



Facility Name & ID Number Manorcare of Wilmette

# 0049650 Report Period Beginning: 06/01/09 Ending: 05/31/10

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	80	Skilled (SNF)	80	29,200	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	80	TOTALS	80	29,200	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	13,490	3,803	7,600	24,893	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,490	3,803	7,600	24,893	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.25%

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

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

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

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

YES  NO

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

YES  NO

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

Date started 06/12/95

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

YES  Date 06/12/95 NO

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

YES  NO  If YES, enter number of beds certified 80 and days of care provided 6,492

Medicare Intermediary Highmark Medicare Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31 Fiscal Year: 5/31

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

Facility Name & ID Number Manorcare of Wilmette # 0049650 Report Period Beginning: 06/01/09 Ending: 05/31/10

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	280,282	24,064	1,510	305,856	6,511	312,367		312,367		1
2	Food Purchase		168,214		168,214		168,214	(15)	168,199		2
3	Housekeeping	124,896	16,888	745	142,529		142,529		142,529		3
4	Laundry		6,332	77,710	84,042		84,042		84,042		4
5	Heat and Other Utilities			113,350	113,350	1,813	115,163		115,163		5
6	Maintenance	34,935	15,427	97,074	147,436		147,436		147,436		6
7	Other (specify):*			126	126		126		126		7
8	<b>TOTAL General Services</b>	440,113	230,925	290,515	961,553	8,324	969,877	(15)	969,862		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			24,344	24,344		24,344		24,344		9
10	Nursing and Medical Records	2,070,118	118,228	48,158	2,236,504	2,392	2,238,896		2,238,896		10
10a	Therapy	504,813	3,894	151,225	659,932		659,932		659,932		10a
11	Activities	46,795	2,645	1,645	51,085		51,085		51,085		11
12	Social Services	102,284		888	103,172		103,172		103,172		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	2,724,010	124,767	226,260	3,075,037	2,392	3,077,429		3,077,429		16
	<b>C. General Administration</b>										
17	Administrative	75,681		314,973	390,654	(84,906)	305,748		305,748		17
18	Directors Fees										18
19	Professional Services			7,062	7,062		7,062	(7,062)			19
20	Dues, Fees, Subscriptions & Promotions			54,206	54,206		54,206	(37,712)	16,494		20
21	Clerical & General Office Expenses	321,704	29,327	249,565	600,596	(2,529)	598,067	(196,557)	401,510		21
22	Employee Benefits & Payroll Taxes			711,793	711,793	54,058	765,851		765,851		22
23	Inservice Training & Education			2,373	2,373		2,373		2,373		23
24	Travel and Seminar			7,342	7,342		7,342		7,342		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			188,907	188,907		188,907		188,907		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	397,385	29,327	1,536,221	1,962,933	(33,377)	1,929,556	(241,331)	1,688,225		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,561,508	385,019	2,052,996	5,999,523	(22,661)	5,976,862	(241,346)	5,735,516		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name &amp; ID Number

Manorcare of Wilmette

#0049650

Report Period Beginning:

06/01/09

Ending:

05/31/10

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			383,529	383,529	14,454	397,983		397,983			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			(8,267)	(8,267)	8,267						32
33	Real Estate Taxes			127,620	127,620	(60)	127,560		127,560			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			67,723	67,723		67,723		67,723			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			570,605	570,605	22,661	593,266		593,266			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		266,689		266,689		266,689		266,689			39
40	Barber and Beauty Shops			6,481	6,481		6,481		6,481			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			43,800	43,800		43,800		43,800			42
43	Other (specify):*		35,406	56,087	91,493		91,493		91,493			43
44	<b>TOTAL Special Cost Centers</b>		302,095	106,368	408,463		408,463		408,463			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,561,508	687,114	2,729,969	6,978,591		6,978,591	(241,346)	6,737,245			45

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



Manorcare of Wilmette

ID# 0049650

Report Period Beginning: 06/01/09

Ending: 05/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Vending Income	\$ (735)	21	1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(735)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Wilmette# 0049650

Report Period Beginning:

06/01/09

Ending:

05/31/10

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(15)	0	0	0	0	0	0	0	0	0	0	(15)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(15)</b>	<b>0</b>	<b>(15)</b>	<b>8</b>									
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,062)	0	0	0	0	0	0	0	0	0	0	(7,062)	19
20	Fees, Subscriptions & Promotions	(37,712)	0	0	0	0	0	0	0	0	0	0	(37,712)	20
21	Clerical & General Office Expenses	(196,557)	0	0	0	0	0	0	0	0	0	0	(196,557)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(241,331)</b>	<b>0</b>	<b>(241,331)</b>	<b>28</b>									
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(241,346)</b>	<b>0</b>	<b>(241,346)</b>	<b>29</b>									

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Wilmette# 0049650

Report Period Beginning:

06/01/09

Ending:

05/31/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(241,346)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(241,346)</b>	<b>45</b>

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
HCR Manor Care, Inc	100	Health Care & retirement Corporation of America (see H.O. Cost Report)	Toledo			

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	Ess	\$ 314,973	HCR Manor Care, Inc	100.00%	\$ 314,973	\$	1
2	V	Page						2
3	V	8						3
4	V							4
5	V							5
6	V	10a	18,978	Heartland Rehab Services, LLC	100.00%	18,978		6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 333,951			\$ 333,951	\$ *	14

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

Facility Name & ID Number Manorcare of Wilmette # 0049650 Report Period Beginning: 06/01/09 Ending: 05/31/10

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Manorcare of Wilmette

# 0049650

Report Period Beginning:

06/01/09

Ending: 05/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization

HCR Manor Care, Inc.

Street Address

333 North Summit St

City / State / Zip Code

Toledo, OH 43604-2617

Phone Number

( 419-252-5500

Fax Number

( 419-254-5495

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary - Direct	Accumulated Cost	2,857,768,524	359 NFs	\$ 2,826,629	\$ 1,585,087	6,582,990	\$ 6,511	1
2	1	Dietary - Direct to Central Div	Accumulated Cost	691,284,298	95 NFs			6,582,990	0	2
3	1	Direct - Pooled	Accumulated Cost	3,310,877,906	732 NFs, HHs,			6,582,990	0	3
4	5	Utilities - Direct	Accumulated Cost	2,857,768,524	359 NFs			6,582,990	0	4
5	5	Utilities - Direct to Central Div	Accumulated Cost	691,284,298	95 NFs			6,582,990	0	5
6	5	Utilities - Pooled	Accumulated Cost	3,310,877,906	732 NFs, HHs,	911,333		6,582,990	1,813	6
7	10	Nursing - Direct	Accumulated Cost	2,857,768,524	359 NFs	632,689	715,152	6,582,990	1,457	7
8	10	Nursing - Direct to Central Div	Accumulated Cost	691,284,298	95 NFs			6,582,990	0	8
9	10	Nursing - Pooled	Accumulated Cost	3,310,877,906	732 NFs, HHs,	469,810		6,582,990	934	9
10	17	General & Admin - Direct	Accumulated Cost	2,857,768,524	359 NFs	35,518,981		6,582,990	81,819	10
11	17	General & Admin - Direct Cen	Accumulated Cost	691,284,298	95 NFs	1,045,204		6,582,990	9,953	11
12	17	General & Admin - Pooled	Accumulated Cost	3,310,877,906	732 NFs, HHs,	69,554,530	79,745,671	6,582,990	138,295	12
13	22	Employee Benefits - Direct	Accumulated Cost	2,857,768,524	359 NFs	6,239,311		6,582,990	14,373	13
14	22	Employee Benefits - Direct Cen	Accumulated Cost	691,284,298	95 NFs	2,434,366		6,582,990	23,182	14
15	22	Employee Benefits - Pooled	Accumulated Cost	3,310,877,906	732 NFs, HHs,	8,300,418		6,582,990	16,504	15
16	30	Depreciation - Direct	Accumulated Cost	2,857,768,524	359 NFs	102,714		6,582,990	237	16
17		Depreciation - Direct Central	Accumulated Cost	691,284,298	95 NFs	43,612		6,582,990	415	17
18		Depreciation - Pooled	Accumulated Cost	3,310,877,906	732 NFs, HHs,	6,941,685		6,582,990	13,802	18
19										19
20	32	Interest				21,122,019			5,678	20
21		Non-Nursing Home Allocations				25,797,439				21
22										22
23										23
24										24
25	TOTALS					\$ 181,940,740	\$ 82,045,910		\$ 314,973	25

