FOR BHF USE

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

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

I. IDPH License ID Number: 0018044

Facility Name: Prairieview Lutheran Home

Address: Bx 4 Corn of N & 4th (Number) Danforth (City) 60930 (Zip Code)

County: Iroquois

Telephone Number: 815-269-2970 **Fax #** 815-26-2930

HFS ID Number:

Date of Initial License for Current Owners: 2/14/74

Type of Ownership:

x	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
x	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501©3			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Thomas McCann **Telephone Number:** 815-269-2970
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 1/1/16 to 12/31/16 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) Thomas McCann
(Title) Administrator

Paid Preparer

(Signed) (Date)
(Print Name and Title) Marcie Meents Kolberg, CPA
(Firm Name & Address) Smith Koelling Dykstra and Ohm Pc, 1605 N Convent Bourbonnais IL 60914
(Telephone) 815-937-1997 Fax # 815-935-0360

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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	90	Skilled (SNF)	90	32,940	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	90	TOTALS	90	32,940	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	5,049	21,776	1,559	28,384	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	5,049	21,776	1,559	28,384	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.17%

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)
outpatient therapy

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 [x] NO [ ]

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

I. On what date did you start providing long term care at this location?
Date started 2/14/74

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [x]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified 40 and days of care provided 1,559

Medicare Intermediary Wisconsin Physicians Service

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	431,113	28,370	8,491	467,974		467,974		467,974			1
2	Food Purchase		248,590		248,590	(29,374)	219,216		219,216			2
3	Housekeeping	174,441	50,111		224,552		224,552		224,552			3
4	Laundry	82,044	13,174		95,218		95,218		95,218			4
5	Heat and Other Utilities			149,421	149,421		149,421	(22,246)	127,175			5
6	Maintenance	136,792	6,077	61,760	204,629		204,629		204,629			6
7	Other (specify):* Medical waste			54,370	54,370		54,370		54,370			7
8	TOTAL General Services	824,390	346,322	274,042	1,444,754	(29,374)	1,415,380	(22,246)	1,393,134			8
	B. Health Care and Programs											
9	Medical Director					4,800	4,800		4,800			9
10	Nursing and Medical Records	2,526,564	225,573	40,418	2,792,555	(34,311)	2,758,244		2,758,244			10
10a	Therapy			337,040	337,040		337,040		337,040			10a
11	Activities	226,698	2,539	3,108	232,345		232,345		232,345			11
12	Social Services	41,805	22	1,621	43,448		43,448		43,448			12
13	CNA Training											13
14	Program Transportation					306	306		306			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,795,067	228,134	382,187	3,405,388	(29,205)	3,376,183		3,376,183			16
	C. General Administration											
17	Administrative	83,095			83,095		83,095		83,095			17
18	Directors Fees											18
19	Professional Services			67,276	67,276		67,276		67,276			19
20	Dues, Fees, Subscriptions & Promotions			42,730	42,730		42,730	(24,413)	18,317			20
21	Clerical & General Office Expenses	301,043	20,439	138,969	460,451		460,451		460,451			21
22	Employee Benefits & Payroll Taxes			1,131,763	1,131,763	24,574	1,156,337		1,156,337			22
23	Inservice Training & Education			2,126	2,126		2,126		2,126			23
24	Travel and Seminar			6,791	6,791	(306)	6,485		6,485			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			37,136	37,136		37,136		37,136			26
27	Other (specify):*											27
28	TOTAL General Administration	384,138	20,439	1,426,791	1,831,368	24,268	1,855,636	(24,413)	1,831,223			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,003,595	594,895	2,083,020	6,681,510	(34,311)	6,647,199	(46,659)	6,600,540			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Prairieview Lutheran Home #0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			199,837	199,837		199,837		199,837			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,304	1,304		1,304	(1,304)				32
33	Real Estate Taxes			2,787	2,787		2,787		2,787			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	**TOTAL Ownership**			203,928	203,928		203,928	(1,304)	202,624			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops			30,591	30,591		30,591		30,591			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			219,084	219,084		219,084		219,084			42
43	Other (specify):* **Pharmacy drugs**					34,311	34,311		34,311			43
44	**TOTAL Special Cost Centers**			249,675	249,675	34,311	283,986		283,986			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,003,595	594,895	2,536,623	7,135,113		7,135,113	(47,963)	7,087,150			45

