



Facility Name & ID Number Manorcare of Naperville

# 0049577 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	118	Skilled (SNF)	118	43,070	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	118	TOTALS	118	43,070	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	8,267	2,850	23,555	34,672	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	8,267	2,850	23,555	34,672	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.50%

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 11/01/81

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 117 and days of care provided 16,053

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.

Facility Name & ID Number

Manorcare of Naperville

# 0049577

Report Period Beginning:

06/01/12

Ending:

05/31/13

**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	372,503	14,455	3,307	390,265		390,265		390,265		1
2	Food Purchase		254,307		254,307		254,307	(718)	253,589		2
3	Housekeeping	175,871	29,084	2,506	207,461		207,461		207,461		3
4	Laundry	56,993	23,823	117	80,933		80,933		80,933		4
5	Heat and Other Utilities			178,619	178,619	2,792	181,411		181,411		5
6	Maintenance	53,003	8,796	98,102	159,901		159,901		159,901		6
7	Other (specify):* <b>Med Waste</b>			1,320	1,320		1,320		1,320		7
8	<b>TOTAL General Services</b>	658,370	330,465	283,971	1,272,806	2,792	1,275,598	(718)	1,274,880		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			34,812	34,812		34,812		34,812		9
10	Nursing and Medical Records	3,405,040	358,460	50,003	3,813,503	17,398	3,830,901		3,830,901		10
10a	Therapy	2,144,659	7,889	89,733	2,242,281		2,242,281		2,242,281		10a
11	Activities	119,447	4,243	3,676	127,366		127,366		127,366		11
12	Social Services	214,398	14	2,420	216,832		216,832		216,832		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	5,883,544	370,606	180,644	6,434,794	17,398	6,452,192		6,452,192		16
	<b>C. General Administration</b>										
17	Administrative	121,171		730,271	851,442	(352,474)	498,968		498,968		17
18	Directors Fees										18
19	Professional Services			36,571	36,571		36,571	(36,571)			19
20	Dues, Fees, Subscriptions & Promotions			87,377	87,377		87,377	(55,348)	32,029		20
21	Clerical & General Office Expenses	528,912	79,615	(103,759)	504,768		504,768	84,544	589,312		21
22	Employee Benefits & Payroll Taxes			1,108,540	1,108,540	53,888	1,162,428		1,162,428		22
23	Inservice Training & Education			2,358	2,358		2,358		2,358		23
24	Travel and Seminar			4,512	4,512		4,512		4,512		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			680,302	680,302		680,302		680,302		26
27	Other (specify):*							(79)	(79)		27
28	<b>TOTAL General Administration</b>	650,083	79,615	2,546,172	3,275,870	(298,586)	2,977,284	(7,454)	2,969,830		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	7,191,997	780,686	3,010,787	10,983,470	(278,396)	10,705,074	(8,172)	10,696,902		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 Naperville

#0049577

Report Period Beginning:

06/01/12

Ending:

05/31/13

## 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			378,449	378,449	19,791	398,240		398,240			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			2,425,152	2,425,152	258,605	2,683,757	(2,431,187)	252,570			32
33	Real Estate Taxes			82,943	82,943		82,943		82,943			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			56,766	56,766		56,766		56,766			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,943,310	2,943,310	278,396	3,221,706	(2,431,187)	790,519			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		759,099	2,500	761,599		761,599		761,599			39
40	Barber and Beauty Shops			10,739	10,739		10,739		10,739			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			178,529	178,529		178,529		178,529			42
43	Other (specify):* <b>IV Ther/Xray/Lab</b>		169,090	262,216	431,306		431,306		431,306			43
44	<b>TOTAL Special Cost Centers</b>		928,189	453,984	1,382,173		1,382,173		1,382,173			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,191,997	1,708,875	6,408,081	15,308,953		15,308,953	(2,439,359)	12,869,594			45

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

Facility Name & ID Number Manorcare of Naperville

# 0049577

Report Period Beginning:

06/01/12

Ending:

05/31/13

**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	(718)	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	(103)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(79)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(5,000)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(33,771)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	197,968	21		24
25	Fund Raising, Advertising and Promotional	(55,348)	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	(2,542,308)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (2,439,359)</b>		<b>\$</b>	<b>30</b>

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>	<b>\$</b>		<b>36</b>
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	<b>\$ (2,439,359)</b>		<b>37</b>

\*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>			<b>\$</b>		<b>47</b>

BHF USE ONLY						
48		49		50		51
						52

Manorcare of Naperville

ID# 0049577

Report Period Beginning: 06/01/12

Ending: 05/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Wages - Marketing	\$ (84,879)	21	1
2	P/R O/H A;;pc - Mktg	(22,313)	21	2
3	HCP Lease Interest	(2,431,187)	32	3
4	Vending Income	(1,129)	21	4
5	Accounting / Collection Fees	(2,800)	19	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>	(2,542,308)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Naperville# 0049577