Facility Name & ID Number

Manorcare of Wilmette

# 0049650

Report Period Beginning:

06/01/09

Ending:

05/31/10

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Conv. Sub Debentures		X	Facility			\$ 223,000	\$ 223,000		0.0258	\$ 5,678	1								
2												2								
3												3								
4												4								
5												5								
<b>Working Capital</b>																				
6												6								
7												7								
8	Interest Income Other										(5,678)	8								
9	<b>TOTAL Facility Related</b>						\$ 223,000	\$ 223,000			\$	9								
<b>B. Non-Facility Related*</b>																				
10												10								
11												11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 223,000	\$ 223,000			\$	15								

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

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

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

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

**B. Real Estate Taxes**

**Important, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.**

1. Real Estate Tax accrual used on 2009 report.	\$	<b>202,421</b>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	<b>227,098</b>	2
3. Under or (over) accrual (line 2 minus line 1).	\$	<b>24,677</b>	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<b>107,620</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	\$	<b>2,567</b>	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ <u>7,304</u> For <u>2007</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	\$	<b>(7,304)</b>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<b>127,560</b>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2005	<u>228,082</u>	8
	2006	<u>228,082</u>	9
	2007	<u>209,097</u>	10
	2008	<u>209,097</u>	11
	2009	<u>160,702</u>	12

**Line 2: \$227,098 = \$109,416.69 for 2nd half of 2008 paid 11/30/09 + \$117,680.86 for 1st half of 2009 paid 2/28/10**

**Line 4: 107,620.63 = 43,021.25 2nd half 2009 + 64,598.38 1st half 2010**

**line 12: 117,680.86 1st half 2009, 43,021.25 2nd half 2009**

<b>FOR BHF USE ONLY</b>			
13	FROM R. E. TAX STATEMENT FOR 2009	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**NOTES:**

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



Facility Name & ID Number Manorcare of Wilmette

# 0049650

Report Period Beginning:

06/01/09

Ending:

05/31/10

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 21,881 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 3

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.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1995</u>	<u>\$ 500,819</u>	<u>1</u>
2			<u>2007</u>	<u>3,225</u>	<u>2</u>
3	<b>TOTALS</b>			<b>\$ 504,044</b>	<b>3</b>

Facility Name &amp; ID Number Manorcare of Wilmette

# 0049650

Report Period Beginning:

06/01/09

Ending:

05/31/10

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	80	1995	1969	\$ 661,737	\$ 108,419		\$ 108,419	\$	\$ 1,598,081	4
5	CR 05/31/03 AUDIT ADJ	1995		3,635,000						5
6	CR 05/31/03 AUDIT ADJ	1995		40,000						6
7										7
8										8
Improvement Type**										
9	BUILDING IMPROVEMENTS (Current year Depreciation)				177,952		177,952		1,477,155	9
10			1983	7,273						10
11			1985	17,043						11
12			1988	1,961						12
13			1989	7,178						13
14			1990	20,800						14
15			1991	2,428						15
16			1992	34,209						16
17			1993	55,467						17
18	INSTALL GARBAGE DISPOSAL/EJECTORS		1995	1,726						18
19	STORAGE TANKS		1995	7,303						19
20	PAINTING		1995	2,355						20
21	FLOOR/WALL TILE		1995	1,643						21
22	VERTICLE VESSELS		1995	21,838						22
23	CARPET CLEANING		1996	1,197						23
24	CAPITALIZED LABOR		1996	4,074						24
25	CR 5/31/99 AUDIT ADJ		1996	(4,074)						25
26	SIGN		1996	162						26
27	ELECTRICAL		1996	181,279						27
28	GENERAL REQUIREMENTS		1996	110,589						28
29	FLOORING/CEILING		1996	75,391						29
30	ARCHITECT/ENGINEER/LEGAL FEES		1996	52,531						30
31	CR 5/31/99 AUDIT ADJ		1996	(16,232)						31
32	CARPENTRY/MASONRY		1996	35,295						32
33	MILLWORK		1996	17,943						33
34	DOOR & WINDOW FRAMES		1996	26,753						34
35	FINISH STUD/DRYWALL		1996	8,964						35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Manorcare of Wilmette# 0049650

