FOR BHF USE

LL1

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

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT) FOR LONG-TERM CARE FACILITIES (FISCAL YEAR 2014)

I. IDPH License ID Number: 0049445

Facility Name: Manorcare of Hinsdale

Address: 600 West Ogden Ave (Number) Hinsdale (City) 60521 (Zip Code)

County: DuPage

Telephone Number: (630) 325-9630 Fax # (630) 325-9648

HFS ID Number:

Date of Initial License for Current Owners: 11/01/81

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 06/01/13 to 05/31/14 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 Lazarus
(Title)	Vice President, Reimbursement

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

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

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	202	Skilled (SNF)	202	73,730	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	202	TOTALS	202	73,730	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	6,924	9,724	43,053	59,701	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	6,924	9,724	43,053	59,701	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.97%

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 11/01/81

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 202 and days of care provided 33,162

Medicare Intermediary Novitas Solutions, Inc.

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

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

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

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

STATE OF ILLINOIS

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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	202,267	40,517	526,360	769,144		769,144		769,144			1
2	Food Purchase		410,816		410,816		410,816	(4,346)	406,470			2
3	Housekeeping	274,224	36,325	3,927	314,476		314,476		314,476			3
4	Laundry	73,288	26,854	61	100,203		100,203		100,203			4
5	Heat and Other Utilities			378,320	378,320	4,946	383,266		383,266			5
6	Maintenance	54,250	38,140	260,856	353,246		353,246		353,246			6
7	Other (specify):* Medical Waste			1,238	1,238		1,238		1,238			7
8	TOTAL General Services	604,029	552,652	1,170,762	2,327,443	4,946	2,332,389	(4,346)	2,328,043			8
	B. Health Care and Programs											
9	Medical Director			58,100	58,100		58,100		58,100			9
10	Nursing and Medical Records	5,960,470	581,833	266,325	6,808,628	21,563	6,830,191	(35,386)	6,794,805			10
10a	Therapy	4,251,849	13,704	30,647	4,296,200		4,296,200		4,296,200			10a
11	Activities	149,193	6,409	8,247	163,849		163,849	(250)	163,599			11
12	Social Services	464,166	29		464,195		464,195		464,195			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	10,825,678	601,975	363,319	11,790,972	21,563	11,812,535	(35,636)	11,776,899			16
	C. General Administration											
17	Administrative	201,395		1,368,812	1,570,207	(644,100)	926,107		926,107			17
18	Directors Fees											18
19	Professional Services			75,964	75,964	(7,041)	68,923	(68,923)				19
20	Dues, Fees, Subscriptions & Promotions			113,707	113,707		113,707	(62,050)	51,657			20
21	Clerical & General Office Expenses	594,028	135,118	898,483	1,627,629	6,306	1,633,935	(699,741)	934,194			21
22	Employee Benefits & Payroll Taxes			1,844,167	1,844,167	108,742	1,952,909		1,952,909			22
23	Inservice Training & Education			3,264	3,264	735	3,999		3,999			23
24	Travel and Seminar			23,933	23,933		23,933		23,933			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			793,339	793,339		793,339		793,339			26
27	Other (specify):*											27
28	TOTAL General Administration	795,423	135,118	5,121,669	6,052,210	(535,358)	5,516,852	(830,714)	4,686,138			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	12,225,130	1,289,745	6,655,750	20,170,625	(508,849)	19,661,776	(870,696)	18,791,080			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			746,921	746,921	36,598	783,519	(103,140)	680,379			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			5,592,049	5,592,049	472,251	6,064,300	(5,620,288)	444,012			32
33	Real Estate Taxes			164,364	164,364		164,364		164,364			33
34	Rent-Facility & Grounds			22,399	22,399		22,399		22,399			34
35	Rent-Equipment & Vehicles			62,665	62,665		62,665		62,665			35
36	Other (specify):*											36
37	TOTAL Ownership			6,588,398	6,588,398	508,849	7,097,247	(5,723,428)	1,373,819			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			(3,500)	(3,500)		(3,500)		(3,500)			38
39	Ancillary Service Centers		1,357,160	4,240	1,361,400		1,361,400		1,361,400			39
40	Barber and Beauty Shops			37,957	37,957		37,957		37,957			40
41	Coffee and Gift Shops	10,898			10,898		10,898		10,898			41
42	Provider Participation Fee			271,632	271,632		271,632		271,632			42
43	Other (specify):* IV | X-Ray & Lab		217,505	282,721	500,226		500,226		500,226			43
44	TOTAL Special Cost Centers	10,898	1,574,665	593,050	2,178,613		2,178,613		2,178,613			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	12,236,028	2,864,410	13,837,198	28,937,636		28,937,636	(6,594,124)	22,343,512			45

