

		FOR BHF USE					

LL1

2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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

I. IDPH License ID Number: 0049577

Facility Name: Manorcare of Naperville IL, LLC

Address: 200 Martin Avenue Naperville 60540
Number City Zip Code

County: DuPage

Telephone Number: (630)-355-4111 Fax # (630)-355-4156

HFS ID Number:

Date of Initial License for Current Owners: 11/1/81

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☐ "Sub-S" Corp.
☒ Limited Liability Co.
☐ Trust
☐ Other
☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Raymond Lewis Telephone Number: (419)-252-5783
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 06/01/10 to 05/31/11 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or
Administrator
of Provider

(Signed) _____ (Date) _____
(Type or Print Name) Barry A. Lazarus
(Title) Vice President, Reimbursement

Paid
Preparer

(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) _____
(Telephone) () Fax # ()

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

Facility Name & ID Number Manorcare of Naperville IL, LLC

0049577 Report Period Beginning: 06/01/10 Ending: 05/31/11

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>118</u>	Skilled (SNF)	<u>118</u>	<u>43,070</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>118</u>	TOTALS	<u>118</u>	<u>43,070</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>6,683</u>	<u>5,148</u>	<u>25,005</u>	<u>36,836</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>6,683</u>	<u>5,148</u>	<u>25,005</u>	<u>36,836</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.53%

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)

N/A

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?
Date started 11/1/81

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

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 118 and days of care provided 17,977

Medicare Intermediary Highmark Medicare Services

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31 Fiscal Year: 05/31

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

Facility Name & ID Number Manorcare of Naperville IL, LLC # 0049577 Report Period Beginning: 06/01/10 Ending: 05/31/11
V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	375,886	15,939	3,698	395,523	10,686	406,209		406,209			1
2	Food Purchase		257,544		257,544		257,544	(1,252)	256,292			2
3	Housekeeping	170,611	30,593	1,329	202,533		202,533		202,533			3
4	Laundry	54,081	30,184	1,429	85,694		85,694	(190)	85,504			4
5	Heat and Other Utilities			157,720	157,720	2,881	160,601		160,601			5
6	Maintenance	50,533	21,943	108,519	180,995		180,995		180,995			6
7	Other (specify):* Medical Waste			1,606	1,606		1,606		1,606			7
8	TOTAL General Services	651,111	356,203	274,301	1,281,615	13,567	1,295,182	(1,442)	1,293,740			8
	B. Health Care and Programs											
9	Medical Director			21,900	21,900		21,900		21,900			9
10	Nursing and Medical Records	3,359,089	368,035	133,443	3,860,567	12,676	3,873,243		3,873,243			10
10a	Therapy	2,019,178	15,407	132,673	2,167,258		2,167,258		2,167,258			10a
11	Activities	122,853	1,166	5,192	129,211		129,211		129,211			11
12	Social Services	186,046			186,046		186,046		186,046			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	5,687,166	384,608	293,208	6,364,982	12,676	6,377,658		6,377,658			16
	C. General Administration											
17	Administrative	99,718		659,158	758,876	(203,337)	555,539		555,539			17
18	Directors Fees											18
19	Professional Services			12,884	12,884	(1,467)	11,417	(11,417)				19
20	Dues, Fees, Subscriptions & Promotions			92,717	92,717	1,467	94,184	(56,569)	37,615			20
21	Clerical & General Office Expenses	541,596	76,100	271,345	889,041		889,041	(285,343)	603,698			21
22	Employee Benefits & Payroll Taxes			1,043,693	1,043,693	48,683	1,092,376		1,092,376			22
23	Inservice Training & Education			5,044	5,044		5,044		5,044			23
24	Travel and Seminar			3,288	3,288		3,288		3,288			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			349,938	349,938		349,938		349,938			26
27	Other (specify):*											27
28	TOTAL General Administration	641,314	76,100	2,438,067	3,155,481	(154,654)	3,000,827	(353,329)	2,647,498			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,979,591	816,911	3,005,576	10,802,078	(128,411)	10,673,667	(354,771)	10,318,896			29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			448,648	448,648	16,879	465,527		465,527			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			366,632	366,632	111,532	478,164	(371,657)	106,507			32
33	Real Estate Taxes			78,104	78,104		78,104		78,104			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			100,358	100,358		100,358		100,358			35
36	Other (specify):*											36
37	TOTAL Ownership			993,742	993,742	128,411	1,122,153	(371,657)	750,496			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		778,569		778,569		778,569		778,569			39
40	Barber and Beauty Shops			14,384	14,384		14,384		14,384			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee		64,605		64,605		64,605		64,605			42
43	Other (specify):* IV Ther, X-Ray, Lab		144,954	286,140	431,094		431,094		431,094			43
44	TOTAL Special Cost Centers		988,128	300,524	1,288,652		1,288,652		1,288,652			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,979,591	1,805,039	4,299,842	13,084,472		13,084,472	(726,428)	12,358,044			45

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

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,252)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients	(190)	4		8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(178)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(1,200)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(11,417)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(156,031)	21		24
25	Fund Raising, Advertising and Promotional	(56,569)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(499,591)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (726,428)		\$	30

BHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the
general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (726,428)		37

*These costs are only allowable if they are necessary to meet minimum
licensing standards. Attach a schedule detailing the items included
on these lines.

