

Facility Name & ID Number Manorcare of Palos Hts East

0049478 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	184	Skilled (SNF)	184	67,160	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	184	TOTALS	184	67,160	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	7,277	4,076	48,701	60,054	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	7,277	4,076	48,701	60,054	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.42%

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

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

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

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

None

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

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

YES NO

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

YES NO

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

Date started 06/02/88

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 184 and days of care provided 41,280

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Manorcare of Palos Hts East

0049478

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
	A. General Services										
1	Dietary	442,783	27,882	1,644	472,309		472,309	472,309			1
2	Food Purchase		449,548		449,548		449,548	(3,135)	446,413		2
3	Housekeeping	229,430	40,780	3,463	273,673		273,673		273,673		3
4	Laundry	83,387	36,015	185	119,587		119,587		119,587		4
5	Heat and Other Utilities			262,473	262,473	4,630	267,103		267,103		5
6	Maintenance	81,140	29,339	157,856	268,335		268,335		268,335		6
7	Other (specify):* Med Waste			1,532	1,532		1,532		1,532		7
8	TOTAL General Services	836,740	583,564	427,153	1,847,457	4,630	1,852,087	(3,135)	1,848,952		8
	B. Health Care and Programs										
9	Medical Director			22,432	22,432		22,432		22,432		9
10	Nursing and Medical Records	5,465,049	393,724	140,791	5,999,564	28,852	6,028,416		6,028,416		10
10a	Therapy	3,772,693	21,796	624,095	4,418,584		4,418,584		4,418,584		10a
11	Activities	122,900	3,185	5,425	131,510		131,510		131,510		11
12	Social Services	234,722		278	235,000		235,000		235,000		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	9,595,364	418,705	793,021	10,807,090	28,852	10,835,942		10,835,942		16
	C. General Administration										
17	Administrative	143,501		1,144,917	1,288,418	(518,419)	769,999		769,999		17
18	Directors Fees										18
19	Professional Services			63,329	63,329	(13,661)	49,668	(49,668)			19
20	Dues, Fees, Subscriptions & Promotions			102,805	102,805		102,805	(37,553)	65,252		20
21	Clerical & General Office Expenses	568,269	107,037	238,354	913,660	13,661	927,321	(153,917)	773,404		21
22	Employee Benefits & Payroll Taxes			1,553,883	1,553,883	89,363	1,643,246		1,643,246		22
23	Inservice Training & Education			176	176		176		176		23
24	Travel and Seminar			8,481	8,481		8,481		8,481		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			1,078,865	1,078,865		1,078,865		1,078,865		26
27	Other (specify):*							(3,300)	(3,300)		27
28	TOTAL General Administration	711,770	107,037	4,190,810	5,009,617	(429,056)	4,580,561	(244,438)	4,336,123		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	11,143,874	1,109,306	5,410,984	17,664,164	(395,574)	17,268,590	(247,573)	17,021,017		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.

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	
	D. Ownership											
30	Depreciation			686,399	686,399	32,819	719,218		719,218			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			5,031,430	5,031,430	362,755	5,394,185	(5,037,459)	356,726			32
33	Real Estate Taxes			430,604	430,604		430,604		430,604			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			36,659	36,659		36,659		36,659			35
36	Other (specify):*											36
37	TOTAL Ownership			6,185,092	6,185,092	395,574	6,580,666	(5,037,459)	1,543,207			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		987,238	3,395	990,633		990,633		990,633			39
40	Barber and Beauty Shops			26,553	26,553		26,553		26,553			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			215,783	215,783		215,783		215,783			42
43	Other (specify):*		133,311	313,119	446,430		446,430		446,430			43
44	TOTAL Special Cost Centers		1,120,549	558,850	1,679,399		1,679,399		1,679,399			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	11,143,874	2,229,855	12,154,926	25,528,655		25,528,655	(5,285,032)	20,243,623			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 Palos Hts East

0049478

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	(3,135)	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	(151)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(3,300)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(46,100)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(108,949)	21		24
25	Fund Raising, Advertising and Promotional	(37,553)	20		25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(5,085,844)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (5,285,032)		\$	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	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (5,285,032)		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	TOTAL (C): (sum of lines 38-46)			\$		47

