		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: 0049650

Facility Name: Manor Care of Wilmette IL, LLC

Address: 432 Poplar Drive (Number) — Wilmette (City) — 60091 (Zip Code)

County: Cook

Telephone Number: 847-256-5000 **Fax #** 847-256-0225

HFS ID Number:

Date of Initial License for Current Owners: 6/12/95

Type of Ownership:

VOLUNTARY,NON-PROFIT	PROPRIETARY	GOVERNMENTAL
[ ] 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 06/01/10 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

STATE OF ILLINOIS

Facility Name & ID Number: Manor Care of Wilmette IL, LLC # 0049650 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	80	Skilled (SNF)	80	29,200	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	80	TOTALS	80	29,200	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	14,630	2,897	7,820	25,347	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,630	2,897	7,820	25,347	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.80%

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

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

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [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 06/12/95

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 80 and days of care provided 5,545

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 Wilmette IL, LLC # 0049650 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	255,442	20,552	6,321	282,315	6,127	288,442		288,442			1
2	Food Purchase		162,764		162,764		162,764		162,764			2
3	Housekeeping	114,231	19,224	1,915	135,370		135,370		135,370			3
4	Laundry	137	8,180	83,009	91,326		91,326		91,326			4
5	Heat and Other Utilities			129,443	129,443	1,652	131,095		131,095			5
6	Maintenance	55,472	13,533	142,498	211,503		211,503		211,503			6
7	Other (specify):* Medical Waste			507	507		507		507			7
8	TOTAL General Services	425,282	224,253	363,693	1,013,228	7,779	1,021,007		1,021,007			8
	B. Health Care and Programs											
9	Medical Director			45,700	45,700		45,700		45,700			9
10	Nursing and Medical Records	2,174,236	145,415	34,759	2,354,410	7,268	2,361,678		2,361,678			10
10a	Therapy	628,713	5,645	107,886	742,244		742,244		742,244			10a
11	Activities	47,471	4,996	3,818	56,285		56,285		56,285			11
12	Social Services	108,555		1,229	109,784		109,784		109,784			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,958,975	156,056	193,392	3,308,423	7,268	3,315,691		3,315,691			16
	C. General Administration											
17	Administrative	106,140		324,024	430,164	(62,664)	367,500		367,500			17
18	Directors Fees											18
19	Professional Services			17,291	17,291	(182)	17,109	(17,109)				19
20	Dues, Fees, Subscriptions & Promotions			47,915	47,915		47,915	(28,063)	19,852			20
21	Clerical & General Office Expenses	392,135	39,135	113,977	545,247	182	545,429	(117,589)	427,840			21
22	Employee Benefits & Payroll Taxes			677,725	677,725	27,914	705,639		705,639			22
23	Inservice Training & Education			496	496		496		496			23
24	Travel and Seminar			921	921		921		921			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			225,171	225,171		225,171		225,171			26
27	Other (specify):*											27
28	TOTAL General Administration	498,275	39,135	1,407,520	1,944,930	(34,750)	1,910,180	(162,761)	1,747,419			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,882,532	419,444	1,964,605	6,266,581	(19,703)	6,246,878	(162,761)	6,084,117			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			422,527	422,527	9,678	432,205		432,205			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			12,834	12,834	10,025	22,859	(14,141)	8,718			32
33	Real Estate Taxes			269,994	269,994		269,994		269,994			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			37,373	37,373		37,373		37,373			35
36	Other (specify):*											36
37	TOTAL Ownership			742,728	742,728	19,703	762,431	(14,141)	748,290			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		220,833	2,791	223,624		223,624		223,624			39
40	Barber and Beauty Shops			7,024	7,024		7,024		7,024			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			43,800	43,800		43,800		43,800			42
43	Other (specify):*		50,494	70,314	120,808		120,808		120,808			43
44	TOTAL Special Cost Centers		271,327	123,929	395,256		395,256		395,256			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,882,532	690,771	2,831,262	7,404,565		7,404,565	(176,902)	7,227,663			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 Wilmette IL, LLC # 0049650 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				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	(92)	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	(17,109)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(62,659)	21		24
25	Fund Raising, Advertising and Promotional	(28,063)	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	(67,979)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (176,902)		$	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))**	$ (176,902)		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.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

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Manor Care of Wilmette IL, LLC

