		FOR BHF USE					

LL1

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0049353

Facility Name: Manorcare of Palos Hts West

Address: 11860 Southwest Hwy (Number) Palos Heights (City) 60463 (Zip Code)

County: Cook

Telephone Number: (708) 361-4555 **Fax #** (708) 361-3777

HFS ID Number:

Date of Initial License for Current Owners: 04/15/96

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 06/01/14 to 05/31/15 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed) (Date)
	(Type or Print Name) Martin Allen
	(Title) Director
Paid Preparer	(Signed) (Date)
	(Print Name and Title)
	(Firm Name & Address)
	(Telephone) ( ) Fax # ( )

In the event there are further questions about this report, please contact:
Name: Jeff Lewandowski Telephone Number: (419) 252-5736
Email Address:

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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	130	Skilled (SNF)	130	47,450	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	130	TOTALS	130	47,450	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	11,407	2,868	26,238	40,513	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	11,407	2,868	26,238	40,513	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.38%

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 [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 04/15/96

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 04/07/11 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 130 and days of care provided 18,686

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [ ] NO [X]

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

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

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	221,052	30,315	154,738	406,105		406,105		406,105			1
2	Food Purchase		272,478		272,478		272,478	(4,055)	268,423			2
3	Housekeeping	86,260	28,253	77,468	191,981		191,981		191,981			3
4	Laundry	8,475	31,200	51,506	91,181		91,181		91,181			4
5	Heat and Other Utilities			240,133	240,133	2,971	243,104		243,104			5
6	Maintenance	50,090	19,838	136,840	206,768		206,768		206,768			6
7	Other (specify):* Med Waste			2,216	2,216		2,216		2,216			7
8	TOTAL General Services	365,877	382,084	662,901	1,410,862	2,971	1,413,833	(4,055)	1,409,778			8
	B. Health Care and Programs											
9	Medical Director			21,770	21,770		21,770		21,770			9
10	Nursing and Medical Records	3,928,306	345,433	151,366	4,425,105	10,123	4,435,228		4,435,228			10
10a	Therapy	2,112,609	9,082	8,715	2,130,406		2,130,406		2,130,406			10a
11	Activities	73,828	6,687	4,616	85,131		85,131	(13)	85,118			11
12	Social Services	220,607	7		220,614		220,614		220,614			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	6,335,350	361,209	186,467	6,883,026	10,123	6,893,149	(13)	6,893,136			16
	C. General Administration											
17	Administrative	168,825		619,976	788,801	(205,750)	583,051		583,051			17
18	Directors Fees											18
19	Professional Services			86,683	86,683		86,683	(86,683)				19
20	Dues, Fees, Subscriptions & Promotions			92,566	92,566		92,566	(45,900)	46,666			20
21	Clerical & General Office Expenses	403,461	72,361	357,539	833,361		833,361	(232,738)	600,623			21
22	Employee Benefits & Payroll Taxes			978,047	978,047	55,014	1,033,061		1,033,061			22
23	Inservice Training & Education			171	171		171		171			23
24	Travel and Seminar			3,016	3,016		3,016		3,016			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			724,853	724,853		724,853		724,853			26
27	Other (specify):*											27
28	TOTAL General Administration	572,286	72,361	2,862,851	3,507,498	(150,736)	3,356,762	(365,321)	2,991,441			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,273,513	815,654	3,712,219	11,801,386	(137,642)	11,663,744	(369,389)	11,294,355			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Manorcare of Palos Hts West #0049353 Report Period Beginning: 06/01/14 Ending: 05/31/15

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			358,285	358,285	19,645	377,930		377,930			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			3,480,702	3,480,702	117,997	3,598,699	(3,484,224)	114,475			32
33	Real Estate Taxes			378,587	378,587		378,587		378,587			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			68,062	68,062		68,062		68,062			35
36	Other (specify):*											36
37	TOTAL Ownership			4,285,636	4,285,636	137,642	4,423,278	(3,484,224)	939,054			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		744,132		744,132		744,132		744,132			39
40	Barber and Beauty Shops			16,949	16,949		16,949		16,949			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			200,568	200,568		200,568		200,568			42
43	Other (specify):* IV Therapy		136,576	136,941	273,517		273,517		273,517			43
44	TOTAL Special Cost Centers		880,708	354,458	1,235,166		1,235,166		1,235,166			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,273,513	1,696,362	8,352,313	17,322,188		17,322,188	(3,853,613)	13,468,575			45

