



Facility Name & ID Number Manorcare of Elk Grove Vlg

# 0049387 Report Period Beginning: 06/01/14 Ending: 05/31/15

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	190	Skilled (SNF)	190	69,350	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	190	TOTALS	190	69,350	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	19,485	5,223	38,066	62,774	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	19,485	5,223	38,066	62,774	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.52%

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

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

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

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

None

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

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

YES  NO

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

YES  NO

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

Date started 07/30/90

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

YES  Date 04/07/11 NO

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

YES  NO  If YES, enter number of beds certified 190 and days of care provided 26,278

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: 5/31

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

Facility Name &amp; ID Number

Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/14

Ending:

05/31/15

**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	347,513	77,511	237,743	662,767		662,767	662,767			1
2	Food Purchase		483,782		483,782		483,782	(4,283)	479,499		2
3	Housekeeping	222,070	37,615	957	260,642		260,642		260,642		3
4	Laundry	84,284	32,988	678	117,950		117,950		117,950		4
5	Heat and Other Utilities			340,418	340,418	4,085	344,503		344,503		5
6	Maintenance	112,853	17,401	175,366	305,620		305,620		305,620		6
7	Other (specify):* <b>Med Waste</b>			7,665	7,665		7,665		7,665		7
8	<b>TOTAL General Services</b>	766,720	649,297	762,827	2,178,844	4,085	2,182,929	(4,283)	2,178,646		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			27,500	27,500		27,500		27,500		9
10	Nursing and Medical Records	6,206,628	546,008	182,998	6,935,634	13,917	6,949,551		6,949,551		10
10a	Therapy	2,580,370	15,021	42,067	2,637,458		2,637,458		2,637,458		10a
11	Activities	176,985	4,272	6,738	187,995		187,995	(467)	187,528		11
12	Social Services	347,171			347,171		347,171		347,171		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	9,311,154	565,301	259,303	10,135,758	13,917	10,149,675	(467)	10,149,208		16
	<b>C. General Administration</b>										
17	Administrative	232,076		857,633	1,089,709	(288,094)	801,615		801,615		17
18	Directors Fees										18
19	Professional Services			45,454	45,454		45,454	(45,454)			19
20	Dues, Fees, Subscriptions & Promotions			137,452	137,452		137,452	(89,772)	47,680		20
21	Clerical & General Office Expenses	755,348	92,912	455,128	1,303,388		1,303,388	(295,140)	1,008,248		21
22	Employee Benefits & Payroll Taxes			1,408,715	1,408,715	75,642	1,484,357		1,484,357		22
23	Inservice Training & Education			1,624	1,624		1,624		1,624		23
24	Travel and Seminar			1,810	1,810		1,810		1,810		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			1,521,713	1,521,713		1,521,713		1,521,713		26
27	Other (specify):*							(220)	(220)		27
28	<b>TOTAL General Administration</b>	987,424	92,912	4,429,529	5,509,865	(212,452)	5,297,413	(430,586)	4,866,827		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	11,065,298	1,307,510	5,451,659	17,824,467	(194,450)	17,630,017	(435,336)	17,194,681		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	
	<b>D. Ownership</b>											
30	Depreciation			796,813	796,813	27,011	823,824		823,824			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			2,493,231	2,493,231	167,439	2,660,670	(2,500,741)	159,929			32
33	Real Estate Taxes			796,495	796,495		796,495		796,495			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			60,096	60,096		60,096		60,096			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			4,146,635	4,146,635	194,450	4,341,085	(2,500,741)	1,840,344			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,082,262		1,082,262		1,082,262		1,082,262			39
40	Barber and Beauty Shops			18,243	18,243		18,243		18,243			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			300,873	300,873		300,873		300,873			42
43	Other (specify):* <b>IV Therapy</b>		202,763	98,475	301,238		301,238		301,238			43
44	<b>TOTAL Special Cost Centers</b>		1,285,025	417,591	1,702,616		1,702,616		1,702,616			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	11,065,298	2,592,535	10,015,885	23,673,718		23,673,718	(2,936,077)	20,737,641			45

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

**VI. ADJUSTMENT DETAIL**

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

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

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$	10	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(4,283)	2		4
5	Telephone, TV & Radio in Resident Rooms		21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds	(53)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(199)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(220)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties		21		18
19	Entertainment				19
20	Contributions	(11,087)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(23,144)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(279,106)	21		24
25	Fund Raising, Advertising and Promotional	(89,772)	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 Page 5a	(2,528,213)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (2,936,077)</b>		<b>\$</b>	<b>30</b>

