FOR BHF USE

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2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

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 Healthcr Ctr

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 **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 01/01/15 to 12/31/15 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 Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	13,420	1,737	3,557	18,714	8
9	SNF/PED					9
10	ICF	9,430	1,220		10,650	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	22,850	2,957	3,557	29,364	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 63.85%

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 3,278

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/15 Fiscal Year: 12/31/15

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	171,208	23,907	8,734	203,849		203,849	97	203,946			1
2	Food Purchase		208,900		208,900		208,900	(1,143)	207,757			2
3	Housekeeping	97,383	18,706		116,089		116,089	683	116,772			3
4	Laundry	39,547	17,897		57,444		57,444		57,444			4
5	Heat and Other Utilities			113,076	113,076		113,076	1,034	114,110			5
6	Maintenance	76,194		134,158	210,352		210,352	8,912	219,264			6
7	Other (specify):* See Supplemental	490		276	766		766	511	1,277			7
8	TOTAL General Services	384,822	269,410	256,244	910,476		910,476	10,094	920,570			8
	B. Health Care and Programs											
9	Medical Director			19,500	19,500		19,500		19,500			9
10	Nursing and Medical Records	1,327,643	122,917	4,790	1,455,350		1,455,350		1,455,350			10
10a	Therapy	30,353			30,353		30,353		30,353			10a
11	Activities	51,960	15,529	845	68,334		68,334		68,334			11
12	Social Services	46,247	361	19,831	66,439		66,439		66,439			12
13	CNA Training											13
14	Program Transportation	5,353			5,353		5,353		5,353			14
15	Other (specify):* See Supplemental											15
16	TOTAL Health Care and Programs	1,461,556	138,807	44,966	1,645,329		1,645,329		1,645,329			16
	C. General Administration											
17	Administrative	119,750			119,750		119,750	12,267	132,017			17
18	Directors Fees											18
19	Professional Services			223,728	223,728		223,728	(136,478)	87,250			19
20	Dues, Fees, Subscriptions & Promotions			35,756	35,756		35,756	(18,424)	17,332			20
21	Clerical & General Office Expenses	97,029	3,075	733,425	833,529		833,529	(631,965)	201,564			21
22	Employee Benefits & Payroll Taxes			333,156	333,156		333,156	(5,285)	327,871			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,686	3,686		3,686	209	3,895			24
25	Other Admin. Staff Transportation			37,344	37,344		37,344	(32,451)	4,893			25
26	Insurance-Prop.Liab.Malpractice			144,577	144,577		144,577	(10,000)	134,577			26
27	Other (specify):* See Supplemental							13,897	13,897			27
28	TOTAL General Administration	216,779	3,075	1,511,672	1,731,526		1,731,526	(808,230)	923,296			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,063,157	411,292	1,812,882	4,287,331		4,287,331	(798,136)	3,489,195			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, Inc.
Medicaid Cost Report
01/01/15 - 12/31/15

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 7 Detailed			
Security	490		276
Allocation - Extended Care Consulting			
Employee Benefits			511
Total	490	-	787
Line 15 Detailed			
Total	-	-	-
Line 27 Detailed			
Allocation - Extended Care Consulting			
Employee Benefits			13,897
Total	-	-	13,897

Facility Name & ID Number Prairie Village Healthcr Ctr #0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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			33,186	33,186		33,186	86,633	119,819			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			25,804	25,804		25,804	115,600	141,404			32
33	Real Estate Taxes							28,419	28,419			33
34	Rent-Facility & Grounds			267,125	267,125		267,125	(267,125)				34
35	Rent-Equipment & Vehicles			9,463	9,463		9,463	498	9,961			35
36	Other (specify):* See Supplemental							14,083	14,083			36
37	TOTAL Ownership			335,578	335,578		335,578	(21,892)	313,686			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		201,497	755,768	957,265		957,265		957,265			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			226,932	226,932		226,932		226,932			42
43	Other (specify):* See Supplemental	159,218			159,218		159,218	(159,218)				43
44	TOTAL Special Cost Centers	159,218	201,497	982,700	1,343,415		1,343,415	(159,218)	1,184,197			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,222,375	612,789	3,131,160	5,966,324		5,966,324	(979,246)	4,987,078			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, Inc.
Medicaid Cost Report
01/01/15 - 12/31/15

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 36 Detailed			
Prairie Village Healthcare, LLC			
Mortgage Insurance Premium			14,083
Total	-	-	14,083
Line 43 Detailed			
Non-Allowable	150,411		
Marketing	8,807		
Total	159,218	-	-

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	(154)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,402)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(686,798)	21		24
25	Fund Raising, Advertising and Promotional	(19,034)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(1,634)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Supplemental	(303,479)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (1,012,501)		$	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)	33,255		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 33,255		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (979,246)		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 Healthcr Ctr

