

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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: <u>0049445</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																																																																																							
Facility Name: <u>Manorcare of Hinsdale</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>06/01/2019</u> to <u>05/31/2020</u> 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.																																																																																							
Address: <u>600 West Ogden Ave</u> <u>Hinsdale</u> <u>60521</u>																																																																																									
Number City Zip Code																																																																																									
County: <u>DuPage</u>																																																																																									
Telephone Number: <u>(630) 325-9630</u> Fax # <u>(630) 325-9648</u>																																																																																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) <u>Martin D. Allen</u></td></tr><tr><td>(Title) <u>Director</u></td></tr><tr><td>(Date) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Signed) _____</td></tr><tr><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name & Address) _____</td></tr><tr><td colspan="2">Date of Initial License for Current Owners: <u>11/01/81</u></td><td colspan="2">(Telephone) <u>()</u> Fax # <u>()</u></td></tr><tr><td colspan="2">Type of Ownership:</td><td colspan="2">MAIL TO: BUREAU OF HEALTH FINANCE</td></tr><tr><td colspan="2"><table><tr><td>☒</td><td>VOLUNTARY, NON-PROFIT</td><td>☐</td><td>PROPRIETARY</td><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☒</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td colspan="2">IRS Exemption Code <u>501(c)(3)</u></td><td>☐</td><td>Corporation</td><td>☐</td><td>Other _____</td></tr><tr><td colspan="2"></td><td>☐</td><td>"Sub-S" Corp.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td>☐</td><td>Limited Liability Co.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td>☐</td><td>Trust</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Other _____</td><td colspan="2"></td></tr></table></td><td colspan="2"></td></tr><tr><td colspan="2">In the event there are further questions about this report, please contact:</td><td colspan="2">ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</td></tr><tr><td colspan="2">Name: <u>a. Dean Shipman</u></td><td colspan="2">201 S. Grand Avenue East</td></tr><tr><td colspan="2">Telephone Number: <u>(419) 254-7841</u></td><td colspan="2">Springfield, IL 62763-0001</td></tr><tr><td colspan="2">Email Address: _____</td><td colspan="2">Phone # (217) 782-1630</td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>Martin D. Allen</u>	(Title) <u>Director</u>	(Date) _____	Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) _____	Date of Initial License for Current Owners: <u>11/01/81</u>		(Telephone) <u>()</u> Fax # <u>()</u>		Type of Ownership:		MAIL TO: BUREAU OF HEALTH FINANCE		<table><tr><td>☒</td><td>VOLUNTARY, NON-PROFIT</td><td>☐</td><td>PROPRIETARY</td><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☒</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td colspan="2">IRS Exemption Code <u>501(c)(3)</u></td><td>☐</td><td>Corporation</td><td>☐</td><td>Other _____</td></tr><tr><td colspan="2"></td><td>☐</td><td>"Sub-S" Corp.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td>☐</td><td>Limited Liability Co.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td>☐</td><td>Trust</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Other _____</td><td colspan="2"></td></tr></table>		☒	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL	☒	Charitable Corp.	☐	Individual	☐	State	☐	Trust	☐	Partnership	☐	County	IRS Exemption Code <u>501(c)(3)</u>		☐	Corporation	☐	Other _____			☐	"Sub-S" Corp.	_____				☐	Limited Liability Co.	_____				☐	Trust					☐	Other _____					In the event there are further questions about this report, please contact:		ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES		Name: <u>a. Dean Shipman</u>		201 S. Grand Avenue East		Telephone Number: <u>(419) 254-7841</u>		Springfield, IL 62763-0001		Email Address: _____		Phone # (217) 782-1630	
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Facility Name & ID Number Manorcare of Hinsdale

0049445 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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>202</u>	Skilled (SNF)	<u>202</u>	<u>73,932</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>202</u>	TOTALS	<u>202</u>	<u>73,932</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>20,172</u>	<u>4,371</u>	<u>28,856</u>	<u>53,399</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>20,172</u>	<u>4,371</u>	<u>28,856</u>	<u>53,399</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.23%

D. How many bed reserve days during this year were paid by the Department?
_____ (Do not include bed reserve 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 / /

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 07/25/2018 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 202 and days of care provided 15,663