Report Period Beginning:

06/01/09

Ending:

05/31/10**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	<u>PAINTING/WALLCOVERINGS</u>	1996	\$ 28,690	\$		\$	\$	\$	37
38	<u>PLUMBING</u>	1996	63,189						38
39	<u>HVAC</u>	1996	22,253						39
40	<u>CORNER GUARDS</u>	1996	4,423						40
41	<u>NURSE CALL STATION</u>	1996	32,513						41
42	<u>LIGHTING</u>	1996	15,386						42
43	<u>PERMITS</u>	1996	4,646						43
44	<u>CORPORATE OVERHEAD</u>	1996	86,993						44
45	<u>CR 5/31/99 AUDIT ADJ</u>	1996	(86,993)						45
46	<u>TRAVEL/DELIVERY</u>	1996	13,507						46
47	<u>SIGNS</u>	1996	2,875						47
48	<u>KICKPLATES</u>	1996	1,697						48
49	<u>CABLE/WIRING</u>	1996	2,218						49
50	<u>CARPET</u>	1996	37,911						50
51	<u>WALLCOVERINGS</u>	1996	30,453						51
52	<u>NEW COIL</u>	1996	6,413						52
53	<u>PIPING/INSULATION</u>	1996	10,765						53
54	<u>PUMP UPGRADE</u>	1996	2,639						54
55	<u>RANGE GUARD</u>	1996	1,649						55
56	<u>NURSE CALL SYSTEM</u>	1997	7,208						56
57	<u>ARCHITECT/ENGINEER FEES</u>	1997	3,491						57
58	<u>GENERAL CONTRACTOR</u>	1997	21,640						58
59	<u>FURNISH &amp; INSTALL HEATER</u>	1997	5,109						59
60	<u>REPLACE DOORS/ALARM</u>	1997	2,957						60
61	<u>REPLACE WATER LINE</u>	1997	2,423						61
62	<u>CORPORATE OVERHEAD</u>	1997	10,516						62
63	<u>CR 5/31/99 AUDIT ADJ</u>	1997	(10,516)						63
64	<u>SITE PREP/LANDSCAPE</u>	1997	11,180						64
65	<u>FLOORING</u>	1997	916						65
66	<u>ROOFTOP A/C</u>	1997	39,990						66
67	<u>FACILITY PLAN ALLOC</u>	1997	5,964						67
68	<u>CR 5/31/99 AUDIT ADJ</u>	1997	(5,964)						68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 5,387,974	\$ 286,371		\$ 286,371	\$	\$ 3,075,236	70

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

Facility Name & ID Number Manorcare of Wilmette# 0049650

Report Period Beginning:

06/01/09

Ending:

05/31/10**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 5,387,974	\$ 286,371		\$ 286,371	\$	\$ 3,075,236	1
2	INSTALL NEW SUNROOM	1997	59,481						2
3	ASBESTOS REMOVAL	1997	19,675						3
4	ELECTRICAL	1997	4,156						4
5	ROOF WORK	1997	1,129						5
6	VINYL SHED	1997	803						6
7	ELECTRICAL	1998	17,790						7
8	PAINTING/ROOF/SIDING/CONCRETE	1998	20,304						8
9	BEAMS/STEEL	1998	4,320						9
10	CARPENTRY	1998	4,532						10
11	GENERAL CONTRACTOR FEES	1998	4,416						11
12	CARPET	1998	4,767						12
13	REMOVE & INSTALL DIFUSERS/DUCTS	1998	1,865						13
14	INSTALL DOORS	1998	4,466						14
15	CORPORATE OVERHEAD	1998	1,651						15
16	CR 5/31/99 AUDIT ADJ	1998	(1,651)						16
17	ENIGNEER/ARCHITECT FEES	1998	1,539						17
18	PLUMBING	1998	11,963						18
19	ELECTRICAL	1998	4,659						19
20	DEVELOPERS	1998	5,555						20
21	HVAC	1998	9,751						21
22	SIGN	1998	14,116						22
23	ROOFING	1998	3,725						23
24	PAVING	1998	17,975						24
25	PAINTING/WALLCOVERING	1999	1,418						25
26	FLOORING/CEILING	1999	3,964						26
27	HVAC	1999	6,727						27
28	DOOR/WINDOW	1999	2,938						28
29	ROOFING	1999	6,915						29
30	ARCHITECT	1999	15,472						30
31	KICKPLATES, HANDRAILS	1999	2,938						31
32	REMOVE OLD BOILER	1999	980						32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,646,313	\$ 286,371		\$ 286,371	\$	\$ 3,075,236	34

