I. IDPH License ID Number: **0046011**

Facility Name: **Prairie Manor Nursing & Rehab Center**

Address: **345 Dixie Hwy** Chicago Heights 60411

County: **Cook**

Telephone Number: (708) 754-7601 Fax # (708) 754-8904

HFS ID Number: 

Date of Initial License for Current Owners: **12/01/02**

Type of Ownership:

- [ ] VOLUNTARY, NON-PROFIT
- [ ] PROPRIETARY
- [X] GOVERNMENTAL

Charitable Corp. [ ] Individual [ ] State

Trust [ ] Partnership [ ] County

Corporation [ ] Other [ ]

"Sub-S" Corp. [ ]

X Limited Liability Co. [ ]

Trust [ ]

Other [ ]

In the event there are further questions about this report, please contact:

Name: **Steve Lavenda** Telephone Number: (847) 236-1111

Email Address: 

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from **01/01/11** to **12/31/11** and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

<table>
<thead>
<tr>
<th>Officer or Administrator</th>
<th>(Signed)</th>
<th>(Type or Print Name)</th>
<th>(Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparer</th>
<th>(Signed)</th>
<th>(Print Name)</th>
<th>(Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Lisa M. Hanlon, C.P.A.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Firm Name)</th>
<th>(Firm Name)</th>
<th>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frost, Ruttenberg &amp; Rothblatt, P.C.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Telephone</strong></td>
<td>(847) 236-1111</td>
<td>Fax (847) 236-1155</td>
</tr>
</tbody>
</table>

In the event there are further questions about this report, please contact:

Name: **Steve Lavenda** Telephone Number: (847) 236-1111

Email Address: 

SEE ACCOUNTANTS’ COMPILATION REPORT
### 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

<table>
<thead>
<tr>
<th>Beds at</th>
<th>Licensure Level of Care</th>
<th>Beds at End of Report Period</th>
<th>Licensed Bed Days During Report Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of Report Period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>148</td>
<td>Skilled (SNF)</td>
<td>148</td>
</tr>
<tr>
<td>2</td>
<td>Skilled Pediatric (SNF/PED)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Intermediate (ICF)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Intermediate/DD</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Sheltered Care (SC)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>ICF/DD 16 or Less</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>TOTALS</td>
<td>148</td>
<td>54,020</td>
</tr>
</tbody>
</table>

**B. Census-For the entire report period.**

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Patient Days by Level of Care and Primary Source of Payment</th>
<th>Medicaid Recipient</th>
<th>Private Pay</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 SNF</td>
<td>24,291</td>
<td>7,381</td>
<td>14,484</td>
<td>46,156</td>
<td>8</td>
</tr>
<tr>
<td>9 SNF/PED</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 ICF</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 ICF/DD</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 SC</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 DD 16 OR LESS</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 TOTALS</td>
<td>24,291</td>
<td>7,381</td>
<td>14,484</td>
<td>46,156</td>
<td>14</td>
</tr>
</tbody>
</table>

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 85.44%

**D. How many bed-hold days during this year were paid by the Department?** 4 (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?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**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?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>12/01/2002</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>If YES, enter number of beds certified and days of care provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td>148 14,292</td>
</tr>
</tbody>
</table>

Medicare Intermediary National Government Services

**IV. ACCOUNTING BASIS**

Accrual* X CASH*  CASH*  CASH*  CASH*

<table>
<thead>
<tr>
<th></th>
<th>Accrual</th>
<th>MODIFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Is your fiscal year identical to your tax year?  Yes  X No

**Tax Year: 12/31/2011** Fiscal Year: 12/31/2011

* All facilities other than governmental must report on the accrual basis.
<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th>Costs Per General Ledger</th>
<th>Reclassification</th>
<th>Reclassified Total</th>
<th>Adjustments</th>
<th>Adjusted Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. General Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Food Purchase</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Housekeeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Laundry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Heat and Other Utilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Maintenance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Other (specify):*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. TOTAL General Services</td>
<td>Salary/Wage: 34,800, Supplies: 209,980, Other: 3,113,876, Total: 3,133,876</td>
<td></td>
<td>3,133,876</td>
<td>29,606</td>
<td>3,143,482</td>
<td></td>
</tr>
<tr>
<td>B. Health Care and Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Medical Director</td>
<td>Salary/Wage: 34,800, Supplies: 34,800, Other: 246,175, Total: 271,855</td>
<td></td>
<td>246,175</td>
<td>1,072</td>
<td>247,247</td>
<td></td>
</tr>
<tr>
<td>10. Nursing and Medical Records</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12. Social Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. CNA Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Program Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Other (specify):*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. TOTAL Health Care and Programs</td>
<td>Salary/Wage: 137,072, Supplies: 137,072, Other: 43,977, Total: 181,049</td>
<td></td>
<td>181,049</td>
<td>988</td>
<td>181,031</td>
<td></td>
</tr>
<tr>
<td>C. General Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Administrative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Directors Fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Dues, Fees, Subscriptions &amp; Promotions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Employee Benefits &amp; Payroll Taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Inservice Training &amp; Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Travel and Seminar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Other Admin. Staff Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Other (specify):*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. TOTAL General Administration</td>
<td>Salary/Wage: 351,638, Supplies: 51,688, Other: 2,046,559, Total: 2,575,855</td>
<td></td>
<td>2,575,855</td>
<td>529,296</td>
<td>3,094,151</td>
<td></td>
</tr>
<tr>
<td>29. TOTAL Operating Expense (sum of lines 16 &amp; 28)</td>
<td>Salary/Wage: 4,516,293, Supplies: 642,000, Other: 0, Total: 5,158,293</td>
<td></td>
<td>5,158,293</td>
<td>467,304</td>
<td>5,625,597</td>
<td></td>
</tr>
</tbody>
</table>

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.
V. COST CENTER EXPENSES (continued)

<table>
<thead>
<tr>
<th>Capital Expense</th>
<th>Cost Per General Ledger</th>
<th>D. Ownership</th>
<th>E. Special Cost Centers</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salary/Wage 1</td>
<td>Supplies 2</td>
<td>Other 3</td>
<td>Total 4</td>
<td>Reclassified Total 5</td>
<td>Reclassified Adjustments 6</td>
<td>Adjusted Total 7</td>
<td>FOR BHF USE ONLY 8</td>
</tr>
<tr>
<td>Depreciation</td>
<td>72,787</td>
<td>72,787</td>
<td>72,787</td>
<td>106,414</td>
<td>179,201</td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Amortization of Pre-Op. &amp; Org.</td>
<td>2,135</td>
<td>2,135</td>
<td>2,135</td>
<td>114,452</td>
<td>116,587</td>
<td></td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>Interest</td>
<td>187,254</td>
<td>187,254</td>
<td>27,490</td>
<td>214,744</td>
<td>1,492</td>
<td>216,236</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>Real Estate Taxes</td>
<td>438,000</td>
<td>438,000</td>
<td>438,000</td>
<td>(438,000)</td>
<td>5,901</td>
<td></td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>Rent-Equipment &amp; Vehicles</td>
<td>7,702</td>
<td>7,702</td>
<td>7,702</td>
<td>(1,801)</td>
<td>5,901</td>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>Other (specify):*</td>
<td>36</td>
<td>36</td>
<td>36</td>
<td>36</td>
<td>36</td>
<td></td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>TOTAL Ownership</td>
<td>707,878</td>
<td>707,878</td>
<td>27,490</td>
<td>735,368</td>
<td>(217,442)</td>
<td>517,926</td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>Ancillary Expense</td>
<td>830,299</td>
<td>1,649,975</td>
<td>2,480,274</td>
<td>(58,421)</td>
<td>2,421,853</td>
<td></td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>Medically Necessary Transportation</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td></td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>Ancillary Service Centers</td>
<td>830,299</td>
<td>1,911,477</td>
<td>2,741,776</td>
<td>(98,421)</td>
<td>2,643,355</td>
<td></td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>Barber and Beauty Shops</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td></td>
<td></td>
<td>40</td>
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<tr>
<td>Coffee and Gift Shops</td>
<td>42</td>
<td>42</td>
<td>42</td>
<td>42</td>
<td>42</td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>Provider Participation Fee</td>
<td>830,299</td>
<td>1,911,477</td>
<td>2,741,776</td>
<td>(98,421)</td>
<td>2,643,355</td>
<td></td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>Other (specify):*</td>
<td>40,000</td>
<td>40,000</td>
<td>40,000</td>
<td>40,000</td>
<td>40,000</td>
<td></td>
<td></td>
<td>44</td>
</tr>
<tr>
<td>TOTAL Special Cost Centers</td>
<td>4,516,293</td>
<td>1,472,299</td>
<td>5,273,239</td>
<td>11,261,831</td>
<td>(783,168)</td>
<td>10,478,663</td>
<td></td>
<td>45</td>
</tr>
</tbody>
</table>

*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
## 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.)

