



Facility Name & ID Number Manorcare of Elk Grove Vlg

# 0049387 Report Period Beginning: 06/01/12 Ending: 05/31/13

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	190	Skilled (SNF)	190	69,350	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	190	TOTALS	190	69,350	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	21,684	5,915	33,134	60,733	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	21,684	5,915	33,134	60,733	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.57%

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 07/30/90

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

YES  Date 04/07/11 NO

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

YES  NO  If YES, enter number of beds certified 190 and days of care provided 26,538

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31 Fiscal Year: 05/31

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

**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	533,262	61,847	3,709	598,818		598,818		598,818		1
2	Food Purchase		462,631		462,631		462,631	(2,571)	460,060		2
3	Housekeeping	259,549	40,561	2,528	302,638		302,638		302,638		3
4	Laundry	60,905	36,849	376	98,130		98,130		98,130		4
5	Heat and Other Utilities			311,556	311,556	4,213	315,769		315,769		5
6	Maintenance	108,235	16,963	190,937	316,135		316,135		316,135		6
7	Other (specify):* <b>Med Waste</b>			5,806	5,806		5,806		5,806		7
8	<b>TOTAL General Services</b>	<b>961,951</b>	<b>618,851</b>	<b>514,912</b>	<b>2,095,714</b>	<b>4,213</b>	<b>2,099,927</b>	<b>(2,571)</b>	<b>2,097,356</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,000	30,000		30,000		30,000		9
10	Nursing and Medical Records	5,638,311	520,233	157,441	6,315,985	26,253	6,342,238		6,342,238		10
10a	Therapy	2,379,154	20,521	571,464	2,971,139		2,971,139		2,971,139		10a
11	Activities	162,460	4,592	3,125	170,177		170,177	(45)	170,132		11
12	Social Services	346,153		2,593	348,746		348,746		348,746		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>8,526,078</b>	<b>545,346</b>	<b>764,623</b>	<b>9,836,047</b>	<b>26,253</b>	<b>9,862,300</b>	<b>(45)</b>	<b>9,862,255</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	206,064		873,093	1,079,157	(303,029)	776,128		776,128		17
18	Directors Fees										18
19	Professional Services			58,744	58,744		58,744	(58,744)			19
20	Dues, Fees, Subscriptions & Promotions			130,949	130,949		130,949	(75,496)	55,453		20
21	Clerical & General Office Expenses	679,038	110,967	342,094	1,132,099		1,132,099	(154,243)	977,856		21
22	Employee Benefits & Payroll Taxes			1,439,994	1,439,994	81,313	1,521,307		1,521,307		22
23	Inservice Training & Education			9,044	9,044		9,044		9,044		23
24	Travel and Seminar			3,122	3,122		3,122		3,122		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			1,094,456	1,094,456		1,094,456		1,094,456		26
27	Other (specify):*							(370)	(370)		27
28	<b>TOTAL General Administration</b>	<b>885,102</b>	<b>110,967</b>	<b>3,951,496</b>	<b>4,947,565</b>	<b>(221,716)</b>	<b>4,725,849</b>	<b>(288,853)</b>	<b>4,436,996</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>10,373,131</b>	<b>1,275,164</b>	<b>5,231,031</b>	<b>16,879,326</b>	<b>(191,250)</b>	<b>16,688,076</b>	<b>(291,469)</b>	<b>16,396,607</b>		<b>29</b>

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

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)

	Capital Expense	Cost 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>D. Ownership</b>											
30	Depreciation			736,039	736,039	29,863	765,902		765,902			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			2,600,209	2,600,209	161,387	2,761,596	(2,607,395)	154,201			32
33	Real Estate Taxes			783,557	783,557		783,557		783,557			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			38,726	38,726		38,726		38,726			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			4,158,531	4,158,531	191,250	4,349,781	(2,607,395)	1,742,386			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		929,304		929,304		929,304		929,304			39
40	Barber and Beauty Shops			22,897	22,897		22,897		22,897			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			312,320	312,320		312,320		312,320			42
43	Other (specify):* <b>IV Ther/Xray/Lab</b>		185,416	148,423	333,839		333,839		333,839			43
44	<b>TOTAL Special Cost Centers</b>		1,114,720	483,640	1,598,360		1,598,360		1,598,360			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	10,373,131	2,389,884	9,873,202	22,636,217		22,636,217	(2,898,864)	19,737,353			45