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

ACCRUAL ☒ 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 Hinsdale # 0049445 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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	583,481	52,992	141	636,614		636,614		636,614			1
2	Food Purchase		412,173		412,173		412,173	(860)	411,313			2
3	Housekeeping	290,555	39,450	95	330,100		330,100		330,100			3
4	Laundry	93,613	31,744	663	126,020		126,020		126,020			4
5	Heat and Other Utilities			254,720	254,720	5,416	260,136		260,136			5
6	Maintenance	70,521	29,761	214,967	315,249		315,249		315,249			6
7	Other (specify):* Security & Waste			36,584	36,584		36,584		36,584			7
8	TOTAL General Services	1,038,170	566,120	507,170	2,111,460	5,416	2,116,876	(860)	2,116,016			8
	B. Health Care and Programs											
9	Medical Director			35,008	35,008		35,008		35,008			9
10	Nursing and Medical Records	6,603,945	547,737	688,957	7,840,639	249	7,840,888		7,840,888			10
10a	Therapy	2,714,433	20,531	51,226	2,786,190		2,786,190		2,786,190			10a
11	Activities	117,618	3,743	3,226	124,587		124,587		124,587			11
12	Social Services	244,307	723		245,030		245,030		245,030			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	9,680,303	572,734	778,417	11,031,454	249	11,031,703		11,031,703			16
	C. General Administration											
17	Administrative	129,981		737,096	867,077	(131,633)	735,444		735,444			17
18	Directors Fees											18
19	Professional Services			52,077	52,077		52,077	(52,077)				19
20	Dues, Fees, Subscriptions & Promotions			144,244	144,244		144,244	(32,898)	111,346			20
21	Clerical & General Office Expenses	588,833	92,900	1,619,159	2,300,892		2,300,892	(1,398,555)	902,337			21
22	Employee Benefits & Payroll Taxes			1,859,225	1,859,225	93,667	1,952,892		1,952,892			22
23	Inservice Training & Education			7,136	7,136		7,136		7,136			23
24	Travel and Seminar			11,705	11,705		11,705		11,705			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			710,775	710,775		710,775		710,775			26
27	Other (specify):*							(601)	(601)			27
28	TOTAL General Administration	718,814	92,900	5,141,417	5,953,131	(37,966)	5,915,165	(1,484,131)	4,431,034			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	11,437,287	1,231,754	6,427,004	19,096,045	(32,301)	19,063,744	(1,484,991)	17,578,753			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			256,577	256,577	38,492	295,069		295,069			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			(6,851)	(6,851)	(6,191)	(13,042)		(13,042)			32
33	Real Estate Taxes			198,106	198,106		198,106		198,106			33
34	Rent-Facility & Grounds			2,221,714	2,221,714		2,221,714	(2,200,114)	21,600			34
35	Rent-Equipment & Vehicles			170,097	170,097		170,097		170,097			35
36	Other (specify):*											36
37	TOTAL Ownership			2,839,643	2,839,643	32,301	2,871,944	(2,200,114)	671,830			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		901,556		901,556		901,556		901,556			39
40	Barber and Beauty Shops			9,256	9,256		9,256		9,256			40
41	Coffee and Gift Shops	13,087			13,087		13,087		13,087			41
42	Provider Participation Fee			311,949	311,949		311,949		311,949			42
43	Other (specify):*		271,946	181,127	453,073		453,073		453,073			43
44	TOTAL Special Cost Centers	13,087	1,173,502	502,332	1,688,921		1,688,921		1,688,921			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	11,450,374	2,405,256	9,768,979	23,624,609		23,624,609	(3,685,105)	19,939,504			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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$	10	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(860)	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	693	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(167)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(601)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties		21		18
19	Entertainment				19
20	Contributions		21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(26,300)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(1,399,081)	21		24
25	Fund Raising, Advertising and Promotional	(32,898)	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	(2,225,891)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (3,685,105)		\$	30

BHF USE ONLY								
48		49		50		51		52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (3,685,105)		37

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exeptional 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		21	2
3	Vending Income		21	3
4	Donations Revenue		21	4
5	Accounting/Collection Fees	(25,777)	19	5
6	Collection Agency		19	6
7	Loss on Disposal of Fixed Asset		36	7
8	HCP Lease Interest		32	8
9	WT Rent Expense	(2,200,114)	34	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
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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	(2,225,891)		49

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 Home Health Care	Toledo	Nursing Staff

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	See	Home Office Allocation	\$ 737,095	HCR Manor Care Services, LLC	0.00%	\$ 737,095	\$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	11,450,375	Heartland Employment Services, LLC	0.00%	11,450,375		4
5	V								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			\$ 12,187,470			\$ 12,187,470	\$ *	14

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

Facility Name & ID Number

Manorcare of Hinsdale

0049445

Report Period Beginning:

06/01/2019

Ending:

05/31/2020

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 Galesburg IL, LLC	Galesburg				1
2			Heartland of Henry IL, LLC	Henry				2
3			Heartland of Macomb IL, LLC	Macomb				3
4			Heartland of Moline IL, LLC	Moline				4
5			Manor Care at Arlington Heights	Arlington Heights				5
6			Manor Care of Elk Grove Village IL, LLC	Elk Grove Village				6
7			Manor Care of Homewood IL, LLC	Homewood				7
8			Manor Care of Libertyville IL, LLC	Libertyville				8
9			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				9
10			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				10
11			Manor Care of Palos Heights (West) IL, LLC	Palos Heights				11
12			Manor Care of Palos Heights (East) IL, LLC	Palos Heights				12
13			Arden Courts of Elk Grove Village IL, LLC	Elk Grove Village				13
14			Arden Courts of Geneva IL, LLC	Geneva				14
15			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				15
16			Arden Courts of Northbrook IL, LLC	Northbrook				16
17			Arden Courts of Palos Heights IL, LLC	Palos Heights				17
18			Arden Courts of South Holland IL, LLC	South Holland				18
19								19
20								20
21								21
22								22
23								23
24	Martin D. Allen	BOD						24
25	Lynne Davis	BOD						25
26	Kathryn S. Hoops	BOD						26
27	Thomas Kile	BOD						27
28	Patricia McCormick	BOD						28
29	Rami Ubaydi	BOD						29
30								30

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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 Hinsdale# 0049445

Report Period Beginning:

06/01/2019Ending: 5/31/2020

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 Street

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 Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities - Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	\$ 709,073	\$ 0	20,138,207	\$ 5,416	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs		0	20,138,207	0	2
3	5	Utilities - Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs		0	20,138,207	0	3
4										4
5	10	Nursing - Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	32,137	0	20,138,207	245	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	454	0	20,138,207	4	6
7	10	Nursing - Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs		0	20,138,207	0	7
8										8
9	17	Gen/Admin-Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	57,708,481	23,053	20,138,207	440,751	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	7,841,321	0	20,138,207	74,769	10
11	17	Gen/Admin-Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs	2,818,405	0	20,138,207	89,942	11
12										12
13	22	Empl Bnfts-Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	5,631,859	35,913,957	20,138,207	43,014	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	5,312,192	1,179,502	20,138,207	50,653	14
15	22	Empl Bnfts-Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs		0	20,138,207	0	15
16										16
17	30	Depreciation - Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	4,013,110	0	20,138,207	30,650	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	822,456	0	20,138,207	7,842	18
19	30	Depr - Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs		0	20,138,207	0	19
20										20
21										21
22	32	Pooled Interest	Accumulated Cost	2,636,740,077		(782,905)		20,138,207	(5,979)	22
23	32	Directly Assigned Interest	Not Allocated			(8,038)			(212)	23
24		H/O Costs Allocated to Non-SNFs and Other Divisions				34,182,124				24
25	TOTALS					\$ 118,280,668	\$ 37,116,512		\$ 737,095	25