C. Are the following expenses included in Sections A to D of pages 3
and 4? If so, they should be reclassified into Section E. Please
reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Report Period Beginning:

Ending:

ID#

0049577

06/01/10

05/31/11

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Wage - Marketing Expense	\$ (101,463)	21	1
2	Employee Benefits - Marketing Expense	(25,906)	21	2
3	HCP Lease Interest Expense	(371,657)	32	3
4	Vending Income	(565)	21	4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
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32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(499,591)		49

Summary A

05/31/11

[illegible]

Summary B

05/31/11

[illegible]

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
HCR Manor Care, LLC	100			HCR Manor Care Svcs	Toledo	Home Office
				HL Empl Svcs, LLC	Toledo	Personnel
				HL Rehab Svcs, LLC	Toledo	Therapy Mgmt Svcs
				HL Rehab Svcs, LLC	Toledo	Therapy Services
				HL Home Health Care	Toledo	Nursing Staff
		See PG6-Supp for list of related nursing homes in Illinois				

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	See	Home Office Allocation	\$ 659,158	HCR Manor Care Services, LLC	100.00%	\$ 659,158	\$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	6,979,591	Heartland Employment Services, LLC	100.00%	6,979,591		4
5	V	10a	Therapy Management	14,862	Heartland Rehabilitation Services, LLC	100.00%	14,862		5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 7,653,611			\$ 7,653,611	\$ *	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.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heartland of Canton IL, LLC	Canton				1
2			Heartland of Champaign IL, LLC	Champaign				2
3			Heartland of Decatur IL, LLC	Decatur				3
4			Heartland of Galesburg IL, LLC	Galesburg				4
5			Heartland of Henry IL, LLC	Henry				5
6			Heartland of Macomb IL, LLC	Macomb				6
7			Heartland of Moline IL, LLC	Moline				7
8			Heartland of Normal IL, LLC	Normal				8
9			Heartland of Paxton IL, LLC	Paxton				9
10			Heartland of Peoria IL, LLC	Peoria				10
11			Heartland-Riverview of East Peoria IL, LLC	East Peoria				11
12			Manor Care at Arlington Heights	Arlington Heights				12
13			Manor Care of Elgin IL, LLC	Elgin				13
14			Manor Care of Elk Grove Village IL, LLC	Elk Grove Village				14
15			Manor Care - Highland Park	Highland Park				15
16			Manor Care of Hinsdale IL, LLC	Hinsdale				16
17			Manor Care of Homewood IL, LLC	Homewood				17
18			Manor Care of Kankakee IL, LLC	Kankakee				18
19			Manor Care of Libertyville IL, LLC	Libertyville				19
20			Manor Care of Naperville IL, LLC	Naperville				20
21			Manor Care of Northbrook IL, LLC	Northbrook				21
22			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				22
23			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				23
24			Manor Care of Palos Heights West IL, LLC	Palos Heights				24
25			Manor Care of Palos Heights IL, LLC	Palos Heights				25
26			Manor Care of Rolling Meadows IL, LLC	Rolling Meadows				26
27			Manor Care of South Holland IL, LLC	South Holland				27
28			Manor Care of Westmont IL, LLC	Westmont				28
29			Manor Care of Wilmette IL, LLC	Wilmette				29
30			Arden Courts of Elk Grove Village IL, LLC	Elk Grove Village				30

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Arden Courts of Geneva IL, LLC	Geneva				1
2			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				2
3			Arden Courts of Hazel Crest IL, LLC	Hazel Crest				3
4			Arden Courts of Northbrook IL, LLC	Northbrook				4
5			Arden Courts of Palos Heights IL, LLC	Palos Heights				5
6			Arden Courts of South Holland IL, LLC	South Holland				6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Manorcare of Naperville IL, LLC # 0049577 Report Period Beginning: 06/01/10 Ending: 05/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

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

Name of Related Organization HCR Manor Care Services, LLC
Street Address 333 North Summit St.
City / State / Zip Code Toledo, OH 43604-2617
Phone Number (419) 252-5500
Fax Number (419) 254-5495