ID# 0049650

Report Period Beginning: 06/01/10

Ending: 05/31/11

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Wages - Marketing Expense	$ (41,718)	21	1
2	Employee Benefits - Marketing Expense	(11,497)	21	2
3	Vending Income	(589)	21	3
4	HCP Lease Interest Expense	(14,141)	32	4
5	Misc. Income	(34)	21	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
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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**	(67,979)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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 A. General Services	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)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	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**	0	0	0	0	0	0	0	0	0	0	0	0	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	(17,109)	0	0	0	0	0	0	0	0	0	0	(17,109)	19
20	Fees, Subscriptions & Promotions	(28,063)	0	0	0	0	0	0	0	0	0	0	(28,063)	20
21	Clerical & General Office Expenses	(117,589)	0	0	0	0	0	0	0	0	0	0	(117,589)	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**	(162,761)	0	0	0	0	0	0	0	0	0	0	(162,761)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(162,761)	0	0	0	0	0	0	0	0	0	0	(162,761)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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	(14,141)	0	0	0	0	0	0	0	0	0	0	(14,141)	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**	(14,141)	0	0	0	0	0	0	0	0	0	0	(14,141)	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)**	(176,902)	0	0	0	0	0	0	0	0	0	0	(176,902)	45

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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	$ 324,024	HCR Manor Care Services, LLC	100.00%	$ 324,024	$	1
2	V	Page							2
3	V	8							3
4	V	1-44	Personnel	3,882,532	Heartland Employment Services, LLC	100.00%	3,882,532		4
5	V	10a	Therapy Management	5,065	Heartland Rehabilitation Services, LLC	100.00%	5,065		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			$ 4,211,621			$ 4,211,621	$ *	14

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

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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 South Holland IL, LLC	South Holland				27
28			Manor Care of Westmont IL, LLC	Westmont				28
29			Arden Courts of Elk Grove Village IL, LLC	Elk Grove Village				29
30								30

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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 Geneva IL, LLC	Geneva				1
2			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				2
3			Arden Courts of Hazel Crest IL, LLC	Hazel Crest				3
4			Arden Courts of Northbrook IL, LLC	Northbrook				4
5			Arden Courts of Palos Heights IL, LLC	Palos Heights				5
6			Arden Courts of South Holland IL, LLC	South Holland				6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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	
					Compensation Received From Other	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	
	Name	Title	Function	Ownership Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	
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 Wilmette IL, LLC # 0049650 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 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 to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	$ 2,652,139	$ 1,448,591	6,739,782	$ 6,127	1
2	1	Dietary - Direct to Central Divisio	Accumulated Cost	692,663,974	92 NFs			6,739,782	0	2
3	1	Direct - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs,			6,739,782	0	3
4	5	Utilities - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs			6,739,782	0	4
5	5	Utilities - Direct to Central Divisio	Accumulated Cost	692,663,974	92 NFs			6,739,782	0	5
6	5	Utilities - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs,	817,551		6,739,782	1,652	6
7	10	Nursing - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	2,699,818	1,331,445	6,739,782	6,237	7
8	10	Nursing - Direct to Central Divisio	Accumulated Cost	692,663,974	92 NFs			6,739,782	0	8
9	10	Nursing - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs,	510,057	376,446	6,739,782	1,031	9
10	17	General & Admin - Direct to All S	Accumulated Cost	2,917,243,659	353 NFs	24,740,566	19,625,790	6,739,782	57,159	10
11	17	General & Admin - Direct Cen Div	Accumulated Cost	692,663,974	92 NFs	1,871,124	5,027,701	6,739,782	18,206	11
12	17	General & Admin - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs,	92,052,254	34,999,867	6,739,782	185,995	12
13	22	Employee Benefits - Direct to All S	Accumulated Cost	2,917,243,659	353 NFs	7,290,309		6,739,782	16,843	13
14	22	Employee Benefits - Direct Centra	Accumulated Cost	692,663,974	92 NFs			6,739,782	0	14
15	22	Employee Benefits - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs,	5,479,146		6,739,782	11,071	15
16	30	Depreciation - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	285,954		6,739,782	661	16
17	30	Depreciation - Direct Central Divi	Accumulated Cost	692,663,974	92 NFs			6,739,782	0	17
18	30	Depreciation - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs,	4,462,801		6,739,782	9,017	18
19										19
20	32	Interest				12,736,052			10,025	20
21		Non-Nursing Home Allocations				29,513,406				21
22										22
23										23
24										24
25	TOTALS					$ 185,111,177	$ 62,809,840		$ 324,024	25

