FOR BHF USE

LL1

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.

2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

I. IDPH License ID Number: 0049387

Facility Name: Manorcare of Elk Grove Village

Address: 1920 Nerge Road (Number) | Elk Grove Village (City) | 60007 (Zip Code)

County: Cook

Telephone Number: (847) 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	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Raymond Lewis **Telephone Number:** (419) 252-5783
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 06/01/09 to 05/31/10 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider
(Signed)
(Date)
(Type or Print Name) Barry A. Lazarus
(Title) Vice President, Reimbursement

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

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	190	Skilled (SNF)	190	69,350	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	190	TOTALS	190	69,350	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	21,214	8,385	34,141	63,740	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	21,214	8,385	34,141	63,740	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.91%

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

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 190 and days of care provided 28,123

Medicare Intermediary Highmark Medicare Services

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

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

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

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	508,839	44,331	57,968	611,138	17,454	628,592		628,592			1
2	Food Purchase		426,570		426,570		426,570	(3,582)	422,988			2
3	Housekeeping	258,350	33,935	2,373	294,658		294,658		294,658			3
4	Laundry	88,633	30,514	5,386	124,533		124,533	(3,987)	120,546			4
5	Heat and Other Utilities			301,221	301,221	4,857	306,078		306,078			5
6	Maintenance	83,090	30,285	220,066	333,441		333,441		333,441			6
7	Other (specify):* Medical Waste			5,261	5,261		5,261		5,261			7
8	**TOTAL General Services**	938,912	565,635	592,275	2,096,822	22,311	2,119,133	(7,569)	2,111,564			8
	B. Health Care and Programs											
9	Medical Director			37,156	37,156		37,156		37,156			9
10	Nursing and Medical Records	5,713,754	539,842	217,032	6,470,628	6,411	6,477,039		6,477,039			10
10a	Therapy	1,682,422	24,556	488,703	2,195,681		2,195,681		2,195,681			10a
11	Activities	171,219	12,283	2,169	185,671		185,671	(175)	185,496			11
12	Social Services	323,843		1,151	324,994		324,994		324,994			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	7,891,238	576,681	746,211	9,214,130	6,411	9,220,541	(175)	9,220,366			16
	C. General Administration											
17	Administrative	214,495		835,235	1,049,730	(218,530)	831,200		831,200			17
18	Directors Fees											18
19	Professional Services			42,614	42,614	(2,765)	39,849	(39,849)				19
20	Dues, Fees, Subscriptions & Promotions			140,184	140,184		140,184	(60,985)	79,199			20
21	Clerical & General Office Expenses	584,588	72,855	832,839	1,490,282	800	1,491,082	(659,441)	831,641			21
22	Employee Benefits & Payroll Taxes			1,581,128	1,581,128	144,905	1,726,033		1,726,033			22
23	Inservice Training & Education			1,578	1,578		1,578		1,578			23
24	Travel and Seminar			11,081	11,081		11,081		11,081			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			473,808	473,808		473,808		473,808			26
27	Other (specify):*											27
28	**TOTAL General Administration**	799,083	72,855	3,918,467	4,790,405	(75,590)	4,714,815	(760,275)	3,954,540			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	9,629,233	1,215,171	5,256,953	16,101,357	(46,868)	16,054,489	(768,019)	15,286,470			29

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

Facility Name & ID Number Manorcare of Elk Grove Village #0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			609,981	609,981	38,745	648,726		648,726			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			(8,123)	(8,123)	8,123						32
33	Real Estate Taxes			318,190	318,190		318,190		318,190			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			150,297	150,297		150,297		150,297			35
36	Other (specify):*											36
37	TOTAL Ownership			1,070,345	1,070,345	46,868	1,117,213		1,117,213			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,045,200		1,045,200		1,045,200		1,045,200			39
40	Barber and Beauty Shops			25,381	25,381		25,381		25,381			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			104,025	104,025		104,025		104,025			42
43	Other (specify):* X-Ray, Lab		336,038	205,988	542,026		542,026		542,026			43
44	TOTAL Special Cost Centers		1,381,238	335,394	1,716,632		1,716,632		1,716,632			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	9,629,233	2,596,409	6,662,692	18,888,334		18,888,334	(768,019)	18,120,315			45

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

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 Reference	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(3,582)	2		4
5	Telephone, TV & Radio in Resident Rooms	(830)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients	(3,987)	4		8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(278)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(10,656)	21		18
19	Entertainment				19
20	Contributions	(5,000)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(39,849)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(641,597)	21		24
25	Fund Raising, Advertising and Promotional	(60,985)	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	(1,255)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (768,019)		$	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	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (768,019)		37