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	(718)	0	0	0	0	0	0	0	0	0	0	(718)	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>(718)</b>	<b>0</b>	<b>(718)</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	(36,571)	0	0	0	0	0	0	0	0	0	0	(36,571)	19
20	Fees, Subscriptions & Promotions	(55,348)	0	0	0	0	0	0	0	0	0	0	(55,348)	20
21	Clerical & General Office Expenses	84,544	0	0	0	0	0	0	0	0	0	0	84,544	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):*	(79)	0	0	0	0	0	0	0	0	0	0	(79)	27
28	<b>TOTAL General Administration</b>	<b>(7,454)</b>	<b>0</b>	<b>(7,454)</b>	<b>28</b>									
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(8,172)</b>	<b>0</b>	<b>(8,172)</b>	<b>29</b>									

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Naperville# 0049577

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	(2,431,187)	0	0	0	0	0	0	0	0	0	0	(2,431,187)	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>(2,431,187)</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>(2,431,187)</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	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(2,439,359)</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>(2,439,359)</b>	<b>45</b>

**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						1
2	V	Page 8						2
3	V							3
4	V	1-44						4
5	V	10a						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		\$ 7,936,346			\$ 7,936,346	\$ *	14

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

Facility Name &amp; ID Number

Manorcare of Naperville

# 0049577

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 of Elk Grove Village IL, LLC	Elk Grove Village				14
15			Manor Care - Highland Park	Highland Park				15
16			Manor Care of Hinsdale IL, LLC	Hinsdale				16
17			Manor Care of Homewood IL, LLC	Homewood				17
18			Manor Care of Kankakee IL, LLC	Kankakee				18
19			Manor Care of Libertyville IL, LLC	Libertyville				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			Arden Courts of Geneva IL, LLC	Geneva				30

Facility Name & ID Number

Manorcare of Naperville

# 0049577

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 Glen Ellyn IL, LLC	Glen Ellyn				1
2			Arden Courts of Hazel Crest IL, LLC	Hazel Crest				2
3			Arden Courts of Northbrook IL, LLC	Northbrook				3
4			Arden Courts of Palos Heights IL, LLC	Palos Heights				4
5			Arden Courts of South Holland IL, LLC	South Holland				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

Facility Name &amp; ID Number

Manorcare of Naperville

#

0049577

Report Period Beginning:

06/01/12

Ending:

05/31/13

## 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 Naperville

# 0049577

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	682 NFs, HHs, & R	\$ 748,673	\$	14,915,438	\$ 2,792	1
2	5	Utilities - Direct to All SNFs	Accumulated Cost	354 NFs			14,915,438	0	2
3	5	Utilities - Direct to MW Div SNFs	Accumulated Cost	48 NFs			14,915,438	0	3
4	10	Nursing - Pooled	Accumulated Cost	682 NFs, HHs, & R	419,407	305,829	14,915,438	1,564	4
5	10	Nursing - Direct to All SNFs	Accumulated Cost	354 NFs	3,769,374	11,422,621	14,915,438	15,834	5
6	10	Nursing - Direct to MW Div SNFs	Accumulated Cost	48 NFs			14,915,438	0	6
7	17	Gen / Admin - Pooled	Accumulated Cost	682 NFs, HHs, & R	66,682,648	33,182,703	14,915,438	248,680	7
8	17	Gen / Admin - Direct to All SNFs	Accumulated Cost	354 NFs	18,146,595	4,833,950	14,915,438	76,230	8
9	17	Gen/Admin-Direct to MW Div SN	Accumulated Cost	48 NFs	1,836,474	1,251,308	14,915,438	52,886	9
10	22	Employee Benefits - Pooled	Accumulated Cost	682 NFs, HHs, & R	7,480,805		14,915,438	27,898	10
11	22	Empl Benefits - Direct to All SNFs	Accumulated Cost	354 NFs	6,187,019		14,915,438	25,990	11
12	22	Empl Benefits-Dir to MW Div SN	Accumulated Cost	48 NFs			14,915,438	0	12
13	30	Depreciation - Pooled	Accumulated Cost	682 NFs, HHs, & R	4,579,765		14,915,438	17,080	13
14	30	Depreciation - Direct to All SNFs	Accumulated Cost	354 NFs	645,474		14,915,438	2,711	14
15	30	Depr - Direct to MW Div SNFs	Accumulated Cost	48 NFs			14,915,438	0	15
16									16
17	32	Pooled Interest	Accumulated Cost		25,871,304		14,915,438	96,482	17
18	32	Directly Assigned Interest	Not Allocated		18,513,013			162,123	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		\$ 730,271	25