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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. Sub Debentures		X	Facility			$ 223,000	$ 223,000		0.0452	$ 10,025	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8	Interest Income Other										(1,307)	8
9	TOTAL Facility Related						$ 223,000	$ 223,000			$ 8,718	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 223,000	$ 223,000			$ 8,718	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 Wilmette IL, LLC** # **0049650** Report Period Beginning: **06/01/10** Ending: **05/31/11**

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

Item		Amount	Line
1. Real Estate Tax accrual used on 2010 report.	$	107,620	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.)	$	131,408	2
3. Under or (over) accrual (line 2 minus line 1).	$	23,788	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)	$	232,211	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.**	$	13,995	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.	$	269,994	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	Amount	Line
2006	228,082	8
2007	209,097	9
2008	209,097	10
2009	160,702	11
2010	223,549	12

Line 2: $131,408 = $43,022 for 2nd half 2009 paid 11/30/10 + $88,386 for 1st half of 2010 paid 2/28/11

Line 4: $232,211 = $137,918 for 2nd half 2010 to be paid in Dec 2011 + $94,293 estimate of first half 2011 (Jan-May 2011)

	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 Wilmette IL, LLC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049650

CONTACT PERSON REGARDING THIS REPORT Raymond Lewis

TELEPHONE 419-252-2783 FAX #: 419-252-5495

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.	05-34-121-042-0000	See Attached	$ 2,330.94	$ 2,330.94
2.	05-34-121-050-0000	See Attached	$ 2,735.11	$ 2,735.11
3.	05-34-121-051-0000	See Attached	$ 3,522.14	$ 3,522.14
4.	05-34-121-041-0000	See Attached	$ 3,406.63	$ 3,406.63
5.	05-34-121-048-0000	See Attached	$ 7,492.01	$ 7,492.01
6.	05-34-121-056-0000	See Attached	$ 204,061.79	$ 204,061.79
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 223,548.62	$ 223,548.62

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 Wilmette IL, LLC # 0049650 Report Period Beginning: 06/01/10 Ending: 05/31/11

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 21,881 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 3

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).

N/A

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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility		1995	$ 500,819	1
2			2007	3,225	2
3	TOTALS			$ 504,044	3

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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	80		1995	1969	$ 661,737	$ 108,418		$ 108,418	$	$ 1,706,499	4
5	CR 05/31/03 AUDIT ADJ		1995		3,635,000						5
6	CR 05/31/03 AUDIT ADJ		1995		40,000						6
7											7
8											8
	Improvement Type**										
9	BUILDING IMPROVEMENTS (Current year Depreciation)					210,070		210,070		1,687,225	9
10				1983	7,273						10
11				1985	17,043						11
12				1988	1,961						12
13				1989	7,178						13
14				1990	20,800						14
15				1991	2,428						15
16				1992	34,209						16
17				1993	55,467						17
18	INSTALL GARBAGE DISPOSAL/EJECTORS			1995	1,726						18
19	STORAGE TANKS			1995	7,303						19
20	PAINTING			1995	2,355						20
21	FLOOR/WALL TILE			1995	1,643						21
22	VERTICLE VESSELS			1995	21,838						22
23	CARPET CLEANING			1996	1,197						23
24	CAPITALIZED LABOR			1996	4,074						24
25	CR 5/31/99 AUDIT ADJ			1996	(4,074)						25
26	SIGN			1996	162						26
27	ELECTRICAL			1996	181,279						27
28	GENERAL REQUIREMENTS			1996	110,589						28
29	FLOORING/CEILING			1996	75,391						29
30	ARCHITECT/ENGINEER/LEGAL FEES			1996	52,531						30
31	CR 5/31/99 AUDIT ADJ			1996	(16,232)						31
32	CARPENTRY/MASONRY			1996	35,295						32
33	MILLWORK			1996	17,943						33
34	DOOR & WINDOW FRAMES			1996	26,753						34
35	FINISH STUD/DRYWALL			1996	8,964						35
36											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 Wilmette IL, LLC # 0049650 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	PAINTING/WALLCOVERINGS	1996	$ 28,690	$		$	$	$	37
38	PLUMBING	1996	63,189						38
39	HVAC	1996	22,253						39
40	CORNER GUARDS	1996	4,423						40
41	NURSE CALL STATION	1996	32,513						41
42	LIGHTING	1996	15,386						42
43	PERMITS	1996	4,646						43
44	CORPORATE OVERHEAD	1996	86,993						44
45	CR 5/31/99 AUDIT ADJ	1996	(86,993)						45
46	TRAVEL/DELIVERY	1996	13,507						46
47	SIGNS	1996	2,875						47
48	KICKPLATES	1996	1,697						48
49	CABLE/WIRING	1996	2,218						49
50	CARPET	1996	37,911						50
51	WALLCOVERINGS	1996	30,453						51
52	NEW COIL	1996	6,413						52
53	PIPING/INSULATION	1996	10,765						53
54	PUMP UPGRADE	1996	2,639						54
55	RANGE GUARD	1996	1,649						55
56	NURSE CALL SYSTEM	1997	7,208						56
57	ARCHITECT/ENGINEER FEES	1997	3,491						57
58	GENERAL CONTRACTOR	1997	21,640						58
59	FURNISH & INSTALL HEATER	1997	5,109						59
60	REPLACE DOORS/ALARM	1997	2,957						60
61	REPLACE WATER LINE	1997	2,423						61
62	CORPORATE OVERHEAD	1997	10,516						62
63	CR 5/31/99 AUDIT ADJ	1997	(10,516)						63
64	SITE PREP/LANDSCAPE	1997	11,180						64
65	FLOORING	1997	916						65
66	ROOFTOP A/C	1997	39,990						66
67	FACILITY PLAN ALLOC	1997	5,964						67
68	CR 5/31/99 AUDIT ADJ	1997	(5,964)						68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,387,974	$ 318,488		$ 318,488	$	$ 3,393,724	70

