0.95%	Salary	733	19 - 7
Eric Rothner	Owner	Administrative	31.88%	200,000	0.56	1.20%	-	-	19 - 7
Joe Zimmerman	Owner	Administrative	2.17%	156,235	0.68	1.70%	Salary	2,362	19 - 7

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

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: Prairie Village Healthcare Center, 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						$	$		$	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: 01/01/10 Ending: 12/31/10

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	1,512,273	34	$ 3,931	$	25,841	$ 67	1
2	02	Food	Patient Days	1,512,273	34	10,940		25,841	187	2
3	03	Housekeeping	Patient Days	1,512,273	34	14,059		25,841	240	3
4	05	Utilities	Patient Days	1,512,273	34	31,923		25,841	545	4
5	06	Maintenance	Patient Days	1,512,273	34	91,744		25,841	1,568	5
6	17	Administrative	Patient Days	1,512,273	34	65,000		25,841	1,111	6
7	19	Professional Fees	Patient Days	1,512,273	34	271,007		25,841	4,631	7
8	20	Dues and Subscriptions	Patient Days	1,512,273	34	82,419		25,841	1,408	8
9	21	Office and Clerical	Patient Days	1,512,273	34	385,083		25,841	6,580	9
10	24	Seminar and Travel	Patient Days	1,512,273	34	4,022		25,841	69	10
11	25	Other Staff Admin. Transport.	Patient Days	1,512,273	34	19,982		25,841	341	11
12	26	Insurance	Patient Days	1,512,273	34	21,934		25,841	375	12
13	30	Depreciation	Patient Days	1,512,273	34	118,510		25,841	2,025	13
14	32	Interest	Patient Days	1,512,273	34	226,162		25,841	3,865	14
15	33	Real Estate Taxes	Patient Days	1,512,273	34	45,910		25,841	784	15
16	34	Rent - Building	Patient Days	1,512,273	34	31,555		25,841	539	16
17	35	Rent - Equipment and Auto	Patient Days	1,512,273	34	56,569		25,841	967	17
18	06	Maintenance	Patient Days	1,512,273	34	196,794	196,794	25,841	3,363	18
19	07	Employee Benefits	Patient Days	1,512,273	34	32,885		25,841	562	19
20	17	Administrative	Patient Days	1,512,273	34	252,448	252,448	25,841	4,314	20
21	21	Office and Clerical	Patient Days	1,512,273	34	3,059,876	3,059,876	25,841	52,286	21
22	21	Office and Clerical	Direct	771,063	34	771,063	771,063	6,003	6,003	22
23	27	Employee Benefits	Patient Days	1,512,273	34	553,505		25,841	9,458	23
24	27	Employee Benefits	Direct	94,865	34	94,865		189	189	24
25	TOTALS					$ 6,442,186	$ 4,280,181		$ 101,477	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

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 Clinical, 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	03	Housekeeping	Patient Days	1,512,273	34	$ 1,549	$	25,841	$ 26	1
2	05	Utilities	Patient Days	1,512,273	34	3,268		25,841	56	2
3	06	Maintenance	Patient Days	1,512,273	34	3,240		25,841	55	3
4	19	Professional Fees	Patient Days	1,512,273	34	181,624		25,841	3,104	4
5	20	Dues and Subscriptions	Patient Days	1,512,273	34	4,624		25,841	79	5
6	21	Office and Clerical	Patient Days	1,512,273	34	43,370		25,841	741	6
7	24	Travel and Seminar	Patient Days	1,512,273	34	37,025		25,841	633	7
8	26	Insurance	Patient Days	1,512,273	34	4,213		25,841	72	8
9	30	Depreciation	Patient Days	1,512,273	34	22,389		25,841	383	9
10	32	Interest	Patient Days	1,512,273	34	427,165		25,841	7,299	10
11	33	Real Estate Taxes	Patient Days	1,512,273	34	5,058		25,841	86	11
12	01	Dietary	Patient Days	1,512,273	34	116,221	116,221	25,841	1,986	12
13	07	Employee Benefits	Patient Days	1,512,273	34	16,288		25,841	278	13
14	10	Nursing	Patient Days	1,512,273	34	747,870	747,870	25,841	12,779	14
15	10a	Rehab	Patient Days	1,512,273	34	108,151	108,151	25,841	1,848	15
16	12	Social Service	Patient Days	1,512,273	34	77,377	77,377	25,841	1,322	16
17	15	Employee Benefits	Patient Days	1,512,273	34	130,816		25,841	2,235	17
18	17	Administrative	Patient Days	1,512,273	34	1,070,339	1,070,339	25,841	18,289	18
19	21	Office and Clerical	Patient Days	1,512,273	34	153,206	153,206	25,841	2,618	19
20	27	Employee Benefits	Patient Days	1,512,273	34	171,480		25,841	2,930	20
21										21
22										22
23										23
24										24
25	TOTALS					$ 3,325,273	$ 2,273,164		$ 56,819	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

