

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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: 0049387 Facility Name: Manorcare of Elk Grove Vill Address: 1920 Nerge Road Elk Grove Village 60007 County: Cook Telephone Number: (547) 301-0550 Fax # (847) 301-0013 HFS ID Number: Date of Initial License for Current Owners: 07/30/90 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. X Limited Liability Co. Trust Other GOVERNMENTAL State County Other 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 06/01/15 to 05/31/16 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) (Type or Print Name) Martin D. Allen (Title) Director Paid Preparer (Signed) (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
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Facility Name & ID Number Manorcare of Elk Grove Vill

0049387 Report Period Beginning: 06/01/15 Ending: 05/31/16

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>190</u>	Skilled (SNF)	<u>190</u>	<u>69,540</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>190</u>	TOTALS	<u>190</u>	<u>69,540</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>23,263</u>	<u>5,936</u>	<u>32,361</u>	<u>61,560</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>23,263</u>	<u>5,936</u>	<u>32,361</u>	<u>61,560</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 88.52%

D. How many bed-hold days during this year were paid by the Department?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

None

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

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

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

I. On what date did you start providing long term care at this location?
Date started 07/30/90

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

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number
of beds certified 190 and days of care provided 24,040

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED
CASH* ☐ CASH* ☐

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

Tax Year: 12/31 Fiscal Year: 5/31
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Manorcare of Elk Grove Vill # 0049387 Report Period Beginning: 06/01/15 Ending: 05/31/16

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	601,151	51,254	10,585	662,990		662,990		662,990			1
2	Food Purchase		487,919		487,919		487,919	(3,372)	484,547			2
3	Housekeeping	257,043	36,981	511	294,535		294,535		294,535			3
4	Laundry	92,134	31,037	747	123,918		123,918		123,918			4
5	Heat and Other Utilities			315,367	315,367	4,608	319,975		319,975			5
6	Maintenance	99,261	25,566	175,488	300,315		300,315		300,315			6
7	Other (specify):* Med Waste			8,435	8,435		8,435		8,435			7
8	TOTAL General Services	1,049,589	632,757	511,133	2,193,479	4,608	2,198,087	(3,372)	2,194,715			8
	B. Health Care and Programs											
9	Medical Director			25,700	25,700		25,700		25,700			9
10	Nursing and Medical Records	6,247,072	493,932	175,410	6,916,414	15,466	6,931,880		6,931,880			10
10a	Therapy	2,348,674	16,560	74,899	2,440,133		2,440,133		2,440,133			10a
11	Activities	173,686	11,212	4,294	189,192		189,192		189,192			11
12	Social Services	352,236		1,313	353,549		353,549		353,549			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	9,121,668	521,704	281,616	9,924,988	15,466	9,940,454		9,940,454			16
	C. General Administration											
17	Administrative	167,424		799,860	967,284	(290,278)	677,006		677,006			17
18	Directors Fees											18
19	Professional Services			82,314	82,314		82,314	(82,314)				19
20	Dues, Fees, Subscriptions & Promotions			146,513	146,513		146,513	(61,386)	85,127			20
21	Clerical & General Office Expenses	666,670	91,472	423,506	1,181,648		1,181,648	(235,628)	946,020			21
22	Employee Benefits & Payroll Taxes			1,544,181	1,544,181	69,326	1,613,507		1,613,507			22
23	Inservice Training & Education			8,927	8,927		8,927		8,927			23
24	Travel and Seminar			1,145	1,145		1,145		1,145			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			1,141,298	1,141,298		1,141,298		1,141,298			26
27	Other (specify):*							(1,012)	(1,012)			27
28	TOTAL General Administration	834,094	91,472	4,147,744	5,073,310	(220,952)	4,852,358	(380,340)	4,472,018			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	11,005,351	1,245,933	4,940,493	17,191,777	(200,878)	16,990,899	(383,712)	16,607,187			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			689,462	689,462	23,606	713,068		713,068			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			2,671,778	2,671,778	177,272	2,849,050	(2,673,816)	175,234			32
33	Real Estate Taxes			798,504	798,504		798,504		798,504			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			45,547	45,547		45,547		45,547			35
36	Other (specify):*											36
37	TOTAL Ownership			4,205,291	4,205,291	200,878	4,406,169	(2,673,816)	1,732,353			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,023,354		1,023,354		1,023,354		1,023,354			39
40	Barber and Beauty Shops			17,820	17,820		17,820		17,820			40
41	Coffee and Gift Shops	1,656			1,656		1,656		1,656			41
42	Provider Participation Fee			296,712	296,712		296,712		296,712			42
43	Other (specify):* IV X-Ray & Lab		(26,557)	147,048	120,491		120,491		120,491			43
44	TOTAL Special Cost Centers	1,656	996,797	461,580	1,460,033		1,460,033		1,460,033			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	11,007,007	2,242,730	9,607,364	22,857,101		22,857,101	(3,057,528)	19,799,573			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	\$	10	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(3,372)	2		4
5	Telephone, TV & Radio in Resident Rooms		21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds	(232)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(233)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(1,012)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,430)	21		18
19	Entertainment				19
20	Contributions	(7,847)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(59,136)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(228,097)	21		24
25	Fund Raising, Advertising and Promotional	(61,386)	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	(2,694,783)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (3,057,528)		\$	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)		10a	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (3,057,528)		37