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

**VI. ADJUSTMENT DETAIL**

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,571)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(223)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(370)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(10,000)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(49,571)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(141,174)	21		24
25	Fund Raising, Advertising and Promotional	(75,496)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(2,619,459)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (2,898,864)		\$	30

BHF USE ONLY					
48		49		50	51
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (2,898,864)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

Manorcare of Elk Grove Vlg

ID# 0049387

Report Period Beginning: 06/01/12

Ending: 05/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Wages - Marketing	\$ (1,871)	21	1
2	P/R O/H Alloc - Mktg	(385)	21	2
3	HCP Lease Interest	(2,607,395)	32	3
4	Vending Income	(590)	21	4
5	Activity Income	(45)	11	5
6	Accounting/Collection Fees	(9,173)	19	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>	(2,619,459)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/12

Ending:

05/31/13

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	(2,571)	0	0	0	0	0	0	0	0	0	0	(2,571)	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>(2,571)</b>	<b>0</b>	<b>(2,571)</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	(45)	0	0	0	0	0	0	0	0	0	0	(45)	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>(45)</b>	<b>0</b>	<b>(45)</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	(58,744)	0	0	0	0	0	0	0	0	0	0	(58,744)	19
20	Fees, Subscriptions & Promotions	(75,496)	0	0	0	0	0	0	0	0	0	0	(75,496)	20
21	Clerical & General Office Expenses	(154,243)	0	0	0	0	0	0	0	0	0	0	(154,243)	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):*	(370)	0	0	0	0	0	0	0	0	0	0	(370)	27
28	<b>TOTAL General Administration</b>	<b>(288,853)</b>	<b>0</b>	<b>(288,853)</b>	<b>28</b>									
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(291,469)</b>	<b>0</b>	<b>(291,469)</b>	<b>29</b>									

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Elk Grove Vlg# 0049387

Report Period Beginning:

06/01/12 Ending:05/31/13

## 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	(2,607,395)	0	0	0	0	0	0	0	0	0	0	(2,607,395)	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>(2,607,395)</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>(2,607,395)</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>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(2,898,864)	0	0	0	0	0	0	0	0	0	0	(2,898,864)	45

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
HCR Manor Care, LLC	100			HCR Manor Care Svc	Toledo	home office
				HL Empl Svcs, LLC	Toledo	personnel
				HL Rehab Svcs, LLC	Toledo	therapy mgmt svcs
				HL Rehab Svcs, LLC	Toledo	therapy services
				HL Home Health Care	Toledo	nursing staff

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	See	\$ 873,093	HCR Manor Care Services, LLC	100.00%	\$ 873,093	\$	1
2	V	Page 8						2
3	V							3
4	V	1-44 Personnel	10,373,131	Heartland Employment Services, LLC	100.00%	10,373,131		4
5	V	10a Therapy Management	22,663	Heartland Rehabilitaion Services, LLC	100.00%	22,663		5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 11,268,887			\$ 11,268,887	\$ *	14

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

Facility Name &amp; ID Number

Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/12

Ending:

05/31/13

## VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heartland of Canton IL, LLC	Canton				1
2			Heartland of Champaign IL, LLC	Champaign				2
3			Heartland of Decatur IL, LLC	Decatur				3
4			Heartland of Galesburg IL, LLC	Galesburg				4
5			Heartland of Henry IL, LLC	Henry				5
6			Heartland of Macomb IL, LLC	Macomb				6
7			Heartland of Moline IL, LLC	Moline				7
8			Heartland of Normal IL, LLC	Normal				8
9			Heartland of Paxton IL, LLC	Paxton				9
10			Heartland of Peoria IL, LLC	Peoria				10
11			Heartland-Riverview of East Peoria IL, LLC	East Peoria				11
12			Manor Care at Arlington Heights	Arlington Heights				12
13			Manor Care of Elgin IL, LLC	Elgin				13
14			Manor Care - Highland Park	Highland Park				14
15			Manor Care of Hinsdale IL, LLC	Hinsdale				15
16			Manor Care of Homewood IL, LLC	Homewood				16
17			Manor Care of Kankakee IL, LLC	Kankakee				17
18			Manor Care of Libertyville IL, LLC	Libertyville				18
19			Manor Care of Naperville IL, LLC	Naperville				19
20			Manor Care of Northbrook IL, LLC	Northbrook				20
21			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				21
22			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				22
23			Manor Care of Palos Heights West IL, LLC	Palos Heights				23
24			Manor Care of Palos Heights IL, LLC	Palos Heights				24
25			Manor Care of Rolling Meadows IL, LLC	Rolling Meadows				25
26			Manor Care of South Holland IL, LLC	South Holland				26
27			Manor Care of Westmont IL, LLC	Westmont				27
28			Manor Care of Wilmette IL, LLC	Wilmette				28
29			Arden Courts of Elk Grove Village IL, LLC	Elk Grove Village				29
30								30