Manorcare of Palos Hts East

ID# 0049478

Report Period Beginning: 06/01/12

Ending: 05/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Wages - Marketing	\$ (34,258)	21	1
2	P/R O/H Alloc - Marketing	(8,121)	21	2
3	HCP Lease Interest	(5,037,459)	32	3
4	Vending Income	(2,371)	21	4
5	Misc Income	(67)	21	5
6	Accounting/Collection Feed	(3,568)	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	Total	(5,085,844)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Palos Hts East# 0049478

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	(3,135)	0	0	0	0	0	0	0	0	0	0	(3,135)	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	TOTAL General Services	(3,135)	0	(3,135)	8									
	B. Health Care and Programs													
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	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
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	(49,668)	0	0	0	0	0	0	0	0	0	0	(49,668)	19
20	Fees, Subscriptions & Promotions	(37,553)	0	0	0	0	0	0	0	0	0	0	(37,553)	20
21	Clerical & General Office Expenses	(153,917)	0	0	0	0	0	0	0	0	0	0	(153,917)	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):*	(3,300)	0	0	0	0	0	0	0	0	0	0	(3,300)	27
28	TOTAL General Administration	(244,438)	0	(244,438)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(247,573)	0	(247,573)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Palos Hts East# 0049478

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)	
	D. Ownership													
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	(5,037,459)	0	0	0	0	0	0	0	0	0	0	(5,037,459)	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	TOTAL Ownership	(5,037,459)	0	0	0	0	0	0	0	0	0	0	(5,037,459)	37
	Ancillary Expense													
	E. Special Cost Centers													
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	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(5,285,032)	0	0	0	0	0	0	0	0	0	0	(5,285,032)	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 Home Office Allocation	\$ 1,144,917	HCR Manor Care Services, LLC	100.00%	\$ 1,144,917	\$	1
2	V	Page 8						2
3	V							3
4	V	1-44 Personnel	11,143,874	Heartland Employment Services, LLC	100.00%	11,143,874		4
5	V	10a Therapy Management	21,947	Heartland Rehabilitation Services, LLC	100.00%	21,947		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		\$ 12,310,738			\$ 12,310,738	\$ *	14

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

Facility Name & ID Number

Manorcare of Palos Hts East

0049478

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 Naperville IL, LLC	Naperville				20
21			Manor Care of Northbrook IL, LLC	Northbrook				21
22			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				22
23			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				23
24			Manor Care of Palos Heights West 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

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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

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 Palos Hts East

0049478

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	\$ 24,734,239	\$ 4,630	1	
2	5	Utilities - Direct to All SNFs	Accumulated Cost	3,550,656,576	354 NFs		24,734,239	0	2	
3	5	Utilities - Direct to MW Div SNFs	Accumulated Cost	517,936,312	48 NFs		24,734,239	0	3	
4	10	Nursing - Pooled	Accumulated Cost	3,999,514,966	682 NFs, HHs, & R	419,407	305,829	24,734,239	2,594	4
5	10	Nursing - Direct to All SNFs	Accumulated Cost	3,550,656,576	354 NFs	3,769,374	11,422,621	24,734,239	26,258	5
6	10	Nursing - Direct to MW Div SNFs	Accumulated Cost	517,936,312	48 NFs		24,734,239	0	6	
7	17	Gen / Admin - Pooled	Accumulated Cost	3,999,514,966	682 NFs, HHs, & R	66,682,648	33,182,703	24,734,239	412,386	7
8	17	Gen / Admin - Direct to All SNFs	Accumulated Cost	3,550,656,576	354 NFs	18,146,595	4,833,950	24,734,239	126,411	8
9	17	Gen/Admin-Direct to MW Div SN	Accumulated Cost	517,936,312	48 NFs	1,836,474	1,251,308	24,734,239	87,701	9
10	22	Employee Benefits - Pooled	Accumulated Cost	3,999,514,966	682 NFs, HHs, & R	7,480,805		24,734,239	46,264	10
11	22	Empl Benefits - Direct to All SNFs	Accumulated Cost	3,550,656,576	354 NFs	6,187,019		24,734,239	43,099	11
12	22	Empl Benefits-Dir to MW Div SN	Accumulated Cost	517,936,312	48 NFs			24,734,239	0	12
13	30	Depreciation - Pooled	Accumulated Cost	3,999,514,966	682 NFs, HHs, & R	4,579,765		24,734,239	28,323	13
14	30	Depreciation - Direct to All SNFs	Accumulated Cost	3,550,656,576	354 NFs	645,474		24,734,239	4,496	14
15	30	Depr - Direct to MW Div SNFs	Accumulated Cost	517,936,312	48 NFs			24,734,239	0	15
16										16
17	32	Pooled Interest	Accumulated Cost	3,999,514,966		25,871,304		24,734,239	159,996	17
18	32	Directly Assigned Interest	Not Allocated			18,513,013			202,759	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	\$	1,144,917	25