<b>BHF USE ONLY</b>					
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	
		<b>Amount</b>	<b>Reference</b>	
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>\$ (2,936,077)</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
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>
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>

Manorcare of Elk Grove Vlg

ID# 0049387

Report Period Beginning: 06/01/14

Ending: 05/31/15

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Activity Income	\$ (467)	11	1
2	Misc. Income	(4,589)	21	2
3	Vending Income	(1,151)	21	3
4	Accounting/Collection Fees	(21,265)	19	4
5	Collection Agency		19	5
6	Loss on Disposal of Fixed Asset		36	6
7	HCP Lease Interest	(2,500,741)	32	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>	(2,528,213)		49

## STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

06/01/14

Ending:

05/31/15

## 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	(4,283)	0	0	0	0	0	0	0	0	0	0	(4,283)	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>(4,283)</b>	<b>0</b>	<b>(4,283)</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	(467)	0	0	0	0	0	0	0	0	0	0	(467)	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>(467)</b>	<b>0</b>	<b>(467)</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	(44,409)	0	0	0	0	0	0	0	0	0	0	(44,409)	19
20	Fees, Subscriptions & Promotions	(89,772)	0	0	0	0	0	0	0	0	0	0	(89,772)	20
21	Clerical & General Office Expenses	(296,185)	0	0	0	0	0	0	0	0	0	0	(296,185)	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):*	(220)	0	0	0	0	0	0	0	0	0	0	(220)	27
28	<b>TOTAL General Administration</b>	<b>(430,586)</b>	<b>0</b>	<b>(430,586)</b>	<b>28</b>									
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(435,336)</b>	<b>0</b>	<b>(435,336)</b>	<b>29</b>									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/14 Ending:

05/31/15

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

	Capital Expense	PAGES	PAGE	SUMMARY										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
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	(2,500,741)	0	0	0	0	0	0	0	0	0	0	(2,500,741)	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>(2,500,741)</b>	<b>0</b>	<b>(2,500,741)</b>	<b>37</b>									
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(2,936,077)	0	0	0	0	0	0	0	0	0	0	(2,936,077)	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						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		\$ 11,942,770			\$ 11,942,770	\$ *	14

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

Facility Name &amp; ID Number

Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/14

Ending:

05/31/15

## 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								1
2			Heartland of Canton IL, LLC	Canton				2
3			Heartland of Decatur IL, LLC	Decatur				3
4			Heartland of Galesburg IL, LLC	Galesburg				4
5			Heartland of Henry IL, LLC	Henry				5
6			Heartland of Macomb IL, LLC	Macomb				6
7			Heartland of Moline IL, LLC	Moline				7
8			Heartland of Normal IL, LLC	Normal				8
9			Heartland of Paxton IL, LLC	Paxton				9
10			Heartland of Peoria IL, LLC	Peoria				10
11			Heartland-Riverview of East Peoria IL, LLC	East Peoria				11
12			Manor Care at Arlington Heights	Arlington Heights				12
13			Manor Care of Elgin IL, LLC	Elgin				13
14			Manor Care - Highland Park	Highland Park				14
15			Manor Care of Hinsdale IL, LLC	Hinsdale				15
16			Manor Care of Homewood IL, LLC	Homewood				16
17			Manor Care of Kankakee IL, LLC	Kankakee				17
18			Manor Care of Libertyville IL, LLC	Libertyville				18
19			Manor Care of Naperville IL, LLC	Naperville				19
20			Manor Care of Northbrook IL, LLC	Northbrook				20
21			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				21
22			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				22
23			Manor Care of Palos Heights (West) IL, LLC	Palos Heights				23
24			Manor Care of Palos Heights (East) 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 Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/14

Ending:

05/31/15

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			Heartland of Champaign IL, LLC	Champaign				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 & ID Number Manorcare of Elk Grove Vlg # 0049387 Report Period Beginning: 06/01/14 Ending: 05/31/15

## VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/14

Ending: 05/31/15

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 Summitt 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	564 NFs, HHs, & R	\$ 700,139		23,161,644	\$ 4,085	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	356 NFs			23,161,644	0	2
3	5	Utilities - Direct to Western Div S	Accumulated Cost	45 NFs			23,161,644	0	3
4	10	Nursing - Pooled	Accumulated Cost	564 NFs, HHs, & R	365,628	262,581	23,161,644	2,133	4
5	10	Nursing - Direct to all SNFs	Accumulated Cost	356 NFs	1,781,417	1,228,977	23,161,644	11,784	5
6	10	Nursing - Direct to Western Div S	Accumulated Cost	45 NFs			23,161,644	0	6
7	17	Gen & Admin - Pooled	Accumulated Cost	564 NFs, HHs, & R	68,653,771	35,393,585	23,161,644	400,603	7
8	17	Gen & Admin - Direct to all SNFs	Accumulated Cost	356 NFs	12,665,127	2,400,695	23,161,644	83,781	8
9	17	Gen & Admin-Direct to MW Div	Accumulated Cost	40 NFs Jan-Sept	1,411,275		17,371,233	70,681	9
10	17	Gen & Admin - Direc toW Div SN	Accumulated Cost	45 NFs Oct-Dec	536,860		5,790,411	14,474	10
11	22	Employee Ben - Pooled	Accumulated Cost	564 NFs, HHs, & R	5,418,631		23,161,644	31,618	11
12	22	Employee Ben - Direct to SNFs	Accumulated Cost	356 NFs	6,655,045		23,161,644	44,024	12
13	22	Employee Ben - Direct to W Div S	Accumulated Cost	45 NFs			23,161,644	0	13
14	30	Deprec - Pooled	Accumulated Cost	564 NFs, HHs, & R	3,871,414		23,161,644	22,590	14
15	30	Deprec - Direct to all SNFs	Accumulated Cost	356 NFs	668,272		23,161,644	4,421	15
16	30	Deprec - Direct to W Div SNFs	Accumulated Cost	45 NFs			23,161,644	0	16
17									17
18									18
19	32	Pooled Interest	Accumulated Cost		25,971,677		23,161,644	151,548	19
20	32	Directly Assigned Interest	Not Allocated		17,184,434			15,891	20
21									21
22	24	H/O costs Allocated to non-SNF & Other Divisions			33,870,689				22
23									23
24									24
25	TOTALS				\$ 179,754,380	\$ 39,285,837		\$ 857,633	25

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

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					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				\$ 241,832	\$ 241,832		0.0657	\$ 15,891	1				
2												2				
3												3				
4												4				
5												5				
	<b>Working Capital</b>															
6												6				
7	Pooled Interest										151,548	7				
8	Interest Expense / Interest Income										(7,510)	8				
9	<b>TOTAL Facility Related</b>															
	<b>B. Non-Facility Related*</b>															
10												10				
11												11				
12												12				
13												13				
14	<b>TOTAL Non-Facility Related</b>															
15	<b>TOTALS (line 9+line14)</b>															
							\$ 241,832	\$ 241,832			\$ 159,929	15				

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

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

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

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

B. Real Estate Taxes

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2014 report.		\$	<u>733,027</u>	1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>839,631</u>	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>106,604</u>	3	
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>724,649</u>	4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<u>11,506</u>	5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ <u>46,265</u> For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	<u>(46,265)</u>	6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>796,495</u>	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	<u>657,870</u>	8		
	2011	<u>696,875</u>	9		
	2012	<u>733,178</u>	10		
	2013	<u>802,076</u>	11		
	2014	<u>822,785</u>	12		
<b>Line 2: \$839,631.34 = \$398,667.42 for 2nd half 2013 + \$440,963.92 for 1st half 2014</b>					
<b>Line 4: \$724,648.77 = \$381,821.27 for 2nd half 2014 + \$342,827.50 for Jan - May 2015</b>					
<b>Line 5: \$11,506.08 = \$124.08 Worsk &amp; Vihon inv for 2012 tax appeal &amp; \$11,382 W&amp;V invoice for 2011 tax appeal</b>					
<b>Line 6: \$-46,625.43 = \$45,503.47 refund for 2011 &amp; 761.96 refund for 2002</b>					
				<b>FOR BHF USE ONLY</b>	
				13	FROM R. E. TAX STATEMENT FOR 2014 \$ 13
				14	PLUS APPEAL COST FROM LINE 5 \$ 14
				15	LESS REFUND FROM LINE 6 \$ 15
				16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

NOTES:

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



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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

