



Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011 Report Period Beginning: 01/01/07 Ending: 12/31/07

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	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>148</u>	Skilled (SNF)	<u>148</u>	<u>54,020</u>	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	<u>148</u>	TOTALS	<u>148</u>	<u>54,020</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>26,263</u>	<u>7,598</u>	<u>13,583</u>	<u>47,444</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>26,263</u>	<u>7,598</u>	<u>13,583</u>	<u>47,444</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.83%

D. How many bed-hold days during this year were paid by the Department?

9 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES  NO

I. On what date did you start providing long term care at this location?

Date started 12/01/2002

J. Was the facility purchased or leased after January 1, 1978?

YES  Date 12/01/2002 NO

K. Was the facility certified for Medicare during the reporting year?

YES  NO  If YES, enter number of beds certified 146 and days of care provided 12,910

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/07 Fiscal Year: 12/31/07

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

Facility Name & ID Number Prairie Manor Nursing & Rehab Center # 0046011 Report Period Beginning: 01/01/07 Ending: 12/31/07

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	277,152	73,211	15,635	365,998		365,998	(5,972)	360,026		1
2	Food Purchase		220,073		220,073		220,073	(101)	219,972		2
3	Housekeeping	210,189	42,358		252,547		252,547	(2,781)	249,766		3
4	Laundry	61,090	16,290	990	78,370		78,370	52	78,422		4
5	Heat and Other Utilities			163,458	163,458		163,458	2,412	165,870		5
6	Maintenance	104,050		153,868	257,918		257,918	9,813	267,731		6
7	Other (specify):*							1,545	1,545		7
8	<b>TOTAL General Services</b>	<b>652,481</b>	<b>351,932</b>	<b>333,951</b>	<b>1,338,364</b>		<b>1,338,364</b>	<b>4,968</b>	<b>1,343,332</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			33,750	33,750		33,750		33,750		9
10	Nursing and Medical Records	2,417,174	161,446	3,580	2,582,200		2,582,200	9,528	2,591,728		10
10a	Therapy	180,559		9,698	190,257		190,257	2,128	192,385		10a
11	Activities	189,495	10,409	3,400	203,304		203,304		203,304		11
12	Social Services	148,007			148,007		148,007	6,110	154,117		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							3,937	3,937		15
16	<b>TOTAL Health Care and Programs</b>	<b>2,935,235</b>	<b>171,855</b>	<b>50,428</b>	<b>3,157,518</b>		<b>3,157,518</b>	<b>21,703</b>	<b>3,179,221</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	93,987			93,987		93,987	51,514	145,501		17
18	Directors Fees										18
19	Professional Services			525,290	525,290	(142,033)	383,257	(334,128)	49,129		19
20	Dues, Fees, Subscriptions & Promotions			57,337	57,337		57,337	(26,590)	30,747		20
21	Clerical & General Office Expenses	101,333	34,745	457,934	594,012		594,012	(232,519)	361,493		21
22	Employee Benefits & Payroll Taxes			654,628	654,628		654,628	(7,444)	647,184		22
23	Inservice Training & Education			3,985	3,985		3,985		3,985		23
24	Travel and Seminar			230	230		230	1,336	1,566		24
25	Other Admin. Staff Transportation			6,108	6,108		6,108	844	6,952		25
26	Insurance-Prop.Liab.Malpractice			153,880	153,880		153,880	1,630	155,510		26
27	Other (specify):*							34,162	34,162		27
28	<b>TOTAL General Administration</b>	<b>195,320</b>	<b>34,745</b>	<b>1,859,392</b>	<b>2,089,457</b>	<b>(142,033)</b>	<b>1,947,424</b>	<b>(511,195)</b>	<b>1,436,228</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>3,783,036</b>	<b>558,532</b>	<b>2,243,771</b>	<b>6,585,339</b>	<b>(142,033)</b>	<b>6,443,306</b>	<b>(484,524)</b>	<b>5,958,782</b>		<b>29</b>

\*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.

Facility Name & ID Number Prairie Manor Nursing & Rehab Center #0046011 Report Period Beginning: 01/01/07 Ending: 12/31/07

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>D. Ownership</b>										
30	Depreciation			90,258	90,258		90,258	123,794	214,052		30
31	Amortization of Pre-Op. & Org.							6,270	6,270		31
32	Interest							53,969	53,969		32
33	Real Estate Taxes			436,137	436,137	142,033	578,170	2,349	580,519		33
34	Rent-Facility & Grounds			438,000	438,000		438,000	(435,207)	2,793		34
35	Rent-Equipment & Vehicles			4,613	4,613		4,613	428	5,041		35
36	Other (specify):*										36
37	<b>TOTAL Ownership</b>			969,008	969,008	142,033	1,111,041	(248,397)	862,644		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		687,142	1,102,470	1,789,612		1,789,612	(37,753)	1,751,859		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			81,030	81,030		81,030		81,030		42
43	Other (specify):*										43
44	<b>TOTAL Special Cost Centers</b>		687,142	1,183,500	1,870,642		1,870,642	(37,753)	1,832,889		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,783,036	1,245,674	4,396,279	9,424,989		9,424,989	(770,674)	8,654,315		45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011

Report Period Beginning:

01/01/07

Ending:

12/31/07

**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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	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	(104,824)	30		9
10	Interest and Other Investment Income	(282,152)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(347)	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	(90)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(236,399)	21		24
25	Fund Raising, Advertising and Promotional	(28,730)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(1,158)	20		28
29	Other-Attach Schedule	(141,680)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (795,380)		\$	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	2	
		Amount	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)	24,705		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 24,705		36
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (770,674)		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	2	3	4	
		Yes	No	Amount	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	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

NON-ALLOWABLE EXPENSES		
	Amount	Reference
1	Legal/Price Year	19
2	Bury Day	19
3	Patient Clothing	10
4	Theft	21
5	Collection Expenses	21
6	Penalties and Fines	21
7	Other Income	21
8	Non-Allowable Expense	21
9	Annual Report	20
10	COPE Dues	20
11	Banking Co.-Bank Charges	21
12	Banking Co.-Billing Fees	21
13	Marketing Travel	25
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
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87		87
88		88
89		89
90		90
91		91
92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101	Total	101

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Prairie Manor Nursing & Rehab Center# 0046011

Report Period Beginning:

01/01/07

Ending:

12/31/07**SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I**

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary			200	2,834	(8,929)	(77)						(5,972)	1
2	Food Purchase	(347)		246									(101)	2
3	Housekeeping			375	38	18	(3,212)						(2,781)	3
4	Laundry						52						52	4
5	Heat and Other Utilities			1,789	97	526							2,412	5
6	Maintenance			8,826	12	214	(175)	936					9,813	6
7	Other (specify):*			1,276	269								1,545	7
8	<b>TOTAL General Services</b>	<b>(347)</b>		<b>12,712</b>	<b>3,250</b>	<b>(8,171)</b>	<b>(3,413)</b>	<b>936</b>					<b>4,968</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(136)			22,025	(121)	(12,240)						9,528	10
10a	Therapy				2,128								2,128	10a
11	Activities													11
12	Social Services				6,110								6,110	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*				3,937								3,937	15
16	<b>TOTAL Health Care and Programs</b>	<b>(136)</b>			<b>34,200</b>	<b>(121)</b>	<b>(12,240)</b>						<b>21,703</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative			8,537	38,665	4,312							51,514	17
18	Directors Fees													18
19	Professional Services	(943)		(254,602)	(78,640)	57							(334,128)	19
20	Fees, Subscriptions & Promotions	(32,096)		5,156	24	326							(26,590)	20
21	Clerical & General Office Expenses	(374,351)	645	126,248	10,008	7,226		(2,295)					(232,519)	21
22	Employee Benefits & Payroll Taxes			(7,248)	(59)		(137)						(7,444)	22
23	Inservice Training & Education													23
24	Travel and Seminar			872	464								1,336	24
25	Other Admin. Staff Transportation	(531)		1,129		246							844	25
26	Insurance-Prop.Liab.Malpractice			1,144	12	474							1,630	26
27	Other (specify):*			25,868	6,573	1,721							34,162	27
28	<b>TOTAL General Administration</b>	<b>(407,921)</b>	<b>645</b>	<b>(92,896)</b>	<b>(22,953)</b>	<b>14,362</b>	<b>(137)</b>	<b>(2,295)</b>					<b>(511,195)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(408,404)</b>	<b>645</b>	<b>(80,184)</b>	<b>14,497</b>	<b>6,070</b>	<b>(15,789)</b>	<b>(1,359)</b>					<b>(484,524)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Prairie Manor Nursing & Rehab Center # 0046011 Report Period Beginning: 01/01/07 Ending: 12/31/07

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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(104,824)	205,104	14,585	613	371		7,945					123,794	30
31	Amortization of Pre-Op. & Org.		6,270										6,270	31
32	Interest	(282,152)	303,936	27,520	2,638	618		1,409					53,969	32
33	Real Estate Taxes			2,135	144	70							2,349	33
34	Rent-Facility & Grounds		(438,000)	2,306		487							(435,207)	34
35	Rent-Equipment & Vehicles			304	5	119							428	35
36	Other (specify):*													36
37	<b>TOTAL Ownership</b>	<b>(386,976)</b>	<b>77,310</b>	<b>46,850</b>	<b>3,400</b>	<b>1,665</b>		<b>9,354</b>					<b>(248,397)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers					(10,951)	(3,322)	(23,480)					(37,753)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*													43
44	<b>TOTAL Special Cost Centers</b>					<b>(10,951)</b>	<b>(3,322)</b>	<b>(23,480)</b>					<b>(37,753)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(795,380)</b>	<b>77,955</b>	<b>(33,334)</b>	<b>17,897</b>	<b>(3,216)</b>	<b>(19,112)</b>	<b>(15,485)</b>					<b>(770,674)</b>	<b>45</b>

Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011

Report Period Beginning:

01/01/07

Ending:

12/31/07

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Prairie Manor Healthcare Properties		Building Co

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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 438,000	Prairie Manor Healthcare Properties	100.00%	\$	\$ (438,000)	1
2	V	32 Interest Income	422	Prairie Manor Healthcare Properties	100.00%		(422)	2
3	V	21 Bank Service Charges		Prairie Manor Healthcare Properties	100.00%	395	395	3
4	V	21 Filing Fee		Prairie Manor Healthcare Properties	100.00%	250	250	4
5	V	30 Depreciation		Prairie Manor Healthcare Properties	100.00%	205,104	205,104	5
6	V	31 Amortization		Prairie Manor Healthcare Properties	100.00%	6,270	6,270	6
7	V	32 Interest Expenses		Prairie Manor Healthcare Properties	100.00%	304,358	304,358	7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 438,422			\$ 516,377	\$ * 77,955	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center# 0046011Report Period Beginning: 01/01/07Ending: 12/31/07

## 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.  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		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
15	V	01	Dietary	\$	Care Centers, Inc.	100.00%	\$ 200	\$ 200	15	
16	V	02	Food		Care Centers, Inc.	100.00%	246	246	16	
17	V	03	Housekeeping		Care Centers, Inc.	100.00%	375	375	17	
18	V	05	Utilities		Care Centers, Inc.	100.00%	1,789	1,789	18	
19	V	06	Maintenance		Care Centers, Inc.	100.00%	2,950	2,950	19	
20	V	17	Administrative		Care Centers, Inc.	100.00%	1,787	1,787	20	
21	V	19	Professional Fees	264,034	Care Centers, Inc.	100.00%	9,432	(254,602)	21	
22	V	20	Dues and Subscriptions		Care Centers, Inc.	100.00%	5,156	5,156	22	
23	V	21	Office and Clerical		Care Centers, Inc.	100.00%	14,942	14,942	23	
24	V	24	Seminar and Travel		Care Centers, Inc.	100.00%	872	872	24	
25	V	25	Other Staff Admin. Trans.		Care Centers, Inc.	100.00%	1,129	1,129	25	
26	V	26	Insurance		Care Centers, Inc.	100.00%	1,144	1,144	26	
27	V	30	Depreciation		Care Centers, Inc.	100.00%	14,585	14,585	27	
28	V	32	Interest		Care Centers, Inc.	100.00%	27,520	27,520	28	
29	V	33	Real Estate Taxes		Care Centers, Inc.	100.00%	2,135	2,135	29	
30	V	34	Rent - Building		Care Centers, Inc.	100.00%	2,306	2,306	30	
31	V	35	Rent - Equipment & Auto		Care Centers, Inc.	100.00%	304	304	31	
32	V	06	Maintenance	3,896	Care Centers, Inc.	100.00%	9,772	5,876	32	
33	V	07	Emp. Ben. - Gen. Serv.		Care Centers, Inc.	100.00%	1,276	1,276	33	
34	V	17	Administrative		Care Centers, Inc.	100.00%	6,750	6,750	34	
35	V	21	Office and Clerical	44,423	Care Centers, Inc.	100.00%	155,729	111,306	35	
36	V	27	Emp. Ben. - Gen. Admin.		Care Centers, Inc.	100.00%	25,868	25,868	36	
37	V	22	Employee Benefits	7,248	Care Centers, Inc.	100.00%		(7,248)	37	
38	V								38	
39	Total			\$ 319,601			\$ 286,267	\$ * (33,334)	39	