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

Facility Name & ID Number Manorcare of Hinsdale **# 0049445** **Report Period Beginning: 06/01/13** **Ending: 05/31/14**

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	(4,346)	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	(103,140)	30		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	(331)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(35,386)	10		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(5,000)	21		18
19	Entertainment				19
20	Contributions		21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(31,516)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(694,356)	21		24
25	Fund Raising, Advertising and Promotional	(62,050)	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	(5,657,999)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (6,594,124)		$	30

BHF USE ONLY

48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)		10a	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (6,594,124)		37

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

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

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

STATE OF ILLINOIS

Manorcare of Hinsdale

ID# 0049445

Report Period Beginning: 06/01/13

Ending: 05/31/14

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	HCP Lease Interest	$ (5,620,288)	32	1
2	Vending Income	0	21	2
3	Misc. Income	(54)	21	3
4	Activity Income	(250)	11	4
5	Loss on Disposal of Fixed Assets	0	36	5
6	Acct. Fees for Collections	(37,407)	19	6
7	Collection Agency Fees	0	19	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(5,657,999)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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	(4,346)	0	0	0	0	0	0	0	0	0	0	(4,346)	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	(4,346)	0	0	0	0	0	0	0	0	0	0	(4,346)	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	(35,386)	0	0	0	0	0	0	0	0	0	0	(35,386)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(250)	0	0	0	0	0	0	0	0	0	0	(250)	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	(35,636)	0	0	0	0	0	0	0	0	0	0	(35,636)	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	(68,923)	0	0	0	0	0	0	0	0	0	0	(68,923)	19
20	Fees, Subscriptions & Promotions	(62,050)	0	0	0	0	0	0	0	0	0	0	(62,050)	20
21	Clerical & General Office Expenses	(699,741)	0	0	0	0	0	0	0	0	0	0	(699,741)	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	(830,714)	0	0	0	0	0	0	0	0	0	0	(830,714)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(870,696)	0	0	0	0	0	0	0	0	0	0	(870,696)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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	(103,140)	0	0	0	0	0	0	0	0	0	0	(103,140)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(5,620,288)	0	0	0	0	0	0	0	0	0	0	(5,620,288)	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**	(5,723,428)	0	0	0	0	0	0	0	0	0	0	(5,723,428)	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)**	(6,594,124)	0	0	0	0	0	0	0	0	0	0	(6,594,124)	45

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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 Svc	Toledo	home office
				HL Empl Svcs, LLC	Toledo	personnel
				HL Rehab Svcs, LLC	Toledo	therapy mgmt svcs
				HL Rehab Svcs, LLC	Toledo	therapy services
				HL Home Health Care	Toledo	nursing staff

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [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	$ 1,368,812	HCR Manor Care Services, LLC	100.00%	$ 1,368,812	$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	12,236,028	Heartland Employment Services, LLC	100.00%	12,236,028		4
5	V	10a	Therapy Management	21,590	Heartland Rehabilitation Services, LLC	100.00%	21,590		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			$ 13,626,430			$ 13,626,430	$ *	14