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	1	Dietary - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	\$ 2,652,139	\$ 1,448,591	11,754,411	\$ 10,686	1
2	1	Dietary - Direct to Central Division	Accumulated Cost	692,663,974	92 NFs	0	0	11,754,411	0	2
3	1	Dietary - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	0	0	11,754,411	0	3
4	5	Utilities - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	0	0	11,754,411	0	4
5	5	Utilities - Direct to Central Division	Accumulated Cost	692,663,974	92 NFs	0	0	11,754,411	0	5
6	5	Utilities - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	817,551	0	11,754,411	2,881	6
7	10	Nursing - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	2,699,818	1,331,445	11,754,411	10,878	7
8	10	Nursing - Direct to Central Division	Accumulated Cost	692,663,974	92 NFs	0	0	11,754,411	0	8
9	10	Nursing - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	510,057	376,446	11,754,411	1,797	9
10	17	General & Admin - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	24,740,566	19,625,790	11,754,411	99,687	10
11	17	General & Admin - Direct to Central Division	Accumulated Cost	692,663,974	92 NFs	1,871,124	5,027,701	11,754,411	31,753	11
12	17	General & Admin - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	92,052,254	34,999,867	11,754,411	324,381	12
13	22	Employee Benefits - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	7,290,309	0	11,754,411	29,375	13
14	22	Employee Benefits - Direct to Central Division	Accumulated Cost	692,663,974	92 NFs	0	0	11,754,411	0	14
15	22	Employee Benefits - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	5,479,146	0	11,754,411	19,308	15
16	30	Depreciation - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	285,954	0	11,754,411	1,152	16
17	30	Depreciation - Direct to Central Division	Accumulated Cost	692,663,974	92 NFs	0	0	11,754,411	0	17
18	30	Depreciation - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	4,462,801	0	11,754,411	15,726	18
19										19
20	32	Directly Assigned Interest				12,736,052			111,534	20
21		Non Central Division Nursing Home Allocations				29,513,406				21
22										22
23										23
24										24
25	TOTALS					\$ 185,111,177	\$ 62,809,840		\$ 659,158	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1	Conv. Sub Debentures		X	Facility			\$ 2,480,995	\$ 2,480,995		0.0452	\$ 111,533	1	
2												2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8	Interest Income Other										(5,025)	8	
9	TOTAL Facility Related						\$ 2,480,995	\$ 2,480,995			\$ 106,508	9	
	B. Non-Facility Related*												
10												10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ 2,480,995	\$ 2,480,995			\$ 106,508	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ 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.)

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.

FACILITY NAME	<u>Manorcare of Naperville IL, LLC</u>	COUNTY	<u>DuPage</u>
FACILITY IDPH LICENSE NUMBER	<u>0049577</u>		
CONTACT PERSON REGARDING THIS REPORT	<u>Raymond Lewis</u>		
TELEPHONE	(419) 252-5783	FAX #:	(419) 254-5495

Enter the tax index number and real estate tax assessed for 2010 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 2010.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 31,172

B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 1

C. Does the Operating Entity? ☐ (a) Own the Facility ☐ (b) Rent from a Related Organization. ☒ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☐ (a) Own the Equipment ☐ (b) Rent equipment from a Related Organization. ☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1981</u>	<u>\$ 32,377</u>	<u>1</u>
2	<u>Facility</u>		<u>2009</u>	<u>37,469</u>	<u>2</u>
3	TOTALS			<u>\$ 69,846</u>	<u>3</u>

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	98			1967	\$ 631,081	\$ 13,462		\$ 13,462	\$	\$ 1,699,275
5	20			1988	1,159,909					
6				2009	647,796					
7										
8										
	Improvement Type**									
9										9
10				1988	144,949	279,335		279,335		2,882,786
11				1989	18,122					
12				1990	68,243					
13				1991	415,119					
14				1992	84,655					
15				1993	123,500					
16				1994	101,520					
17				1995	138,803					
18	REMODEL/UPGRADE RESIDENT ROOMS			1996	37,545					
19	CORPORATE OVERHEAD-RESIDENT RMS (See Line 32)			1996	7,272					
20	PLUMBING REPAIRS			1996	1,341					
21	WALLCOVERINGS			1996	3,590					
22	CONCRETE WALKWAY/DRIVEWAY			1996	7,489					
23	ELECTRICAL/LIGHTING			1996	12,176					
24	WALLCOVERINGS			1996	15,435					
25	PLUMBING			1996	4,900					
26	CARPETING			1996	5,738					
27	SECURITY SYSTEM			1996	1,668					
28	FRONT ENTRANCE REPAIR			1996	2,551					
29	REMODEL NURSES STATION			1996	12,886					
30	PAINTING			1996	2,968					
31	WALK-IN FREEZER			1996	15,411					
32	CORP OH-Resident RMS Per 7/06 Capital Rate Adjustments			1996	(7,272)					
33	ROOF REPAIRS			1997	2,823					
34	CARPET & INSTALLATION			1997	3,701					
35	WALLCOVERINGS			1997	11,798					
36	CABINETRY			1997	15,765					