ID# 0042671

Report Period Beginning: 01/01/15

Ending: 12/31/15

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Legal - Collections	$ (2,244)	19	1
2	Legal - Non Allowable	(11,456)	19	2
3	Other Professional - Non Allowable	(6,065)	19	3
4	Bank Charges	(12,734)	21	4
5	Theft Loss	(845)	21	5
6	Non-Allowable Travel	(33,285)	25	6
7	Settlement	(15,000)	26	7
8	Non-Allowable Salary	(150,411)	43	8
9	Marketing	(8,807)	43	9
10				10
11				11
12				12
13				13
14	Building Partnership			14
15	Accounting Fees	(12,300)	19	15
16	Administrative	(517)	21	16
17	Amortization	(49,172)	31	17
18	Interest (Late Fee)	(643)	32	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**	(303,479)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 **Report Period Beginning:** 01/01/15 **Ending:** 12/31/15

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	97	0	0	0	0	0	0	0	0	97	1
2	Food Purchase	(1,402)	0	259	0	0	0	0	0	0	0	0	(1,143)	2
3	Housekeeping	0	0	683	0	0	0	0	0	0	0	0	683	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,034	0	0	0	0	0	0	0	0	1,034	5
6	Maintenance	0	0	2,977	5,935	0	0	0	0	0	0	0	8,912	6
7	Other (specify):*	0	0	0	511	0	0	0	0	0	0	0	511	7
8	**TOTAL General Services**	(1,402)	0	5,050	6,446	0	0	0	0	0	0	0	10,094	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	1,860	10,407	0	0	0	0	0	0	0	12,267	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(32,065)	12,300	(116,713)	0	0	0	0	0	0	0	0	(136,478)	19
20	Fees, Subscriptions & Promotions	(19,034)	0	610	0	0	0	0	0	0	0	0	(18,424)	20
21	Clerical & General Office Expenses	(702,528)	617	7,614	62,332	0	0	0	0	0	0	0	(631,965)	21
22	Employee Benefits & Payroll Taxes	0	0	0	(5,285)	0	0	0	0	0	0	0	(5,285)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	209	0	0	0	0	0	0	0	0	209	24
25	Other Admin. Staff Transportation	(33,285)	0	834	0	0	0	0	0	0	0	0	(32,451)	25
26	Insurance-Prop.Liab.Malpractice	(15,000)	4,149	851	0	0	0	0	0	0	0	0	(10,000)	26
27	Other (specify):*	0	0	0	13,897	0	0	0	0	0	0	0	13,897	27
28	**TOTAL General Administration**	(801,912)	17,066	(104,735)	81,351	0	0	0	0	0	0	0	(808,230)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(803,314)	17,066	(99,685)	87,797	0	0	0	0	0	0	0	(798,136)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 **Report Period Beginning:** 01/01/15 **Ending:** 12/31/15

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	85,284	1,349	0	0	0	0	0	0	0	0	86,633	30
31	Amortization of Pre-Op. & Org.	(49,172)	49,172	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(797)	110,972	5,425	0	0	0	0	0	0	0	0	115,600	32
33	Real Estate Taxes	0	25,700	2,719	0	0	0	0	0	0	0	0	28,419	33
34	Rent-Facility & Grounds	0	(267,125)	0	0	0	0	0	0	0	0	0	(267,125)	34
35	Rent-Equipment & Vehicles	0	0	498	0	0	0	0	0	0	0	0	498	35
36	Other (specify):*	0	14,083	0	0	0	0	0	0	0	0	0	14,083	36
37	**TOTAL Ownership**	(49,969)	18,086	9,991	0	0	0	0	0	0	0	0	(21,892)	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):*	(159,218)	0	0	0	0	0	0	0	0	0	0	(159,218)	43
44	**TOTAL Special Cost Centers**	(159,218)	0	0	0	0	0	0	0	0	0	0	(159,218)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(1,012,501)	35,152	(89,694)	87,797	0	0	0	0	0	0	0	(979,246)	45