Facility Name & ID Number

Manorcare of Palos Hts East

0049478

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			
A. Directly Facility Related																	
Long-Term																	
1	Conv Sub Debentures		X	Various			\$ 3,102,852	\$ 3,102,852		0.0653	\$ 202,759						
2																	
3																	
4																	
5																	
Working Capital																	
6																	
7	Pooled Interest										159,996						
8	Interest Expense/Interst Income										(6,029)						
9	TOTAL Facility Related						\$ 3,102,852	\$ 3,102,852			\$ 356,726						
B. Non-Facility Related*																	
10																	
11																	
12																	
13																	
14	TOTAL Non-Facility Related						\$	\$			\$						
15	TOTALS (line 9+line14)						\$ 3,102,852	\$ 3,102,852			\$ 356,726						

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.)

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Manorcare of Palos Hts East COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049478

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>23-24-300-330-0000</u>	<u>See Attached</u>	\$ <u>568,931.09</u>	\$ <u>415,661.05</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>568,931.09</u></u>	\$ <u><u>415,661.05</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: 73,335 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Facility</u>		<u>1988</u>	<u>\$ 600,191</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 600,191	3

Facility Name & ID Number Manorcare of Palos Hts East

0049478

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		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	144		1988	\$ 4,355,326	\$ 169,736		\$ 169,736	\$	\$ 3,512,158	4
5	30		1990	1,063,606						5
6			1990	(10,000)						6
7	10		2011							7
8										8
Improvement Type**										
9	Current Depreciation				290,000		290,000		3,286,332	9
10			1988	203,173						10
11			1989	47,755						11
12			1990	43,288						12
13			1991	135,227						13
14			1992	55,270						14
15			1993	67,665						15
16			1994	68,557						16
17			1995	133,690						17
18			1996	183,199						18
19			1997	242,019						19
20			1998	203,466						20
21			1999	28,991						21
22			2000	128,063						22
23			2001	91,487						23
24	LAUNDRY/KITCHEN EYE WASH		2002	2,250						24
25	VINYL WALLCOVERING, PAINT, & CARPET		2002	9,566						25
26	MAGNOLIA TREE		2002	550						26
27	ROOFING		2002	7,686						27
28	WALLCOVERING		2002	3,346						28
29	DOOR - EMPLOYEE ENTERANCE		2002	1,487						29
30	VCT FLOORING		2002	970						30
31	WINDOW TREATMENTS		2002	3,633						31
32	HAND RAILS		2002	4,716						32
33	ELETRICAL WORK		2002	1,868						33
34	DOOR - HOLLOW METAL		2003	1,026						34
35	VCT FLOORING - ADDITIONAL		2003	16						35
36			2003	3,486						36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Manorcare of Palos Hts East