*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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	ELECTRICAL	1997	\$ 10,658	\$		\$	\$	37
38	REMOVE WALL HEATER	1997	2,592					38
39	REPLACE CEILING TILES	1997	12,471					39
40	SHOWER ROOM RENOVATION	1997	14,484					40
41	NURSES STATION REMODEL	1997	3,000					41
42	DOORS/INSTALLATION/SIGNS	1997	3,888					42
43	DECORATING	1997	20,000					43
44	INSTALL SUNDECK	1997	4,495					44
45	CORPORATE OVERHEAD	1997	10,516					45
46	Per 7/06 Cap Rate Adjustments	1997	(16,481)					46
47								47
48	INSTALL B & G PUMPS	1997	4,089					48
49	INSTALL CONDENSING UNIT	1997	1,380					49
50	INSTALL DOORS/CASING	1997	6,050					50
51	INSTALL BOILER	1997	68,932					51
52	FACILITY PLAN ALLOC	1997	5,965					52
53	NURSE CALL SYSTEM	1997	1,430					53
54	WALL REPAIRS/DRYWALL	1997	5,450					54
55	INSTALL WALL CABINET	1997	3,193					55
56	INSTALL TV & PHONE JACKS	1997	1,992					56
57	WATER HEATER	1997	8,000					57
58	NURSES STATION WORK	1997	2,487					58
59	ROOF WORK	1997	1,809					59
60	SECURITY SYSTEM	1997	23,833					60
61	WALL VINYL/CORNER GUARDS	1997	2,982					61
62	REMOVE & REPLACE SIDEWALK	1997	16,092					62
63	CARPENTRY WORK	1997	3,346					63
64	PROFESSIONAL FEES	1997	678					64
65	LIGHTING	1997	783					65
66	PLUMBING	1997	1,184					66
67	ROOF WORK	1998	52,386					67
68	CARPENTRY WORK	1998	4,240					68
69								69
70	TOTAL (lines 4 thru 69)		\$ 3,973,406	\$ 292,797		\$ 292,797	\$ 4,582,061	70

