## I. IDPH License ID Number: 0049437

**Facility Name:** Manorcare of Homewood  
**Address:** 940 Maple Avenue, Homewood 60430  
**County:** Cook  
**Telephone Number:** (708) 799-0244  
**Fax #:** (708) 799-1505  
**HFS ID Number:**  
**Date of Initial License for Current Owners:** 06/18/90  
**Type of Ownership:**  

<table>
<thead>
<tr>
<th>VOLUNTARY, NON-PROFIT</th>
<th>PROPRIETARY</th>
<th>GOVERNMENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charitable Corp.</td>
<td>Individual</td>
<td>State</td>
</tr>
<tr>
<td>Trust</td>
<td>Partnership</td>
<td>County</td>
</tr>
<tr>
<td>Corporation</td>
<td>&quot;Sub-S&quot; Corp.</td>
<td>Other</td>
</tr>
<tr>
<td>X</td>
<td>Limited Liability Co.</td>
<td></td>
</tr>
</tbody>
</table>

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

## II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/16 to 12/31/16, 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) [signature]**  
**(Type or Print Name) Martin D. Allen**  
**(Date) **

**Paid Preparer**  
**(Signed) [signature]**  
**(Print Name) [name]**  
**(Date) **

**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
## 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

<table>
<thead>
<tr>
<th>Beds at Beginning of Report Period</th>
<th>Licensure Level of Care</th>
<th>Beds at End of Report Period</th>
<th>Licensed Bed Days During Report Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>132 Skilled (SNF)</td>
<td>132</td>
<td>48,312</td>
</tr>
<tr>
<td>2</td>
<td>Skilled Pediatric (SNF/PED)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Intermediate (ICF)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Intermediate/DD</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Sheltered Care (SC)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>ICF/DD 16 or Less</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>TOTALS 132</td>
<td>132</td>
<td>48,312</td>
</tr>
</tbody>
</table>

B. Census-For the entire report period.

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>2 Patient Days by Level of Care and Primary Source of Payment</th>
<th>3 Medicaid Recipient</th>
<th>4 Private Pay</th>
<th>5 Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 SNF</td>
<td>21,573</td>
<td>601</td>
<td>19,422</td>
<td>41,596</td>
<td>8</td>
</tr>
<tr>
<td>9 SNF/PED</td>
<td>10 ICF</td>
<td>11 DD OR LESS</td>
<td>12 SC</td>
<td>13 TOTALS</td>
<td></td>
</tr>
</tbody>
</table>

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.10%

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

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

I. On what date did you start providing long term care at this location? Date started 6/18/90

J. Was the facility purchased or leased after January 1, 1978? Date 04/07/11

K. Was the facility certified for Medicare during the reporting year? Yes If YES, enter number of beds certified 132 and days of care provided 11,171

Medicare Intermediary CGS Administrators, LLC

IV. ACCOUNTING BASIS

MODIFIED

ACCRUAL X CASH* CASH*

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

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

* All facilities other than governmental must report on the accrual basis.
## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

### Operating Expenses

<table>
<thead>
<tr>
<th>Costs Per General Ledger</th>
<th>Reclassification Total</th>
<th>Adjustments</th>
<th>Adjusted Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. General Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Salary/Wage</td>
<td>Supplies</td>
<td>Other</td>
<td>Total</td>
</tr>
<tr>
<td>1 Dietrty</td>
<td>338,503</td>
<td>26,172</td>
<td>398</td>
<td>365,073</td>
</tr>
<tr>
<td>2 Food Purchase</td>
<td>292,611</td>
<td></td>
<td></td>
<td>292,611</td>
</tr>
<tr>
<td>3 Housekeeping</td>
<td>148,185</td>
<td>23,032</td>
<td>2,625</td>
<td>173,842</td>
</tr>
<tr>
<td>4 Laundry</td>
<td>50,170</td>
<td>25,822</td>
<td>1,493</td>
<td>77,485</td>
</tr>
<tr>
<td>5 Heat and Other Utilities</td>
<td>221,150</td>
<td></td>
<td></td>
<td>221,150</td>
</tr>
<tr>
<td>6 Maintenance</td>
<td>49,830</td>
<td>20,040</td>
<td>141,755</td>
<td>211,625</td>
</tr>
<tr>
<td>7 Other (specify):*</td>
<td>Med Waste</td>
<td>1,228</td>
<td></td>
<td>1,228</td>
</tr>
<tr>
<td>8 TOTAL General Services</td>
<td>586,688</td>
<td>387,677</td>
<td>368,649</td>
<td>1,343,014</td>
</tr>
<tr>
<td><strong>B. Health Care and Programs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Salary/Wage</td>
<td>Supplies</td>
<td>Other</td>
<td>Total</td>
</tr>
<tr>
<td>9 Medical Director</td>
<td>21,533</td>
<td></td>
<td></td>
<td>21,533</td>
</tr>
<tr>
<td>10 Nursing and Medical Records</td>
<td>3,582,838</td>
<td>348,655</td>
<td>72,160</td>
<td>4,002,653</td>
</tr>
<tr>
<td>10a Therapy</td>
<td>1,331,551</td>
<td>9,537</td>
<td>24,374</td>
<td>1,365,462</td>
</tr>
<tr>
<td>11 Activities</td>
<td>66,454</td>
<td>2,839</td>
<td>2,432</td>
<td>71,725</td>
</tr>
<tr>
<td>12 Social Services</td>
<td>204,854</td>
<td></td>
<td></td>
<td>204,854</td>
</tr>
<tr>
<td>13 CNA Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Other (specify):*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 TOTAL Health Care and Programs</td>
<td>5,185,697</td>
<td>361,031</td>
<td>368,649</td>
<td>5,666,527</td>
</tr>
<tr>
<td><strong>C. General Administration</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Salary/Wage</td>
<td>Supplies</td>
<td>Other</td>
<td>Total</td>
</tr>
<tr>
<td>16 Administrative</td>
<td>85,340</td>
<td>609,971</td>
<td>686,311</td>
<td>(259,710)</td>
</tr>
<tr>
<td>18 Directors Fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Professional Services</td>
<td>42,085</td>
<td>78,616</td>
<td>78,616</td>
<td>(22,985)</td>
</tr>
<tr>
<td>20 Dues, Fees, Subscriptions &amp; Promotions</td>
<td>78,616</td>
<td>78,616</td>
<td></td>
<td>(1,305)</td>
</tr>
<tr>
<td>21 Clerical &amp; General Office Expenses</td>
<td>425,808</td>
<td>44,988</td>
<td>605,306</td>
<td>1,076,102</td>
</tr>
<tr>
<td>22 Employee Benefits &amp; Payroll Taxes</td>
<td>1,006,785</td>
<td>1,006,785</td>
<td>44,073</td>
<td>1,050,858</td>
</tr>
<tr>
<td>23 Inservice Training &amp; Education</td>
<td>234</td>
<td>234</td>
<td></td>
<td>234</td>
</tr>
<tr>
<td>24 Travel and Seminar</td>
<td>5,803</td>
<td></td>
<td>5,803</td>
<td>5,803</td>
</tr>
<tr>
<td>25 Other Admin. Staff Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Insurance-Prop.Liab.Malpractice</td>
<td>954,124</td>
<td>954,124</td>
<td></td>
<td>954,124</td>
</tr>
<tr>
<td>27 Other (specify):*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 TOTAL General Administration</td>
<td>511,148</td>
<td>44,988</td>
<td>3,293,924</td>
<td>3,850,060</td>
</tr>
<tr>
<td>29 TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</td>
<td>6,283,533</td>
<td>793,696</td>
<td>3,782,372</td>
<td>10,859,601</td>
</tr>
</tbody>
</table>

*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)

<table>
<thead>
<tr>
<th>Capital Expense</th>
<th>Cost Per General Ledger</th>
<th>Reclassified</th>
<th>Adjusted</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary/Wage</td>
<td></td>
<td>Reclassification</td>
<td>Total</td>
<td>Adjustments</td>
</tr>
<tr>
<td>30 Depreciation</td>
<td></td>
<td>373,070</td>
<td>373,070</td>
<td>16,945</td>
</tr>
<tr>
<td>31 Amortization of Pre-Op. &amp; Org.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Interest</td>
<td></td>
<td>975,944</td>
<td>975,944</td>
<td>196,429</td>
</tr>
<tr>
<td>33 Real Estate Taxes</td>
<td></td>
<td>560,043</td>
<td>560,043</td>
<td>560,043</td>
</tr>
<tr>
<td>34 Rent-Facility &amp; Grounds</td>
<td></td>
<td>110,215</td>
<td>110,215</td>
<td>110,215</td>
</tr>
<tr>
<td>36 Other (specify):*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37 TOTAL Ownership</td>
<td></td>
<td>2,019,272</td>
<td>2,019,272</td>
<td>213,374</td>
</tr>
</tbody>
</table>

### Ancillary Expense

<table>
<thead>
<tr>
<th>E. Special Cost Centers</th>
<th>Cost Per General Ledger</th>
<th>Reclassified</th>
<th>Adjusted</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ancillary Service Centers</td>
<td></td>
<td>504,777</td>
<td>504,777</td>
<td>504,777</td>
</tr>
<tr>
<td>Barber and Beauty Shops</td>
<td></td>
<td>16,489</td>
<td>16,489</td>
<td>16,489</td>
</tr>
<tr>
<td>Coffee and Grill Shops</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Participation Fee</td>
<td></td>
<td>217,064</td>
<td>217,064</td>
<td>217,064</td>
</tr>
<tr>
<td>Other (specify):* IV / X-Ray &amp; Lab</td>
<td></td>
<td>107,834</td>
<td>93,414</td>
<td>201,248</td>
</tr>
<tr>
<td>44 TOTAL Special Cost Centers</td>
<td></td>
<td>612,611</td>
<td>326,967</td>
<td>939,578</td>
</tr>
<tr>
<td>45 GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</td>
<td></td>
<td>6,283,533</td>
<td>1,406,307</td>
<td>13,818,451</td>
</tr>
</tbody>
</table>