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		X	Mortgage - HUD Loan	$16,072.41	11/01/03	$ 2,830,700	$ 2,514,110	10/01/33	5.5000	$ 139,625	1
2												2
3												3
4												4
5												5
	Working Capital											
6	First Bank / HFG		X	Line of Credit							30,186	6
7	Extended Care Allocations	X		Line of Credit							11,164	7
8												8
9	TOTAL Facility Related				$16,072.41		$ 2,830,700	$ 2,514,110			$ 180,975	9
	B. Non-Facility Related*											
10	Internal Revenue Service		X	Interest / Penalties							30,625	10
11	Ownership Loans	X									12,500	11
12	Interest Income		X								(2,095)	12
13	Non-Allowable Interest		X								(43,125)	13
14	TOTAL Non-Facility Related						$	$			$ (2,095)	14
15	TOTALS (line 9+line14)						$ 2,830,700	$ 2,514,110			$ 178,880	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 19,749 Line # 36 - 07

* 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: 01/01/10 Ending: 12/31/10

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2009 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 20,324	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.)		$ 21,194	2
3. Under or (over) accrual (line 2 minus line 1).		$ 870	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 20,527	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.		$ 21,397	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2005	25,752	8
	2006	27,034	9
	2007	21,455	10
	2008	22,669	11
	2009	20,324	12

The beginning accrual as of 01/01/10 was adjusted from the ending balance reported on last year's report based on adjustments to the financial statements after the cost report was filed.

Extended Care Consulting, LLC Allocation - $784

Extended Care Clinical, LLC Allocation - $86

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2009	$	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.

SEE ACCOUNTANTS' COMPILATION REPORT

2009 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 Jeremy M. Brune, CPA

TELEPHONE (779) 875 - 3979 FAX #: (866) 216 - 5355

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

Enter the tax index number and real estate tax assessed for 2009 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 2009.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	09-17-100-012	Nursing Home	$ 20,324.20	$ 20,324.20
2.	Allocation	Extended Care Consulting, LLC	$ 46,967.39	$ 802.56
3.	Allocation	Extended Care Clinical, LLC	$ 5,174.16	$ 88.41
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 72,465.75	$ 21,215.17

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 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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: 01/01/10 Ending: 12/31/10

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	Allocation			6,271	2
3	TOTALS	8,686		$ 176,271	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	$ 28,586		$ 28,586	$	$ 384,629	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Prairie Village Healthcare Center (Operating Entitiy)										9
10											10
11	Various			2002	4,490	163		163		1,328	11
12	Various			2003	13,083	576		576		4,329	12
13	Various			2004	5,343	194		194		1,350	13
14	Various			2005	4,475	298		298		1,639	14
15	Various			2006	13,021	523		523		2,306	15
16	Rooftop AC Compressor / Heat Exchanger			2007	3,530	129		129		414	16
17	Sidewalk / Building Sign			2007	3,891	259		259		909	17
18	Bathroom / Water Lines / Faucets / Conduits / Lights			2009	6,987	216		216		432	18
19	Handrail / Bumper / Kickplates / Base / Draperies			2009	4,390	422		422		3,605	19
20	Fire Supression			2010	4,857	125		125		221	20
21	Bathroom Flooring			2010	2,750	96		96		96	21
22											22
23	Prairie Village Healthcare Center, LLC (Building Partnership)										23
24											24
25	Various			1997	487,113	12,490		12,490		164,498	25
26	Various			1998	185,832	4,766		4,766		60,339	26
27	Various			1999	3,549	91		91		1,005	27
28	Various			2000	9,164	333		333		3,434	28
29	Various			2001	54,531	1,983		1,983		19,384	29
30	New Roof / Fire Supression System / Hood System			2008	128,307	4,665		4,665		10,253	30
31	Concrete Sidewalks			2008	5,860	391		391		977	31
32	Windows			2009	63,595	2,313		2,313		3,566	32
33	Concrete Pad for Bathroom			2010	14,295	250		250		250	33
34											34
35											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: 01/01/10 Ending: 12/31/10