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

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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		$ 5,387,974	$ 318,488		$ 318,488	$	$ 3,393,724	1
2	INSTALL NEW SUNROOM	1997	59,481						2
3	ASBESTOS REMOVAL	1997	19,675						3
4	ELECTRICAL	1997	4,156						4
5	ROOF WORK	1997	1,129						5
6	VINYL SHED	1997	803						6
7	ELECTRICAL	1998	17,790						7
8	PAINTING/ROOF/SIDING/CONCRETE	1998	20,304						8
9	BEAMS/STEEL	1998	4,320						9
10	CARPENTRY	1998	4,532						10
11	GENERAL CONTRACTOR FEES	1998	4,416						11
12	CARPET	1998	4,767						12
13	REMOVE & INSTALL DIFUSERS/DUCTS	1998	1,865						13
14	INSTALL DOORS	1998	4,466						14
15	CORPORATE OVERHEAD	1998	1,651						15
16	CR 5/31/99 AUDIT ADJ	1998	(1,651)						16
17	ENIGNEER/ARCHITECT FEES	1998	1,539						17
18	PLUMBING	1998	11,963						18
19	ELECTRICAL	1998	4,659						19
20	DEVELOPERS	1998	5,555						20
21	HVAC	1998	9,751						21
22	SIGN	1998	14,116						22
23	ROOFING	1998	3,725						23
24	PAVING	1998	17,975						24
25	PAINTING/WALLCOVERING	1999	1,418						25
26	FLOORING/CEILING	1999	3,964						26
27	HVAC	1999	6,727						27
28	DOOR/WINDOW	1999	2,938						28
29	ROOFING	1999	6,915						29
30	ARCHITECT	1999	15,472						30
31	KICKPLATES, HANDRAILS	1999	2,938						31
32	REMOVE OLD BOILER	1999	980						32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,646,313	$ 318,488		$ 318,488	$	$ 3,393,724	34