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

STATE OF ILLINOIS

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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 Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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 Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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 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	5	Utilities - Pooled	Accumulated Cost	3,919,925,578	702 NFs,HHs,R	$ 702,082	$	27,617,573	$ 4,946	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	3,463,307,562	357 NFs			27,617,573	0	2
3	5	Utilities - Direct to MW Div SNFs	Accumulated Cost	494,203,074	48 NFs			27,617,573	0	3
4										4
5	10	Nursing - Pooled	Accumulated Cost	3,919,925,578	702 NFs,HHs,Rehal	421,070	303,971	27,617,573	2,967	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	3,463,307,562	357 NFs	2,331,970	10,787,378	27,617,573	18,596	6
7	10	Nursing - Direct to MW Div SNFs	Accumulated Cost	494,203,074	48 NFs			27,617,573	0	7
8										8
9	17	Gen/Admin-Pooled	Accumulated Cost	3,919,925,578	702 NFs,HHs,Rehal	66,712,258	34,047,414	27,617,573	470,017	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	3,463,307,562	357 NFs	18,712,683	6,531,152	27,617,573	149,221	10
11	17	Gen/Admin-Direct to MW Div SN	Accumulated Cost	494,203,074	48 NFs	1,887,403	1,136,236	27,617,573	105,474	11
12										12
13	22	Empl Bnfts-Pooled	Accumulated Cost	3,919,925,578	702 NFs,HHs,Rehal	7,831,139		27,617,573	55,174	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	3,463,307,562	357 NFs	6,717,577		27,617,573	53,568	14
15	22	Empl Bnfts-Direct to MW Div SN	Accumulated Cost	494,203,074	48 NFs			27,617,573	0	15
16										16
17	30	Depreciation - Pooled	Accumulated Cost	3,919,925,578	702 NFs,HHs,Rehal	4,454,722		27,617,573	31,385	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	3,463,307,562	357 NFs	653,747		27,617,573	5,213	18
19	30	Depr - Direct to MW Div SNFs	Accumulated Cost	494,203,074	48 NFs			27,617,573	0	19
20										20
21										21
22	32	Pooled Interest	Accumulated Cost	3,919,925,578		25,923,280		27,617,573	182,641	22
23	32	Directly Assigned Interest	Not Allocated			18,563,246			289,610	23
24		H/O Costs Allocated to Non-SNFs & Other Divisions				30,324,259				24
25	TOTALS					$ 185,235,436	$ 52,806,151		$ 1,368,812	25

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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	Various			$ 4,419,968	$ 4,419,968		6.5523	$ 289,610	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Home Office Pooled Interest Expense										182,641	6
7	Interest Income / Interest Expense										(28,239)	7
8												8
9	TOTAL Facility Related						$ 4,419,968	$ 4,419,968			$ 444,012	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 4,419,968	$ 4,419,968			$ 444,012	15

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

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

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

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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.

Line	Description	Amount	
1	1. Real Estate Tax accrual used on 2013 report.	$ 149,978	1
2	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.)	$ 163,892	2
3	3. Under or (over) accrual (line 2 minus line 1).	$ 13,914	3
4	4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)	$ 150,490	4
5	5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	$	5
6	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 $ 40 For 2003-2006 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	$ (40)	6
7	7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$ 164,364	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:

Year	Amount	Line
2009	145,678	8
2010	152,500	9
2011	155,735	10
2012	163,613	11
2013	164,171	12

Line 2: $163,892 = $81,806 for the 2nd half of 2012 + $82,086 for the 1st half of 2013.

Line 4: $150,490 = $82,086 for the 2nd half 2013 + $68,404 estimate for Jan-May 2014.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2013	$	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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Manorcare of Hinsdale COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0049445

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 2013 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 2013.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	09-02-404-001	See attached	$ 2,394.68	$ 2,394.68
2.	09-02-212-006	See attached	$ 15,271.18	$ 15,271.18
3.	09-02-212-001	See attached	$ 146,505.32	$ 146,505.32
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 164,171.18	$ 164,171.18

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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 78,479 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).

