

Facility Name & ID Number Manorcare of Libertyville

0049411 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	150	Skilled (SNF)	150	54,750	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	150	TOTALS	150	54,750	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	11,130	1,721	27,951	40,802	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	11,130	1,721	27,951	40,802	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.52%

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 02/23/88

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 150 and days of care provided 15,499

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 & ID Number

Manorcare of Libertyville

0049411

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
	A. General Services										
1	Dietary	214,255	36,240	190,478	440,973		440,973	440,973			1
2	Food Purchase		338,424		338,424		338,424	(2,145)	336,279		2
3	Housekeeping	196,057	27,075	438	223,570		223,570		223,570		3
4	Laundry	55,762	21,175	1,009	77,946		77,946		77,946		4
5	Heat and Other Utilities			219,018	219,018	2,524	221,542		221,542		5
6	Maintenance	48,608	18,283	118,811	185,702		185,702		185,702		6
7	Other (specify):* Med Waste			3,958	3,958		3,958		3,958		7
8	TOTAL General Services	514,682	441,197	533,712	1,489,591	2,524	1,492,115	(2,145)	1,489,970		8
	B. Health Care and Programs										
9	Medical Director			22,000	22,000		22,000		22,000		9
10	Nursing and Medical Records	3,752,612	352,576	71,309	4,176,497	8,598	4,185,095		4,185,095		10
10a	Therapy	1,870,130	13,223	27,030	1,910,383		1,910,383		1,910,383		10a
11	Activities	101,722	939	1,812	104,473		104,473		104,473		11
12	Social Services	250,258			250,258		250,258		250,258		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	5,974,722	366,738	122,151	6,463,611	8,598	6,472,209		6,472,209		16
	C. General Administration										
17	Administrative	141,900		775,926	917,826	(424,097)	493,729		493,729		17
18	Directors Fees										18
19	Professional Services			19,765	19,765		19,765	(19,765)			19
20	Dues, Fees, Subscriptions & Promotions			125,155	125,155		125,155	(65,685)	59,470		20
21	Clerical & General Office Expenses	505,718	52,712	654,179	1,212,609		1,212,609	(586,864)	625,745		21
22	Employee Benefits & Payroll Taxes			966,552	966,552	46,727	1,013,279		1,013,279		22
23	Inservice Training & Education			1,270	1,270		1,270		1,270		23
24	Travel and Seminar			1,897	1,897		1,897		1,897		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			268,530	268,530		268,530		268,530		26
27	Other (specify):*										27
28	TOTAL General Administration	647,618	52,712	2,813,274	3,513,604	(377,370)	3,136,234	(672,314)	2,463,920		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,137,022	860,647	3,469,137	11,466,806	(366,248)	11,100,558	(674,459)	10,426,099		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			542,276	542,276	16,686	558,962		558,962			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,586,642	1,586,642	349,562	1,936,204	(1,594,413)	341,791			32
33	Real Estate Taxes			196,620	196,620		196,620		196,620			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			67,294	67,294		67,294		67,294			35
36	Other (specify):*											36
37	TOTAL Ownership			2,392,832	2,392,832	366,248	2,759,080	(1,594,413)	1,164,667			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		824,607	6,255	830,862		830,862		830,862			39
40	Barber and Beauty Shops			13,363	13,363		13,363		13,363			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			213,753	213,753		213,753		213,753			42
43	Other (specify):* IV Therapy		156,897	166,801	323,698		323,698		323,698			43
44	TOTAL Special Cost Centers		981,504	400,172	1,381,676		1,381,676		1,381,676			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,137,022	1,842,151	6,262,141	15,241,314		15,241,314	(2,268,872)	12,972,442			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 Libertyville

0049411

Report Period Beginning: 06/01/14

Ending: 05/31/15

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	\$	10	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,145)	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	(47)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(71)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)		27		16
17	Non-Care Related Fees				17
18	Fines and Penalties	650	21		18
19	Entertainment				19
20	Contributions	(2,816)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,186)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(583,881)	21		24
25	Fund Raising, Advertising and Promotional	(65,685)	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	(1,610,691)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (2,268,872)		\$	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)	\$ (2,268,872)		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 Libertyville