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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(22,246)	5		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	(1,304)	32		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				24
25	Fund Raising, Advertising and Promotional	(24,413)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (47,963)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (47,963)		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	X		34,311	10, 2	43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$ 34,311		47

Prairieview Lutheran Home

ID# 0018044

Report Period Beginning: 1/1/16

Ending: 12/31/16

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
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				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	0		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Prairieview Lutheran Home # 0018044 **Report Period Beginning:** 1/1/16 **Ending:** 12/31/16

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(22,246)	0	0	0	0	0	0	0	0	0	0	(22,246)	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(22,246)	0	0	0	0	0	0	0	0	0	0	(22,246)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(24,413)	0	0	0	0	0	0	0	0	0	0	(24,413)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(24,413)	0	0	0	0	0	0	0	0	0	0	(24,413)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(46,659)	0	0	0	0	0	0	0	0	0	0	(46,659)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Prairieview Lutheran Home # 0018044 **Report Period Beginning:** 1/1/16 **Ending:** 12/31/16

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,304)	0	0	0	0	0	0	0	0	0	0	(1,304)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(1,304)	0	0	0	0	0	0	0	0	0	0	(1,304)	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):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(47,963)	0	0	0	0	0	0	0	0	0	0	(47,963)	45

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

VII. RELATED PARTIES

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

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

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

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

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

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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

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	Pastor Joel Brown, President	BOD						1
2	Diane Goldenstein, Vice President	BOD						2
3	Sam Sweeney, Treasurer	BOD						3
4	Nancy Snedecor, Secretary	BOD						4
5	Cyndy Clapp	BOD						5
6	Joyce Deany	BOD						6
7	Doug Benner	BOD						7
8	Jerry Henrichs	BOD						8
9	Fred Hurliman	BOD						9
10		BOD						10
11								11
12	Not: none of the BOD receive							12
13	any compensation							13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

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

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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** 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	Capital lease		x	purchase copiers	$86.25	9/24/13	$ 4,200	$ 1,573	9/24/18	8.9140	$ 201	1
2	Capital lease		x	purchase copiers	$371.12	7/24/13	17,599	6,461	7/24/18	10.2860	1,103	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$457.37		$ 21,799	$ 8,034			$ 1,304	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 21,799	$ 8,034			$ 1,304	15

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

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

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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 **Report Period Beginning:** 1/1/16 **Ending:** 12/31/16

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	2,787	2
3. Under or (over) accrual (line 2 minus line 1).	$	2,787	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)	$		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	2,787	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2011		8
2012		9
2013	2,845	10
2014	2,731	11
2015	2,787	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2015	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

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

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Prairieview Lutheran Home COUNTY Iroquois

FACILITY IDPH LICENSE NUMBER 0018044

CONTACT PERSON REGARDING THIS REPORT Thomas McCann

TELEPHONE 815-269-2970 FAX #: 815-269-2930

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

Enter the tax index number and real estate tax assessed for 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	17-18-201-006	PR W2 NE 2.08 Acres	$ 419.32	$ 419.32
2.	17-18-202-001/17-18-202-002	Prairieview 3rd add lt 6 and 5	$ 122.32	$ 122.32
3.	17-18-202-003/17-18-202-004	Prairieview 3rd add lt 4 and 3	$ 122.32	$ 122.32
4.	17-18-202-005/17-18-202-006	Prairieview 4th add lt 6 and 7	$ 122.32	$ 122.32
5.	17-18-226-002	Prairieview add lt 1	$ 15.00	$ 15.00
6.	17-18-226-006	Prairieview 4th add lt 5	$ 399.40	$ 399.40
7.	17-18-226-007	Prairieview 4th add lt 4	$ 396.62	$ 396.62
8.	17-18-226-008	Prairieview 4th add lt 3	$ 396.62	$ 396.62
9.	17-18-226-009	Prairieview 4th add lt 2	$ 396.62	$ 396.62
10.	17-18-226-010	Prairieview 4th add lt 1	$ 396.62	$ 396.62
		TOTALS	$ 2,787.16	$ 2,787.16

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

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

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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 49,200 B. General Construction Type: Exterior Brick Frame Steel and brick Number of Stories 1