<table>
<thead>
<tr>
<th>Non-Allowable Expenses</th>
<th>1 Amount</th>
<th>2 Reference</th>
<th>3 BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Day Care</td>
<td>$</td>
<td>$</td>
<td>1</td>
</tr>
<tr>
<td>2 Other Care for Outpatients</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3 Governmental Sponsored Special Programs</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Non-Patient Meals</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Telephone, TV &amp; Radio in Resident Rooms</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Rented Facility Space</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Sale of Supplies to Non-Patients</td>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Laundry for Non-Patients</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Non-Straightline Depreciation</td>
<td>$23,901</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>10 Interest and Other Investment Income</td>
<td>$92,572</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>11 Discounts, Allowances, Rebates &amp; Refunds</td>
<td></td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12 Non-Working Officer’s or Owner’s Salary</td>
<td></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13 Sales Tax</td>
<td>$359</td>
<td>02</td>
<td></td>
</tr>
<tr>
<td>14 Non-Care Related Interest</td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15 Non-Care Related Owner’s Transactions</td>
<td></td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16 Personal Expenses (Including Transportation)</td>
<td></td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>17 Non-Care Related Fees</td>
<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>18 Fines and Penalties</td>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19 Entertainment</td>
<td></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20 Contributions</td>
<td>$750</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Owner of Key-Man Insurance</td>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22 Special Legal Fees &amp; Legal Retainers</td>
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<td>26 Income Taxes and Illinois Personal Property Replacement Tax</td>
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<tr>
<td>29 Other-Attach Schedule</td>
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<tr>
<td>30 SUBTOTAL (A): (Sum of lines 1-29)</td>
<td>$349,298</td>
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**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.)

<table>
<thead>
<tr>
<th>Expenses</th>
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<tr>
<td>31 Non-Paid Workers-Attach Schedule*</td>
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<td>32 Donated Goods-Attach Schedule*</td>
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<tr>
<td>33 Amortization of Organization &amp; Pre-Operating Expense</td>
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<td>34 Adjustments for Related Organization Costs (Schedule VII)</td>
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<td>35 Other-Attach Schedule</td>
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<td>36 SUBTOTAL (B): (sum of lines 31-35)</td>
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<td>37 TOTAL ADJUSTMENTS (A and B)</td>
<td>$783,168</td>
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</table>

*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 to Section E. Please reference the line on which they appear before reclassification. (See instructions.)

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<tr>
<th>Expenses</th>
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<th>2 No</th>
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</tr>
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<td>40 Griff and Coltec Shops</td>
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<td>41 Barber and Beauty Shops</td>
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<tr>
<td>42 Laboratory and Radiology</td>
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<td>43 Prescription Drugs</td>
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<td>45 Other-Attach Schedule</td>
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<td>46 Other-Attach Schedule</td>
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<td>47 TOTAL (C): (sum of lines 38-46)</td>
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SEE ACCOUNTANTS' COMPILATION REPORT
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**SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I**

**Report Period Beginning:** 01/01/11  **Ending:** 12/31/11
### SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

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<th>PAGE 6</th>
<th>PAGE 6A</th>
<th>PAGE 6B</th>
<th>PAGE 6C</th>
<th>PAGE 6D</th>
<th>PAGE 6E</th>
<th>PAGE 6F</th>
<th>PAGE 6G</th>
<th>PAGE 6H</th>
<th>PAGE 6I</th>
<th>TOTALS</th>
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<td>(23,901)</td>
<td>120,800</td>
<td>8,251</td>
<td>1,264</td>
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<td>106,414</td>
</tr>
<tr>
<td>31 Amortization of Pre-Op. &amp; Org.</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td>114,452</td>
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<td>32 Interest</td>
<td>(94,707)</td>
<td>201,740</td>
<td>7,018</td>
<td>401</td>
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<td>(401)</td>
</tr>
<tr>
<td>33 Real Estate Taxes</td>
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<td>1,492</td>
</tr>
<tr>
<td>34 Rent-Facility &amp; Grounds</td>
<td>(438,000)</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td>(438,000)</td>
</tr>
<tr>
<td>35 Rent-Equipment &amp; Vehicles</td>
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<td></td>
<td></td>
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<td>4,928</td>
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<td>1,801</td>
</tr>
<tr>
<td>36 Other (specify):*</td>
<td>(615)</td>
<td>615</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(615)</td>
</tr>
<tr>
<td><strong>37 TOTAL Ownership</strong></td>
<td>(119,223)</td>
<td>(114,845)</td>
<td>19,661</td>
<td>1,892</td>
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<td>(217,442)</td>
</tr>
<tr>
<td><strong>E. Special Cost Centers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>38 Medically Necessary Transportation</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>39 Ancillary Service Centers</td>
<td>(19,959)</td>
<td>(7,611)</td>
<td>(30,774)</td>
<td>(77)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(58,421)</td>
</tr>
<tr>
<td>40 Barber and Beauty Shops</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>41 Coffee and Gift Shops</td>
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<td></td>
<td></td>
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<td></td>
<td>41</td>
</tr>
<tr>
<td>42 Provider Participation Fee</td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td>42</td>
</tr>
<tr>
<td>43 Other (specify):*</td>
<td>(40,000)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(40,000)</td>
</tr>
<tr>
<td><strong>44 TOTAL Special Cost Centers</strong></td>
<td>(40,000)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(40,000)</td>
</tr>
<tr>
<td><strong>GRAND TOTAL COST</strong></td>
<td>(349,298)</td>
<td>(114,595)</td>
<td>(350,648)</td>
<td>113,734</td>
<td>(7,420)</td>
<td>(20,164)</td>
<td>(18,982)</td>
<td>(35,702)</td>
<td>(93)</td>
<td></td>
<td>(783,168)</td>
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</tr>
<tr>
<td>(sum of lines 29, 37 &amp; 44)</td>
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<td></td>
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</tr>
</tbody>
</table>
### VII. RELATED PARTIES

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

<table>
<thead>
<tr>
<th>1 OWNERS</th>
<th>2 RELATED NURSING HOMES</th>
<th>3 OTHER RELATED BUSINESS ENTITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Ownership %</td>
<td>Name</td>
</tr>
<tr>
<td>See 6-Supplemental</td>
<td></td>
<td>See 6-Supplemental</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B.** Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

[X] YES  [ ] NO

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

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>2 Line</th>
<th>3 Cost Per General Ledger</th>
<th>4 Amount</th>
<th>5 Cost to Related Organization</th>
<th>6 Percent of Ownership</th>
<th>7 Operating Cost of Related Organization</th>
<th>8 Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 V</td>
<td>34 Rental Income</td>
<td>$438,000</td>
<td>Prairie Manor Healthcare Properties</td>
<td>100.00%</td>
<td>$438,000</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2 V</td>
<td>32 Interest Expense - First Choice</td>
<td>$201,810</td>
<td>Prairie Manor Healthcare Properties</td>
<td>100.00%</td>
<td>201,810</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 V</td>
<td>32 Interest Income</td>
<td>$127</td>
<td>Prairie Manor Healthcare Properties</td>
<td>100.00%</td>
<td>$127</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 V</td>
<td>21 Filing Fee</td>
<td>$250</td>
<td>Prairie Manor Healthcare Properties</td>
<td>100.00%</td>
<td>250</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 V</td>
<td>30 Depreciation</td>
<td>$120,800</td>
<td>Prairie Manor Healthcare Properties</td>
<td>100.00%</td>
<td>120,800</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 V</td>
<td>36 Amortization</td>
<td>$615</td>
<td>Prairie Manor Healthcare Properties</td>
<td>100.00%</td>
<td>615</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 V</td>
<td>32 Interest Expense - First Choice</td>
<td>$57</td>
<td>Prairie Manor Healthcare Properties</td>
<td>100.00%</td>
<td>57</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Total</td>
<td></td>
<td>$438,127</td>
<td></td>
<td></td>
<td>$323,532</td>
<td>$ * (114,595)</td>
<td></td>
</tr>
</tbody>
</table>

* 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.