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

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

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Activity Income	\$	11	1
2	Misc. Income	(2,881)	21	2
3	Vending Income	(1,178)	21	3
4	Donations Revenue		21	4
5	Accounting/Collection Fees	(16,908)	19	5
6	Collection Agency		19	6
7	Loss on Disposal of Fixed Asset		36	7
8	HCP Lease Interest	(2,673,816)	32	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(2,694,783)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Elk Grove Vill # 0049387 Report Period Beginning: 06/01/15 Ending: 05/31/16

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(3,372)	0	0	0	0	0	0	0	0	0	0	(3,372)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(3,372)	0	0	0	0	0	0	0	0	0	0	(3,372)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(76,044)	0	0	0	0	0	0	0	0	0	0	(76,044)	19
20	Fees, Subscriptions & Promotions	(61,386)	0	0	0	0	0	0	0	0	0	0	(61,386)	20
21	Clerical & General Office Expenses	(241,898)	0	0	0	0	0	0	0	0	0	0	(241,898)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(1,012)	0	0	0	0	0	0	0	0	0	0	(1,012)	27
28	TOTAL General Administration	(380,340)	0	0	0	0	0	0	0	0	0	0	(380,340)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(383,712)	0	0	0	0	0	0	0	0	0	0	(383,712)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Elk Grove Vill # 0049387 Report Period Beginning: 06/01/15 Ending: 05/31/16

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,673,816)	0	0	0	0	0	0	0	0	0	0	(2,673,816)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(2,673,816)	0	0	0	0	0	0	0	0	0	0	(2,673,816)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(3,057,528)	0	0	0	0	0	0	0	0	0	0	(3,057,528)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
HCR Manor Care, LLC	100			HCR Manor Care 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

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 Schedule V		2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
			Item		Name of Related Organization				
1	V	See	Home Office Allocation	\$ 799,860	HCR Manor Care Services, LLC	100.00%	\$ 799,860	\$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	11,007,007	Heartland Employment Services, LLC	100.00%	11,007,007		4
5	V	10a	Therapy Management	22,040	Heartland Rehabilitation Services, LLC	100.00%	22,040		5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 11,828,907			\$ 11,828,907	\$ *	14

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

Facility Name & ID Number

Manorcare of Elk Grove Vill

0049387

Report Period Beginning:

06/01/15

Ending:

05/31/16

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 of Hinsdale IL, LLC	Hinsdale				15
16			Manor Care of Homewood IL, LLC	Homewood				16
17			Manor Care of Kankakee IL, LLC	Kankakee				17
18			Manor Care of Libertyville IL, LLC	Libertyville				18
19			Manor Care of Naperville IL, LLC	Naperville				19
20			Manor Care of Northbrook IL, LLC	Northbrook				20
21			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				21
22			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				22
23			Manor Care of Palos Heights (West) IL, LLC	Palos Heights				23
24			Manor Care of Palos Heights (East) IL, LLC	Palos Heights				24
25			Manor Care of Rolling Meadows IL, LLC	Rolling Meadows				25
26			Manor Care of South Holland IL, LLC	South Holland				26
27			Manor Care of Westmont IL, LLC	Westmont				27
28			Manor Care of Wilmette IL, LLC	Wilmette				28
29			Arden Courts of Elk Grove Village IL, LLC	Elk Grove Village				29
30			Arden Courts of Geneva IL, LLC	Geneva				30

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				1
2			Arden Courts of Hazel Crest IL, LLC	Hazel Crest				2
3			Arden Courts of Northbrook IL, LLC	Northbrook				3
4			Arden Courts of Palos Heights IL, LLC	Palos Heights				4
5			Arden Courts of South Holland IL, LLC	South Holland				5
6								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 Elk Grove Vill# 0049387

Report Period Beginning:

06/01/15Ending: 05/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization

HCR Manor Care Services LLC

Street Address

333 North Summit Street

City / State / Zip Code

Toledo, OH 43604-2617

Phone Number

(419) 252-5500

Fax Number

(419) 254-5495

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

1	2	3	4	5	6	7	8	9	
Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
Line	Item	(i.e., Days, Direct Cost, Square Feet)	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference				Allocated Among	Allocated	in Column 6			
1	5	Utilities - Pooled	Accumulated Cost	559 NFs, HHs, & Re	\$ 818,127	\$	22,104,516	\$ 4,608	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	357 NFs			22,104,516	0	2
3	5	Utilities - Direct to West Div SNFs	Accumulated Cost	85 NFs			22,104,516	0	3
4									4
5	10	Nursing - Pooled	Accumulated Cost	559 NFs, HHs, & Re	314,713	212,796	22,104,516	1,773	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	357 NFs	2,144,378	1,338,476	22,104,516	13,693	6
7	10	Nursing - Direct to West Div SNFs	Accumulated Cost	85 NFs			22,104,516	0	7
8									8
9	17	Gen/Admin-Pooled	Accumulated Cost	559 NFs, HHs, & Re	60,268,030	28,103,285	22,104,516	339,443	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	357 NFs	14,494,897	5,630,812	22,104,516	92,562	10
11	17	Gen/Admin-Direct to West Div SN	Accumulated Cost	85 NFs	3,257,281		22,104,516	77,577	11
12									12
13	22	Empl Bnfts-Pooled	Accumulated Cost	559 NFs, HHs, & Re	5,205,729		22,104,516	29,320	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	357 NFs	6,264,775		22,104,516	40,006	14
15	22	Empl Bnfts-Direct to West Div SN	Accumulated Cost	85 NFs			22,104,516	0	15
16									16
17	30	Depreciation - Pooled	Accumulated Cost	559 NFs, HHs, & Re	3,394,861		22,104,516	19,121	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	357 NFs	702,366		22,104,516	4,485	18
19	30	Depr - Direct to West Div SNFs	Accumulated Cost	85 NFs			22,104,516	0	19
20									20
21									21
22	32	Pooled Interest	Accumulated Cost		28,376,750		22,104,516	159,824	22
23	32	Directly Assigned Interest	Not Allocated		18,868,647			17,448	23
24		H/O Costs Allocated to Non-SNFs and Other Divisions			33,166,797				24
25	TOTALS				\$ 177,277,351	\$ 35,285,370		\$ 799,860	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				\$ 241,832	\$ 231,066		0.0755	\$ 17,448	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7	Pooled Interest										159,824	7
8	Interest Expense / Interest Income										(2,038)	8
9	TOTAL Facility Related						\$ 241,832	\$ 231,066			\$ 175,234	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$	14
15	TOTALS (line 9+line14)						\$ 241,832	\$ 231,066			\$ 175,234	15

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

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

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

FACILITY NAME Manorcare of Elk Grove Vill COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049387

CONTACT PERSON REGARDING THIS REPORT Jeff Lewandowski

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

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.

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.

A. Square Feet:

70,963

B. General Construction Type:

Exterior

Masonry

Frame

Steel

Number of Stories

1

C. Does the Operating Entity?

☐

(a) Own the Facility

☐

(b) Rent from a Related Organization.

☒

(c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☐

(a) Own the Equipment

☐

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

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

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

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	Facility		1990	\$ 853,628	1
2					2
3	TOTALS			\$ 853,628	3

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	120			1990	\$ 5,025,494	\$ 204,195		\$ 204,195	\$	\$ 4,456,074	4
5	60			1996	1,726,800						5
6	10			2000	1,063,936						6
7	5/31/2003 Audit Adjustment			2000	(277,211)						7
8				2009	631,865						8
	Improvement Type**										
9	Current Year Depreciation					242,687		242,687		3,348,592	9
10				1990	12,954						10
11				1991	41,034						11
12				1992	89,111						12
13				1993	29,775						13
14				1994	18,939						14
15				1995	182,383						15
16				1996	485,188						16
17				1997	111,890						17
18				1998	127,587						18
19				1999	60,314						19
20				2000	68,449						20
21				2001	5,850						21
22				2002	53,586						22
23				2003	60,867						23
24				2004	183,295						24
25											25
26	CARPETING & DELIVERY OF CARPETTING			2005	2,435						26
27	REBUILD SHOWER STALLS (5)			2006	14,000						27
28	VWC, BASE, & CEILING TILES IN BREAK ROOM			2006	2,470						28
29	Ceramic Tile - Wall/Floor			2006	3,300						29
30	Wallcovering			2006	3,605						30
31	Plumbing Work on Sprinkler System			2006	4,727						31
32	Architecture/Engineering for Parking Lot			2007	9,285						32
33	Drywall Work			2007	8,378						33
34	DOOR HOLDER & CLOSER			2007	1,556						34
35	DOOR HOLDER & CLOSER			2007	1,869						35
36	Renov. - Carpeting & Pad			2007	1,742						36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Manorcare of Elk Grove Vill

0049387

Report Period Beginning:

06/01/15

Ending:

05/31/16

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	Renov. - Wallcovering	2007	\$ 84,542	\$		\$	\$	37
38	Renov. - Carpentry - Subtractor	2007	38,200					38
39	Renov. - Basic Electrical	2007	7,626					39
40	Renov. - HM Doors & Frames	2007	10,505					40
41	Renov. - Generator, Permit	2007	3,096					41
42	Renov. - Basic Electrical	2007	9,357					42
43	Renov. - Generator, Engineering	2007	13,539					43
44	Renov. - Parking Lot Expansion & Landscaping	2007	83,045					44
45	BLACKTOP PATCHING	2007	12,078					45
46	Roofing	2008	7,221					46
47	Roofing - additional	2008	802					47
48	Generator - Installation & Materials	2008	36,317					48
49	Generator - Equipment	2008	10,814					49
50	Generator - Installation & Materials	2008	62,613					50
51	Renov. - CORRIDOR DOORS (35)	2008	50,575					51
52	CO2 Detectors & Control Panel	2008	11,781					52
53	Generator - Equipment	2008	63,883					53
54	Storm Drain Enhancements	2008	4,100					54
55	Sealcoating & Restriping	2008	13,362					55
56	Renov. - Internet Café Construction (Contracted Total)	2009	88,371					56
57	Double Egress Kitchen Doors	2009	6,076					57
58	Renov. - Carpentry	2009	76,000					58
59	Renov. - Millwork (Hand Rails)	2009	14,910					59
60	Renov. - Electrical (Light Fixtures)	2009	5,990					60
61	Renov. - Carpet	2009	6,195					61
62	Renov. - Wallcovering, Corner Guards	2009	8,076					62
63	Generator - Installation & Materials	2009	11,108					63
64	Renov. - Carpentry	2009	45,000					64
65	Renov. - Millwork (Hand Rails)	2009	16,827					65
66	Renov. - Carpet	2009	9,331					66
67	Renov. - Wallcovering	2009	9,237					67
68								68
69								69
70	TOTAL (lines 4 thru 69)		\$ 10,576,050	\$ 446,882		\$ 446,882	\$ 7,804,666	70

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

Facility Name & ID Number Manorcare of Elk Grove Vill

0049387

Report Period Beginning:

06/01/15

Ending:

05/31/16

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,576,050	\$ 446,882		\$ 446,882	\$	\$ 7,804,666	1
2	<u>THERAPY ADD - SOIL TESTING</u>	2009	600						2
3	<u>THERAPY ADD - CONCRETE TESTING</u>	2009	2,155						3
4	<u>THERAPY ADD - SITE PREPARATION</u>	2009	240,173						4
5	<u>THERAPY ADD - LANDSCAPING</u>	2009	14,240						5
6	<u>LIGHTPOLE W/ CONCRETE BASE</u>	2009	5,483						6
7	<u>THERAPY ADD - ARCH & ENGINEER COST</u>	2009	56,780						7
8	<u>THERAPY ADD - ARCHITECT REIMB EXTER</u>	2009	7,886						8
9	<u>THERAPY ADD - ENGINEERING - CIVIL</u>	2009	4,740						9
10	<u>THERAPY ADD - INTERIOR DESIGN CONSULTANT</u>	2009	102,773						10
11	<u>THERAPY ADD - LANDSCAPE DESIGN CONSULTANT</u>	2009	8,487						11
12	<u>THERAPY ADD - PLAN REVIEWS</u>	2009	8,853						12
13	<u>THERAPY ADD - SALES USE TAX</u>	2009	22						13
14	<u>THERAPY ADD - WALL COVERING</u>	2009	14,602						14
15	<u>THERAPY ADD - CORNER GUARDS</u>	2009	1,548						15
16	<u>THERAPY ADD - TV IN PT WAITING ROOM</u>	2010	1,745						16
17	<u>THERAPY ADD - CRASH RAIL</u>	2010	3,941						17
18	<u>PAINTING FOR NOURISHMENT</u>	2009	3,800						18
19	<u>10 DOORS</u>	2009	27,900						19
20	<u>CARPETING</u>	2009	1,040						20
21	<u>HM DOOR</u>	2009	4,867						21
22	<u>HM DOOR</u>	2010	4,830						22
23	<u>C-WING SPRINKLERS</u>	2010	25,181						23
24	<u>3808 C WING REHAB RENO - CARPENTRY</u>	2009	43,296						24
25	<u>3808 C WING REHAB RENO - HM DOORS & FRAMES</u>	2009	3,324						25
26	<u>3808 C WING REHAB RENO - ELECTRICAL</u>	2009	6,930						26
27	<u>3808 C WING REHAB RENO - CORNER GUARDS</u>	2009	268						27
28	<u>2107 GENERATOR REPLACE - LABOR & MATERIALS</u>	2009	25,804						28
29	<u>1409 SPRINKLER HEADS - SPRINKLERS</u>	2009	32,500						29
30	<u>1809 INTERIOR RENO - FLOORING</u>	2010	1,906						30
31	<u>1809 INTERIOR RENO - CARPETING</u>	2010	9,289						31
32	<u>1809 INTERIOR RENO - WALL COVERING</u>	2010	45,056						32
33	<u>1809 INTERIOR RENO - ELECTRICAL</u>	2010	1,984						33
34	TOTAL (lines 1 thru 33)		\$ 11,288,053	\$ 446,882		\$ 446,882	\$	\$ 7,804,666	34

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

Facility Name & ID Number Manorcare of Elk Grove Vill

0049387

Report Period Beginning:

06/01/15

Ending:

05/31/16

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		\$ 11,288,053	\$ 446,882		\$ 446,882	\$	\$ 7,804,666	1
2	1809 INTERIOR RENOVATION - Wall Covering	2010	44,154						2
3	HM Doors	2010	10,350						3
4	0910 HERITAGE RENOVATION - Lobby Finishes	2010	76,149						4
5	0910 HERITAGE RENOVATION - Carpeting & Pads	2010	8,725						5
6	0910 HERITAGE RENOVATION - Wall Covering	2010	8,753						6
7	0910 HERITAGE RENOVATION - Corner Guards	2010	2,827						7
8	0910 HERITAGE RENOVATION - Millwork	2010	15,549						8
9	0910 HERITAGE RENOVATION - Basic Electrical	2010	8,612						9
10	SMOKE DETECTOR SYSTEM	2011	10,890						10
11	1211 C-WING RES BTHRM HEATERS	2011	18,560						11
12	HM DOORS - ASST ADMIN OFFICE & BATHROOM	2011	19,050						12
13	DRAINAGE SYSTEM (COURTYARD)	2011	28,203						13
14	300 FT OF SEWER PIPING	2011	27,190						14
15	concrete walk sections	2011	14,426						15
16	CABINETS (NOURISHMENT RM)	2011	3,969						16
17	ELEC HEATERS IN LAUNDRY/RMS 421/141/C-WING SHOWI	2011	14,233						17
18	208 volt 30 amp circuit (steam	2011	2,153						18
19	HERITAGE WING RENOV - GEN OVERHEAD & INTEREST	2011	79,909						19
20	HERITAGE WING RENOV - RESILIENT FLOORING	2011	109,165						20
21	HERITAGE WING RENOV - CARPETING	2011	21,188						21
22	HERITAGE WING RENOV - WALLCOVERING	2011	85,740						22
23	HERITAGE WING RENOV - BASIC ELECTRICAL	2011	25,016						23
24	SHOWER RENOVATIONS HERITAGE WING	2011	4,857						24
25	PLANTER BOXES, ADDL CONCRETE FOR COURTYARD	2011	3,375						25
26	SPRINKLER PIPING	2012	15,836						26
27	DOUBLE DOORS @ STORAGE SHED	2012	2,915						27
28									28
29	FIRE DAMPERS in C-Wing	2012	13,320						29
30	5 DOORS-rms 115, 126, 320 ,328, & DCD office	2012	17,084						30
31	PATIO CANOPY	2012	2,086						31
32	Roof	2012	39,130						32
33	MINOR KITCHEN RENOV - flooring	2012	9,804						33
34	TOTAL (lines 1 thru 33)		\$ 12,031,271	\$ 446,882		\$ 446,882	\$	\$ 7,804,666	34

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

Facility Name & ID Number Manorcare of Elk Grove Vill

0049387

Report Period Beginning:

06/01/15

Ending:

05/31/16

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,031,271	\$ 446,882		\$ 446,882	\$	\$ 7,804,666	1
2	MINOR KITCHEN RENOV -tile	2012	2,280						2
3	FIRE SPRINKLER UPGRADE	2012	14,504						3
4	FLOORING-employee baths	2012	6,785						4
5	PIPE INSULATION - in janitors closets	2013	4,860						5
6	DOORWAY UPGRADE to kitchen entrance	2013	7,443						6
7	DOORS - PAT RM/CORR @ rm 118-119, 308, 313, & conf room.								7
8	A-Wing hallway and central bath	2013	22,752						8
9	5 Fire Doors- RM 111, C-WING SHWR RM, SPEECH THERAPY, BOM OFFICE								9
10	AND FRONT OFC HALL	2013	24,401						10
11	repairs on 3 smoke walls due to penetrations found during life safety survey								11
12	-sprinkler piping, PVC piping & data cables.	2013	17,019						12
13	ELECTRIC UPGRADES-DISH MACHINE	2014	3,631						13
14	ELECTRIC UPGRADES-DISH MACHINE ADDITIONAL	2014	1,090						14
15	Wall Mounted Workstation in dietary mgr ofc	2014	2,770						15
16	UPGRADE FIRESTOPPING at 5 smoke walls & elec rm at data lines, sprinkler piping, conduits, ducktwork.								16
17	Install new EZ path devices around data and TV cabling	2014	29,700						17
18	WINDOW UPGRADES IN 14 RESIDENT ROOMS	2013	5,950						18
19	ELECTRIC UPGRADES-MAINT OFF A/C	2014	2,455						19
20	SMOKE WALL ADD'L to firestop around cluster of plumbing pipes penetrating								20
21	smoke wall above ceiling	2014	2,200						21
22	FIRE DOORS at B-Wing Shower room, Womans restrm by room 300, and								22
23	soiled utility	2014	8,158						23
24									24
25	4 ton 3 phase 460V compressor	2014	2,030						25
26	compressor / contactor for HVAC	2014	3,142						26
27	VALVE-plumbing repairs showers	2014	3,642						27
28	MOTOR-RTU #3	2014	1,465						28
29	CO2 DETECTORS	2015	4,266						29
30	Compressor HVAC	2014	2,801						30
31	PARKING LOT SEALING UPGRADES	2014	54,079						31
32	FIRESTOPPING -11-3inx3in EZ path devices at smoke walls to be used for new fire alarm cabling								32
33		2014	8,828						33
34	TOTAL (lines 1 thru 33)		\$ 12,267,520	\$ 446,882		\$ 446,882	\$	\$ 7,804,666	34