C. Does the Operating Entity? [x] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [x] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

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	Building/grounds	304,920	1971	$ 9,115	1
2					2
3	TOTALS	304,920		$ 9,115	3

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	60			1973	$ 649,963	$ 16,249	40	$ 16,249	$	$ 602,987	4
5				1995	1,011,406	25,285	40	25,285		546,465	5
6	32			1996	1,834,874	45,872	40	45,872		902,152	6
7											7
8											8
	Improvement Type**										
9	Fully depreciated				443,963					443,963	9
10	Prior to 2009				3,303	132	25	132		3,404	10
11	Prior to 2009				379,942	4,331	various	4,331		290,946	11
12	Prior to 2009				72,742	4,850	15	4,850		48,443	12
13	Prior to 2009				12,666	1,267	10	1,267		13,534	13
14	Prior to 2009				83,879	2,098	40	2,098		17,168	14
15	Prior to 2009				412,482	3,221	various	3,221		303,103	15
16	Tub/shower room (contracted total)			2009	153,707	3,843	40	3,843		27,221	16
17	Fire alarm system			2009	16,500	413	40	413		3,200	17
18	Spa tub			2009	17,472	437	40	437		3,205	18
19	Window sashes			2009	1,381	138	40	138		1,024	19
20	Roof top compressor			2009	2,290	229	10	229		1,660	20
21	New asphalt			2009	7,780	389	20	389		2,885	21
22	Switch assemblies for Kohler generator			2010	1,066	27	40	27		180	22
23	Bathroom tile			2010	680	17	40	17		113	23
24	New roof			2010	250,056	6,251	40	6,251		40,111	24
25	New front sloped roof			2010	2,820	71	40	71		454	25
26	Roots blower			2013	1,415	35	40	35		117	26
27	Metal roof			2013	25,784	645	40	645		2,580	27
28	Tub room door			2013	2,901	290	10	290		1,063	28
29	Resurface parking lots			2013	15,499	775	20	775		2,777	29
30	Window sashes			2013	59,770	1,494	40	1,494		5,354	30
31	Water shut off valves			2013	7,285	182	40	182		622	31
32	Shades-resident rooms			2014	19,390	970	20	970		2,101	32
33	Flooring-front waiting area			2014	918	92	10	92		268	33
34	Carpet-front reception area			2014	2,057	206	10	206		583	34
35	Cabinet and miilwork			2014	1,575	79	20	79		224	35
36	Locks			2014	8,223	411	20	411		891	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Patient rooms flooring (325-341, 422-429)		$ 31,378	$ 3,138	10	$ 3,138	$	$ 5,230	37
38	Remodel nurses' station	2015	6,309	252	25	252		399	38
39	Loveseat/recliner	2015	1,470	147	10	147		245	39
40	New room heaters (6)	2015	9,868	987	10	987		1,316	40
41	Gas water heater	2015	7,828	783	10	783		1,501	41
42	Boiler replacement	2015	107,645	4,305	25	4,305		7,176	42
43	Sidewalk replacement	2015	10,861	1,086	10	1,086		1,720	43
44	Coverlets/bedding	2015	7,345	1,469	5	1,469		1,959	44
45	Full size sleeper	2015	849	85	10	85		170	45
46	Patient rooms telephone upgrades (325-341, 422-429)	2015	15,501	620	25	620		827	46
47	Patient rooms wallcoverings (325-341, 422-429)	2015	52,114	2,085	25	2,085		2,780	47
48	Patient rooms electrical upgrades (325-341, 422-429	2015	4,375	175	25	175		233	48
49	Patient rooms new cabinetry (325-341, 422-429)	2015	289,695	11,588	25	11,588		15,451	49
50	Patient rooms plumbing (325-341, 422-429)	2015	69,462	2,778	25	2,778		3,704	50
51	Gas room furnace	2016	6,392	107	10	107		107	51
52									52
53									53
54									54
55									55
56									56
57									57
58	Patient rooms carpeting (235-251, 324, 112, 146, 414-417)	2016	11,748	872	10	872		872	58
59	Patient rooms cabinetry (235-251, 324, 112, 146, 414-417)	2016	171,857	5,230	25	5,230		5,230	59
60	Patient rooms plumbing (235-251, 324, 112, 146, 414-417)	2016	17,988	1,206	10	1,206		1,206	60
61	Window cubicle panels (63 rooms)	2016	19,750	1,152	10	1,152		1,152	61
62	Carpeting/flooring-nurses' station	2016	4,072	238	10	238		238	62
63	Hallway carpet and basecove	2016	47,287	2,036	10	2,036		2,036	63
64	Nurses' station plumbing	2016	1,650	69	10	69		69	64
65	Heat exchanger	2016	4,085	340	10	340		340	65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 6,403,318	$ 161,047		$ 161,047	$	$ 3,322,759	70