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

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$	10	$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(4,055)	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	(82)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(95)	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	(3,313)	21		18
19	Entertainment				19
20	Contributions	(2,909)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(73,219)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(225,955)	21		24
25	Fund Raising, Advertising and Promotional	(45,900)	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	(3,498,085)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (3,853,613)		$	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 Amount	2 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
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (3,853,613)		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 Yes	2 No	3 Amount	4 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

STATE OF ILLINOIS

Manorcare of Palos Hts West

ID# 0049353

Report Period Beginning: 06/01/14

Ending: 05/31/15

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Activity Income	$ (13)	11	1
2	Misc. Income		21	2
3	Vending Income	(1,026)	21	3
4	Accouning/Collection Fees	(12,822)	19	4
5	Collection Agency		19	5
6	Loss on Disposal of Fixed Asset		36	6
7	HCP Lease Interest	(3,484,224)	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**	(3,498,085)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(4,055)	0	0	0	0	0	0	0	0	0	0	(4,055)	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**	(4,055)	0	0	0	0	0	0	0	0	0	0	(4,055)	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	(13)	0	0	0	0	0	0	0	0	0	0	(13)	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**	(13)	0	0	0	0	0	0	0	0	0	0	(13)	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	(86,041)	0	0	0	0	0	0	0	0	0	0	(86,041)	19
20	Fees, Subscriptions & Promotions	(45,900)	0	0	0	0	0	0	0	0	0	0	(45,900)	20
21	Clerical & General Office Expenses	(233,380)	0	0	0	0	0	0	0	0	0	0	(233,380)	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**	(365,321)	0	0	0	0	0	0	0	0	0	0	(365,321)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(369,389)	0	0	0	0	0	0	0	0	0	0	(369,389)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(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	(3,484,224)	0	0	0	0	0	0	0	0	0	0	(3,484,224)	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**	(3,484,224)	0	0	0	0	0	0	0	0	0	0	(3,484,224)	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)**	(3,853,613)	0	0	0	0	0	0	0	0	0	0	(3,853,613)	45

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 Report Period Beginning: 06/01/14 Ending: 05/31/15

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	See	Home Office Allocation	$ 619,976	HCR Manor Care Services, LLC	100.00%	$ 619,976	$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	7,273,513	Heartland Employment Services, LLC	100.00%	7,273,513		4
5	V	10a	Therapy Management	13,573	Heartland Rehabilitation Services, LLC	100.00%	13,573		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			$ 7,907,062			$ 7,907,062	$ *	14

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

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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 Libertyville IL, LLC	Libertyville				19
20			Manor Care of Naperville IL, LLC	Naperville				20
21			Manor Care of Northbrook IL, LLC	Northbrook				21
22			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				22
23			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				23
24			Manor Care of Palos Heights (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 Palos Hts West # 0049353 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 Palos Hts West # 0049353 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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	N/A								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

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

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

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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 [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities - Pooled	Accumulated Cost	3,969,355,509	564 NFs, HHs, &	$ 700,139	$	16,845,485	$ 2,971	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	3,501,343,214	356 NFs			16,845,485	0	2
3	5	Utilities - Direct to Western Div S	Accumulated Cost	346,847,752	45 NFs			16,845,485	0	3
4	10	Nursing - Pooled	Accumulated Cost	3,969,355,509	564 NFs, HHs, & Re	365,628	262,581	16,845,485	1,552	4
5	10	Nursing - Direct to all SNFs	Accumulated Cost	3,501,343,214	356 NFs	1,781,417	1,228,977	16,845,485	8,571	5
6	10	Nursing - Direct to Western Div S	Accumulated Cost	346,847,752	45 NFs			16,845,485	0	6
7	17	Gen & Admin - Pooled	Accumulated Cost	3,969,355,509	564 NFs, HHs, & Re	68,653,771	35,393,585	16,845,485	291,359	7
8	17	Gen & Admin - Direct to all SNFs	Accumulated Cost	3,501,343,214	356 NFs	12,665,127	2,400,695	16,845,485	60,934	8
9	17	Gen & Admin-Direct to MW Div	Accumulated Cost	346,847,752	40 NFs Jan-Sept	1,411,275		12,634,114	51,406	9
10	17	Gen & Admin - Direc toW Div SN	Accumulated Cost	214,769,108	45 NFs Oct-Dec	536,860		4,211,371	10,527	10
11	22	Employee Ben - Pooled	Accumulated Cost	3,969,355,509	564 NFs, HHs, & Re	5,418,631		16,845,485	22,996	11
12	22	Employee Ben - Direct to SNFs	Accumulated Cost	3,501,343,214	356 NFs	6,655,045		16,845,485	32,018	12
13	22	Employee Ben - Direct to W Div S	Accumulated Cost	346,847,752	45 NFs			16,845,485	0	13
14	30	Deprec - Pooled	Accumulated Cost	3,969,355,509	564 NFs, HHs, & Re	3,871,414		16,845,485	16,430	14
15	30	Deprec - Direct to all SNFs	Accumulated Cost	3,501,343,214	356 NFs	668,272		16,845,485	3,215	15
16	30	Deprec - Direct to W Div SNFs	Accumulated Cost	346,847,752	45 NFs			16,845,485	0	16
17										17
18										18
19	32	Pooled Interest	Accumulated Cost	3,969,355,509		25,971,677		16,845,485	110,221	19
20	32	Directly Assigned Interest	Not Allocated			17,184,434			7,776	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		$ 619,976	25