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

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F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1990</u>	<u>\$ 853,628</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>			<b>\$ 853,628</b>	<b>3</b>

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	120		1990	\$ 5,025,494	\$ 179,305		\$ 179,305	\$	\$ 4,251,879
5	60		1996	1,726,800					
6	10		2000	1,063,936					
7	5/31/2003 Audit Adjustment		2000	(277,211)					
8			2009	631,865					
<b>Improvement Type**</b>									
9	Current Year Depreciation				326,318		326,318		3,105,905
10			1990	12,954					
11			1991	41,034					
12			1992	89,111					
13			1993	29,775					
14			1994	18,939					
15			1995	182,383					
16			1996	485,188					
17			1997	111,890					
18			1998	127,587					
19			1999	60,314					
20			2000	68,449					
21			2001	5,850					
22			2002	53,586					
23	HOLLOW METAL DOOR		2003	975					
24	ARCH & ENGINEERING COSTS		2003	975					
25	BORDER		2003	162					
26	VWC		2003	1,710					
27	VWC		2003	219					
28	ARCHITECTURAL ENGINEERING		2003	258					
29	VWC		2003	427					
30	NEW BATHROOM FLOORING & TILE		2003	22,640					
31	ARCHITECT & ENGINEERING		2003	258					
32	FLOORING		2003	4,599					
33	VWC, BORDER, AND PAINTING		2003	3,317					
34	ADDITIONAL COST FOR FLOORING		2003	2,820					
35	ARCHITECT AND ENGINEERING COSTS		2003	2,064					
36			2003	3,629					

\*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 Elk Grove Vlg# 0049387

Report Period Beginning:

06/01/14

Ending:

05/31/15**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	<u>BORDER</u>	2003	\$ 54	\$		\$	\$	\$	37
38	<u>ARCHITECT AND ENGINEERING COSTS</u>	2003	455						38
39	<u>ELECTRICAL WORK</u>	2003	5,182						39
40	<u>VCT FLOORING</u>	2003	7,005						40
41	<u>BASE AND FLOOR TILE</u>	2003	4,118						41
42	<u>CARPET</u>	2004	609						42
43	<u>INSTALL CARPET</u>	2004	550						43
44	<u>PAVING</u>	2003	67,500						44
45	<u>CONCRETE WALK</u>	2003	3,822						45
46	<u>PAVING</u>	2004	7,500						46
47	<u>Renov. - General Construction Overhead &amp; Interest</u>	2004	19,622						47
48	<u>Renov. - Carpeting</u>	2004	595						48
49	<u>Renov. - Painting</u>	2004	14,000						49
50	<u>Renov. - Wallcovering &amp; Corner Guards</u>	2004	37,811						50
51	<u>Renov. - Carpentry</u>	2004	8,201						51
52	<u>Renov. - Plumbing</u>	2004	2,880						52
53	<u>Renov. - Electrical</u>	2004	2,931						53
54	<u>Carpet</u>	2004	1,324						54
55	<u>Ceramic Cove Base</u>	2004	3,360						55
56	<u>Renov. - Wood Doors &amp; Hardware for Lobby</u>	2004	8,597						56
57	<u>Renov. - Electrical</u>	2004	2,484						57
58	<u>Electric Door Strike at Service Door</u>	2004	1,509						58
59	<u>CARPETING &amp; DELIVERY OF CARPETTING</u>	2005	2,435						59
60	<u>REBUILD SHOWER STALLS (5)</u>	2006	14,000						60
61	<u>VWC, BASE, &amp; CEILING TILES IN BREAK ROOM</u>	2006	2,470						61
62	<u>Ceramic Tile - Wall/Floor</u>	2006	3,300						62
63	<u>Wallcovering</u>	2006	3,605						63
64	<u>Plumbing Work on Sprinkler System</u>	2006	4,727						64
65	<u>Architecture/Engineering for Parking Lot</u>	2007	9,285						65
66	<u>Drywall Work</u>	2007	8,378						66
67	<u>DOOR HOLDER &amp; CLOSER</u>	2007	1,556						67
68	<u>DOOR HOLDER &amp; CLOSER</u>	2007	1,869						68
69	<u>Renov. - Carpeting &amp; Pad</u>	2007	1,742						69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 9,755,473	\$ 505,623		\$ 505,623	\$	\$ 7,357,784	70

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

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

Report Period Beginning:

06/01/14

Ending:

05/31/15**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,755,473	\$ 505,623		\$ 505,623	\$	\$ 7,357,784	1
2	Renov. - Wallcovering	2007	84,542						2
3	Renov. - Carpentry - Subtractor	2007	38,200						3
4	Renov. - Basic Electrical	2007	7,626						4
5	Renov. - HM Doors & Frames	2007	10,505						5
6	Renov. - Generator, Permit	2007	3,096						6
7	Renov. - Basic Electrical	2007	9,357						7
8	Renov. - Generator, Engineering	2007	13,539						8
9	Renov. - Parking Lot Expansion & Landscaping	2007	83,045						9
10	BLACKTOP PATCHING	2007	12,078						10
11	Roofing	2008	7,221						11
12	Roofing - additional	2008	802						12
13	Generator - Installation & Materials	2008	36,317						13
14	Generator - Equipment	2008	10,814						14
15	Generator - Installation & Materials	2008	62,613						15
16	Renov. - CORRIDOR DOORS (35)	2008	50,575						16
17	CO2 Detectors & Control Panel	2008	11,781						17
18	Generator - Equipment	2008	63,883						18
19	Storm Drain Enhancements	2008	4,100						19
20	Sealcoating & Restriping	2008	13,362						20
21	Renov. - Internet Café Construction (Contracted Total)	2009	88,371						21
22	Double Egress Kitchen Doors	2009	6,076						22
23	Renov. - Carpentry	2009	76,000						23
24	Renov. - Millwork (Hand Rails)	2009	14,910						24
25	Renov. - Electrical (Light Fixtures)	2009	5,990						25
26	Renov. - Carpet	2009	6,195						26
27	Renov. - Wallcovering, Corner Guards	2009	8,076						27
28	Generator - Installation & Materials	2009	11,108						28
29	Renov. - Carpentry	2009	45,000						29
30	Renov. - Millwork (Hand Rails)	2009	16,827						30
31	Renov. - Carpet	2009	9,331						31
32	Renov. - Wallcovering	2009	9,237						32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,576,050	\$ 505,623		\$ 505,623	\$	\$ 7,357,784	34

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

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

Report Period Beginning:

06/01/14

Ending:

05/31/15**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 10,576,050	\$ 505,623		\$ 505,623	\$	\$ 7,357,784	1
2	<u>THERAPY ADD - SOIL TESTING</u>	2009	600						2
3	<u>THERAPY ADD - CONCRETE TESTING</u>	2009	2,155						3
4	<u>THERAPY ADD - SITE PREPARATION</u>	2009	240,173						4
5	<u>THERAPY ADD - LANDSCAPING</u>	2009	14,240						5
6	<u>LIGHTPOLE W/ CONCRETE BASE</u>	2009	5,483						6
7	<u>THERAPY ADD - ARCH &amp; ENGINEER COST</u>	2009	56,780						7
8	<u>THERAPY ADD - ARCHITECT REIMB EXTER</u>	2009	7,886						8
9	<u>THERAPY ADD - ENGINEERING - CIVIL</u>	2009	4,740						9
10	<u>THERAPY ADD - INTERIOR DESIGN CONSULTANT</u>	2009	102,773						10
11	<u>THERAPY ADD - LANDSCAPE DESIGN CONSULTANT</u>	2009	8,487						11
12	<u>THERAPY ADD - PLAN REVIEWS</u>	2009	8,853						12
13	<u>THERAPY ADD - SALES USE TAX</u>	2009	22						13
14	<u>THERAPY ADD - WALL COVERING</u>	2009	14,602						14
15	<u>THERAPY ADD - CORNER GUARDS</u>	2009	1,548						15
16	<u>THERAPY ADD - TV IN PT WAITING ROOM</u>	2010	1,745						16
17	<u>THERAPY ADD - CRASH RAIL</u>	2010	3,941						17
18	<u>PAINTING FOR NOURISHMENT</u>	2009	3,800						18
19	<u>10 DOORS</u>	2009	27,900						19
20	<u>CARPETING</u>	2009	1,040						20
21	<u>HM DOOR</u>	2009	4,867						21
22	<u>HM DOOR</u>	2010	4,830						22
23	<u>C-WING SPRINKLERS</u>	2010	25,181						23
24	<u>3808 C WING REHAB RENO - CARPENTRY</u>	2009	43,296						24
25	<u>3808 C WING REHAB RENO - HM DOORS &amp; FRAMES</u>	2009	3,324						25
26	<u>3808 C WING REHAB RENO - ELECTRICAL</u>	2009	6,930						26
27	<u>3808 C WING REHAB RENO - CORNER GUARDS</u>	2009	268						27
28	<u>2107 GENERATOR REPLACE - LABOR &amp; MATERIALS</u>	2009	25,804						28
29	<u>1409 SPRINKLER HEADS - SPRINKLERS</u>	2009	32,500						29
30	<u>1809 INTERIOR RENO - FLOORING</u>	2010	1,906						30
31	<u>1809 INTERIOR RENO - CARPETING</u>	2010	9,289						31
32	<u>1809 INTERIOR RENO - WALL COVERING</u>	2010	45,056						32
33	<u>1809 INTERIOR RENO - ELECTRICAL</u>	2010	1,984						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,288,053	\$ 505,623		\$ 505,623	\$	\$ 7,357,784	34