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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 654,395	$ 28,648	$ 28,648	$	10	$ 462,277	71
72	Current Year Purchases	25,309	1,682	1,682		10	1,682	72
73	Fully Depreciated Assets	647,069					647,069	73
74								74
75	TOTALS	$ 1,326,773	$ 30,330	$ 30,330	$		$ 1,111,028	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	Resident transportation	2010 Ford Elkhart	2010	$ 45,949	$ 4,595	$ 4,595	$	10	$ 30,250	76
77	Resident transportation	2007 Ford Conversion Van	2010	36,393	3,639	3,639		10	22,441	77
78	Resident transportation	Major repair-van	2013	2,261	226	226		10	885	78
79										79
80	TOTALS			$ 84,603	$ 8,460	$ 8,460	$		$ 53,576	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)	$ 7,823,809	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 199,837	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 199,837	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)	$ 4,487,363	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	Land donated for future expansion	$ 35,540	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 35,540	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

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

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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

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

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2017	$
13.	/2018	$
14.	/2019	$

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

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ Description:
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

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

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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$	1,993	$ 55,372	$	1,993	$ 55,372	1
2	Licensed Speech and Language Development Therapist		hrs		324	24,833		324	24,833	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs		4,367	110,907		4,367	110,907	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			$	6,684	$ 191,112	$	6,684	$ 191,112	14

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

Facility Name & ID Number Prairieview Lutheran Home **#** 0018044 **Report Period Beginning:** 1/1/16 **Ending:** 12/31/16

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/16 **(last day of reporting year)**

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 334,377	$	1
2	Cash-Patient Deposits	10,384		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 60,000)	569,129		3
4	Supply Inventory (priced at cost)	30,853		4
5	Short-Term Investments			5
6	Prepaid Insurance	11,758		6
7	Other Prepaid Expenses	6,450		7
8	Accounts Receivable (owners or related parties)	338,165		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,301,116	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	44,655		13
14	Buildings, at Historical Cost	6,082,081		14
15	Leasehold Improvements, at Historical Cost	321,237		15
16	Equipment, at Historical Cost	1,411,376		16
17	Accumulated Depreciation (book methods)	(4,487,363)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,371,986	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,673,102	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 249,795	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	28,962		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	320,032		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Payroll withholdings	7,799		36
37	401K payable	27,747		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 634,335	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	8,034		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 8,034	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 642,369	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 4,030,733	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,673,102	$	48

***(See instructions.)**

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 3,397,506	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 3,397,506	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	625,435	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) **prior period audit adjustments**	7,792	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 633,227	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)**	$ 4,030,733	24 *

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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 6,383,751	1
2	Discounts and Allowances for all Levels	(425,722)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,958,029	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	63,117	5
6	Therapy	407,956	6
7	Oxygen	17,232	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 488,305	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	27,057	13
14	Non-Patient Meals	38,072	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)**	$ 65,129	23
	D. Non-Operating Revenue		
24	Contributions	1,214,011	24
25	Interest and Other Investment Income***	364	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,214,375	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Reimbursements and other	34,710	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 34,710	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,760,548	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,444,754	31
32	Health Care	3,405,388	32
33	General Administration	1,831,368	33
	B. Capital Expense		
34	Ownership	203,928	34
	C. Ancillary Expense		
35	Special Cost Centers	30,591	35
36	Provider Participation Fee	219,084	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 7,135,113	40
41	**Income before Income Taxes (line 30 minus line 40)****	625,435	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 625,435	43