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

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

<table>
<thead>
<tr>
<th>NON-ALLOWABLE EXPENSES</th>
<th>1 Amount</th>
<th>2 Reference</th>
<th>3 BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Care</td>
<td></td>
<td>10</td>
<td>$</td>
</tr>
<tr>
<td>Other Care for Outpatients</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Governmental Sponsored Special Programs</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Non-Patient Meals</td>
<td>(208)</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Telephone, TV &amp; Radio in Resident Rooms</td>
<td></td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>Rented Facility Space</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Sale of Supplies to Non-Patients</td>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Laundry for Non-Patients</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Non-Straighttime Depreciation</td>
<td></td>
<td>30</td>
<td>9</td>
</tr>
<tr>
<td>Interest and Other Investment Income</td>
<td></td>
<td>32</td>
<td>10</td>
</tr>
<tr>
<td>Discounts, Allowances, Rebates &amp; Refunds</td>
<td>(335)</td>
<td>21</td>
<td>11</td>
</tr>
<tr>
<td>Non-Working Officer's or Owner's Salary</td>
<td></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Sales Tax</td>
<td>(21)</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>Non-Care Related Interest</td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Non-Care Related Owner's Transactions</td>
<td></td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Personal Expenses (Including Transportation)</td>
<td>27</td>
<td>27</td>
<td>16</td>
</tr>
<tr>
<td>Non-Care Related Fees</td>
<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Fines and Penalties</td>
<td>(600)</td>
<td>21</td>
<td>18</td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>(2,843)</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>Owner or Key-Man Insurance</td>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Special Legal Fees &amp; Legal Retainers</td>
<td>(35,105)</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>Malpractice Insurance for Individuals</td>
<td></td>
<td>25</td>
<td>23</td>
</tr>
<tr>
<td>Bad Debt</td>
<td>(475,156)</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>Fund Raising, Advertising and Promotional</td>
<td>(22,985)</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Income Taxes and Illinois Personal Property Replacement Tax</td>
<td></td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>CNA Training for Non-Employees</td>
<td></td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Yellow Page Advertising</td>
<td></td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Other-Attach Schedule</td>
<td>(996,378)</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>SUBTOTAL (A): (Sum of lines 1-29)</td>
<td>$ (1,533,631)</td>
<td>$</td>
<td>30</td>
</tr>
</tbody>
</table>

**BHF USE ONLY**

|                  | 48 | 50 | 51 | 52 |

|                  | 48 | 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.)

<table>
<thead>
<tr>
<th>Amount</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Non-Paid Workers-Attach Schedule*</td>
</tr>
<tr>
<td>32</td>
<td>Donated Goods-Attach Schedule*</td>
</tr>
<tr>
<td>33</td>
<td>Amortization of Organization &amp; Pre-Operating Expense</td>
</tr>
<tr>
<td>34</td>
<td>Adjustments for Related Organization Costs (Schedule VII)</td>
</tr>
<tr>
<td>35</td>
<td>Other-Attach Schedule</td>
</tr>
<tr>
<td>36</td>
<td>SUBTOTAL (B): (sum of lines 31-35)</td>
</tr>
<tr>
<td>37</td>
<td>TOTAL ADJUSTMENTS (A and (B)) (sum of SUBTOTALS)</td>
</tr>
</tbody>
</table>

*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.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td></td>
<td>Medically Necessary Transport.</td>
<td>X</td>
</tr>
<tr>
<td>39</td>
<td></td>
<td>Griff and Cottol Shops</td>
<td>X</td>
</tr>
<tr>
<td>40</td>
<td></td>
<td>Barber and Beauty Shops</td>
<td>X</td>
</tr>
<tr>
<td>41</td>
<td></td>
<td>Laboratory and Radiology</td>
<td>X</td>
</tr>
<tr>
<td>42</td>
<td></td>
<td>Prescription Drugs</td>
<td>X</td>
</tr>
<tr>
<td>43</td>
<td></td>
<td>Exceptional Care Program</td>
<td>X</td>
</tr>
<tr>
<td>44</td>
<td></td>
<td>Other-Attach Schedule</td>
<td>X</td>
</tr>
<tr>
<td>45</td>
<td></td>
<td>Other-Attach Schedule</td>
<td>X</td>
</tr>
<tr>
<td>46</td>
<td></td>
<td>TOTAL (C): (sum of lines 38-46)</td>
<td>$</td>
</tr>
<tr>
<td>Sch. V Line</td>
<td>NON-ALLOWABLE EXPENSES</td>
<td>Amount</td>
<td>Reference</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------</td>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>1</td>
<td>Activity Income</td>
<td>$11</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Misc. Income</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Vendor Income</td>
<td>(749)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Donations Revenue</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Accounting/Collection Fees</td>
<td>(5,678)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Collection Agency</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Loss on Disposal of Fixed Asset</td>
<td>(3,764)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>HCF Lease Interest</td>
<td>(689,054)</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td></td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td></td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td></td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td></td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td></td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td></td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td></td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td></td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td></td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td></td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td></td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td></td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td></td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td></td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td></td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>47</td>
<td></td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td></td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Total</td>
<td>(996,378)</td>
<td>49</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>PAGES</td>
<td>PAGE 6</td>
<td>PAGE 6A</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>A, General Services</td>
<td>5 &amp; 5A</td>
<td>6</td>
</tr>
<tr>
<td>1. Dietary</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Food Purchase</td>
<td>208</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Housekeeping</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Laundry</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Heat and Other Utilities</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. Maintenance</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. Other (specify):*</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. TOTAL General Services</td>
<td>208</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>B, Health Care and Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Medical Director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. Nursing and Medical Records</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10a. Therapy</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11. Activities</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Social Services</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13. CNA Training</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14. Program Transportation</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15. Other (specify):*</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16. TOTAL Health Care and Programs</td>
<td>(208)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>C, General Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Administrative</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>18. Directors Fees</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19. Professional Services</td>
<td>(40,780)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20. Fees, Subscriptions &amp; Promotions</td>
<td>(22,985)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>21. Clerical &amp; General Office Expenses</td>
<td>(479,704)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>22. Employee Benefits &amp; Payroll Taxes</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>23. Inservice Training &amp; Education</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24. Travel and Seminar</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25. Other Admin. Staff Transportation</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>26. Insurance-Prop.Liab.Malpractice</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>27. Other (specify):*</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>28. TOTAL General Administration</td>
<td>(543,469)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>29. TOTAL Operating Expense (sum of lines 16 &amp; 28)</td>
<td>(543,677)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

<table>
<thead>
<tr>
<th>Capital Expense</th>
<th>PAGES 5 &amp; 5A</th>
<th>PAGE 6</th>
<th>PAGE 6A</th>
<th>PAGE 6B</th>
<th>PAGE 6C</th>
<th>PAGE 6D</th>
<th>PAGE 6E</th>
<th>PAGE 6F</th>
<th>PAGE 6G</th>
<th>PAGE 6H</th>
<th>PAGE 6I</th>
<th>SUMMARY TOTALS (to Sch V, col.7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Ownership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Depreciation</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>(989,954)</td>
</tr>
<tr>
<td>31 Amortization of Pre-Op. &amp; Org.</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>(989,954)</td>
</tr>
<tr>
<td>32 Interest</td>
<td></td>
<td>(989,954)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>33 Real Estate Taxes</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>(989,954)</td>
</tr>
<tr>
<td>34 Rent-Facility &amp; Grounds</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>35 Rent-Equipment &amp; Vehicles</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>36 Other (specify):*</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>37 TOTAL Ownership</td>
<td></td>
<td>(989,954)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>(989,954)</td>
</tr>
<tr>
<td>E. Special Cost Centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 Medically Necessary Transportation</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>(1,533,631)</td>
</tr>
<tr>
<td>39 Ancillary Service Centers</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>40 Barber and Beauty Shops</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>(1,533,631)</td>
</tr>
<tr>
<td>41 Coffee and Gift Shops</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>42 Provider Participation Fee</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>43 Other (specify):*</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>44 TOTAL Special Cost Centers</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>(1,533,631)</td>
</tr>
<tr>
<td>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</td>
<td></td>
<td>(1,533,631)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>(1,533,631)</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>OWNERS</th>
<th>RELATED NURSING HOMES</th>
<th>OTHER RELATED BUSINESS ENTITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Ownership % 100</td>
<td>Name City</td>
</tr>
<tr>
<td>HCR Manor Care, LLC</td>
<td>100</td>
<td>HCR Manor Care Svc Toledo</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>2</th>
<th>3 Cost Per General Ledger</th>
<th>4</th>
<th>5 Cost to Related Organization</th>
<th>6</th>
<th>7</th>
<th>8 Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line</td>
<td></td>
<td>Item</td>
<td>Amount</td>
<td>Name of Related Organization</td>
<td>Percent of Ownership</td>
<td>Operating Cost of Related Organization</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>V</td>
<td>See Home Office Allocation</td>
<td>$ 588,164</td>
<td>HCR Manor Care Services, LLC</td>
<td>100.00%</td>
<td>$ 588,164</td>
<td>$ 1</td>
</tr>
<tr>
<td>2</td>
<td>V</td>
<td>Page 8</td>
<td>6,283,533</td>
<td>Heartland Employment Services, LLC</td>
<td>100.00%</td>
<td>6,283,533</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>V</td>
<td>Personnel</td>
<td>14,504</td>
<td>Heartland Rehabilitation Services, LLC</td>
<td>100.00%</td>
<td>14,504</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>V</td>
<td>1-44 Personnel</td>
<td>14,504</td>
<td>Heartland Rehabilitation Services, LLC</td>
<td>100.00%</td>
<td>14,504</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>V</td>
<td>10a Therapy Management</td>
<td>14,504</td>
<td>Heartland Rehabilitation Services, LLC</td>
<td>100.00%</td>
<td>14,504</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>V</td>
<td></td>
<td>14,504</td>
<td>Heartland Rehabilitation Services, LLC</td>
<td>100.00%</td>
<td>14,504</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>V</td>
<td></td>
<td>14,504</td>
<td>Heartland Rehabilitation Services, LLC</td>
<td>100.00%</td>
<td>14,504</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>V</td>
<td></td>
<td>14,504</td>
<td>Heartland Rehabilitation Services, LLC</td>
<td>100.00%</td>
<td>14,504</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>V</td>
<td></td>
<td>14,504</td>
<td>Heartland Rehabilitation Services, LLC</td>
<td>100.00%</td>
<td>14,504</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>V</td>
<td></td>
<td>14,504</td>
<td>Heartland Rehabilitation Services, LLC</td>
<td>100.00%</td>
<td>14,504</td>
<td>5</td>
</tr>
<tr>
<td>11</td>
<td>V</td>
<td></td>
<td>14,504</td>
<td>Heartland Rehabilitation Services, LLC</td>
<td>100.00%</td>
<td>14,504</td>
<td>5</td>
</tr>
<tr>
<td>12</td>
<td>V</td>
<td></td>
<td>14,504</td>
<td>Heartland Rehabilitation Services, LLC</td>
<td>100.00%</td>
<td>14,504</td>
<td>5</td>
</tr>
<tr>
<td>13</td>
<td>V</td>
<td></td>
<td>14,504</td>
<td>Heartland Rehabilitation Services, LLC</td>
<td>100.00%</td>
<td>14,504</td>
<td>5</td>
</tr>
<tr>
<td>14</td>
<td>V</td>
<td></td>
<td>14,504</td>
<td>Heartland Rehabilitation Services, LLC</td>
<td>100.00%</td>
<td>14,504</td>
<td>5</td>
</tr>
</tbody>
</table>