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		1981	$ 1,358,110	1
2					2
3	TOTALS			$ 1,358,110	3

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	102		1972		$ 1,160,300	$ 95,392		$ 95,392	$	$ 2,860,096	4
5	100			1980	1,913,000						5
6	Therapy addition			2006	400,868						6
7											7
8											8
	Improvement Type**										
9	Current Year Depreciation					223,371		223,371		5,123,819	9
10				1984	4,367						10
11				1985	6,383						11
12				1987	14,207						12
13				1988	22,849						13
14				1989	173,344						14
15				1990	114,281						15
16				1991	240,682						16
17				1992	111,750						17
18				1993	421,420						18
19				1994	145,930						19
20				1995	182,224						20
21				1996	326,618						21
22				1997	407,293						22
23				1998	392,286						23
24				1999	128,464						24
25				1999	(11,509)						25
26				2000	138,632						26
27				2001	142,009						27
28				2002	339,762						28
29	STEEL/METAL DOORS			2003	4,336						29
30	ROOF REPAIR			2003	1,084						30
31	ARCH AND ENGINEERING COSTS			2004	553						31
32	ELECTRICAL			2004	3,776						32
33	Arch and Engineering Costs			2004	42,165						33
34	General Construction Overhead Cost & Interest			2004	55,967						34
35	Flooring			2004	9,800						35
36	Carpeting			2004	11,210						36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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	2004	$ 63,111	$		$	$	$	37
38	Wallcovering & Corner Guards	2004	5,782						38
39	Carpentry	2004	27,527						39
40	Electrical	2004	24,620						40
41	Roofing & Doors	2004	1,685						41
42	Fire Wall	2004	4,625						42
43	VWC & Paint	2004	2,092						43
44	Exterior Painting	2004	7,405						44
45	Flooring	2004	12,981						45
46	Air Separator	2004	9,942						46
47	Flooring	2005	113,382						47
48	Doors	2005	4,865						48
49	VWC	2005	1,474						49
50	Flooring	2005	9,070						50
51	Shower Door	2005	6,140						51
52	Painting, Wallcovering, & Base	2005	3,531						52
53	Install fire server cabinet & shelves	2005	3,700						53
54	Fire Alarm Panels	2005	10,265						54
55	Masonry Work	2005	3,875						55
56	Smoke Detectors	2005	1,160						56
57	Electrical Circuit for Smoke Detecor	2005	801						57
58	Wallcovering	2005	5,240						58
59	Electrical Work in 28 patient rooms	2005	2,284						59
60	Wallcovering	2005	1,233						60
61	Smoke Detectors	2005	2,685						61
62	Remodel Janitor Closet & Greenhouse	2005	4,800						62
63	Remodel Janitor Closet & Greenhouse	2006	4,799						63
64	Electrical Work for Elevator - Hookup shunt switch	2006	503						64
65	Phone Wiring	2006	7,231						65
66	Exhaust Fan	2006	2,272						66
67	Phone Wiring Additional Work	2006	1,605						67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 7,254,736	$ 318,763		$ 318,763	$	$ 7,983,915	70