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center# 0046011Report Period Beginning: 01/01/07Ending: 12/31/07

## 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.  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	4	5 Cost to Related Organization	6	7	8 Difference:		
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	03	Housekeeping	\$	Care Centers Clinical, Inc.	100.00%	\$ 38	\$ 38	15
16	V	05	Utilities		Care Centers Clinical, Inc.	100.00%	97	97	16
17	V	06	Maintenance		Care Centers Clinical, Inc.	100.00%	12	12	17
18	V	19	Professional Fees	80,253	Care Centers Clinical, Inc.	100.00%	1,613	(78,640)	18
19	V	20	Dues and Subscriptions		Care Centers Clinical, Inc.	100.00%	24	24	19
20	V	21	Office & Clerical		Care Centers Clinical, Inc.	100.00%	94	94	20
21	V	24	Travel and Seminar		Care Centers Clinical, Inc.	100.00%	464	464	21
22	V	26	Insurance		Care Centers Clinical, Inc.	100.00%	12	12	22
23	V	30	Depreciation		Care Centers Clinical, Inc.	100.00%	613	613	23
24	V	32	Interest		Care Centers Clinical, Inc.	100.00%	2,638	2,638	24
25	V	33	Real Estate Taxes		Care Centers Clinical, Inc.	100.00%	144	144	25
26	V	35	Rent - Equipment & Auto		Care Centers Clinical, Inc.	100.00%	5	5	26
27	V	01	Dietary Salary		Care Centers Clinical, Inc.	100.00%	2,834	2,834	27
28	V	07	Emp. Ben. - Gen. Serv.		Care Centers Clinical, Inc.	100.00%	269	269	28
29	V	10	Nursing Salary	392	Care Centers Clinical, Inc.	100.00%	22,417	22,025	29
30	V	10a	Rehab Salary		Care Centers Clinical, Inc.	100.00%	2,128	2,128	30
31	V	12	Social Service Salary		Care Centers Clinical, Inc.	100.00%	6,110	6,110	31
32	V	15	Emp. Ben. - Healthcare		Care Centers Clinical, Inc.	100.00%	3,937	3,937	32
33	V	17	Administration Salary		Care Centers Clinical, Inc.	100.00%	38,665	38,665	33
34	V	21	Office Salary		Care Centers Clinical, Inc.	100.00%	9,914	9,914	34
35	V	27	Emp. Ben. - Gen. Admin.		Care Centers Clinical, Inc.	100.00%	6,573	6,573	35
36	V	22	Employee Benefits	59	Care Centers Clinical, Inc.	100.00%		(59)	36
37	V								37
38	V								38
39	Total			\$ 80,704			\$ 98,601	\$ * 17,897	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center# 0046011Report Period Beginning: 01/01/07Ending: 12/31/07

## 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.  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		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
15	V	01	Dietary	\$	Care Centers Health Systems, Inc.	100.00%	\$ 2,625	\$ 2,625	15	
16	V	03	Housekeeping		Care Centers Health Systems, Inc.	100.00%	18	18	16	
17	V	05	Heat and Other Utilities		Care Centers Health Systems, Inc.	100.00%	526	526	17	
18	V	06	Maintenance		Care Centers Health Systems, Inc.	100.00%	214	214	18	
19	V	19	Professional Fees		Care Centers Health Systems, Inc.	100.00%	57	57	19	
20	V	20	Dues, Fees, Subscriptions		Care Centers Health Systems, Inc.	100.00%	326	326	20	
21	V	21	Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	1,127	1,127	21	
22	V	25	Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%	246	246	22	
23	V	26	Insurance		Care Centers Health Systems, Inc.	100.00%	474	474	23	
24	V	30	Depreciation		Care Centers Health Systems, Inc.	100.00%	371	371	24	
25	V	32	Interest		Care Centers Health Systems, Inc.	100.00%	618	618	25	
26	V	33	Real Estate Taxes		Care Centers Health Systems, Inc.	100.00%	70	70	26	
27	V	34	Rent - Building		Care Centers Health Systems, Inc.	100.00%	487	487	27	
28	V	35	Rent - Equipment		Care Centers Health Systems, Inc.	100.00%	119	119	28	
29	V	01	Dietary	17,202	Care Centers Health Systems, Inc.	100.00%	5,648	(11,554)	29	
30	V	02	Food		Care Centers Health Systems, Inc.	100.00%			30	
31	V	03	Housekeeping		Care Centers Health Systems, Inc.	100.00%			31	
32	V	10	Nursing	180	Care Centers Health Systems, Inc.	100.00%	59	(121)	32	
33	V	21	Clerical and General Office		Care Centers Health Systems, Inc.	100.00%			33	
34	V	25	Other Admin. Staff Transport.		Care Centers Health Systems, Inc.	100.00%			34	
35	V	39	Ancillary	16,304	Care Centers Health Systems, Inc.	100.00%	5,353	(10,951)	35	
36	V	17	Administrative		Care Centers Health Systems, Inc.	100.00%	4,312	4,312	36	
37	V	21	Clerical and General Office		Care Centers Health Systems, Inc.	100.00%	6,099	6,099	37	
38	V	27	Employee Benefits		Care Centers Health Systems, Inc.	100.00%	1,721	1,721	38	
39	Total			\$ 33,686			\$ 30,470	\$ * (3,216)	39	

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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.  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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$ 954	Xcel Supply, LLC	100.00%	\$ 877	\$ (77)	15
16	V	3 Housekeeping	39,831	Xcel Supply, LLC	100.00%	36,619	(3,212)	16
17	V	4 Laundry	(641)	Xcel Supply, LLC	100.00%	(589)	52	17
18	V	6 Repairs & Maintenance	2,168	Xcel Supply, LLC	100.00%	1,993	(175)	18
19	V	10 Nursing	151,760	Xcel Supply, LLC	100.00%	139,520	(12,240)	19
20	V	11 Activities		Xcel Supply, LLC	100.00%			20
21	V	12 Social Service		Xcel Supply, LLC	100.00%			21
22	V	20 Dues, Fees And Subscriptions		Xcel Supply, LLC	100.00%			22
23	V	21 Office And Clerical		Xcel Supply, LLC	100.00%			23
24	V	22 Employee Benefits	1,700	Xcel Supply, LLC	100.00%	1,563	(137)	24
25	V	24 Seminars & Education		Xcel Supply, LLC	100.00%			25
26	V	39 Ancillary	41,193	Xcel Supply, LLC	100.00%	37,870	(3,322)	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		\$ 236,965			\$ 217,853	\$ * (19,112)	39

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

Facility Name & ID Number Prairie Manor Nursing & Rehab Center# 0046011Report Period Beginning: 01/01/07Ending: 12/31/07