Total: $ 6,886,201 $ 6,886,201 * 14

* Total must agree with the amount recorded on line 34 of Schedule VI.
### VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions

<table>
<thead>
<tr>
<th>1 Owners</th>
<th>Ownership %</th>
<th>2 Related Nursing Homes</th>
<th>3 Other Related Business Entities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Ownership %</td>
<td>Name</td>
<td>City</td>
</tr>
<tr>
<td>Heartland of Canton IL, LLC</td>
<td>Canton</td>
<td>Heartland of Champaign IL, LLC</td>
<td>Champaign</td>
</tr>
<tr>
<td>Heartland of Decatur IL, LLC</td>
<td>Decatur</td>
<td>Heartland of Galesburg IL, LLC</td>
<td>Galesburg</td>
</tr>
<tr>
<td>Heartland of Henry IL, LLC</td>
<td>Henry</td>
<td>Heartland of Macomb IL, LLC</td>
<td>Macomb</td>
</tr>
<tr>
<td>Heartland of Moline IL, LLC</td>
<td>Moline</td>
<td>Heartland of Normal IL, LLC</td>
<td>Normal</td>
</tr>
<tr>
<td>Heartland of Paxton IL, LLC</td>
<td>Paxton</td>
<td>Heartland of Peoria IL, LLC</td>
<td>Peoria</td>
</tr>
<tr>
<td>Heartland-Riverview of East Peoria IL, LLC</td>
<td>East Peoria</td>
<td>Manor Care at Arlington Heights</td>
<td>Arlington Heights</td>
</tr>
<tr>
<td>Manor Care of Elk Grove Village IL, LLC</td>
<td>Elk Grove Village</td>
<td>Manor Care of Hinsdale IL, LLC</td>
<td>Hinsdale</td>
</tr>
<tr>
<td>Manor Care of Libertyville IL, LLC</td>
<td>Libertyville</td>
<td>Manor Care of Naperville IL, LLC</td>
<td>Naperville</td>
</tr>
<tr>
<td>Manor Care of Northbrook IL, LLC</td>
<td>Northbrook</td>
<td>Manor Care of Oak Lawn (East) IL, LLC</td>
<td>Oak Lawn</td>
</tr>
<tr>
<td>Manor Care of Oak Lawn (West) IL, LLC</td>
<td>Oak Lawn</td>
<td>Manor Care of Palos Heights (West) IL, LLC</td>
<td>Palos Heights</td>
</tr>
<tr>
<td>Manor Care of Palos Heights (East) IL, LLC</td>
<td>Palos Heights</td>
<td>Manor Care of Rolling Meadows IL, LLC</td>
<td>Rolling Meadows</td>
</tr>
<tr>
<td>Manor Care of South Holland IL, LLC</td>
<td>South Holland</td>
<td>Manor Care of Westmont IL, LLC</td>
<td>Westmont</td>
</tr>
<tr>
<td>Arden Courts of Elk Grove Village IL, LLC</td>
<td>Elk Grove Village</td>
<td>Arden Courts of Geneva IL, LLC</td>
<td>Geneva</td>
</tr>
<tr>
<td>Arden Courts of Glen Ellyn IL, LLC</td>
<td>Glen Ellyn</td>
<td>Arden Courts of Northbrook IL, LLC</td>
<td>Northbrook</td>
</tr>
<tr>
<td>Arden Courts of Palos Heights IL, LLC</td>
<td>Palos Heights</td>
<td>Arden Courts of South Holland IL, LLC</td>
<td>South Holland</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Function</th>
<th>Ownership Interest</th>
<th>Compensation Received From Other Nursing Homes*</th>
<th>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week</th>
<th>Compensation Included in Costs for this Reporting Period**</th>
<th>Schedule V, Line &amp; Column Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TOTAL $</td>
<td>13</td>
</tr>
</tbody>
</table>

* 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 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.
## 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.

<table>
<thead>
<tr>
<th>Schedule V Line Reference</th>
<th>Item</th>
<th>Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)</th>
<th>Total Units</th>
<th>Number of Subunits Being Allocated Among</th>
<th>Total Indirect Cost Being Allocated</th>
<th>Amount of Salary CostContained in Column 6</th>
<th>Facility Allocation (col.8/col.4)x col.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 5</td>
<td>Utilities - Pooled</td>
<td>Accumulated Cost 3,762,500,577</td>
<td>561 NFs, HHs, &amp; R</td>
<td>$619,847</td>
<td>$13,415,574</td>
<td>2,210</td>
<td></td>
</tr>
<tr>
<td>2 5</td>
<td>Utilities - Direct to all SNFs</td>
<td>Accumulated Cost 3,293,915,113</td>
<td>359 NFs</td>
<td></td>
<td>$13,415,574</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3 5</td>
<td>Utilities - Direct to West Div SNFs</td>
<td>Accumulated Cost 764,848,030</td>
<td>75 NFs</td>
<td></td>
<td>$13,415,574</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>4 10</td>
<td>Nursing - Pooled</td>
<td>Accumulated Cost 3,762,500,577</td>
<td>561 NFs, HHs, &amp; Rec</td>
<td>14,966</td>
<td>9,743</td>
<td>13,415,574</td>
<td>53</td>
</tr>
<tr>
<td>5 10</td>
<td>Nursing - Direct to all SNFs</td>
<td>Accumulated Cost 3,293,915,113</td>
<td>359 NFs</td>
<td></td>
<td>13,415,574</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>6 10</td>
<td>Nursing - Direct to West Div SNFs</td>
<td>Accumulated Cost 764,848,030</td>
<td>75 NFs</td>
<td></td>
<td>13,415,574</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>7 17</td>
<td>Gen/Admin-Pooled</td>
<td>Accumulated Cost 3,762,500,577</td>
<td>561 NFs, HHs, &amp; Rec</td>
<td>61,861,920</td>
<td>32,341,614</td>
<td>13,415,574</td>
<td>220,575</td>
</tr>
<tr>
<td>8 17</td>
<td>Gen/Admin-Direct to all SNFs</td>
<td>Accumulated Cost 3,293,915,113</td>
<td>359 NFs</td>
<td>14,679,699</td>
<td>5,396,995</td>
<td>13,415,574</td>
<td>59,788</td>
</tr>
<tr>
<td>9 17</td>
<td>Gen/Admin-Direct to West Div SNFs</td>
<td>Accumulated Cost 764,848,030</td>
<td>75 NFs</td>
<td>2,741,751</td>
<td></td>
<td>13,415,574</td>
<td>48,091</td>
</tr>
<tr>
<td>10 22</td>
<td>Emp Bnfts-Pooled</td>
<td>Accumulated Cost 3,762,500,577</td>
<td>561 NFs, HHs, &amp; Rec</td>
<td>5,141,603</td>
<td></td>
<td>13,415,574</td>
<td>18,333</td>
</tr>
<tr>
<td>11 22</td>
<td>Emp Bnfts-Direct to all SNFs</td>
<td>Accumulated Cost 3,293,915,113</td>
<td>359 NFs</td>
<td>6,319,907</td>
<td></td>
<td>13,415,574</td>
<td>25,740</td>
</tr>
<tr>
<td>12 22</td>
<td>Emp Bnfts-Direct to West Div SNFs</td>
<td>Accumulated Cost 764,848,030</td>
<td>75 NFs</td>
<td></td>
<td></td>
<td>13,415,574</td>
<td>0</td>
</tr>
<tr>
<td>13 30</td>
<td>Depreciation - Pooled</td>
<td>Accumulated Cost 3,762,500,577</td>
<td>561 NFs, HHs, &amp; Rec</td>
<td>3,929,156</td>
<td></td>
<td>13,415,574</td>
<td>14,010</td>
</tr>
<tr>
<td>14 30</td>
<td>Depreciation - Direct to all SNFs</td>
<td>Accumulated Cost 3,293,915,113</td>
<td>359 NFs</td>
<td>720,726</td>
<td></td>
<td>13,415,574</td>
<td>2,935</td>
</tr>
<tr>
<td>15 30</td>
<td>Dep - Direct to West Div SNFs</td>
<td>Accumulated Cost 764,848,030</td>
<td>75 NFs</td>
<td></td>
<td></td>
<td>13,415,574</td>
<td>0</td>
</tr>
<tr>
<td>16 32</td>
<td>Pooled Interest</td>
<td>Accumulated Cost 3,762,500,577</td>
<td></td>
<td>30,527,148</td>
<td></td>
<td>13,415,574</td>
<td>108,848</td>
</tr>
<tr>
<td>17 32</td>
<td>Directly Assigned Interest</td>
<td>Not Allocated</td>
<td></td>
<td>18,393,998</td>
<td></td>
<td>87,581</td>
<td></td>
</tr>
<tr>
<td>18 32</td>
<td>H/O Costs Allocated to Non-SNFs and Other Divisions</td>
<td></td>
<td></td>
<td>31,980,611</td>
<td></td>
<td>588,164</td>
<td></td>
</tr>
<tr>
<td>19 TOTALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTALS: $176,931,332 $37,748,352 $588,164**
### IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