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	$ 267,125	Prairie Village Healthcare Center, LLC	100.00%	$	$ (267,125)	1
2	V	32	Interest	699	Prairie Village Healthcare Center, LLC	100.00%		(699)	2
3	V	19	Professional Fees		Prairie Village Healthcare Center, LLC	100.00%	12,300	12,300	3
4	V	21	Office		Prairie Village Healthcare Center, LLC	100.00%	617	617	4
5	V	26	Property Insurance		Prairie Village Healthcare Center, LLC	100.00%	4,149	4,149	5
6	V	30	Depreciation		Prairie Village Healthcare Center, LLC	100.00%	85,284	85,284	6
7	V	31	Amortization		Prairie Village Healthcare Center, LLC	100.00%	49,172	49,172	7
8	V	32	Interest		Prairie Village Healthcare Center, LLC	100.00%	111,671	111,671	8
9	V	33	Real Estate Taxes		Prairie Village Healthcare Center, LLC	100.00%	25,700	25,700	9
10	V	36	Mortgage Insurance Premiums		Prairie Village Healthcare Center, LLC	100.00%	14,083	14,083	10
11	V								11
12	V								12
13	V								13
14	Total			$ 267,824			$ 302,976	$ * 35,152	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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 Ray	33.33%	Beecher Manor Nursing and Rehab	Beecher, IL	Ex. Care Consulting	Evanston, IL	Home Office	1
2	Jakob Bakst	33.33%	Briar Place	Indian Head, IL	Ex. Care Clinical	Evanston, IL	Administrative	2
3	Eric Rothner	33.34%	Chateau Village Nursing and Rehab	Willowbrook, IL	CC Health Systems	Des Plaines, IL	Dietary & Supplies	3
4			Grasmere Place	Chicago, IL	CCS VEBA	Evanston, IL	Health Insurance	4
5			Lakewood Nursing and Rehab	Plainfield, IL	2201 Main Street	Evanston, IL	Bldg. Company	5
6			Lemont Nursing and Rehab	Lemont, IL	Vent Lease	Evanston, IL	Vent. Rental	6
7			Prairie Manor Halth Care	Chicago Heights, IL	Tricare Rehab	Hillside, IL	Therapy	7
8			Rainbow Beach Nursing Center	Chicago, IL	Reliable Medical	Des Plaines, IL	Medical Supplies	8
9			Sheridan Shores	Chicago, IL	Harbor Light	Glen Ellyn, IL	Hospice	9
10			South Suburban Rehabilitation Center	Chicago, IL	MAC Rx	Des Plaines, IL	Pharmacy	10
11			Tri-State Nursing and Rehab	Lansing, IL				11
12			Wheaton Care Center	Wheaton, IL	Prairie Village			12
13			Kensington Place Nursing and Rehab	Chicago, IL	Healthcare CTR	Jacksonville, IL	Bldg. Company	13
14			Countryside Nursing and Rehab	Dolton, IL				14
15			Spring Creek Nursing and Rehab	Joliet, IL				15
16			Park House Nursing and Rehab	Chicago, IL				16
17			Timber Point Healthcare Center	Camp Point, IL				17
18			Prairie Village Healthcare Center	Jacksonville, IL				18
19			Major Hospital - Dyer	Dyer, IN				19
20			Major Hospital - Lake County	East Chicago, IN				20
21			Major Hospital - Sebo	Holbart, IN				21
22			Major Hospital - Lincolnshire	Merrillville, IN				22
23			Major Hospital - Munster	Munster, IN				23
24			McKinley Health Care Center	Canton, OH				24
25			St. James Manor	Crete, IL				25
26			St. James Manor - Assisted Living	Crete, IL				26
27			The Parc at Joliet	Joliet, IL				27
28			The Estates of Hyde Park	Chicago, IL				28
29			Rushville Nursing and Rehab	Rushville, IL				29
30			Paramount of Oak Park	Oak Park, IL				30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	1	Dietary	$	Extended Care Consulting, LLC	100.00%	$ 97	$ 97	15
16	V	2	Food		Extended Care Consulting, LLC	100.00%	259	259	16
17	V	3	Housekeeping		Extended Care Consulting, LLC	100.00%	683	683	17
18	V	5	Utilities		Extended Care Consulting, LLC	100.00%	1,034	1,034	18
19	V	6	Maintenance		Extended Care Consulting, LLC	100.00%	2,977	2,977	19
20	V	17	Administrative		Extended Care Consulting, LLC	100.00%	1,860	1,860	20
21	V	19	Professional Fees	120,000	Extended Care Consulting, LLC	100.00%	3,287	(116,713)	21
22	V	20	Dues and Subscriptions		Extended Care Consulting, LLC	100.00%	610	610	22
23	V	21	Office and Clerical		Extended Care Consulting, LLC	100.00%	7,614	7,614	23
24	V	24	Seminar and Travel		Extended Care Consulting, LLC	100.00%	209	209	24
25	V	25	Other Staff Admin. Trans.		Extended Care Consulting, LLC	100.00%	834	834	25
26	V	26	Insurance		Extended Care Consulting, LLC	100.00%	851	851	26
27	V	30	Depreciation		Extended Care Consulting, LLC	100.00%	1,349	1,349	27
28	V	32	Interest		Extended Care Consulting, LLC	100.00%	5,425	5,425	28
29	V	33	Real Estate Taxes		Extended Care Consulting, LLC	100.00%	2,719	2,719	29
30	V	35	Rent - Equipment and Auto		Extended Care Consulting, LLC	100.00%	498	498	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			$ 30,306	$ * (89,694)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	6	Maintenance (Pooled)	$	Extended Care Consulting, LLC	100.00%	$ 5,935	$ 5,935	15
16	V	6	Maintenance (Direct)		Extended Care Consulting, LLC	100.00%			16
17	V	7	Emp. Ben. - Gen. Serv. (Pooled)		Extended Care Consulting, LLC	100.00%	511	511	17
18	V	7	Emp. Ben. - Gen. Serv. (Direct)		Extended Care Consulting, LLC	100.00%			18
19	V	17	Administrative (Pooled)		Extended Care Consulting, LLC	100.00%	10,407	10,407	19
20	V	21	Office and Clerical (Pooled)		Extended Care Consulting, LLC	100.00%	62,332	62,332	20
21	V	21	Office and Clerical (Direct)	15,864	Extended Care Consulting, LLC	100.00%	15,864		21
22	V	27	Emp. Gen. - Gen. Admin. (Pooled)		Extended Care Consulting, LLC	100.00%	12,487	12,487	22
23	V	27	Emp. Gen. - Gen. Admin. (Direct)		Extended Care Consulting, LLC	100.00%	1,410	1,410	23
24	V	22	Employee Benefits	5,285	Extended Care Consulting, LLC	100.00%		(5,285)	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			$ 21,149			$ 108,946	$ * 87,797	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	1	Dietary	$	Care Centers Health Systems, Inc.	100.00%	$	$	15
16	V	10	Nursing		Care Centers Health Systems, Inc.	100.00%			16
17	V	39	Ancillary		Care Centers Health Systems, Inc.	100.00%			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			$			$ 0	$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	39	Ancillary	$	Tricare Rehab	100.00%	$	$	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			$			$ 0	$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	10	Nursing Supplies	$	Reliable Medical of the Midwest, LLC	100.00%	$	$	15
16	V	39	Ancillary		Reliable Medical of the Midwest, LLC	100.00%			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			$			$ 0	$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	Employee Benefits	$ 67,893	CCS VEBA	100.00%	$ 67,893	$	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			$ 67,893			$ 67,893	$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	30	Depreciation	$	Vent Lease, LLC	100.00%	$	$	15
16	V	32	Interest		Vent Lease, LLC	100.00%			16
17	V	39	Ancillary		Vent Lease, LLC	100.00%			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			$			$ 0	$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	10	Nursing and Medical Records	$	MAC Rx, LLC	100.00%	$	$	15
16	V	39	Ancillary		MAC Rx, LLC	100.00%			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			$			$ 0	$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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 Ray	Shareholder	Administration	33.33%	See Attached	7.74	19.35%	Salary	$ 29,033	17 - 01	1
2	Adam Vales	Relative	Clerical	0.00%	See Attached	0.43	1.08%	Alloc. Salary	728	22 - 07	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 29,761		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 Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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: 1024 West Walnut
City / State / Zip Code: Jacksonville, Illinois 62650
Phone Number: (217) 245 - 5175
Fax Number: (217) 243 - 4276