## 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.  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		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	4 Amount	Name of Related Organization					
15	V	06	Repairs	\$	Vent Lease, LLC.	100.00%	\$ 936	\$ 936	15
16	V	21	Office and Clerical		Vent Lease, LLC.	100.00%	1	1	16
17	V	30	Depreciation		Vent Lease, LLC.	100.00%	7,369	7,369	17
18	V	32	Interest		Vent Lease, LLC.	100.00%	616	616	18
19	V	30	Depreciation		Vent Lease, LLC.	100.00%	576	576	19
20	V	32	Interest		Vent Lease, LLC.	100.00%	793	793	20
21	V	21	Office and Clerical	2,296	Vent Lease, LLC.	100.00%		(2,296)	21
22	V	39	Ancillary	23,480	Vent Lease, LLC.	100.00%		(23,480)	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			\$ 25,776			\$ 10,291	\$ * (15,485)	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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.  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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	Employee Health Insurance	\$	CCS Employee Benefits Group	100.00%	\$ 79,981	\$ 79,981	15
16	V								16
17	V								17
18	V								18
19	V	22	Employee Health Insurance	79,981	CCS Employee Benefits Group	100.00%		(79,981)	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			\$ 79,981			\$ 79,981	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011

Report Period Beginning: 01/01/07

Ending: 12/31/07

**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.  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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		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			\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011

Report Period Beginning: 01/01/07

Ending: 12/31/07

**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.  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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		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			\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011

Report Period Beginning: 01/01/07

Ending: 12/31/07

**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.  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		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$		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			\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center # 0046011 Report Period Beginning: 01/01/07 Ending: 12/31/07

## 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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Eric Rothner	Shareholder	Administrative	1.00%	See Attached	0.98	2.12%		\$		1
2	Mark Steinberg	Relative	Administrative	0.00	See Attached	1.61	2.93%	Alloc. Salary	3,960	17-7	2
3	Adam Vales	Shareholder	Clerical	11.00%	See Attached	0.49	1.23%	Alloc. Salary	688	22-7	3
4	Kim Rudolph	Relative	Clerical	0.00	See Attached	0.43	1.23%	Alloc. Salary	379	22-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 5,027		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 Manor Nursing & Rehab Center

# 0046011

Report Period Beginning: 01/01/07

Ending: 12/31/07

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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 Manor Nursing & Rehab Center

# 0046011

Report Period Beginning: 01/01/07

Ending: 12/31/07

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

Name of Related Organization Care Centers, Inc.  
 Street Address 2201 West Main Street  
 City / State / Zip Code Evanston, Illinois 60202  
 Phone Number ( 847) 905-3000  
 Fax Number ( 847) 905-3030

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	01	Dietary	Patient Days	1,625,640	33	\$ 6,823	\$ 47,628	\$ 200	1
2	02	Food	Patient Days	1,625,640	33	8,403	47,628	246	2
3	03	Housekeeping	Patient Days	1,625,640	33	12,807	47,628	375	3
4	05	Utilities	Patient Days	1,625,640	33	61,054	47,628	1,789	4
5	06	Maintenance	Patient Days	1,625,640	33	100,693	47,628	2,950	5
6	17	Administrative	Patient Days	1,625,640	33	61,000	47,628	1,787	6
7	19	Professional Fees	Patient Days	1,625,640	33	321,947	47,628	9,432	7
8	20	Dues and Subscriptions	Patient Days	1,625,640	33	175,974	47,628	5,156	8
9	21	Office and Clerical	Patient Days	1,625,640	33	509,990	47,628	14,942	9
10	24	Seminar and Travel	Patient Days	1,625,640	33	29,773	47,628	872	10
11	25	Other Staff Admin. Trans.	Patient Days	1,625,640	33	38,529	47,628	1,129	11
12	26	Insurance	Patient Days	1,625,640	33	39,041	47,628	1,144	12
13	30	Depreciation	Patient Days	1,625,640	33	497,823	47,628	14,585	13
14	32	Interest	Patient Days	1,625,640	33	939,326	47,628	27,520	14
15	33	Real Estate Taxes	Patient Days	1,625,640	33	72,865	47,628	2,135	15
16	34	Rent - Building	Patient Days	1,625,640	33	78,695	47,628	2,306	16
17	35	Rent - Equipment & Auto	Patient Days	1,625,640	33	10,366	47,628	304	17
18	06	Maintenance	Patient Days	1,625,640	33	187,019	187,019	5,479	18
19	06	Maintenance	Direct Allocation			456,812	456,812	4,293	19
20	07	Emp. Ben. - Gen. Serv.	Patient Days	1,625,640	33	91,856	47,628	1,276	20
21	17	Administrative	Patient Days	1,625,640	33	230,402	230,402	6,750	21
22	21	Office and Clerical	Patient Days	1,625,640	33	3,779,534	3,779,534	110,733	22
23	21	Office and Clerical	Direct Allocation			489,346	489,346	44,996	23
24	27	Emp. Ben. - Gen. Admin.	Patient Days	1,625,640	33	691,109	47,628	25,868	24
25	TOTALS					\$ 8,891,187	\$ 5,143,115	\$ 286,267	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011

Report Period Beginning: 01/01/07

Ending: 12/31/07

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 Care Center Clinical, Inc.  
 Street Address 2201 West Main Street  
 City / State / Zip Code Evanston, Illinois 60202  
 Phone Number ( 847) 905-3000  
 Fax Number ( 847) 905-3030

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	03	Housekeeping	Patient Days	1,625,640	32	\$ 1,294	\$ 47,628	\$ 38	1	
2	05	Utilities	Patient Days	1,625,640	32	3,307	47,628	97	2	
3	06	Maintenance	Patient Days	1,625,640	32	410	47,628	12	3	
4	19	Professional Fees	Patient Days	1,625,640	32	55,053	47,628	1,613	4	
5	20	Dues and Subscriptions	Patient Days	1,625,640	32	809	47,628	24	5	
6	21	Office & Clerical	Patient Days	1,625,640	32	3,220	47,628	94	6	
7	24	Travel and Seminar	Patient Days	1,625,640	32	15,843	47,628	464	7	
8	26	Insurance	Patient Days	1,625,640	32	409	47,628	12	8	
9	30	Depreciation	Patient Days	1,625,640	32	20,909	47,628	613	9	
10	32	Interest	Patient Days	1,625,640	32	90,038	47,628	2,638	10	
11	33	Real Estate Taxes	Patient Days	1,625,640	32	4,921	47,628	144	11	
12	35	Rent - Equipment & Auto	Patient Days	1,625,640	32	155	47,628	5	12	
13	01	Dietary Salary	Patient Days	1,625,640	32	96,717	96,717	47,628	2,834	13
14	07	Emp. Ben. - Gen. Serv.	Patient Days	1,625,640	32	9,180	47,628	269	14	
15	10	Nursing Salary	Patient Days	1,625,640	32	751,308	751,308	47,628	22,012	15
16	10a	Rehab Salary	Patient Days	1,625,640	32	72,628	72,628	47,628	2,128	16
17	12	Social Service Salary	Patient Days	1,625,640	32	208,543	208,543	47,628	6,110	17
18	15	Emp. Ben. - Healthcare	Patient Days	1,625,640	32	133,126	47,628	3,900	18	
19	17	Administration Salary	Patient Days	1,625,640	32	1,319,729	1,319,729	47,628	38,665	19
20	21	Office Salary	Patient Days	1,625,640	32	338,399	338,399	47,628	9,914	20
21	27	Emp. Ben. - Gen. Admin.	Patient Days	1,625,640	32	224,344	47,628	6,573	21	
22	10	Nursing Salary	Direct Allocation			13,379	13,379		405	22
23	12	Social Service Salary	Direct Allocation			8,845	8,845			23
24	15	Emp. Ben. - Healthcare	Direct Allocation			1,994			37	24
25	TOTALS					\$ 3,374,561	\$ 2,809,547	\$ 98,601	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center # 0046011 Report Period Beginning: 01/01/07 Ending: 12/31/07

