FOR BHF USE

LL1

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

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

I. IDPH License ID Number: 0049361

Facility Name: Manor Care of South Holland IL, LLC

Address: 2145 East 170th Street (Number) South Holland (City) 60473 (Zip Code)

County: Cook

Telephone Number: (708) 895-3255 **Fax #** (708) 895-3315

HFS ID Number:

Date of Initial License for Current Owners: 12/1/88

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: Gary Geise **Telephone Number:** (419) 252-5731
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 06/01/10 to 05/31/11 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

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

Paid Preparer

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

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

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

III. STATISTICAL DATA

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

	1 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	200	Skilled (SNF)	200	73,000	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	200	TOTALS	200	73,000	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	13,996	4,170	37,548	55,714	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,996	4,170	37,548	55,714	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.32%

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 12/1/88

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 200 and days of care provided 26,356

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: 5/31

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

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	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	510,695	39,889	5,979	556,563	14,640	571,203		571,203			1
2	Food Purchase		397,433		397,433		397,433	(260)	397,173			2
3	Housekeeping	254,771	31,229	3,533	289,533		289,533		289,533			3
4	Laundry	74,993	34,119	826	109,938		109,938		109,938			4
5	Heat and Other Utilities			266,033	266,033	3,947	269,980		269,980			5
6	Maintenance	76,995	20,982	279,645	377,622		377,622		377,622			6
7	Other (specify):* Med Waste			1,481	1,481		1,481		1,481			7
8	TOTAL General Services	917,454	523,652	557,497	1,998,603	18,587	2,017,190	(260)	2,016,930			8
	B. Health Care and Programs											
9	Medical Director			33,534	33,534		33,534		33,534			9
10	Nursing and Medical Records	4,755,030	520,510	132,946	5,408,486	17,365	5,425,851		5,425,851			10
10a	Therapy	2,111,624	21,622	382,227	2,515,473		2,515,473		2,515,473			10a
11	Activities	122,516	8,498	4,735	135,749		135,749		135,749			11
12	Social Services	193,065	97		193,162		193,162		193,162			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	7,182,235	550,727	553,442	8,286,404	17,365	8,303,769		8,303,769			16
	C. General Administration											
17	Administrative	196,450		813,137	1,009,587	(188,675)	820,912		820,912			17
18	Directors Fees											18
19	Professional Services			67,421	67,421	(546)	66,875	(66,875)				19
20	Dues, Fees, Subscriptions & Promotions			85,955	85,955		85,955	(41,941)	44,014			20
21	Clerical & General Office Expenses	716,007	90,148	335,261	1,141,416	546	1,141,962	(317,375)	824,587			21
22	Employee Benefits & Payroll Taxes			1,414,130	1,414,130	66,694	1,480,824		1,480,824			22
23	Inservice Training & Education			1,245	1,245		1,245		1,245			23
24	Travel and Seminar			7,738	7,738		7,738		7,738			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			589,682	589,682		589,682		589,682			26
27	Other (specify):*											27
28	TOTAL General Administration	912,457	90,148	3,314,569	4,317,174	(121,981)	4,195,193	(426,191)	3,769,002			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,012,146	1,164,527	4,425,508	14,602,181	(86,029)	14,516,152	(426,451)	14,089,701			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 Manor Care of South Holland IL, LLC #0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

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			653,696	653,696	23,123	676,819		676,819			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			477,432	477,432	62,906	540,338	(486,338)	54,000			32
33	Real Estate Taxes			827,000	827,000		827,000		827,000			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			45,971	45,971		45,971		45,971			35
36	Other (specify):*											36
37	TOTAL Ownership			2,004,099	2,004,099	86,029	2,090,128	(486,338)	1,603,790			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		846,496	4,250	850,746		850,746		850,746			39
40	Barber and Beauty Shops			7,289	7,289		7,289		7,289			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			109,500	109,500		109,500		109,500			42
43	Other (specify):* IV Ther/ Xray/Lab		186,802	201,479	388,281		388,281		388,281			43
44	TOTAL Special Cost Centers		1,033,298	322,518	1,355,816		1,355,816		1,355,816			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	9,012,146	2,197,825	6,752,125	17,962,096		17,962,096	(912,789)	17,049,307			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 Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(260)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				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	(147)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(1,000)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(66,875)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(228,889)	21		24
25	Fund Raising, Advertising and Promotional	(41,941)	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	(573,677)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (912,789)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (912,789)		37