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

Facility Name & ID Number Manorcare of Elk Grove Vill

0049387

Report Period Beginning:

06/01/15

Ending:

05/31/16

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,267,520	\$ 446,882		\$ 446,882	\$	\$ 7,804,666	1
2	<u>FIRESTOPPING main svc hall, mech rm by 400 in main</u>	2014	26,512						2
3	<u>GEN ELEC UPGRADES</u>	2014	9,248						3
4	<u>60 lineal ft 4" perf sewer grade drainage pipe & 2 downspouts</u>	2014	8,046						4
5	<u>roof repairs</u>	2014	1,620						5
6	<u>conculting on fire alarm system</u>	2014	1,500						6
7	<u>Renov - Wallcovering</u>	2015	2,700						7
8	<u>Renov - Basic eletrical</u>	2015	4,003						8
9	<u>tile kitchen sink area</u>	2015	2,924						9
10	<u>WATER HEATER</u>	2015	9,420						10
11	<u>CIRCUIT-life safty corrections</u>	2015	12,642						11
12	<u>SPRINKLER PIPE</u>	2015	2,233						12
13	<u>renov - fire alarm system</u>	2015	146,022						13
14	<u>FIRE WALL ext internet café</u>	2015	17,790						14
15	<u>demo /renov med prep room in A Wing</u>	2015	7,109						15
16									16
17	<u>painting in main dining room</u>	2015	2,585						17
18	<u>new hollow metal doors @ employee lounge, corridor by rm 112, & dbl egress doors by library.</u>								18
19	<u>New Arcovyn door on rm 401.</u>	2015	11,650						19
20	<u>thermometer & solenoid valve on hot water supply in Maint Ofc & boiler rm near Kitchen</u>								20
21	<u>'and C-wing on tempering valve in mechanical rm.</u>	2015	6,290						21
22	<u>wiring & conduit for new 120V circuit @ boiler rm near kitchen, Maint Ofc</u>								22
23	<u>& C-Wing Mechanical Rm</u>	2015	2,707						23
24	<u>24V wall magnets in main corridors: for DCD Ofc door, "A" wing & Speech ofc door.</u>								24
25	<u>auto close if the smoke detectors go off in rms /halls.</u>	2015	2,640						25
26	<u>grout/caulk 4 shower bays in A-wing shower & one bay in B-Wing shower.</u>								26
27	<u>Repair wall in rm 109</u>	2015	2,730						27
28	<u>new floors for walk in cooler and freezer</u>	2015	12,297						28
29	<u>repair wiring/conduit on W pole light. Inst new feed to S pole near</u>								29
30	<u>main entrance</u>	2015	9,289						30
31	<u>repld leaking fire sprinkler pipes above sprinkler rm hatch</u>	2015	4,217						31
32	<u>repair/replace quarry tile floor in kitchen due to breakage</u>	2015	7,238						32
33	<u>3 phase 42 ciruit 100 amp kitchen steamer panel replmt</u>	2015	14,762						33
34	TOTAL (lines 1 thru 33)		\$ 12,595,693	\$ 446,882		\$ 446,882	\$	\$ 7,804,666	34

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

Facility Name & ID Number Manorcare of Elk Grove Vill

0049387

Report Period Beginning:

06/01/15

Ending:

05/31/16

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		\$ 12,595,693	\$ 446,882		\$ 446,882	\$	\$ 7,804,666	1
2	Solenoids & aqua-stats: main boiler rm, maint shop, & mech rm -Medbridge South.								2
3	Shower valve in maint shop.	2015	4,778						3
4	metal framing to create 2 new linen closets in main hall: Medbridge North by DCD ofc								4
5	& "A" wing Nurse station	2015	6,755						5
6	repl 2 squares of concrete patio & mud-jack 7 squares to level	2015	4,370						6
7	hollow metal exterior door & frame w sidelight @ #7 Exit door north end								7
8	of "B" wing	2015	5,960						8
9	hollow metal exterior door & frame w sidelight @ #3 Exit door north end								9
10	of Medbridge South.	2015	6,735						10
11	repair 6x8 ft area quarry floor tile in kitchen due to plumbing	2015	2,350						11
12	replace rotted /broken kitchen drain pipe	2015	5,410						12
13	mixing valve on hot water tank in Mech rm	2015	8,452						13
14	4 ton heat pump for service hall	2015	7,500						14
15	FREEZER DOOR	2015	3,885						15
16	intercom master stations: medbridge & "A" nurse station	2015	3,785						16
17	inspect, clean, exercise and replace fusible link in approx 400 fire dampers								17
18	throughout the facility	2015	24,650						18
19	replaced mixing valve and expansion tank in boiler room	2016	9,414						19
20	repaired steam table drain line	2016	5,410						20
21	relocate door op from LS panel to CR panel in Main electl rm	2016	2,210						21
22	replaced P-trap & drain in oven area of kitchen	2016	5,515						22
23	inst new copper refrigeration lines above ground @ Medbridge N nurses								23
24	station	2016	2,035						24
25	compressor & accumulator for 7.5 ton heat pump unit for Medbridge								25
26	North unit	2016	4,900						26
27	fire stopping on smoke wall #1; PT, rm 102, Smoke wall #5-rm 400- lounge,								27
28	smoke wall #7- Soc Svc-PT Storage	2016	24,510						28
29	apprpox 40 ft roof ridge vent repairs	2016	2,090						29
30	36 new fire dampers to repl defective ones: A3, A6, A12-13, A23-24, A41, S405, B407, B410, C187, C192, C194, C201, C300, C306-307, C326, C328,								30
31	T93, T97, T103, T106, T150, T153-154-155A, T230, T233,								31
32	M64, M67-68, M228-229.	2016	10,440						32
33	dry fire sprinkler pipe repairs on 15A system.	2016	1,160						33
34	TOTAL (lines 1 thru 33)		\$ 12,748,007	\$ 446,882		\$ 446,882	\$	\$ 7,804,666	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 4,333,241	\$ 242,580	\$ 242,580	\$		\$ 3,862,910	71
72	Current Year Purchases	115,086						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			23,606	23,606			74
75	TOTALS	\$ 4,448,327	\$ 242,580	\$ 266,186	\$ 23,606		\$ 3,862,910	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				\$	\$	\$	\$		\$
77									
78									
79									
80	TOTALS			\$	\$	\$	\$		\$