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

Facility Name & ID Number Manorcare of Wilmette# 0049650

Report Period Beginning:

06/01/09

Ending:

05/31/10**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 5,646,313	\$ 286,371		\$ 286,371	\$	\$ 3,075,236	1
2	<u>BUILDING DECORATIONS</u>	1999	4,680						2
3	<u>A/C UPGRADE</u>	1999	17,360						3
4	<u>BOILER CONTROLS</u>	1999	23,650						4
5	<u>ENGINEERING SERVICE</u>	1999	779						5
6	<u>VWC RES RMS/CORRIDORS</u>	2000	8,025						6
7	<u>ACCESS PANEL/AC UNIT</u>	2000	520						7
8	<u>AIR CONDITIONING UNIT</u>	2000	4,121						8
9	<u>ROOF REPAIRS</u>	2000	1,065						9
10	<u>EVELATOR UPGRADE</u>	2000	590						10
11	<u>CIRCUIT BOARD - FIRE ALARM</u>	2000	2,461						11
12	<u>ROOF INSPECTION</u>	2001	650						12
13	<u>INJECTOR PUMP</u>	2001	2,697						13
14	<u>FREIGHT ON CARPET</u>	2001	316						14
15	<u>CARPET</u>	2001	6,426						15
16	<u>FREIGHT ON CARPET</u>	2001	55						16
17	<u>CARPET</u>	2001	2,790						17
18	<u>CARPET</u>	2001	2,141						18
19	<u>FAN COIL UNITS</u>	2001	41,483						19
20	<u>CARPET</u>	2001	2,374						20
21	<u>ROOF</u>	2001	4,086						21
22	<u>ROOFING</u>	2001	7,151						22
23	<u>ROOF</u>	2001	1,800						23
24	<u>WINDOWS</u>	2002	15,000						24
25	<u>ROOF</u>	2002	1,886						25
26	<u>RENOVATION-OVERHEAD &amp; INTEREST</u>	2002	4,258						26
27	<u>CR 5/31/03 AUDIT ADJ</u>	2002	(4,258)						27
28	<u>RENOVATION-GENERAL CONST &amp; ELECT</u>	2002	55,642						28
29	<u>RENOVATION-CARPET</u>	2002	13,724						29
30	<u>STAINLESS STEEL WALLCOVER</u>	2002	6,780						30
31	<u>BOLLARDS AROUND COOLING TOWERS</u>	2002	3,386						31
32	<u>WINDOWS</u>	2002	14,606						32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,892,555	\$ 286,371		\$ 286,371	\$	\$ 3,075,236	34

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

Facility Name & ID Number Manorcare of Wilmette# 0049650

Report Period Beginning:

06/01/09

Ending:

05/31/10**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 5,892,555	\$ 286,371		\$ 286,371	\$	\$ 3,075,236	1
2	DOUBLE DOORS	2002	3,985						2
3	CARPET	2002	770						3
4	FREIGHT ON CARPET	2002	103						4
5	ROOF	2002	6,130						5
6	ROOF	2002	3,065						6
7	ROOF	2002	2,680						7
8	INSTALL CARPET	2002	458						8
9	INSTALL THREE DRAINS	2003	1,341						9
10	METAL STEEL DOOR	2003	1,000						10
11	METAL STEEL DOOR	2003	1,890						11
12	ARCHITECTURAL ENGINEERING	2003	602						12
13	ARCHITECTURAL ENGINEERING	2003	1,101						13
14	CARPET	2003	1,580						14
15	FREIGHT ON CARPET	2003	84						15
16	FREIGHT ON CARPET	2003	48						16
17	15 LIGHT FIXTURES	2003	3,600						17
18	BORDER	2003	629						18
19	BORDER	2003	131						19
20	VINYL WALL COVERING	2003	997						20
21	VINYL WALL COVERING	2003	581						21
22	BORDER	2003	179						22
23	BORDER	2003	149						23
24	VINYL WALL COVERING	2003	1,470						24
25	FREIGHT ON CARPET	2003	73						25
26	METAL DOOR AND INSTALLATION	2003	2,620						26
27	FLOORING AND VINYL WALL COV	2003	25,902						27
28	ARTWORK	2004	2,283						28
29	FREIGHT ON WINDOW TREATMENT	2004	97						29
30	CARPET	2004	1,580						30
31	FLOORING AND VINYL WALL COV	2004	400						31
32	CASH RECEIPT FOR CARPET	2004	(1,580)						32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,956,502	\$ 286,371		\$ 286,371	\$	\$ 3,075,236	34