ID# 0049411

Report Period Beginning: 06/01/14

Ending: 05/31/15

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Activity Income	\$	11	1
2	Misc. Income		21	2
3	Vending Income	(699)	21	3
4	Accounting/Collection Fees	(15,579)	19	4
5	Collection Agency		19	5
6	Loss on Disposal of Fixed Asset		36	6
7	HCP Lease Interest	(1,594,413)	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	Total	(1,610,691)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Libertyville# 0049411

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	(2,145)	0	0	0	0	0	0	0	0	0	0	(2,145)	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	(2,145)	0	(2,145)	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	(19,765)	0	0	0	0	0	0	0	0	0	0	(19,765)	19
20	Fees, Subscriptions & Promotions	(65,685)	0	0	0	0	0	0	0	0	0	0	(65,685)	20
21	Clerical & General Office Expenses	(586,864)	0	0	0	0	0	0	0	0	0	0	(586,864)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(672,314)	0	(672,314)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(674,459)	0	(674,459)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Libertyville

0049411

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	(1,594,413)	0	0	0	0	0	0	0	0	0	0	(1,594,413)	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	(1,594,413)	0	(1,594,413)	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
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(2,268,872)	0	(2,268,872)	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	\$ 775,926	HCR Manor Care Services, LLC	100.00%	\$ 775,926	\$	1
2	V	Page 8						2
3	V							3
4	V	1-44 Personnel	7,137,022	Heartland Employment Services, LLC	100.00%	7,137,022		4
5	V	10a Therapy Management	15,663	Heartland Rehabilitation Services, LLC	100.00%	15,663		5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 7,928,611			\$ 7,928,611	\$ *	14

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

Facility Name & ID Number

Manorcare of Libertyville

0049411

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 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 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 Libertyville

0049411

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

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

0049411

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		14,307,988	\$ 2,524	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	356 NFs			14,307,988	0	2
3	5	Utilities - Direct to Western Div S	Accumulated Cost	45 NFs			14,307,988	0	3
4	10	Nursing - Pooled	Accumulated Cost	564 NFs, HHs, & R	365,628	262,581	14,307,988	1,318	4
5	10	Nursing - Direct to all SNFs	Accumulated Cost	356 NFs	1,781,417	1,228,977	14,307,988	7,280	5
6	10	Nursing - Direct to Western Div S	Accumulated Cost	45 NFs			14,307,988	0	6
7	17	Gen & Admin - Pooled	Accumulated Cost	564 NFs, HHs, & R	68,653,771	35,393,585	14,307,988	247,470	7
8	17	Gen & Admin - Direct to all SNFs	Accumulated Cost	356 NFs	12,665,127	2,400,695	14,307,988	51,755	8
9	17	Gen & Admin-Direct to MW Div	Accumulated Cost	40 NFs Jan-Sept	1,411,275		10,730,991	43,663	9
10	17	Gen & Admin - Direc toW Div SN	Accumulated Cost	45 NFs Oct-Dec	536,860		3,576,997	8,941	10
11	22	Employee Ben - Pooled	Accumulated Cost	564 NFs, HHs, & R	5,418,631		14,307,988	19,532	11
12	22	Employee Ben - Direct to SNFs	Accumulated Cost	356 NFs	6,655,045		14,307,988	27,195	12
13	22	Employee Ben - Direct to W Div S	Accumulated Cost	45 NFs			14,307,988	0	13
14	30	Deprec - Pooled	Accumulated Cost	564 NFs, HHs, & R	3,871,414		14,307,988	13,955	14
15	30	Deprec - Direct to all SNFs	Accumulated Cost	356 NFs	668,272		14,307,988	2,731	15
16	30	Deprec - Direct to W Div SNFs	Accumulated Cost	45 NFs			14,307,988	0	16
17									17
18									18
19	32	Pooled Interest	Accumulated Cost		25,971,677		14,307,988	93,618	19
20	32	Directly Assigned Interest	Not Allocated		17,184,434			255,944	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		\$ 775,926	25

Facility Name & ID Number

Manorcare of Libertyville

0049411

Report Period Beginning:

06/01/14

Ending:

05/31/15

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6		8	9	10									
					Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
						YES							NO	Original				Balance
A. Directly Facility Related																		
Long-Term																		
1	Conv. Sub Debentures		X			\$ 3,895,128	\$ 3,895,128		0.0657	\$ 255,944	1							
2											2							
3											3							
4											4							
5											5							
Working Capital																		
6											6							
7	Pooled Interest									93,618	7							
8	Interest Expense / Interest Income									(7,771)	8							
9	TOTAL Facility Related					\$ 3,895,128	\$ 3,895,128			\$ 341,791	9							
B. Non-Facility Related*																		
10											10							
11											11							
12											12							
13											13							
14	TOTAL Non-Facility Related					\$	\$			\$	14							
15	TOTALS (line 9+line14)					\$ 3,895,128	\$ 3,895,128			\$ 341,791	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.)