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

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

# 0049387

Report Period Beginning:

06/01/14

Ending:

05/31/15

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 11,288,053	\$ 505,623		\$ 505,623	\$	\$ 7,357,784	1
2	1809 INTERIOR RENOVATION - Wall Covering	2010	44,154						2
3	HM Doors	2010	10,350						3
4	0910 HERITAGE RENOVATION - Lobby Finishes	2010	76,149						4
5	0910 HERITAGE RENOVATION - Carpeting & Pads	2010	8,725						5
6	0910 HERITAGE RENOVATION - Wall Covering	2010	8,753						6
7	0910 HERITAGE RENOVATION - Corner Guards	2010	2,827						7
8	0910 HERITAGE RENOVATION - Millwork	2010	15,549						8
9	0910 HERITAGE RENOVATION - Basic Electrical	2010	8,612						9
10	SMOKE DETECTOR SYSTEM	2011	10,890						10
11	1211 C-WING RES BTHRM HEATERS	2011	18,560						11
12	HM DOORS - ASST ADMIN OFFICE & BATHROOM	2011	19,050						12
13	DRAINAGE SYSTEM (COURTYARD)	2011	28,203						13
14	300 FT OF SEWER PIPING	2011	27,190						14
15	concrete walk sections	2011	14,426						15
16	CABINETS (NOURISHMENT RM)	2011	3,969						16
17	ELEC HEATERS IN LAUNDRY/RMS 421/141/C-WING SHOWE	2011	14,233						17
18	208 volt 30 amp circuit (steam	2011	2,153						18
19	HERITAGE WING RENOV - GEN OVERHEAD & INTEREST	2011	79,909						19
20	HERITAGE WING RENOV - RESILIENT FLOORING	2011	109,165						20
21	HERITAGE WING RENOV - CARPETING	2011	21,188						21
22	HERITAGE WING RENOV - WALLCOVERING	2011	85,740						22
23	HERITAGE WING RENOV - BASIC ELECTRICAL	2011	25,016						23
24	SHOWER RENOVATIONS HERITAGE WING	2011	4,857						24
25	PLANTER BOXES, ADDL CONCRETE FOR COURTYARD	2011	3,375						25
26	SPRINKLER PIPING	2012	15,836						26
27	DOUBLE DOORS @ STORAGE SHED	2012	2,915						27
28									28
29	FIRE DAMPERS in C-Wing	2012	13,320						29
30	5 DOORS-rms 115, 126, 320 ,328, & DCD office	2012	17,084						30
31	PATIO CANOPY	2012	2,086						31
32	Roof	2012	39,130						32
33	MINOR KITCHEN RENOV - flooring	2012	9,804						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,031,271	\$ 505,623		\$ 505,623	\$	\$ 7,357,784	34

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

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

# 0049387

Report Period Beginning:

06/01/14

Ending:

05/31/15

## 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>		\$ 12,031,271	\$ 505,623		\$ 505,623	\$	\$ 7,357,784	1
2	MINOR KITCHEN RENOV -tile	2012	2,280						2
3	FIRE SPRINKLER UPGRADE	2012	14,504						3
4	FLOORING-employee baths	2012	6,785						4
5	PIPE INSULATION - in janitors closets	2013	4,860						5
6	DOORWAY UPGRADE to kitchen entrance	2013	7,443						6
7	DOORS - PAT RM/CORR @ rm 118-119, 308, 313, & conf room.								7
8	A-Wing hallway and central bath	2013	22,752						8
9	5 Fire Doors- RM 111, C-WING SHWR RM, SPEECH THERAPY, BOM OFFICE								9
10	AND FRONT OFC HALL	2013	24,401						10
11	repairs on 3 smoke walls due to penetrations found during life safety survey								11
12	-sprinkler piping, PVC piping & data cables.	2013	17,019						12
13	ELECTRIC UPGRADES-DISH MACHINE	2014	3,631						13
14	ELECTRIC UPGRADES-DISH MACHINE ADDITIONAL	2014	1,090						14
15	Wall Mounted Workstation in dietary mgr ofc	2014	2,770						15
16	UPGRADE FIRESTOPPING at 5 smoke walls & elec rm at data lines, sprinkler piping, conduits, ductwork.								16
17	Install new EZ path devices around data and TV cabling	2014	29,700						17
18	WINDOW UPGRADES IN 14 RESIDENT ROOMS	2013	5,950						18
19	ELECTRIC UPGRADES-MAINT OFF A/C	2014	2,455						19
20	SMOKE WALL ADD'L to firestop around cluster of plumbing pipes penetrating								20
21	smoke wall above ceiling	2014	2,200						21
22	FIRE DOORS at B-Wing Shower room, Womans restrm by room 300, and								22
23	soiled utility	2014	8,158						23
24									24
25	4 ton 3 phase 460V compressor	2014	2,030						25
26	compressor / contactor for HVAC	2014	3,142						26
27	VALVE-plumbing repairs showers	2014	3,642						27
28	MOTOR-RTU #3	2014	1,465						28
29	CO2 DETECTORS	2015	4,266						29
30	Compressor HVAC	2014	2,801						30
31	PARKING LOT SEALING UPGRADES	2014	54,079						31
32	FIRESTOPPING -11-3inx3in EZ path devices at smoke walls to be used for new fire alarm cabling								32
33		2014	8,828						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,267,520	\$ 505,623		\$ 505,623	\$	\$ 7,357,784	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 12,267,520	\$ 505,623		\$ 505,623	\$	\$ 7,357,784	1
2	FIRESTOPPIN main svc hall, mech rm by 400 in main	2014	26,512						2
3	GEN ELEC UPGRADES	2014	9,248						3
4	60 lineal ft 4" perf sewer grade drainage pipe & 2 downspouts	2014	8,046						4
5	roof repairs	2014	1,620						5
6	consulting on fire alarm system	2014	1,500						6
7	Renov - Wallcovering	2015	2,700						7
8	Renov - Basic electrical	2015	4,003						8
9	tile kitchen sink area	2015	2,924						9
10	WATER HEATER	2015	9,420						10
11	CIRCUIT-life safty corrections	2015	12,642						11
12	SPRINKLER PIPE	2015	2,233						12
13	renov - fire alarm system	2015	146,022						13
14	FIRE WALL ext internet café	2015	17,790						14
15	demo /renov med prep room in A Wing	2015	7,109						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>		\$ 12,519,287	\$ 505,623		\$ 505,623	\$	\$ 7,357,784	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	\$ 4,187,651	\$ 291,190	\$ 291,190	\$		\$ 3,620,330	71
72	Current Year Purchases	145,590						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			27,011	27,011			74
75	TOTALS	\$ 4,333,241	\$ 291,190	\$ 318,201	\$ 27,011		\$ 3,620,330	75

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

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 17,706,156	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 796,813	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 823,824	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 27,011	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,978,114	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.

Facility Name & ID Number Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning: 06/01/14

Ending: 05/31/15

**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. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2017 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2018 \$ \_\_\_\_\_

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: \$ 60,096

Description: O2 Concentrators, Wheelchairs, Geri Chairs, Elec. Beds, etc.