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12A, Carried Forward		\$ 3,973,406	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	1
2 CARPETING/FLOORING	1998	32,974						2
3 PAINTING/WALLCOVERINGS	1998	20,295						3
4 ELECTRICAL	1998	3,746						4
5 REMOVE & INSTALL PHONE SYSTEM	1998	4,790						5
6 REPLACE ALARM PANEL	1998	2,065						6
7 DECORATING	1998	28,802						7
8 GENERAL CONTRACTOR FEES	1998	4,167						8
9 CORPORATE OVERHEAD (See Line 25)	1998	1,651						9
10 PLUMBING	1998	1,704						10
11 REMOVE & INSTALL RETROFITS	1998	3,559						11
12 FLOORING	1998	18,406						12
13 PLUMBING	1998	13,632						13
14 LIGHTING FIXTURES	1998	1,436						14
15 ELECTRICAL	1998	19,502						15
16 HVAC	1998	1,990						16
17 PAINTING/WALLCOVER	1998	3,879						17
18 GENERAL CONTRACTORS FEES	1998	8,900						18
19 DOORS/WINDOWS	1998	11,403						19
20 ROOFING	1998	109,296						20
21 FINISH/STUD	1998	8,118						21
22 CARPENTRY	1998	6,227						22
23 SIGNAGE	1998	17,066						23
24 DECORATING (CORRECTION TO LINE7,PAGE 12B)	1998	(4,392)						24
25 CORPORATE OVERHEAD Per 7/06 Capital Rate Adjustment	1998	(1,652)						25
26 FINISH/STUD	1999	28,613						26
27 PAINTING/WALLCOVERING	1999	10,000						27
28 ELECTRICAL	1999	1,626						28
29 SIGNAGE	1999	4,109						29
30 MILLWORK	1999	909						30
31 REPAIR BOILER	1999	5,995						31
32 WELDER/GENERATOR	1999	2,367						32
33 HVAC	1999	1,356						33
34 TOTAL (lines 1 thru 33)		\$ 4,345,945	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 4,345,945	\$ 292,797		\$ 292,797		\$ 4,582,061	1
2	BI - Air Separator/Boiler Piping	1999	4,366						2
3	INSTALL DAMPERS	1999	6,925						3
4	FURNISHINGS (See Line 5)	1999	10						4
5	FURNISHINGS - 7/06 Cap Rate Audit Adj.	1999	(10)						5
6	ACCESS PANELS/DRYWALL	1999	7,467						6
7	EXTERIOR LIGHTING	1999	15,290						7
8	CARPET	1999	5,034						8
9	DOOR HARDWARE	1999	371						9
10	DOOR HARDWARE	1999	737						10
11	GUTTERS	2000	23,026						11
12	CONCRETE WORK	1999	4,447						12
13	CONCRETE SIDEWALK	1999	3,540						13
14	CONCRETE BRIDGE	1999	15,660						14
15	FASCIA	2000	2,559						15
16	RESIDENT RM BUILT-IN CABINETS	2000	1,595						16
17	PAINTING - EXTERIOR BLDG	2000	4,525						17
18	SECURE CARE SYSTEM	2000	17,096						18
19	DOOR & FRAME	2000	2,419						19
20	THERMOSTAT	2000	1,125						20
21	DOOR & EXAUST PIPING	2000	3,113						21
22	CONCRETE FLOOR - KITCHEN	2000	860						22
23	PIPING - HOT WATER	2000	2,425						23
24	ELECTRICAL	2000	1,557						24
25	DOORS	2000	6,817						25
26	EXHAUST FAN	2001	4,194						26
27	DOORS	2001	480						27
28	ROOF INSPECTION (See Line 29)	2001	650						28
29	ROOF INSPECTION- 7/06 Cap Rate Audit Adj.	2001	(650)						29
30	Sealant on Windows	2001	5,300						30
31	Carpentry-Renovation	2002	70,192						31
32	5/31/99 Audit Adjustment	2002	(20,388)						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,536,676	\$ 292,797		\$ 292,797		\$ 4,582,061	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12C, Carried Forward		\$ 4,536,676	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	1
2 ROOF	2002	17,964						2
3 Carpet, VWC, Corner Guards	2002	84,317						3
4 Doors and Drywall	2002	11,422						4
5 ROOF	2002	15,719						5
6 ROOF	2002	8,982						6
7 Renovation-Paving (See Line 33)	2004	6,053						7
8 CARPET	2003	538						8
9 vec-Vinyl Wallcovering	2003	534						9
10 FREIGHT ON CARPET	2003	43						10
11 BORDER	2003	99						11
12 VWC-Vinyl Wallcovering	2003	700						12
13 CARPET	2003	809						13
14 VWC-Vinyl Wallcovering	2003	327						14
15 VWC-Vinyl Wallcovering	2003	2,075						15
16 VWC-Vinyl Wallcovering	2003	7,961						16
17 VWC-Vinyl Wallcovering	2003	493						17
18 CARPET	2003	1,794						18
19 METAL DOORS	2003	6,557						19
20 DOORS	2003	9,688						20
21 Renovation-Interest (See Line 32)	2003	5,743						21
22 Renovation-Development Cost (See Line 32)	2003	63,684						22
23 Renovation-Flooring	2003	1,270						23
24 Renovation-HVAC	2003	38,041						24
25 Renovation-A/C Thru Wall	2003	1,014						25
26 Renovation-Basic Electrical	2003	104,524						26
27 Renovation-Engineering	2003	11,737						27
28 Renovation-Plan Reviews (See Line 32)	2003	3,142						28
29 VWC-Vinyl Wallcovering	2003	327						29
30 SMOKE WALL	2003	5,866						30
31 VWC-Vinyl Wallcovering	2003	327						31
32 7/06 Capital Rate Audit Adj. (*=related to 7/6 Cap Rate Adj.)	2003	(66,188)						32
33 Renovation-Paving - 7/06 Capital Rate Audit Adj.	2003	(6,053)						33
34 TOTAL (lines 1 thru 33)		\$ 4,876,184	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 4,876,184	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	1
2	Renovation-General O/H (See Line 29)	2004	34,670						2
3	Renovation-Interest (See Line 29)	2004	2,459						3
4	Renovation--Carpentry Sub-Contracting	2004	26,147						4
5	Renovation-Millwork	2004	4,530						5
6	Renovation-HM Doors/Frames	2004	17,940						6
7	Renovation-Basic Electrical	2004	4,726						7
8	Renovation-Ceramic Tile	2004	11,799						8
9	Renovation-Resilient Floor	2004	16,580						9
10	Renovation-Carpet & Pads	2004	786						10
11	Renovation-Wall Coverings	2004	5,962						11
12	Renovation- Corner Guards	2004	83						12
13	CREDIT ON Vinyl Wallcovering	2004	(26)						13
14	CREDIT ON Vinyl Wallcovering	2003	(327)						14
15	Renovation-General O/H (See Line 29)	2004	5,869						15
16	Renovation-Interest (See Line 29)	2004	247						16
17	Renovation-HM Doors/Frames	2004	4,752						17
18	Renovation-Resilient Floor (See Line 29)	2004	22,203						18
19	Renovation-Carpet & Pads	2004	684						19
20	Renovation-Wall Covering	2004	5,343						20
21	Renovation-Basic Electric	2004	2,639						21
22	EXTERIOR SERVICE DOOR	2004	979						22
23	INSTALL HOLLOW MENTAL DOOR	2004	1,539						23
24	KITCHEN RENOVATION	2004	20,000						24
25	ROOF RETAINAGE	2004	4,990						25
26	KITCHEN RENOVATION	2004	14,400						26
27	CARPET	2004	593						27
28	ADD' COST FOR ROOF	2004	2,246						28
29	Per 7/06 Capital Rate Audit Adjustment	2004	(82,826)						29
30									30
31	CARPET	2005	610						31
32	INSTALL DOORS	2005	5,315						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,011,096	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	34

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

Facility Name & ID Number Manorcare of Naperville IL, LLC

0049577

Report Period Beginning:

06/01/10

Ending:

05/31/11

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 5,011,096	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	1
2	Renov - Site Preparation	2005	47,133						2
3	Renov - Asphalt Paving	2005	17,075						3
4	CONCRETE SLAB	2005	2,085						4
5	OUTDOOR LIGHTING	2005	2,890						5
6	sidewalk & railing	2005	16,542						6
7	VWC	2005	236						7
8	VWC	2005	2,952						8
9	2 Fire rated access hatch	2005	3,225						9
10	Electrical service	2005	3,095						10
11	Renov - Carpentry-subcontr	2005	54,735						11
12	Renov - HM Doors & Frames & Tile	2005	18,760						12
13	Renov -Resilient Flooring	2005	17,700						13
14	Renov -Wallcovering	2005	21,697						14
15	Renov -General Overhead & Interest	2005	23,169						15
16	Renov -General Overhead & Interest - 7/06 Cap Audit Adj.s	2005	(23,169)						16
17	Renov - Basic Electrical	2005	6,835						17
18	Carpentry Renovation 7/06 Capital Rate Audit Adjustment	2002	(70,192)						18
19	Carpet, VWC, Corner Guards 7/06 Capital Rate Audit Adjustmen	2002	(84,317)						19
20	7/06 Capital Rate Audit Adjusment	2002	50,715						20
21	GROUND CIRCUITS	2006	714						21
22	2 ALUMINUM WINDOWS	2006	2,620						22
23	2 SHOWER DOORS	2006	1,350						23
24	electrical	2006	6,557						24
25	plan review	2006	5,952						25
26	2 shower doors	2006	1,386						26
27	sprinkler system	2006	4,239						27
28	HALLWAY DOOR	2006	1,242						28
29	ROOFING	2007	6,225						29
30	doors	2007	9,287						30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,161,835	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	34

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

Facility Name & ID Number Manorcare of Naperville IL, LLC

0049577

Report Period Beginning:

06/01/10

Ending:

05/31/11

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 5,161,835	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	1
2	000000002207 WINDOWS	2007	3,255						2
3	000000002210 2106 CRPNTRY ACT RM,DR,NRS STN	2007	65,195						3
4	000000002211 2106 CRPNTRY ACT RM,DR,NRS STN	2007	27,787						4
5	000000002215 2106 CRPNTRY ACT RM,DR,NRS STN	2007	1,022						5
6	000000002223 FLOORING IN RESTROOMS	2007	18,545						6
7	000000002238 0307 CARPENTRY FOR RENOV	2008	591,885						7
8	000000002239 0307 CARPENTRY FOR RENOV	2008	4,258						8
9	000000002240 0307 CARPENTRY FOR RENOV	2008	172,562						9
10	000000002248 Sprinkler System	2007	1,500						10
11	000000002270 1507 RNVTN FOR ACT RM,CR,NRS STN	2007	2,400						11
12	000000002271 1507 RNVTN FOR ACT RM,CR,NRS STN	2007	2,480						12
13	000000002272 1507 RNVTN FOR ACT RM,CR,NRS STN	2007	11,987						13
14	000000002277 sheet vinyl in 8 res rms	2008	21,560						14
15	000000002280 roofing	2008	6,258						15
16	000000002281 data phone lines	2008	6,588						16
17	000000002283 1507 GENERATOR	2008	4,541						17
18	000000002284 1507 GENERATOR	2008	181						18
19	000000002224 CONCRETE FOR FRONT PORCH	2007	4,995						19
20	000000002235 0307 CRPNTRY FOR ACT RM, DR, & NRS STN	2008	31,524						20
21	000000002236 0307 CRPNTRY FOR ACT RM, DR, & NRS STN	2008	92,135						21
22	000000002237 0307 CRPNTRY FOR ACT RM, DR, & NRS STN	2008	3,955						22
23	000000002295 STONWORK BRICK AND LANDSCAPE	2008	22,715						23
24	000000002302 2 brick walls	2008	4,415						24
25	000000002303 inter cttyd landscape	2008	14,429						25
26	000000002330 1507 GENERATOR	2009	2,223						26
27	000000002287 GENERATOR	2008	69,365						27
28	000000002320 ADJ 307 CRPNTRY FOR ACT RM, DR, & NRS STN	2008	8,163						28
29	000000002321 ADJ 307 CRPNTRY FOR ACT RM, DR, & NRS STN	2008	270						29
30	000000002288 CARPET (Service Corridor)	2008	5,000						30
31	000000002289GENERATOR	2008	10,617						31
32	000000002290 FLOORING (Serv Corr, Pulbic RR & Lounge	2008	3,000						32
33	000000002293 2 roof exhausters	2008	3,251						33
34	TOTAL (lines 1 thru 33)		\$ 6,379,896	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	34

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

Facility Name & ID Number Manorcare of Naperville IL, LLC

0049577

Report Period Beginning:

06/01/10

Ending:

05/31/11

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 6,379,896	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	1
2	000000002298 WALL PACK	2008	520						2
3	000000002309 20 AMP CIRCUITS	2008	2,260						3
4	000000002313 CARPET AND WALLCOVERING (Heritage Hall)	2008	8,860						4
5	000000002318 ADJ RESTROOM FLOORING (10/07)	2008	7,500						5
6	000000002327 CARPET AND WALLCOVERING (Main Hallway)	2009	1,524						6
7	000000002328 1507 GENERATOR	2009	29,830						7
8	000000002329 1507 GENERATOR	2009	161,091						8
9									9
10	000000002343PT ADD -WATER/SEWER/UTILITIES	2009	17,900						10
11	000000002343PT ADD -PAVING/PARKING	2009	7,200						11
12	000000002343PT ADD -SITE CONCRETE	2009	31,960						12
13	000000002343PT ADD -SITE PREPARTATION	2009	70,720						13
14	000000002343PT ADD -FENCING	2009	920						14
15	000000002343PT ADD -CONCRETE SIDEWALKS	2009	18,790						15
16	000000002344PT ADD -LANDSCAPING	2009	28,135						16
17	000000002345PT ADD -PERMANENT FENCING	2009	2,569						17
18	000000002334DRIVEWAY BALLARD LIGHT	2009	3,170						18
19	000000002348 1507 RENO - CONCRETE SIDEWALKS	2009	3,669						19
20	000000002336PT ADD -ARCH & ENGINEER COST	2009	80,174						20
21	000000002336PT ADD -PERMIT FEES	2009	7,128						21
22	000000002342PT ADD -RESILIENT FLOORING	2009	2,318						22
23	000000002342PT ADD -WALL COVERING	2009	7,129						23
24	000000002346PT ADD -FIRE SPRINKLER SYSTEM	2009	17,052						24
25	000000002346PT ADD -BASIC ELECTRICAL	2009	60,375						25
26	000000002352NEW MDS OFFICE	2009	17,173						26
27	0000000023540809 ROOF REPLACE - PARTIAL	2009	5,081						27
28	0000000023540809 ROOF REPLACE - TEAR OFF & REPLACE	2009	168,510						28
29	000000002355KITCHEN DOOR	2009	3,785						29
30	000000002360DINING ROOM SINK	2009	3,385						30
31	0000000023659 WINDOWS & SILLS	2010	15,850						31
32	000000002366BATHROOM FAUCETS & CHROME	2010	7,540						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,172,014	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	34

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

Facility Name & ID Number Manorcare of Naperville IL, LLC

0049577

Report Period Beginning:

06/01/10

Ending:

05/31/11

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 7,172,014	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	1
2	000000002374 ALUMINUM GATE	2010	2,327						2
3	000000002373 RESIDENT ROOM RECEPTACLE UPGRADE	2010	8,839						3
4	000000002375 85 GAL WATER HEATER	2010	11,966						4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,195,146	\$ 292,797		\$ 292,797	\$	\$ 4,582,061	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,821,055	\$155,851	\$155,851	\$		\$1,380,384	71
72	Current Year Purchases	101,004						72
73	Fully Depreciated Assets							73
74	Home Office			16,879	16,879			74
75	TOTALS	\$1,922,059	\$155,851	\$172,730	\$16,879		\$1,380,384	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$9,187,051	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$448,648	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$465,527	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$16,879	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$5,962,445	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

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

**

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-

9. Option to Buy:
- ☐ YES☐ NO
- Terms:
- *

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

15. Is Movable equipment rental included in building rental?
- ☐ YES☐ NO
16. Rental Amount for movable equipment: \$100,358
- Description:02 Concentrators, Wheelchairs, Gerichairs, Elect. Bed., Etc
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning

Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2012	\$
13.	/2013	\$
14.	/2014	\$

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

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

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

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

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

D. NUMBER OF CNAs TRAINED

ALLOCATION OF COSTS (d)

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

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

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	10a	13858	hrs	\$ 600,728	156	\$ 8,875	\$ 3,238	14,014	\$ 612,841	1	
2	Licensed Speech and Language Development Therapist	10a	5125	hrs	199,629	109	6,195	72	5,234	205,896	2	
3	Licensed Recreational Therapist			hrs		981	55,894		981	55,894	3	
4	Licensed Physical Therapist	10a	13039	hrs	559,769	540	30,785	12,097	13,579	602,651	4	
5	Physician Care			visits							5	
6	Dental Care			visits							6	
7	Work Related Program			hrs							7	
8	Habilitation			hrs							8	
9	Pharmacy			# of prescrpts							9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10	
11	Academic Education			hrs							11	
12	Other (specify): IV Therapy							144,954		144,954	12	
13	Other (specify): X-Ray & Lab						286,140			286,140	13	
14	TOTAL				\$ 1,360,126	1,786	\$ 387,889	\$ 160,361	33,808	\$ 1,908,376	14	

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

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 6,829	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 627,919)	1,421,101		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	3,610		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,431,540	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	69,846		13
14	Buildings, at Historical Cost	7,195,147		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,922,059		16
17	Accumulated Depreciation (book methods)	(5,962,445)		17
18	Deferred Charges	12,767,100		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,991,707	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,423,247	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 178,074	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	565,081		30
31	Accrued Taxes Payable (excluding real estate taxes)	136,020		31
32	Accrued Real Estate Taxes(Sch.IX-B)	70,880		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Payables	84,477		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,034,532	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	38,725,152		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation	251		42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 38,725,403	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 39,759,935	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (22,336,688)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 17,423,247	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,598,756	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,598,756	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	3,030,658	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 3,030,658	17
	B. Transfers (Itemize):		
18	Change in Interdivision	(26,966,102)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (26,966,102)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (22,336,688)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 15,989,860	1
2	Discounts and Allowances for all Levels	(5,272,659)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,717,201	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,320,693	6
7	Oxygen	24	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 4,320,717	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	565	12
13	Barber and Beauty Care	15,451	13
14	Non-Patient Meals	1,252	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	841,330	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	72,768	19
20	Radiology and X-Ray	60,520	20
21	Other Medical Services	84,936	21
22	Laundry	190	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,077,012	23
	D. Non-Operating Revenue		
24	Contributions	200	24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 200	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,115,130	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,281,615	31
32	Health Care	6,364,982	32
33	General Administration	3,155,481	33
	B. Capital Expense		
34	Ownership	993,742	34
	C. Ancillary Expense		
35	Special Cost Centers	1,224,047	35
36	Provider Participation Fee	64,605	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,084,472	40
41	Income before Income Taxes (line 30 minus line 40)**	3,030,658	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 3,030,658	43