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Manorcare of Libertyville COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0049411

CONTACT PERSON REGARDING THIS REPORT Jeff Lewandowski

TELEPHONE (419) 252-5736 FAX #: (419) 254-5495

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2014 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 2014.

(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>11-28-401-003</u>	<u>See Attached</u>	\$ <u>197,633.67</u>	\$ <u>197,633.67</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>197,633.67</u></u>	\$ <u><u>197,633.67</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? YES X NO

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

C. **Tax Bills**

Attach a copy of the original 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.

Facility Name & ID Number Manorcare of Libertyville

0049411 Report Period Beginning:

06/01/14 Ending:

05/31/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 41,805 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories _____

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>\$ 476,076</u>	1
2					2
3	TOTALS			\$ 476,076	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	150			1988	\$ 4,592,131	\$ 117,248		\$ 117,248	\$	\$ 3,101,033	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Current Year Depreciation					231,401		231,401		3,100,767	9
10			1988		68,073						10
11			1989		52,434						11
12			1990		30,247						12
13			1991		67,316						13
14			1992		175,480						14
15		RETIREMENTS	1992		(10,437)						15
16			1993		55,746						16
17			1994		135,262						17
18			1995		66,532						18
19			1996		156,102						19
20			1997		322,999						20
21			1998		79,019						21
22			1999		110,917						22
23		DOOR, HARDWARE, & STAIN	2000		1,025						23
24		ADDTL COST GARAGE	2000		1,671						24
25		SECURE CARE SYS 2ND FL STAIRWELL	2000		3,147						25
26		DOOR - SOUTH CORRIDOR EXIT	2000		2,440						26
27		PANIC DEVICE - EXTERIOR DOOR	2000		760						27
28		2 A/C UNITS	2000		1,156						28
29		GARAGE	2000		21,256						29
30		LANDSCAPING	2000		2,675						30
31		LANDSCAPING - ARBORIVITAE	2000		3,784						31
32		GARAGE	2000		19,209						32
33		GARAGE	2000		5,556						33
34		BOILER	2001		4,525						34
35		FIRE WALL IN ATTIC	2001		7,422						35
36		A/C UNIT	2001		597						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 Libertyville

0049411

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	4 A/C UNITS	2001	\$ 2,680	\$		\$	\$	\$	37
38	WORKCOUNTER & CABINETS	2001	2,219						38
39	GATES	2001	4,760						39
40	ELECTRICAL CIRCUITS	2001	1,279						40
41	ARCADIA CORRIDORS & LOUNGE (See Line 32)	2001	132,623						41
42	ARCADIA CORRIDORS & LOUNGE	2001	5,666						42
43	ARCADIA CORRIDORS & LOUNGE (See Line 32)	2001	124,865						43
44	ARCADIA CORRIDORS & LOUNGE	2001	20,483						44
45	ARCADIA CORRIDORS & LOUNGE	2001	181,656						45
46	CARPENTRY, DOORS, ELECT.	2001	52,344						46
47	VWC, CORNER GUARDS	2001	10,041						47
48	Per 7/06 Cap. Rate Audit Adjustments	2001	(122,832)						48
49	Invoice #13216 Per 7/06 Cap Rate Audit Adj.	2002	21,952						49
50	Invoice #13233 Pre 7/16 Cap Rate Audit Adj.	2002	24,155						50
51	Per 7/06 Cap Rate Audit Adj. Move (See Lines 2 & 3)	2003	(46,107)						51
52	DINING ROOM & BREAKROOM	2003	21,720						52
53	RETROACTIVE ADDITION	2003	(588)						53
54	ARCH&ENGINEER COSTS, PLANS REVIEWS	2003	16,667						54
55	GENERAL OVERHEAD & INTEREST	2003	33,439						55
56	GENERAL OH & INT Pr 7/06 Cap Rate Audit Adj.	2003	(33,439)						56
57	CARPETING & PADS, WALLCOVERINGS	2003	74,310						57
58	CARPENTRY & MILLWORK	2003	5,750						58
59	HVAC & ELECTRICAL WORK	2003	30,572						59
60	HM DOORS & FRAMES	2003	3,662						60
61	WARDROBES	2004	11,000						61
62	FLOORING	2004	761						62
63	GENERAL OVERHEAD & INTEREST (See Line 18)	2004	32,935						63
64	Gen OH & Int Per 7/06 Cap Rate Audit Adj.	2004	(32,935)						64
65	SOWER ROOM RENOVATION	2004	3,000						65
66	Building décor/3 yrs Ta (See Line 21)	2004	21						66
67	Building décor/3 yrs Ta Per Cap Rate Audit Adjs.	2004	(21)						67
68	VWC	2004	252						68
69	SECOND FLOORING	2004	13,500						69
70	TOTAL (lines 4 thru 69)		\$ 6,573,435	\$ 348,649		\$ 348,649	\$	\$ 6,201,800	70