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)			\$	18,049,962
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	689,462
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	713,068
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	23,606
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	11,667,576

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		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
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: \$ 45,547
- Description: O2 Concentrators, Wheelchairs, Geri Chairs, Elec. Beds, Etc.
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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

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

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

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

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

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

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a	16606 hrs	\$ 672,621		\$	1,241	16,606	\$ 673,862	1
2	Licensed Speech and Language Development Therapist	10a	3564 hrs	144,375			1,157	3,564	145,532	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	18175 hrs	736,192			14,162	18,175	750,354	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39, 2	# of prescrpts				1,023,354		1,023,354	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Inhalation Therapist	10a	512	20,734	1,046	55,413		1,558	76,147	12
13	Other (specify): IV Therapy/X-Ray/Lab	43, 2 & 3				147,048	(26,557)		120,491	13
14	TOTAL			\$ 1,573,922	1,046	\$ 202,461	\$ 1,013,357	39,903	\$ 2,789,740	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.

XV. BALANCE SHEET - Unrestricted Operating Fund.

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 32,839	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (723,144))	2,365,216		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	6,949		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,405,004	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	853,628		13
14	Buildings, at Historical Cost	12,748,007		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,448,327		16
17	Accumulated Depreciation (book methods)	(11,667,576)		17
18	Deferred Charges	14,580,372		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify) OMIT	114,139		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 21,076,897	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 23,481,901	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 306,263	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	1,126,656		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	729,857		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable	202,319		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,365,095	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	231,066		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 231,066	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,596,161	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 20,885,740	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 23,481,901	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 21,249,881	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 21,249,881	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(166,189)	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)	\$ (166,189)	17
	B. Transfers (Itemize):		
18	Change in Interdivision	(197,952)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (197,952)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 20,885,740	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Manorcare of Elk Grove Vill

0049387

Report Period Beginning: 06/01/15

Ending: 05/31/16

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 23,871,818	1
2	Discounts and Allowances for all Levels	(12,261,500)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,610,318	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	8,550,955	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 8,550,955	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	2,190	12
13	Barber and Beauty Care	24,657	13
14	Non-Patient Meals	3,372	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,128,211	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	87,755	19
20	Radiology and X-Ray	154,206	20
21	Other Medical Services	125,147	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,525,538	23
	D. Non-Operating Revenue		
24	Contributions	988	24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 988	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income & Purchase Discount	3,113	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,113	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 22,690,912	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,193,479	31
32	Health Care	9,924,988	32
33	General Administration	5,073,310	33
	B. Capital Expense		
34	Ownership	4,205,291	34
	C. Ancillary Expense		
35	Special Cost Centers	1,163,321	35
36	Provider Participation Fee	296,712	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 22,857,101	40
41	Income before Income Taxes (line 30 minus line 40)**	(166,189)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (166,189)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 4,008,384	44
45	Private Pay - Net Inpatient Revenue	2,090,266	45
46	Medicare - Net Inpatient Revenue	4,726,558	46
47	Other-(specify) <u>Hospice</u>	177,951	47
48	Other-(specify) <u>Insurance</u>	607,159	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,610,318	49