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 Care Centers Health Systems, Inc.  
 Street Address 2201 West Main Street  
 City / State / Zip Code Evanston, Illinois 60202  
 Phone Number ( 847) 905-3000  
 Fax Number ( 847) 905-3030

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	01	Dietary	Gross Billable Income	4,431,674	33	94,358	123,276	2,625	1	
2	03	Housekeeping	Gross Billable Income	4,431,674	33	663	123,276	18	2	
3	05	Heat and Other Utilities	Gross Billable Income	4,431,674	33	18,909	123,276	526	3	
4	06	Maintenance	Gross Billable Income	4,431,674	33	7,696	123,276	214	4	
5	19	Professional Fees	Gross Billable Income	4,431,674	33	2,050	123,276	57	5	
6	20	Dues, Fees, Subscriptions	Gross Billable Income	4,431,674	33	11,727	123,276	326	6	
7	21	Clerical and General Office	Gross Billable Income	4,431,674	33	40,502	123,276	1,127	7	
8	25	Other Admin. Staff Transport.	Gross Billable Income	4,431,674	33	8,860	123,276	246	8	
9	26	Insurance	Gross Billable Income	4,431,674	33	17,050	123,276	474	9	
10	30	Depreciation	Gross Billable Income	4,431,674	33	13,332	123,276	371	10	
11	32	Interest	Gross Billable Income	4,431,674	33	22,225	123,276	618	11	
12	33	Real Estate Taxes	Gross Billable Income	4,431,674	33	2,521	123,276	70	12	
13	34	Rent - Building	Gross Billable Income	4,431,674	33	17,500	123,276	487	13	
14	35	Rent - Equipment	Gross Billable Income	4,431,674	33	4,277	123,276	119	14	
15	01	Dietary	Direct Billable Income	341,879	33	112,243	17,202	5,648	15	
16	02	Food	Direct Billable Income	25	33	8			16	
17	03	Housekeeping	Direct Billable Income	29	33	10			17	
18	10	Nursing	Direct Billable Income	69,616	33	22,856	180	59	18	
19	21	Clerical and General Office	Direct Billable Income	487	33	160			19	
20	25	Other Admin. Staff Transport.	Direct Billable Income	1,200	33	394			20	
21	39	Ancillary	Direct Billable Income	4,018,438	33	1,319,298	16,304	5,353	21	
22	17	Administrative	Gross Billable Income	4,431,674	33	155,031	155,031	123,276	4,312	22
23	21	Clerical and General Office	Gross Billable Income	4,431,674	33	219,270	219,270	123,276	6,099	23
24	27	Employee Benefits	Gross Billable Income	4,431,674	33	61,873	123,276	1,721	24	
25	TOTALS					\$ 2,152,809	\$ 374,301	\$ 30,470	25	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011

Report Period Beginning: 01/01/07

Ending: 12/31/07

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 Xcel Supply, LLC  
 Street Address 2201 Main Street  
 City / State / Zip Code Evanston, IL 60202  
 Phone Number ( 847)328-7600  
 Fax Number ( 847)328-7615

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	1	Dietary	Direct Allocation			\$		\$ 877	1
2	3	Housekeeping	Direct Allocation					36,619	2
3	4	Laundry	Direct Allocation					(589)	3
4	6	Repairs & Maintenance	Direct Allocation					1,993	4
5	10	Nursing	Direct Allocation					139,520	5
6	11	Activities	Direct Allocation						6
7	12	Social Service	Direct Allocation						7
8	20	Dues, Fees And Subscriptions	Direct Allocation						8
9	21	Office And Clerical	Direct Allocation						9
10	22	Employee Benefits	Direct Allocation					1,563	10
11	24	Seminars & Education	Direct Allocation						11
12	39	Ancillary	Direct Allocation					37,870	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					\$		\$ 217,853	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011

Report Period Beginning: 01/01/07

Ending: 12/31/07

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 Vent Lease, LLC  
 Street Address 2201 W. Main Street  
 City / State / Zip Code Evanston, Illinois 60202  
 Phone Number ( 847) 674-1180  
 Fax Number ( 847) 673-7741

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	06	Repairs	Direct Billing	892,186	27	\$ 35,557	\$ 23,480	\$ 936	1
2	21	Office and Clerical	Direct Billing	892,186	27	44	23,480	1	2
3	30	Depreciation	Direct Billing	892,186	27	280,000	23,480	7,369	3
4	32	Interest	Direct Billing	892,186	27	23,404	23,480	616	4
5	30	Depreciation	Patient Days	1,625,640	33	19,677	47,628	576	5
6	32	Interest	Patient Days	1,625,640	33	27,081	47,628	793	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					\$ 385,762	\$	\$ 10,291	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011

Report Period Beginning: 01/01/07

Ending: 12/31/07

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 CCS Employee Benefits Group, INC.  
 Street Address 2201 West Main Street  
 City / State / Zip Code Evanston, IL 60202  
 Phone Number ( 847)905-4000  
 Fax Number ( 847)905-4040

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Employee Health Insurance	Direct Allocation		\$	\$		\$ 79,981	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				\$	\$		\$ 79,981	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011

Report Period Beginning: 01/01/07

Ending: 12/31/07

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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 Manor Nursing & Rehab Center

# 0046011

Report Period Beginning: 01/01/07

Ending: 12/31/07

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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 Manor Nursing & Rehab Center

# 0046011

Report Period Beginning: 01/01/07

Ending: 12/31/07

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	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	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	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