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

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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		$ 5,646,313	$ 318,488		$ 318,488	$	$ 3,393,724	1
2	BUILDING DECORATIONS	1999	4,680						2
3	A/C UPGRADE	1999	17,360						3
4	BOILER CONTROLS	1999	23,650						4
5	ENGINEERING SERVICE	1999	779						5
6	VWC RES RMS/CORRIDORS	2000	8,025						6
7	ACCESS PANEL/AC UNIT	2000	520						7
8	AIR CONDITIONING UNIT	2000	4,121						8
9	ROOF REPAIRS	2000	1,065						9
10	EVELATOR UPGRADE	2000	590						10
11	CIRCUIT BOARD - FIRE ALARM	2000	2,461						11
12	ROOF INSPECTION	2001	650						12
13	INJECTOR PUMP	2001	2,697						13
14	FREIGHT ON CARPET	2001	316						14
15	CARPET	2001	6,426						15
16	FREIGHT ON CARPET	2001	55						16
17	CARPET	2001	2,790						17
18	CARPET	2001	2,141						18
19	FAN COIL UNITS	2001	41,483						19
20	CARPET	2001	2,374						20
21	ROOF	2001	4,086						21
22	ROOFING	2001	7,151						22
23	ROOF	2001	1,800						23
24	WINDOWS	2002	15,000						24
25	ROOF	2002	1,886						25
26	RENOVATION-OVERHEAD & INTEREST	2002	4,258						26
27	CR 5/31/03 AUDIT ADJ	2002	(4,258)						27
28	RENOVATION-GENERAL CONST & ELECT	2002	55,642						28
29	RENOVATION-CARPET	2002	13,724						29
30	STAINLESS STEEL WALLCOVER	2002	6,780						30
31	BOLLARDS AROUND COOLING TOWERS	2002	3,386						31
32	WINDOWS	2002	14,606						32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,892,555	$ 318,488		$ 318,488	$	$ 3,393,724	34

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

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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 12C, Carried Forward		$ 5,892,555	$ 318,488		$ 318,488	$	$ 3,393,724	1
2	DOUBLE DOORS	2002	3,985						2
3	CARPET	2002	770						3
4	FREIGHT ON CARPET	2002	103						4
5	ROOF	2002	6,130						5
6	ROOF	2002	3,065						6
7	ROOF	2002	2,680						7
8	INSTALL CARPET	2002	458						8
9	INSTALL THREE DRAINS	2003	1,341						9
10	METAL STEEL DOOR	2003	1,000						10
11	METAL STEEL DOOR	2003	1,890						11
12	ARCHITECTURAL ENGINEERING	2003	602						12
13	ARCHITECTURAL ENGINEERING	2003	1,101						13
14	CARPET	2003	1,580						14
15	FREIGHT ON CARPET	2003	84						15
16	FREIGHT ON CARPET	2003	48						16
17	15 LIGHT FIXTURES	2003	3,600						17
18	BORDER	2003	629						18
19	BORDER	2003	131						19
20	VINYL WALL COVERING	2003	997						20
21	VINYL WALL COVERING	2003	581						21
22	BORDER	2003	179						22
23	BORDER	2003	149						23
24	VINYL WALL COVERING	2003	1,470						24
25	FREIGHT ON CARPET	2003	73						25
26	METAL DOOR AND INSTALLATION	2003	2,620						26
27	FLOORING AND VINYL WALL COV	2003	25,902						27
28	ARTWORK	2004	2,283						28
29	FREIGHT ON WINDOW TREATMENT	2004	97						29
30	CARPET	2004	1,580						30
31	FLOORING AND VINYL WALL COV	2004	400						31
32	CASH REICEPT FOR CARPET	2004	(1,580)						32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,956,502	$ 318,488		$ 318,488	$	$ 3,393,724	34

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

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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 12D, Carried Forward		$ 5,956,502	$ 318,488		$ 318,488	$	$ 3,393,724	1
2	CONCRETE SLAB	2004	670						2
3	ARCH & ENGINEERING COST	2004	8,693						3
4	VWC	2004	1,270						4
5	FLOORING	2004	2,145						5
6	PAINTING	2004	11,005						6
7	Building Décor / 3 years Ta	2004	70						7
8	ARTWORK	2004	2,123						8
9	PAINTING	2004	4,635						9
10	Building Décor / 3 years Ta	2004	241						10
11	VWC	2004	990						11
12	INCANDESCENT EXPLOSION LI	2004	1,384						12
13	LAMP FIXTURES DUPLEX RECE	2004	5,450						13
14	HOBART OVEN	2004	2,436						14
15	INSTALL SINK & FAUCET	2005	1,110						15
16	CARPET	2005	1,350						16
17	FREIGHT ON CARPET	2005	77						17
18	CARPET	2005	1,733						18
19	Dumpster Corral	2005	14,222						19
20	PAINTING	2004	(4,635)						20
21	NEW CEILIN TILE	2005	4,314						21
22	INTERIOR RENOVATION	2005	6,000						22
23	CEILING PANELS	2005	1,875						23
24	INSTALL DOOR	2005	1,722						24
25	DOUBLE EGRESS DOOR	2005	5,755						25
26	Renov-Carpentry/Millwork	2005	70,189						26
27	Renov-Gen O/H & Int. on Construction	2005	70,345						27
28	Renov-Custom Casework	2005	3,860						28
29	Renov-Carpeting/Pads/ WC/Corner Guards	2005	14,643						29
30	Renov-Fire Sprinkler Sys.	2005	6,215						30
31	Renov-Plumbing	2005	2,247						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,198,635	$ 318,488		$ 318,488	$	$ 3,393,724	34