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

Facility Name & ID Number Manorcare of Libertyville

0049411

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	Totals from Page 12A, Carried Forward		\$ 6,573,435	\$ 348,649		\$ 348,649	\$	\$ 6,201,800	1
2	FRP FIRE WALL	2004	2,941						2
3	WINDOWS	2004	18,532						3
4	PAINTING EXTERIOR	2004	13,667						4
5	SHOWER ROOM RENOVATION	2004	3,800						5
6	ADD'L FLOORING	2004	1,238						6
7	SHOWER ROOM RENOVATION RE	2004	690						7
8	VWC	2004	83						8
9	INSTALL CARPET	2004	4,364						9
10	Per 7/06 Cap Rate Audit Adj.	2004	43,112						10
11	Per 7/06 Cap Rate Audit Adj.	2004	5,300						11
12	INSTALL VCT FLOORING	2005	3,436						12
13	Renov -Lobby Finishes	2005	1,680						13
14	Renov -Custom Casework (See Line 29)	2005	16,000						14
15	Renov -Carpeting & Pads & Guards & WC	2005	26,679						15
16	Renov -General Overhead & Interest (See Line 19)	2005	6,015						16
17	Stainless Steel Flashing	2005	20,000						17
18	Linen&Bathroom doors	2005	2,482						18
19	Renov -Roof Covering	2005	101,050						19
20	Renov -General Overhead (See Line 30)	2005	4,327						20
21	Renov -Interest on Construction (See Line 30)	2005	546						21
22	VWC	2005	4,168						22
23	Stainless steel flashing	2005	15,440						23
24	Bathroom Exhaust fans	2005	4,426						24
25	Carpet	2005	1,648						25
26	Renov -Drywall/Studs	2005	1,430						26
27	Renov -Resilient Flooring	2005	16,153						27
28	Renov -General Overhead & Interest (See Line 31)	2005	866						28
29	Adj. out OH & Int Per 7/06 Cap Rate Audit Adjs.	2005	(6,015)						29
30	To 2004 Per 7/06 Cap Rate Audit Adjs.	2005	(28,179)						30
31	Adj. out OH & Int Per 7/06 Cap Rate Audit Adjs.	2005	(5,670)						31
32	RENOVATION/ 440 018 04C (See Line 21)	2005	25,904						32
33	RENOVATION/ 440 018 04C (See Line 20)	2005	27,234						33
34	TOTAL (lines 1 thru 33)		\$ 6,906,783	\$ 348,649		\$ 348,649	\$	\$ 6,201,800	34