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

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

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

Manorcare of Elk Grove Village

ID# 0049387

Report Period Beginning: 06/01/09

Ending: 05/31/10

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Vending Income	$ (1,079)	21	1
2	Misc. Income	(1)	21	2
3	Activity Income	(175)	11	3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				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**	(1,255)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Elk Grove Village **#** 0049387 **Report Period Beginning:** 06/01/09 **Ending:** 05/31/10

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 TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(3,582)	0	0	0	0	0	0	0	0	0	0	(3,582)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	(3,987)	0	0	0	0	0	0	0	0	0	0	(3,987)	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**	(7,569)	0	0	0	0	0	0	0	0	0	0	(7,569)	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	(175)	0	0	0	0	0	0	0	0	0	0	(175)	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**	(175)	0	0	0	0	0	0	0	0	0	0	(175)	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	(39,849)	0	0	0	0	0	0	0	0	0	0	(39,849)	19
20	Fees, Subscriptions & Promotions	(60,985)	0	0	0	0	0	0	0	0	0	0	(60,985)	20
21	Clerical & General Office Expenses	(659,441)	0	0	0	0	0	0	0	0	0	0	(659,441)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(760,275)	0	0	0	0	0	0	0	0	0	0	(760,275)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(768,019)	0	0	0	0	0	0	0	0	0	0	(768,019)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 **Report Period Beginning:** 06/01/09 **Ending:** 05/31/10

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

	Capital Expense D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
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	0	0	0	0	0	0	0	0	0	0	0	0	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**	0	0	0	0	0	0	0	0	0	0	0	0	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)**	(768,019)	0	0	0	0	0	0	0	0	0	0	(768,019)	45

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
HCR Manor Care, Inc.	100	Health Care & Retirement Corporation of America (see H.O. Cost Report)	Toledo			

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 Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	See	Home Office Allocation	$ 835,235	HCR Manor Care, Inc.	100.00%	$ 835,235	$	1
2	V	Page							2
3	V	8							3
4	V								4
5	V								5
6	V	10a	Therapy Management	62,987	Heartland Rehab Services, LLC	100.00%	62,987		6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 898,222			$ 898,222	$ *	14

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary - Direct	Accumulated Cost	2,857,768,524	359 Nurs. Fac.	$ 2,826,629	$ 1,585,087	17,645,988	$ 17,454	1
2	1	Dietary - Direct Central Division	Accumulated Cost	691,284,298	359 Nurs. Fac.			17,645,988	0	2
3	1	Dietary - Pooled	Accumulated Cost	3,310,877,906	359 Nurs. Fac.			17,645,988	0	3
4	5	Utilities - Direct	Accumulated Cost	2,857,768,524	359 Nurs. Fac.			17,645,988	0	4
5	5	Utilities - Direct Central Division	Accumulated Cost	691,284,298	359 Nurs. Fac.			17,645,988	0	5
6	5	Utilities - Pooled	Accumulated Cost	3,310,877,906	359 Nurs. Fac.	911,333		17,645,988	4,857	6
7	10	Nursing - Direct	Accumulated Cost	2,857,768,524	359 Nurs. Fac.	632,689	715,152	17,645,988	3,907	7
8	10	Nursing - Direct Central Div	Accumulated Cost	691,284,298	359 Nurs. Fac.			17,645,988	0	8
9	10	Nursing - Pooled	Accumulated Cost	3,310,877,906	359 Nurs. Fac.	469,810		17,645,988	2,504	9
10	17	General & Admin - Direct	Accumulated Cost	2,857,768,524	359 Nurs. Fac.	35,518,981		17,645,988	219,321	10
11	17	General & Admin - Direct Central	Accumulated Cost	691,284,298	359 Nurs. Fac.	1,045,204		17,645,988	26,680	11
12	17	General & Admin - Pooled	Accumulated Cost	3,310,877,906	359 Nurs. Fac.	69,554,530	79,745,671	17,645,988	370,705	12
13	22	Employee Benefits - Direct	Accumulated Cost	2,857,768,524	359 Nurs. Fac.	6,239,311		17,645,988	38,526	13
14	22	Employee Benefits - Direct Centra	Accumulated Cost	691,284,298	359 Nurs. Fac.	2,434,366		17,645,988	62,141	14
15	22	Employee Benefits - Pooled	Accumulated Cost	3,310,877,906	359 Nurs. Fac.	8,300,418		17,645,988	44,239	15
16	30	Depreciation - Direct	Accumulated Cost	2,857,768,524	359 Nurs. Fac.	102,714		17,645,988	634	16
17	30	Depreciation - Direct Central Div	Accumulated Cost	691,284,298	359 Nurs. Fac.	43,612		17,645,988	1,113	17
18	30	Depreciation - Pooled	Accumulated Cost	3,310,877,906	359 Nurs. Fac.	6,941,685		17,645,988	36,997	18
19										19
20	32	Interest				21,122,019			6,158	20
21		Non-Nursing Home Allocations				25,797,439				21
22										22
23										23
24										24
25	TOTALS					$ 181,940,740	$ 82,045,910		$ 835,236	25