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

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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 12E, Carried Forward		$ 6,198,635	$ 318,488		$ 318,488	$	$ 3,393,724	1
2	Renov-Basic Electrical	2005	12,120						2
3	2 Btyan Boilers	2005	45,280						3
4	Light Fixtures	2005	2,534						4
5	Fire system	2005	25,895						5
6	INSTALL RESET CONTROL	2005	2,105						6
7	Gen O/H & Int. on Construction	2006	34,385						7
8	Carp./Lobby Fin./Doors/Windows/HVAC	2006	78,084						8
9	HM Doors/Frames/Plumbing	2006	35,064						9
10	Resilient Flooring	2006	30,265						10
11	Carpet/Pads/WC/Corner Guards	2006	9,666						11
12	Basic Electrical	2006	16,811						12
13	wallcovering	2006	539						13
14	FLOORING	2006	7,500						14
15	fan coil unit	2006	5,870						15
16	flooring	2006	8,885						16
17	carpet	2006	4,755						17
18	carpet	2006	1,818						18
19	fire rated access panels	2007	25,525						19
20	SPRINKLER SYSTEM	2007	3,093						20
21	000000000737 REPAIR ROOF	2007	2,365						21
22	000000000749 GUTTERS AND SPOUTS	2007	4,748						22
23	000000000752 ENGINEERING	2007	4,950						23
24	767 Gen O/H on Construction	2007	1,851						24
25	768 Install Fluorecent fixtures	2007	2,084						25
26	770 12 Sliding closet doors & install	2007	14,960						26
27	Site Development Survey sewer	2008	11,650						27
28	000000000773 skylight re-roof	2008	1,185						28
29	000000000774 Fire Dampers	2008	7,820						29
30	775 1707 General Overhead Elevator Upgrade	2008	5,236						30
31	776 1707 Electrical Elevator Upgrade	2008	30,565						31
32	Carpet resilient flooring wall covering	2008	74,974						32
33	000000000790 Concrete Pad Dumpster	2008	2,395						33
34	TOTAL (lines 1 thru 33)		$ 6,713,612	$ 318,488		$ 318,488	$	$ 3,393,724	34

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

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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 12F, Carried Forward		$ 6,713,612	$ 318,488		$ 318,488	$	$ 3,393,724	1
2	786 0608 2ND FL Corridor Resilient flooring	2008	22,553						2
3	791 Painting & Wall Covering RMS 211 & 311	2008	3,893						3
4	000000000793 WALL COVERING (ADJ #782) 1ST FL RES RENOV	2008	2,759						4
5	000000000794 Painting & Wall Covering RMS 209 & 309	2008	3,925						5
6	000000000795 METAL DOORS	2008	5,622						6
7	796 1108 General O/H Elevator Upgrade	2008	2,186						7
8	797 1108 Elevator & Elevator electric	2008	43,013						8
9	798 New Control elevator (#776)	2008	5,458						9
10	804 1108 Elevator handrails	2008	1,890						10
11	804 1108 Elevator controls	2008	5,545						11
12	000000000813 hollow metal door	2009	3,789						12
13	000000000814 DOOR ACCESS SYSTEM	2009	15,735						13
14	HM DOOR	2009	3,789						14
15	FREIGHT FOR FLOORING	2009	984						15
16	FLOORING	2009	1,217						16
17	FLOORING	2009	4,685						17
18	CARPET VINYL TILE	2009	6,974						18
19	DEMO 3 SHOWER STALLS	2009	29,220						19
20	DOOR ACCESS SYSTEM	2009	12,100						20
21	2009 ROOF REPLACEMENT	2009	131						21
22	2009 ROOF REPLACEMENT	2009	69,936						22
23	1ST FLOOR HANDRAIL	2009	8,733						23
24	HANDRAILS ELEVATOR	2009	6,758						24
25	1409 Parking Electric concrete bases, Poles, fence	2009	193,758						25
26	1409 Storm Sewer Excavate & intall	2009	37,740						26
27	SEALCOATING & STRIPING	2009	7,518						27
28	FLOOR TILE ELECTRICAL WORK ACCESS PANELS SOLARIUM	2010	72,167						28
29	HVAC LOBBY SOLARIUM	2010	6,982						29
30	WIRING FIXTURES SOLARIUM	2010	20,805						30
31	CARPETING	2010	3,364						31
32	FREIGHT CARPETING	2010	527						32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,317,367	$ 318,488		$ 318,488	$	$ 3,393,724	34