Ending: 5/31/2020

Ending: 5/31/2020

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							\$				\$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Home Office Pooled Interest Expense										(5,979)	6
7	Interest Income / Interest Expense										(6,851)	7
8												8
9	TOTAL Facility Related						\$				\$ (12,830)	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$				\$	14
15	TOTALS (line 9+line14)						\$				\$ (12,830)	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.)

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	161,381	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	183,836	2
3. Under or (over) accrual (line 2 minus line 1).				\$	22,455	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	175,652	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	198,107	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:		2015	166,143	8	FOR BHF USE ONLY	
		2016	166,682	9		
		2017	169,791	10		
		2018	176,052	11		
		2019	191,620	12		
Line 2: \$183,836.01 = \$88,026.13 for 2nd half 2018+ \$95,809.88 for 1st half 2019				13	FROM R. E. TAX STATEMENT FOR 2019 \$	13
Line 4: \$175,651.55= \$95,809.88 for 2nd half 2019 + \$79,841.67 for 1st half 2020				14	PLUS APPEAL COST FROM LINE 5 \$	14
				15	LESS REFUND FROM LINE 6 \$	15
				16	AMOUNT TO USE FOR RATE CALCULATION \$	16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

FACILITY NAME Manorcare of Hinsdale COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0049445

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE (____) _____ FAX #: (____) _____

Enter the tax index number and real estate tax assessed for 2019 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 2019.

B. Real Estate Tax Cost Allocations

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

Attach copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

Page 10A

A. Square Feet: 78,479

B. General Construction Type: ExteriorMasonryFrameSteelNumber of Stories3

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).

NONE

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	170,745	1981	\$ 1,358,110	1
2					2
3	TOTALS	170,745		\$ 1,358,110	3

HFS 3745 (N-4-99)

IL478-2471

Facility Name & ID Number Manorcare of Hinsdale

0049445

Report Period Beginning:

06/01/2019

Ending:

05/31/2020

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	102		1972		\$ 1,160,300	\$ 10,022		\$ 10,022	\$	\$ 3,211,905	4
5	100			1980	1,913,000						5
6	Therapy addition			2006	400,868						6
7											7
8											8
	Improvement Type**										
9	Current Year Depreciation					69,094		69,094		6,648,235	9
10				1984	4,367						10
11				1985	6,383						11
12				1987	14,207						12
13				1988	22,849						13
14				1989	173,344						14
15				1990	114,281						15
16				1991	240,682						16
17				1992	111,750						17
18				1993	421,420						18
19				1994	145,930						19
20				1995	182,224						20
21				1996	326,618						21
22				1997	407,293						22
23				1998	392,286						23
24				1999	128,464						24
25				1999	(11,509)						25
26				2000	138,632						26
27				2001	142,009						27
28				2002	339,762						28
29	STEEL/METAL DOORS			2003	4,336						29
30	ROOF REPAIR			2003	1,084						30
31	ARCH AND ENGINEERING COSTS			2004	553						31
32	ELECTRICAL			2004	3,776						32
33	Arch and Engineering Costs			2004	42,165						33
34	General Construction Overhead Cost & Interest			2004	55,967						34
35	7/1/2019 Capital Rate Adjustment pg 12, ln 34			2004	(55,967)						35
36	Flooring			2004	9,800						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 Hinsdale

0049445

Report Period Beginning:

06/01/2019 Ending: 05/31/2020

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 Carpeting	2004	\$ 11,210	\$		\$	\$	\$	37
38 Painting	2004	63,111						38
39 Wallcovering & Corner Guards	2004	5,782						39
40 Carpentry	2004	27,527						40
41 Electrical	2004	24,620						41
42 Roofing & Doors	2004	1,685						42
43 Fire Wall	2004	4,625						43
44 VWC & Paint	2004	2,092						44
45 Exterior Painting	2004	7,405						45
46 Flooring	2004	12,981						46
47 Air Separator	2004	9,942						47
48 Flooring	2005	113,382						48
49 Doors	2005	4,865						49
50 VWC	2005	1,474						50
51 Flooring	2005	9,070						51
52 Shower Door	2005	6,140						52
53 Painting, Wallcovering, & Base	2005	3,531						53
54 Install fire server cabinet & shelves	2005	3,700						54
55 Fire Alarm Panels	2005	10,265						55
56 Masonry Work	2005	3,875						56
57 Smoke Detectors	2005	1,160						57
58 Electrical Circuit for Smoke Detecor	2005	801						58
59 Wallcovering	2005	5,240						59
60 Electrical Work in 28 patient rooms	2005	2,284						60
61 Wallcovering	2005	1,233						61
62 Smoke Detectors	2005	2,685						62
63 Remodel Janitor Closet & Greenhouse	2005	4,800						63
64 Remodel Janitor Closet & Greenhouse	2006	4,799						64
65 Electrical Work for Elevator - Hookup shunt switch	2006	503						65
66 7/1/2019 Capital Rate Adjustment pg 12a, ln 64	2006	(503)						66
67 Phone Wiring	2006	7,231						67
68 Exhaust Fan	2006	2,272						68
69 7/1/2019 Capital Rate Adjustment pg 12a, ln 66	2006	(2,272)						69
70 TOTAL (lines 4 thru 69)		\$ 7,194,389	\$ 79,116		\$ 79,116	\$	\$ 9,860,140	70