Facility Name & ID Number

Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/12

Ending:

05/31/13

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Arden Courts of Geneva IL, LLC	Geneva				1
2			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				2
3			Arden Courts of Hazel Crest IL, LLC	Hazel Crest				3
4			Arden Courts of Northbrook IL, LLC	Northbrook				4
5			Arden Courts of Palos Heights IL, LLC	Palos Heights				5
6			Arden Courts of South Holland IL, LLC	South Holland				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

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 Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/12

Ending: 05/31/13

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 Services, LLC  
 Street Address 333 North Summit Street  
 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	5	Utilities - Pooled	Accumulated Cost	3,999,514,966	682 NFs, HHs, & R	\$ 748,673	\$ 22,506,216	\$ 4,213	1	
2	5	Utilities - Direct to All SNFs	Accumulated Cost	3,550,656,576	354 NFs		22,506,216	0	2	
3	5	Utilities - Direct to MW Div SNFs	Accumulated Cost	517,936,312	48 NFs		22,506,216	0	3	
4	10	Nursing - Pooled	Accumulated Cost	3,999,514,966	682 NFs, HHs, & R	419,407	305,829	22,506,216	2,360	4
5	10	Nursing - Direct to All SNFs	Accumulated Cost	3,550,656,576	354 NFs	3,769,374	11,422,621	22,506,216	23,893	5
6	10	Nursing - Direct to MW Div SNFs	Accumulated Cost	517,936,312	48 NFs			22,506,216	0	6
7	17	Gen / Admin - Pooled	Accumulated Cost	3,999,514,966	682 NFs, HHs, & R	66,682,648	33,182,703	22,506,216	375,239	7
8	17	Gen / Admin - Direct to All SNFs	Accumulated Cost	3,550,656,576	354 NFs	18,146,595	4,833,950	22,506,216	115,024	8
9	17	Gen/Admin-Direct to MW Div SN	Accumulated Cost	517,936,312	48 NFs	1,836,474	1,251,308	22,506,216	79,801	9
10	22	Employee Benefits - Pooled	Accumulated Cost	3,999,514,966	682 NFs, HHs, & R	7,480,805		22,506,216	42,096	10
11	22	Empl Benefits - Direct to All SNFs	Accumulated Cost	3,550,656,576	354 NFs	6,187,019		22,506,216	39,217	11
12	22	Empl Benefits-Dir to MW Div SN	Accumulated Cost	517,936,312	48 NFs			22,506,216	0	12
13	30	Depreciation - Pooled	Accumulated Cost	3,999,514,966	682 NFs, HHs, & R	4,579,765		22,506,216	25,772	13
14	30	Depreciation - Direct to All SNFs	Accumulated Cost	3,550,656,576	354 NFs	645,474		22,506,216	4,091	14
15	30	Depr - Direct to MW Div SNFs	Accumulated Cost	517,936,312	48 NFs			22,506,216	0	15
16										16
17	32	Pooled Interest	Accumulated Cost	3,999,514,966		25,871,304		22,506,216	145,584	17
18	32	Directly Assigned Interest	Not Allocated			18,513,013			15,803	18
19										19
20		H/O Costs Allocated to Non-SNFs & Oth Div				30,612,518				20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 185,493,069	\$ 50,996,411	\$	873,093	25