Facility Name & ID Number

Manorcare of Naperville

# 0049577

Report Period Beginning:

06/01/12

Ending:

05/31/13

**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	Vaious			\$ 2,480,995	\$ 2,480,995		0.0653	\$ 162,123						
2																	
3																	
4																	
5																	
	<b>Working Capital</b>																
6																	
7	Pooled Interest										96,482						
8	Interest Expense / Interest Income										(6,035)						
9	<b>TOTAL Facility Related</b>						\$ 2,480,995	\$ 2,480,995			\$ 252,570						
	<b>B. Non-Facility Related*</b>																
10																	
11																	
12																	
13																	
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$						
15	<b>TOTALS (line 9+line14)</b>						\$ 2,480,995	\$ 2,480,995			\$ 252,570						

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.)





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

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

C. **Tax Bills**

Attach a copy of the original 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.**

Facility Name & ID Number Manorcare of Naperville

# 0049577 Report Period Beginning:

06/01/12 Ending:

05/31/13

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 31,172 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			1981	\$ 32,377	1
2			2009	\$ 37,469	2
3	TOTALS			\$ 69,846	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	98			1967	\$ 631,081	\$ 13,462		\$ 13,462	\$	\$ 1,726,198	4
5	20			1988	1,159,909						5
6				2009	647,796						6
7											7
8											8
	<b>Improvement Type**</b>										
9	<b>Current Year Depreciation</b>					229,046		229,046		3,378,412	9
10				1988	144,949						10
11				1989	18,122						11
12				1990	68,243						12
13				1991	415,119						13
14				1992	84,655						14
15				1993	123,500						15
16				1994	101,520						16
17				1995	138,803						17
18		REMODEL/UPGRADE RESIDENT ROOMS		1996	37,545						18
19		CORPORATE OVERHEAD-RESIDENT RMS (See Line 32)		1996	7,272						19
20		PLUMBING REPAIRS		1996	1,341						20
21		WALLCOVERINGS		1996	3,590						21
22		CONCRETE WALKWAY/DRIVEWAY		1996	7,489						22
23		ELECTRICAL/LIGHTING		1996	12,176						23
24		WALLCOVERINGS		1996	15,435						24
25		PLUMBING		1996	4,900						25
26		CARPETING		1996	5,738						26
27		SECURITY SYSTEM		1996	1,668						27
28		FRONT ENTRANCE REPAIR		1996	2,551						28
29		REMODEL NURSES STATION		1996	12,886						29
30		PAINTING		1996	2,968						30
31		WALK-IN FREEZER		1996	15,411						31
32		CORP OH-Resident RMS Per 7/06 Capital Rate Adjustments		1996	(7,272)						32
33		ROOF REPAIRS		1997	2,823						33
34		CARPET & INSTALLATION		1997	3,701						34
35		WALLCOVERINGS		1997	11,798						35
36		CABINETRY		1997	15,765						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 Naperville

# 0049577

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	ELECTRICAL	1997	\$ 10,658	\$		\$	\$	\$	37
38	REMOVE WALL HEATER	1997	2,592						38
39	REPLACE CEILING TILES	1997	12,471						39
40	SHOWER ROOM RENOVATION	1997	14,484						40
41	NURSES STATION REMODEL	1997	3,000						41
42	DOORS/INSTALLATION/SIGNS	1997	3,888						42
43	DECORATING	1997	20,000						43
44	INSTALL SUNDECK	1997	4,495						44
45	CORPORATE OVERHEAD	1997	10,516						45
46	Per 7/06 Cap Rate Adjustments	1997	(16,481)						46
47	INSTALL B & G PUMPS	1997	4,089						47
48	INSTALL CONDENSING UNIT	1997	1,380						48
49	INSTALL DOORS/CASING	1997	6,050						49
50	INSTALL BOILER	1997	68,932						50
51	FACILITY PLAN ALLOC	1997	5,965						51
52	NURSE CALL SYSTEM	1997	1,430						52
53	WALL REPAIRS/DRYWALL	1997	5,450						53
54	INSTALL WALL CABINET	1997	3,193						54
55	INSTALL TV & PHONE JACKS	1997	1,992						55
56	WATER HEATER	1997	8,000						56
57	NURSES STATION WORK	1997	2,487						57
58	ROOF WORK	1997	1,809						58
59	SECURITY SYSTEM	1997	23,833						59
60	WALL VINYL/CORNER GUARDS	1997	2,982						60
61	REMOVE & REPLACE SIDEWALK	1997	16,092						61
62	CARPENTRY WORK	1997	3,346						62
63	PROFESSIONAL FEES	1997	678						63
64	LIGHTING	1997	783						64
65	PLUMBING	1997	1,184						65
66	ROOF WORK	1998	52,386						66
67	CARPENTRY WORK	1998	4,240						67
68	CARPETING/FLOORING	1998	32,974						68
69	PAINTING/WALLCOVERINGS	1998	20,295						69
70	TOTAL (lines 4 thru 69)		\$ 4,026,675	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	70