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

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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 12G, Carried Forward		$ 7,317,367	$ 318,488		$ 318,488	$	$ 3,393,724	1
2	FLOOR CARPET	2010	6,281						2
3	steel hand reailing	2010	14,720						3
4	VCT flooring, and steel studdi	2010	15,480						4
5	1110 LIFE SAFETY CORRECTIONS	2010	2,871						5
6	1110 LIFE SAFETY CORRECTIONS	2010	21,579						6
7	2" cast iron drain	2010	2,450						7
8	HM door w/tempered glass	2010	10,525						8
9	CARPETING	2010	10,527						9
10	FREIGHT FOR CARPETING	2010	875						10
11	3 doors	2010	11,204						11
12	Laundry rm Architect drawings	2010	22,014						12
13	Rooftop heat exchanger	2011	9,114						13
14	FREIGHT CARPET	2011	226						14
15	temperature controls on roofto	2011	3,550						15
16	Painting	2011	3,630						16
17	Fence	2010	6,650						17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,459,063	$ 318,488		$ 318,488	$	$ 3,393,724	34

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

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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	$ 1,763,454	$ 104,039	$ 104,039	$		$	71
72	Current Year Purchases	149,510					1,460,184	72
73	Fully Depreciated Assets							73
74	Home Office			9,678	9,678			74
75	TOTALS	$ 1,912,964	$ 104,039	$ 113,717	$ 9,678		$ 1,460,184	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 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)	$ 9,876,071	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 422,527	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 432,205	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 9,678	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,853,908	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	$ 21,969	92
93			93
94			94
95		$ 21,969	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 Wilmette IL, LLC # 0049650 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: $ 37,373 Description: 02 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			$	$	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 Wilmette IL, LLC # 0049650 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.

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

		1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff			Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service		Cost	Units	Cost				
1	Licensed Occupational Therapist	10a	3519	hrs	$ 152,434	89	$ 5,723	$ 672	3,608	$ 158,829	1
2	Licensed Speech and Language Development Therapist	10a	3509	hrs	152,118	10	627	15	3,519	152,760	2
3	Licensed Recreational Therapist	10a		hrs		175	11,239		175	11,239	3
4	Licensed Physical Therapist	10a	3624	hrs	145,269	1,219	78,286	4,958	4,843	228,513	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			220,833			220,833	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): IV Therapy	10a & 43, 2					6,742	50,494		57,236	12
13	Other (specify): X-Ray & Lab	43, 3					70,314			70,314	13
14	TOTAL				$ 449,821	1,493	$ 393,764	$ 56,139	12,145	$ 899,724	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.

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 **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	$ 3,969	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 311,633)	758,763		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	2,447		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 765,179	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	504,044		13
14	Buildings, at Historical Cost	7,459,063		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,912,964		16
17	Accumulated Depreciation (book methods)	(4,853,908)		17
18	Deferred Charges	292,615		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	21,969		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,336,747	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,101,926	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 71,901	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	384,397		30
31	Accrued Taxes Payable (excluding real estate taxes)	52,960		31
32	Accrued Real Estate Taxes(Sch.IX-B)	232,211		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable	78,886		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 820,355	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,225,891		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation	251		42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,226,142	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,046,497	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 4,055,429	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 6,101,926	$	48

*(See instructions.)