#### A. Interest:

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

<table>
<thead>
<tr>
<th>Name of Lender</th>
<th>Related***</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Amount of Note</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Directly Facility Related Long-Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Conv. Sub. Debentures</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>1,183,314</td>
<td>0.0790</td>
<td>87,581</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,109,302</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working Capital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Pooled Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>108,848</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Interest Expense / Interest Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(14,010)</td>
<td></td>
</tr>
<tr>
<td>9 TOTAL Facility Related</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,183,314</td>
<td>0.0790</td>
<td>87,581</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,109,302</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Non-Facility Related*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 TOTAL Non-Facility Related</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 TOTALS (line 9+line 14)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,183,314</td>
<td>0.0790</td>
<td>87,581</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,109,302</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)
### IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

#### B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report.
   
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$593,246</td>
<td>1</td>
</tr>
</tbody>
</table>

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.)
   
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$604,665</td>
<td>2</td>
</tr>
</tbody>
</table>

3. Under or (over) accrual (line 2 minus line 1).
   
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11,419</td>
<td>3</td>
</tr>
</tbody>
</table>

4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)
   
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$604,665</td>
<td>4</td>
</tr>
</tbody>
</table>

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.)
   
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$18,959</td>
<td>5</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL REFUND $75,000 For 2012 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</td>
<td>(75,000) 6</td>
</tr>
</tbody>
</table>

7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.
   
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$560,043</td>
<td>7</td>
</tr>
</tbody>
</table>

### Real Estate Tax History:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$519,722</td>
</tr>
<tr>
<td>2012</td>
<td>$557,364</td>
</tr>
<tr>
<td>2013</td>
<td>$569,058</td>
</tr>
<tr>
<td>2014</td>
<td>$593,246</td>
</tr>
<tr>
<td>2015</td>
<td>$604,665</td>
</tr>
</tbody>
</table>

### FOR BHF USE ONLY

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM R. E. TAX STATEMENT FOR 2015</td>
<td>13</td>
</tr>
<tr>
<td>PLUS APPEAL COST FROM LINE 5</td>
<td>14</td>
</tr>
<tr>
<td>LESS REFUND FROM LINE 6</td>
<td>15</td>
</tr>
<tr>
<td>AMOUNT TO USE FOR RATE CALCULATION</td>
<td>16</td>
</tr>
</tbody>
</table>

### 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.
A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 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 2015.

<table>
<thead>
<tr>
<th>Tax Index Number</th>
<th>Property Description</th>
<th>Total Tax</th>
<th>Tax Applicable to Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>29-32-200-046-0000</td>
<td>See Attached</td>
<td>$ 604,665.08</td>
<td>$ 604,665.08</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td><strong>$ 604,665.08</strong></td>
<td><strong>$ 604,665.08</strong></td>
</tr>
</tbody>
</table>

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

**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 Homewood # 0049437

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: __________ 42,369  B. General Construction Type:
Exterior: Masonry  Frame: Wood  Number of Stories: __________ 1

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

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

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

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

XI. OWNERSHIP COSTS:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Use</td>
<td>Square Feet</td>
<td>Year Acquired</td>
<td>Cost</td>
</tr>
<tr>
<td>1</td>
<td>Facility</td>
<td></td>
<td>1990 $</td>
<td>383,373</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>TOTALS</td>
<td></td>
<td>$</td>
<td>383,373</td>
</tr>
</tbody>
</table>

HFS 3745 (N-4-99)
B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land Improvement</td>
<td>1990</td>
<td>429,835</td>
</tr>
<tr>
<td>Building Improvement</td>
<td>1990</td>
<td>65,079</td>
</tr>
<tr>
<td>Land Improvement</td>
<td>1991</td>
<td>6,797</td>
</tr>
<tr>
<td>Building Improvement</td>
<td>1991</td>
<td>4,525</td>
</tr>
<tr>
<td>Land Improvement</td>
<td>1992</td>
<td>565</td>
</tr>
<tr>
<td>Building Improvement</td>
<td>1992</td>
<td>1,403</td>
</tr>
<tr>
<td>Land Improvement</td>
<td>1993</td>
<td>5,108</td>
</tr>
<tr>
<td>Building Improvement</td>
<td>1994</td>
<td>13,285</td>
</tr>
<tr>
<td>Land Improvement</td>
<td>1994</td>
<td>68,753</td>
</tr>
<tr>
<td>Land Improvement</td>
<td>1995</td>
<td>5,027</td>
</tr>
<tr>
<td>Building Improvement</td>
<td>1995</td>
<td>421,042</td>
</tr>
<tr>
<td>Land Improvement</td>
<td>1996</td>
<td>20,361</td>
</tr>
<tr>
<td>Building Improvement</td>
<td>1996</td>
<td>506,756</td>
</tr>
<tr>
<td>Land Improvement</td>
<td>1997</td>
<td>8,235</td>
</tr>
<tr>
<td>Building Improvement</td>
<td>1997</td>
<td>70,208</td>
</tr>
<tr>
<td>Land Improvement</td>
<td>1998</td>
<td>20,770</td>
</tr>
<tr>
<td>Building Improvement</td>
<td>1998</td>
<td>80,701</td>
</tr>
<tr>
<td>Building Improvement</td>
<td>1999</td>
<td>31,240</td>
</tr>
<tr>
<td>Bldg. Improvement: Wallcovering, Paper, Paint, &amp; Corner Guards</td>
<td>2000</td>
<td>34,575</td>
</tr>
<tr>
<td>Bldg. Improvement: Carpet</td>
<td>2000</td>
<td>8,718</td>
</tr>
<tr>
<td>Bldg. Improvement: Signs</td>
<td>2000</td>
<td>639</td>
</tr>
<tr>
<td>Land Improvement: Sign</td>
<td>2000</td>
<td>1,385</td>
</tr>
<tr>
<td>Land Improvement</td>
<td>2001</td>
<td>none</td>
</tr>
<tr>
<td>Building Improvement</td>
<td>2001</td>
<td>none</td>
</tr>
<tr>
<td>Land Improvement</td>
<td>2002</td>
<td>none</td>
</tr>
</tbody>
</table>

*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
<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>37 Renovation construction Dept, costs &amp; Interest on financing</td>
<td>2003</td>
<td>$5,781</td>
<td>$5,781</td>
<td></td>
<td></td>
<td></td>
<td>37</td>
</tr>
<tr>
<td>38 Audit, Adjust Remove OH &amp; Interest 6/23/2004</td>
<td>2003</td>
<td>(5,781)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>39 Carpet, Paint, &amp; Wallcovering</td>
<td>2003</td>
<td>147,107</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>40 Wallcovering &amp; Borders</td>
<td>2003</td>
<td>1,895</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>41 Carpet</td>
<td>2003</td>
<td>101</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>42 Paint, Wallcovering, &amp; Borders</td>
<td>2003</td>
<td>8,010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>43 Electric wiring</td>
<td>2003</td>
<td>2,079</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>44 Parking lot sealing &amp; striping</td>
<td>2003</td>
<td>35,993</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>44</td>
</tr>
<tr>
<td>45 Sidewalk</td>
<td>2003</td>
<td>3,873</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45</td>
</tr>
<tr>
<td>46 Paint, Wallcovering, &amp; Borders</td>
<td>2004</td>
<td>1,015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>46</td>
</tr>
<tr>
<td>47 Doors</td>
<td>2004</td>
<td>3,557</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47</td>
</tr>
<tr>
<td>48 Flooring &amp; Base</td>
<td>2004</td>
<td>24,082</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>48</td>
</tr>
<tr>
<td>49 Carpet</td>
<td>2004</td>
<td>20,461</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>49</td>
</tr>
<tr>
<td>50 Carpet</td>
<td>2005</td>
<td>1,080</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>51 Flooring</td>
<td>2005</td>
<td>58,964</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>51</td>
</tr>
<tr>
<td>52 Plumbing</td>
<td>2006</td>
<td>10,098</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>53 General Overhead &amp; Interest</td>
<td>2007</td>
<td>5,177</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>53</td>
</tr>
<tr>
<td>54 Flooring</td>
<td>2007</td>
<td>15,015</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>54</td>
</tr>
<tr>
<td>55 Wallcovering &amp; Borders</td>
<td>2007</td>
<td>33,209</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>55</td>
</tr>
<tr>
<td>56 Roof Replacement</td>
<td>2008</td>
<td>109,999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>56</td>
</tr>
<tr>
<td>57 Doors - Front entrance, Handicap Assessable</td>
<td>2008</td>
<td>18,209</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>57</td>
</tr>
<tr>
<td>58 Water Heaters</td>
<td>2009</td>
<td>20,296</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>58</td>
</tr>
<tr>
<td>59 Water Heaters</td>
<td>2009</td>
<td>578</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>59</td>
</tr>
<tr>
<td>60 Drywall</td>
<td>2009</td>
<td>12,174</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>61 sidewalks and flagpole</td>
<td>2009</td>
<td>4,508</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>61</td>
</tr>
<tr>
<td>62</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>62</td>
</tr>
<tr>
<td>63 40480 basic electric upgrade</td>
<td>2010</td>
<td>5,325</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>63</td>
</tr>
<tr>
<td>64</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>64</td>
</tr>
<tr>
<td>65 40485 Kitchen water heater</td>
<td>2011</td>
<td>6,727</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>66 404500 2 EXHAUST FANS, CENTRAL S</td>
<td>2011</td>
<td>4,535</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>66</td>
</tr>
<tr>
<td>67 404506 THEROPANE WINDOW (FRNT LO</td>
<td>2011</td>
<td>4,779</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>67</td>
</tr>
<tr>
<td>68 404508 EXTERIOR HM DOOR &amp; FRAME</td>
<td>2011</td>
<td>6,971</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>68</td>
</tr>
<tr>
<td>69</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>69</td>
</tr>
<tr>
<td>70 TOTAL (lines 4 thru 69)</td>
<td></td>
<td>$5,348,830</td>
<td>$266,586</td>
<td></td>
<td>$266,586</td>
<td></td>
<td>$5,034,437</td>
</tr>
</tbody>
</table>