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Line</th>
<th>Item</th>
<th>Amount</th>
<th>Name of Related Organization</th>
<th>Percent of Ownership</th>
<th>Operating Cost of Related Organization</th>
<th>Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 V</td>
<td>01</td>
<td>Dietary</td>
<td>$ 401,175</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 240</td>
<td>$ 240</td>
</tr>
<tr>
<td>16 V</td>
<td>02</td>
<td>Food</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 231</td>
<td>$ 231</td>
</tr>
<tr>
<td>17 V</td>
<td>03</td>
<td>Housekeeping</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 487</td>
<td>$ 487</td>
</tr>
<tr>
<td>18 V</td>
<td>05</td>
<td>Utilities</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 855</td>
<td>$ 855</td>
</tr>
<tr>
<td>19 V</td>
<td>06</td>
<td>Maintenance</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 2,454</td>
<td>$ 2,454</td>
</tr>
<tr>
<td>20 V</td>
<td>17</td>
<td>Administrative</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 2,563</td>
<td>$ 2,563</td>
</tr>
<tr>
<td>21 V</td>
<td>19</td>
<td>Professional Fees</td>
<td>$ 401,175</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 4,792</td>
<td>(391,964)</td>
</tr>
<tr>
<td>22 V</td>
<td>20</td>
<td>Dues and Subscriptions</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 2,870</td>
<td>$ 2,870</td>
</tr>
<tr>
<td>23 V</td>
<td>21</td>
<td>Office and Clerical</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 10,629</td>
<td>$ 10,629</td>
</tr>
<tr>
<td>24 V</td>
<td>24</td>
<td>Seminar and Travel</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 159</td>
<td>$ 159</td>
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<tr>
<td>25 V</td>
<td>25</td>
<td>Other Staff Admin. Trans.</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 403</td>
<td>$ 403</td>
</tr>
<tr>
<td>26 V</td>
<td>26</td>
<td>Insurance</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
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<td>$ 764</td>
</tr>
<tr>
<td>27 V</td>
<td>30</td>
<td>Depreciation</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 8,251</td>
<td>$ 8,251</td>
</tr>
<tr>
<td>28 V</td>
<td>32</td>
<td>Interest</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
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<td>$ 7,018</td>
</tr>
<tr>
<td>29 V</td>
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<td></td>
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<td>100.00%</td>
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<td>$ 1,265</td>
</tr>
<tr>
<td>30 V</td>
<td>34</td>
<td>Rent - Building</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 3,127</td>
<td>$ 3,127</td>
</tr>
<tr>
<td>31 V</td>
<td>35</td>
<td>Rent - Equipment &amp; Auto</td>
<td></td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>$ 3,127</td>
<td>$ 3,127</td>
</tr>
<tr>
<td>32 V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 V</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>35 V</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>36 V</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>37 V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 V</td>
<td></td>
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<td></td>
<td>$ 401,175</td>
<td></td>
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<td>$ 46,108</td>
<td>(350,648)</td>
</tr>
</tbody>
</table>

* 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.

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Line</th>
<th>Cost Per General Ledger</th>
<th>Name of Related Organization</th>
<th>Percent of Ownership</th>
<th>Operating Cost</th>
<th>Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>06</td>
<td>Maintenance (Pooled)</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
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<td>6,494</td>
</tr>
<tr>
<td>V</td>
<td>06</td>
<td>Maintenance (Direct)</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>11,493</td>
<td>11,493</td>
</tr>
<tr>
<td>V</td>
<td>07</td>
<td>Emp. Ben. - Gen. Serv. (Pooled)</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>1,165</td>
<td>1,165</td>
</tr>
<tr>
<td>V</td>
<td>07</td>
<td>Emp. Ben. - Gen. Serv. (Direct)</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>1,422</td>
<td>1,422</td>
</tr>
<tr>
<td>V</td>
<td>12</td>
<td>Admission (Direct)</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>100.00%</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>15</td>
<td>Emp. Ben. - Nursing (Direct)</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>17</td>
<td>Administrative (Pooled)</td>
<td>Extended Care Consulting, LLC</td>
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<td>8,728</td>
<td>8,728</td>
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<tr>
<td>V</td>
<td>21</td>
<td>Office and Clerical (Pooled)</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>89,216</td>
<td>89,216</td>
</tr>
<tr>
<td>V</td>
<td>21</td>
<td>Office and Clerical (Direct)</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>15,156</td>
<td>15,156</td>
</tr>
<tr>
<td>V</td>
<td>27</td>
<td>Emp. Ben. - Gen. Admin. (Pooled)</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>16,852</td>
<td>16,852</td>
</tr>
<tr>
<td>V</td>
<td>27</td>
<td>Emp. Ben. - Gen. Admin. (Direct)</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>1,634</td>
<td>1,634</td>
</tr>
<tr>
<td>V</td>
<td>22</td>
<td>Employee Benefits</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>(11,777)</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>22</td>
<td>Employee Benefits</td>
<td>Extended Care Consulting, LLC</td>
<td>100.00%</td>
<td>(11,777)</td>
<td></td>
</tr>
</tbody>
</table>

**Total** | $38,426 | $152,160 | $113,734

* Total must agree with the amount recorded on line 34 of Schedule VI.
### VII. RELATED PARTIES (continued)

**B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.**

[X] YES  [NO]

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

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Line</th>
<th>Item</th>
<th>Amount</th>
<th>Cost Per General Ledger</th>
<th>Cost to Related Organization</th>
<th>Percent of Ownership</th>
<th>Operating Cost of Related Organization</th>
<th>Adjustments for Related Organization Costs (7 minus 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 V</td>
<td>03</td>
<td>Housekeeping</td>
<td>$100.00%</td>
<td>$132,252</td>
<td>Extended Care Clinical, LLC</td>
<td>100.00%</td>
<td>$87</td>
<td>$87</td>
</tr>
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* 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.  

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Total: $ 22,137

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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.

* 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.  

[X] YES  [ ] NO

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

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<th>4 Amount</th>
<th>5 Cost to Related Organization</th>
<th>6 Percent of Ownership</th>
<th>7 Operating Cost of Related Organization</th>
<th>8 Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
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* 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.

X YES  NO

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

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Total: $313,116 $294,134 $18,982

* 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.

<table>
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<tr>
<th>Schedule V</th>
<th>Line</th>
<th>Item</th>
<th>Amount</th>
<th>Name of Related Organization</th>
<th>Percent of Ownership</th>
<th>Operating Cost of Related Organization</th>
<th>Percent Operating Cost Adjustments for Related Organization Costs (7 minus 4)</th>
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<td>$ 15,906</td>
<td>$ * (35,702)</td>
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</tbody>
</table>

* 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.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3 Cost Per General Ledger</th>
<th>4</th>
<th>5 Cost to Related Organization</th>
<th>6 Percent of Ownership</th>
<th>7 Operating Cost of Related Organization</th>
<th>8 Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
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</tbody>
</table>

* 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
- [x] 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.

<table>
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<tr>
<th>Schedule V</th>
<th>Line</th>
<th>Item</th>
<th>Cost Per General Ledger</th>
<th>Cost to Related Organization</th>
<th>Percent of Ownership</th>
<th>Operating Cost of Related Organization</th>
<th>Adjustments for Related Organization Costs (7 minus 4)</th>
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</thead>
<tbody>
<tr>
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<td>06</td>
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* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT
### VII. RELATED PARTIES

Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

<table>
<thead>
<tr>
<th>1 OWNERS</th>
<th>Ownership %</th>
<th>2 RELATED NURSING HOMES</th>
<th>3 OTHER RELATED BUSINESS ENTITIES</th>
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<tbody>
<tr>
<td>Name</td>
<td>Ownership %</td>
<td>Name</td>
<td>City</td>
</tr>
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<td>ADAM VALES ACCUM. TRUST</td>
<td>11.000%</td>
<td>WHEATON CARE CENTER</td>
<td>WHEATON</td>
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<tr>
<td>DANIEL ROTHNER ACCUM. TRUST</td>
<td>11.000%</td>
<td>AVENUE CARE NURSING AND REHABILITATION CENTER, LLC</td>
<td>CHICAGO</td>
</tr>
<tr>
<td>ERIC ROTHNER</td>
<td>1.000%</td>
<td>BECKER MANOR NURSING AND REHABILITATION CENTER, LLC BECKER</td>
<td>CHICAGO</td>
</tr>
<tr>
<td>KATHRYN VALES ACCUM. TRUST</td>
<td>11.000%</td>
<td>BOULEVARD CARE NURSING AND REHABILITATION CENTER, LLC</td>
<td>CHICAGO</td>
</tr>
<tr>
<td>KIMBERLY RICHMAN ACCUM. TRUST</td>
<td>11.000%</td>
<td>BRIAR PLACE, LTD.</td>
<td>INDIAN HEAD</td>
</tr>
<tr>
<td>MELISSA ROTHNER ACCUM. TRUST</td>
<td>11.000%</td>
<td>CHATEAU NURSING AND REHABILITATION CENTER, L.L.C.</td>
<td>WILLOWBROOK</td>
</tr>
<tr>
<td>NATHAN &amp; SHIRLEY ROTHNER TRUST</td>
<td>22.000%</td>
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<td>DOLTON</td>
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<td>RACHEL ROTHNER ACCUM. TRUST</td>
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<td>Dyer Nursing &amp; Rehab</td>
<td>Dyer, IN</td>
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<td>GRASMEER PLACE, LLC</td>
<td>CHICAGO</td>
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SEE ACCOUNTANTS' COMPILATION REPORT
VII. RELATED PARTIES  
A. (Continued)  
Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