**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	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
<b>A. Directly Facility Related</b>																	
<b>Long-Term</b>																	
1	First Choice		X	First Mortgage			\$	\$ 4,467,120			\$ 294,140	1					
2	First Choice		X	Second Mortgage				121,000			10,219	2					
3												3					
4												4					
5	See Supplemental Schedule											5					
<b>Working Capital</b>																	
6												6					
7												7					
8	See Supplemental Schedule										32,185	8					
9	<b>TOTAL Facility Related</b>						\$	\$ 4,588,120			\$ 336,544	9					
<b>B. Non-Facility Related*</b>																	
10	Interest Income		X								(282,152)	10					
11	Interest Income Bldg Co		X								(422)	11					
12												12					
13	See Supplemental Schedule											13					
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (282,574)	14					
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 4,588,120			\$ 53,970	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

\* 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 Manor Nursing & Rehab Center # 0046011 Report Period Beginning: 01/01/07 Ending: 12/31/07

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	<b>TOTAL Long-Term</b>									7										
<b>Working Capital</b>																				
8	Alloc from Care Centers, Inc		X						\$ 27,520	8										
9	Alloc from Care Centers Clinical		X						2,638	9										
10	Alloc from Care Centers Health System		X						618	10										
11	Alloc from Vent Lease		X						1,409	11										
12										12										
13										13										
14	<b>TOTAL Working Capital</b>									14										
<b>B. Non-Facility Related*</b>																				
15										15										
16										16										
17										17										
18										18										
19										19										
20	<b>TOTAL Non-Facility Related</b>									20										

\* 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.)





**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2000 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Prairie Manor Nursing & Rehab Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0046011

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

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

Enter the tax index number and real estate tax assessed for 2000 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 2000.

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

**B. Real Estate Tax Cost Allocations**

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

If YES, attach an explanation & 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 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: \_\_\_\_\_ B. General Construction Type: Exterior \_\_\_\_\_ Frame \_\_\_\_\_ Number of Stories \_\_\_\_\_

C. Does the Operating Entity?  (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?  (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).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
If so, please complete the following:

1. Total Amount Incurred: 39,968 2. Number of Years Over Which it is Being Amortized: 5 years  
3. Current Period Amortization: 6,270 4. Dates Incurred: 12/01/2002

Nature of Costs: \_\_\_\_\_  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility		2002	\$ 450,000	1
2	Care Centers Allocation		2002	12,175	2
3	TOTALS			\$ 462,175	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Prairie Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
<b>Improvement Type**</b>											
9	Various			2003	33,716		20	4,046	4,046	9,436	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

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
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64								64
65								65
66								66
67		4,650,000	121,221		121,667	446	646,968	67
68		67,638	3,585		3,585		22,287	68
69			90,258			(90,258)		69
70		\$ 4,751,354	\$ 215,064		\$ 129,298	\$ (85,766)	\$ 678,691	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Prairie Manor Nursing &amp; Rehab Center

# 0046011

Report Period Beginning:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 4,751,354	\$ 215,064		\$ 129,298	\$ (85,766)	\$ 678,691	1
2	Vinyl Flooring	2004	20,559		20	1,371	1,371	5,482	2
3	Install New Phone Line	2004	842		20	84	84	330	3
4	Hvac Work	2004	1,211		20	242	242	928	4
5	New Windows	2004	558		20	112	112	428	5
6	Svc On Fire Alarm System	2004	953		20	136	136	522	6
7	Roof Repairs	2004	4,800		20	240	240	900	7
8	Elevator Service	2004	5,910		20	296	296	1,084	8
9	Install New Tile -1St Floor	2004	18,570		20	929	929	3,327	9
10	Install New Tile -3Rd Floor	2004	18,570		20	929	929	3,327	10
11	Replace Fire Doors	2004	10,400		20	520	520	1,863	11
12	Automatic Entrance Doors	2004	4,485		20	224	224	804	12
13	Generator Maintenance	2004	1,819		20	260	260	931	13
14	Remove Carpeting, Install Tile	2004	19,282		20	964	964	3,294	14
15	Window, Hardware, Tools	2004	3,799		20	190	190	649	15
16	Locking System And Keypads	2004	6,956		20	348	348	1,188	16
17	Electro-Mech Door Closer	2004	7,197		20	1,439	1,439	4,918	17
18	Analog Module Phone System	2004	7,698		20	1,540	1,540	5,132	18
19	Repair Pot Holes, Reseal	2004	5,025		20	251	251	838	19
20	Repair Generator	2004	2,525		20	126	126	421	20
21	Home Depot- Hardware	2004	3,892		20	195	195	632	21
22	Locking System And Keypads	2004	6,956		20	1,391	1,391	4,522	22
23	Casework And Tops	2004	6,570		20	329	329	1,068	23
24	Plastic Nameplates	2004	4,399		20	220	220	715	24
25	Heat Startup	2004	2,289		20	114	114	372	25
26	Construction On Room 346	2004	15,467		20	773	773	2,449	26
27	Carpeting For Admissions Office	2004	916		20	46	46	141	27
28	Bumpers For Resident Walls	2004	6,411		20	321	321	988	28
29	Double Egress Doors	2004	8,987		20	449	449	1,386	29
30	Single Door Replacement	2004	2,480		20	124	124	382	30
31	Replacement Valve	2004	2,683		20	134	134	537	31
32	Boiler Flow Switch	2004	1,064		20	53	53	208	32
33	Painting & Decorating	2004	2,194		20	110	110	402	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,956,821	\$ 215,064		\$ 143,758	\$ (71,306)	\$ 728,859	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Prairie Manor Nursing &amp; Rehab Center