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	Related Party Allocations - See Supplemental Schedules		$	$		$	$	$	37
38									38
39	Allocations - Extended Care Consulting, LLC 2201 Main	2002	7,784	200		200		1,655	39
40	Allocations - Extended Care Consulting, LLC 2201 Main	2002	6,431	588		588		4,119	40
41	Allocations - Extended Care Consulting, LLC 2201 Main	2003	7,578	693		693		4,855	41
42	Allocations - Extended Care Consulting, LLC 2201 Main	2005	377	40		40		176	42
43									43
44	Allocations - Extended Care Consulting, LLC	2007	79	4		4		16	44
45	Allocations - Extended Care Consulting, LLC	2009	47	2		2		5	45
46	Allocations - Extended Care Consulting, LLC	2010	461	23		23		23	46
47									47
48	Allocations - Extended Care Clinical, LLC 2201 Main	2002	858	22		22		182	48
49	Allocations - Extended Care Clinical, LLC 2201 Main	2002	708	65		65		454	49
50	Allocations - Extended Care Clinical, LLC 2201 Main	2003	835	76		76		535	50
51	Allocations - Extended Care Clinical, LLC 2201 Main	2005	41	4		4		19	51
52	Allocations - Extended Care Clinical, LLC 2201 Main	2009	7					1	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)		$ 2,158,808	$ 60,585		$ 60,585	$	$ 677,004	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: 01/01/10 Ending: 12/31/10

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	$ 201,327	$ 6,000	$ 6,000	$		$ 199,357	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74	See Supplemental	121,537	414	414			119,642	74
75	TOTALS	$ 322,864	$ 6,414	$ 6,414	$		$ 318,999	75

D. Vehicle Depreciation (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	Allocation	Extended Care Consulting		$ 5,495	$ 86	$ 86	$		$ 5,323	76
77	Allocation	Extended Care Clinical		955	191	191			446	77
78										78
79										79
80	TOTALS			$ 6,450	$ 277	$ 277	$		$ 5,769	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)	$ 2,664,393	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 67,276	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 67,276	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)	$ 1,001,772	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.

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

SEE ACCOUNTANTS' COMPILATION REPORT

Prairie Village Healthcare Center
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Page 13 Supplemental Schedule

Organization	Cost	Book Depreciation	Straight Line Depreciation	Accumulated Depreciation
Related Party Allocations				
Prairie Village Healthcare Center, LLC	69,000			69,000
Extended Care Consulting, LLC 2201 Main	2,156	216	216	1,699
Extended Care Consulting, LLC	50,144	174	174	48,756
Extended Care Clinical, LLC 2201 Main	237	24	24	187
Total	121,537	414	414	119,642

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

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	Storage				75			5
6	Allocations	Extended Care			539			6
7	TOTAL				$ 614 **			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.	/2011	$
13.	/2012	$
14.	/2013	$

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

15. Is Movable equipment rental included in building rental? [X] YES [ ] NO
16. Rental Amount for movable equipment: $ 14,176 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	2005 Chevy	$ 690.49	$ 8,286	17
18					18
19					19
20					20
21	TOTAL		$ 690.49	$ 8,286	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

Vendor	Description	Amount
Central Rentals	Plant Equipment	265
Flynn Sales and Service	Laundry Equipment	7,500
GE Capital	Copier	3,759
Pitney Bowes	Postage Machine	388
Quality Water Solutions	Plant Equipment	805
Other		492
Alloc. Extended Care Consulting, LLC		967
		14,176

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

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

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

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	$		$ 108,416	$		$ 108,416	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			21,040			21,040	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			138,941			138,941	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				116,222		116,222	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See Supplemental	39 - 02					28,907		28,907	12
13	Other (specify): See Supplemental	39 - 03				16,654			16,654	13
14	TOTAL			$		$ 285,051	$ 145,129		$ 430,180	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

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Page 16 Supplemental Schedule

Description	Supplies	Other
Medical Supplies	21,471	
Oxygen	2,522	
Therapy and Rehab Supplies	3,218	
Ventiliation Equipment and Supplies	1,696	
Laboratory		7,605
Radiology		4,959
Ambulance		1,285
Hospital and Other Services		2,805
	28,907	16,654