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

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

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

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

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,010	2,167	\$ 109,712	\$ 50.63	1
2	Assistant Director of Nursing	8,174	8,812	332,790	37.77	2
3	Registered Nurses	82,817	89,280	3,220,889	36.08	3
4	Licensed Practical Nurses	16,337	17,612	444,280	25.23	4
5	CNAs & Orderlies	143,532	155,120	2,122,237	13.68	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	41,896	45,171	1,829,669	40.51	7
8	Rehab/Therapy Aides	18,207	19,631	519,005	26.44	8
9	Activity Director	10,498	11,328	173,686	15.33	9
10	Activity Assistants					10
11	Social Service Workers	11,655	12,576	352,236	28.01	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	38,712	41,772	601,151	14.39	15
16	Dishwashers					16
17	Maintenance Workers	3,282	3,543	99,261	28.02	17
18	Housekeepers	18,322	19,766	257,043	13.00	18
19	Laundry	8,399	9,060	92,134	10.17	19
20	Administrator	2,080	2,080	121,402	58.37	20
21	Assistant Administrator	1,066	1,066	46,022	43.17	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	21,260	23,208	666,670	28.73	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	1,221	1,315	17,164	13.05	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Hospitality</u>	158	170	1,656	9.74	33
34	TOTAL (lines 1 - 33)	429,626	463,677	\$ 11,007,007 *	\$ 23.74	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	25,700	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)		\$ 25,700		49

C. CONTRACT NURSES

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

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

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount	
Brian Gross	Sr. Administrator	0	\$ 35,090	Workers' Compensation Insurance		\$ 69,762	IDPH License Fee	\$ 3,980	
Tammy Wagner	Administrator	0	86,312	Unemployment Compensation Insurance		117,394	Advertising: Employee Recruitment	39,411	
Jennifer Miller	Asst. Admin.	0	31,614	FICA Taxes		797,578	Health Care Worker Background Check		
Martin Krahl	Asst. Admin.	0	14,408	Employee Health Insurance		490,292	(Indicate # of checks performed 799)	17,656	
				Employee Meals			Patient Background Checks	768 7,680	
				Illinois Municipal Retirement Fund (IMRF)*			Dues & Subscriptions	8,448	
				Disability Payments			Association Dues	13,781	
				401K		44,313	Advertising	55,005	
TOTAL (agree to Schedule V, line 17, col. 1)				Empl Appr, LT Incent, & Oth Benefits		14,794	Other Licensesand Permits	552	
(List each licensed administrator separately.)			\$ 167,424	Tuition Program		(515)	Less: Non-Allowable Association Dues	(6,381)	
B. Administrative - Other				SMSP Match		3,032	Less: Public Relations Expense	()	
Description			Amount	Employee Uniforms		7,531	Non-allowable advertising	(55,005)	
Various Home Office Services - See Page 8 for breakdown			\$ 799,860	Home Office Allocation		69,326	Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 799,860	TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,613,507	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 85,127
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
C. Professional Services				Description	Line #	Amount	Description	Amount	
Vendor/Payee	Type		Amount				Out-of-State Travel	\$	
Anspach Meeks Ellenberger LLP	Legal Fees		\$ 69			\$			
Elvidge Kelley Attty @ Law	Legal Fees		5,300						
Greenberg Traurig/Kathleen Kolodgy	Legal Fees		23,289						
Polsinelli Shughart PC/SNF Global	Legal Fees		30,478				In-State Travel	1,145	
(Legal Fees wre adjusted off via Page 5, Line 22; therefore no invoices are attached)							Includes travel expense to the Home Office in Toledo, OH for regional meetings		
Meyers & Flowers LLC	Collection Services		9,643						
National Eligibility Solutions	Collection Services		60						
Transworld Systems Inc	Collection Services		4,210				Seminar Expense		
Weltman Weinberg & Reis Co LPA	Collection Services		2,995						
(Collection Costs were adjusted off via Page 5a, Line 5)									
MPRO	H/R Consulting		6,270						
(Consulting Fees reclassified to Line 21)							Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			\$	(agree to Sch. V, line 24, col. 8)	
(For legal fee disclosure, see page 39 of instructions)			\$ 82,314				TOTAL	\$ 1,145	

*** Attach copy of IMRF notifications**

****See instructions.**

Facility Name & ID Number <u>Manorcare of Elk Grove Vill</u>	STATE OF ILLINOIS # <u>0049387</u>	Report Period Beginning: <u>06/01/15</u>	Ending: <u>05/31/16</u>
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XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? NO

(2) Are there any dues to nursing home associations included on the cost report? YES
 If YES, give association name and amount. ICHA \$4,695 & ACHA \$2,706

(3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____

(5) Have you properly capitalized all major repairs and equipment purchases? YES
 What was the average life used for new equipment added during this period? 5-10 YEARS

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 113,568 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. \$ 296,712
 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 benefit on Schedule V. \$ N/A Has any meal income been offset against related costs? YES Indicate the amount. \$ 3,372

(16) Travel and Transportation
 a. Are there costs included for out-of-state travel? NO
 If YES, attach a complete explanation.
 b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
 c. What percent of all travel expense relates to transportation of nurses and patients? N/A
 d. Have vehicle usage logs been maintained? N/A
 e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
 f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____

(17) Has an audit been performed by an independent certified public accounting firm? NO
 Firm Name: _____

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

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. NO
 Attach invoices and a summary of services for all architect and appraisal fees