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

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

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

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

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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,952	2,080	$ 63,610	$ 30.58	1
2	Assistant Director of Nursing	5,856	6,240	184,706	29.60	2
3	Registered Nurses	18,129	19,153	504,036	26.32	3
4	Licensed Practical Nurses	23,267	24,291	485,367	19.98	4
5	CNAs & Orderlies	97,240	99,416	1,277,108	12.85	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,952	2,080	28,386	13.65	9
10	Activity Assistants	20,138	20,138	198,312	9.85	10
11	Social Service Workers	1,952	2,080	41,805	20.10	11
12	Dietician					12
13	Food Service Supervisor	1,952	2,080	45,421	21.84	13
14	Head Cook	11,837	12,347	164,089	13.29	14
15	Cook Helpers/Assistants	26,474	26,474	221,603	8.37	15
16	Dishwashers					16
17	Maintenance Workers	4,973	5,319	136,792	25.72	17
18	Housekeepers	15,470	15,598	174,441	11.18	18
19	Laundry	7,308	7,964	82,044	10.30	19
20	Administrator	1,561	1,664	83,095	49.94	20
21	Assistant Administrator					21
22	Other Administrative	13,033	13,773	276,266	20.06	22
23	Office Manager					23
24	Clerical	2,843	2,843	24,777	8.72	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director	855	855	11,737	13.73	27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	256,792	264,395	$ 4,003,595 *	$ 15.14	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	176	$ 8,491		35
36	Medical Director	32	4,800		36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	142	5,619		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	22	1,621		44
45	Social Service Consultant	22	1,621		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	394	$ 22,152		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

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Thomas McCann	Admin		$ 83,905
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 83,905

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
SmithAmundsen LLC	Attorney	$ 250
Arnstein & Lehr LLP	Attorney	14,092
Borschnack, Pelletier and Co	CPA-auditor	15,200
Smith Koelling Dykstra & Ohm	CPA	28,880
Benefit Planning Consultant	HRA administration	3,858
Clifton Larson Allen LLP	CPA	60
Marcum Accountants Advisors	Medicare cost report/consult	4,936
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 67,276

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 152,220
Unemployment Compensation Insurance	6,665
FICA Taxes	295,810
Employee Health Insurance	594,019
Employee Meals	29,374
Illinois Municipal Retirement Fund (IMRF)*	
Employee life insurance	7,106
Medical reimbursement plan	19,413
Employee physicals	13,916
Pension	37,814
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,156,337

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	4,593
(Indicate # of checks performed 15)	
Patient Background Checks 67	690
Dues and fees	12,332
Subscriptions	702
Views	5,001
Other promotion	19,412
Less: Public Relations Expense	(24,413)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 18,317

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	6,791
lees nursing	(306)
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 6,485

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Prairieview Lutheran Home # 0018044 Report Period Beginning: 1/1/16 Ending: 12/31/16

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Lutheran Services - $955**

(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?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **34,223** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **x** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **x** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **219,084**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **29,374** 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. $
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
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? **NA**
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. $

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Borschnack, Pelletier and Co**

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

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **Yes**
Attach invoices and a summary of services for all architect and appraisal fees

Prairieview Lutheran Home

2016 Medicaid Cost Report

Account #	Account Na	Company	Total Cost	Description
40-2200	Lawyer	SmithAmundsen LLC	$250.00	Payroll Consulting
		Arnstein & Lehr LLP	$14,091.64	Consulting for Termination
		Total	$14,341.64	

Prairieview Lutheran Home
Schedule V adjusments
12/31/2016

		From	To
Employee meal cost	29,374	2,2	22,3
Medical director	4,800	22,3	9,3
Parmacy drugs	34,311	10,2	43,2
Travel and seminars	306	24,3	14,3

2016 Medicaid Cost Report

Conference 40-4100

Admin

Date	Name/Title	Location	Seminar Title/Sponsor	Cost
3/9/16-3/1	Thomas McCann/Administrat	Peoria, IL	IL Nursing Home Administrators Assoc Conference	$95.00
3/12/2016	Thomas McCann/Administrat	Peoria, IL	Lodging for INHA Conferenc	$110.88
5/4/2016	Margie Rosenboom	Danforth, IL	Medicaid Billing Medicare Program in a SNF Webinar Series	$344.00
8/4/16-8/5	Thomas McCann/Administrat	Peoria, IL	IL Nursing Home Administrators Assoc Conference	$95.00
8/1/16 &8/	Thomas McCann/Administrat	Peoria, IL	Lodging for INHA Conferenc	$224.00
11/2/16-11	Thomas McCann/Administrat	Springfield, IL	IL Nursing Home Administrators Assoc Conference	$125.00
11/2/16-11	Thomas McCann/Administrat	Springfield, IL	Lodging for INHA Conferenc	$128.80
			Total	$1,322.68