	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 Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	1	Dietary	Patient Days	1,326,152	30	$ 4,390	$	29,364	$ 97	1
2	2	Food	Patient Days	1,326,152	30	11,689		29,364	259	2
3	3	Housekeeping	Patient Days	1,326,152	30	30,827		29,364	683	3
4	5	Utilities	Patient Days	1,326,152	30	46,718		29,364	1,034	4
5	6	Maintenance	Patient Days	1,326,152	30	134,435		29,364	2,977	5
6	17	Administrative	Patient Days	1,326,152	30	84,000		29,364	1,860	6
7	19	Professional Fees	Patient Days	1,326,152	30	148,456		29,364	3,287	7
8	20	Dues and Subscriptions	Patient Days	1,326,152	30	27,539		29,364	610	8
9	21	Office and Clerical	Patient Days	1,326,152	30	343,869		29,364	7,614	9
10	24	Travel and Seminar	Patient Days	1,326,152	30	9,455		29,364	209	10
11	25	Other Staff Admin. Trans.	Patient Days	1,326,152	30	37,668		29,364	834	11
12	26	Insurance	Patient Days	1,326,152	30	38,431		29,364	851	12
13	30	Depreciation	Patient Days	1,326,152	30	60,912		29,364	1,349	13
14	32	Interest	Patient Days	1,326,152	30	244,990		29,364	5,425	14
15	33	Real Estate Taxes	Patient Days	1,326,152	30	122,786		29,364	2,719	15
16	35	Rent - Equipment and Auto	Patient Days	1,326,152	30	22,475		29,364	498	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,368,640	$		$ 30,306	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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) 941 - 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	6	Maintenance	Patient Days	1,326,152	30	$ 268,019	$ 268,019	29,364	$ 5,935	1
2	6	Maintenance	Direct			325,218	325,218			2
3	7	Emp. Ben. - Gen. Serv.	Patient Days	1,326,152	30	23,065		29,364	511	3
4	7	Emp. Ben. - Gen. Serv.	Direct			38,919				4
5	17	Administrative	Patient Days	1,326,152	30	470,018	470,018	29,364	10,407	5
6	21	Office and Clerical	Patient Days	1,326,152	30	2,815,061	2,815,061	29,364	62,332	6
7	21	Office and Clerical	Direct	1	1	15,864	15,864	1	15,864	7
8	27	Emp. Gen. - Gen. Admin.	Patient Days	1,326,152	30	563,937		29,364	12,487	8
9	27	Emp. Gen. - Gen. Admin.	Direct	1	1	1,410		1	1,410	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					$ 4,521,511	$ 3,894,180		$ 108,946	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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: Care Centers Health Systems, Inc.
Street Address: 200 Howard Avenue #246
City / State / Zip Code: Des Plaines, Illinois 60018
Phone Number: (224) 612 - 5662
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	Dietary	Profit Margin %			$	$		$	1
2	10	Nursing	Profit Margin %							2
3	39	Ancillary	Profit Margin %							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 Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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: Tricare Rehab
Street Address: 150 Fencl Lane
City / State / Zip Code: Hillside, Illinois 60162
Phone Number: (708) 449 - 9400
Fax Number: (708) 449 - 9700