**Improvement type must be detailed in order for the cost report to be considered complete.
**XL OWNERSHIP COSTS (continued)**

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

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>4 Cost</th>
<th>5 Current Book Depreciation</th>
<th>6 Life in Years</th>
<th>7 Straight Line Depreciation</th>
<th>8 Adjustments</th>
<th>9 Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Totals from Page 12A, Carried Forward</td>
<td></td>
<td>$5,348,830</td>
<td>$266,586</td>
<td>$266,586</td>
<td>$</td>
<td>$</td>
<td>1 $5,034,437</td>
</tr>
<tr>
<td>2 Bed addition &amp; therapy area renovation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 40519a Carpenter, doors, windows, countertops</td>
<td>2012</td>
<td>234,705</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>4 40519b Painting, flooring, wall cover, corner guards</td>
<td>2012</td>
<td>234,532</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5 40519c Roof coating, ceiling tile, fire protection</td>
<td>2012</td>
<td>623,789</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6 40519d Fire sprinkler system</td>
<td>2012</td>
<td>27,576</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>8 40519f bldg demo, concrete, brick &amp; masonry</td>
<td>2012</td>
<td>110,083</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9 40520a Parking/parking</td>
<td>2012</td>
<td>45,652</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>10 40520b Concrete testing</td>
<td>2012</td>
<td>4,570</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>11 40521 Landscaping</td>
<td>2012</td>
<td>20,199</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>12 40522 Water/Sewer/Utilities</td>
<td>2012</td>
<td>103,071</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 40535 ADJ ASSET - millwork, carpet, pads wallcvrn</td>
<td>2012</td>
<td>69,251</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>14 40527 Wall Coverings Bathrooms</td>
<td>2012</td>
<td>10,822</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>16 40528 Fire Protection</td>
<td>2012</td>
<td>21,600</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>17 40530 HOLLOW METAL DOOR Main Entrance</td>
<td>2012</td>
<td>7,182</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>18 40531 CONCRETE</td>
<td>2012</td>
<td>3,755</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>19 40533 SEALCOAT PARKING LOT</td>
<td>2012</td>
<td>10,438</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>20 40534 FUSIBLE LINKS</td>
<td>2012</td>
<td>10,152</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21 40536 SIDEWALKS</td>
<td>2012</td>
<td>5,161</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22 40543 CARPETING IN HALLWAYS</td>
<td>2012</td>
<td>9,429</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23 40544 FENCING-west &amp; north side of bldg</td>
<td>2012</td>
<td>7,920</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>24 40545 Landscaping changes</td>
<td>2012</td>
<td>756</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>26 40484 FENCING-west &amp; north side of bldg</td>
<td>2013</td>
<td>3,600</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>27 40499 Vinyl wallcovering for activity rm</td>
<td>2013</td>
<td>2,811</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>28 40551 INSTALL NEW ALUM EXTERIOR TRIM</td>
<td>2013</td>
<td>13,941</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>29 40552 INSTALL NEW SERV DOOR - EMP ENTR</td>
<td>2013</td>
<td>7,922</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>30 40554 Vinyl wallcovering for activity rm</td>
<td>2013</td>
<td>1,335</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>31 40555 PAINTING-ACTIVITIES &amp; ADON OFF</td>
<td>2013</td>
<td>4,905</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>32 40556 HOT WATER HEATER</td>
<td>2013</td>
<td>11,152</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>33 40562 REPLACE BATH FLOOR IN 15 RES RMS</td>
<td>2013</td>
<td>12,188</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>34 TOTAL (lines 1 thru 33)</td>
<td></td>
<td>7,109,948</td>
<td>266,586</td>
<td>266,586</td>
<td></td>
<td></td>
<td>34 $5,034,437</td>
</tr>
</tbody>
</table>

**Improvement type must be detailed in order for the cost report to be considered complete.
### XL. OWNERSHIP COSTS (continued)

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

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>4 Cost</th>
<th>5 Current Book Depreciation</th>
<th>6 Life in Years</th>
<th>7 Straight Line Depreciation</th>
<th>8 Adjustments</th>
<th>9 Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals from Page 12B, Carried Forward</td>
<td></td>
<td>$7,109,948</td>
<td>$266,586</td>
<td>$266,586</td>
<td>$</td>
<td>$5,034,437</td>
<td>1</td>
</tr>
<tr>
<td>2 40574 EM Wiring to Med rmst(2), kiosks(2), Nrs station, DON, Ad</td>
<td>2014</td>
<td>8,359</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 40582 Fencing, Cedar, 3 rail, 800 LF</td>
<td>2014</td>
<td>16,065</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 40605 Water Main emergency repair 8&quot;x30&quot; clamp</td>
<td>2014</td>
<td>9,833</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 40606 Wiring to 3 lights in east parking lot</td>
<td>2014</td>
<td>6,112</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 40620 Vinyl Flooring &amp; Base in Bathrooms 300-302</td>
<td>2015</td>
<td>1,714</td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>8 40622 Metal Door &amp; Frame - New Service Door</td>
<td>2015</td>
<td>15,404</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 40625 Electric Panel - Dry Storage Room of Kitchen</td>
<td>2015</td>
<td>12,813</td>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10 40626 HVAC - Laundry Room Lennox 90K BTU &amp; 2.5 Ton AC</td>
<td>2015</td>
<td>4,336</td>
<td></td>
<td></td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11 40630 Concrete &amp; Repair Doors at Front Entrance</td>
<td>2015</td>
<td>3,590</td>
<td></td>
<td></td>
<td></td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12 40631 Repair Around Parking Lot Drains &amp; Patch Pot Holes</td>
<td>2015</td>
<td>1,900</td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13 40640 Dry Fire Sprinkler System Repair</td>
<td>2015</td>
<td>1,535</td>
<td></td>
<td></td>
<td></td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14 40641 Firestop systems for wall penetrations(5) Mech rm, Ceiling</td>
<td>2015</td>
<td>11,990</td>
<td></td>
<td></td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Phone System</td>
<td>2015</td>
<td>54,045</td>
<td></td>
<td></td>
<td></td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>17 Dry Fire System Repair to System 1 in Rosewood E. Hall</td>
<td>2015</td>
<td>3,955</td>
<td></td>
<td></td>
<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>18 Roof Repair to main roof &amp; garage &amp; new gutters on garage</td>
<td>2015</td>
<td>4,200</td>
<td></td>
<td></td>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19 Wet Fire System Repair, multiple leaks in the attic</td>
<td>2015</td>
<td>11,290</td>
<td></td>
<td></td>
<td></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20 Wiring to 3 PTAC Units in Communication Rm &amp; Business Office</td>
<td>2016</td>
<td>2,792</td>
<td></td>
<td></td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Dry Valve Fire Sprinkler Repair by room 603 in Regency Hall</td>
<td>2016</td>
<td>5,767</td>
<td></td>
<td></td>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22 Drywall Repair, fire sprinkler leaked, in 601, 603 &amp; Nourishment</td>
<td>2016</td>
<td>16,352</td>
<td></td>
<td></td>
<td></td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23 Dry Fire Sprinkler Heads(7) canopy areas &amp; laundry room</td>
<td>2016</td>
<td>3,580</td>
<td></td>
<td></td>
<td></td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24 Roof Repair, Install animal resistant vents &amp; shiplap</td>
<td>2016</td>
<td>5,508</td>
<td></td>
<td></td>
<td></td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25 Fire System repairs upper roof area, and Dry System #3.</td>
<td>2016</td>
<td>5,621</td>
<td></td>
<td></td>
<td></td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>26 Dry Fire System repairs by employee break room, upper roof area</td>
<td>2016</td>
<td>13,333</td>
<td></td>
<td></td>
<td></td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>27 Air Handler blower motor, housing, fan, control board for PT</td>
<td>2016</td>
<td>3,280</td>
<td></td>
<td></td>
<td></td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>28 Trees(6), Remove &amp; Replace, E side (4), front E courtyard (2),</td>
<td>2016</td>
<td>9,885</td>
<td></td>
<td></td>
<td></td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>29 E entrance (1), and N side of bldg (1)</td>
<td>2016</td>
<td>4,701</td>
<td></td>
<td></td>
<td></td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>30 Mixing Valve Rebuilt on A Wing</td>
<td>2016</td>
<td>4,701</td>
<td></td>
<td></td>
<td></td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>31 Dry Fire Sprinkler System Repair in System 3 near Central</td>
<td>2016</td>
<td>3,111</td>
<td></td>
<td></td>
<td></td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>32 Supply &amp; Break Room in Regency Hall</td>
<td>2016</td>
<td>4,419</td>
<td></td>
<td></td>
<td></td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>33 Dry Fire Sprinkler System Repair above nourishment rm, Regency</td>
<td>2016</td>
<td>4,419</td>
<td></td>
<td></td>
<td></td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>34 TOTAL (lines 1 thru 33)</td>
<td></td>
<td>$7,355,542</td>
<td>$266,586</td>
<td>$266,586</td>
<td>$</td>
<td>$5,034,437</td>
<td>34</td>
</tr>
</tbody>
</table>