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

Facility Name & ID Number Manorcare of Libertyville

0049411

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	Totals from Page 12B, Carried Forward		\$ 6,906,783	\$ 348,649		\$ 348,649	\$	\$ 6,201,800	1
2	RENOVATION/ 440_018_04C (See Line 20)	2005	945						2
3	FLOORING	2005	1,636						3
4	INSTALL DOORS	2005	6,480						4
5	2 LIGHT FIXTURES	2005	1,650						5
6	INSTALL SMOKE WALL & SIDE	2005	10,129						6
7	Per 7/06 Cap Rate Audit Adjs.	2005	(5,000)						7
8	Per 7/06 Cap Rate Audit Adjs.	2005	(4,873)						8
9	Per 7/06 Cap Rate Audit Adjs.	2005	(866)						9
10	Per 7/06 Cap Rate Audit Adjs.	2005	(20,234)						10
11	KVA TRANSFORMER	2006	2,838						11
12	21 doors	2006	37,670						12
13	sheet vinyl & ceramic flo	2006	4,074						13
14	metals doors	2006	3,317						14
15	electrical	2006	827						15
16	DOORS ON KITCHEN	2007	14,124						16
17	DOORS ON 3RD & 2ND FLOOR	2007	5,940						17
18	Renov - Carpentry	2007	29,850						18
19	Renov - Doors/Frames/Drywall/Studs/Plumbing	2007	14,674						19
20	Renov - Resilient Flooring	2007	79,144						20
21	Renov - Carpeting & ads	2007	19,746						21
22	Renov - Fire Sprinkler	2007	3,752						22
23	Renov - Basic Electric	2007	21,558						23
24	Renov - Interest on Construction	2007	1,493						24
25	Renov - General Overhead	2007	20,811						25
26	Fire Rated Doors	2007	22,384						26
27	000000001811 Concrete Sidewalk	2008	2,862						27
28	000000001815 Seal Parking Lot	2008	8,031						28
29	000000001821 Asphalt	2008	1,706						29
30	000000001809 Fire Proofing	2008	8,820						30
31	000000001810 Kitchen Make Air	2008	4,903						31
32	000000001812 30 amp 277 volt Circuit	2008	5,238						32
33	000000001813 0208 Door Alarm System	2008	1,382						33
34	TOTAL (lines 1 thru 33)		\$ 7,211,791	\$ 348,649		\$ 348,649	\$	\$ 6,201,800	34

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

Facility Name & ID Number Manorcare of Libertyville

0049411

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	Totals from Page 12C, Carried Forward		\$ 7,211,791	\$ 348,649		\$ 348,649	\$	\$ 6,201,800	1
2	00000001834 Ceramic Tile in 4 Showers	2008	22,440						2
3	00000001835 Elevator Switches	2008	4,757						3
4	00000001839 Added Sprinklers	2009	9,700						4
5	00000001840 2208 Water Heaters	2009	7,056						5
6	00000001841 2208 Water Heaters	2009	48,816						6
7	00000001844 0908 Rms & Bthrms Gen Overhead & Interest	2009	41,216						7
8	00000001846 0908 Rms & Bthrms Carpentry & Millwork	2009	137,855						8
9	00000001847 0908 Rms & Bthrms Ceiling tile, flooring VWC	2009	26,975						9
10	1847 0908 Rms & Bathrms VWC	2009	396						10
11	1864 Door	2009	2,076						11
12	1866 Adj Asset #1847 VWC	2009	(30)						12
13	1870 Steel Railing & Gate	2010	2,250						13
14	1883 25 Smoke Detectors	2010	11,770						14
15	CONCRETE RAMP	2011	16,704						15
16	KITCHEN CEILING	2011	12,322						16
17	REMODEL KITCHEN POT & PAN WASH AREA	2011	36,617						17
18	100 GALLON WATER HEATER	2011	7,832						18
19	ADDITION - ARCH & ENGINEER COSTS	2012	151,874						19
20	ADDITION - LEGAL FEES	2012	15,348						20
21	ADDITION - REPRODUCTIONS	2012	216						21
22	ADDITION - GENERAL OVERHEAD & INTEREST	2012	156,725						22
23	ADDITION - PLAN REVIEWS	2012	10,800						23
24	ADDITION - CARPENTRY	2012	11,960						24
25	ADDITION - MILLWORK	2012	78,250						25
26	ADDITION - ROOFING	2012	81,509						26
27	ADDITION - HM DOORS & FRAMES	2012	110,354						27
28	ADDITION - DRYWALL & STUDS	2012	213,277						28
29	ADDITION - ACCOUSTICAL CEILING TILE	2012	70,837						29
30	ADDITION - RESILIENT FLOORING	2012	20,295						30
31	ADDITION - PAINTING	2012	64,368						31
32	ADDITION - WALLCOVERING	2012	14,883						32
33	ADDITION - PLUMBING	2012	74,511						33
34	TOTAL (lines 1 thru 33)		\$ 8,675,750	\$ 348,649		\$ 348,649	\$	\$ 6,201,800	34