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

Facility Name & ID Number Manorcare of Naperville# 0049577

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>		\$ 4,026,675	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	1
2	ELECTRICAL	1998	3,746						2
3	REMOVE & INSTALL PHONE SYSTEM	1998	4,790						3
4	REPLACE ALARM PANEL	1998	2,065						4
5	DECORATING	1998	28,802						5
6	GENERAL CONTRACTOR FEES	1998	4,167						6
7	CORPORATE OVERHEAD (See Line 25)	1998	1,651						7
8	PLUMBING	1998	1,704						8
9	REMOVE & INSTALL RETROFITS	1998	3,559						9
10	FLOORING	1998	18,406						10
11	PLUMBING	1998	13,632						11
12	LIGHTING FIXTURES	1998	1,436						12
13	ELECTRICAL	1998	19,502						13
14	HVAC	1998	1,990						14
15	PAINTING/WALLCOVER	1998	3,879						15
16	GENERAL CONTRACTORS FEES	1998	8,900						16
17	DOORS/WINDOWS	1998	11,403						17
18	ROOFING	1998	109,296						18
19	FINISH/STUD	1998	8,118						19
20	CARPENTRY	1998	6,227						20
21	SIGNAGE	1998	17,066						21
22	DECORATING (CORRECTION TO LINE7,PAGE 12B)	1998	(4,392)						22
23	CORPORATE OVERHEAD Per 7/06 Capital Rate Adjustment	1998	(1,652)						23
24	FINISH/STUD	1999	28,613						24
25	PAINTING/WALLCOVERING	1999	10,000						25
26	ELECTRICAL	1999	1,626						26
27	SIGNAGE	1999	4,109						27
28	MILLWORK	1999	909						28
29	REPAIR BOILER	1999	5,995						29
30	WELDER/GENERATOR	1999	2,367						30
31	HVAC	1999	1,356						31
32	BI - Air Separator/Boiler Piping	1999	4,366						32
33	INSTALL DAMPERS	1999	6,925						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,357,236	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	34

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

Facility Name & ID Number Manorcare of Naperville# 0049577

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>		\$ 4,357,236	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	1
2	<b>FURNISHINGS (See Line 5)</b>	1999	10						2
3	<b>FURNISHINGS - 7/06 Cap Rate Audit Adj.</b>	1999	(10)						3
4	<b>ACCESS PANELS/DRYWALL</b>	1999	7,467						4
5	<b>EXTERIOR LIGHTING</b>	1999	15,290						5
6	<b>CARPET</b>	1999	5,034						6
7	<b>DOOR HARDWARE</b>	1999	371						7
8	<b>DOOR HARDWARE</b>	1999	737						8
9	<b>GUTTERS</b>	2000	23,026						9
10	<b>CONCRETE WORK</b>	1999	4,447						10
11	<b>CONCRETE SIDEWALK</b>	1999	3,540						11
12	<b>CONCRETE BRIDGE</b>	1999	15,660						12
13	<b>FASCIA</b>	2000	2,559						13
14	<b>RESIDENT RM BUILT-IN CABINETS</b>	2000	1,595						14
15	<b>PAINTING - EXTERIOR BLDG</b>	2000	4,525						15
16	<b>SECURE CARE SYSTEM</b>	2000	17,096						16
17	<b>DOOR &amp; FRAME</b>	2000	2,419						17
18	<b>THERMOSTAT</b>	2000	1,125						18
19	<b>DOOR &amp; EXHAUST PIPING</b>	2000	3,113						19
20	<b>CONCRETE FLOOR - KITCHEN</b>	2000	860						20
21	<b>PIPING - HOT WATER</b>	2000	2,425						21
22	<b>ELECTRICAL</b>	2000	1,557						22
23	<b>DOORS</b>	2000	6,817						23
24	<b>EXHAUST FAN</b>	2001	4,194						24
25	<b>DOORS</b>	2001	480						25
26	<b>ROOF INSPECTION (See Line 29)</b>	2001	650						26
27	<b>ROOF INSPECTION- 7/06 Cap Rate Audit Adj.</b>	2001	(650)						27
28	<b>Sealant on Windows</b>	2001	5,300						28
29	<b>Carpentry-Renovation</b>	2002	70,192						29
30	<b>5/31/99 Audit Adjustment</b>	2002	(20,388)						30
31	<b>ROOF</b>	2002	17,964						31
32	<b>Carpet, VWC, Corner Guards</b>	2002	84,317						32
33	<b>Doors and Drywall</b>	2002	11,422						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,650,379	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	34