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Conv. Sub Debentures		X	Facility			$ 241,832	$ 241,832		0.0258	$ 6,158	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8	Interest Income Other										(6,158)	8
9	TOTAL Facility Related						$ 241,832	$ 241,832			$	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	$ 241,832			$	15

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

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

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2009 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 370,772	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.)		$ 423,935	2
3. Under or (over) accrual (line 2 minus line 1).		$ 53,163	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 265,027	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.		$ 318,190	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2005	398,920	8
	2006	403,287	9
	2007	388,185	10
	2008	398,728	11
	2009	301,576	12

Line 2: $423,935 = $204,635 for 2nd half of 2008 paid in Nov 09 + $219,300 for 1st half of 2009 paid in Feb 09

Line 4: $265,027 = $82,276 for 2nd half of 2009 to be paid in Dec 10 + $182,751 Estimate for Jan-May 2010

Line 12: $301,576 = $219,300.30 for 1st half of 2009 paid in Feb 10 + $82,276 for 2nd hald of 2009 paid in Dec 10

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2009	$	13
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.

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Manorcare of Elk Grove Village COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049387

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE (419) 252-5783 FAX #: (419) 254-5495

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

Enter the tax index number and real estate tax assessed for 2009 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 2009.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	07-35-200-022-0000	See Attached	$ 430,823.56	$ 301,576.49
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 430,823.56	$ 301,576.49

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

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

C. **Tax Bills**

Attach a copy of the original 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 48,128 B. General Construction Type: Exterior Masonry Frame Steel, Fire Resistant Number of Stories 1

C. Does the Operating Entity? [X] (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? [X] (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 [X] NO
If so, please complete the following:

1. Total Amount Incurred:
2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization:
4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		1990	$ 853,628	1
2					2
3	TOTALS			$ 853,628	3

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	120			1990	$ 5,025,494	$ 196,297		$ 196,297	$	$ 3,255,631	4
5	60			1996	1,726,800						5
6	10			2000	1,063,936						6
7	5/31/03 Audit Adjustment			2000	(277,211)						7
8				2009	631,865						8
	Improvement Type**										
9	Current Year Depreciation					174,305		174,305		1,698,726	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	HOLLOW METAL DOOR			2003	975						23
24	ARCH & ENGINEERING COSTS			2003	975						24
25	BORDER			2003	162						25
26	VWC			2003	1,710						26
27	VWC			2003	219						27
28	ARCHITECTIRAL ENGINEERING			2003	258						28
29	VWC			2003	427						29
30	NEW BATHROOM FLOORING & TILE			2003	22,640						30
31	ARCHITECT & ENGINEERING			2003	258						31
32	FLOORING			2003	4,599						32
33	VWC, BORDER, AND PAINTING			2003	3,317						33
34	ADDITIONAL COST FOR FLOORING			2003	2,820						34
35	ARCHITECT AND ENGINEERING COSTS			2003	2,064						35
36	WINDOW TREATMENT			2003	3,629						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 Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	BORDER	2003	$ 54	$		$	$	$	37
38	ARCHITECT AND ENGINEERING COSTS	2003	455						38
39	ELECTRICAL WORK	2003	5,182						39
40	VCT FLOORING	2003	7,005						40
41	BASE AND FLOOR TILE	2003	4,118						41
42	CARPET	2004	609						42
43	INSTALL CARPET	2004	550						43
44	PAVING	2003	67,500						44
45	CONCRETE WALK	2003	3,822						45
46	PAVING	2004	7,500						46
47	Renov. - General Construction Overhead & Interest	2004	19,622						47
48	Renov. - Carpeting	2004	595						48
49	Renov. - Painting	2004	14,000						49
50	Renov. - Wallcovering & Corner Guards	2004	37,811						50
51	Renov. - Carpentry	2004	8,201						51
52	Renov. - Plumbing	2004	2,880						52
53	Renov. - Electrical	2004	2,931						53
54	Carpet	2004	1,324						54
55	Ceramic Cove Base	2004	3,360						55
56	Renov. - Wood Doors & Hardware for Lobby	2004	8,597						56
57	Renov. - Electrical	2004	2,484						57
58	Electric Door Strike at Service Door	2004	1,509						58
59	CARPETING & DELIVERY OF CARPETTING	2005	2,435						59
60	REBUILD SHOWER STALLS (5)	2006	14,000						60
61	VWC, BASE, & CEILING TILES IN BREAK ROOM	2006	2,470						61
62									62
63	Ceramic Tile - Wall/Floor	2006	3,300						63
64	Wallcovering	2006	3,605						64
65	Plumbing Work on Sprinkler System	2006	4,727						65
66	Architecture/Engineering for Parking Lot	2007	9,285						66
67	Drywall Work	2007	8,378						67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 9,750,306	$ 370,602		$ 370,602	$	$ 4,954,357	70