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

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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		$ 7,254,736	$ 318,763		$ 318,763	$	$ 7,983,915	1
2	Corner guards	2006	353						2
3	Engineering for conceptual site plan - parking lot, lighting, lanscap	2006	6,767						3
4	Drywall & Paint to rebuild plumbing walls in 6 resident rooms	2006	8,023						4
5	Plumbing - Replace 4 wall hydrants	2006	3,224						5
6	Overhead & Interest on HVAC Project	2006	1,344						6
7	HVAC - 35 ton roof unit & related electrical work	2006	61,639						7
8	Overhead & Interest on addition/renovation project	2006	157,013						8
9	Addition/Renov. - Architect & Engineering	2006	71,504						9
10	Addition/Renov. - Permit fees, plan reveiews, consultant misc.	2006	16,591						10
11	Addition/Renov. - Drywall canopies on 41 light fiztures	2006	1,017						11
12	Addition/Renov. - Ceil Tile & Paint Grid	2006	4,365						12
13	Addition/Renov. - Flooring	2006	5,147						13
14	Addition/Renov. - Wall Covering & Corner Guards	2006	17,428						14
15	Addition/Renov. - Fire Sprinkler System	2006	84,188						15
16	Addition/Renov. - Plumbing	2006	4,895						16
17	Addition/Renov. - HVAC	2006	2,594						17
18	Addition/Renov. - Electrical	2006	11,569						18
19	Addition/Renov. - Site Preparation	2006	39,350						19
20	Addition/Renov. - Fencing	2006	1,637						20
21	Addition/Renov. - Lanscaping block, trees, plants, etc.	2006	112,980						21
22	Electrical - Parking lot lights	2006	2,413						22
23	Roof Termination Strip	2006	967						23
24	Electrical work	2006	2,215						24
25	Patio with raised seating area	2006	24,113						25
26	Concrete curbs & pavement for new parking spaces	2006	28,645						26
27	Electrical - Parking lot lights	2006	13,005						27
28	Lawn sprinler system	2006	9,800						28
29	Carpet	2007	10,314						29
30	Remodel Shower Room - Tile, Sink, Faucets, Paint	2007	15,820						30
31	Flooring in Corridors	2007	11,448						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,985,104	$ 318,763		$ 318,763	$	$ 7,983,915	34

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

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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		$ 7,985,104	$ 318,763		$ 318,763	$	$ 7,983,915	1
2	Electrical at nurses station	2007	2,538						2
3	Windows (9)	2007	14,245						3
4	Drainage	2007	17,001						4
5	Wallcovering	2007	15,483						5
6	Electrical for pill dispenser	2007	1,773						6
7	Elevator Upgrade	2007	4,370						7
8	Piping in laundry room	2007	1,700						8
9	Parking lot paving	2007	9,900						9
10	Curbing in Parking lot	2007	2,550						10
11	Paving	2007	8,016						11
12	Sidewalk & Railing	2007	36,550						12
13									13
14	Roofing over generator - Wate Tight Membane	2008	16,314						14
15	Renov. - Vinyl Flooring	2008	37,310						15
16	ELEVATOR SWITCHES	2008	4,370						16
17	20 AMP CIRCUT	2008	2,250						17
18	AC ELECTRICAL	2008	9,505						18
19	CONCRETE BOARD IN SHOWER	2008	2,680						19
20	ELECTRIC Change outlets from 2 to 4	2009	5,040						20
21	CIRCUIT BREAKER	2009	3,880						21
22	LAUNDRY CIRCUIT BREAKER	2009	5,140						22
23	225 AMP CIRCUIT BREAKER	2009	2,120						23
24	15 AMP RECEPTACLES	2008	3,360						24
25	Renov.- Front Elevator Upgrade	2009	54,708						25
26	HM Doors	2009	6,500						26
27									27
28	Renov. - Elevator Upgrade	2009	11,209						28
29	Doors (8) HM	2009	18,810						29
30	Renov. - Fire Rate Access Panels	2009	27,588						30
31	Renov. - Fire dampers & access panels	2009	78,095						31
32	Frights for Corner Guards	2009	240						32
33	Renov. - Fire Proof Acces Panels	2010	7,682						33
34	TOTAL (lines 1 thru 33)		$ 8,396,031	$ 318,763		$ 318,763	$	$ 7,983,915	34