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

Facility Name & ID Number Manorcare of Wilmette# 0049650

Report Period Beginning:

06/01/09

Ending:

05/31/10**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 5,956,502	\$ 286,371		\$ 286,371	\$	\$ 3,075,236	1
2	CONCRETE SLAB	2004	670						2
3	ARCH & ENGINEERING COST	2004	8,693						3
4	VWC	2004	1,270						4
5	FLOORING	2004	2,145						5
6	PAINTING	2004	11,005						6
7	Building Décor / 3 years Ta	2004	70						7
8	ARTWORK	2004	2,123						8
9	PAINTING	2004	4,635						9
10	Building Décor / 3 years Ta	2004	241						10
11	VWC	2004	990						11
12	INCANDESCENT EXPLOSION LI	2004	1,384						12
13	LAMP FIXTURES DUPLEX RECE	2004	5,450						13
14	HOBART OVEN	2004	2,436						14
15	INSTALL SINK & FAUCET	2005	1,110						15
16	CARPET	2005	1,350						16
17	FREIGHT ON CARPET	2005	77						17
18	CARPET	2005	1,733						18
19	Dumpster Corral	2005	14,222						19
20	PAINTING	2004	(4,635)						20
21	NEW CEILIN TILE	2005	4,314						21
22	INTERIOR RENOVATION	2005	6,000						22
23	CEILING PANELS	2005	1,875						23
24	INSTALL DOOR	2005	1,722						24
25	DOUBLE EGRESS DOOR	2005	5,755						25
26	Renov-Carpentry/Millwork	2005	70,189						26
27	Renov-Gen O/H & Int. on Construction	2005	70,345						27
28	Renov-Custom Casework	2005	3,860						28
29	Renov-Carpeting/Pads/ WC/Corner Guards	2005	14,643						29
30	Renov-Fire Sprinkler Sys.	2005	6,215						30
31	Renov-Plumbing	2005	2,247						31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,198,635	\$ 286,371		\$ 286,371	\$	\$ 3,075,236	34

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

Facility Name & ID Number Manorcare of Wilmette# 0049650

Report Period Beginning:

06/01/09

Ending:

05/31/10**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 6,198,635	\$ 286,371		\$ 286,371	\$	\$ 3,075,236	1
2	Renov-Basic Electrical	2005	12,120						2
3	2 Btyan Boilers	2005	45,280						3
4	Light Fixtures	2005	2,534						4
5	Fire system	2005	25,895						5
6	INSTALL RESET CONTROL	2005	2,105						6
7	Renov-Gen O/H & Int. on Construction	2006	34,385						7
8	Renov-Carp./Lobby Fin./Doors/Windows/HVAC	2006	78,084						8
9	Renov-HM Doors/Frames/Plumbing	2006	35,064						9
10	Renov-Resilient Flooring	2006	30,265						10
11	Renov-Carpet/Pads/WC/Corner Guards	2006	9,666						11
12	Renov - Basic Electrical	2006	16,811						12
13	wallcovering	2006	539						13
14	FLOORING	2006	7,500						14
15	fan coil unit	2006	5,870						15
16	flooring	2006	8,885						16
17	carpet	2006	4,755						17
18	carpet	2006	1,818						18
19	fire rated access panels	2007	25,525						19
20	SPRINKLER SYSTEM	2007	3,093						20
21	00000000737 REPAIR ROOF	2007	2,365						21
22	00000000749 GUTTERS AND SPOUTS	2007	4,748						22
23	00000000752 ENGINEERING	2007	4,950						23
24	00000000767 1407 1ST FLR RES ROOMS	2007	1,851						24
25	00000000768 1407 1ST FLR RES ROOMS	2007	2,084						25
26	00000000770 1407 1ST FLR RES ROOMS	2007	14,960						26
27	SITE DEVELOPMENT	2008	11,650						27
28	00000000773 skylight re-roof	2008	1,185						28
29	00000000774 FIRE DAMPERS	2008	7,820						29
30	00000000775 1707 ELEVATOR UPGRADE	2008	5,236						30
31	00000000776 1707 ELEVATOR UPGRADE	2008	30,565						31
32	00000000782 1407 1ST FL RES RENOVATION	2008	74,974						32
33	00000000790 CONCRETE PAD FOR DUMPSTER	2008	2,395						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,713,612	\$ 286,371		\$ 286,371	\$	\$ 3,075,236	34