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

Facility Name & ID Number Manorcare of Naperville# 0049577

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>		\$ 4,650,379	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	1
2	<u>ROOF</u>	2002	15,719						2
3	<u>ROOF</u>	2002	8,982						3
4	<u>Renovation-Paving</u> (See Line 33)	2004	6,053						4
5	<u>CARPET</u>	2003	538						5
6	<u>vec-Vinyl Wallcovering</u>	2003	534						6
7	<u>FREIGHT ON CARPET</u>	2003	43						7
8	<u>BORDER</u>	2003	99						8
9	<u>VWC-Vinyl Wallcovering</u>	2003	700						9
10	<u>CARPET</u>	2003	809						10
11	<u>VWC-Vinyl Wallcovering</u>	2003	327						11
12	<u>VWC-Vinyl Wallcovering</u>	2003	2,075						12
13	<u>VWC-Vinyl Wallcovering</u>	2003	7,961						13
14	<u>VWC-Vinyl Wallcovering</u>	2003	493						14
15	<u>CARPET</u>	2003	1,794						15
16	<u>METAL DOORS</u>	2003	6,557						16
17	<u>DOORS</u>	2003	9,688						17
18	<u>Renovation-Interest</u> (See Line 32)	2003	5,743						18
19	<u>Renovation-Development Cost</u> (See Line 32)	2003	63,684						19
20	<u>Renovation-Flooring</u>	2003	1,270						20
21	<u>Renovation-HVAC</u>	2003	38,041						21
22	<u>Renovation-A/C Thru Wall</u>	2003	1,014						22
23	<u>Renovation-Basic Electrical</u>	2003	104,524						23
24	<u>Renovation-Engineering</u>	2003	11,737						24
25	<u>Renovation-Plan Reviews</u> (See Line 32)	2003	3,142						25
26	<u>VWC-Vinyl Wallcovering</u>	2003	327						26
27	<u>SMOKE WALL</u>	2003	5,866						27
28	<u>VWC-Vinyl Wallcovering</u>	2003	327						28
29	<u>7/06 Capital Rate Audit Adj. (*=related to 7/6 Cap Rate Adj.)</u>	2003	(66,188)						29
30	<u>Renovation-Paving - 7/06 Capital Rate Audit Adj.</u>	2003	(6,053)						30
31	<u>Renovation-General O/H</u> (See Line 29)	2004	34,670						31
32	<u>Renovation-Interest</u> (See Line 29)	2004	2,459						32
33	<u>Renovation--Carpentry Sub-Contracting</u>	2004	26,147						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 4,939,460	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	34

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

Facility Name & ID Number Manorcare of Naperville# 0049577

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 12D, Carried Forward</b>		\$ 4,939,460	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	1
2	Renovation-Millwork	2004	4,530						2
3	Renovation-HM Doors/Frames	2004	17,940						3
4	Renovation-Basic Electrical	2004	4,726						4
5	Renovation-Ceramic Tile	2004	11,799						5
6	Renovation-Resilient Floor	2004	16,580						6
7	Renovation-Carpet & Pads	2004	786						7
8	Renovation-Wall Coverings	2004	5,962						8
9	Renovation- Corner Guards	2004	83						9
10	CREDIT ON Vinyl Wallcovering	2004	(26)						10
11	CREDIT ON Vinyl Wallcovering	2003	(327)						11
12	Renovation-General O/H (See Line 29)	2004	5,869						12
13	Renovation-Interest (See Line 29)	2004	247						13
14	Renovation-HM Doors/Frames	2004	4,752						14
15	Renovation-Resilient Floor (See Line 29)	2004	22,203						15
16	Renovation-Carpet & Pads	2004	684						16
17	Renovation-Wall Covering	2004	5,343						17
18	Renovation-Basic Electric	2004	2,639						18
19	EXTERIOR SERVICE DOOR	2004	979						19
20	INSTALL HOLLOW MENTAL DOOR	2004	1,539						20
21	KITCHEN RENOVATION	2004	20,000						21
22	ROOF RETAINAGE	2004	4,990						22
23	KITCHEN RENOVATION	2004	14,400						23
24	CARPET	2004	593						24
25	ADD' COST FOR ROOF	2004	2,246						25
26	Per 7/06 Capital Rate Audit Adjustment	2004	(82,826)						26
27	CARPET	2005	610						27
28	INSTALL DOORS	2005	5,315						28
29	Renov - Site Preparation	2005	47,133						29
30	Renov - Asphalt Paving	2005	17,075						30
31	CONCRETE SLAB	2005	2,085						31
32	OUTDOOR LIGHTING	2005	2,890						32
33	sidewalk & railing	2005	16,542						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,096,821	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	34