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

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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		$ 8,396,031	$ 318,763		$ 318,763	$	$ 7,983,915	1
2	Renov. - Flooring	2010	25,501						2
3	Renov. - Wallcovering & guards	2010	20,127						3
4	Radiant heaters	2010	16,131						4
5	Emergency lights (15) led wall packs	2010	16,017						5
6									6
7	Renov. - Surveys	2010	5,625						7
8	Renov. - Millwork	2010	24,495						8
9	Renov. - Gypsum, Studs, & Tile Work	2010	110,702						9
10	Wiring For Phones In Arcadia Wing	2010	4,027						10
11	Renov. - Acqustic Ceiling System & Other	2010	161,931						11
12	Renov. - Roof Replacement	2010	114,435						12
13	Renov. - Flooring	2010	108						13
14	Renov. - Flooring & Wallcovering	2010	2,700						14
15	Cabinetry and Faucet	2010	6,841						15
16	VCT Flooring & Paint	2010	5,168						16
17	Renov. - Overhead & Interest ($19,887.59)	2010							17
18	Renov. - 40 Ton A/C Unit, Trane	2010	56,970						18
19	Renov. - Flooring, Paint, & Wallcoverings	2010	135,403						19
20	Renov. - Interior Renovations	2010	28,587						20
21	Renov. - Carpentry	2010	125,759						21
22	French Drain & new pavers around flag pole (1/2 of invoice)	2011	6,375						22
23									23
24	Upgrade main electrical breaker, switch, & wire to generator	2011	65,223						24
25	French Drain & new pavers around flag pole (1/2 of invoice)	2011	6,375						25
26	Replace hand rails in Monroe corridor	2011	6,192						26
27	Paint, wallcovering, corner guards in Monroe corridor	2011	19,585						27
28	Chiller 40 ton - Revno. 11-11C	2011	66,756						28
29	Wander System at Elevators (3)	2011	22,853						29
30	Sprinkler System Upgrade	2011	11,910						30
31	Nurse Call System - Renov. 2011	2011	41,396						31
32	Physician Paging System	2011	3,025						32
33	Boiler	2011	5,390						33
34	TOTAL (lines 1 thru 33)		$ 9,511,638	$ 318,763		$ 318,763	$	$ 7,983,915	34

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

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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		$ 9,511,638	$ 318,763		$ 318,763	$	$ 7,983,915	1
2	Fire Wall, Doors, & Duct Dampers - Mechanical & Locker Rm	2012	36,210						2
3	Drywall, studs, & windows to enclose new OT area	2012	18,990						3
4	Exhaust system & ductwork for new OT area	2012	18,002						4
5									5
6	Electrical Panel & Wiring Upgrade	2012	4,787						6
7	Parking Lot Paving - Renov. 15-12MW	2012	54,973						7
8	Boiler, Lochinvar 1,300,000 BTU	2012	19,178						8
9	Compressor - 40 Ton	2012	2,848						9
10	Stainless Steel Corner Guards in Kitchen	2012	6,530						10
11	Install Fire Walls & Sprinklers - Renov 47-12MW as follows:	2012	30,120						11
12	1 1/2 hr. rated fire doors for second floor								12
13	Smoke wall repair by room 170								13
14	Smoke wall repair at stairwell next to room 213								14
15	Fire door repair for PT Mechanical Roon								15
16	Sprinkler head extendion outside room 233								16
17	Door repair for OT Storage room								17
18	HVAC - Laundry	2012	12,965						18
19	HVAC - OT Room	2013	14,980						19
20	Renovations to Lobby, Foyer, Office, 1st floor corridors, OT area, 2nd floor dining, 2nd floor corridor (elevator area) consisting of:								20
21	Carpentry, Millwork, Drywall, Handrails - Renov. 11-12MW	2013	158,004						21
22	Carpeting, Wallcovering - Renov. 11-12MW	2013	18,753						22
23	Light Fixtures - Renov. 11-12MW	2013	3,447						23
24	Water Heater	2013	4,971						24
25									25
26	Roofing on Penthouse & Mansard	2013	16,110						26
27	Compressor Replacement, RTU for 1st Flr NW Dining Area	2013	2,187						27
28	Doors & locksets - refrigeration rm, laundry & other areas.	2013	45,832						28
29	Smoke Dampers & Motors, Dinning, Lounge, Lobby, Rm 238	2014	10,755						29
30	EM Electric Upgrades to Med rm, Nurse station, Kiosk, Offices(3)	2014	6,585						30
31	Build/Repair Multiple Firestopping Walls	2014	72,800						31
32	Light fixture upgrade - whole building	2014	16,187						32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,086,852	$ 318,763		$ 318,763	$	$ 7,983,915	34