**Improvement type must be detailed in order for the cost report to be considered complete.
### Facility Name & ID Number
Manorcare of Homewood

### State of Illinois

#### Report Period
- Beginning: 01/01/16
- Ending: 12/31/16

#### Building and Improvement Costs-Including Fixed Equipment

(See instructions.) Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Totals from Page 12C, Carried Forward</td>
<td></td>
<td>$7,355,542</td>
<td>$266,586</td>
<td>$266,586</td>
<td>$</td>
<td>$5,034,437</td>
<td></td>
</tr>
<tr>
<td>2. Air Compressor for Dry Fire Sprinkle Systems</td>
<td>2016</td>
<td>3,900</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Doors &amp; Frames for Main Dining Room Exterior Doorways(2)</td>
<td>2016</td>
<td>10,600</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. TOTAL (lines 1 thru 33)</td>
<td></td>
<td>$7,370,042</td>
<td>$266,586</td>
<td>$266,586</td>
<td>$</td>
<td>$5,034,437</td>
<td></td>
</tr>
</tbody>
</table>

**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.)

<table>
<thead>
<tr>
<th>Category of Equipment</th>
<th>1 Cost</th>
<th>Current Book Depreciation 2</th>
<th>Straight Line Depreciation 3</th>
<th>4 Adjustments</th>
<th>Component Life 5</th>
<th>Accumulated Depreciation 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>71 Purchased in Prior Years</td>
<td>$3,124,685</td>
<td>$106,484</td>
<td>$106,484</td>
<td>$</td>
<td>$</td>
<td>$2,669,059</td>
</tr>
<tr>
<td>72 Current Year Purchases</td>
<td>(40,355)</td>
<td>16,945</td>
<td>16,945</td>
<td>16,945</td>
<td>$</td>
<td>$2,669,059</td>
</tr>
<tr>
<td>73 Fully Depreciated Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74 Home Office Depreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75 TOTALS</td>
<td>$3,084,330</td>
<td>$106,484</td>
<td>$123,429</td>
<td>$16,945</td>
<td>$</td>
<td>$2,669,059</td>
</tr>
</tbody>
</table>

D. Vehicle Costs. (See instructions.)*

<table>
<thead>
<tr>
<th>1 Use</th>
<th>Model, Make and Year 2</th>
<th>Year Acquired 3</th>
<th>4 Cost</th>
<th>Current Book Depreciation 5</th>
<th>Straight Line Depreciation 6</th>
<th>7 Adjustments</th>
<th>Life in Years 8</th>
<th>Accumulated Depreciation 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>77</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>78</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>79</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80 TOTALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. Summary of Care-Related Assets

<table>
<thead>
<tr>
<th>1 Reference</th>
<th>2 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>81 Total Historical Cost</td>
<td>$10,837,745</td>
</tr>
<tr>
<td>82 Current Book Depreciation</td>
<td>$373,070</td>
</tr>
<tr>
<td>83 Straight Line Depreciation</td>
<td>$390,015</td>
</tr>
<tr>
<td>84 Adjustments</td>
<td>$16,945</td>
</tr>
<tr>
<td>85 Accumulated Depreciation</td>
<td>$7,703,496</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1 Description &amp; Year Acquired</th>
<th>2 Cost</th>
<th>Current Book Depreciation 3</th>
<th>Accumulated Depreciation 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>86</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>87</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>88</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>89</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>90</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>91 TOTALS</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

G. Construction-in-Progress

<table>
<thead>
<tr>
<th>1 Description</th>
<th>2 Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>92</td>
<td>$</td>
</tr>
<tr>
<td>93</td>
<td>$</td>
</tr>
<tr>
<td>94</td>
<td>$</td>
</tr>
<tr>
<td>95</td>
<td>$</td>
</tr>
</tbody>
</table>

* 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?

<table>
<thead>
<tr>
<th>1. Name of Party Holding Lease:</th>
<th>2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES  NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Original Building: $</th>
<th>4. Rental Amount $</th>
<th>5. Total Years of Lease</th>
<th>6. Total Years Renewal Option*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

10. Effective dates of current rental agreement:

<table>
<thead>
<tr>
<th>Fiscal Year Ending</th>
<th>Annual Rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. 2017</td>
<td>$</td>
</tr>
<tr>
<td>13. 2018</td>
<td>$</td>
</tr>
<tr>
<td>14. 2019</td>
<td>$</td>
</tr>
</tbody>
</table>

11. Rent to be paid in future years under the current rental agreement:


13. (Attach a schedule detailing the breakdown of movable equipment)

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

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? YES NO

C. Vehicle Rental (See instructions.)

<table>
<thead>
<tr>
<th>1. Use</th>
<th>2. Model Year and Make</th>
<th>3. Monthly Lease Payment</th>
<th>4. Rental Expense for this Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21 TOTAL</td>
<td></td>
<td></td>
<td>21</td>
</tr>
</tbody>
</table>
### XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS

(See instructions.)

A. TYPE OF TRAINING PROGRAM

- **1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?**
  - YES
  - 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
  - COMMUNITY COLLEGE
  - HOURS PER CNA

- **3. CLINICAL PORTION:**
  - IN-HOUSE PROGRAM
  - IN OTHER FACILITY
  - HOURS PER CNA

B. EXPENSES

#### ALLOCATION OF COSTS

<table>
<thead>
<tr>
<th>Facility</th>
<th>Drop-outs</th>
<th>Completed</th>
<th>Contract</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community College Tuition</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Classroom Wages</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Clinical Wages</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>In-House Trainer Wages</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Contractual Payments</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>CNA Competency Tests</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTALS</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>SUM OF line 9, col. 1 and 2</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

#### D. NUMBER OF CNAs TRAINED

- **COMPLETED**
  1. From this facility
  2. From other facilities

- **TOTAL TRAINED**
  1. From this facility
  2. From other facilities

C. CONTRACTUAL INCOME

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

$ ____________________________

### Notes:

- (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.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Schedule V Line &amp; Column Reference</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Units of Service</td>
<td></td>
<td></td>
<td>Costs</td>
<td>Units</td>
<td>Cost</td>
<td>Units</td>
<td>Cost</td>
<td>Total Cost</td>
</tr>
<tr>
<td>Licensed Occupational Therapist</td>
<td>10a</td>
<td>5406</td>
<td>hrs</td>
<td>$221,339</td>
<td>$</td>
<td>812</td>
<td>5,406</td>
<td>$222,151</td>
<td></td>
</tr>
<tr>
<td>Licensed Speech and Language Development Therapist</td>
<td>10a</td>
<td>4191</td>
<td>hrs</td>
<td>171,580</td>
<td>1,222</td>
<td>4,191</td>
<td>172802</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Recreational Therapist</td>
<td></td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Physical Therapist</td>
<td>10a</td>
<td>5693</td>
<td>hrs</td>
<td>233,074</td>
<td>7,503</td>
<td>5,693</td>
<td>240,577</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Care</td>
<td></td>
<td>visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Care</td>
<td></td>
<td>visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Related Program</td>
<td></td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Habilitation</td>
<td></td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>39, 2</td>
<td># of prescripts</td>
<td></td>
<td>504,777</td>
<td></td>
<td></td>
<td>504,777</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Services (Evaluation and Diagnosis/ Behavior Modification)</td>
<td></td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Education</td>
<td></td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify): Respiration Therapy</td>
<td>10a</td>
<td>414</td>
<td></td>
<td>16,939</td>
<td>414</td>
<td></td>
<td>16,939</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify): X-Ray Lab / IV Therapy</td>
<td>43, 2 &amp; 3</td>
<td>93,144</td>
<td></td>
<td>107,834</td>
<td></td>
<td></td>
<td>201,248</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>$642,932</td>
<td></td>
<td>$93,144</td>
<td>$622,148</td>
<td>15,704</td>
<td>$1,358,494</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.
### Balance Sheet - Unrestricted Operating Fund

#### A. Current Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Operating</th>
<th>After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on Hand and in Banks</td>
<td>$2,507</td>
<td>$1</td>
</tr>
<tr>
<td>Cash-Patient Deposits</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Accounts &amp; Short-Term Notes Receivable-Patients (less allowance)</td>
<td>2,451,240</td>
<td>3</td>
</tr>
<tr>
<td>Supply Inventory (priced at)</td>
<td>430</td>
<td>4</td>
</tr>
<tr>
<td>Short-Term Investments</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Prepaid Insurance</td>
<td>631</td>
<td>6</td>
</tr>
<tr>
<td>Other Prepaid Expenses</td>
<td>732</td>
<td>7</td>
</tr>
<tr>
<td>Total Current Assets (sum of lines 1 thru 9)</td>
<td>$2,453,747</td>
<td>10</td>
</tr>
</tbody>
</table>