<table>
<thead>
<tr>
<th>OWNERS</th>
<th>RELATED NURSING HOMES</th>
<th>OTHER RELATED BUSINESS ENTITIES</th>
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<tr>
<td>Name</td>
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</table>

SEE ACCOUNTANTS' COMPILATION REPORT
### 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.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Function</th>
<th>Interest</th>
<th>Ownership From Other Nursing Homes*</th>
<th>Compensation Included in Costs for this Reporting Period**</th>
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<tr>
<td><strong>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Amount</strong></td>
<td><strong>Schedule V Line &amp; Column Reference</strong></td>
<td><strong>Schedule V Line &amp; Column Reference</strong></td>
<td><strong>Schedule V Line &amp; Column Reference</strong></td>
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</tr>
<tr>
<td>1 Adam Vales</td>
<td>Shareholder</td>
<td>Clerical</td>
<td>11.00%</td>
<td>See Attached</td>
<td>$2,174** Alloc. Salary</td>
</tr>
<tr>
<td>2 G. Matt Silvers</td>
<td>Relative</td>
<td>Administrative</td>
<td>0.00%</td>
<td>See Attached</td>
<td>$3,926** Alloc. Salary</td>
</tr>
<tr>
<td>3 Mark Steinberg</td>
<td>Relative</td>
<td>Administrative</td>
<td>0.00%</td>
<td>See Attached</td>
<td>$9,950** Al. Sal/Al. Fees</td>
</tr>
</tbody>
</table>

Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only amounts anticipated to be considered allowable by the IL. Dept. of HFS.

*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 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
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.)

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<thead>
<tr>
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<th>YES</th>
<th>NO</th>
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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.

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<td>Total Units</td>
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<td>Number of Subunits Being Allocated Among</td>
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<td>Total Indirect Cost Being Allocated</td>
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<td>Amount of Salary Cost Contained in Column 6</td>
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25 | TOTALS  |

SEE ACCOUNTANTS' COMPILATION REPORT
VIII. ALLOCATION OF INDIRECT COSTS

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

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

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SEE ACCOUNTANTS' COMPILATION REPORT
VIII. ALLOCATION OF INDIRECT COSTS

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

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

<table>
<thead>
<tr>
<th>Schedule V Line Reference</th>
<th>Item</th>
<th>Unit of Allocation (i.e., Days, Direct Cost, Square Feet)</th>
<th>Total Units</th>
<th>Number of Subunits Being Associated Among</th>
<th>Total Indirect Cost Being Allocated</th>
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<th>Facility Allocation (col.8/col.4)x col.6</th>
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SEE ACCOUNTANTS' COMPILATION REPORT
### 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.)

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

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<tr>
<th>Schedule V Unit of Allocation</th>
<th>Number of Total Indirect Cost Being Allocated Among</th>
<th>Total Indirect Cost Being Allocated</th>
<th>Amount of Salary Contained in Column 6</th>
<th>Allocation (col8/col4)x col6</th>
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<td>Housekeeping Patient Days 817,528</td>
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SEE ACCOUNTANTS' COMPILED REPORT
### VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)

- YES [X]
- NO [ ]

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

<table>
<thead>
<tr>
<th>Schedule V Reference</th>
<th>Item Description</th>
<th>Unit of Allocation (i.e., Days, Direct Cost, Square Feet)</th>
<th>Total Units</th>
<th>Number of Subunits Being Allocated Among</th>
<th>Total Indirect Cost Being Allocated</th>
<th>Amount of Salary Cost Contained in Column 6</th>
<th>Facility Allocation (col.8/col.4)x col.6</th>
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SEE ACCOUNTANTS' COMPILATION REPORT
## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)

- **YES** [X]
- **NO**

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

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**TOTALS**

- **$ 202**
- **$ 21,912**

SEE ACCOUNTANTS' COMPILATION REPORT
VIII. ALLOCATION OF INDIRECT COSTS

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

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

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SEE ACCOUNTANTS' COMPILATION REPORT
VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)

**YES X NO □**

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

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

<table>
<thead>
<tr>
<th>Schedule V Line Reference</th>
<th>Unit of Allocation (i.e., Days, Direct Cost, Square Feet)</th>
<th>Total Units</th>
<th>Number of Subunits Being Allocated Among</th>
<th>Total Indirect Cost Being Allocated in Column 6</th>
<th>Amount of Salary Cost Contained in Column 6</th>
<th>Allocation Units (col.8/col.4)x col.6</th>
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<tbody>
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$ $ $ 15,906 25

SEE ACCOUNTANTS' COMPILATION REPORT
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.)

<table>
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<th>Name of Related Organization</th>
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<tr>
<td>City / State / Zip Code</td>
<td>Evanston, Illinois 60202</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(847)390-4000</td>
</tr>
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B. Show the allocation of costs below. If necessary, please attach worksheets.

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<th>Schedule V Line</th>
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<th>Unit of Allocation (i.e., Days, Direct Cost, Square Feet)</th>
<th>Total Units</th>
<th>Number of Subunits Being Allocated Among</th>
<th>Total Indirect Cost Being Allocated in Column 6</th>
<th>Amount of Salary Units (col.8/col.4)x col.6</th>
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</table>

SEE ACCOUNTANTS' COMPILATION REPORT
**VIII. ALLOCATION OF INDIRECT COSTS**

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)

- **YES** [x]
- **NO**

<table>
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<tr>
<th>Name of Related Organization</th>
<th>Reliable Medical of the Midwest, LLC</th>
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<tbody>
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<td>Street Address</td>
<td>200 Howard Avenue</td>
</tr>
<tr>
<td>City / State / Zip Code</td>
<td>Des Plaines, Illinois 60018-5909</td>
</tr>
<tr>
<td>Phone Number</td>
<td>(847) 566-0800</td>
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B. Show the allocation of costs below. If necessary, please attach worksheets.

<table>
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<th>3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)</th>
<th>4 Total Units</th>
<th>5 Number of Subunits Being Allocated Among</th>
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<th>7 Amount of Salary Cost Contained in Column 6</th>
<th>8 Facility Units Allocation (col.8/col.4)x col.6</th>
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<tr>
<td>25 TOTALS</td>
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<td></td>
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<td>10,254</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Amount of Note</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 First Choice</td>
<td>X</td>
<td>First Mortgage</td>
<td>$</td>
<td>$</td>
<td>$ 3,772,576</td>
<td>$ 201,810</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2 First Choice</td>
<td>X</td>
<td>Second Mortgage</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
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<td>5 See Supplemental Schedule</td>
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<td>5</td>
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</tr>
</tbody>
</table>

#### Working Capital

<table>
<thead>
<tr>
<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Amount of Note</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Allocated from EC Consulting</td>
<td>X</td>
<td></td>
<td>$</td>
<td></td>
<td>$ 7,018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Allocated from EC Clinical</td>
<td>X</td>
<td></td>
<td>$</td>
<td></td>
<td>$ 401</td>
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<td></td>
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<tr>
<td>8 See Supplemental Schedule</td>
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</tbody>
</table>

#### TOTAL Facility Related

<table>
<thead>
<tr>
<th></th>
<th>$</th>
<th>$ 3,772,576</th>
<th>$ 209,286</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 TOTAL Facility Related</td>
<td>$</td>
<td>$ 3,772,576</td>
<td>$ 209,286</td>
</tr>
</tbody>
</table>

#### B. Non-Facility Related*

<table>
<thead>
<tr>
<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Amount of Note</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Interest Income</td>
<td>X</td>
<td></td>
<td>$</td>
<td></td>
<td>(92,572)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Interest Income (Bldg Co.)</td>
<td>X</td>
<td></td>
<td>$</td>
<td></td>
<td>(127)</td>
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<tr>
<td>13 See Supplemental Schedule</td>
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</tbody>
</table>

#### TOTAL Non-Facility Related

<table>
<thead>
<tr>
<th></th>
<th>$</th>
<th>$</th>
<th>$ (92,699)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 TOTAL Non-Facility Related</td>
<td>$</td>
<td>$</td>
<td>$ (92,699)</td>
</tr>
</tbody>
</table>

#### TOTALS (line 9+line14)

<table>
<thead>
<tr>
<th></th>
<th>$</th>
<th>$ 3,772,576</th>
<th>$ 116,587</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 TOTALS (line 9+line14)</td>
<td>$</td>
<td>$ 3,772,576</td>
<td>$ 116,587</td>
</tr>
</tbody>
</table>

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.)