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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**	$ 5,334,045	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 5,334,045	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(561,846)	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)**	$ (561,846)	17
	B. Transfers (Itemize):		
18	**Change in Interdivision**	(716,770)	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ (716,770)	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 4,055,429	24 *

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

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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	$ 6,958,675	1
2	Discounts and Allowances for all Levels	(1,960,801)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,997,874	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,551,377	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,551,377	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	589	12
13	Barber and Beauty Care	7,901	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	232,663	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	11,713	19
20	Radiology and X-Ray		20
21	Other Medical Services	40,568	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 293,434	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		34	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 34	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,842,719	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,013,228	31
32	Health Care	3,308,423	32
33	General Administration	1,944,930	33
	B. Capital Expense		
34	Ownership	742,728	34
	C. Ancillary Expense		
35	Special Cost Centers	351,456	35
36	Provider Participation Fee	43,800	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 7,404,565	40
41	**Income before Income Taxes (line 30 minus line 40)****	(561,846)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (561,846)	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.

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

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,109	2,273	$ 93,999	$ 41.35	1
2	Assistant Director of Nursing	3,806	4,103	142,553	34.74	2
3	Registered Nurses	24,392	26,291	820,299	31.20	3
4	Licensed Practical Nurses	11,920	12,848	306,431	23.85	4
5	CNAs & Orderlies	62,566	67,607	810,954	12.00	5
6	CNA Trainees					6
7	Licensed Therapist	11,019	11,855	501,052	42.27	7
8	Rehab/Therapy Aides	4,380	4,712	127,661	27.09	8
9	Activity Director	3,836	4,138	47,471	11.47	9
10	Activity Assistants					10
11	Social Service Workers	4,005	4,321	108,555	25.12	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,987	18,331	255,442	13.93	15
16	Dishwashers					16
17	Maintenance Workers	2,225	2,402	55,472	23.09	17
18	Housekeepers	9,284	10,021	114,231	11.40	18
19	Laundry	12	13	137	10.54	19
20	Administrator	2,080	2,080	104,733	50.35	20
21	Assistant Administrator	105	105	1,407	13.40	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,857	19,441	338,920	17.43	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					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	176,583	190,541	$ 3,829,317 *	$ 20.10	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	45,700	9, 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 45,700		49

C. CONTRACT NURSES

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

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Raymond Campbell	Administrator	0	$ 3,196
Daniel Wilson-Kramer	Administrator	0	101,537
Brittney Lyn Howland	Asst Administrator	0	1,407
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 106,140

B. Administrative - Other

Description	Amount
Various Home Office Services	$ 324,024
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 324,024

C. Professional Services

Vendor/Payee	Type	Amount
Foote, Meyers, & Flowers LLC	Legal Fees	$ 16,618
United Collection Bureau Inc.	Collection	491
(All above are adjusted off via page 5, Line 22, therefore no invoices attached)		
The Weissman Group	Consultant Fees	182
(The above is reclassed to Line 21, therefore no invoices attached)		
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 17,291

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 82,457
Unemployment Compensation Insurance	48,007
FICA Taxes	273,276
Employee Health Insurance	233,329
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401K	32,366
Appreciation, Other Benefits & Marketing Adjust	(7,577)
Tuition Program	7,399
SMSP Company Match	245
Employee Uniforms	8,223
Home Office Allocation	27,914
TOTAL (agree to Schedule V, line 22, col.8)	$ 705,639

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		$ 5,330
Advertising: Employee Recruitment		4,175
Health Care Worker Background Check		379
(Indicate # of checks performed	28)	
Patient Background Checks	255	3,406
Dues/Subs		3,781
Association Dues		8,103
Advertising		22,741
Less: Non-allowable Association Dues		(5,322)
Less: Public Relations Expense		( )
Non-allowable advertising		(22,741)
Yellow page advertising		( )
TOTAL (agree to Sch. V, line 20, col. 8)		$ 19,852

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	921
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)	$ 921

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Manor Care of Wilmette IL, LLC # 0049650 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
					Amount of Expense Amortized Per Year								
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
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19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number **Manor Care of Wilmette IL, LLC** **#** **0049650** **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. **IHCA $2781**

(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 $5322**

(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. $ **31,989** Line **10, 2**

(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. $ **43,800**
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. $ **589**

(16) Travel and Transportation

a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ ______

c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**

d. Have vehicle usage logs been maintained? **N/A**

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

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

g. Does the facility transport residents to and from day training? **No**
Indicate the amount of income earned from providing such transportation during this reporting period. $ ______

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: ______

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

(19) 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? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.