#### B. Long-Term Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Operating</th>
<th>After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Term Notes Receivable</td>
<td>383,373</td>
<td>13</td>
</tr>
<tr>
<td>Buildings, at Historical Cost</td>
<td>7,370,042</td>
<td>14</td>
</tr>
<tr>
<td>Accumulated Depreciation (book methods)</td>
<td>3,084,330</td>
<td>16</td>
</tr>
<tr>
<td>Deferred Charges</td>
<td>134,982</td>
<td>18</td>
</tr>
<tr>
<td>Total Long-Term Assets (sum of lines 11 thru 23)</td>
<td>$3,280,938</td>
<td>24</td>
</tr>
<tr>
<td>TOTAL ASSETS (sum of lines 10 and 24)</td>
<td>$5,734,685</td>
<td>25</td>
</tr>
</tbody>
</table>

#### C. Current Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>Operating</th>
<th>After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Payable</td>
<td>$361,779</td>
<td>26</td>
</tr>
<tr>
<td>Officer's Accounts Payable</td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>Accounts Payable-Patient Deposits</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Short-Term Notes Payable</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Accrued Salaries Payable</td>
<td>420,588</td>
<td>30</td>
</tr>
<tr>
<td>Accrued Taxes Payable (excluding real estate taxes)</td>
<td>604,665</td>
<td>31</td>
</tr>
<tr>
<td>Accrued Real Estate Taxes(Sch.IX-B)</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Accrued Interest Payable</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Deferred Compensation</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Federal and State Income Taxes</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Total Current Liabilities (sum of lines 26 thru 37)</td>
<td>$1,515,036</td>
<td>38</td>
</tr>
</tbody>
</table>

#### D. Long-Term Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>Operating</th>
<th>After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Term Notes Payable</td>
<td>1,109,302</td>
<td>39</td>
</tr>
<tr>
<td>Mortgage Payable</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Bonds Payable</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Deferred Compensation</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Total Long-Term Liabilities (sum of lines 39 thru 44)</td>
<td>$1,109,302</td>
<td>45</td>
</tr>
<tr>
<td>Total Liabilities (sum of lines 38 and 45)</td>
<td>$2,624,338</td>
<td>46</td>
</tr>
<tr>
<td>Total Liabilities and Equity (sum of lines 46 and 47)</td>
<td>$5,734,685</td>
<td>48</td>
</tr>
</tbody>
</table>

*(See instructions.)
### XVI. STATEMENT OF CHANGES IN EQUITY

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total Balance at Beginning of Year, as Previously Reported</td>
<td>$11,067,465</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Restatements (describe):</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Total Balance at Beginning of Year, as Restated (sum of lines 1-5)</td>
<td>$11,067,465</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td><strong>A. Additions (deductions):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>NET Income (Loss) (from page 19, line 43)</td>
<td>$(421,121)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Acquisitions of Pooled Companies</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Proceeds from Sale of Stock</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Stock Options Exercised</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>Contributions and Grants</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Expenditures for Specific Purposes</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Dividends Paid or Other Distributions to Owners</td>
<td>(            )</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Donated Property, Plant, and Equipment</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other (describe)</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Other (describe)</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>TOTAL Additions (deductions) (sum of lines 7-16)</td>
<td>$(421,121)</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td><strong>B. Transfers (Itemize):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Change in Interdivision</td>
<td>$(7,535,997)</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>TOTAL Transfers (sum of lines 18-22)</td>
<td>$(7,535,997)</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</td>
<td>$3,110,347</td>
<td>24</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>I. Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Inpatient Care</td>
<td></td>
</tr>
<tr>
<td>1 Gross Revenue -- All Levels of Care</td>
<td>$14,710,722</td>
</tr>
<tr>
<td>2 Discounts and Allowances for all Levels</td>
<td>(7,733,550)</td>
</tr>
<tr>
<td>3 SUBTOTAL Inpatient Care (line 1 minus line 2)</td>
<td>$6,977,172</td>
</tr>
<tr>
<td>B. Ancillary Revenue</td>
<td></td>
</tr>
<tr>
<td>4 Day Care</td>
<td>4</td>
</tr>
<tr>
<td>5 Other Care for Outpatients</td>
<td>5</td>
</tr>
<tr>
<td>6 Therapy</td>
<td>$5,174,568</td>
</tr>
<tr>
<td>7 Oxygen</td>
<td>7</td>
</tr>
<tr>
<td>8 SUBTOTAL Ancillary Revenue (lines 4 thru 7)</td>
<td>$5,174,568</td>
</tr>
<tr>
<td>C. Other Operating Revenue</td>
<td></td>
</tr>
<tr>
<td>9 Payments for Education</td>
<td>9</td>
</tr>
<tr>
<td>10 Other Government Grants</td>
<td>10</td>
</tr>
<tr>
<td>11 CNA Training Reimbursements</td>
<td>11</td>
</tr>
<tr>
<td>12 Grill and Coffee Shop</td>
<td>749</td>
</tr>
<tr>
<td>13 Barber and Beauty Care</td>
<td>18,161</td>
</tr>
<tr>
<td>14 Non-Patient Meals</td>
<td>208</td>
</tr>
<tr>
<td>15 Telephone, Television and Radio</td>
<td>15</td>
</tr>
<tr>
<td>16 Rental of Facility Space</td>
<td>16</td>
</tr>
<tr>
<td>17 Sale of Drugs</td>
<td>997,333</td>
</tr>
<tr>
<td>18 Sale of Supplies to Non-Patients</td>
<td>18</td>
</tr>
<tr>
<td>19 Laborator 1y</td>
<td>68,749</td>
</tr>
<tr>
<td>20 Radiology and X-Ray</td>
<td>65,070</td>
</tr>
<tr>
<td>21 Other Medical Services</td>
<td>94,985</td>
</tr>
<tr>
<td>22 Laundry</td>
<td>22</td>
</tr>
<tr>
<td>23 SUBTOTAL Other Operating Revenue (lines 9 thru 22)</td>
<td>$1,245,255</td>
</tr>
<tr>
<td>D. Non-Operating Revenue</td>
<td></td>
</tr>
<tr>
<td>24 Contributions</td>
<td>24</td>
</tr>
<tr>
<td>25 Interest and Other Investment Income***</td>
<td>25</td>
</tr>
<tr>
<td>26 SUBTOTAL Non-Operating Revenue (lines 24 and 25)</td>
<td>$26</td>
</tr>
<tr>
<td>E. Other Revenue (specify):****</td>
<td></td>
</tr>
<tr>
<td>27 Settlement Income (Insurance, Legal, Etc.)</td>
<td>27</td>
</tr>
<tr>
<td>28 Purchase Discount</td>
<td>335</td>
</tr>
<tr>
<td>28a</td>
<td>28a</td>
</tr>
<tr>
<td>29 SUBTOTAL Other Revenue (lines 27, 28 and 28a)</td>
<td>$335</td>
</tr>
<tr>
<td>30 TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</td>
<td>$13,397,330</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Operating Expenses</td>
<td></td>
</tr>
<tr>
<td>31 General Services</td>
<td>$1,343,014</td>
</tr>
<tr>
<td>32 Health Care</td>
<td>5,666,527</td>
</tr>
<tr>
<td>33 General Administration</td>
<td>$3,850,060</td>
</tr>
<tr>
<td>B. Capital Expense</td>
<td></td>
</tr>
<tr>
<td>34 Ownership</td>
<td>2,019,272</td>
</tr>
<tr>
<td>C. Ancillary Expense</td>
<td></td>
</tr>
<tr>
<td>35 Special Cost Centers</td>
<td>722,514</td>
</tr>
<tr>
<td>36 Provider Participation Fee</td>
<td>217,064</td>
</tr>
<tr>
<td>D. Other Expenses (specify):</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>40 TOTAL EXPENSES (sum of lines 31 thru 39)*</td>
<td>$13,818,451</td>
</tr>
<tr>
<td>41 Income before Income Taxes (line 30 minus line 40)**</td>
<td>(421,121)</td>
</tr>
<tr>
<td>42 Income Taxes</td>
<td>42</td>
</tr>
<tr>
<td>43 NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</td>
<td>$ (421,121)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Net Inpatient Revenue detailed by Payer Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>44 Medicaid - Net Inpatient Revenue</td>
<td>$3,849,281</td>
</tr>
<tr>
<td>45 Private Pay - Net Inpatient Revenue</td>
<td>226,343</td>
</tr>
<tr>
<td>46 Medicare - Net Inpatient Revenue</td>
<td>2,089,922</td>
</tr>
<tr>
<td>47 Other-(specify) Hospice</td>
<td>446,933</td>
</tr>
<tr>
<td>48 Other-(specify) Insurance</td>
<td>364,693</td>
</tr>
<tr>
<td>49 TOTAL Inpatient Care Revenue (This total must agree to Line 3)</td>
<td>$6,977,172</td>
</tr>
</tbody>
</table>

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

(This schedule must cover the entire reporting period.)