0049478

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	WALLCOVERING	2003	\$ 124	\$		\$	\$	\$	37
38	CARPET	2003	9,521						38
39	KITCHEN DOORS	2003	3,140						39
40	CONSTRUCTION DEPARTMENT COST & INTEREST	2003	8,788						40
41	WALLCOVERING, BORDERS, & PAINTING	2003	88,476						41
42	CARPETING	2003	13,008						42
43	ELETRICAL WORK	2003	5,081						43
44	SIGNAGE	2003	3,423						44
45	SEALING & PATCHING PARKING LOT	2003	15,985						45
46	DUMPSTER GATE	2003	1,076						46
47	FENCE	2004	8,387						47
48	Electric to new rooftop exhaust fan	2004	1,079						48
49	Renov. - Construction Dept. Overhead Costs & Interest	2004	13,149						49
50	Renov. - Painting	2004	39,543						50
51	Renov. - Wallcovering & Corner Guards	2004	15,082						51
52	Renov. - Carpentry	2004	17,490						52
53	Renov. - Electrical	2004	1,934						53
54	Renov. - Doors	2004	2,947						54
55	Flooring	2004	3,635						55
56	Reconstruct - Move Walls, Plumbing, Elctric to enlarge resident ro	2004	853,768						56
57	Reconstruct - Architect & Engineering Costs	2004	77,920						57
58	Reconstruct - Construction Dept. Overheard Costs & Interest	2004	140,129						58
59	Reconstruct - Permit Fees	2004	24,199						59
60	Reconstruct - Millwork	2004	9,671						60
61	Reconstruct - Plumbing	2004	1,316						61
62	Reconstruct - Carpeting	2004	26,289						62
63	Reconstruct - Wallcovering & Corner Guards	2004	9,204						63
64	Reconstruct - Water & Sewer Work	2004	167						64
65	Concrete Pad at main enterance	2004	3,040						65
66	Prox Readers & Electric Strikes for Court Yard Doors	2005	3,970						66
67	Retirement 8-2004 - Door Alarm (asset # 179)	1989	(1,061)						67
68	Retirement 8-2004 - Door Alarm (asset #435)	1992	(1,218)						68
69		2005	11,265						69
70	TOTAL (lines 4 thru 69)		\$ 8,491,909	\$ 459,736		\$ 459,736	\$	\$ 6,798,490	70

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

Facility Name & ID Number Manorcare of Palos Hts East

0049478

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	Totals from Page 12A, Carried Forward		\$ 8,491,909	\$ 459,736		\$ 459,736	\$	\$ 6,798,490	1
2	EXTERIOR PAINTING	2005	18,189						2
3	3 HOLLOW METAL DOORS	2005	4,655						3
4	generator wiring	2006	4,073						4
5	emergency light	2006	924						5
6	wallcovering	2006	1,044						6
7	electrical	2006	2,240						7
8	kitchen door	2006	3,265						8
9	renov - wallcovering	2006	32,322						9
10	fire rated door	2006	12,592						10
11	kitchen wall / flooring	2006	17,880						11
12	kitchen wall / flooring	2006	4,950						12
13	roof replacement	2006	152,782						13
14	additional roof replacement	2006	13,210						14
15	flooring in shower stalls	2007	21,105						15
16	Electrical wrok in mechanical room	2007	4,246						16
17	12 resident room doors	2007	40,380						17
18	Renov - General Contractor	2009	591,269						18
19	Renov - Interest on Construction	2009	30,360						19
20	Trane Condensing Unit	2008	2,626						20
21	Wallcovering	2008	526						21
22	20 Receptacles	2008	5,600						22
23	2 Water Heaters	2008	7,500						23
24	4 Doors	2008	7,820						24
25	2 Water Heaters	2008	39,574						25
26	Renov - Elevator System	2008	67,498						26
27	Renov - Arch & Engineerng Cost, Permit Fees, Plan Reviews	2009	122,882						27
28	Renov - General Overhead Capital	2009	110,321						28
29	Renov - Resilient Flooring, Wallcovering & Corner Guards	2009	15,066						29
30	Fire Alarm Panel	2009	24,985						30
31	Resident Room Flooring	2009	37,952						31
32	Renov - Basic Electrical	2009	13,105						32
33	Concrete Ramp & Steps	2008	10,404						33
34	TOTAL (lines 1 thru 33)		\$ 9,913,254	\$ 459,736		\$ 459,736	\$	\$ 6,798,490	34