	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	10A	Therapy Consultant	Profit Margin %	1,000	10	$ 1,000	$		$	1
2	22	Employee Benefits	Profit Margin %	102	10	102				2
3	39	Therapy	Profit Margin %	5,693,928	10	5,693,928				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					$ 5,695,030	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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: Reliable Medical of the Midwest, LLC
Street Address: 200 Howard Avenue, Suite 246
City / State / Zip Code: Des Plaines, Illinois 60018
Phone Number: (847) 566 - 0800
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	10	Nursing Supplies	Profit Margin %	12,664	3	$ 9,098	$		$	1
2	39	Ancillary Expense	Profit Margin %	725	3	521				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					$ 9,619	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	Employee Benefits	Direct Allocations	6,316,950	30	$ 6,316,950	$	67,893	$ 67,893	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					$ 6,316,950	$		$ 67,893	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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: Vent Lease, LLC
Street Address: 2201 Main Street
City / State / Zip Code: Evanston, Illinois 60202
Phone Number: (847) 905 - 3000
Fax Number: (847) 941 - 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	30	Depreciation	Direct			$	$		$	1
2	32	Interest	Direct							2
3	39	Ancillary	Profit Margin %	125,445	16	125,445				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					$ 125,445	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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: MAC Rx, LLC
Street Address: 2307 Mount Prospect Road
City / State / Zip Code: Des Plaines, Illinois 60018
Phone Number: (224) 220 - 2700
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	10	Nursing and Medical Records	Profit Margin %	248,335	20	$ 248,335	$		$	1
2	39	Ancillary	Profit Margin %	1,903,063	20	1,903,063				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					$ 2,151,398	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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			$	$ 2,278,411			$ 111,028	1
2												2
3												3
4												4
5												5
	Working Capital											
6	HFG		X	Line of Credit							25,804	6
7	Alloc. - Extended Care	X		Line of Credit							5,425	7
8												8
9	TOTAL Facility Related						$	$ 2,278,411			$ 142,257	9
	B. Non-Facility Related*											
10												10
11												11
12	Interest Income		X								(154)	12
13	Interest Income - Bldg Part.		X								(699)	13
14	TOTAL Non-Facility Related						$	$			$ (853)	14
15	TOTALS (line 9+line14)						$	$ 2,278,411			$ 141,404	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 14,083 Line # 36 - 08

* 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 Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2014 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	25,300	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.)	$	27,619	2
3. Under or (over) accrual (line 2 minus line 1).	$	2,319	3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)	$	26,100	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.	$	28,419	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2010	20,680	8
	2011	21,687	9
	2012	23,375	10
	2013	24,128	11
	2014	24,900	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2014	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

2015 Real Estate Tax Accrual = $24,900 * 1.03 = $25,700

Extended Care Consulting, LLC (Allocation) = $2,719

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

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Prairie Village Healthcr Ctr 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 2014 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 2014.

	(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	$ 24,900.06	$ 24,900.06
2.	Alloc. - Ext. Care Consulting	Long Term Care Facility	$ 116,110.42	$ 2,570.95
3.	Alloc. - Ext. Care Consulting	Long Term Care Facility	$ 3,814.66	$ 84.47
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 144,825.14	$ 27,555.48

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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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 Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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).

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	Alloc. - Ext. Care			12,706	2
3	TOTALS	8,686		$ 182,706	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Prairie Village Healthcare Center, Inc. (Operating Entity)										9
10											10
11	Various			2002	4,490						11
12	Various			2003	13,083						12
13	Various			2004	5,343						13
14	Various			2005	4,475						14
15	Various			2006	13,021						15
16	Various			2007	7,421						16
17	Various			2009	11,377						17
18	Various			2010	7,607						18
19	Various			2011	9,432						19
20	Doors			2012	8,460						20
21	Stool Repair			2012	6,824						21
22	Fire Protection Engineering			2012	10,500						22
23	Alarm System			2014	4,784						23
24	Fire Sprinkler Heads			2014	6,500						24
25	Rooftop Carrier AC			2014	8,924						25
26	Boiler and Pump			2015	15,677						26
27	Addition - Carpentry, Millwork, Steel, Drywall, Concrete, Roofing, Doors,										27
28	Windows, Painting, Flooring, HVAC, Plumbing, Electrical, Fire Alarm,										28
29	Partitions			2015	76,895						29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