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

Facility Name & ID Number Manorcare of Naperville# 0049577

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 12E, Carried Forward</b>		\$ 5,096,821	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	1
2	VWC	2005	236						2
3	VWC	2005	2,952						3
4	2 Fire rated access hatch	2005	3,225						4
5	Electrical service	2005	3,095						5
6	Renov - Carpentry-subcontr	2005	54,735						6
7	Renov - HM Doors & Frames & Tile	2005	18,760						7
8	Renov -Resilient Flooring	2005	17,700						8
9	Renov -Wallcovering	2005	21,697						9
10	Renov -General Overhead & Interest	2005	23,169						10
11	Renov -General Overhead & Interest - 7/06 Cap Audit Adj.s	2005	(23,169)						11
12	Renov - Basic Electrical	2005	6,835						12
13	Carpentry Renovation 7/06 Capital Rate Audit Adjustment	2002	(70,192)						13
14	Carpet, VWC, Corner Guards 7/06 Capital Rate Audit Adjustmen	2002	(84,317)						14
15	7/06 Capital Rate Audit Adjusment	2002	50,715						15
16	GROUND CIRCUITS	2006	714						16
17	2 ALUMINUM WINDOWS	2006	2,620						17
18	2 SHOWER DOORS	2006	1,350						18
19	electrical	2006	6,557						19
20	plan review	2006	5,952						20
21	2 shower doors	2006	1,386						21
22	sprinkler system	2006	4,239						22
23	HALLWAY DOOR	2006	1,242						23
24	ROOFING	2007	6,225						24
25	doors	2007	9,287						25
26	00000002207 WINDOWS	2007	3,255						26
27	00000002210 2106 CRPNTRY ACT RM,DR,NRS STN	2007	65,195						27
28	00000002211 2106 CRPNTRY ACT RM,DR,NRS STN	2007	27,787						28
29	00000002215 2106 CRPNTRY ACT RM,DR,NRS STN	2007	1,022						29
30	00000002223 FLOORING IN RESTROOMS	2007	18,545						30
31	00000002238 0307 CARPENTRY FOR RENOVA	2008	591,885						31
32	00000002239 0307 CARPENTRY FOR RENOVA	2008	4,258						32
33	00000002240 0307 CARPENTRY FOR RENOVA	2008	172,562						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,046,344	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	34

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

Facility Name & ID Number Manorcare of Naperville# 0049577

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 12F, Carried Forward</b>		\$ 6,046,344	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	1
2	00000002248 Sprinkler System	2007	1,500						2
3	00000002270 1507 RNVTN FOR ACT RM,CR,NRS STN	2007	2,400						3
4	00000002271 1507 RNVTN FOR ACT RM,CR,NRS STN	2007	2,480						4
5	00000002272 1507 RNVTN FOR ACT RM,CR,NRS STN	2007	11,987						5
6	00000002277 sheet vinyl in 8 res rms	2008	21,560						6
7	00000002280 roofing	2008	6,258						7
8	00000002281 data phone lines	2008	6,588						8
9	00000002283 1507 GENERATOR	2008	4,541						9
10	00000002284 1507 GENERATOR	2008	181						10
11	00000002224 CONCRETE FOR FRONT PORCH	2007	4,995						11
12	00000002235 0307 CRPNTRY FOR ACT RM, DR, & NRS STN	2008	31,524						12
13	00000002236 0307 CRPNTRY FOR ACT RM, DR, & NRS STN	2008	92,135						13
14	00000002237 0307 CRPNTRY FOR ACT RM, DR, & NRS STN	2008	3,955						14
15	00000002295 STONWORK BRICK AND LANDSCAPE	2008	22,715						15
16	00000002302 2 brick walls	2008	4,415						16
17	00000002303 inter ctvd landscape	2008	14,429						17
18	00000002330 1507 GENERATOR	2009	2,223						18
19	00000002287 GENERATOR	2008	69,365						19
20	00000002320 ADJ 307 CRPNTRY FOR ACT RM, DR, & NRS STN	2008	8,163						20
21	00000002321 ADJ 307 CRPNTRY FOR ACT RM, DR, & NRS STN	2008	270						21
22	00000002288 CARPET (Service Corridor)	2008	5,000						22
23	00000002289GENERATOR	2008	10,617						23
24	00000002290 FLOORING (Serv Corr, Publc RR & Lounge	2008	3,000						24
25	00000002293 2 roof exhausters	2008	3,251						25
26	00000002298 WALL PACK	2008	520						26
27	00000002309 20 AMP CIRCUITS	2008	2,260						27
28	00000002313 CARPET AND WALLCOVERING (Heritage Hallw	2008	8,860						28
29	00000002318 ADJ RESTROOM FLOORING (10/07)	2008	7,500						29
30	00000002327 CARPET AND WALLCOVERING (Main Hallway)	2009	1,524						30
31	00000002328 1507 GENERATOR	2009	29,830						31
32	00000002329 1507 GENERATOR	2009	161,091						32
33	00000002343PT ADD -WATER/SEWER/UTILITIES	2009	17,900						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,609,381	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	34