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

<table>
<thead>
<tr>
<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
<td>Purpose of Loan</td>
<td>Monthly Payment Required</td>
<td>Date of Note</td>
<td>Maturity Date</td>
<td>Interest Rate (4 Digits)</td>
</tr>
<tr>
<td>A. Directly Facility Related</td>
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<tr>
<td>14 TOTAL Working Capital</td>
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<tr>
<td>B. Non-Facility Related*</td>
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<tr>
<td>20 TOTAL Non-Facility Related</td>
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</tr>
</tbody>
</table>

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

#### B. Real Estate Taxes

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Real Estate Tax accrual used on 2010 report.</td>
<td>$562,485</td>
</tr>
<tr>
<td>2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)</td>
<td>$367,218</td>
</tr>
<tr>
<td>3. Under or (over) accrual (line 2 minus line 1).</td>
<td>$(195,267)</td>
</tr>
<tr>
<td>4. Real Estate Tax accrual used for 2011 report.</td>
<td>$384,013</td>
</tr>
<tr>
<td>5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</td>
<td>$27,490</td>
</tr>
<tr>
<td>6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND $ ______________________ For ________ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</td>
<td>$0</td>
</tr>
<tr>
<td>7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.</td>
<td>$216,236</td>
</tr>
</tbody>
</table>

**Real Estate Tax History:**

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Bill Amount</th>
<th>Line No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>433,924</td>
<td>Line 8</td>
</tr>
<tr>
<td>2007</td>
<td>450,013</td>
<td>Line 9</td>
</tr>
<tr>
<td>2008</td>
<td>454,918</td>
<td>Line 10</td>
</tr>
<tr>
<td>2009</td>
<td>535,700</td>
<td>Line 11</td>
</tr>
<tr>
<td>2010</td>
<td>365,726</td>
<td>Line 12</td>
</tr>
</tbody>
</table>

2011 Accrual: $365,726 x 1.05 = $384,013 (Rounded)

**FOR BHF USE ONLY**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. FROM R. E. TAX STATEMENT FOR 2010</td>
<td>$13</td>
</tr>
<tr>
<td>14. PLUS APPEAL COST FROM LINE 5</td>
<td>$14</td>
</tr>
<tr>
<td>15. LESS REFUND FROM LINE 6</td>
<td>$15</td>
</tr>
<tr>
<td>16. AMOUNT TO USE FOR RATE CALCULATION $</td>
<td>$16</td>
</tr>
</tbody>
</table>

**Allocated from Extended Care Consulting: $51,265**

**Allocated from Extended Care Clinical: $227**

**NOTES:**

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

Enter the tax index number and real estate tax assessed for 2010 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 2010.

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax Applicable to</td>
<td>Property Description</td>
<td>Total Tax</td>
<td>Nursing Home</td>
</tr>
<tr>
<td>1.</td>
<td>32-17-131-007-0000 Long Term Care Property</td>
<td>$365,726.28</td>
<td>$365,726.28</td>
</tr>
<tr>
<td>2.</td>
<td>See Attached Alloc. From 2201 Main LLC</td>
<td>$126,481.18</td>
<td>$2,083.41</td>
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<tr>
<td>3.</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>$</td>
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<td>5.</td>
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<tr>
<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<td>9.</td>
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<td>10.</td>
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<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
<td>$492,207.46</td>
<td>$367,809.69</td>
</tr>
</tbody>
</table>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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

<table>
<thead>
<tr>
<th>Tax Index Number</th>
<th>Property Description</th>
<th>Total Tax</th>
<th>Property Description</th>
<th>Total Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>$</td>
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<tr>
<td>2.</td>
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<td>$</td>
</tr>
</tbody>
</table>

**TOTALS** $ $

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

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:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

<table>
<thead>
<tr>
<th>Use</th>
<th>Square Feet</th>
<th>Year Acquired</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
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SEE ACCOUNTANTS' COMPILED REPORT
### B. Building and Improvement Costs-Including Fixed Equipment

Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>Beds*</td>
<td>FOR BHF USE ONLY</td>
<td>Year Acquired</td>
<td>Year Constructed</td>
<td>Cost</td>
<td>Current Book Depreciation</td>
<td>Life in Years</td>
<td>Straight Line Depreciation</td>
<td>Adjustments</td>
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### Improvement Type**

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</table>

*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
### Ownership Costs (continued)

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

<table>
<thead>
<tr>
<th>Improvement Type**</th>
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<td>Financial Statement Depreciation</td>
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<td>69</td>
<td>TOTAL (lines 4 thru 69)</td>
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<td>197,307</td>
<td>143,927</td>
<td>(53,380)</td>
<td>1,317,367</td>
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</table>

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

SEE ACCOUNTANTS' COMPILATION REPORT
### COSTS (continued)

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

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Accumulated Depreciation</th>
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<td>$ 5,196,609</td>
<td>$ 197,307</td>
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<td>$ 143,927</td>
<td>$ (53,380)</td>
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<td>16 Seal Floor/Walls Around Main Elevator</td>
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<td>18 New Valve On Elevator</td>
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<td>19 Roof &amp; Window Repair</td>
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<td>$ 155,054</td>
<td>$ (42,253)</td>
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SEE ACCOUNTANTS’ COMPILATION REPORT

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**Improvement type must be detailed in order for the cost report to be considered complete.**
B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

<table>
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<th>Year Constructed</th>
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<th>4</th>
<th>5</th>
<th>6</th>
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<td>$1,339,356</td>
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SEE ACCOUNTANTS’ COMPILATION REPORT

**Im improvement type must be detailed in order for the cost report to be considered complete.
**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

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<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
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**Improvement type must be detailed in order for the cost report to be considered complete.**
B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

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

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

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SEE ACCOUNTANTS' COMPILATION REPORT

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

**Facility Name & ID Number**: Prairie Manor Nursing & Rehab Center  
**Facility Name & ID Number**: #0046011  
**Report Period Beginning**: 01/01/11  
**Ending**: 12/31/11  
**Page 12G**

**XL. OWNERSHIP COSTS (continued)**

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

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**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 and Improvement Costs-Including Fixed Equipment

(See instructions.) Round all numbers to nearest dollar.

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<td>11 Allocated from EC Consulting</td>
<td>2010</td>
<td>935</td>
<td>47</td>
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<td>47</td>
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<td>12 Allocated from EC Consulting</td>
<td>2011</td>
<td>356</td>
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<tr>
<td>14 Allocated from Extended Care Consulting, 2201 Main LLC</td>
<td>2002</td>
<td>13,036</td>
<td>1,191</td>
<td>20</td>
<td>1,191</td>
<td>9,542</td>
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<tr>
<td>15 Allocated from Extended Care Consulting, 2201 Main LLC</td>
<td>2003</td>
<td>15,362</td>
<td>1,404</td>
<td>20</td>
<td>1,404</td>
<td>11,245</td>
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<td>16 Allocated from Extended Care Consulting, 2201 Main LLC</td>
<td>2005</td>
<td>763</td>
<td>81</td>
<td>20</td>
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<tr>
<td>17 Allocated from Extended Care Consulting, 2201 Main LLC</td>
<td>2009</td>
<td>138</td>
<td>7</td>
<td>20</td>
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<tr>
<td>19 Allocated from Extended Care Clinical, 2201 Main LLC</td>
<td>2002</td>
<td>2,341</td>
<td>214</td>
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<td>2003</td>
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<td>2005</td>
<td>137</td>
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<td>22 Allocated from Extended Care Clinical, 2201 Main LLC</td>
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</tbody>
</table>

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

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

Report Period Beginning: 01/01/11 Ending: 12/31/11

XL OWNERSHIP COSTS (continued)

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

<table>
<thead>
<tr>
<th>1</th>
<th>Improvement Type**</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Related Party Information Continued</td>
<td></td>
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</tr>
<tr>
<td>34</td>
<td>TOTAL (12H &amp; 12I lines 1 thru 33)</td>
<td>$54,698</td>
<td>$3,720</td>
<td>$3,720</td>
<td>$3,720</td>
<td>$29,659</td>
<td></td>
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</tr>
</tbody>
</table>