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

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

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

Manor Care of South Holland IL, LLC

ID# 0049361

Report Period Beginning: 06/01/10

Ending: 05/31/11

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Wages - Marketing	$ (67,322)	21	1
2	P/R O/H Alloc - Mktg	(18,048)	21	2
3	HCP Lease Interest	(486,338)	32	3
4	Vending Income	(1,969)	21	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
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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**	(573,677)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 **Report Period Beginning:** 06/01/10 **Ending:** 05/31/11

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	(260)	0	0	0	0	0	0	0	0	0	0	(260)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(260)	0	0	0	0	0	0	0	0	0	0	(260)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(66,875)	0	0	0	0	0	0	0	0	0	0	(66,875)	19
20	Fees, Subscriptions & Promotions	(41,941)	0	0	0	0	0	0	0	0	0	0	(41,941)	20
21	Clerical & General Office Expenses	(317,375)	0	0	0	0	0	0	0	0	0	0	(317,375)	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**	(426,191)	0	0	0	0	0	0	0	0	0	0	(426,191)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(426,451)	0	0	0	0	0	0	0	0	0	0	(426,451)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 **Report Period Beginning:** 06/01/10 **Ending:** 05/31/11

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	(486,338)	0	0	0	0	0	0	0	0	0	0	(486,338)	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**	(486,338)	0	0	0	0	0	0	0	0	0	0	(486,338)	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)**	(912,789)	0	0	0	0	0	0	0	0	0	0	(912,789)	45

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
HCR Manor Care, LLC	100					
				HCR Manor Care Svcs	Toledo	home office
				HL Empl Svcs, LLC	Toledo	personnel
				HL Rehab Svcs, LLC	Toledo	therapy mgmt svcs
				HL Rehab Svcs, LLC	Toledo	therapy services
				HL Home Health Care	Toledo	nursing staff
		See PG6-Supp for list of related nursing homes in Illinois				

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

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

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	$ 813,137	HCR Manor Care Services, LLC	100.00%	$ 813,137	$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	9,012,146	Heartland Employment Services, LLC	100.00%	9,012,146		4
5	V	10a	Therapy Management	16,820	Heartland Rehabilitation Services, LLC	100.00%	16,820		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			$ 9,842,103			$ 9,842,103	$ *	14

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

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

VII. RELATED PARTIES

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

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

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

VII. RELATED PARTIES

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

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

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

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 Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] 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 43614-2617
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 to all SNFs	Accumulated Cost	2,917,243,659	353 NFs	$ 2,652,139	$ 1,448,591	16,103,206	$ 14,640	1
2	1	Dietary - Direct to Central Div	Accumulated Cost	692,663,974	92 NFs			16,103,206	0	2
3	1	Dietary - Pooled	Accumulated Cost	3,335,641,627	727 NFs,HHs,Rehab			16,103,206	0	3
4	5	Utilities - Direct to all SNFs	Accumulated Cost	2,917,243,659	353 NFs			16,103,206	0	4
5	5	Utilities - Direct to Central Div	Accumulated Cost	692,663,974	92 NFs			16,103,206	0	5
6	5	Utilities - Pooled	Accumulated Cost	3,335,641,627	727 NFs,HHs,Rehab	817,551		16,103,206	3,947	6
7	10	Nursing - Direct to all SNFs	Accumulated Cost	2,917,243,659	353 NFs	2,699,818	1,331,445	16,103,206	14,903	7
8	10	Nursing - Direct to Central Div	Accumulated Cost	692,663,974	92 NFs			16,103,206	0	8
9	10	Nursing - Pooled	Accumulated Cost	3,335,641,627	727 NFs,HHs,Rehab	510,057	376,446	16,103,206	2,462	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	2,917,243,659	353 NFs	24,740,566	19,625,790	16,103,206	136,569	10
11	17	Gen/Admin -Direct to Central Div	Accumulated Cost	692,663,974	92 NFs	1,871,124	5,027,701	16,103,206	43,500	11
12	17	Gen/Admin - Pooled	Accumulated Cost	3,335,641,627	727 NFs,HHs,Rehab	92,052,254	34,999,867	16,103,206	444,393	12
13	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	2,917,243,659	353 NFs	7,290,309		16,103,206	40,243	13
14	22	Empl Bnfts-Direct to Central Div	Accumulated Cost	692,663,974	92 NFs			16,103,206	0	14
15	22	Employee Benefits - Pooled	Accumulated Cost	3,335,641,627	727 NFs,HHs,Rehab	5,479,146		16,103,206	26,451	15
16	30	Depreciation -Direct to all SNFs	Accumulated Cost	2,917,243,659	353 NFs	285,954		16,103,206	1,578	16
17	30	Deprec -Direct to Central Div	Accumulated Cost	692,663,974	92 NFs			16,103,206	0	17
18	30	Depreciation - Pooled	Accumulated Cost	3,335,641,627	727 NFs,HHs,Rehab	4,462,801		16,103,206	21,545	18
19										19
20	32	Directly Assigned Interest				12,736,052			62,906	20
21		Non Central Div Nrsg Hm Allocations				29,513,406				21
22										22
23										23
24										24
25	TOTALS					$ 185,111,177	$ 62,809,840		$ 813,137	25