<table>
<thead>
<tr>
<th># of Hrs.</th>
<th># of Hrs.</th>
<th>Reporting Period</th>
<th>Average Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Nursing</td>
<td>1,926</td>
<td>2,094</td>
<td>$99,349</td>
</tr>
<tr>
<td>Assistant Director of Nursing</td>
<td>5,018</td>
<td>5,455</td>
<td>$194,952</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>33,505</td>
<td>36,423</td>
<td>$1,245,536</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>34,493</td>
<td>37,496</td>
<td>$991,429</td>
</tr>
<tr>
<td>CNAs &amp; Orderlies</td>
<td>81,310</td>
<td>88,627</td>
<td>$1,017,554</td>
</tr>
<tr>
<td>CNA Trainees</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Licensed Therapist</td>
<td>18,488</td>
<td>20,090</td>
<td>$822,525</td>
</tr>
<tr>
<td>Rehab/Therapy Aides</td>
<td>17,049</td>
<td>18,526</td>
<td>$509,026</td>
</tr>
<tr>
<td>Activity Director</td>
<td>4,093</td>
<td>5,318</td>
<td>$66,454</td>
</tr>
<tr>
<td>Activity Assistants</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Social Service Workers</td>
<td>7,677</td>
<td>8,353</td>
<td>$204,854</td>
</tr>
<tr>
<td>Dietician</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Food Service Supervisor</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Head Cook</td>
<td>14</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cook Helpers/Assistants</td>
<td>24,543</td>
<td>26,700</td>
<td>$338,503</td>
</tr>
<tr>
<td>Dishwashers</td>
<td>16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maintenance Workers</td>
<td>1,979</td>
<td>2,535</td>
<td>$49,830</td>
</tr>
<tr>
<td>Housekeepers</td>
<td>12,532</td>
<td>13,637</td>
<td>$148,185</td>
</tr>
<tr>
<td>Laundry</td>
<td>4,193</td>
<td>4,833</td>
<td>$50,170</td>
</tr>
<tr>
<td>Administrator</td>
<td>2,080</td>
<td>2,080</td>
<td>$85,340</td>
</tr>
<tr>
<td>Assistant Administrator</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Administrative</td>
<td>22</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Office Manager</td>
<td>23</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clerical</td>
<td>19,468</td>
<td>20,975</td>
<td>$425,808</td>
</tr>
<tr>
<td>Vocational Instruction</td>
<td>25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Academic Instruction</td>
<td>26</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Director</td>
<td>27</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Qualified MR Prof. (QMRP)</td>
<td>28</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Resident Services Coordinator</td>
<td>29</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Habilitation Aides (DD Homes)</td>
<td>30</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medical Records</td>
<td>1,811</td>
<td>1,969</td>
<td>$34,018</td>
</tr>
<tr>
<td>Other Health Care(specify)</td>
<td>31</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other(specify)</td>
<td>32</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL (lines 1 - 33)</td>
<td>270,965</td>
<td>294,459</td>
<td>$6,283,533</td>
</tr>
</tbody>
</table>

* This total must agree with page 4, column 1, line 45.  
** See instructions.
### A. Administrative Salaries

<table>
<thead>
<tr>
<th>Name</th>
<th>Function</th>
<th>Ownership</th>
<th>%</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott Morton (Jan-Msr)</td>
<td>Administrator</td>
<td></td>
<td>0</td>
<td>$8,843</td>
</tr>
<tr>
<td>Philip Thompson (Apr-June)</td>
<td>Administrator</td>
<td></td>
<td>0</td>
<td>$25,962</td>
</tr>
<tr>
<td>Tracy Skaer-Henry (July)</td>
<td>Administrator</td>
<td></td>
<td>0</td>
<td>$1,562</td>
</tr>
<tr>
<td>Michael Moore (Sept-Nov)</td>
<td>Administrator</td>
<td></td>
<td>0</td>
<td>$27,865</td>
</tr>
<tr>
<td>Frank Troha (Nov-Dec)</td>
<td>Administrator</td>
<td></td>
<td>0</td>
<td>$21,108</td>
</tr>
</tbody>
</table>

**TOTAL (agree to Schedule V, line 17, col. 1)** $85,340

### B. Administrative - Other

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various Home Office Services - See Page 8 for breakdown</td>
<td>$588,164</td>
</tr>
<tr>
<td>Purch Svc Admin for Tracy Skaer-Henry (July)</td>
<td>$12,807</td>
</tr>
</tbody>
</table>

**TOTAL (agree to Schedule V, line 17, col. 3)** $600,971

### C. Professional Services

<table>
<thead>
<tr>
<th>Vendor/Payee</th>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greenberg Traurig</td>
<td>Legal Fees</td>
<td>$2,384</td>
</tr>
<tr>
<td>SNF Global</td>
<td>Legal Fees</td>
<td>$32,721</td>
</tr>
<tr>
<td>Meyers &amp; Flowers LLC</td>
<td>Collection Services</td>
<td>$180</td>
</tr>
<tr>
<td>National Eligibility Solutions LLC</td>
<td>Collection Services</td>
<td>$30</td>
</tr>
<tr>
<td>Transworld Systems Inc</td>
<td>Collection Services</td>
<td>$4,673</td>
</tr>
<tr>
<td>Vanek Larson &amp; Kolb LLC</td>
<td>Collection Services</td>
<td>$793</td>
</tr>
<tr>
<td>MPRO</td>
<td>HR Consulting</td>
<td>$1,305</td>
</tr>
</tbody>
</table>

**TOTAL (agree to Schedule V, line 19, column 3)** $42,085

### D. Employee Benefits and Payroll Taxes

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers' Compensation Insurance</td>
<td>$167,199</td>
</tr>
<tr>
<td>Unemployment Compensation Insurance</td>
<td>$76,148</td>
</tr>
<tr>
<td>FICA Taxes</td>
<td>$452,601</td>
</tr>
<tr>
<td>Employee Health Insurance</td>
<td>$28,899</td>
</tr>
<tr>
<td>Illinois Municipal Retirement Fund (IMRF)*</td>
<td></td>
</tr>
<tr>
<td>Disability Payments</td>
<td></td>
</tr>
<tr>
<td>401K</td>
<td>$14,049</td>
</tr>
<tr>
<td>Appreciation, Oth Benefits &amp; Mktg Adj</td>
<td>$3,340</td>
</tr>
<tr>
<td>Employee Uniforms</td>
<td></td>
</tr>
<tr>
<td>Home Office Allocation</td>
<td>$44,073</td>
</tr>
<tr>
<td>TOTAL (agree to Schedule V, line 22, col.8)</td>
<td>$1,050,858</td>
</tr>
</tbody>
</table>

### F. Dues, Fees, Subscriptions and Promotions

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDPH License Fee</td>
<td>$1,990</td>
</tr>
<tr>
<td>Advertising: Employee Recruitment</td>
<td>$21,188</td>
</tr>
<tr>
<td>Health Care Worker Background Check</td>
<td></td>
</tr>
<tr>
<td>(Indicate # of checks performed)</td>
<td>471</td>
</tr>
<tr>
<td>Patient Background Checks</td>
<td>$11,010</td>
</tr>
<tr>
<td>Dues &amp; Subscriptions</td>
<td>$2,810</td>
</tr>
<tr>
<td>Association Dues</td>
<td>$8,277</td>
</tr>
<tr>
<td>Total</td>
<td>$55,631</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Vendor/Payee</th>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPRO</td>
<td>HR Consulting</td>
<td>$1,305</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>$42,085</td>
</tr>
</tbody>
</table>

*Attach copy of IMRF notifications

**TOTAL (agree to Sch. V, line 24, col.8)** $5,803

### G. Schedule of Travel and Seminar**

**TOTAL** $5,803

**See instructions.**
<table>
<thead>
<tr>
<th>XX. GENERAL INFORMATION:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Are nursing employees (RN, LPN, NA) represented by a union?</td>
<td>NO</td>
</tr>
<tr>
<td>(2) Are there any dues to nursing home associations included on the cost report? If YES, give association name and amount.</td>
<td>YES ICHA $3,444 &amp; ACHA $1,937</td>
</tr>
<tr>
<td>(3) Did the nursing home make political contributions or payments to a political action organization? If YES, have these costs been properly adjusted out of the cost report?</td>
<td>YES</td>
</tr>
<tr>
<td>(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? If YES, what is the capacity?</td>
<td>NO</td>
</tr>
<tr>
<td>(5) Have you properly capitalized all major repairs and equipment purchases? What was the average life used for new equipment added during this period?</td>
<td>YES 5-10 YEARS</td>
</tr>
<tr>
<td>(6) Indicate the total amount of both disposable and non-disposable diaper expenses and the location of this expense on Sch. V.</td>
<td>$ 66,780 Line 10</td>
</tr>
<tr>
<td>(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? If YES, attach a complete explanation.</td>
<td>YES</td>
</tr>
<tr>
<td>(8) Are you presently operating under a sale and leaseback arrangement? If YES, give effective date of lease.</td>
<td>YES 04/07/11</td>
</tr>
<tr>
<td>(9) Are you presently operating under a sublease agreement?</td>
<td>YES X NO</td>
</tr>
<tr>
<td>(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.</td>
<td>NO</td>
</tr>
<tr>
<td>(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. This amount is to be recorded on line 42 of Schedule V.</td>
<td>$ 217,064</td>
</tr>
<tr>
<td>(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? If YES, attach an explanation of the allocation.</td>
<td>NO</td>
</tr>
<tr>
<td>(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?</td>
<td>YES</td>
</tr>
<tr>
<td>(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? For example, 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.</td>
<td>NO</td>
</tr>
<tr>
<td>(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. Has any meal income been offset against related costs? Indicate the amount.</td>
<td>N/A $ 208</td>
</tr>
<tr>
<td>(16) Travel and Transportation a. Are there costs included for out-of-state travel? If YES, attach a complete explanation. b. Do you have a separate contract with the Department to provide medical transportation for residents? 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? d. Have vehicle usage logs been maintained? e. Are all vehicles stored at the nursing home during the night and all other times when not in use? f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? g. Does the facility transport residents to and from day training?</td>
<td>NO $ 0 $ N/A</td>
</tr>
<tr>
<td>(17) Has an audit been performed by an independent certified public accounting firm?</td>
<td>NO</td>
</tr>
<tr>
<td>(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?</td>
<td>YES</td>
</tr>
<tr>
<td>(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.</td>
<td>NO</td>
</tr>
</tbody>
</table>