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.
### XI. OWNERSHIP COSTS (continued)

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

<table>
<thead>
<tr>
<th>Category of Equipment</th>
<th>1 Cost</th>
<th>Current Book Depreciation</th>
<th>Straight Line Depreciation</th>
<th>4 Adjustments</th>
<th>Component Life</th>
<th>5 Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased in Prior Years</td>
<td>$124,890</td>
<td>$862</td>
<td>$17,766</td>
<td>$16,904</td>
<td>10</td>
<td>$84,134</td>
</tr>
<tr>
<td>Current Year Purchases</td>
<td>$46,435</td>
<td>$4,129</td>
<td>$5,577</td>
<td>$1,448</td>
<td>10</td>
<td>$34,833</td>
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<tr>
<td>Fully Depreciated Assets</td>
<td>$1,473,977</td>
<td>$10</td>
<td>$1,473,977</td>
<td>74</td>
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</table>

**TOTALS**

<table>
<thead>
<tr>
<th>Cost</th>
<th>$1,645,302</th>
<th>$4,991</th>
<th>$23,344</th>
<th>$18,353</th>
<th>$1,592,945</th>
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</table>

#### D. Vehicle Costs. (See instructions.)

<table>
<thead>
<tr>
<th>1 Use</th>
<th>Model, Make and Year</th>
<th>2 Year Acquired</th>
<th>3 Cost</th>
<th>4 Current Book Depreciation</th>
<th>5 Straight Line Depreciation</th>
<th>6 Adjustments</th>
<th>7 Life in Years</th>
<th>8 Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>Allocated from EC Consulting</td>
<td>1900</td>
<td>$11,138</td>
<td>$174</td>
<td>$174</td>
<td>5</td>
<td>$10,964</td>
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<tr>
<td>77</td>
<td>Allocated from EC Clinical</td>
<td>1900</td>
<td>$3,156</td>
<td>$631</td>
<td>$631</td>
<td>5</td>
<td>$2,104</td>
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</tbody>
</table>

**TOTALS**

<table>
<thead>
<tr>
<th>Cost</th>
<th>$14,294</th>
<th>$805</th>
<th>$805</th>
<th>$13,068</th>
</tr>
</thead>
</table>

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

#### G. Construction-in-Progress

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

**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 00

<table>
<thead>
<tr>
<th>Original Building</th>
<th>Number of Beds</th>
<th>Original Lease Date</th>
<th>Rental Amount</th>
<th>Total Years of Lease</th>
<th>Total Years Renewal Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
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<tr>
<td>7 TOTAL</td>
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</tr>
</tbody>
</table>

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: $ 5,902  
   - Description: See Attached Schedule  
   - (Attach a schedule detailing the breakdown of movable equipment)

#### C. Vehicle Rental (See instructions.)

<table>
<thead>
<tr>
<th>Use</th>
<th>Model Year and Make</th>
<th>Monthly Lease Payment</th>
<th>Rental Expense for this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
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<td>$</td>
<td>$</td>
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<tr>
<td>18</td>
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<tr>
<td>21 TOTAL</td>
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</tr>
</tbody>
</table>

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  
   - 2012 $  
   - 2013 $  
   - 2014 $  

12. 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.)

<table>
<thead>
<tr>
<th>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</th>
<th>2. CLASSROOM PORTION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>IN-HOUSE PROGRAM</td>
</tr>
</tbody>
</table>

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

B. EXPENSES

<table>
<thead>
<tr>
<th>ALLOCATION OF COSTS (d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Facility</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>1 Community College Tuition</td>
</tr>
<tr>
<td>2 Books and Supplies</td>
</tr>
<tr>
<td>3 Classroom Wages</td>
</tr>
<tr>
<td>4 Clinical Wages</td>
</tr>
<tr>
<td>5 In-House Trainer Wages</td>
</tr>
<tr>
<td>6 Transportation</td>
</tr>
<tr>
<td>7 Contractual Payments</td>
</tr>
<tr>
<td>8 CNA Competency Tests</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>9 TOTALS</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>10 SUM OF line 9, col. 1 and 2 (e)</td>
</tr>
</tbody>
</table>

(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.

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

<table>
<thead>
<tr>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. From this facility</td>
</tr>
<tr>
<td>2. From other facilities (f)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DROP-OUTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. From this facility</td>
</tr>
<tr>
<td>2. From other facilities (f)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL TRAINED</th>
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</thead>
<tbody>
<tr>
<td>1. From this facility</td>
</tr>
<tr>
<td>2. From other facilities (f)</td>
</tr>
</tbody>
</table>

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS’ COMPILATION REPORT
### XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Schedule V Line &amp; Column Reference</th>
<th>Staff Units of Service</th>
<th>Outside Practitioner Cost (other than consultant)</th>
<th>Supplies Total Units (Actual or Allocated)</th>
<th>Total Cost (Column 2 + 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Licensed Occupational Therapist</td>
<td>39 - 03</td>
<td>hrs $</td>
<td>$644,987</td>
<td>$644,987</td>
<td>$644,987</td>
</tr>
<tr>
<td>2 Licensed Speech and Language Development Therapist</td>
<td>39 - 03</td>
<td>hrs $</td>
<td>213,481</td>
<td>213,481</td>
<td>213,481</td>
</tr>
<tr>
<td>3 Licensed Recreational Therapist</td>
<td>39 - 03</td>
<td>hrs $</td>
<td>739,172</td>
<td>739,172</td>
<td>739,172</td>
</tr>
<tr>
<td>4 Licensed Physical Therapist</td>
<td>39 - 03</td>
<td>hrs $</td>
<td>739,172</td>
<td>739,172</td>
<td>739,172</td>
</tr>
<tr>
<td>5 Physician Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Dental Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Work Related Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Habilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Pharmacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Psychological Services (Evaluation and Diagnosis/Behavior Modification)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Academic Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Other (specify): See Supplemental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 # 0046011  
**Report Period Beginning**: 01/01/11  
**Ending**: 12/31/11  
**As of**: 12/31/11 (last day of reporting year)  
**Page 17**  

### XV. BALANCE SHEET - Unrestricted Operating Fund.

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

<table>
<thead>
<tr>
<th></th>
<th>1 Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Cash on Hand and in Banks</td>
<td>$2,308</td>
<td>$40,791</td>
</tr>
<tr>
<td>2 Cash-Patient Deposits</td>
<td>22,533</td>
<td>22,533</td>
</tr>
<tr>
<td>3 Accounts &amp; Short-Term Notes Receivable-Patients (less allowance)</td>
<td>$1,689,202</td>
<td>$1,689,202</td>
</tr>
<tr>
<td>4 Supply Inventory (priced at)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Short-Term Investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Prepaid Insurance</td>
<td>$310,814</td>
<td>$310,814</td>
</tr>
<tr>
<td>7 Other Prepaid Expenses</td>
<td>$1,038</td>
<td>$1,038</td>
</tr>
<tr>
<td>8 Accounts Receivable (owners or related parties)</td>
<td>$568,271</td>
<td>$568,271</td>
</tr>
<tr>
<td>9 Other(specify): See Attached Schedule</td>
<td>$841,050</td>
<td>$1,277,078</td>
</tr>
<tr>
<td><strong>TOTAL Current Assets</strong></td>
<td>$3,435,216</td>
<td>$3,909,727</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1 Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B. Long-Term Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 See Attached Schedule</td>
<td>$243,797</td>
<td>$2,041,405</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1 Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Long-Term Notes Receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Long-Term Investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Land</td>
<td>$450,000</td>
<td></td>
</tr>
<tr>
<td>14 Buildings, at Historical Cost</td>
<td>$4,550,000</td>
<td></td>
</tr>
<tr>
<td>15 Leasehold Improvements, at Historical Cost</td>
<td>$571,757</td>
<td>$671,757</td>
</tr>
<tr>
<td>16 Equipment, at Historical Cost</td>
<td>$497,653</td>
<td>$1,607,653</td>
</tr>
<tr>
<td>17 Accumulated Depreciation (book methods)</td>
<td>(616,684)</td>
<td>(2,947,090)</td>
</tr>
<tr>
<td>18 Deferred Charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Organization &amp; Pre-Operating Costs</td>
<td>$6,150</td>
<td></td>
</tr>
<tr>
<td>20 Accumulated Amortization - Organization &amp; Pre-Operating Costs</td>
<td>(4,356)</td>
<td></td>
</tr>
<tr>
<td>21 Restricted Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Other Long-Term Assets(specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Other(specify): See Attached Schedule</td>
<td>$4,472</td>
<td>$4,472</td>
</tr>
<tr>
<td><strong>TOTAL Long-Term Assets</strong></td>
<td>$367,198</td>
<td>$4,338,586</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1 Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$3,802,414</td>
<td>$8,248,313</td>
</tr>
</tbody>
</table>