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Conv. Seb. Debentures		X	Various			$ 1,399,326	$ 1,399,326		0.0450	$ 62,906	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8	Interest Income / Interest Exp										(8,906)	8
9	TOTAL Facility Related						$ 1,399,326	$ 1,399,326			$ 54,000	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 1,399,326	$ 1,399,326			$ 54,000	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 Manor Care of South Holland IL, LLC **#** 0049361 **Report Period Beginning:** 06/01/10 **Ending:** 05/31/11

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 750,460	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.)		$ 877,640	2
3. Under or (over) accrual (line 2 minus line 1).		$ 127,180	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 732,834	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.**		$ 7,879	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** $ See Below **For** **Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$ (40,893)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 827,000	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006	619,077	8
	2007	650,575	9
	2008	700,079	10
	2009	814,634	11
	2010	833,565	12

Line 2: $877,639.64 = $429,590.87 for 2nd half 2009 + $448,048.77 for 1st half 2010
Line 4: $732,834.44 = $385,516.11 for 2nd half 2010 + $347,318.33 for Jan-May 2011
Line 5: $7,879.25 = Invoices for $4,647.25 (Rock, Fusco & Assoc) + $3,232 (Worsek & Vihon)
Line 6: $40,893.10 = RE Tax Appeal Refunds of $622,86 for 2000 + $12,893.24 for 2007+ $27,377 for 2008

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	$	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.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Manor Care of South Holland IL, LLC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049361

CONTACT PERSON REGARDING THIS REPORT Gary Geise

TELEPHONE (419) 252-5731 FAX #: (419) 254-5495

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

Enter the tax index number and real estate tax assessed for 2010 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2010.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	29-25-200-006-0000	See Attached	$ 833,564.88	$ 833,564.88
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 833,564.88	$ 833,564.88

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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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 Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 65,200 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [ ] (b) Rent from a Related Organization. [X] (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. [X] (c) Rent equipment from Completely Unrelated Organization.

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

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

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		1988	$ 929,902	1
2					2
3	TOTALS			$ 929,902	3