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

See Page 12A, Line 70 for total

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	Prairie Village Healthcare Center, LLC (Building Partnership)		$	$		$	$	$	37
38									38
39	Various	1997	487,113						39
40	Various	1998	185,832						40
41	Various	1999	3,549						41
42	Various	2000	9,164						42
43	Various	2001	54,531						43
44	Various	2008	134,167						44
45	Various	2009	63,595						45
46	Various	2010	14,295						46
47	Additiion - Carpentry, Millwork, Steel, Drywall, Concrete,								47
48	Roofing, Doors, Windows, Painting, Flooring, HVAC,								48
49	Plumbing, Electrical, Fire Alarm, Partitions, General	2014	699,700						49
50	Sprinkler System	2014	106,300						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)		$ 3,087,598	$		$	$	$	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 Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 3,087,598	$		$	$	$	1
2									2
3	Related Party Allocations - See Supplemental Schedules								3
4									4
5	Allocations - Extended Care Consulting, LLC	2007	102	5		5		46	5
6	Allocations - Extended Care Consulting, LLC	2009	61	3		3		21	6
7	Allocations - Extended Care Consulting, LLC	2010	597	30		30		179	7
8	Allocations - Extended Care Consulting, LLC	2011	215	11		11		54	8
9	Allocations - Extended Care Consulting, LLC	2013	71	4		4		14	9
10	Allocations - Extended Care Consulting, LLC	2014	982	48		48		99	10
11									11
12									12
13	Allocations - Extended Care Consulting, LLC / 2201 Main, LLC	2002	17,510	449		449		5,968	13
14	Allocations - Extended Care Consulting, LLC / 2201 Main, LLC	2002	14,465					14,465	14
15	Allocations - Extended Care Consulting, LLC / 2201 Main, LLC	2003	17,046					17,046	15
16	Allocations - Extended Care Consulting, LLC / 2201 Main, LLC	2005	847	90		90		845	16
17	Allocations - Extended Care Consulting, LLC / 2201 Main, LLC	2009	153	8		8		53	17
18	Allocations - Extended Care Consulting, LLC / 2201 Main, LLC	2014	1,421	71		71		142	18
19	Allocations - Extended Care Consulting, LLC / 2201 Main, LLC	2015	241	12		12		12	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31	Depreciation - Prarie Village Healthcare Center, Inc.			6,847		6,847		37,953	31
32	Depreciation - Prairie Village Healthcare Center, LLC			85,284		85,284		978,276	32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,141,309	$ 92,862		$ 92,862	$	$ 1,055,173	34

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 Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	$ 239,967	$ 6,379	$ 6,379	$		$ 218,013	71
72	Current Year Purchases	43,392	8,679	8,679			8,679	72
73	Fully Depreciated Assets							73
74	R.P. Allocations							74
75	TOTALS	$ 283,359	$ 15,058	$ 15,058	$		$ 226,692	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	Van		2015	$ 58,932	$ 11,786	$ 11,786	$		$ 11,786	76
77	Alloc. - Ext. Care Consulting			3,996	113	113			3,657	77
78										78
79										79
80	TOTALS			$ 62,928	$ 11,899	$ 11,899	$		$ 15,443	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)	$ 3,670,302	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 119,819	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 119,819	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)	$ 1,297,308	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, Inc.
Medicaid Cost Report
01/01/15 - 12/31/15

Page 13 Supplemental Schedule

Description	Cost	Book Depr.	S/L Depr.	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, Inc.				
Prior	67,126	436	436	64,782
Current	682	68	68	68
Total	67,808	504	504	64,850
Related Party 3 - Extended Care Consulting, Inc. / Care Centers Building, LLC				
Prior	4,849	-	-	4,849
Current	-	-	-	-
Total	4,849	-	-	4,849
Related Party 4				
Prior				
Current				
Total	-	-	-	-
Total	**141,657**	**504**	**504**	**138,699**

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2016	$
13.	/2017	$
14.	/2018	$

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: $ 9,961 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			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Prairie Village Healthcare Center, Inc.
Medicaid Cost Report
01/01/15 - 12/31/15

Page 14 Supplemental Schedule - Building and Fixed Equipment

Vendor	Amount
Total	-

Page 14 Supplemental Schedule - Equipment Rental

Vendor	Item Rented	Amount
Digital Copy System		3,225
Flynn Sales Services		4,375
Pitney Bowes		468
Quality Water Solution		1,395
Alloc. - Extended Care Consulting		498
Total		9,961