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

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
	<b>A. Directly Facility Related</b>																
	<b>Long-Term</b>																
1	Conv Sub Debentures		X	Various			\$ 241,832	\$ 241,832		0.0653	\$ 15,803						
2																	
3																	
4																	
5																	
	<b>Working Capital</b>																
6																	
7	Pooled Interest										145,584						
8	Interest Expense / Interest Income										(7,186)						
9	<b>TOTAL Facility Related</b>																
	<b>B. Non-Facility Related*</b>																
10																	
11																	
12																	
13																	
14	<b>TOTAL Non-Facility Related</b>																
15	<b>TOTALS (line 9+line14)</b>																
							\$ 241,832	\$ 241,832			\$ 154,201						

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

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2012 report.		\$	<u>567,901</u>	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.)		\$	<u>695,947</u>	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>128,046</u>	3	
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>655,387</u>	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>		\$	<u>124</u>	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 \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>783,557</u>	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2008	<u>398,728</u>	8	<b>FOR BHF USE ONLY</b>	
	2009	<u>301,576</u>	9	13	FROM R. E. TAX STATEMENT FOR 2012 \$ _____ 13
	2010	<u>657,870</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ _____ 14
	2011	<u>696,875</u>	11	15	LESS REFUND FROM LINE 6 \$ _____ 15
	2012	<u>733,178</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ _____ 16
<u>Line 2: \$695,946.78 = \$312,665.31 for 2nd half of 2011 + \$383,281.47 for 1st half 2012</u>					
<u>Line 4: \$655,387.37 = \$349,896.54 for 2nd half 2012 + \$305,490.83 for Jan-May 2013</u>					
<u>Line 5: Worsek &amp; Vihon Invoice for 2011 RE Tax Appeal-Specific Objections</u>					

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.**

## 2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Manorcare of Elk Grove Vlg COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049387

CONTACT PERSON REGARDING THIS REPORT Gary Geise

TELEPHONE (419) 252-5731 FAX #: (419) 254-5495

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

Enter the tax index number and real estate tax assessed for 2012 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 2012.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>07-35-200-022-0000</u>	<u>See Attached</u>	\$ <u>986,382.36</u>	\$ <u>733,178.01</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>986,382.36</u></u>	\$ <u><u>733,178.01</u></u>

**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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

**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.**

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 70,963 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 1

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).

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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>1990</u>	<u>\$ 853,628</u>	1
2					2
3	<b>TOTALS</b>			<b>\$ 853,628</b>	3

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-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	120			1990	\$ 5,025,494	\$ 204,245		\$ 204,245		\$ 3,868,329	4
5	60			1996	1,726,800						5
6	10			2000	1,063,936						6
7	5/31/03 Audit Adjustment			2000	(277,211)						7
8				2009	631,865						8
<b>Improvement Type**</b>											
9	Current Year Depreciation			1990	12,954	268,878		268,878		2,522,843	9
10				1991	41,034						10
11				1992	89,111						11
12				1993	29,775						12
13				1994	18,939						13
14				1995	182,383						14
15				1996	485,188						15
16				1997	111,890						16
17				1998	127,587						17
18				1999	60,314						18
19				2000	68,449						19
20				2001	5,850						20
21				2002	53,586						21
22				2003	975						22
23		HOLLOW METAL DOOR		2003	975						23
24		ARCH & ENGINEERING COSTS		2003	162						24
25		BORDER		2003	1,710						25
26		VWC		2003	219						26
27		VWC		2003	258						27
28		ARCHITECTIRAL ENGINEERING		2003	427						28
29		VWC		2003	22,640						29
30		NEW BATHROOM FLOORING & TILE		2003	258						30
31		ARCHITECT & ENGINEERING		2003	4,599						31
32		FLOORING		2003	3,317						32
33		VWC, BORDER, AND PAINTING		2003	2,820						33
34		ADDITIONAL COST FOR FLOORING		2003	2,064						34
35		ARCHITECT AND ENGINEERING COSTS		2003	3,629						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 &amp; ID Number Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/12

Ending:

05/31/13

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	BORDER	2003	\$ 54	\$		\$	\$	\$	37
38	ARCHITECT AND ENGINEERING COSTS	2003	455						38
39	ELECTRICAL WORK	2003	5,182						39
40	VCT FLOORING	2003	7,005						40
41	BASE AND FLOOR TILE	2003	4,118						41
42	CARPET	2004	609						42
43	INSTALL CARPET	2004	550						43
44	PAVING	2003	67,500						44
45	CONCRETE WALK	2003	3,822						45
46	PAVING	2004	7,500						46
47	Renov. - General Construction Overhead & Interest	2004	19,622						47
48	Renov. - Carpeting	2004	595						48
49	Renov. - Painting	2004	14,000						49
50	Renov. - Wallcovering & Corner Guards	2004	37,811						50
51	Renov. - Carpentry	2004	8,201						51
52	Renov. - Plumbing	2004	2,880						52
53	Renov. - Electrical	2004	2,931						53
54	Carpet	2004	1,324						54
55	Ceramic Cove Base	2004	3,360						55
56	Renov. - Wood Doors & Hardware for Lobby	2004	8,597						56
57	Renov. - Electrical	2004	2,484						57
58	Electric Door Strike at Service Door	2004	1,509						58
59	CARPETING & DELIVERY OF CARPETTING	2005	2,435						59
60	REBUILD SHOWER STALLS (5)	2006	14,000						60
61	VWC, BASE, & CEILING TILES IN BREAK ROOM	2006	2,470						61
62	Ceramic Tile - Wall/Floor	2006	3,300						62
63	Wallcovering	2006	3,605						63
64	Plumbing Work on Sprinkler System	2006	4,727						64
65	Architecture/Engineering for Parking Lot	2007	9,285						65
66	Drywall Work	2007	8,378						66
67	DOOR HOLDER & CLOSER	2007	1,556						67
68	DOOR HOLDER & CLOSER	2007	1,869						68
69	Renov. - Carpeting & Pad	2007	1,742						69
70	TOTAL (lines 4 thru 69)		\$ 9,755,473	\$ 473,123		\$ 473,123	\$	\$ 6,391,172	70

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

Facility Name &amp; ID Number Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/12

Ending:

05/31/13

## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-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>		\$ 9,755,473	\$ 473,123		\$ 473,123	\$	\$ 6,391,172	1
2	Renov. - Wallcovering	2007	84,542						2
3	Renov. - Carpentry - Subtractor	2007	38,200						3
4	Renov. - Basic Electrical	2007	7,626						4
5	Renov. - HM Doors & Frames	2007	10,505						5
6	Renov. - Generator, Permit	2007	3,096						6
7	Renov. - Basic Electrical	2007	9,357						7
8	Renov. - Generator, Engineering	2007	13,539						8
9	Renov. - Parking Lot Expansion & Landscaping	2007	83,045						9
10	BLACKTOP PATCHING	2007	12,078						10
11	Roofing	2008	7,221						11
12	Roofing - additional	2008	802						12
13	Generator - Installation & Materials	2008	36,317						13
14	Generator - Equipment	2008	10,814						14
15	Generator - Installation & Materials	2008	62,613						15
16	Renov. - CORRIDOR DOORS (35)	2008	50,575						16
17	CO2 Detectors & Control Panel	2008	11,781						17
18	Generator - Equipment	2008	63,883						18
19	Storm Drain Enhancements	2008	4,100						19
20	Sealcoating & Restriping	2008	13,362						20
21	Renov. - Internet Café Construction (Contracted Total)	2009	88,371						21
22	Double Egress Kitchen Doors	2009	6,076						22
23	Renov. - Carpentry	2009	76,000						23
24	Renov. - Millwork (Hand Rails)	2009	14,910						24
25	Renov. - Electrical (Light Fixtures)	2009	5,990						25
26	Renov. - Carpet	2009	6,195						26
27	Renov. - Wallcovering, Corner Guards	2009	8,076						27
28	Generator - Installation & Materials	2009	11,108						28
29	Renov. - Carpentry	2009	45,000						29
30	Renov. - Millwork (Hand Rails)	2009	16,827						30
31	Renov. - Carpet	2009	9,331						31
32	Renov. - Wallcovering	2009	9,237						32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,576,050	\$ 473,123		\$ 473,123	\$	\$ 6,391,172	34

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

Facility Name &amp; ID Number Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/12

Ending:

05/31/13

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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>		\$ 10,576,050	\$ 473,123		\$ 473,123	\$	\$ 6,391,172	1
2	<u>THERAPY ADD - SOIL TESTING</u>	2009	600						2
3	<u>THERAPY ADD - CONCRETE TESTING</u>	2009	2,155						3
4	<u>THERAPY ADD - SITE PREPARATION</u>	2009	240,173						4
5	<u>THERAPY ADD - LANDSCAPING</u>	2009	14,240						5
6	<u>LIGHTPOLE W/ CONCRETE BASE</u>	2009	5,483						6
7	<u>THERAPY ADD - ARCH &amp; ENGINEER COST</u>	2009	56,780						7
8	<u>THERAPY ADD - ARCHITECT REIMB EXTER</u>	2009	7,886						8
9	<u>THERAPY ADD - ENGINEERING - CIVIL</u>	2009	4,740						9
10	<u>THERAPY ADD - INTERIOR DESIGN CONSULTANT</u>	2009	102,773						10
11	<u>THERAPY ADD - LANDSCAPE DESIGN CONSULTANT</u>	2009	8,487						11
12	<u>THERAPY ADD - PLAN REVIEWS</u>	2009	8,853						12
13	<u>THERAPY ADD - SALES USE TAX</u>	2009	22						13
14	<u>THERAPY ADD - WALL COVERING</u>	2009	14,602						14
15	<u>THERAPY ADD - CORNER GUARDS</u>	2009	1,548						15
16	<u>THERAPY ADD - TV IN PT WAITING ROOM</u>	2010	1,745						16
17	<u>THERAPY ADD - CRASH RAIL</u>	2010	3,941						17
18	<u>PAINTING FOR NOURISHMENT</u>	2009	3,800						18
19	<u>10 DOORS</u>	2009	27,900						19
20	<u>CARPETING</u>	2009	1,040						20
21	<u>HM DOOR</u>	2009	4,867						21
22	<u>HM DOOR</u>	2010	4,830						22
23	<u>C-WING SPRINKLERS</u>	2010	25,181						23
24	<u>3808 C WING REHAB RENO - CARPENTRY</u>	2009	43,296						24
25	<u>3808 C WING REHAB RENO - HM DOORS &amp; FRAMES</u>	2009	3,324						25
26	<u>3808 C WING REHAB RENO - ELECTRICAL</u>	2009	6,930						26
27	<u>3808 C WING REHAB RENO - CORNER GUARDS</u>	2009	268						27
28	<u>2107 GENERATOR REPLACE - LABOR &amp; MATERIALS</u>	2009	25,804						28
29	<u>1409 SPRINKLER HEADS - SPRINKLERS</u>	2009	32,500						29
30	<u>1809 INTERIOR RENO - FLOORING</u>	2010	1,906						30
31	<u>1809 INTERIOR RENO - CARPETING</u>	2010	9,289						31
32	<u>1809 INTERIOR RENO - WALL COVERING</u>	2010	45,056						32
33	<u>1809 INTERIOR RENO - ELECTRICAL</u>	2010	1,984						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,288,053	\$ 473,123		\$ 473,123	\$	\$ 6,391,172	34

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

Facility Name &amp; ID Number Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/12

Ending:

05/31/13

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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>		\$ 11,288,053	\$ 473,123		\$ 473,123	\$	\$ 6,391,172	1
2	1809 INTERIOR RENOVATION - Wall Covering	2010	44,154						2
3	HM Doors	2010	10,350						3
4	0910 HERITAGE RENOVATION - Lobby Finishes	2010	76,149						4
5	0910 HERITAGE RENOVATION - Carpeting & Pads	2010	8,725						5
6	0910 HERITAGE RENOVATION - Wall Covering	2010	8,753						6
7	0910 HERITAGE RENOVATION - Corner Guards	2010	2,827						7
8	0910 HERITAGE RENOVATION - Millwork	2010	15,549						8
9	0910 HERITAGE RENOVATION - Basic Electrical	2010	8,612						9
10	SMOKE DETECTOR SYSTEM	2011	10,890						10
11	1211 C-WING RES BTHRM HEATERS	2011	18,560						11
12	HM DOORS - ASST ADMIN OFFICE & BATHROOM	2011	19,050						12
13	DRAINAGE SYSTEM (COURTYARD)	2011	28,203						13
14	300 FT OF SEWER PIPING	2011	27,190						14
15	concrete walk sections	2011	14,426						15
16	CABINETS (NOURISHMENT RM)	2011	3,969						16
17	ELEC HEATERS IN LAUNDRY/RMS 421/141/C-WING SHOWE	2011	14,233						17
18	208 volt 30 amp circuit (steam	2011	2,153						18
19	HERITAGE WING RENOV - GEN OVERHEAD & INTEREST	2011	79,909						19
20	HERITAGE WING RENOV - RESILIENT FLOORING	2011	109,165						20
21	HERITAGE WING RENOV - CARPETING	2011	21,188						21
22	HERITAGE WING RENOV - WALLCOVERING	2011	85,740						22
23	HERITAGE WING RENOV - BASIC ELECTRICAL	2011	25,016						23
24	SHOWER RENOVATIONS HERITAGE WING	2011	4,857						24
25	PLANTER BOXES, ADDL CONCRETE FOR COURTYARD	2011	3,375						25
26	SPRINKLER PIPING	2012	15,836						26
27	DOUBLE DOORS @ STORAGE SHED	2012	2,915						27
28									28
29	FIRE DAMPERS in C-Wing	2012	13,320						29
30	5 DOORS-rms 115, 126, 320 ,328, & DCD office	2012	17,084						30
31	PATIO CANOPY	2012	2,086						31
32	Roof	2012	39,130						32
33	MINOR KITCHEN RENOV - flooring	2012	9,804						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,031,271	\$ 473,123		\$ 473,123	\$	\$ 6,391,172	34