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 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			1988	$ 3,317,990	$ 184,882		$ 184,882	$	$ 3,328,310	4
5	60			1991	1,912,803						5
6	10			1997	1,054,638						6
7				2006	1,222,040						7
8											8
	Improvement Type**										
9	Current Year Depreciation					223,283		223,283		2,694,880	9
10				1988	112,623						10
11				1989	36,052						11
12				1990	6,131						12
13				1991	255,298						13
14				1992	192,798						14
15				1993	108,676						15
16				1994	85,519						16
17				1995	50,587						17
18				1996	231,349						18
19				1997	120,584						19
20				1998	237,026						20
21				1999	8,872						21
22				2000	53,921						22
23				2001	103,358						23
24	Birch Doors & Shower Floors			2002	4,644						24
25	Eletrical Work			2002	5,390						25
26	Paint, Wallcovering & Borders			2002	3,884						26
27	General Construction			2002	11,200						27
28	Floor Tile for Break Room			2002	2,794						28
29	Roofing			2003	12,928						29
30	Carpet			2003	382						30
31	Carpet/Flooring & Base			2003	18,216						31
32	Wallcovering & Border			2003	13,718						32
33	Renovation to Vending Machine Room			2003	5,794						33
34	Roofing			2003	1,010						34
35	Concrete			2003	2,050						35
36				2003	3,033						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 Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Construction Dept. Cost & Interest	2003	$ 5,152	$		$	$	$	37
38	Additional Electrical Outlets	2003	2,331						38
39	Fire Door	2004	1,463						39
40	Construction Dept. Cost & Interest	2004	985						40
41	Wallcovering & Border	2004	3,297						41
42	Doors	2004	2,284						42
43	Flooring	2004	3,807						43
44	LANDSCAPING	2004	5,300						44
45	PARKING LOT LIGHTS	2004	17,922						45
46	WALLCOVERING & BORDERS	2004	3,913						46
47	CARPET	2004	4,996						47
48	TOLI OAK FLOORING	2004	11,840						48
49	DOORS	2004	1,042						49
50	DRYWALL OVER DOORWAY & INSTALL CABINETS	2004	10,724						50
51	DOOR HARDWARE	2004	8,926						51
52	FLOORING & COVE BASE	2004	10,254						52
53	ENRTY DOORS, RAMP, & EXTEND WALL 25 FEET	2005	31,817						53
54	REGISTERS FOR BUILDING	2005	3,892						54
55	DUCT WORK FOR A/C	2005	2,080						55
56	FABRIC	2005	602						56
57	DOOR	2005	1,790						57
58	4 DOORS & LOCK SETS	2006	3,500						58
59	DOORS & LOCK SETS	2006	3,718						59
60	renov - flooring/carpeting/wallcovering	2006	41,695						60
61	renov - carpentry-subcontr	2006	14,549						61
62	renov - HM doors & frames	2006	2,456						62
63	door alarms	2006	8,525						63
64	VCT	2006	4,050						64
65	condensing unit	2006	4,175						65
66	carpet	2006	10,901						66
67	hollow door	2006	2,288						67
68	shower door	2006	724						68
69	exhaust system	2006	4,400						69
70	TOTAL (lines 4 thru 69)		$ 9,430,706	$ 408,165		$ 408,165	$	$ 6,023,190	70

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

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 9,430,706	$ 408,165		$ 408,165	$	$ 6,023,190	1
2	door	2006	2,288						2
3	addition - architecture/engineering costs/permit fees	2006	404,618						3
4	addition - carpet / wallcovering	2006	33,532						4
5	addition - millwork & sprinklers	2006	36,507						5
6	ac unit	2006	5,100						6
7	1 birch door for therapy	2006	1,288						7
8	addition - general contr - site prep	2006	147,406						8
9	addition - engineering inspection	2006	4,041						9
10	paving	2006	2,650						10
11	electrical	2008	10,940						11
12	corridor electrical	2008	15,823						12
13	replacement roof	2008	163,410						13
14	wallcovering	2008	50,522						14
15	fence	2007	26,375						15
16	concrete patio & sidewalk	2007	16,296						16
17	wallcovering	2008	5,875						17
18	air handlers	2008	15,240						18
19	electronic ballast	2009	3,430						19
20	Renov - Gen overhead capital	2009	1,848						20
21	Renov - Interest on Construction	2009	94						21
22	Renov - Carpeting & pads	2009	11,240						22
23	Renov - wallcovering	2009	8,637						23
24	Renov - Gen overhead capital	2008	3,032						24
25	Renov - Paving of parking lot	2008	50,435						25
26	Renov - Interest on Construction	2008	551						26
27	Renov -Resilient Flooring	2009	12,131						27
28	Renov - Painting	2009	24,262						28
29	Renov - wallcovering	2009	968						29
30	exit steel door	2009	3,788						30
31	hand & crash rail	2009	17,378						31
32	dining room floor upgrade	2009	10,677						32
33	painting	2009	4,044						33
34	TOTAL (lines 1 thru 33)		$ 10,525,131	$ 408,165		$ 408,165	$	$ 6,023,190	34