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

Facility Name & ID Number Manorcare of Naperville# 0049577

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 12G, Carried Forward</b>		\$ 6,609,381	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	1
2	00000002343PT ADD -PAVING/PARKING	2009	7,200						2
3	00000002343PT ADD -SITE CONCRETE	2009	31,960						3
4	00000002343PT ADD -SITE PREPARTATION	2009	70,720						4
5	00000002343PT ADD -FENCING	2009	920						5
6	00000002343PT ADD -CONCRETE SIDEWALKS	2009	18,790						6
7	00000002344PT ADD -LANDSCAPING	2009	28,135						7
8	00000002345PT ADD -PERMANENT FENCING	2009	2,569						8
9	00000002334DRIVEWAY BALLARD LIGHT	2009	3,170						9
10	00000002348 1507 RENO - CONCRETE SIDEWALKS	2009	3,669						10
11	00000002336PT ADD -ARCH & ENGINEER COST	2009	80,174						11
12	00000002336PT ADD -PERMIT FEES	2009	7,128						12
13	00000002342PT ADD -RESILIENT FLOORING	2009	2,318						13
14	00000002342PT ADD -WALL COVERING	2009	7,129						14
15	00000002346PT ADD -FIRE SPRINKLER SYSTEM	2009	17,052						15
16	00000002346PT ADD -BASIC ELECTRICAL	2009	60,375						16
17	00000002352NEW MDS OFFICE	2009	17,173						17
18	000000023540809 ROOF REPLACE - PARTIAL	2009	5,081						18
19	000000023540809 ROOF REPLACE - TEAR OFF & REPLACE	2009	168,510						19
20	00000002355KITCHEN DOOR	2009	3,785						20
21	00000002360DINING ROOM SINK	2009	3,385						21
22	000000023659 WINDOWS & SILLS	2010	15,850						22
23	00000002366BATHROOM FAUCETS & CHROME	2010	7,540						23
24	00000002374 ALUMINUM GATE	2010	2,327						24
25	00000002373 RESIDENT ROOM RECEPTACLE UPGRADE	2010	8,839						25
26	00000002375 85 GAL WATER HEATER	2010	11,966						26
27	00000002404 OVERLAY PARKING LOT	2011	24,916						27
28	00000002405 Additional Parking Lot	2011	2,329						28
29	00000002406 2 ALUMINUM FRAME GATES	2011	4,455						29
30	00000002418 EXTERIOR DOOR & FRAME	2011	6,700						30
31	00000002434 back flow valve - fire sprinkler	2012	9,371						31
32	000000024353 2 HM doors - breakroom & BB room	2012	3,940						32
33	00000002437 kitchen RTU	2012	14,775						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,261,632	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	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	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 12H, Carried Forward</b>		\$ 7,261,632	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	1
2	00000002439 RTU Unit #4 - 4 ton	2012	6,795						2
3	00000002441 sump pump prep sink kitchen	2013	9,294						3
4	00000002442 fire wall update nursing office	2013	6,560						4
5	RENOVATIONS - LOBBY, OFFICES, SHOWER ROOM	2013							5
6	00000002444 RENOV - CARPETING	2013	2,573						6
7	00000002444A RENOV - INTRUSION DETECTION	2013	4,063						7
8	00000002445 RENOV CARPENTRY - Subcontr	2013	95,508						8
9	00000002445A RENOV-Basic Elec	2013	15,499						9
10	00000002449 door/frame - o2 room	2013	3,545						10
11	00000002451 windows - 4 rms 176-179	2013	8,220						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	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,413,690	\$ 242,508		\$ 242,508	\$	\$ 5,104,610	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	\$ 1,974,862	\$ 135,941	\$ 135,941	\$		\$ 1,665,916	71
72	Current Year Purchases	50,887						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			19,791	19,791			74
75	TOTALS	\$ 2,025,749	\$ 135,941	\$ 155,732	\$ 19,791		\$ 1,665,916	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	2		
	Reference	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)	\$ 9,509,285	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 378,449	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 398,240	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 19,791	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,770,526	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	\$ 12,880	92
93			93
94			94
95		\$ 12,880	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

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: \$ 56,766 Description: O2 Concentrators, Wheelchair, 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	TOTAL		\$	\$	21

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

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

Facility Name & ID Number Manorcare of Naperville # 0049577 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>
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**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	SUM OF line 9, col. 1 and 2 (e)	\$			