# 0046011

Report Period Beginning:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 4,956,821	\$ 215,064		\$ 143,758	\$ (71,306)	\$ 728,859	1
2	Painting & Decorating	2004	2,789		20	139	139	511	2
3	Repair Leak Behind Dishwasher	2004	1,679		20	84	84	287	3
4	Painting & Decorating	2004	1,381		20	69	69	236	4
5	Painting & Decorating	2004	1,719		20	86	86	287	5
6	Painting & Decorating	2004	887		20	44	44	148	6
7	Painting & Decorating	2004	750		20	38	38	122	7
8	Painting & Decorating	2004	581		20	29	29	90	8
9	Tuckpointing	2005	6,865		20	343	343	1,030	9
10	Blinds	2005	3,915		20	783	783	2,284	10
11	Bumper Guards	2005	3,265		20	653	653	1,905	11
12	Items For Electric Door Opener	2005	3,035		20	152	152	430	12
13	Exit Device For Door	2005	2,975		20	595	595	1,686	13
14	44 Cubicle Curtains	2005	5,067		20	1,013	1,013	2,872	14
15	45 Cubicle Curtains	2005	5,067		20	1,013	1,013	2,872	15
16	Midwest Mechanical Group	2005	3,663		20	183	183	504	16
17	Bumper Guards & End Caps	2005	9,884		20	1,977	1,977	5,436	17
18	Installation Of Handrails	2005	9,980		20	1,996	1,996	5,156	18
19	38 Kickplates"	2005	6,072		20	1,214	1,214	3,137	19
20	Installation Of Blinds	2005	3,335		20	167	167	431	20
21	Installation Of Blinds	2005	3,915		20	196	196	506	21
22	Installed Receptacles For Tv'S	2005	2,870		20	144	144	359	22
23	Basedoard Materials	2005	3,816		20	191	191	477	23
24	Excavated Grass & Laid Down Asphalt	2005	7,980		20	399	399	931	24
25	Tiling	2005	5,819		20	1,164	1,164	2,425	25
26	Draperies	2005	2,340		20	117	117	283	26
27	Electrical Work	2005	1,800		20	90	90	195	27
28	Asphalt Paving	2005	2,160		20	108	108	234	28
29	Pedestrian Door	2005	2,645		20	132	132	375	29
30	Midwest Health Care Systems J&J Glass Co	2006	2,590		20	130	130	237	30
31	Remodel 6 Shower Rooms	2006	8,750		20	438	438	802	31
32	Remodel 2 Dialysis Rooms	2006	5,500		20	275	275	504	32
33	Installation Of Two Domestic Boilers	2006	8,623		20	431	431	755	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,088,538	\$ 215,064		\$ 158,151	\$ (56,913)	\$ 766,366	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 5,088,538	\$ 215,064		\$ 158,151	\$ (56,913)	\$ 766,366	1
2	Installation Of Two Domestic Boilers	2006	8,623		20	431	431	719	2
3	Midwest Mechanical Group #3	2006	7,122		20	356	356	564	3
4	The Home Depot	2006	5,064		20	253	253	401	4
5	J&J Glass Co	2006	2,757		20	138	138	218	5
6	Nd Industrial Services	2006	4,350		20	218	218	326	6
7	Midwest Mechanical Group#4	2006	7,122		20	356	356	534	7
8	Due To Westshire	2006	8,750		20	438	438	620	8
9	Condensor Fan Work-Window Replacement	2006	3,064		20	613	613	1,123	9
10	Midwest Mechanical Group#4	2006	7,122		20	356	356	504	10
11	Century Tile	2006	3,705		20	185	185	232	11
12	Midwest Mechanical Group#4	2006	7,122		20	356	356	445	12
13	4 Shower Rooms, Shower Doors	2007	10,959		20	457	457	457	13
14	Patched Parking Lot	2007	10,000		20	125	125	125	14
15	4 Shower Rooms	2007	35,250		20	1,763	1,763	1,763	15
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17									17
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31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,209,548	\$ 215,064		\$ 164,196	\$ (50,868)	\$ 774,397	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	1
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32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Totals from Page 12E, Carried Forward</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	1
2									2
3									3
4									4
5									5
6									6
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31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	1
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32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12G, Carried Forward</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	1
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32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12H, Carried Forward</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	1
2									2
3									3
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34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12I, Carried Forward</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	1
2									2
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33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12J, Carried Forward</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	1
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33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12K, Carried Forward</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
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30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12L, Carried Forward</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	1
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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	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12M, Carried Forward</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12N, Carried Forward</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	1
2									2
3									3
4									4
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30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12O, Carried Forward</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12P, Carried Forward</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ <b>5,209,548</b>	\$ <b>215,064</b>		\$ <b>164,196</b>	\$ <b>(50,868)</b>	\$ <b>774,397</b>	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 Manor Nursing & Rehab Center**

# **0046011**

Report Period Beginning:

**01/01/07**

Ending:

**12/31/07**

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF 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	146		2002	1988	\$ 4,550,000	\$ 116,667	39	\$ 116,667	\$	\$ 588,195	4
5											5
6											6
7											7
8											8
<b>Improvement Type**</b>											
9	Site Improvements		2002		100,000	4,554	20	5,000	446	58,773	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
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27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011

Report Period Beginning:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9					
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation					
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								49				
50								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	<b>TOTAL (lines 4 thru 69)</b>	\$	<b>4,650,000</b>	\$	<b>121,221</b>	\$	<b>121,667</b>	\$	<b>446</b>	\$	<b>646,968</b>	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Prairie Manor Nursing &amp; Rehab Center

# 0046011

Report Period Beginning:

01/01/07

Ending:

12/31/07

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF 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		Allocated from Care Centers, Inc	2002	2002	\$ 13,047	\$ 335	39	\$ 335	\$	\$ 1,770	4
5		Allocated from Care Centers-Hillside	1996	1996	22,123	567	39	567		6,263	5
6		Allocated from Care Centers Health Systems	2002	2002	658	17	39	17		89	6
7		Allocated from Care Centers Clinical	2002	2002	1,352	35	39	35		183	7
8											8
		Improvement Type**									
9		Allocated from Care Centers, Inc		2002	10,778	985	20	985		4,934	9
10		Allocated from Care Centers, Inc		2003	12,701	1,161	20	1,161		5,815	10
11		Allocated from Care Centers, Inc		2005	631	67	20	67		160	11
12		Allocated from Care Centers, Inc		2007	135	9	20	9		9	12
13											13
14		Allocated from Care Centers-Hillside		1996	373					373	14
15		Allocated from Care Centers-Hillside		1996	2,124	69	20	69		1,011	15
16											16
17		Allocated from Care Centers Health Systems		2002	543	50	20	50		249	17
18		Allocated from Care Centers Health Systems		2003	640	58	20	58		293	18
19		Allocated from Care Centers Health Systems		2005	32	3	20	3		8	19
20											20
21		Allocated from Care Centers Clinical		2002	1,117	102	20	102		511	21
22		Allocated from Care Centers Clinical		2003	1,316	120	20	120		602	22
23		Allocated from Care Centers Clinical		2005	68	7	20	7		17	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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011

Report Period Beginning:

01/01/07

Ending:

12/31/07

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
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								49
50								50
51								51
52								52
53								53
54								54
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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	<b>TOTAL (lines 4 thru 69)</b>	\$	\$		\$	\$	\$	70
			67,638		3,585		22,287	

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Prairie Manor Nursing & Rehab Center # 0046011 Report Period Beginning: 01/01/07 Ending: 12/31/07