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

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 10,525,131	$ 408,165		$ 408,165	$	$ 6,023,190	1
2	shower floor tile	2009	750						2
3	shower floor tile	2009	8,273						3
4	Dining room floor upgrade additional	2009	12,032						4
5	Carpeting	2010	4,485						5
6	Frt Carpeting	2010	731						6
7	Rear, Kitchen & Exterior HM Door	2010	8,205						7
8	Carpet Installation	2010	5,403						8
9	Additional HM Doors	2010	8,205						9
10	Hour rated door	2010	2,281						10
11	HM Doors	2010	11,450						11
12	2 smoke walls and fire damper	2011	23,640						12
13	rooftop heat exchanger	2011	4,695						13
14	2 light posts	2010	9,138						14
15	6 bollard lights in court	2010	9,058						15
16	2 halide light fixtures	2010	2,334						16
17	additional cost 2 light fixtures	2010	307						17
18	3610 Renov - General overhead capital	2011	5,776						18
19	3610 Renov - interest on constr	2011	366						19
20	3610 Renov - doors & frames	2011	78,650						20
21	Additional cost 2 smoke walls	2011	6,401						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)		$ 10,727,310	$ 408,165		$ 408,165	$	$ 6,023,190	34

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

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

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	$ 3,202,169	$ 245,531	$ 245,531	$		$ 2,602,274	71
72	Current Year Purchases	136,522						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			23,123	23,123			74
75	TOTALS	$ 3,338,691	$ 245,531	$ 268,654	$ 23,123		$ 2,602,274	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	Residents	1995 Goshen GHS		$ 17,000	$	$	$		$ 17,000	76
77	`	Paratransit								77
78										78
79										79
80	TOTALS			$ 17,000	$	$	$		$ 17,000	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)	$ 15,012,903	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 653,696	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 676,819	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 23,123	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 8,642,464	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	CIP	$ 118,635	92
93			93
94			94
95		$ 118,635	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 Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

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

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

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

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

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

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 45,971 Description: O2 Concentrators, Wheelchairs, Geri Chairs, elec. Beds, Etc.
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

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 Manor Care of South Holland IL, LLC

STATE OF ILLINOIS
0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

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	11597 hrs	$ 485,534	508	$ 24,389	$ 2,139	12,105	$ 512,062	1
2	Licensed Speech and Language Development Therapist	10a	6596 hrs	276,142	36	1,706	786	6,632	278,634	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	10244 hrs	428,867	5,755	276,219	18,697	15,999	723,783	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				846,496		846,496	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Inhal Therapist	10a	255	10,692	1,191	57,164		1,446	67,856	12
13	Other (specify): IV Ther/Xray/Lab	43, 2 & 3				201,479	186,802		388,281	13
14	TOTAL			$ 1,201,235	7,490	$ 560,957	$ 1,054,920	36,182	$ 2,817,112	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 Manor Care of South Holland IL, LLC # 0049361 **Report Period Beginning:** 06/01/10 **Ending:** 05/31/11

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 05/31/11 (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	$ 23,180	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (939,708))	2,358,903		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	5,244		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,387,327	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	929,902		13
14	Buildings, at Historical Cost	10,727,310		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,355,691		16
17	Accumulated Depreciation (book methods)	(8,642,464)		17
18	Deferred Charges	24,134,915		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	118,635		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 30,623,989	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 33,011,316	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 212,857	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	729,508		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)	104,924		31
32	Accrued Real Estate Taxes(Sch.IX-B)	732,834		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Payables	94,747		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,874,870	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	51,600,664		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation	70,476		42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 51,671,140	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 53,546,010	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (20,534,694)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 33,011,316	$	48

***(See instructions.)**

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 6,615,581	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 6,615,581	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	4,526,605	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)**	$ 4,526,605	17
	B. Transfers (Itemize):		
18	**Change in Interdivision**	(31,676,880)	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ (31,676,880)	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (20,534,694)	24 *