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

Facility Name & ID Number Manorcare of Wilmette# 0049650

Report Period Beginning:

06/01/09

Ending:

05/31/10**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 6,713,612	\$ 286,371		\$ 286,371	\$	\$ 3,075,236	1
2	00000000786 0608 2ND FL CORRIDOR RENOV	2008	22,553						2
3	00000000791 PAINTING & WALL RENOV RMS 211 & 311	2008	3,893						3
4	00000000793 WALL COVERING (ADJ #782) 1ST FL RES REN	2008	2,759						4
5	00000000794 PAINTING & WALL RENOV RMS 209 & 309	2008	3,925						5
6	00000000795 METAL DOORS	2008	5,622						6
7	00000000796 108 ELEVATOR UPGRADE	2008	2,186						7
8	00000000797 1108 ELEVATOR UPGRADE	2008	43,013						8
9	00000000798 ADJ ELEVATOR UPGRADE (#776)	2008	5,458						9
10	00000000804 1108 ELEVATOR UPGRADE	2008	1,890						10
11	00000000804 1108 ELEVATOR UPGRADE	2008	5,545						11
12	00000000813 hollow metal door	2009	3,789						12
13	00000000814 DOOR ACCESS SYSTEM	2009	15,735						13
14	HM DOOR	2009	3,789						14
15	FREIGHT FOR FLOORING	2009	984						15
16	FLOORING	2009	1,217						16
17	FLOORING	2009	4,685						17
18	CARPET VINYL TILE	2009	6,974						18
19	DEMO 3 SHOWER STALLS	2009	29,220						19
20	DOOR ACCESS SYSTEM	2009	12,100						20
21	2009 ROOF REPLACEMENT	2009	131						21
22	2009 ROOF REPLACEMENT	2009	69,936						22
23	1ST FLOOR HANDRAIL	2009	8,733						23
24	HANDRAILS ELEVATOR	2009	6,758						24
25	1409 PARKING ADDTN	2009	193,758						25
26	1409 PARKING ADDTN	2009	37,740						26
27	SEALCOATING & STRIPING	2009	7,518						27
28	1009 LOBBY SOLARIUM 1ST	2010	72,167						28
29	1009 LOBBY SOLARIUM 1ST	2010	6,982						29
30	1009 LOBBY, SOLARIUM 1ST	2010	20,805						30
31	CARPETING	2010	3,364						31
32	FREIGHT CARPETING	2010	527						32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,317,367	\$ 286,371		\$ 286,371	\$	\$ 3,075,236	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,700,844	\$ 97,158	\$ 97,158	\$		\$ 1,356,145	71
72	Current Year Purchases	62,610						72
73	Fully Depreciated Assets							73
74	HOME OFFICE			14,454	14,454			74
75	TOTALS	\$ 1,763,454	\$ 97,158	\$ 111,612	\$ 14,454		\$ 1,356,145	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 9,584,865	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 383,529	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 397,983	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,454	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,431,381	85

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

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

G. Construction-in-Progress

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

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

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

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: \_\_\_\_\_

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? \_\_\_\_\_

If NO, see instructions.  YES  NO

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

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

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

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

**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: \$ 67,723 Description: 02 Concentrators, Wheelchairs, Gerichairs, Elct. Beds, Etc.