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 285,345	\$ 18,039	\$ 45,893	\$ 27,854	10	\$ 191,115	71
72	Current Year Purchases	25,002	138	2,211	2,073	10	2,211	72
73	Fully Depreciated Assets	1,227,084	83,883		(83,883)	10	1,227,084	73
74								74
75	TOTALS	\$ 1,537,431	\$ 102,060	\$ 48,104	\$ (53,956)		\$ 1,420,410	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Allocated from Care Centers, Inc	Various	\$ 24,613	\$ 1,428	\$ 1,428		5	\$ 20,218	76
77		Allocated from Care Centers Hea	Various	351	12	12		5	12	77
78		Allocated from Care Center Clini	Various	2,106	311	311		5	398	78
79										79
80	TOTALS			\$ 27,070	\$ 1,751	\$ 1,751			\$ 20,628	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)	\$ 7,236,224	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 318,875	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 214,051	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (104,824)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,215,435	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

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	<u>Allocated from Care Centers, Inc</u>				<u>2,306</u>			5
6	<u>Allocated from Care Centers Health Systems</u>				<u>487</u>			6
7	<b>TOTAL</b>				\$ <b>2,793</b>			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending                      Annual Rent

12.	<u>/2008</u>	\$ _____
13.	<u>/2009</u>	\$ _____
14.	<u>/2010</u>	\$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized \_\_\_\_\_  
by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 5,041 Description: See Attached 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	<b>TOTAL</b>		\$	\$	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.

**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.)**

<p><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p><b>2. CLASSROOM PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility		3	4
		1	2		
		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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (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 Manor Nursing & Rehab Center# 0046011 Report Period Beginning:01/01/07 Ending:12/31/07

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

	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	39 - 03	hrs	\$		\$ 412,014	\$		\$ 412,014	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			150,442			150,442	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			540,014			540,014	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 prescripts				488,420		488,420	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): <a href="#">See Supplemental</a>						198,722		198,722	13
14	<b>TOTAL</b>			\$		\$ 1,102,470	\$ 687,142		\$ 1,789,612	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

Facility Name & ID Number Prairie Manor Nursing & Rehab Center# 0046011Report Period Beginning: 01/01/07

Ending:

12/31/07

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/07

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,000	\$ 91,760	1
2	Cash-Patient Deposits	41,104	41,104	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	1,554,711	1,554,711	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	262,505	262,505	6
7	Other Prepaid Expenses	530	530	7
8	Accounts Receivable (owners or related parties)	511,388	511,388	8
9	Other(specify): <u>See Attached Schedule</u>	3,750,543	3,863,533	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 6,121,781	\$ 6,325,531	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		450,000	13
14	Buildings, at Historical Cost		4,550,000	14
15	Leasehold Improvements, at Historical Cost	371,484	471,484	15
16	Equipment, at Historical Cost	329,924	1,529,924	16
17	Accumulated Depreciation (book methods)	(284,830)	(2,132,036)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		39,968	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(35,714)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 416,578	\$ 4,873,626	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,538,359	\$ 11,199,157	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,784,594	\$ 1,784,595	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	28,918	28,918	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	164,315	164,315	30
31	Accrued Taxes Payable (excluding real estate taxes)	7,535	7,535	31
32	Accrued Real Estate Taxes(Sch.IX-B)	455,621	455,621	32
33	Accrued Interest Payable		25,402	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Attached Schedule</u>	104,930	1,577,869	36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,545,913	\$ 4,044,255	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		4,588,121	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>See Attached Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 4,588,121	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 2,545,913	\$ 8,632,376	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 3,992,446	\$ 2,566,781	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 6,538,359	\$ 11,199,157	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,984,671	1
2	Restatements (describe):		2
3	<u>Profit Sharing Accrual</u>	(840)	3
4	<u>Rounding</u>	(1)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,983,830	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	1,008,616	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,008,616	17
<b>B. Transfers (Itemize):</b>			
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)	\$ 3,992,446	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Prairie Manor Nursing & Rehab Center# 0046011Report Period Beginning: 01/01/07Ending: 12/31/07**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.**

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 9,452,909	1
2	Discounts and Allowances for all Levels	(4,675,698)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 4,777,211</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,186,404	6
7	Oxygen	3,928	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 4,190,332</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
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	482,280	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	45,841	19
20	Radiology and X-Ray	20,329	20
21	Other Medical Services	181,523	21
22	Laundry	24,419	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 754,392</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	282,152	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 282,152</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	429,518	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 429,518</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 10,433,605</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,338,364	31
32	Health Care	3,157,518	32
33	General Administration	2,089,457	33
<b>B. Capital Expense</b>			
34	Ownership	969,008	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,789,612	35
36	Provider Participation Fee	81,030	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 9,424,989</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>1,008,616</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 1,008,616</b>	<b>43</b>

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

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

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

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

Facility Name & ID Number Prairie Manor Nursing & Rehab Center

# 0046011

Report Period Beginning:

01/01/07

Ending:

12/31/07

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,926	2,166	\$ 85,951	\$ 39.68	1
2	Assistant Director of Nursing	2,012	2,212	70,560	31.90	2
3	Registered Nurses	18,220	20,429	509,155	24.92	3
4	Licensed Practical Nurses	32,663	36,395	826,646	22.71	4
5	CNAs & Orderlies	89,335	97,740	874,158	8.94	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	13,005	14,216	180,559	12.70	8
9	Activity Director	3,850	4,129	84,125	20.37	9
10	Activity Assistants	12,055	13,065	105,370	8.07	10
11	Social Service Workers	7,461	8,570	148,007	17.27	11
12	Dietician	1,754	2,068	31,230	15.10	12
13	Food Service Supervisor	1,931	2,135	40,838	19.13	13
14	Head Cook					14
15	Cook Helpers/Assistants	5,776	6,342	69,805	11.01	15
16	Dishwashers	14,654	15,952	135,279	8.48	16
17	Maintenance Workers	5,463	6,139	104,050	16.95	17
18	Housekeepers	21,449	24,600	210,189	8.54	18
19	Laundry	6,370	7,153	61,090	8.54	19
20	Administrator	1,970	2,172	91,071	41.93	20
21	Assistant Administrator	108	110	2,916	26.51	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,468	6,437	101,333	15.74	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	3,724	4,055	50,704	12.50	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>					33
34	TOTAL (lines 1 - 33)	249,194	276,085	\$ 3,783,036 *	\$ 13.70	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	363	\$ 15,635	01-03	35
36	Medical Director	Monthly	33,750	09-03	36
37	Medical Records Consultant	Monthly	1,386	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,194	10-03	39
40	Physical Therapy Consultant	Monthly	1,190	10a-03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	68	3,400	11-03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	<u>Therapy Service</u>	N/A	8,508	10a-3	47
48					48
49	TOTAL (lines 35 - 48)	431	\$ 66,063		49

**C. CONTRACT NURSES**

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	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

SEE ACCOUNTANTS' COMPILATION REPORT



**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								
					FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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