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

<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	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	15982	hrs	\$ 691,123	3	\$ 184	\$ 1,811	15,985	\$ 693,118	1
2	Licensed Speech and Language Development Therapist	10a	4809	hrs	207,942				4,809	207,942	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10a	13384	hrs	578,783	230	15,437	6,078	13,614	600,298	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				759,099		759,099	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): <u>Inhal Ther</u>	10a	661		28,599	787	52,860	169,090	1,448	250,549	12
13	Other (specify): <u>IV Ther/Xray/Lab</u>	43, 2 & 3					262,216			262,216	13
14	TOTAL				\$ 1,506,447	1,020	\$ 330,697	\$ 936,078	35,856	\$ 2,773,222	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 Naperville

# 0049577

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 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 300	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (370,520) )	1,594,349		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	2,260		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>	\$ 1,596,909	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	69,846		13
14	Buildings, at Historical Cost	7,413,690		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,025,749		16
17	Accumulated Depreciation (book methods)	(6,770,526)		17
18	Deferred Charges	12,767,100		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>	12,880		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 15,518,739	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 17,115,648	\$	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 174,638	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	618,263		30
31	Accrued Taxes Payable (excluding real estate taxes)	75,562		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accrued Payables</u>	148,057		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,016,520	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	2,480,995		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>	\$ 2,480,995	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 3,497,515	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 13,618,133	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 17,115,648	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ 13,931,085	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ 13,931,085	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(1,263,820)	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	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (1,263,820)	17
<b>B. Transfers (Itemize):</b>			
18	<b>Change in Interdivision</b>	950,868	18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$ 950,868	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 13,618,133	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	\$ 14,230,252		1
2	Discounts and Allowances for all Levels	(6,977,135)		2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 7,253,117		3
<b>B. Ancillary Revenue</b>				
4	Day Care			4
5	Other Care for Outpatients			5
6	Therapy	5,224,034		6
7	Oxygen			7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 5,224,034		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	1,208		12
13	Barber and Beauty Care	12,431		13
14	Non-Patient Meals	718		14
15	Telephone, Television and Radio			15
16	Rental of Facility Space			16
17	Sale of Drugs	1,160,301		17
18	Sale of Supplies to Non-Patients			18
19	Laboratory	182,162		19
20	Radiology and X-Ray	123,646		20
21	Other Medical Services	87,516		21
22	Laundry			22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,567,982		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				28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$		29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 14,045,133		30

		2		
II. Expenses		Amount		
<b>A. Operating Expenses</b>				
31	General Services	1,272,806		31
32	Health Care	6,434,794		32
33	General Administration	3,275,870		33
<b>B. Capital Expense</b>				
34	Ownership	2,943,310		34
<b>C. Ancillary Expense</b>				
35	Special Cost Centers	1,203,644		35
36	Provider Participation Fee	178,529		36
<b>D. Other Expenses (specify):</b>				
37				37
38				38
39				39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 15,308,953		40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,263,820)		41
42	<b>Income Taxes</b>			42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,263,820)		43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 970,548	44
45	Private Pay - Net Inpatient Revenue	831,623	45
46	Medicare - Net Inpatient Revenue	4,211,933	46
47	Other-(specify) <u>Hosp</u>	68,427	47
48	Other-(specify) <u>Ins</u>	1,170,586	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 7,253,117	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 Naperville

# 0049577

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	2,078	2,267	\$ 101,359	\$ 44.71	1
2	Assistant Director of Nursing	3,713	4,051	142,924	35.28	2
3	Registered Nurses	47,354	51,662	1,711,666	33.13	3
4	Licensed Practical Nurses	8,244	8,993	215,719	23.99	4
5	CNAs & Orderlies	80,333	87,819	1,203,030	13.70	5
6	CNA Trainees					6
7	Licensed Therapist	34,836	38,006	1,643,558	43.24	7
8	Rehab/Therapy Aides	16,775	18,301	501,101	27.38	8
9	Activity Director	6,064	6,619	119,447	18.05	9
10	Activity Assistants					10
11	Social Service Workers	7,832	8,554	214,398	25.06	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	23,113	25,237	372,503	14.76	15
16	Dishwashers					16
17	Maintenance Workers	1,984	2,166	53,003	24.47	17
18	Housekeepers	14,157	15,454	175,871	11.38	18
19	Laundry	5,126	5,596	56,993	10.18	19
20	Administrator	2,080	2,080	121,171	58.26	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,188	18,882	421,720	22.33	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	1,770	1,932	30,342	15.70	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	272,647	297,619	\$ 7,084,805 *	\$ 23.80	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	34,812	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)		\$ 34,812		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 Naperville

# 0049577

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?  
If YES, give association name and amount. ICHA \$3,253
- (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 7070
- (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. \$ 64,998 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. \$ 178,529  
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. \$ 718
- (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.