(Attach a schedule detailing the breakdown of movable equipment)

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

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

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_ /2011 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2013 \$ \_\_\_\_\_

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a	3484 hrs	\$ 150,121	37	\$ 2,849		3,521	\$ 152,970	1
2	Licensed Speech and Language Development Therapist	10a	2816 hrs	126,231	17	1,277		2,833	127,508	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	1804 hrs	71,081	1,595	121,571	3,597	3,399	196,249	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39,2	# of prescripts				266,689		266,689	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>IV Therapy</u>	10a& 43,2				5,883	35,406		41,289	12
13	Other (specify): <u>X-Ray &amp; Lab</u>	43,3				56,087			56,087	13
14	<b>TOTAL</b>			\$ 347,433	1,649	\$ 187,667	\$ 305,692	9,753	\$ 840,792	14

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

Facility Name & ID Number Manorcare of Wilmette

# 0049650

Report Period Beginning: 06/01/09

Ending: 05/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 05/31/10 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 10,315	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,003,838		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	2,447		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,016,600	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	504,044		13
14	Buildings, at Historical Cost	7,317,367		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,763,454		16
17	Accumulated Depreciation (book methods)	(4,431,381)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 5,153,484	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,170,084	\$	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 100,827	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	329,485		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	107,620		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accounts Payable</u>	74,069		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 612,001	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	223,000		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation	1,038		42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 224,038	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 836,039	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 5,334,045	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 6,170,084	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>4,849,393</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>4,849,393</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(633,471)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (633,471)	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>	<b>Change in interdivision</b>	<b>1,118,123</b>	<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$ <b>1,118,123</b>	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>5,334,045</b>	<b>24</b> *

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

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 6,550,483	1
2	Discounts and Allowances for all Levels	(2,072,933)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 4,477,550</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,525,257	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 1,525,257</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	735	12
13	Barber and Beauty Care	5,160	13
14	Non-Patient Meals	15	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	290,247	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	46,156	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 342,313</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28			28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 6,345,120</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	961,553	31
32	Health Care	3,075,037	32
33	General Administration	1,962,933	33
<b>B. Capital Expense</b>			
34	Ownership	570,605	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	364,663	35
36	Provider Participation Fee	43,800	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 6,978,591</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(633,471)</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (633,471)</b>	<b>43</b>

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

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

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

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

Facility Name & ID Number **Manorcare of Wilmette**

# **0049650**

Report Period Beginning:

**06/01/09**

Ending:

**05/31/10**

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,001	2,180	\$ 85,314	\$ 39.13	1
2	Assistant Director of Nursing	3,894	4,243	144,993	34.17	2
3	Registered Nurses	21,778	23,729	783,227	33.01	3
4	Licensed Practical Nurses	9,444	10,290	271,845	26.42	4
5	CNAs & Orderlies	55,500	60,472	755,448	12.49	5
6	CNA Trainees					6
7	Licensed Therapist	8,010	8,702	377,461	43.38	7
8	Rehab/Therapy Aides	4,521	4,912	127,352	25.93	8
9	Activity Director					9
10	Activity Assistants	3,834	4,183	46,795	11.19	10
11	Social Service Workers	3,938	4,302	102,284	23.78	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	17,641	19,346	280,282	14.49	15
16	Dishwashers					16
17	Maintenance Workers	1,494	1,622	34,935	21.54	17
18	Housekeepers	10,084	10,939	124,896	11.42	18
19	Laundry					19
20	Administrator	1,918	2,080	75,681	36.39	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,757	16,993	321,704	18.93	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,765	1,929	29,291	15.18	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	161,579	175,922	\$ 3,561,508 *	\$ 20.24	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$		35
36	Medical Director	Monthly	24,344	9,3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,954	10,3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 26,298		49

**C. CONTRACT NURSES**

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	207	4,319	10,3	52
53	TOTAL (lines 50 - 52)	207	\$ 4,319		53





Facility Name & ID Number Manorcare of Wilmette# 0049650Report Period Beginning: 06/01/09Ending: 05/31/10**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IHCA \$2988 allwable
- (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 \$3336
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 5-10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 41,148 Line 10,2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 43,800  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 15
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? N/A  
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  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (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? No  
Attach invoices and a summary of services for all architect and appraisal fees.