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

Facility Name & ID Number Manorcare of Hinsdale

0049445

Report Period Beginning:

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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		\$ 7,194,389	\$ 79,116		\$ 79,116	\$	\$ 9,860,140	1
2	Phone Wiring Additional Work	2006	1,605						2
3	Corner guards	2006	353						3
4	7/1/2019 Capital Rate Adjustment pg 12b, ln 2	2006	(353)						4
5	Engineering for conceptual site plan - parking lot, lighting, lanscap	2006	6,767						5
6	Drywall & Paint to rebuild plumbing walls in 6 resident rooms	2006	8,023						6
7	Plumbing - Replace 4 wall hydrants	2006	3,224						7
8	Overhead & Interest on HVAC Project	2006	1,344						8
9	7/1/2019 Capital Rate Adjustment pg 12B, ln 6	2006	(1,344)						9
10	HVAC - 35 ton roof unit & related electrical work	2006	61,639						10
11	Overhead & Interest on addition/renovation project	2006	157,013						11
12	7/1/2019 Capital Rate Adjustment pg 12B, ln 6	2006	(157,013)						12
13	Addition/Renov. - Architect & Engineering	2006	71,504						13
14	Addition/Renov. - Permit fees, plan reveiews, consultant misc.	2006	16,591						14
15	Addition/Renov. - Drywall canopies on 41 light fiztures	2006	1,017						15
16	Addition/Renov. - Ceil Tile & Paint Grid	2006	4,365						16
17	Addition/Renov. - Flooring	2006	5,147						17
18	Addition/Renov. - Wall Covering & Corner Guards	2006	17,428						18
19	Addition/Renov. - Fire Sprinkler System	2006	84,188						19
20	Addition/Renov. - Plumbing	2006	4,895						20
21	Addition/Renov. - HVAC	2006	2,594						21
22	Addition/Renov. - Electrical	2006	11,569						22
23	Addition/Renov. - Site Preparation	2006	39,350						23
24	Addition/Renov. - Fencing	2006	1,637						24
25	Addition/Renov. - Lanscaping block, trees, plants, etc.	2006	112,980						25
26	Electrical - Parking lot lights	2006	2,413						26
27	7/1/2019 Capital Rate Adjustment pg 12B, ln 22	2006	(2,413)						27
28	Roof Termination Strip	2006	967						28
29	7/1/2019 Capital Rate Adjustment pg 12B, ln 23	2006	(967)						29
30	Electrical work	2006	2,215						30
31	7/1/2019 Capital Rate Adjustment pg 12B, ln 24	2006	(2,215)						31
32	Patio with raised seating area	2006	24,113						32
33	Concrete curbs & pavement for new parking spaces	2006	28,645						33
34	TOTAL (lines 1 thru 33)		\$ 7,701,670	\$ 79,116		\$ 79,116	\$	\$ 9,860,140	34

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

Facility Name & ID Number Manorcare of Hinsdale

0049445

Report Period Beginning:

06/01/2019 Ending: 05/31/2020

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		\$ 7,701,670	\$ 79,116		\$ 79,116		\$ 9,860,140	1
2	Electrical - Parking lot lights	2006	13,005						2
3	Lawn sprinler system	2006	9,800						3
4	Carpet	2007	10,314						4
5	Remodel Shower Room - Tile, Sink, Faucets, Paint	2007	15,820						5
6	Flooring in Corridors	2007	11,448						6
7	Electrical at nurses station	2007	2,538						7
8	Windows (9)	2007	14,245						8
9	Drainage	2007	17,001						9
10	Wallcovering	2007	15,483						10
11	Electrical for pill dispenser	2007	1,773						11
12	7/1/2019 Capital Rate Adjustment pg 12c, ln 6	2007	(1,773)						12
13	Elevator Upgrade	2007	4,370						13
14	Piping in laundry room	2007	1,700						14
15	7/1/2019 Capital Rate Adjustment pg 12c, ln 8	2007	(1,700)						15
16	Parking lot paving	2007	9,900						16
17	Curbing in Parking lot	2007	2,550						17
18	Paving	2007	8,016						18
19	Sidewalk & Railing	2007	36,550						19
20									20
21	Roofing over generator - Wate Tight Membrane	2008	16,314						21
22	Renov. - Vinyl Flooring	2008	37,310						22
23	ELEVATOR SWITCHES	2008	4,370						23
24	20 AMP CIRCUIT	2008	2,250						24
25	7/1/2019 Capital Rate Adjustment pg 12c, ln 17	2008	(2,250)						25
26	AC ELECTRICAL	2008	9,505						26
27	CONCRETE BOARD IN SHOWER	2008	2,680						27
28	ELECTRIC Change outlets from 2 to 4	2009	5,040						28
29	CIRCUIT BREAKER	2009	3,880						29
30	LAUNDRY CIRCUIT BREAKER	2009	5,140						30
31	225 AMP CIRCUIT BREAKER	2009	2,120						31
32	7/1/2019 Capital Rate Adjustment pg 12c, ln 23	2009	(2,120)						32
33	15 AMP RECEPTACLES	2008	3,360						33
34	TOTAL (lines 1 thru 33)		\$ 7,960,309	\$ 79,116		\$ 79,116		\$ 9,860,140	34

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

Facility Name & ID Number Manorcare of Hinsdale

0049445

Report Period Beginning:

06/01/2019 Ending: 05/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,960,309	\$ 79,116		\$ 79,116	\$	\$ 9,860,140	1
2	Renov.- Front Elevator Upgrade	2009	54,708						2
3	HM Doors	2009	6,500						3
4	Renov. - Elevator Upgrade	2009	11,209						4
5	Doors (8) HM	2009	18,810						5
6	Renov. - Fire Rate Access Panels	2009	27,588						6
7	Renov. - Fire dampers & access panels	2009	78,095						7
8	Frights for Corner Guards	2009	240						8
9	7/1/2019 Capital Rate Adjustment pg 12c, ln 32	2009	(240)						9
10	Renov. - Fire Proof Acces Panels	2010	7,682						10
11	Renov. - Flooring	2010	25,501						11
12	Renov. - Wallcovering & guards	2010	20,127						12
13	Radiant heaters	2010	16,131						13
14	Emergency lights (15) led wall packs	2010	16,017						14
15	Renov. - Surveys	2010	5,625						15
16	Renov. - Millwork	2010	24,495						16
17	Renov. - Gypsum, Studs, & Tile Work	2010	110,702						17
18	Wiring For Phones In Arcadia Wing	2010	4,027						18
19	Renov. - Acqustic Ceiling System & Other	2010	161,931						19
20	Renov. - Roof Replacement	2010	114,435						20
21	Renov. - Flooring	2010	108						21
22	Renov. - Flooring & Wallcovering	2010	2,700						22
23	Cabinetry and Faucet	2010	6,841						23
24	VCT Flooring & Paint	2010	5,168						24
25	Renov. - Overhead & Interest (\$19,887.59)	2010							25
26	Renov. - 40 Ton A/C Unit, Trane	2010	56,970						26
27	Renov. - Flooring, Paint, & Wallcoverings	2010	135,403						27
28	Renov. - Interior Renovations	2010	28,587						28
29	Renov. - Carpentry	2010	125,759						29
30	French Drain & new pavers around flag pole (1/2 of invoice)	2011	6,375						30
31	Upgrade main electrical breaker, switch, & wire to generator	2011	65,223						31
32	French Drain & new pavers around flag pole (1/2 of invoice)	2011	6,375						32
33	Replace hand rails in Monroe corridor	2011	6,192						33
34	TOTAL (lines 1 thru 33)		\$ 9,109,593	\$ 79,116		\$ 79,116	\$	\$ 9,860,140	34

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

Facility Name & ID Number Manorcare of Hinsdale

0049445

Report Period Beginning:

06/01/2019 Ending: 05/31/2020

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		\$ 9,109,593	\$ 79,116		\$ 79,116		\$ 9,860,140	1
2	Paint, wallcovering, corner guards in Monroe corridor	2011	19,585						2
3	Chiller 40 ton - Revno. 11-11C	2011	66,756						3
4	Wander System at Elevators (3)	2011	22,853						4
5	Sprinkler System Upgrade	2011	11,910						5
6	Nurse Call System - Renov. 2011	2011	41,396						6
7	Physician Paging System	2011	3,025						7
8	Boiler	2011	5,390						8
9	Fire Wall, Doors, & Duct Dampers - Mechanical & Locker Rm	2012	36,210						9
10	Drywall, studs, & windows to enclose new OT area	2012	18,990						10
11	Exhaust system & ductwork for new OT area	2012	18,002						11
12	Electrical Panel & Wiring Upgrade	2012	4,787						12
13	Parking Lot Paving - Renov. 15-12MW	2012	54,973						13
14	Boiler, Lochinvar 1,300,000 BTU	2012	19,178						14
15	Compressor - 40 Ton	2012	2,848						15
16	Stainless Steel Corner Guards in Kitchen	2012	6,530						16
17	Install Fire Walls & Sprinklers - Renov 47-12MW as follows:	2012	30,120						17
18	1 1/2 hr. rated fire doors for second floor								18
19	Smoke wall repair by room 170								19
20	Smoke wall repair at stairwell next to room 213								20
21	Fire door repair for PT Mechanical Room								21
22	Sprinkler head extension outside room 233								22
23	Door repair for OT Storage room								23
24	HVAC - Laundry	2012	12,965						24
25	HVAC - OT Room	2013	14,980						25
26	Renovations to Lobby, Foyer, Office, 1st floor corridors, OT area, 2nd floor dining, 2nd floor corridor (elevator area) consisting of:								26
27	Carpentry, Millwork, Drywall, Handrails - Renov. 11-12MW	2013	158,004						27
28	Carpeting, Wallcovering - Renov. 11-12MW	2013	18,753						28
29	Light Fixtures - Renov. 11-12MW	2013	3,447						29
30	Water Heater	2013	4,971						30
31	Roofing on Penthouse & Mansard	2013	16,110						31
32	Compressor Replacement, RTU for 1st Flr NW Dining Area	2013	2,187						32
33	7/1/2019 Capital Rate Adjustment pg 12e, ln 27	2013	(2,187)						33
34	TOTAL (lines 1 thru 33)		\$ 9,701,376	\$ 79,116		\$ 79,116		\$ 9,860,140	34

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

Facility Name & ID Number Manorcare of Hinsdale

0049445

Report Period Beginning:

06/01/2019 Ending: 05/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 9,701,376	\$ 79,116		\$ 79,116	\$	\$ 9,860,140	1
2	Doors & locksets - refrigeration rm, laundry & other areas.	2013	45,832						2
3	Smoke Dampers & Motors, Dinning, Lounge, Lobby, Rm 238	2014	10,755						3
4	EM Electric Upgrades to Med rm, Nurse station, Kiosk, Offices(3)	2014	6,585						4
5	Build/Repair Multiple Firestopping Walls	2014	72,800						5
6	Light fixture upgrade - whole building	2014	16,187						6
7	Drainage System Upgrades - front entrance to bldg	2014	17,658						7
8	Smoke Wall Upgrades - kitchen, deck, internet café	2014	12,857						8
9	Sprinkler System Upgrades - three exterior overhangs	2014	3,078						9
10	Sun Porch Roofing Upgrades - Bashing and Kaynar	2014	18,234						10
11	Fire Door Upgrade - Install hollow metal stairwell door by 285	2014	2,076						11
12	7/1/2019 Capital Rate Adjustment pg 12f, ln 6	2014	(2,076)						12
13	Gutter and Fascia Upgrades - sheet metal	2014	8,055						13
14	Sun Porch Roofing Upgrades	2014	1,633						14
15	7/1/2019 Capital Rate Adjustment pg 12f, ln 8	2014	(1,633)						15
16	Security - door sensors	2014	4,447						16
17	Flooring - ceramic tile	2014	2,320						17
18	7/1/2019 Capital Rate Adjustment pg 12f, ln 10	2014	(2,320)						18
19	Fence - 6 ft pvc fencing	2014	4,290						19
20	Engineer - generator	2013	1,000						20
21	7/1/2019 Capital Rate Adjustment pg 12f, ln 12	2013	(1,000)						21
22	Engineer - generator	2013	1,300						22
23	7/1/2019 Capital Rate Adjustment pg 12f, ln 13	2013	(1,300)						23
24	Sprinkler pipe - repair broken water main	2015	5,772						24
25	Wall Cover Freight	2015	317						25
26	7/1/2019 Capital Rate Adjustment pg 12f, ln 15	2015	(317)						26
27	Qmark Base Board Heater Upgrad - room 331 new base board heater	2014	2,757						27
28	Electric Heating Upgrades - 3rd floor resident rooms	2014	17,550						28
29	Sensor	2015	2,804						29
30	Transmitter - HVAC unit	2014	1,145						30
31	7/1/2019 Capital Rate Adjustment pg 12f, ln 19	2014	(1,145)						31
32	Motor - Kitchen	2014	3,041						32
33	5 Ton HVAC	2014	4,199						33
34	TOTAL (lines 1 thru 33)		\$ 9,958,277	\$ 79,116		\$ 79,116	\$	\$ 9,860,140	34

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

Facility Name & ID Number Manorcare of Hinsdale

0049445

Report Period Beginning:

06/01/2019 Ending: 05/31/2020

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		\$ 9,958,277	\$ 79,116		\$ 79,116	\$	\$ 9,860,140	1
2	Generator	2013	4,924						2
3	A#3697 Parking Lot Sealing Ad	2014	675						3
4	Parking Lot Sealing Upgrades - repair hole	2014	6,867						4
5	Parking Lot Lighting	2014	32,364						5
6	Fire walls-1st flr pt rooms, MR off	2015	22,850						6
7	Window rod/caulk-front ent area	2015	3,774						7
8	Combustion motor on boiler pump	2015	3,155						8
9	Surface mount high impact door	2015	3,027						9
10	Hot water tank	2015	13,725						10
11	28 room heater in 3rd floor resident rooms	2015	17,030						11
12	Fire stop smoke wall next to room 245	2015	20,870						12
13	Door Operator	2015	3,815						13
14	Concrete curb in front ent area to building	2015	5,845						14
15	Generator Radiator and coolant hoses	2015	15,595						15
16	Conduit wiring as needed-kitchen air unit	2015	27,400						16
17	Life safety lighting circuit for light fixtures in lobby and front office area	2015	22,321						17
18	Wiring to relocate Life safety circuits -2nd floor dining closet and Medical room	2015	20,667						18
19	Reno 1st floor(williamsburg) & 3rd floor corridors & resident rooms:								19
20	Carpeting, Paint, Wallcovering, Corner Guards	2015	386,905						20
21	Basic/Composite Electrical	2015	170,806						21
22	HVAC	2015	2,498						22
23	Carpentry-Subcontractor/Millwork	2015	227,158						23
24	Drywall/studs, Flooring, Plumbing	2015	107,739						24
25	Exterior Sign	2015	2,458						25
26	Storage room Door	2016	4,410						26
27									27
28	Compressor condenser fan motor	2016	3,368						28
29	HVAC Split Rooms 208 - 210	2016	10,350						29
30	Cove heaters (2) in res bathrooms 336 & 352	2016	4,084						30
31	PVC conduit to 4 new lights poles @ locations 5, 6, 7 & 8.	2016	24,855						31
32	Fire stopping @ 3rd flr smoke wall by res rooms #328 & 329	2016	8,381						32
33	Conduit/wiring for 3 new light fixtures @ main entrance bollard lights	2016	7,375						33
34	TOTAL (lines 1 thru 33)		\$ 11,143,567	\$ 79,116		\$ 79,116	\$	\$ 9,860,140	34

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

Facility Name & ID Number Manorcare of Hinsdale

0049445

Report Period Beginning:

06/01/2019 Ending: 05/31/2020

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		\$ 11,143,567	\$ 79,116		\$ 79,116	\$	\$ 9,860,140	1
2	Fire rated door, door closer, glass wire insert for fire exit to stairw	2017	3,775						2
3	Replaced grease basin w/grease seperator	2017	3,200						3
4	Circulation pump on water heater for kitchen & laundry	2017	10,920						4
5	Ductless AC in the basement records office	2017	8,895						5
6	Conduit and wiring for AC unit in basement	2017	2,685						6
7	Fuses & pwr supply unit in controller for kitchen Elevator #3	2017	3,740						7
8	Rehang/Rewire/Relamp Chandeliers(6) in Fireside Dining room	2017	6,480						8
9	Roof Repair	2017	10,030						9
10	Fusible Links & Inspection for 141 Fire Dampers	2017	11,800						10
11	Fire damper & 6 smoke dampers in main entrance lobby	2017	3,950						11
12	Drier Core in AC for 2nd floor Monroe unit	2017	3,796						12
13	LED flood lights(4) & concrete bases @ road sign	2017	8,355						13
14	Fire stop voids 2nd flr stairs, rm 221, janitor closet, internet café (	2017	8,947						14
15	Exit signs(4) on 1st floor, door holder & electirc for Therapy Offic	2017	3,624						15
16	Floor Sink in kitchen and related concrete work	2018	6,510						16
17	Cove Heater & Eletric in room 259 Bathroom	2018	2,968						17
18	Main entrance doors, frames, electrical, ADA operator, mag lock (	2018	16,000						18
19	Automatic Front Swing Doors replacement	2018	17,779						19
20	4" cast iron cross fitting behind nurses station (2nd flr)	2018	4,722						20
21	Install Trane AC COMPRESSOR	2018	3,200						21
22	Install Rooftoop top unit	2018	11,750						22
23	Architech drawing for dialysis renovation	2018	24,620						23
24	7/1/2019 Capital Rate Adjustment pg 12H, ln 14	2018	(24,620)						24
25	PAINT new advocate office	2018	4,890						25
26	PAINT DON office & Call center office	2018	9,715						26
27	Install 54 sq yd of sod	2018	10,853						27
28	Custom cabinets & work stations for Admissions off	2018	18,990						28
29	install custom cabinetry/wrk stations for DON & dietititan's off	2018	6,380						29
30	CONDUIT CIRCUIT for central intake office	2018	7,441						30
31	install 2 inches of new asphalt in parking lot	2018	7,473						31
32	Paint walls in 2nd floor closet	2018	2,986						32
33	Ins fire stopping on 2 fire walls outside res rooms #221 & 269	2018	13,524						33
34	TOTAL (lines 1 thru 33)		\$ 11,378,944	\$ 79,116		\$ 79,116	\$	\$ 9,860,140	34

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

Facility Name & ID Number Manorcare of Hinsdale

0049445

Report Period Beginning:

06/01/2019 Ending: 05/31/2020

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 12H, Carried Forward		\$ 11,378,944	\$ 79,116		\$ 79,116	\$	\$ 9,860,140	1
2	install CONDUIT & wiring in main electrical room	2019	21,115						2
3	Recharge Ansul system	2019	3,523						3
4	Repair leak on pipe leading to water heater	2019	3,922						4
5	Installed condenser fan motor for split system for therapy room	2019	2,572						5
6	2-10 ton AC units for 1st & 2nd fl Monroe units	2019	13,121						6
7	install WATER HEATER	2019	13,948						7
8	Enclosure for computer room	2019	3,822						8
9	rear service doors and frames	2019	9,887						9
10	Lighting for PT room - 1st floor	2019	4,640						10
11	PARKING LOT asphalt	2019	4,610						11
12	Emergency power off button	2019	2,590						12
13	COMPRESSOR AC	2019	4,303						13
14	Walk-in freezer compressor replacement	2019	5,876						14
15	CONCRETE outside PT	2019	4,975						15
16	CONTROLLER AC for PT room	2020	3,080						16
17	PARKING LOT asphalt & sealcoating	2020	4,949						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)		\$ 11,485,877	\$ 79,116		\$ 79,116	\$	\$ 9,860,140	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	\$ 5,851,677	\$ 177,461	\$ 177,461	\$		\$ 5,120,126	71
72	Current Year Purchases	75,205						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			38,492	38,492			74
75	TOTALS	\$ 5,926,882	\$ 177,461	\$ 215,953	\$ 38,492		\$ 5,120,126	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)			\$	18,770,869
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	256,577
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	295,069
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	38,492
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	14,980,266

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	Step-up Building Cost	\$ 3,713,060	\$	\$ 3,713,060
87				
88				
89				
90				
91	TOTALS	\$ 3,713,060	\$	\$ 3,713,060

G. Construction-in-Progress		
	Description	Cost
92	CIP	\$ 553,320
93		
94		
95		\$ 553,320

* 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:	N/A			\$			3
4	Additions							4
5	Portion of Parking Lot			3/1/2019	21,600			5
6								6
7	TOTAL				\$ 21,600			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: \$ 144,359 Description: O2 Concentrators, Wheelchairs, Geri Chairs, Elec. Beds, Etc.

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Patient Transportation	2017 Ford Econline Cutaw	\$	25,738	17
18					18
19				above figures includes	19
20				gas and maintenance	20
21	TOTAL		\$	25,738	21

10. Effective dates of current rental agreement:

Beginning 4/1/19

Ending 4/1/20

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

Fiscal Year Ending Annual Rent

12. /2021 \$

13. /2022 \$

14. /2023 \$

* 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)	\$			

(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.

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	

(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		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	14410	hrs	\$ 668,112		\$	2,624	14,410	\$ 670,736	1	
2	Licensed Speech and Language Development Therapist	10a	3803	hrs	176,322			1,458	3,803	177,780	2	
3	Licensed Recreational Therapist			hrs							3	
4	Licensed Physical Therapist	10a	13766	hrs	638,246			12,634	13,766	650,880	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				901,556		901,556	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10	
11	Academic Education			hrs							11	
12	Other (specify): <u>Inhal Therapy</u>	10a, 3				190	11,520		190	11,520	12	
13	Other (specify): <u>X-Ray & Lab I IV</u>	43, 2 & 3					181,127	271,946		453,073	13	
14	TOTAL				\$ 1,482,680	190	\$ 192,647	\$ 1,190,218	32,169	\$ 2,865,545	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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (2,526)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 1,150,251)	2,359,122		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	8,060		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,364,656	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,358,110		13
14	Buildings, at Historical Cost	15,198,938		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,926,882		16
17	Accumulated Depreciation (book methods)	(18,693,326)		17
18	Deferred Charges			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	294,061		22
23	Other(specify): CIP	553,320		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,637,985	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,002,641	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 345,292	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	1,084,582		30
31	Accrued Taxes Payable (excluding real estate taxes)	9,618		31
32	Accrued Real Estate Taxes(Sch.IX-B)	175,652		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable	238,860		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,854,004	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			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)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,854,004	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 5,148,637	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,002,641	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,397,539	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,397,539	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,366,983)	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)	\$ (1,366,983)	17
	B. Transfers (Itemize):		
18	Change in Interdivision	1,118,081	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 1,118,081	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 5,148,637	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Manorcare of Hinsdale