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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 Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	$		$ 393,682	$		$ 393,682	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			21,189			21,189	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			305,704			305,704	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				193,014		193,014	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See Supplemental	39 - 02					8,483		8,483	12
13	Other (specify): See Supplemental	39 - 03				35,193			35,193	13
14	TOTAL			$		$ 755,768	$ 201,497		$ 957,265	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, Inc.
Medicaid Cost Report
01/01/15 - 12/31/15

Page 16 Supplemental Schedule

Description	Supplies	Other
Medical Supplies	5,457	
Oxgyen	587	
Low Pressure Mattress	2,439	
Laboratory		9,793
Radiology		12,948
Ambulance		7,791
Other Services		4,661
Total	8,483	35,193

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15 (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	$	$ 9,434	1
2	Cash-Patient Deposits	37,763	37,763	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 794,670)	1,012,826	1,012,826	3
4	Supply Inventory (priced at Cost - FIFO)			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,049	41,136	6
7	Other Prepaid Expenses	1,161	1,161	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Supplemental Schedule	1,861	33,047	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,081,660	$ 1,135,367	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		1,114,538	14
15	Leasehold Improvements, at Historical Cost	218,376	1,976,622	15
16	Equipment, at Historical Cost	342,292	411,292	16
17	Accumulated Depreciation (book methods)	(289,549)	(1,336,825)	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 Schedule	568	757,756	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 271,687	$ 3,093,383	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,353,347	$ 4,228,750	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 765,381	$ 919,281	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	32,160	32,160	28
29	Short-Term Notes Payable	10,080	57,852	29
30	Accrued Salaries Payable	111,576	111,576	30
31	Accrued Taxes Payable (excluding real estate taxes)	5,368	5,368	31
32	Accrued Real Estate Taxes(Sch.IX-B)		26,100	32
33	Accrued Interest Payable		6,106	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Supplemental Schedule	1,774,777	2,199,983	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,699,342	$ 3,358,426	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	37,170	2,315,581	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental Schedule			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 37,170	$ 2,315,581	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,736,512	$ 5,674,007	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,383,165)	$ (1,445,257)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,353,347	$ 4,228,750	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Prairie Village Healthcare Center, Inc.
Medicaid Cost Report
01/01/15 - 12/31/15

Page 17 Supplemental Schedule

Description	Operating	After Consolidation
Line 9 - Other Current Assets		
Due from Others	1,861	1,861
Escrow Reserves		31,186
Total	1,861	33,047
Line 23 - Other Long Term Assets		
State Replacement Tax Benefit	568	568
Financing Costs (Net of Amortization)		82,882
Replacement Reserve		674,306
	-	
Total	568	757,756
Line 36 - Other Current Liabilities		
Due to Affiliated Entities	1,774,777	2,199,983
Total	1,774,777	2,199,983
Line 43 - Other Long Term Liabilities		
Total	-	-

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (455,472)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (455,472)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(584,194)	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	(343,499)	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)**	$ (927,693)	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)**	$ (1,383,165)	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	$ 5,099,477	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,099,477	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	282,499	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 282,499	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***	154	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 154	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule		28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,382,130	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	910,476	31
32	Health Care	1,645,329	32
33	General Administration	1,731,526	33
	B. Capital Expense		
34	Ownership	335,578	34
	C. Ancillary Expense		
35	Special Cost Centers	1,116,483	35
36	Provider Participation Fee	226,932	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,966,324	40
41	**Income before Income Taxes (line 30 minus line 40)****	(584,194)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (584,194)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,798,098	44
45	Private Pay - Net Inpatient Revenue	522,924	45
46	Medicare - Net Inpatient Revenue	1,657,009	46
47	Other-(specify) Hospice - Net Inpatient Revenue	44,424	47
48	Other-(specify) Insurance - Net Inpatient Revenue	77,022	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 5,099,477	49

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	1,756	2,124	$ 73,761	$ 34.73	1
2	Assistant Director of Nursing	2,036	2,212	51,979	23.50	2
3	Registered Nurses	2,511	2,790	73,675	26.41	3
4	Licensed Practical Nurses	19,309	20,812	420,801	20.22	4
5	CNAs & Orderlies	47,713	49,966	552,481	11.06	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,217	1,469	30,353	20.66	8
9	Activity Director	2,466	2,786	31,219	11.21	9
10	Activity Assistants	2,189	2,406	20,741	8.62	10
11	Social Service Workers	2,199	2,387	46,247	19.37	11
12	Dietician					12
13	Food Service Supervisor	2,227	2,396	38,760	16.18	13
14	Head Cook					14
15	Cook Helpers/Assistants	13,488	14,934	132,448	8.87	15
16	Dishwashers					16
17	Maintenance Workers	5,786	6,325	76,194	12.05	17
18	Housekeepers	10,182	11,188	97,383	8.70	18
19	Laundry	4,288	4,643	39,547	8.52	19
20	Administrator	2,030	2,059	90,717	44.06	20
21	Assistant Administrator					21
22	Other Administrative	403	403	29,033	72.04	22
23	Office Manager					23
24	Clerical	4,167	4,461	97,029	21.75	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	1,752	1,926	21,743	11.29	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	6,781	7,454	298,264	40.01	33
34	TOTAL (lines 1 - 33)	132,500	142,741	$ 2,222,375 *	$ 15.57	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		$ 8,734	01 - 03	35
36	Medical Director		19,500	09 - 03	36
37	Medical Records Consultant		426	10 - 03	37
38	Nurse Consultant				38
39	Pharmacist Consultant		4,364	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		845	11 - 03	44
45	Social Service Consultant		3,331	12 - 03	45
46	Other(specify) Psychiatrist		16,500	12 - 03	46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 53,700		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