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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	7	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				$ 118,340	$ 118,340		0.0657	$ 7,776	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7	Pooled Interest										110,221	7
8	Interest Expense / Interest Income										(3,522)	8
9	TOTAL Facility Related						$ 118,340	$ 118,340			$ 114,475	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 118,340	$ 118,340			$ 114,475	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.)

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 Report Period Beginning: 06/01/14 Ending: 05/31/15

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2014 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 384,055	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.)		$ 204,591	2
3. Under or (over) accrual (line 2 minus line 1).		$ (179,464)	3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 541,212	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. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$ 16,839	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. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 378,587	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2010	234,682	8
	2011	392,905	9
	2012	429,673	10
	2013	440,911	11
	2014	382,032	12

	FOR BHF USE ONLY		
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

Line 2: $204,591.37 = $204,591.37 for 2nd half 2013 + $0 for 1st half 2014

Line 4: $541,211.83 = $382,031.83 for 2nd half 2014 + $159,180 for Jan - May 2015

Line 5: $16,839 = $4,500 Urban RE research & $12,839 Worsek & Vihon-Both regarding 2014 RE assessment appeal

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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Manorcare of Palos Hts West COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049353

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) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	23-24-300-341-0000	See Attached	$ 382,031.83	$ 382,031.83
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 382,031.83	$ 382,031.83

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 Palos Hts West # 0049353 Report Period Beginning: 06/01/14 Ending: 05/31/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 47,653 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 2

C. Does the Operating Entity? [ ] (a) Own the Facility [ ] (b) Rent from a Related Organization. [X] (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. [X] (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 [X] 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	Facility		1996	$ 705,000	1
2					2
3	TOTALS			$ 705,000	3

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	130			1996	$ 5,345,094	$ 133,627		$ 133,627	$	$ 2,551,483	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Current Yerar Depreciation					112,612		112,612		1,563,315	9
10				1996	398,017						10
11				1997	165,442						11
12				1998	67,765						12
13				1999	27,686						13
14				2000	74,134						14
15				2001	129,144						15
16	VINYL WALLCOVERING & BORDERS			2002	1,250						16
17	CARPET, VINYL WALLCOVERING & BORDERS			2002	64,471						17
18	FLOORING IN PUBIC RESTROOM			2003	2,125						18
19	WALLCOVERING & PAINTING			2003	9,129						19
20	DOORS			2003	3,109						20
21	WINDOW TREATMENTS			2003	2,527						21
22	CONSTRUCTION DEPT. COST & INTEREST			2004	12,658						22
23	WALLCOVERING & PAINTING			2004	39,469						23
24	TV ANTENNA JACKS & COAX WIRING			2004	3,140						24
25	DOORS			2004	1,020						25
26	Sealcoat & Restripe Parking Lot			2004	2,280						26
27	Renov. - General Overhead & Interest			2004	3,752						27
28	Renov. - Painting			2004	35,265						28
29	Renov. - Wallcovering & Corner Guards			2004	6,697						29
30	Renov. - Carpentry			2004	4,180						30
31	Dorrs			2004	4,483						31
32	Ceramic Tile			2005	2,990						32
33	Wallcovering & Painting			2005	8,452						33
34	Carpet			2005	5,362						34
35	FABRICS / CURTAINS			2005	3,914						35
36				2005	1,150						36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Shower Floors	2005	$ 9,945	$		$	$	$	37
38	Ceramic Tile / Bathrooms	2005	10,800						38
39	Painting	2005	3,859						39
40	1 new Rated Door	2005	1,260						40
41	electrical work	2006	904						41
42	drywall / access panels	2006	1,044						42
43	12 doors	2006	4,495						43
44	4 simplex locks	2007	2,128						44
45	Renov - General overhead & interest	2007	29,772						45
46	Renov - Carpentry & Subcontr	2007	8,370						46
47	Renov - resilient flooring	2007	88,568						47
48	Renov - Carpeting & Pads	2007	10,156						48
49	Renov - Wallcovering	2007	110,905						49
50	renov - basic electrical	2007	8,735						50
51	electrical for lighting	2007	1,692						51
52	3 roof top units	2007	29,952						52
53	Consulting for PT Expansion	2008	4,847						53
54	Bathroom floor and toilets	2007	7,106						54
55	door frame and flooring	2008	4,542						55
56	fire doors	2008	6,260						56
57	fire dampers	2009	12,600						57
58	Renov - Arch & engineering cost	2009	2,479						58
59	Renov - resilient flooring	2009	885						59
60	Renov - Wallcovering	2009	7,534						60
61	Renov - General overhead & interest	2009	9,308						61
62	Renov -Interest on Const	2009	868						62
63	Renov - Carpentry & Subcontr	2009	69,237						63
64	Renov - Carpentry & Subcontr	2009	41,772						64
65	UL-263 Ceiling	2009	4,540						65
66	2 rooftoop replacements	2009	25,017						66
67	water heater	2009	845						67
68	water heater	2009	1,293						68
69	water heater	2009	13,500						69
70	TOTAL (lines 4 thru 69)		$ 6,959,923	$ 246,239		$ 246,239	$	$ 4,114,798	70