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

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

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	$ 22,416,537	1
2	Discounts and Allowances for all Levels	(7,106,472)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 15,310,065	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,948,987	6
7	Oxygen	1,182	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 5,950,169	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	1,969	12
13	Barber and Beauty Care	7,948	13
14	Non-Patient Meals	260	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	964,265	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	108,575	19
20	Radiology and X-Ray	63,307	20
21	Other Medical Services	81,779	21
22	Laundry	364	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,228,467	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			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 22,488,701	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,998,603	31
32	Health Care	8,286,404	32
33	General Administration	4,317,174	33
	B. Capital Expense		
34	Ownership	2,004,099	34
	C. Ancillary Expense		
35	Special Cost Centers	1,246,316	35
36	Provider Participation Fee	109,500	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 17,962,096	40
41	**Income before Income Taxes (line 30 minus line 40)****	4,526,605	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 4,526,605	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 Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

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	1,986	2,161	$ 98,514	$ 45.59	1
2	Assistant Director of Nursing	4,393	4,781	168,610	35.27	2
3	Registered Nurses	52,738	57,387	1,925,120	33.55	3
4	Licensed Practical Nurses	35,855	39,015	984,799	25.24	4
5	CNAs & Orderlies	134,509	146,590	1,526,263	10.41	5
6	CNA Trainees					6
7	Licensed Therapist	28,692	31,237	1,307,814	41.87	7
8	Rehab/Therapy Aides	27,277	29,697	803,810	27.07	8
9	Activity Director	8,395	9,144	122,516	13.40	9
10	Activity Assistants					10
11	Social Service Workers	7,555	8,224	193,065	23.48	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	30,907	33,661	510,695	15.17	15
16	Dishwashers					16
17	Maintenance Workers	3,700	4,030	76,995	19.11	17
18	Housekeepers	22,475	24,476	254,771	10.41	18
19	Laundry	7,424	8,083	74,993	9.28	19
20	Administrator	2,080	2,080	148,391	71.34	20
21	Assistant Administrator	1,554	1,554	48,059	30.93	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	30,096	32,951	630,637	19.14	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	3,281	3,571	51,724	14.48	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	402,917	438,642	$ 8,926,776 *	$ 20.35	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	33,534	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)		$ 33,534		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	296	$ 20,751	10, 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	296	$ 20,751		53

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Kimberly Saggese	Aministrator	0	$ 32,543
Lenette Clark	Aministrator	0	115,848
Pamela Chappell	Assit Admin	0	1,616
Kerry Donegan	Assit Admin	0	44,181
Christopher Raciti	Assit Admin	0	2,262
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 196,450

B. Administrative - Other

Description	Amount
Various Home Office Services	$ 813,137
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 813,137

C. Professional Services

Vendor/Payee	Type	Amount
Foote, Meyers, Mielke		$
& Flowers LLC	Legal Fees	58,181
Littler Mendelson	Legal Fees	2,010
United Collection Bureau	Fees for Collections	6,684
Legal and collection fees were adjusted off on Schedule VI, Page 5, Line 22.		
Therefore, no invoices are attached		
The Weissman Group	H/R Consulting	546
Consulting Fees reclassed to Line 21.		
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 67,421

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 117,647
Unemployment Compensation Insurance	108,985
FICA Taxes	641,565
Employee Health Insurance	473,242
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Appreciation	434
401K	55,840
Oth Empl Benefits, Mktg Adj & LT Incent	3,796
Tuition Program	1,630
SMSP Match	6,055
Employee Uniforms	4,936
Home Office Allocation	66,694
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,480,824

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	$ 5,343
Advertising: Employee Recruitment	12,879
Health Care Worker Background Check	
(Indicate # of checks performed 456)	9,188
Patient Background Checks 653	6,530
Dues & Subscriptions	3,121
Association Dues	20,797
Advertising	28,097
Public Relations	
Less: Non-Allowable Dues	(13,844)
Less: Public Relations Expense	( )
Non-allowable advertising	(28,097)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 44,014

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	7,738
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)	$ 7,738

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Manor Care of South Holland IL, LLC # 0049361 Report Period Beginning: 06/01/10 Ending: 05/31/11

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 Manor Care of South Holland IL, LLC **#** 0049361 **Report Period Beginning:** 06/01/10 **Ending:** 05/31/11

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **ICHA $6,953**

(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_$13844**

(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. $ **100,721** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **YES** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **YES**
If YES, give effective date of lease. **04/07/11**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **109,500**
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. $ **260**

(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.