0049445

Report Period Beginning: 06/01/2019

Ending: 05/31/2020

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	\$ 21,677,341	1
2	Discounts and Allowances for all Levels	(12,937,807)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,739,534	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	9,735,879	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 9,735,879	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	601	12
13	Barber and Beauty Care	6,207	13
14	Non-Patient Meals	860	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,000,747	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	209,190	19
20	Radiology and X-Ray	190,344	20
21	Other Medical Services	149,292	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,557,241	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Purchase Discount</u>	1,224,972	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,224,972	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 22,257,626	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,111,460	31
32	Health Care	11,031,454	32
33	General Administration	5,953,131	33
	B. Capital Expense		
34	Ownership	2,839,643	34
	C. Ancillary Expense		
35	Special Cost Centers	1,376,972	35
36	Provider Participation Fee	311,949	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 23,624,609	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,366,983)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,366,983)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 3,569,768	44
45	Private Pay - Net Inpatient Revenue	1,496,658	45
46	Medicare - Net Inpatient Revenue	2,803,922	46
47	Other-(specify) <u>Hospice</u>	173,536	47
48	Other-(specify) <u>Insurance</u>	695,650	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,739,534	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	2,322	2,524	\$ 152,970	\$ 60.61	1
2	Assistant Director of Nursing	7,734	8,407	347,141	41.29	2
3	Registered Nurses	71,287	77,491	2,877,549	37.13	3
4	Licensed Practical Nurses	29,382	31,939	999,997	31.31	4
5	CNAs & Orderlies	119,182	129,841	2,184,099	16.82	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	36,580	39,579	1,835,076	46.36	7
8	Rehab/Therapy Aides	25,809	27,925	879,357	31.49	8
9	Activity Director	7,422	8,020	117,618	14.67	9
10	Activity Assistants					10
11	Social Service Workers	8,816	9,567	244,307	25.54	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	30,211	32,789	583,481	17.80	15
16	Dishwashers					16
17	Maintenance Workers	2,672	2,862	70,521	24.64	17
18	Housekeepers	19,206	20,760	290,555	14.00	18
19	Laundry	6,465	7,027	93,613	13.32	19
20	Administrator	2,080	2,080	113,800	54.71	20
21	Assistant Administrator	481	481	16,181	33.64	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	22,964	24,773	588,833	23.77	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	2,316	2,505	42,189	16.84	31
32	Other Health Care(specify)					32
33	Other(specify) Hospitality	986	1,057	13,087	12.38	33
34	TOTAL (lines 1 - 33)	395,915	429,627	\$ 11,450,374 *	\$ 26.65	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	35,008	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)		\$ 35,008		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1,756	\$ 107,091	10, 3	50
51	Licensed Practical Nurses	1,462	65,773	10, 3	51
52	Certified Nurse Assistants/Aides	6,400	198,423	10, 3	52
53	TOTAL (lines 50 - 52)	9,618	\$ 371,287		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	
Katherine Marrero (June-Dec)	Administrator	0	\$ 61,954	Workers' Compensation Insurance		\$ 211,982	IDPH License Fee	\$ 3,900	
Tammy Wagner (Feb-May)	Administrator	0	51,846	Unemployment Compensation Insurance		13,638	Advertising: Employee Recruitment	63,833	
Janeen Woodard	Asst. Administrator	0	16,181	FICA Taxes		829,811	Health Care Worker Background Check		
				Employee Health Insurance		707,445	(Indicate # of checks performed 591)	12,014	
				Employee Meals			Patient Background Checks 869	8,690	
				Illinois Municipal Retirement Fund (IMRF)*			Dues & Subscriptions	5,772	
				Disability Payments			Association Dues	13,145	
				401K		95,282	Advertising	29,263	
				Appreciation, Oth Benefits & Mktg Adj		(10,743)	Other Licenses and Permits	7,627	
TOTAL (agree to Schedule V, line 17, col. 1)							Less: Non-Allowable Association Dues	(3,635)	
(List each licensed administrator separately.)							Less: Public Relations Expense (		
B. Administrative - Other							Non-allowable advertising	(29,263)	
							Yellow page advertising (		
							TOTAL (agree to Sch. V, line 20, col. 8) \$ 111,346		
TOTAL (agree to Schedule V, line 17, col. 3)							G. Schedule of Travel and Seminar**		
(Attach a copy of any management service agreement)									
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees					
Vendor/Payee	Type	Amount		Description	Line #	Amount	Description	Amount	
Various	Legal Fees	\$ 26,300				\$	Out-of-State Travel	\$	
Legal Fees were adjusted off via Page 5, Line 22, therefore, no detail schedule is attached.									
Various	Collections	25,777					In-State Travel	11,705	
AR Collection Costs were adjusted off via Page 5A, Lines 6 & 7, therefore, no detail schedule is attached.							Includes travel expense to the Home Office in Toledo, OH for regional meetings		
							Seminar Expense		
							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)							TOTAL	\$ 11,705	

*** 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 \$6,486 & AHCA \$3,024
- (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 YRS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 57,434 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. 7/28/18
- (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. \$ 311,949
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. \$ 860
- (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?
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. NO
Attach invoices and a summary of services for all architect and appraisal fees.