STATE OF ILLINOIS

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/10 (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	$ 1,000	$ 1,219	1
2	Cash-Patient Deposits	17,038	17,038	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	755,266	755,266	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	82,914	82,914	6
7	Other Prepaid Expenses	18,503	30,923	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 874,721	$ 887,360	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	70,381	1,022,627	15
16	Equipment, at Historical Cost	201,327	270,327	16
17	Accumulated Depreciation (book methods)	(215,986)	(933,321)	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	19,539	679,330	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 75,261	$ 2,323,502	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 949,982	$ 3,210,862	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,139,412	$ 1,142,162	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	17,174	17,174	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	256,653	256,653	30
31	Accrued Taxes Payable (excluding real estate taxes)	150	150	31
32	Accrued Real Estate Taxes(Sch.IX-B)		20,527	32
33	Accrued Interest Payable		11,523	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Supplemental	370,424	249,830	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,783,813	$ 1,698,019	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		2,514,110	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)**	$	$ 2,514,110	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,783,813	$ 4,212,129	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (833,831)	$ (1,001,267)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 949,982	$ 3,210,862	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 23 - Other Long Term Assets		
Security Deposit	16,328	16,328
Finance Fees (Net of Amortization)	3,211	61,676
HUD Reserves	-	601,326
	19,539	679,330
Line 36 - Other Current Liabilities		
Due to Prairie Village Healthcare Center, LLC	120,594	-
Due to Other Related Entities	249,830	249,830
	370,424	249,830

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (19,775)	1
2	Restatements (describe):		2
3	Rounding	(1)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (19,776)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(814,055)	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)**	$ (814,055)	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)**	$ (833,831)	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: 01/01/10 Ending: 12/31/10

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.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 3,443,181	1
2	Discounts and Allowances for all Levels	(513,901)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,929,280	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	597,577	6
7	Oxygen	3,172	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 600,749	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	90,181	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)**	$ 90,181	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,410	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,410	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Income (Adjusted Page 5)	356	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 356	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 3,621,976	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	762,344	31
32	Health Care	1,204,676	32
33	General Administration	1,573,452	33
	B. Capital Expense		
34	Ownership	374,653	34
	C. Ancillary Expense		
35	Special Cost Centers	451,921	35
36	Provider Participation Fee	68,985	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,436,031	40
41	**Income before Income Taxes (line 30 minus line 40)****	(814,055)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (814,055)	43

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return?** Cash Basis **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.** SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

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	1,970	2,080	$ 85,222	$ 40.97	1
2	Assistant Director of Nursing					2
3	Registered Nurses	6,457	7,765	139,761	18.00	3
4	Licensed Practical Nurses	16,676	18,155	342,463	18.86	4
5	CNAs & Orderlies	35,751	38,313	388,725	10.15	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,539	3,080	50,470	16.39	8
9	Activity Director	1,734	2,063	23,725	11.50	9
10	Activity Assistants	2,630	2,899	25,142	8.67	10
11	Social Service Workers	1,910	2,058	34,999	17.01	11
12	Dietician					12
13	Food Service Supervisor	2,500	2,723	39,148	14.38	13
14	Head Cook					14
15	Cook Helpers/Assistants	11,562	12,224	113,310	9.27	15
16	Dishwashers					16
17	Maintenance Workers	2,448	2,617	43,127	16.48	17
18	Housekeepers	7,777	8,972	79,505	8.86	18
19	Laundry	6,238	6,767	56,654	8.37	19
20	Administrator	1,919	2,080	80,444	38.68	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	1,773	2,058	36,843	17.90	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	1,504	1,794	19,216	10.71	31
32	Other Health Care(specify)					32
33	Other(specify) Marketing	937	1,011	18,491	18.29	33
34	TOTAL (lines 1 - 33)	106,325	116,659	$ 1,577,245 *	$ 13.52	34

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* 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		$ 7,046	01 - 03	35
36	Medical Director		8,000	09 - 03	36
37	Medical Records Consultant		460	10 - 03	37
38	Nurse Consultant				38
39	Pharmacist Consultant		3,311	10 - 03	39
40	Physical Therapy Consultant		133	10a - 03	40
41	Occupational Therapy Consultant		225	10a - 03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant		960	10a - 03	43
44	Activity Consultant				44
45	Social Service Consultant		3,918	12 - 03	45
46	Other(specify)				46
47	Psychiatrist		7,045	10 - 03	47
48	Other		1,200	10 - 03	48
49	TOTAL (lines 35 - 48)		$ 32,298		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 Peregrin	Administrator	0	$ 80,444
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 80,444

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
Singer Network, LLC	Computer Maintenance	$ 1,104
Care Consultants of Illinois	Computer Maintenance	3,829
American Data	Data Processing	4,358
Ivans	Data Processing	12
National Datacare Corporation	Data Processing	4,213
E-Health Data Solutions	Data Processing	3,600
Nebo Systems	Data Processing	53
MDI Achieve	Data Processing	1,148
Extended Care Consulting	Home Office	149,585
Krupnick, Bokor, Kagda	Accounting	23,621
Personnel Planners, Inc.	Unemployment Consultant	1,510
See Supplemental		82,420
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 275,454