Activities 50-4100 &

Date	Name/Title	Location	Seminar Title/Sponsor	Cost
			Total	$0.00

Dietary 55-4100 & 55-3000

Date	Name/Title	Location	Seminar Title/Sponsor	
7/11/2016	Brian King	Champaign, IL	Foodservice Manager Certification Training	$130.00
			Total	$130.00

Nursing 60-4100/60-4105,50-4120

Date	Name/Title	Location	Seminar Title/Sponsor	Cost
1/22/2016	Dorothy Morlan- MDS Coordinator Barb Uehle -OON	Danforth, IL	MDS for Administrators & OON's- Understanding, Managing & Monitoring the MDS process	$129.00
1/28/16-3/	Dorothy Morlan- MDS Coordinator	Danforth, IL	8 Part Webinar Series MDS 3.0 Basics Series	$659.00
5/17/2016	Barb Uehle -OON Karie Gerdes- FP Unit Director Denise Hanes- FP ADON	Kankakee, IL	Session 1: Understanding Different Dementias Session 2: Dementia 302- Seeing Condition from All Powssional's Points of View	$50.00
4/20/2016	Karie Gerdes FP Unit Director Denise Hanes- FP ADON	Covington, IN	Alzheimer's Disease: Challenges & Choices	$160.00
7/25/2016	Jenny Leonard- Reasnative Home	Springfield, IL	Lodging for Restorative Nursing Certification Class	$488.32
08/01/201	Jenny Leonard- Reasnative Home	Springfield, IL	Lodging for Restorative Nursing Certification Class	$488.32
8/31/2016	Karie Gerdes- FP Unit Director Lorene Franklin- Admissions Coordinator	Springfield, IL	Creative Care Resolution through Time Slips	$135.00
			Total	$2,109.64

Housekeep 70-4100

Date	Name/Title	Location	Seminar Title/Sponsor	Cost
			Total	$0.00

Maintenan 80-4100

Date	Name/Title	Location	Seminar Title/Sponsor	Cost
2/10/2016	Eugene Forster,Maintenance Supervisor		IRWA- Training / Water Well Solutions	$105.00
			Total	$105.00
			Grand total	$3,667.32