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

Facility Name & ID Number Manorcare of Libertyville

0049411

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	Totals from Page 12D, Carried Forward		\$ 8,675,750	\$ 348,649		\$ 348,649	\$	\$ 6,201,800	1
2	ADDITION - HVAC	2012	96,332						2
3	ADDITION - BASIC ELECTRICAL	2012	314,076						3
4	ADDITION - MASONRY	2012	50,230						4
5	ADDITION - METALS	2012	36,219						5
6	ADDITION- CONCRETE	2012	54,119						6
7	ADDITION - RESILIENT FLOORING	2012	352						7
8	ADDITION- CARPETING AND PADS	2012	26,902						8
9	ADDITION - WALLCOVERING	2012	29,316						9
10	ADDITION- SOIL & CONCRETE TESTING	2012	12,107						10
11	ADDITION - WATER & SEWER FEES	2012	13,775						11
12	ADDITION - PERMIT FEES	2012	28,724						12
13	ADDITION - SITE PREP/GRADING	2012	292,886						13
14	prep sink in kitchen	2012	17,416						14
15	RENOV- DRYWALL & STUDS FOR MECHANICAL ROOM UPGR	2012	44,749						15
16	ENLARGE O2 STORAGE ROOM TO 6X9	2012	21,080						16
17	PAINTING ON 1ST, 2ND & 3RD FLOORS	2012	4,364						17
18	OVERNIGHT MAIL CHGS RE: ADDITION PLANS	2012	48						18
19	ELEVATOR DOOR OPERATORS	2012	9,925						19
20	ADDITIONAL FOR LIBERTYVILLE ADDITION								20
21	PAINTING	2012	422						21
22	ACCOUTICAL CEILING TILES	2012	7,957						22
23	MILLWORK/WOOD DOORS/HVAC	2012	37,332						23
24	PLUMBING	2012	8,052						24
25	BRICK AND MASONRY	2012	1,674						25
26	LOUNGE WALL UPDATES- LARGE & SMALL LOUNGES	2012	3,092						26
27	RESTROOM WALL UPDATES 2 ea 2nd & 3rd flrs	2012	6,389						27
28	PARKING LOT-front handicapped & dumpster areas	2012	23,662						28
29	FIRE LINKS	2012	16,290						29
30	ELEVATOR DOOR OPERATORS	2012	9,925						30
31	Elevator Controllers	2012	42,577						31
32	GARAGE ROOF	2012	2,880						32
33	double door install	2013	2,890						33
34	TOTAL (lines 1 thru 33)		\$ 9,891,511	\$ 348,649		\$ 348,649	\$	\$ 6,201,800	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 9,891,511	\$ 348,649		\$ 348,649	\$	\$ 6,201,800	1
2	KITCHEN FLOORING	2013	4,034						2
3	SEWER DRAIN to reroute 2nd/3rd flr plumbing away from 1st fl	2013	7,661						3
4	ELEVATOR WIRING	2013	6,745						4
5	ELECTRICAL UPDATE - 2ND FLR main elec rm	2013	11,858						5
6	Life Safety Corrections-intrusion alert system	2013	54,000						6
7	Electrical for EZ path devices for TV cabling	2013	3,775						7
8	Landscaping refunds on dead plantings	2013	(3,030)						8
9	Elec Transformer for 1st floor storage room	2013	22,178						9
10	front office cabinetry	2013	4,215						10
11	south entrance drive paving	2014	3,690						11
12	replace Upper Siding & Fascia	2014	60,335						12
13	4000 LE/SL SERIES AUTOMATED DOOR	2014	3,083						13
14	A#2025 AUTOMATED DOORS ADDL	2014	1,171						14
15	GEN ELEC UPGRADES	2014	6,758						15
16	Plumbing Equip repairs 2nd flr -main mixing valve	2014	5,000						16
17	K-tag corrections - ext exit signs @ dining rm & internet café patio	2014	5,052						17
18	fire rated ceiling in main elec rm & firestop 2nd flr stairwell	2015	17,075						18
19	MASONRY	2015	1,415						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)		\$ 10,106,526	\$ 348,649		\$ 348,649	\$	\$ 6,201,800	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	\$ 2,835,721	\$ 193,627	\$ 193,627	\$		\$ 2,408,858	71
72	Current Year Purchases	53,306						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			16,686	16,686			74
75	TOTALS	\$ 2,889,027	\$ 193,627	\$ 210,313	\$ 16,686		\$ 2,408,858	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)	\$ 13,471,629	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 542,276	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 558,962	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 16,686	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,610,658	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. _____ /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: \$ 67,294 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.