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 9,750,306	$ 370,602		$ 370,602	$	$ 4,954,357	1
2	DOOR HOLDER & CLOSER	2007	1,556						2
3	DOOR HOLDER & CLOSER	2007	1,869						3
4	Renov. - Carpeting & Pad	2007	1,742						4
5	Renov. - Wallcovering	2007	84,542						5
6	Renov. - Carpentry - Subtractor	2007	38,200						6
7	Renov. - Basic Electrical	2007	7,626						7
8	Renov. - HM Doors & Frames	2007	10,505						8
9	Renov. - Generator, Permit	2007	3,096						9
10	Renov. - Basic Electrical	2007	9,357						10
11	Renov. - Generator, Engineering	2007	13,539						11
12	Renov. - Parking Lot Expansion & Landscaping	2007	83,045						12
13	BLACKTOP PATCHING	2007	12,078						13
14									14
15	Roofing	2008	7,221						15
16	Roofing - additional	2008	802						16
17	Generator - Installation & Materials	2008	36,317						17
18	Generator - Equipment	2008	10,814						18
19	Generator - Installation & Materials	2008	62,613						19
20	Renov. - CORRIDOR DOORS (35)	2008	50,575						20
21	CO2 Detectors & Control Panel	2008	11,781						21
22	Generator - Equipment	2008	63,883						22
23	Storm Drain Enchancements	2008	4,100						23
24	Sealcoating & Restriping	2008	13,362						24
25	Renov. - Internet Café Construction (Contracted Total)	2009	88,371						25
26	Double Egress Kitchen Doors	2009	6,076						26
27	Renov. - Carpentry	2009	76,000						27
28	Renov. - Millwork (Hand Rails)	2009	14,910						28
29	Renov. - Electrical (Light Fixtures)	2009	5,990						29
30	Renov. - Carpet	2009	6,195						30
31	Renov. - Wallcovering, Corner Guards	2009	8,076						31
32	Generator - Installation & Materials	2009	11,108						32
33	Renov. - Carpentry	2009	45,000						33
34	TOTAL (lines 1 thru 33)		$ 10,540,655	$ 370,602		$ 370,602	$	$ 4,954,357	34