Prairieview Lutheran Home

2016 Medicaid Cost Report

Mileage

Admissions 40-3000 45-3300

Date	Name/Title	Location	Purpose	Total
			Mileage/ Trip to Kankakee & Post office trips to s	$45.51
2/26/2016	Kelly Short	Kankakee	Danforth	
3/11/2016	Thomas McCann/Ad	Peoria, IL	Mileage/Meals INHA Conference	$135.72
3/28/2016	Kelly Short	Kankakee	Mileage/ Drop off Easter Appeals at Adcraft	$46.07
			Mileage/ Meet with Social Services at Riverside &	
3/30/2016	Lorene Franklin	Kankakee	St Mary's	$24.03
4/1/2016	Lorene Franklin	Watseka, IL	Mileage/ Meet with Social Services at IMH	$14.21
4/6/2016	Lorene Franklin	Watseka, IL	Mileage/ Chamber of Commerce Meeting	$10.32
4/7/2016	Lorene Franklin	Kankakee	Mileage/ Kankakee Job Fair	$7.16
4/20/2016	Lorene Franklin	Kankakee	Mileage/ Meet with designer for Website	$32.52
5/7/2016	Lorene Franklin	Kankakee	Mileage/ Trip to Office Max and Conference at KC	$32.47
5/18/2016	Lorene Franklin	Kankakee	Mileage/ Meeting with designer for Website	$33.86
5/25/2016	Margie Ro	Springfiel d, IL	Mileage/ Medicaid Billing Conference	$160.95
5/27/2016	Lorene Franklin	Buckley, IL	Mileage/ Showing the Buckley Apartments	$18.76
6/1/2016	Lorene Franklin	Watseka, IL	Mileage/ Deliver Signs & Interview Possible admission from IMH	$18.43
6/3/2016	Lorene Franklin	Bourbonn ais, IL	Mileage/ Marketing radio ad, set up dermitia presentation to VA in Manteno for Veteran Funds Manteno, IL	$40.96
6/7/2016	Lorene Franklin	Sheldon, Gilman, IL	Mileage/ to Light Printing in Sheldon, gilmore library, and Kankakee to drop off an application Kankakee packet -IL	$37.13
6/10/2016	Lorene Franklin	Saarnee, IL	Mileage/ Golf Fundraiser	$22.26
6/23/2016	Lorene Franklin	Sheldon, IL	Mileage/ Printing pick up	$19.54
6/24/2016	Lorene Franklin	Cissna Park, IL	Mileage/ Possible Admit	$10.99
6/30/2016	Lorene Franklin	Kankakee	Mileage/ Adcraft Printing & Marketing /v	$12.82
7/12/2016	Lorene Franklin	Gilman, IL	Mileage/ Delivering Flyers for gold outing	$7.22
7/1916-7/	Lorene Franklin	Watseka, IL	Mileage/ Iroquois County Fair	$13.99
7/31/2016	Lorene Franklin	Hamcher, IL	Mileage/ Marketing contract	$12.31
8/1/2016	Lorene Franklin	Sheldon IL	Mileage/ Pick up marketing items from printers	$14.99
8/3/2016	Thomas M	Peoria, IL	Mileage/Meals INHA Conference	$137.16
8/8/2016	Lorene Franklin	Kankakee	Mileage/ Speak at Kiwanis	$12.27
8/11/2016	Lorene Franklin	Kankakee	Mileage/ Riverside to asses for possible resident	$32.97
8/17/2016	Lorene Franklin	Gilman, IL	Mileage/ Pick up in Gilman	$5.11
8/25/2016	Lorene Franklin	Kankakee	Mileage/ Martin-Whalen Marketing Meeting	$11.77
8/26/2016	Lorene Franklin	Various	Mileage/ doctors, etc, marketing	$37.19
8/30/2016	Lorene Franklin	Various	Mileage/ doctors, etc, marketing	$29.42
9/1/2016	Lorene Franklin	Kankakee	Mileage/ Riverside for marketing meeting	$26.87
9/12/2016	Lorene Franklin	Kankakee	Mileage/ Senior Resource	$12.65
9/15/2016	Lorene Franklin	Watseka,	Mileage/ IMH to interview for admission	$19.93
9/16/2016	Lorene Franklin	Gilman, IL	Mileage/ Gilman for marketing and copies	$6.00
9/22/2016	Lorene Franklin	Kankakee	Mileage/ event and marketing meeting Riverside	$17.15
10/1/2016	Lorene Franklin	Crescent	Mileage/ putting up flyers in Crescent City	$10.99
10/2/2016	Lorene Franklin	Crescent	Mileage/ to St Peter's Church	$21.98
10/9/2016	Lorene Franklin	Schwer, I	Mileage/ to St John's Church	$34.41
########	Lorene Franklin	Crescent	Mileage/ to Crescent City to pick up printed flyers	$34.41
########	Lorene Franklin	Cissna Pa	Mileage/ to Trinity Church	$36.63
########	Lorene Franklin	Kankakee	Mileage/ to Our Savior Church	$13.99
########	Lorene Franklin	Cissna Pa	Mileage/ to Immanuel Church	$34.97
########	Lorene Franklin	Kankakee	Mileage/ to meeting for Senior Resource Providers	$12.65
########	Lorene Franklin	Crescent	Mileage/ to St Peter's Church	$11.22
11/1/2016	Lorene Franklin	Crescent	Mileage/to St Peter's Church	$10.99
11/3/2016	Lorene Franklin	Crescent	Mileage/ to St Peter's Church	$10.99
11/3/2016	Thomas M	Springfiel d	Mileage/Meals INHA Conference	$174.36
11/6/2016	Lorene Franklin	Clifton, IL	Mileage/ to Zion	$12.88
########	Lorene Franklin	Watseka, IL	Mileage/ to St John's Church	$33.75
########	Lorene Franklin	Kankakee, IL	Mileage/ Senior Resource Meeting	$12.66
########	Lorene Franklin	Gilman, IL Onarga, IL	Mileage/ Putting up flyers for PH	$9.55
########	Lorene Franklin	Onarga, IL	Mileage/ to St John's Church	$34.86
	various			$302.94
			Total	$1,930.42