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 52,508
Unemployment Compensation Insurance	30,290
FICA Taxes	122,228
Employee Health Insurance	30,905
Employee Meals	18,883
Illinois Municipal Retirement Fund (IMRF)*	
Employee Physicals	1,015
Other Employee Welfare	1,304
TOTAL (agree to Schedule V, line 22, col.8)	$ 257,133

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	$
Advertising: Employee Recruitment	7,760
Health Care Worker Background Check	1,249
(Indicate # of checks performed)	
Patient Background Checks	
Dues and Subscriptions	4,923
Licenses and Fees	850
Advertising and Promotion	21,526
Alloc. Extended Care Consulting, LLC	1,408
Alloc. Extended Care Clinical, LLC	79
Less: Public Relations Expense	( )
Non-allowable advertising	(21,526)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 16,269

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,078
Alloc. Extended Care Consulting, LLC	69
Alloc. Extended Care Clinical, LLC	633
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,780

* Attach copy of IMRF notifications

**See instructions.

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Vendor	Type	Amount
Wesley Corgan	Architect	6,357
Adaptasoft, Inc.	Data Processing	3,501
Pauline Hageman	Transcription	72
Biotech Laboratory, Inc.	Other Professional	100
LML Transcription & Consulting	Transcription	105
Medifax / Emdeon	Data Processing	500
Honocamp, Krueger & Company	WOTC Program Consultant	763
Chelsea Rhone	Liability Claim Consultant	28,000
Other Professional	Other Professional	1,642
HFG	Due Diligence	15,506
3 C Healthcare Consulting	Risk Management	2,545
Chuhak & Tecson, PC	Legal	4,661
Myers & Miller, LLC	Legal	5,996
K & L Gates, LLP	Legal	2,615
Law Offices of Michael Z. Margolies	Legal	866
Meyer Magence	Legal	1,965
Rammelkamp Bradney	Legal	732
Weinstock & O'Malley	Legal	161
Hamlin & Burton	Legal	625
Stephen N. Sher	Legal	3,703
Skidelsky	Legal	2,005
		82,420

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Vendor	Invoice Date	Amount	Allowable
Hamlin & Burton	11/09/10	625	625
Chuhak & Tecson, P.C.	06/03/10	1,161	
Chuhak & Tecson, P.C.	07/21/10	595	
Chuhak & Tecson, P.C.	08/19/10	1,085	
Chuhak & Tecson, P.C.	09/15/10	560	
Chuhak & Tecson, P.C.	10/15/10	525	
Chuhak & Tecson, P.C.	11/16/10	280	
Chuhak & Tecson, P.C.	12/20/10	245	
Chuhak & Tecson, P.C.	01/17/11	210	
Weinstock & O'Malley	11/12/10	161	
Law Offices of Michael Z. Margolis	06/06/10	368	
Law Offices of Michael Z. Margolis	08/02/10	105	
Law Offices of Michael Z. Margolis	09/02/10	44	
Law Offices of Michael Z. Margolis	12/20/10	350	
Myers & Miller, LLC	08/13/10	5,830	5,830
Myers & Miller, LLC	12/14/10	167	167
Rammelkamp Bradney	09/07/10	694	694
Rammelkamp Bradney	10/07/10	38	38
Meyer Magence	02/28/10	1,100	1,100
Meyer Magence	06/30/10	471	471
Meyer Magence	06/30/10	31	31
Meyer Magence	12/31/10	363	363
K & L Gates LLP	08/29/09	552	
K & L Gates LLP	08/31/09	139	
K & L Gates LLP	09/30/09	366	
K & L Gates LLP	10/31/09	128	
K & L Gates LLP	04/30/10	325	
K & L Gates LLP	04/30/10	250	
K & L Gates LLP	05/31/10	48	
K & L Gates LLP	06/30/10	575	
K & L Gates LLP	07/31/10	231	
Stephen N. Sher		3,703	
Skidelski		2,005	2,005
Total		23,330	11,323

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 Report Period Beginning: 01/01/10 Ending: 12/31/10

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		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcare Center # 0042671 **Report Period Beginning:** 01/01/10 **Ending:** 12/31/10

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 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ _____ Line **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. **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. $ **68,985**
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. $ **18,883** 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? **No**
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? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.