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

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 6,959,923	$ 246,239		$ 246,239	$	$ 4,114,798	1
2	10tib RTU	2010	16,605						2
3	Install PTAC	2010	1,661						3
4	flooring	2010	3,078						4
5	Parking lot paving	2009	13,669						5
6	flooring, 2nd flr dining	2010	6,420						6
7	curbs & flash in roof deck	2010	2,300						7
8	air vent grills	2010	13,475						8
9	carpeting	2010	2,633						9
10	frt carpeting	2010	161						10
11	3000 make up air unit	2010	26,578						11
12	additional air vent grills	2011	5,995						12
13	roof ventilator	2011	2,764						13
14	kitchen ceiling fans	2011	8,870						14
15	floor and wall tile 2 restrooms	2011	12,877						15
16	carpet install in Admin	2011	2,867						16
17	pave parking lot	2010	6,986						17
18	doors and frames in corridors	2011	49,214						18
19	Renov - Fire Damper upgrade in bldg	2011	51,784						19
20	Renov - Basic Electrical for fire damper upgrade	2011	1,804						20
21	2000 sq. ft. of lower roof	2011	8,360						21
22	4 fire rated access hatch	2011	9,870						22
23	Renov - Carpentry 1st & 2nd floor offices & copier rooms	2011	36,225						23
24	Renov - Carpeting 1st & 2nd floor offices & copier rooms	2011	313						24
25	Renov - Wallcovering 1st & 2nd floor offices & copier rooms	2011	1,895						25
26	Revov - Basic Electrical 1st & 2nd floor offices & copier rooms	2011	4,802						26
27	HM door at electrical room	2011	2,410						27
28	3 sets of exterior HM door	2011	22,905						28
29	countertop for 2nd flr nourishment	2012	3,055						29
30	3 insinkerators	2012	10,317						30
31	Roofing membrane - main roof	2012	8,424						31
32	hot water heater	2012	17,985						32
33	vinyl flooring 14 baths on 2nd floor	2012	11,862						33
34	TOTAL (lines 1 thru 33)		$ 7,328,086	$ 246,239		$ 246,239	$	$ 4,114,798	34