Social Serv 45-3000 45-3300

Date	Name/Title	Location	Purpose	Total
2/4/2016	Taylor Corke/ Social Service Designee	Onarga, IL	to Dr. Heyman in Onarga for repair of glasses	$11.10
3/25/2016	Taylor Corke/ Social Service Designee	Watseka,	took resident watch to Watseka for repair when resident family was out of town.	$18.87
3/29/2016	Taylor Corke/ Social Service Designee	Onarga, IL	to Dr. Heyman in Onarga for repair of glasses	$9.99
			Total	$39.96

50-3300

Activities & 50-

Date	Name/Title	Location	Purpose	Total
12/7/2016	Rhonda Chinski	Champaig	Mileage/	$58.95
			Total	$58.95

Dietary

Date	Name/Title	Location	Purpose	Total
4/1/2015	Angela Pratt/ Dietary	Rosemont	GFS Food Show mileage	$117.55
			Total	$117.55

Nursing 60-3300

Date	Name/Title	Location	Purpose	Total
2/29/2016	Taylor Corke	Gilman, IL	To Docs for Nursing	$7.77
8/30/2016	Karie Gerdes	??	Assessment on possible resident RM	$32.19
8/31/2016	Karie Gerdes	Springfield	Dementia Workshop	$25.53
9/2/2016	Karie Gerdes	??	Assessment on possible resident IS	$25.53
9/20/2016	Karie Gerdes	Kankakee	Assessment on possible resident BS	$34.99
10/2/2016	Karie Gerdes	Momence	Assessment on possible resident PD	$38.41
########	Karie Gerdes	Kankakee	Assessment on possible resident HC	$25.53
			Total	$306.36

Maintenan 80-3000

Date	Name/Title	Location	Purpose	Total
1/1/2016	Eugene Forster	Danforth, IL	Call in / No heat at LP	$23.31
1/1/2016	Eugene Forster	Danforth, IL	Call in / No heat at LP RM 105	$23.31
1/6/2016	Eugene Forster	Champaig	Menards/ Sam's Club	$58.83
1/21/2016	Eugene Forster	Champaig	Spraying Claes	$51.06
1/22/2016	Eugene Forster	Champaig	Spraying Claes	$51.06
5/2/2016	Eugene Forster	Champaig	Sam's/ Replace Pendant on Patient Lift	$58.83
6/1/2016	Eugene Forster	Champaig	Sam's	$59.94
6/11/2016	Eugene Forster	Danforth,	Call In- Check dining Room Refrig	$23.31
6/11/2016	Eugene Forster	Danforth,	Call In/ A/C at LP Room 204 not working	$23.31
6/12/2016	Eugene Forster	Danforth,	Call In / Toilet Plugged LP RM 106	$23.31
6/12/2016	Eugene Forster	Danforth,	Call In/ No hot water in P.V.	$23.31
6/15/2016	Eugene Forster	Kankakee	KCC School	$36.08
6/23/2016	Eugene Forster	Kankakee	KCC	$36.08
6/24/2016	Eugene Forster	Kankakee	River Valley Recycling	$13.32
7/19/2016	Eugene Forster	Watseka,	Set up at the Iroquis County Fair	$9.44
7/19/2016	Rick Pfingsten	Ashkum, I	Pick up donation in Ashkum, IL	$5.55
7/25/2016	Eugene Forster	Watseka,	Tear down at the Iroquis County Fair	$9.44
7/28/2016	Eugene Forster	Champaig	Sam's	$58.93
8/13/2016	Eugene Forster	Danforth,	Call in/ Replace A/C RM 227	$23.31
8/15/2016	Eugene Forster	Kankakee	Lowes/Menards/Carpet Weavers	$32.19
########	Eugene Forster	Kankakee	Postal Partners/Reeds/Rental/	$31.64
########	Eugene Forster	Kankakee	Reeds/Farm & Fleet/ Menards	$32.19
			Total	$670.45
			Grand total	$3,123.69