\*\*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.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,031,271	\$ 473,123		\$ 473,123	\$	\$ 6,391,172	1
2	MINOR KITCHEN RENOV -tile	2012	2,280						2
3	FIRE SPRINKLER UPGRADE	2012	14,504						3
4	FLOORING-employee baths	2012	6,785						4
5	PIPE INSULATION - in janitors closets	2013	4,860						5
6	DOORWAY UPGRADE to kitchen entrance	2013	7,443						6
7	DOORS - PAT RM/CORR @ rm 118-119, 308, 313,	2013	22,752						7
8	' & conf room. A-Wing hallway and central bath								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	TOTAL (lines 1 thru 33)		\$ 12,089,895	\$ 473,123		\$ 473,123	\$	\$ 6,391,172	34

\*\*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.)

	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	\$ 3,776,068	\$ 262,916	\$ 262,916	\$		\$ 3,099,446	71
72	Current Year Purchases	179,583						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			29,863	29,863			74
75	TOTALS	\$ 3,955,651	\$ 262,916	\$ 292,779	\$ 29,863		\$ 3,099,446	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	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)	\$ 16,899,174	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 736,039	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 765,902	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 29,863	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,490,618	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	CIP	\$ 98,666	92
93			93
94			94
95		\$ 98,666	95

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

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

Facility Name & ID Number Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning: 06/01/12

Ending: 05/31/13

**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	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2015 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

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: \$ 38,726 Description: O2 Concentrators, Wheelchairs, Geri Chairs, Elec 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	<b>TOTAL</b>		\$	\$	21

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

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

Facility Name & ID Number Manorcare of Elk Grove Vlg # 0049387 Report Period Beginning: 06/01/12 Ending: 05/31/13  
**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

<b>COMPLETED</b>		
1. From this facility		
2. From other facilities (f)		
<b>DROP-OUTS</b>		
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	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	10a	16292	hrs	\$ 667,135	2,029	\$ 126,588	\$ 1,135	18,321	\$ 794,858	1
2	Licensed Speech and Language Development Therapist	10a	4168	hrs	170,660	51	3,200		4,219	173,860	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10a	20820	hrs	852,531	5,180	323,238	19,386	26,000	1,195,155	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				929,304		929,304	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): <u>Inhal Therapist</u>	10a	416		17,052	1,461	91,182		1,877	108,234	12
13	Other (specify): <u>IV Ther/Xray/Lab</u>	43, 2&3					148,423	185,416		333,839	13
14	TOTAL				\$ 1,707,378	8,721	\$ 692,631	\$ 1,135,241	50,417	\$ 3,535,250	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 Elk Grove Vlg

# 0049387

Report Period Beginning: 06/01/12

Ending:

05/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 05/31/13 (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	\$ 676	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (727,074) )	2,227,287		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	3,639		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>	\$ 2,231,602	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	853,628		13
14	Buildings, at Historical Cost	12,089,895		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,955,651		16
17	Accumulated Depreciation (book methods)	(9,490,618)		17
18	Deferred Charges	14,580,372		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): <u>CIP</u>	98,666		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 22,087,594	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 24,319,196	\$	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 266,849	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	967,754		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	655,387		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>Accrued Payables</u>	404,508		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,294,498	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	241,832		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			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>	\$ 241,832	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 2,536,330	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 21,782,866	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 24,319,196	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 23,819,628	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 23,819,628	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(256,363)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (256,363)	17
<b>B. Transfers (Itemize):</b>			
18	Change in Interdivision	(1,780,399)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (1,780,399)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 21,782,866	24 *

\* 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		
I. Revenue		Amount		
<b>A. Inpatient Care</b>				
1	Gross Revenue -- All Levels of Care	\$ 22,646,505	1	
2	Discounts and Allowances for all Levels	(9,713,778)	2	
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,932,727	3	
<b>B. Ancillary Revenue</b>				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	7,645,950	6	
7	Oxygen		7	
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 7,645,950	8	
<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	960	12	
13	Barber and Beauty Care	30,586	13	
14	Non-Patient Meals	2,571	14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space	100	16	
17	Sale of Drugs	1,382,269	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory	103,295	19	
20	Radiology and X-Ray	98,701	20	
21	Other Medical Services	179,971	21	
22	Laundry	2,679	22	
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,801,132	23	
<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>	\$	26	
<b>E. Other Revenue (specify):****</b>				
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27	
28			28	
28a	<u>Activity Income</u>	45	28a	
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 45	29	
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 22,379,854	30	

		2		
II. Expenses		Amount		
<b>A. Operating Expenses</b>				
31	General Services	2,095,714	31	
32	Health Care	9,836,047	32	
33	General Administration	4,947,565	33	
<b>B. Capital Expense</b>				
34	Ownership	4,158,531	34	
<b>C. Ancillary Expense</b>				
35	Special Cost Centers	1,286,040	35	
36	Provider Participation Fee	312,320	36	
<b>D. Other Expenses (specify):</b>				
37			37	
38			38	
39			39	
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 22,636,217	40	
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(256,363)	41	
42	<b>Income Taxes</b>		42	
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (256,363)	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,566,816	44
45	Private Pay - Net Inpatient Revenue	1,787,635	45
46	Medicare - Net Inpatient Revenue	7,373,938	46
47	Other-(specify)	26,482	47
48	Other-(specify)	1,177,856	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 12,932,727	49

\* 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 Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/12

Ending:

05/31/13

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,960	2,114	\$ 98,877	\$ 46.77	1
2	Assistant Director of Nursing	5,789	6,245	235,220	37.67	2
3	Registered Nurses	75,225	81,145	2,853,979	35.17	3
4	Licensed Practical Nurses	15,845	17,092	435,955	25.51	4
5	CNAs & Orderlies	142,448	154,003	1,966,409	12.77	5
6	CNA Trainees					6
7	Licensed Therapist	41,697	44,930	1,839,750	40.95	7
8	Rehab/Therapy Aides	20,236	21,805	539,404	24.74	8
9	Activity Director	10,365	11,191	162,460	14.52	9
10	Activity Assistants					10
11	Social Service Workers	11,845	12,785	346,153	27.07	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	35,646	38,479	533,262	13.86	15
16	Dishwashers					16
17	Maintenance Workers	3,889	4,199	108,235	25.78	17
18	Housekeepers	18,983	20,490	259,549	12.67	18
19	Laundry	5,405	5,840	60,905	10.43	19
20	Administrator	2,080	2,080	143,274	68.88	20
21	Assistant Administrator	1,397	1,397	62,790	44.95	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	28,217	30,674	676,782	22.06	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	2,532	2,734	47,871	17.51	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	423,559	457,203	\$ 10,370,875 *	\$ 22.68	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	30,000	9, 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				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)		\$ 30,000		49

**C. CONTRACT NURSES**

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



XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Manorcare of Elk Grove Vlg# 0049387

Report Period Beginning:

06/01/12

Ending:

05/31/13**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. ICHA \$5,238
- (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 \$11379
- (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. \$ 116,099 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? YES  
If YES, give effective date of lease. 04/07/11
- (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. \$ 312,320  
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. \$ 2,571
- (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.