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

Facility Name & ID Number Manorcare of Palos Hts East

0049478

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	Totals from Page 12B, Carried Forward		\$ 9,913,254	\$ 459,736		\$ 459,736	\$	\$ 6,798,490	1
2	Renov - Soil & Concrete Testing	2009	7,197						2
3	Renov - Gen Contractor - Site Prep	2009	96,739						3
4	Paving	2008	38,550						4
5	Concrete Ramp & Steps	2009	6,336						5
6	Renov - Legal Fees pertaining to Easement	2009	30,973						6
7	Renov - Resilient Flooring	2009	13,176						7
8	1st floor corridor handrail	2009	8,946						8
9	Renov - Carpeting & pads	2009	9,276						9
10	Renov - Wallcovering & corner guards	2009	57,481						10
11	steel entrance roof	2009	13,320						11
12	Room 229 flooring	2010	2,976						12
13	HM door	2011	1,725						13
14	pave, stripe, and sealcoat	2010	27,135						14
15	Addition - Arch & Engineering cost	2011	103,173						15
16	Addition - Landscape Design Consultant	2011	87,650						16
17	Addition - Soil Testing	2011	2,311						17
18	Addition - Concrete Testing	2011	2,881						18
19	Addition - Legal Fees, Permit Fees, Water & Sewer Fees	2011	36,870						19
20	Addition - Plan Reviews	2011	3,455						20
21	Addition - General Overhead Capital & Interest on Constr	2011	123,627						21
22	Addition - General Contractor	2011	931,924						22
23	Addition -Carpeting & Pads	2011	25,808						23
24	Addition - Wallcovering & Corner Guards	2011	15,850						24
25	Cold water line in Break Room	2011	1,950						25
26	remote annunciator panel	2011	6,330						26
27	Painting exterior handrails, 4 doors on W, N, E elevations	2011	5,108						27
28	Addition - Additional Concrete Testing	2011	27,129						28
29	door	2011	1,840						29
30	Addition - Landscaping	2011	3,500						30
31	Addition - Carpeting tiles	2011	956						31
32	exterior painting	2011	16,300						32
33	exterior HM Door	2011	2,785						33
34	TOTAL (lines 1 thru 33)		\$ 11,626,528	\$ 459,736		\$ 459,736	\$	\$ 6,798,490	34

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

Facility Name & ID Number Manorcare of Palos Hts East

0049478

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	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 12C, Carried Forward		\$ 11,626,528	\$ 459,736		\$ 459,736	\$	\$ 6,798,490	1
2	Ceiling in Heritage Corridor	2011	7,647						2
3	Renov - Accoustical Ceiling Tiles in all Mechanical Rooms	2011	61,498						3
4	CIRCUIT BREAKER UPDATE	2012	13,719						4
5	EXTERIOR PATIO	2012	15,737						5
6	HOT WATER HEATER	2012	8,840						6
7	RENOVATIONS - 2nd Flr Corridor								7
8	RENOV - CARPENTRY SUBCONTR	2012	158,060						8
9	RENOV - CARPETING/WALCOVERING & CORNER GRDS	2012	20,484						9
10	RENOV - BASIC ELECTRICAL	2012	36,560						10
11	RENOV- Intrusion detection system	2012	8,185						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)		\$ 11,957,260	\$ 459,736		\$ 459,736	\$	\$ 6,798,490	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	\$ 2,920,793	\$ 226,663	\$ 226,663	\$		\$ 2,496,245	71
72	Current Year Purchases	192,807						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			32,819	32,819			74
75	TOTALS	\$ 3,113,600	\$ 226,663	\$ 259,482	\$ 32,819		\$ 2,496,245	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	Residents	1995 Goshen GHS	1995	\$ 17,000	\$	\$	\$		\$ 17,000	76
77		Paratransit								77
78										78
79										79
80	TOTALS			\$ 17,000	\$	\$	\$		\$ 17,000	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)	\$ 15,688,051	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 686,399	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 719,218	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 32,819	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,311,735	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

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

If NO, see instructions. YES NO

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

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: \$ 36,659 Description: O2 Concentratos, 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	N/A		\$	\$	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 Palos Hts East # 0049478 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>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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	TOTALS	\$	\$	\$	\$
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