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

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 7,328,086	$ 246,239		$ 246,239	$	$ 4,114,798	1
2	concrete sidewalk repairs around perimeter of facility	2012	9,920						2
3	electrical panel -kitchen	2012	1,665						3
4	fusible links in 80 fire dampers	2012	10,026						4
5	bathroom flooring in 19 resident rooms on 2nd floor	2012	16,485						5
6	ceiling mounted heater in lobby	2013	3,680						6
7	parking lot overlay	2013	8,121						7
8	roofing replacement	2013	8,658						8
9	elevator door upgrades	2014	5,400						9
10	elect upgrades-admin, HR, 1st flr DON ofcs. Med rms	2014	5,380						10
11	Parking Exp - Asphalt paving	2014	41,730						11
12	Parking Exp - Landscaping & Grading and Exterior Signs	2014	203,362						12
13	Parking Exp - Concrete Paving	2014	72,432						13
14	Parking Exp - Permanent Fencing	2014	11,294						14
15	COMPRESSOR MOTOR	2015	2,606						15
16	door restrictors-(3) elevator	2015	4,050						16
17	install EZ path devices (8) @ smoke alarm walls above fire drs	2014	13,767						17
18	conduit & wiring needed to extend emergency circuits to: Admin, admissions, BOM Ofcs & corridor shower rm/toilet area, front corridor btwn DON & HR,								18
19	1st flr lounge & corridor btwn rms 101-116	2014	3,693						19
20	ROOF UPGRADE	2014	6,408						20
21	WATER HEATER	2015	21,736						21
22	wallcovering internet café	2015	1,260						22
23	Parking Expansion -relocation of utility poles, elec for new site lights,								23
24	and new elec to dumpster,	2014	25,137						24
25	Parking Expansion - retension pond, landscaping incl new trees, new sidewalks & curbs,								25
26	6' High PVC fencing for courtyard and generator area	2014	136,249						26
27	Parking Exp -capping/removal of old & intall of new hydrant	2014	7,704						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,948,848	$ 246,239		$ 246,239	$	$ 4,114,798	34

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

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 Report Period Beginning: 06/01/14 Ending: 05/31/15

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	$ 2,479,169	$ 112,046	$ 112,046	$		$ 2,266,405	71
72	Current Year Purchases	50,963						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			19,645	19,645			74
75	TOTALS	$ 2,530,132	$ 112,046	$ 131,691	$ 19,645		$ 2,266,405	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)	$ 11,183,980	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 358,285	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 377,930	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 19,645	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 6,381,203	85	

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

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

G. Construction-in-Progress

	Description	Cost	
92	CIP	$ 33,605	92
93			93
94			94
95		$ 33,605	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 Palos Hts West # 0049353 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? ☐ YES ☐ NO
   If NO, see instructions.

		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

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: *

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	$

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: $ 68,062 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	Patient Transportation		$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

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

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

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

[ ] YES
[X] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM [ ]
IN OTHER FACILITY [ ]
COMMUNITY COLLEGE [ ]
HOURS PER CNA ____

3. CLINICAL PORTION:

IN-HOUSE PROGRAM [ ]
IN OTHER FACILITY [ ]
HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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	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.

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 Report Period Beginning: 06/01/14 Ending: 05/31/15

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

		1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service		Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a	10781	hrs	$ 458,159		$	$ 359	10,781	$ 458,518	1
2	Licensed Speech and Language Development Therapist	10a	5308	hrs	225,592			8,478	5,308	234,070	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10a	8735	hrs	371,207			245	8,735	371,452	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 prescrpts				744,132		744,132	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): Inhalation Therapist	43, 2	1208		51,349			136,576	1,208	187,925	12
13	Other (specify): X-Ray/Lab	43, 3					136,941			136,941	13
14	TOTAL				$ 1,106,307		$ 136,941	$ 889,790	26,032	$ 2,133,038	14

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

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 16,722	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (466,098))	1,607,425		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	3,532		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,627,679	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	705,000		13
14	Buildings, at Historical Cost	7,948,848		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,530,132		16
17	Accumulated Depreciation (book methods)	(6,381,203)		17
18	Deferred Charges	9,419,380		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe OMIT	46,844		22
23	Other(specify): CIP	33,605		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 14,302,606	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 15,930,285	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 208,511	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	530,220		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	541,212		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Payables	125,664		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,405,607	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	118,340		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)**	$ 118,340	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,523,947	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 14,406,338	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 15,930,285	$	48

*(See instructions.)

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 Report Period Beginning: 06/01/14 Ending: 05/31/15

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 14,892,685	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 14,892,685	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(513,832)	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)**	$ (513,832)	17
	B. Transfers (Itemize):		
18	Change in Interdivision	27,485	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 27,485	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 14,406,338	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 Report Period Beginning: 06/01/14 Ending: 05/31/15