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 10,540,655	$ 370,602		$ 370,602	$	$ 4,954,357	1
2	Renov. - Millwork (Hand Rails)	2009	16,827						2
3	Renov. - Carpet	2009	9,331						3
4	Renov. - Wallcovering	2009	9,237						4
5									5
6	THERAPY ADD - SOIL TESTING	2009	600						6
7	THERAPY ADD - CONCRETE TESTING	2009	2,155						7
8	THERAPY ADD - SITE PREPARATION	2009	240,173						8
9	THERAPY ADD - LANDSCAPING	2009	14,240						9
10	LIGHTPOLE W/ CONCRETE BASE	2009	5,483						10
11	THERAPY ADD - ARCH & ENGINEER COST	2009	56,780						11
12	THERAPY ADD - ARCHITECT REIMB EXTER	2009	7,886						12
13	THERAPY ADD - ENGINEERING - CIVIL	2009	4,740						13
14	THERAPY ADD - INTERIOR DESIGN CONSULTANT	2009	102,773						14
15	THERAPY ADD - LANDSCAPE DESIGN CONSULTANT	2009	8,487						15
16	THERAPY ADD - PLAN REVIEWS	2009	8,853						16
17	THERAPY ADD - SALES USE TAX	2009	22						17
18	THERAPY ADD - WALL COVERING	2009	14,602						18
19	THERAPY ADD - CORNER GUARDS	2009	1,548						19
20	THERAPY ADD - TV IN PT WAITING ROOM	2010	1,745						20
21	THERAPY ADD - CRASH RAIL	2010	3,941						21
22	PAINTING FOR NOURISHMENT	2009	3,800						22
23	10 DOORS	2009	27,900						23
24	CARPETING	2009	1,040						24
25	HM DOOR	2009	4,867						25
26	HM DOOR	2010	4,830						26
27	C-WING SPRINKLERS	2010	25,181						27
28	3808 C WING REHAB RENO - CARPENTRY	2009	43,296						28
29	3808 C WING REHAB RENO - HM DOORS & FRAMES	2009	3,324						29
30	3808 C WING REHAB RENO - ELECTRICAL	2009	6,930						30
31	3808 C WING REHAB RENO - CORNER GUARDS	2009	268						31
32	2107 GENERATOR REPLACE - LABOR & MATERIALS	2009	25,804						32
33	1409 SPRINKLER HEADS - SPRINKLERS	2009	32,500						33
34	TOTAL (lines 1 thru 33)		$ 11,229,818	$ 370,602		$ 370,602	$	$ 4,954,357	34

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 11,229,818	$ 370,602		$ 370,602	$	$ 4,954,357	1
2	1809 INTERIOR RENO - FLOORING	2010	1,906						2
3	1809 INTERIOR RENO - CARPETING	2010	9,289						3
4	1809 INTERIOR RENO - WALL COVERING	2010	45,056						4
5	1809 INTERIOR RENO - ELECTRICAL	2010	1,984						5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 11,288,053	$ 370,602		$ 370,602	$	$ 4,954,357	34

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 2,980,300	$ 239,379	$ 239,379	$		$ 2,325,722	71
72	Current Year Purchases	275,608						72
73	Fully Depreciated Assets							73
74				38,745	38,745			74
75	TOTALS	$ 3,255,908	$ 239,379	$ 278,124	$ 38,745		$ 2,325,722	75

D. Vehicle Depreciation (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 15,397,589	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 609,981	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 648,726	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 38,745	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 7,280,079	85	

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

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

G. Construction-in-Progress

	Description	Cost	
92	Various	$ 49,213	92
93			93
94			94
95		$ 49,213	95

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

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

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 [X] 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: *

10. Effective dates of current rental agreement:
Beginning
Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2011	$
13.	/2012	$
14.	/2013	$

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: $ 150,297 Description: O2 Concentrators, Wheelchairs, Gerichairs, Elct. 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	N/A		$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

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

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

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

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Manorcare of Elk Grove Village STATE OF ILLINOIS # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service		Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a	7776	hrs	$ 303,110	6,588	$ 351,793	$ 3,619	14,364	$ 658,522	1
2	Licensed Speech and Language Development Therapist	10a	3829	hrs	132,467	93	4,944	57	3,922	137,468	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10a	15342	hrs	631,924	660	35,263	20,880	16,002	688,067	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				1,045,188		1,045,188	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): IV Therapy	43,2						336,038		336,038	12
13	Other (specify): X-Ray & Lab	43,3					205,988			205,988	13
14	TOTAL				$ 1,067,501	7,341	$ 597,988	$ 1,405,782	34,288	$ 3,071,271	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.

STATE OF ILLINOIS

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 05/31/10 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ (3,014)	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 1,064,128)	2,301,437		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	5,812		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,304,235	$	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	11,288,053		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,255,908		16
17	Accumulated Depreciation (book methods)	(7,280,079)		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):			22
23	Other(specify): CIP	49,213		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 8,166,723	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,470,958	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 343,911	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	791,280		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	265,026		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Payable	234,144		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,634,361	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	241,832		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation	161,890		42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 403,722	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,038,083	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 8,432,875	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 10,470,958	$	48

*(See instructions.)