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

- (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	17653	hrs	\$ 749,736	3,180	\$ 188,916	\$ 3,131	20,833	\$ 941,783	1
2	Licensed Speech and Language Development Therapist	10a	7651	hrs	324,934	(105)	(6,244)	864	7,546	319,554	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10a	23524	hrs	999,092	7,191	427,145	17,801	30,715	1,444,038	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				987,238		987,238	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): <u>Inhal Therapist</u>	10a	699		29,697				699	29,697	12
13	Other (specify): <u>IV Ther/Xray/ LAB</u>	43, 2&3					313,119	133,311		446,430	13
14	TOTAL				\$ 2,103,459	10,266	\$ 922,936	\$ 1,142,345	59,793	\$ 4,168,740	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 Palos Hts East

0049478

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*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 4,402	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (495,157))	3,498,564		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	3,521		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,506,487	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	600,191		13
14	Buildings, at Historical Cost	11,957,260		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,130,600		16
17	Accumulated Depreciation (book methods)	(9,311,735)		17
18	Deferred Charges	27,955,575		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 34,331,891	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 37,838,378	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 223,314	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	903,172		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	379,803		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accrued Payables	159,720		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,666,009	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	3,102,852		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,102,852	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,768,861	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 33,069,517	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 37,838,378	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 33,316,020	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 33,316,020	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	3,378,540	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)	\$ 3,378,540	17
	B. Transfers (Itemize):		
18	Change in Interdivision	(3,625,043)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (3,625,043)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 33,069,517	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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 29,437,643	1
2	Discounts and Allowances for all Levels	(13,663,531)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,774,112	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	11,125,545	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 11,125,545	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	5,671	12
13	Barber and Beauty Care	27,347	13
14	Non-Patient Meals	3,135	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,466,968	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	176,831	19
20	Radiology and X-Ray	214,660	20
21	Other Medical Services	112,599	21
22	Laundry	65	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,007,276	23
D. Non-Operating Revenue			
24	Contributions	195	24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 195	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	67	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 67	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 28,907,195	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,847,457	31
32	Health Care	10,807,090	32
33	General Administration	5,009,617	33
B. Capital Expense			
34	Ownership	6,185,092	34
C. Ancillary Expense			
35	Special Cost Centers	1,463,616	35
36	Provider Participation Fee	215,783	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 25,528,655	40
41	Income before Income Taxes (line 30 minus line 40)**	3,378,540	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 3,378,540	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 882,524	44
45	Private Pay - Net Inpatient Revenue	1,148,408	45
46	Medicare - Net Inpatient Revenue	12,352,296	46
47	Other-(specify)	250,598	47
48	Other-(specify)	1,140,286	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,774,112	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 Palos Hts East

0049478

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	2,052	2,221	\$ 100,139	\$ 45.09	1
2	Assistant Director of Nursing	5,137	5,559	209,841	37.75	2
3	Registered Nurses	71,713	77,603	2,481,340	31.97	3
4	Licensed Practical Nurses	28,782	31,146	860,019	27.61	4
5	CNAs & Orderlies	131,478	142,497	1,741,366	12.22	5
6	CNA Trainees					6
7	Licensed Therapist	49,527	53,579	2,275,544	42.47	7
8	Rehab/Therapy Aides	52,106	56,368	1,497,149	26.56	8
9	Activity Director	9,796	10,609	122,900	11.58	9
10	Activity Assistants					10
11	Social Service Workers	10,282	11,126	234,722	21.10	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	32,826	35,545	442,783	12.46	15
16	Dishwashers					16
17	Maintenance Workers	4,076	4,412	81,140	18.39	17
18	Housekeepers	19,961	21,608	229,430	10.62	18
19	Laundry	7,652	8,283	83,387	10.07	19
20	Administrator	2,080	2,080	142,835	68.67	20
21	Assistant Administrator	21	21	666	31.71	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	26,272	28,406	525,890	18.51	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	4,259	4,610	72,344	15.69	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	458,020	495,673	\$ 11,101,495 *	\$ 22.40	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	22,432	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)		\$ 22,432		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	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Manorcare of Palos Hts East# 0049478

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 \$5,073
- (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 \$11023
- (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. \$ 61,305 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. \$ 215,783
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. \$ 3,135
- (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.