**SEE ACCOUNTANTS' COMPILATION REPORT** *(See instructions.)*
### XVI. STATEMENT OF CHANGES IN EQUITY

<table>
<thead>
<tr>
<th>1</th>
<th>Description</th>
<th>2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Balance at Beginning of Year, as Previously Reported</td>
<td>$1,007,573</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Restatements (describe):</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Bad Debt Expense</td>
<td>(3,604,588)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Balance at Beginning of Year, as Restated (sum of lines 1-5)</td>
<td>$ (2,597,015)</td>
<td>6</td>
</tr>
</tbody>
</table>

**A. Additions (deductions):**

| 7 | NET Income (Loss) (from page 19, line 43) | $2,031,319 | 7 |
| 8 | Acquisitions 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) | $2,031,319 | 17 |

**B. Transfers (Itemize):**

| 18 | 18 |
| 19 | 19 |
| 20 | 20 |
| 21 | 21 |
| 22 | 22 |
| 23 | TOTAL Transfers (sum of lines 18-22) | $ (565,696) | 23 |
| 24 | BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23) | $ (565,696) | 24 |

* This must agree with page 17, line 47.

**SEE ACCOUNTANTS' COMPILATION REPORT**
### Inpatient Care

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Revenue -- All Levels of Care</td>
<td>$13,035,356</td>
</tr>
<tr>
<td>Discounts and Allowances for all Levels</td>
<td>(6,376,431)</td>
</tr>
<tr>
<td><strong>SUBTOTAL Inpatient Care</strong></td>
<td>$6,658,925</td>
</tr>
</tbody>
</table>

### Ancillary Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Care</td>
<td>$1,466,692</td>
</tr>
<tr>
<td>Health Care</td>
<td>$3,742,140</td>
</tr>
<tr>
<td><strong>SUBTOTAL Ancillary Revenue</strong></td>
<td>$5,749,527</td>
</tr>
</tbody>
</table>

### Other Operating Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments for Education</td>
<td>$906,622</td>
</tr>
<tr>
<td>CNA Training Reimbursements</td>
<td>$2,520,274</td>
</tr>
<tr>
<td>GIFT and Coffee Shop</td>
<td>$221,502</td>
</tr>
<tr>
<td>Barber and Beauty Care</td>
<td>$2,791</td>
</tr>
<tr>
<td>Non-Patient Meals</td>
<td>$8,500</td>
</tr>
<tr>
<td>Telephone, Television and Radio</td>
<td>$57,311</td>
</tr>
<tr>
<td>Rental of Facility Space</td>
<td>$609</td>
</tr>
<tr>
<td>Sale of Drugs</td>
<td>$638,831</td>
</tr>
<tr>
<td>Sale of Supplies to Non-Patients</td>
<td>$83,985</td>
</tr>
<tr>
<td>Laboratory</td>
<td>$8,500</td>
</tr>
<tr>
<td>Radiology and X-Ray</td>
<td>$57,311</td>
</tr>
<tr>
<td>Laundry</td>
<td>$2,791</td>
</tr>
<tr>
<td><strong>SUBTOTAL Other Operating Revenue</strong></td>
<td>$791,418</td>
</tr>
</tbody>
</table>

### Operating Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Services</td>
<td>$1,466,692</td>
</tr>
<tr>
<td>Health Care</td>
<td>$3,742,140</td>
</tr>
<tr>
<td>General Administration</td>
<td>$2,603,345</td>
</tr>
</tbody>
</table>

### Capital Expense

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ownership</td>
<td>$707,878</td>
</tr>
</tbody>
</table>

### Ancillary Expense

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Participation Fee</td>
<td>$2,520,274</td>
</tr>
</tbody>
</table>

### Non-Operating Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>$92,572</td>
</tr>
<tr>
<td>Interest and Other Investment Income</td>
<td>$92,572</td>
</tr>
<tr>
<td><strong>SUBTOTAL Non-Operating Revenue</strong></td>
<td>$185,144</td>
</tr>
</tbody>
</table>

### Other Revenue (specify)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Settlement Income (Insurance, Legal, Etc.)</td>
<td>$708</td>
</tr>
<tr>
<td><strong>SUBTOTAL Other Revenue</strong></td>
<td>$708</td>
</tr>
</tbody>
</table>

### Income before Income Taxes

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income before Income Taxes**</td>
<td>$2,031,319</td>
</tr>
</tbody>
</table>

### Income Taxes

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Taxes</td>
<td>$2,031,319</td>
</tr>
</tbody>
</table>

### NET INCOME OR LOSS FOR THE YEAR

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET INCOME OR LOSS FOR THE YEAR**</td>
<td>$2,031,319</td>
</tr>
</tbody>
</table>

---

* 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: 01/01/11
- Ending: 12/31/11

### Staffing and Salary Costs

#### A. STAFFING AND SALARY COSTS

(This schedule must cover the entire reporting period.)

<table>
<thead>
<tr>
<th># of Hrs.</th>
<th># of Hrs. Paid and Accrued</th>
<th>Reporting Period Total Salaries, Wages</th>
<th>Average Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Director of Nursing</td>
<td>1,860</td>
<td>2,112</td>
<td>$97,229</td>
</tr>
<tr>
<td>2 Assistant Director of Nursing</td>
<td>2,044</td>
<td>2,206</td>
<td>75,716</td>
</tr>
<tr>
<td>3 Registered Nurses</td>
<td>16,965</td>
<td>18,594</td>
<td>574,313</td>
</tr>
<tr>
<td>4 Licensed Practical Nurses</td>
<td>40,427</td>
<td>43,313</td>
<td>1,084,655</td>
</tr>
<tr>
<td>5 CNA's &amp; Orderlies</td>
<td>88,554</td>
<td>98,433</td>
<td>962,835</td>
</tr>
<tr>
<td>6 CNA Trainees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Licensed Therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Rehab/Therapy Aides</td>
<td>12,261</td>
<td>13,795</td>
<td>193,590</td>
</tr>
<tr>
<td>9 Activity Director</td>
<td>1,917</td>
<td>2,141</td>
<td>31,067</td>
</tr>
<tr>
<td>10 Activity Assistants</td>
<td>1,085</td>
<td>1,434</td>
<td>143,281</td>
</tr>
<tr>
<td>11 Social Service Workers</td>
<td>7,637</td>
<td>8,481</td>
<td>189,081</td>
</tr>
<tr>
<td>12 Dietician</td>
<td>1,185</td>
<td>1,361</td>
<td>17,012</td>
</tr>
<tr>
<td>13 Food Service Supervisor</td>
<td>1,893</td>
<td>2,130</td>
<td>47,248</td>
</tr>
<tr>
<td>14 Head Cook</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Cook Helpers/Assistants</td>
<td>5,684</td>
<td>6,375</td>
<td>71,971</td>
</tr>
<tr>
<td>16 Dishwashers</td>
<td>15,437</td>
<td>16,936</td>
<td>161,202</td>
</tr>
<tr>
<td>17 Maintenance Workers</td>
<td>6,187</td>
<td>6,697</td>
<td>118,471</td>
</tr>
<tr>
<td>18 Housekeepers</td>
<td>22,166</td>
<td>24,698</td>
<td>232,045</td>
</tr>
<tr>
<td>19 Laundry</td>
<td>7,663</td>
<td>8,443</td>
<td>81,883</td>
</tr>
<tr>
<td>20 Administrator</td>
<td>1,949</td>
<td>2,111</td>
<td>99,023</td>
</tr>
<tr>
<td>21 Assistant Administrator</td>
<td>1,419</td>
<td>1,514</td>
<td>38,049</td>
</tr>
<tr>
<td>22 Other Administrative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Office Manager</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Clerical</td>
<td>12,572</td>
<td>13,642</td>
<td>214,566</td>
</tr>
<tr>
<td>25 Vocational Instruction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Academic Instruction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Medical Director</td>
<td>237</td>
<td>27</td>
<td>2,068</td>
</tr>
<tr>
<td>28 Qualified MR Prof. (QMRP)</td>
<td>2048</td>
<td>3,410</td>
<td>52,163</td>
</tr>
<tr>
<td>29 Resident Services Coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Habilitation Aides (DD Homes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Medical Records</td>
<td>3,048</td>
<td>3,410</td>
<td>52,163</td>
</tr>
<tr>
<td>32 Other Health Care(specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Other(specify) See Supplemental</td>
<td>2048</td>
<td>2,068</td>
<td>31,093</td>
</tr>
<tr>
<td><strong>TOTAL (lines 1 - 33)</strong></td>
<td><strong>266,837</strong></td>
<td><strong>293,882</strong></td>
<td><strong>$4,516,293</strong></td>
</tr>
</tbody>
</table>