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 **Report Period Beginning:** 06/01/09 **Ending:** 05/31/10

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 8,724,915	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 8,724,915	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	3,607,433	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 3,607,433	17
	B. Transfers (Itemize):		
18	**Change in Interdivision**	(3,899,473)	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ (3,899,473)	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 8,432,875	24 *

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

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.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 22,599,651	1
2	Discounts and Allowances for all Levels	(7,483,020)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 15,116,631	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,016,751	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 6,016,751	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	1,079	12
13	Barber and Beauty Care	32,226	13
14	Non-Patient Meals	3,582	14
15	Telephone, Television and Radio	830	15
16	Rental of Facility Space		16
17	Sale of Drugs	1,098,709	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	122,780	19
20	Radiology and X-Ray		20
21	Other Medical Services	99,171	21
22	Laundry	3,987	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,362,364	23
	D. Non-Operating Revenue		
24	Contributions	20	24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 20	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc. Income	1	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 22,495,767	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,096,822	31
32	Health Care	9,214,130	32
33	General Administration	4,790,405	33
	B. Capital Expense		
34	Ownership	1,070,345	34
	C. Ancillary Expense		
35	Special Cost Centers	1,612,607	35
36	Provider Participation Fee	104,025	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 18,888,334	40
41	**Income before Income Taxes (line 30 minus line 40)****	3,607,433	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 3,607,433	43

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

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

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

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,034	2,195	$ 97,437	$ 44.39	1
2	Assistant Director of Nursing	7,895	8,521	308,473	36.20	2
3	Registered Nurses	76,290	82,335	2,821,089	34.26	3
4	Licensed Practical Nurses	15,640	16,879	447,222	26.50	4
5	CNAs & Orderlies	144,593	156,393	1,988,647	12.72	5
6	CNA Trainees					6
7	Licensed Therapist	26,825	28,923	1,150,953	39.79	7
8	Rehab/Therapy Aides	22,955	24,749	531,469	21.47	8
9	Activity Director	11,272	12,182	171,219	14.06	9
10	Activity Assistants					10
11	Social Service Workers	13,198	14,272	323,843	22.69	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	36,066	38,956	508,839	13.06	15
16	Dishwashers					16
17	Maintenance Workers	3,363	3,634	83,090	22.86	17
18	Housekeepers	19,687	21,265	258,350	12.15	18
19	Laundry	7,851	8,481	88,633	10.45	19
20	Administrator	2,080	2,080	136,283	65.52	20
21	Assistant Administrator	1,848	1,848	78,212	42.32	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	28,213	30,604	584,588	19.10	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	2,880	3,110	50,886	16.36	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	422,690	456,427	$ 9,629,233 *	$ 21.10	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	37,156	9, 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	3,637	10, 3	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)		$ 40,793		49

C. CONTRACT NURSES

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Brian Gross	Administrator	0	$ 136,283
Jennifer Miller	Asst. Administrator	0	78,212
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 214,495

B. Administrative - Other

Description	Amount
Management Fees	$ 835,235
TOTAL (agree to Schedule V, line 17, col. 3)	$ 835,235
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Foote, Meyers, & Flowers, LLC	Legal Fees	$ 34,525
Elvidge Kelley Attorney at Law	Legal Fees	1,992
United Collection Bureau Inc.	Collection Services	3,332
(all above adjusted off via Page 5 Line 22, therefore no invoices attached)		
Quality Care Consulting Service, Inc	Review Care of Residents	2,765
	(Reclass to Line 21)	
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 42,614

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 205,104
Unemployment Compensation Insurance	80,378
FICA Taxes	681,515
Employee Health Insurance	512,457
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401 K	74,430
Appreciation & Other Employee Benefits	6,840
SMSP Company Match	7,598
Employee Uniforms	12,806
Home Office Allocation	144,905
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,726,033

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 6,248
Advertising: Employee Recruitment	50,760
Health Care Worker Background Check	5,493
(Indicate # of checks performed 346)	
Patient Background Checks 594	5,940
Dues & Subscriptions	3,661
Association Dues	14,801
Advertising	53,281
Public Relations	
Less: Public Relations Expense	(7,704)
Non-allowable advertising	(53,281)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 79,199

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	11,081
Includes travel expense to the Home	
Office in Toledo, OH for regional meetings	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 11,081

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

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

Facility Name & ID Number Manorcare of Elk Grove Village # 0049387 Report Period Beginning: 06/01/09 Ending: 05/31/10

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 $7097**

(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 $7704**

(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. $ **142,018** 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? **No**
If YES, give effective date of lease.

(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. $ **104,025**
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. $ **0**

(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) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report? **No**
Attach invoices and a summary of services for all architect and appraisal fees.