Prairie Village Healthcare Center, Inc.
Medicaid Cost Report
01/01/15 - 12/31/15

Page 20 Supplemental Schedule

Description	Hours Worked	Hours Paid	Salary
Other Salaries			
Security (Line 7)	47	59	490
Care Plan Coordinator (Line 10)	3,897	4,315	112,690
MDS Coordinator (Line 10)	279	284	20,513
Transportation (Line 14)	553	565	5,353
Marketing (Line 43)	168	170	8,807
Non-Allowable (Line 43)	1,837	2,061	150,411
Total	6,781	7,454	298,264

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Kelly Rothering	Administrator	0	$ 85,669
Jerri Springer	Administrator	0	5,048
Sherwin Ray	Administration	33.33%	29,033
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 119,750

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, LLC	Home Office	$ 120,000
Plante Moran, PLLC	Accounting	12,028
Frost, Ruttenberg & Rothblatt, PC	Accounting	249
Personnel Planners, Inc.	Unemployment	2,594
Grabowski Law Center, LLC	Collections	2,244
Propay Payroll Services	Data Processing	12,897
E-Health Data Solutions	Data Processing	5,280
American Data	Data Processing	5,052
National Datacare Corporation	Data Processing	2,987
Matrix Care	Data Processing	14,072
Ability Network	Data Processing	486
See Supplemental Schedule	See Supplemental Schedule	45,839
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 223,728

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 54,389
Unemployment Compensation Insurance	44,418
FICA Taxes	170,047
Employee Health Insurance	45,475
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Employee Welfare	13,542
TOTAL (agree to Schedule V, line 22, col.8)	$ 327,871

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	2,120
Health Care Worker Background Check	1,235
(Indicate # of checks performed)	
Patient Background Checks	
Dues and Subscriptions	9,001
Licenses	2,376
Advertising and Promotion	19,034
Alloc. - Extended Care Consulting	610
Less: Public Relations Expense	( )
Non-allowable advertising	(19,034)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 17,332

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	3,686
Alloc. - Extended Care Consulting	209
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,895

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Prairie Village Healthcare Center, Inc.
Medicaid Cost Report
01/01/15 - 12/31/15

Page 21 Supplemental Schedule - Other Professional Fees

Vendor	Description of Services	Total
ETC Computerland	Data Processing	2,304
Medifax	Data Processing	780
Care One	Data Processing	432
Care Consultants of Illinois	Data Processing	3,370
Mediacom	Data Processing	769
Tad Nelson Consulting	Data Processing	1,650
Microsoft	Data Processing	929
Other	Data Processing	249
Daniel Maher Law Offices	Legal	(180)
Simandl Law Group	Legal	5,494
Blymas	Other	3,085
Kelly Rothering	Other	1,700
Jerri Springer	Other	100
Robbins, Salomon & Patt	Other	3,000
Wesley Corgan	Other	3,990
Other	Other	646
Non-Allowable	Legal	11,456
Non-Allowable	Other	6,065
Sub-Total		45,839

Page 21 Supplemental Schedule - Legal Invoice Detail

Firm Name	Invoice Date	Description of Services	Total	Non-Allowable Amount
Simandl Law Group	01/31/15	Arbitration - EEOC Hearing	838	
Simandl Law Group	02/28/15	Arbitration - EEOC Hearing	637	
Simandl Law Group	04/30/15	Arbitration - EEOC Hearing	3,384	
Simandl Law Group	04/30/15	Arbitration - EEOC Hearing	134	
Simandl Law Group	04/30/15	Arbitration - EEOC Hearing	235	
Simandl Law Group	06/30/15	Arbitration - EEOC Hearing	268	
Daniel Maher Law Offices			(180)	
Sub-Total			5,314	-

Facility Name & ID Number Prairie Village Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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 Healthcr Ctr # 0042671 Report Period Beginning: 01/01/15 Ending: 12/31/15

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? **5 - 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 **10 - 02**

(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. $ **226,932**
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. $ **0**

(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? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **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) Has a schedule for the legal fees reported on the cost report been provided by the facility? **Yes**
See page 39 of the instructions for details.
Attach invoices and a summary of services for all architect and appraisal fees