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

### B. CONSULTANT SERVICES

<table>
<thead>
<tr>
<th>Consultant</th>
<th>Number of Hrs. Paid &amp; Accrued</th>
<th>Total Consultant Cost for Reporting Period</th>
<th>Schedule V Line &amp; Column Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Nursing</td>
<td>1,860</td>
<td>2,112</td>
<td>$97,229</td>
</tr>
<tr>
<td>Assistant Director of Nursing</td>
<td>2,044</td>
<td>2,206</td>
<td>75,716</td>
</tr>
<tr>
<td>Registered Nurses</td>
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<td>574,313</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>40,427</td>
<td>43,313</td>
<td>1,084,655</td>
</tr>
<tr>
<td>CNA's &amp; Orderlies</td>
<td>88,554</td>
<td>98,433</td>
<td>962,835</td>
</tr>
<tr>
<td>CNA Trainees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Therapist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Nursing</td>
<td>1,860</td>
<td>2,112</td>
<td>$97,229</td>
</tr>
<tr>
<td>Assistant Director of Nursing</td>
<td>2,044</td>
<td>2,206</td>
<td>75,716</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>16,965</td>
<td>18,594</td>
<td>574,313</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>40,427</td>
<td>43,313</td>
<td>1,084,655</td>
</tr>
<tr>
<td>CNA's &amp; Orderlies</td>
<td>88,554</td>
<td>98,433</td>
<td>962,835</td>
</tr>
<tr>
<td>CNA Trainees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Therapist</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### C. CONTRACT NURSES

<table>
<thead>
<tr>
<th>Contract Nurse</th>
<th>Number of Hrs. Paid &amp; Accrued</th>
<th>Total Contract Wages</th>
<th>Schedule V Line &amp; Column Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>2,068</td>
<td>31.09</td>
<td>31,093</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
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<td></td>
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</tr>
<tr>
<td>Certified Nurse Assistants/Aides</td>
<td></td>
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</tbody>
</table>

**TOTAL (lines 50 - 52)** | 2048 | 2,068 | 31,093 | 15.04 |

See Accountants' Compilation Report
<table>
<thead>
<tr>
<th>A. Administrative Salaries</th>
<th>Ownership</th>
<th>Function</th>
<th>% Amount</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Stucker</td>
<td>Administrator</td>
<td>0</td>
<td>$99,023</td>
<td>Workers’ Compensation Insurance</td>
<td>$151,246</td>
</tr>
<tr>
<td>Sarah Simons</td>
<td>Asst. Admin</td>
<td>0</td>
<td>$38,049</td>
<td>Employment Compensation Insurance</td>
<td>$49,026</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FICA Taxes</td>
<td>$338,882</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Employee Health Insurance</td>
<td>$214,937</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Employee Meals</td>
<td>$137,072</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Illinois Municipal Retirement Fund (IMRF)*</td>
<td>$7,210</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FICA Taxes</td>
<td>$15,148</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pensions</td>
<td>$36,688</td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td>TOTAL (agree to Schedule V, line 17, col. 1)</td>
<td>$811,759</td>
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</table>

B. Administrative - Other

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$137,072</td>
</tr>
</tbody>
</table>

C. Professional Services

<table>
<thead>
<tr>
<th>Vendor/Payee</th>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frost, Ruttenberg, &amp; Rothblatt</td>
<td>Accounting</td>
<td>$25,100</td>
</tr>
<tr>
<td>See Attached</td>
<td>Legal</td>
<td>$30,776</td>
</tr>
<tr>
<td>Paycor</td>
<td>Payroll Services</td>
<td>$12,350</td>
</tr>
<tr>
<td>AIS Assessment &amp; Intelligence</td>
<td>Data Processing</td>
<td>$1,434</td>
</tr>
<tr>
<td>Ability Network</td>
<td>Data Processing</td>
<td>$2,602</td>
</tr>
<tr>
<td>eHealth Data Solutions</td>
<td>MDS Software Fee</td>
<td>$2,180</td>
</tr>
<tr>
<td>Achieve</td>
<td>Data Processing</td>
<td>$17,728</td>
</tr>
<tr>
<td>National Data Corp</td>
<td>Resident Fund Processing</td>
<td>$983</td>
</tr>
<tr>
<td>Pinnacle Consulting</td>
<td>Customer Satisfaction</td>
<td>$3,186</td>
</tr>
<tr>
<td>DAIWA</td>
<td>Line of Credit Fees</td>
<td>$13,846</td>
</tr>
<tr>
<td>Hamlin &amp; Burton</td>
<td>Liability Management</td>
<td>$5,465</td>
</tr>
</tbody>
</table>

TOTAL (agree to Schedule V, line 22, col. 8) $27,151

D. Employee Benefits and Payroll Taxes

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$137,072</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Vendor/Payee</th>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Supplemental Schedule</td>
<td></td>
<td>$542,703</td>
</tr>
</tbody>
</table>

TOTAL (agree to Schedule V, line 19, column 3) $958,363

F. Dues, Fees, Subscriptions and Promotions

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDPH License Fee</td>
<td>$1,492</td>
</tr>
<tr>
<td>Advertising</td>
<td>$774</td>
</tr>
<tr>
<td>Health Care Worker Background Check</td>
<td>$5,865</td>
</tr>
<tr>
<td>Patient Background Checks</td>
<td>$15,148</td>
</tr>
<tr>
<td>License Fees</td>
<td>$865</td>
</tr>
<tr>
<td>Advertising &amp; Promotions</td>
<td>$14,223</td>
</tr>
<tr>
<td>Allocated from EC Consulting</td>
<td>$2,870</td>
</tr>
<tr>
<td>See Supplemental Schedule</td>
<td>$137</td>
</tr>
<tr>
<td>Non-allowable advertising</td>
<td>$12,074</td>
</tr>
<tr>
<td>Yellow page advertising</td>
<td>$2,149</td>
</tr>
</tbody>
</table>

TOTAL (agree to Schedule V, line 17, col. 3) $958,363

G. Schedule of Travel and Seminar**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-State Travel</td>
<td>$1,056</td>
</tr>
<tr>
<td>In-State Travel</td>
<td>$159</td>
</tr>
<tr>
<td>Allocated from EC Consulting</td>
<td>$1,690</td>
</tr>
<tr>
<td>Allocated from EC Clinical</td>
<td>$2,905</td>
</tr>
</tbody>
</table>

TOTAL (agree to Sch. V, line 24, col. 8) $2,905

* Attach copy of IMRF notifications
** See instructions.

SEE ACCOUNTANTS’ COMPILATION REPORT
**XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS** (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

<table>
<thead>
<tr>
<th>Improvement Type</th>
<th>Month &amp; Year Improvement Was Made</th>
<th>Total Cost</th>
<th>Useful Life</th>
<th>FY2007</th>
<th>FY2008</th>
<th>FY2009</th>
<th>FY2010</th>
<th>FY2011</th>
<th>FY2012</th>
<th>FY2013</th>
<th>FY2014</th>
<th>FY2015</th>
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<tbody>
<tr>
<td>1 N/A</td>
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<tr>
<td>20 TOTALS</td>
<td></td>
<td>$</td>
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<td>$</td>
<td>$</td>
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</tr>
</tbody>
</table>

SEE ACCOUNTANTS' COMPILATION REPORT
XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report?  Yes

(3) Did the nursing home make political contributions or payments to a political action organization?  Yes  If YES, have these costs been properly adjusted out of the cost report?  Yes

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

(5) Have you properly capitalized all major repairs and equipment purchases?  Yes

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.  $ 75,017  Line 10

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

(8) Are you presently operating under a sale and leaseback arrangement?  No

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

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

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.  $ 221,502

This amount is to be recorded on line 42 of Schedule V.

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.  $  N/A  Indicate the amount.  $  N/A

(16) Travel and Transportation

a. Are there costs included for out-of-state travel?  No

b. Do you have a separate contract with the Department to provide medical transportation for residents?  No  If YES, please indicate the amount of income earned from such a program during this reporting period.  $  N/A

c. What percent of all travel expense relates to transportation of nurses and patients?  100% Ln 14

d. Have vehicle usage logs been maintained?  N/A

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?  N/A

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?  N/A

(17) Has an audit been performed by an independent certified public accounting firm?  No

Firm Name:  N/A

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

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report?  Yes

Attach invoices and a summary of services for all architect and appraisal fees.