Facility Name & ID Number Manorcare of Libertyville # 0049411 Report Period Beginning: 06/01/14 Ending: 05/31/15
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?</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>2. CLASSROOM PORTION:</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. CLINICAL PORTION:</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	9907 hrs	\$ 395,335	8	\$ 488	\$ 316	9,915	\$ 396,139	1
2	Licensed Speech and Language Development Therapist	10a	1847 hrs	73,693			215	1,847	73,908	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	14652 hrs	584,711	42	2,412	12,692	14,694	599,815	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				824,607		824,607	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	342	13,665	74	4,243	156,897	416	174,805	12
13	Other (specify): <u>X-Ray/Lab</u>	43, 3				166,801			166,801	13
14	TOTAL			\$ 1,067,404	124	\$ 173,944	\$ 994,727	26,872	\$ 2,236,075	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 Libertyville# 0049411Report 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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 18,820	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>(1,120,065)</u>)	1,903,433		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	4,987		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,927,240	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	476,076		13
14	Buildings, at Historical Cost	10,106,526		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,889,027		16
17	Accumulated Depreciation (book methods)	(8,610,658)		17
18	Deferred Charges	681,254		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>)	92,952		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,635,177	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,562,417	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 196,753	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	687,003		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	181,164		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accrued Payables</u>	212,431		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,277,351	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,895,128		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)	\$ 3,895,128	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,172,479	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,389,938	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,562,417	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,756,347	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,756,347	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	578,924	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)	\$ 578,924	17
B. Transfers (Itemize):			
18	Change in Interdivision	(945,333)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (945,333)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,389,938	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	\$ 16,346,139	1	
2	Discounts and Allowances for all Levels	(9,395,674)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,950,465	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	6,844,362	6	
7	Oxygen		7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 6,844,362	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	699	12	
13	Barber and Beauty Care	16,294	13	
14	Non-Patient Meals	2,145	14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space		16	
17	Sale of Drugs	1,625,923	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory	185,472	19	
20	Radiology and X-Ray	82,412	20	
21	Other Medical Services	112,419	21	
22	Laundry		22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,025,364	23	
D. Non-Operating Revenue				
24	Contributions		24	
25	Interest and Other Investment Income***		25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28	Misc. Income & Purchase Discount	47	28	
28a			28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 47	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,820,238	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	1,489,591	31	
32	Health Care	6,463,611	32	
33	General Administration	3,513,604	33	
B. Capital Expense				
34	Ownership	2,392,832	34	
C. Ancillary Expense				
35	Special Cost Centers	1,167,923	35	
36	Provider Participation Fee	213,753	36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,241,314	40	
41	Income before Income Taxes (line 30 minus line 40)**	578,924	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 578,924	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,434,171	44
45	Private Pay - Net Inpatient Revenue	585,984	45
46	Medicare - Net Inpatient Revenue	2,956,457	46
47	Other-(specify) <u>Hospice</u>	103,723	47
48	Other-(specify) <u>Insurance</u>	870,130	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,950,465	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 Libertyville

0049411

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	2,072	2,230	\$ 116,847	\$ 52.40	1
2	Assistant Director of Nursing	5,937	6,390	252,103	39.45	2
3	Registered Nurses	47,164	50,757	1,735,599	34.19	3
4	Licensed Practical Nurses	15,956	17,171	420,011	24.46	4
5	CNAs & Orderlies	90,419	97,366	1,199,486	12.32	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	29,856	32,127	1,282,083	39.91	7
8	Rehab/Therapy Aides	19,256	20,721	588,047	28.38	8
9	Activity Director	5,368	5,782	101,722	17.59	9
10	Activity Assistants					10
11	Social Service Workers	8,730	9,400	250,258	26.62	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	13,499	14,558	214,255	14.72	15
16	Dishwashers					16
17	Maintenance Workers	2,048	2,206	48,608	22.03	17
18	Housekeepers	15,553	16,749	196,057	11.71	18
19	Laundry	4,497	4,843	55,762	11.51	19
20	Administrator	2,080	2,080	141,900	68.22	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	19,910	21,456	505,718	23.57	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	1,654	1,780	28,566	16.05	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	283,999	305,616	\$ 7,137,022 *	\$ 23.35	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 22,000	9, 3	36
37	Medical Records Consultant	Monthly 6,267	10, 3	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)	\$ 28,267		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 Libertyville# 0049411

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 \$3,236 & AHCA \$2,137
- (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. \$ 67,198 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. \$ 213,753
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? YES Indicate the amount. \$ 2,145
- (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.