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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 17,685,508	1
2	Discounts and Allowances for all Levels	(10,087,766)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,597,742	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	7,376,818	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 7,376,818	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	1,026	12
13	Barber and Beauty Care	22,303	13
14	Non-Patient Meals	4,055	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,504,758	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	125,266	19
20	Radiology and X-Ray	126,888	20
21	Other Medical Services	48,783	21
22	Laundry	622	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,833,701	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	Activity Income & Purchase Discount	95	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 95	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 16,808,356	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,410,862	31
32	Health Care	6,883,026	32
33	General Administration	3,507,498	33
	B. Capital Expense		
34	Ownership	4,285,636	34
	C. Ancillary Expense		
35	Special Cost Centers	1,034,598	35
36	Provider Participation Fee	200,568	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 17,322,188	40
41	**Income before Income Taxes (line 30 minus line 40)****	(513,832)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (513,832)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,253,659	44
45	Private Pay - Net Inpatient Revenue	1,045,819	45
46	Medicare - Net Inpatient Revenue	3,641,027	46
47	Other-(specify) Hospice	227,967	47
48	Other-(specify) Insurance	429,270	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 7,597,742	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.

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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	1,734	1,874	$ 81,345	$ 43.41	1
2	Assistant Director of Nursing	3,332	3,601	128,520	35.69	2
3	Registered Nurses	59,911	64,752	2,084,979	32.20	3
4	Licensed Practical Nurses	13,238	14,307	381,984	26.70	4
5	CNAs & Orderlies	93,298	101,007	1,228,252	12.16	5
6	CNA Trainees	15	17	184	10.82	6
7	Licensed Therapist	28,924	31,264	1,328,664	42.50	7
8	Rehab/Therapy Aides	24,696	26,695	783,945	29.37	8
9	Activity Director	5,914	6,395	73,828	11.54	9
10	Activity Assistants					10
11	Social Service Workers	8,063	8,722	220,607	25.29	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,399	16,641	221,052	13.28	15
16	Dishwashers					16
17	Maintenance Workers	2,098	2,269	50,090	22.08	17
18	Housekeepers	7,369	7,938	86,260	10.87	18
19	Laundry	872	939	8,475	9.03	19
20	Administrator	2,080	2,080	99,352	47.77	20
21	Assistant Administrator	1,625	1,625	69,473	42.75	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	20,211	22,133	403,461	18.23	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	1,620	1,752	23,042	13.15	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	290,399	314,011	$ 7,273,513 *	$ 23.16	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	21,770	9, 3	36
37	Medical Records Consultant	183	9,986	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)	183	$ 31,756		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	218	$ 14,143	10, 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	218	$ 14,143		53

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Pamela Chappell	Administrator	0	$ 77,980
Caitlin Casey	Administrator	0	21,372
Susan Lucas	Asst. Admin.	0	69,473
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 168,825

B. Administrative - Other

Description	Amount
Various Home Office Services	$ 619,976
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 619,976

C. Professional Services

Vendor/Payee	Type	Amount
Advanced Discovery LLC	Legal Fees	$ 2,430
Clicks	Legal Fees	41
Excelas LLC	Legal Fees	11,499
Littler Mendelson PC	Legal Fees	1,666
SNF Global	Legal Fees	4,673
Reed Smith LLP	Legal Fees	52,910
(Legal Fees were adjusted off via Page 5, Line 22; therefore no invoices are attached)		
Meyers & Flowers LLC	Collection Services	10,585
Transworld Systems Inc	Collection Services	2,237
(Collection Costs were adjusted off via Page 5a, Line 6)		
Southwest Nephrology Associates	Medical Consulting	642
(Consulting Fees are reclassed to Line 21)		
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 86,683

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 27,082
Unemployment Compensation Insurance	91,121
FICA Taxes	528,875
Employee Health Insurance	307,937
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Appreciation	
401K	13,543
Oth Empl Benefits & Marketing Adjustment	5,462
Tuition Reimbursement	
SMSP Match	104
Employee Uniforms	3,923
Home Office Allocation	55,014
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,033,061

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	24,193
Health Care Worker Background Check (Indicate # of checks performed 257)	4,133
Patient Background Checks 79	790
Dues & Subscriptions	5,544
Association Dues	7,426
Advertising	43,130
Other Licenses & Permits	5,360
Less: Non-allowable Assn. Dues	(2,770)
Less: Public Relations Expense	( )
Non-allowable advertising	(43,130)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 46,666

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	3,016
Includes travel expense to the Home Office in Toledo, OH for regional meetings.	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,016

**See instructions.

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 Report Period Beginning: 06/01/14 Ending: 05/31/15

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	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Manorcare of Palos Hts West # 0049353 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 $2,804 & AHCA $1,852**

(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. $ **62,287** 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. $ **200,568**
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. $ **4,055**

(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 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.