* 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.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	229	249	\$ 10,176	\$ 40.87	1
2	Assistant Director of Nursing	6,030	6,556	231,897	35.37	2
3	Registered Nurses	44,093	47,934	1,546,685	32.27	3
4	Licensed Practical Nurses	12,284	13,354	345,542	25.88	4
5	CNAs & Orderlies	80,505	87,704	1,198,776	13.67	5
6	CNA Trainees					6
7	Licensed Therapist	32,286	35,099	1,499,289	42.72	7
8	Rehab/Therapy Aides	17,463	18,984	519,889	27.39	8
9	Activity Director	6,758	7,355	122,853	16.70	9
10	Activity Assistants					10
11	Social Service Workers	7,664	8,341	186,046	22.30	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	23,603	25,680	375,886	14.64	15
16	Dishwashers					16
17	Maintenance Workers	1,955	2,127	50,533	23.76	17
18	Housekeepers	14,291	15,548	170,611	10.97	18
19	Laundry	5,080	5,527	54,081	9.78	19
20	Administrator	2,080	2,080	96,476	46.38	20
21	Assistant Administrator	93	93	3,242	34.86	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,396	20,075	414,227	20.63	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,561	1,699	26,013	15.31	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	274,371	298,405	\$ 6,852,222 *	\$ 22.96	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$		35
36	Medical Director	Monthly	21,900	9, 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 21,900		49

C. CONTRACT NURSES

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

* This total must agree with page 4, column 1, line 45.

** See instructions.

STATE OF ILLINOIS

Facility Name & ID NumberManorcare of Naperville IL, LLC# 0049577Report Period Beginning:06/01/10Ending:05/31/11Page 21

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Raina Anshu	Administrator	0	\$ 73,488
Cathleen O'Brien	Administrator	0	262
Jennifer Miller	Administrator	0	25,968
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 99,718

B. Administrative - Other

Description	Amount
Various Home Office Services	\$ 659,158
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Foote, Meyers, & Flowers, LLC	Legal Fees	\$ 7,302
United Collections Bureau	Collection Services	4,115
(all above adjusted off via Page 5 Line 22, therefore no invoices are attached)		
The Weissman Group	HR Consultant	182
Joint Commission on Accreditation	Professional Consultant	1,285
(Consultants are reclassified to Lines 21 and 20, respectively)		
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)		\$ 12,884

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 60,460
Unemployment Compensation Insurance	72,829
FICA Taxes	495,402
Employee Health Insurance	332,182
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Long Term Incentive	10,417
401K	76,897
Appreciation, Other Benefits & Marketing Adjust	(14,093)
Tuition program	6,071
SMSP Match & RSU	245
Employee Uniforms	3,283
Home Office Allocation	48,683
TOTAL (agree to Schedule V, line 22, col.8)	

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

Description	Line #	Amount
		\$
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$ 6,435
Advertising: Employee Recruitment	9,984
Health Care Worker Background Check (Indicate # of checks performed 44)	1,133
Patient Background Checks	555
Dues & Subscriptions	8,941
Association Dues	11,952
Advertising	48,719
Public Relations	1,467
Less: Public Relations Expense	(7,850)
Non-allowable advertising	(48,719)
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	3,288
Includes travel expense to the Home Office in Toledo, OH for regional meetings	
Seminar Expense	
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 3,288

* Attach copy of IMRF notifications

**See instructions.

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

No

(2)

Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount. IHCA \$4,102

(3)

Did the nursing home make political contributions or payments to a political action organization?

Yes

If YES, have these costs been properly adjusted out of the cost report?

Yes \$7,850

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?

(5)

Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

5-10 Years

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 74,056

Line 10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.

(8)

Are you presently operating under a sale and leaseback arrangement?

Yes

If YES, give effective date of lease.

04/07/11

(9)

Are you presently operating under a sublease agreement?

YES

X

NO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$ 64,605

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

(13)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes

(14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$ N/A

Has any meal income been offset against related costs?

Yes

Indicate the amount.

\$

(16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$

c. What percent of all travel expense relates to transportation of nurses and patients?

d. Have vehicle usage logs been maintained?

N/A

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

N/A

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

N/A

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$

(17)

Has an audit been performed by an independent certified public accounting firm?

No

Firm Name:

(18)

Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V?

Yes

(19)

If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report?

No

Attach invoices and a summary of services for all architect and appraisal fees.