(Attach a schedule detailing the breakdown of movable equipment)

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	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	18852	hrs	\$ 764,550	93	\$ 5,382	\$ 837	18,945	\$ 770,769	1
2	Licensed Speech and Language Development Therapist	10a	3530	hrs	143,176			290	3,530	143,466	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10a	19402	hrs	786,874			13,894	19,402	800,768	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				1,082,262		1,082,262	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): <u>Inalation Therapist</u>	10a, 3 & 43, 2	1020		41,371	274	15,784		1,294	57,155	12
13	Other (specify): <u>IV Ther/X-Ray/Lab</u>	43, 3					98,475	202,763		301,238	13
14	TOTAL				\$ 1,735,971	367	\$ 119,641	\$ 1,300,046	43,171	\$ 3,155,658	14

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

Facility Name & ID Number Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning: 06/01/14

Ending:

05/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 05/31/15 (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	\$ 22,431	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>(950,650)</u> )	2,486,596		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	6,317		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,515,344	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	853,628		13
14	Buildings, at Historical Cost	12,519,287		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,333,241		16
17	Accumulated Depreciation (book methods)	(10,978,114)		17
18	Deferred Charges	14,580,372		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spec <u>OMIT</u> )			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 21,308,414	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 23,823,758	\$	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 306,632	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	1,090,941		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	724,649		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>	209,823		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,332,045	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	241,832		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 241,832	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 2,573,877	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 21,249,881	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 23,823,758	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 21,807,372	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 21,807,372	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(229,529)	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)	\$ (229,529)	17
<b>B. Transfers (Itemize):</b>			
18	Change in Interdivision	(327,962)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (327,962)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 21,249,881	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	
<b>I. Revenue</b>		<b>Amount</b>	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 24,777,167	1
2	Discounts and Allowances for all Levels	(12,988,508)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 11,788,659</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	9,115,545	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 9,115,545</b>	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	1,371	12
13	Barber and Beauty Care	23,944	13
14	Non-Patient Meals	4,283	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,186,727	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	76,500	19
20	Radiology and X-Ray	106,370	20
21	Other Medical Services	123,750	21
22	Laundry	2,091	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 2,525,036</b>	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>	<b>\$</b>	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Misc. Income &amp; Purchase Discount</b>	14,949	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 14,949</b>	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 23,444,189</b>	30

		2	
<b>II. Expenses</b>		<b>Amount</b>	
<b>A. Operating Expenses</b>			
31	General Services	2,178,844	31
32	Health Care	10,135,758	32
33	General Administration	5,509,865	33
<b>B. Capital Expense</b>			
34	Ownership	4,146,635	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,401,743	35
36	Provider Participation Fee	300,873	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 23,673,718</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(229,529)</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (229,529)</b>	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 3,928,715	44
45	Private Pay - Net Inpatient Revenue	1,744,651	45
46	Medicare - Net Inpatient Revenue	5,103,827	46
47	Other-(specify) <u>Hospice</u>	140,610	47
48	Other-(specify) <u>Insurance</u>	870,856	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 11,788,659</b>	49

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

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

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

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

Facility Name & ID Number Manorcare of Elk Grove Vlg

# 0049387

Report Period Beginning:

06/01/14

Ending:

05/31/15

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,983	2,137	\$ 103,925	\$ 48.63	1
2	Assistant Director of Nursing	5,906	6,365	237,532	37.32	2
3	Registered Nurses	85,652	92,310	3,266,941	35.39	3
4	Licensed Practical Nurses	15,808	17,037	434,805	25.52	4
5	CNAs & Orderlies	148,847	160,813	2,131,745	13.26	5
6	CNA Trainees	30	33	360	10.91	6
7	Licensed Therapist	45,722	49,307	1,999,680	40.56	7
8	Rehab/Therapy Aides	20,115	21,693	580,690	26.77	8
9	Activity Director	11,015	11,886	176,985	14.89	9
10	Activity Assistants					10
11	Social Service Workers	11,915	12,858	347,171	27.00	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	22,577	24,387	347,513	14.25	15
16	Dishwashers					16
17	Maintenance Workers	3,916	4,225	112,853	26.71	17
18	Housekeepers	17,117	18,465	222,070	12.03	18
19	Laundry	7,719	8,327	84,284	10.12	19
20	Administrator	2,080	2,080	171,702	82.55	20
21	Assistant Administrator	1,317	1,317	60,374	45.84	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	29,185	31,719	755,348	23.81	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	1,943	2,085	31,320	15.02	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	432,847	467,044	\$ 11,065,298 *	\$ 23.69	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 27,500	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)	\$ 27,500		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												
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17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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

Report Period Beginning:

06/01/14

Ending:

05/31/15**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 \$4,098 & AHCA \$2,708
- (3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? \_\_\_\_\_
- (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. \$ 119,679 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. \$ 300,873  
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. \$ 4,283
- (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) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. NO  
Attach invoices and a summary of services for all architect and appraisal fees.