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

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 4,618,951	$ 325,018	$ 325,018	$		$ 3,886,162	71
72	Current Year Purchases	128,173						72
73	Fully Depreciated Assets							73
74	Allocated H.O. Depr. (see page 8)			36,598	36,598			74
75	TOTALS	$ 4,747,124	$ 325,018	$ 361,616	$ 36,598		$ 3,886,162	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)	$ 16,192,086	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 643,781	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 680,379	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 36,598	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 11,870,077	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	Step-up Building Cost	$ 3,713,060	$ 103,140	$ 3,360,663	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 3,713,060	$ 103,140	$ 3,360,663	91

G. Construction-in-Progress

	Description	Cost	
92	Various	$ 579,547	92
93			93
94			94
95		$ 579,547	95

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

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

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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	Portion of Parking Lot			01/01/2010	22,399			5
6	Parking Lot lease ended 12/31/2013, but parking lot is still rented on a month to month basis.							6
7	TOTAL				$ 22,399 **			7

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.	/2015	$
13.	/2016	$
14.	/2017	$

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

9. Option to Buy: YES NO Terms: *

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: $ 61,453 Description: O2 Concentrators, Wheelchairs, Geri Chairs, Elec. Beds, Etc.
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Patient Transportation		$	$ 1,212	17
18					18
19					19
20					20
21	TOTAL		$	$ 1,212	21

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

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

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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	27915 hrs	$ 1,217,968		$	$ 2,435	27,915	$ 1,220,403	1
2	Licensed Speech and Language Development Therapist	10a	5222 hrs	227,829			1,116	5,222	228,945	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	28204 hrs	1,230,605			10,153	28,204	1,240,758	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39, 2	# of prescrpts				1,357,160		1,357,160	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): IV Therapy	43, 2					217,505		217,505	12
13	Other (specify): X-Ray & Lab	43, 3				282,721			282,721	13
14	TOTAL			$ 2,676,402		$ 282,721	$ 1,588,369	61,341	$ 4,547,492	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 Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 05/31/14 (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	$ 14,447	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 989,892)	3,858,077		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	6,741		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,879,265	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,358,110		13
14	Buildings, at Historical Cost	13,799,912		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,747,124		16
17	Accumulated Depreciation (book methods)	(15,230,740)		17
18	Deferred Charges	44,790,389		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe OMIT	87,690		22
23	Other(specify): CIP	579,547		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 50,132,032	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 54,011,297	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 283,770	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	944,418		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	150,490		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Payables	421,295		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,799,973	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	4,419,968		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 4,419,968	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 6,219,941	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 47,791,356	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 54,011,297	$	48

*(See instructions.)

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 47,228,078	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 47,228,078	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(267,834)	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)**	$ (267,834)	17
	B. Transfers (Itemize):		
18	Change in Interdivision	831,112	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 831,112	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 47,791,356	24 *

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

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 28,656,478	1
2	Discounts and Allowances for all Levels	(16,256,195)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 12,400,283	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	13,008,547	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 13,008,547	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	115	12
13	Barber and Beauty Care	30,920	13
14	Non-Patient Meals	4,346	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,670,108	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	208,786	19
20	Radiology and X-Ray	185,945	20
21	Other Medical Services	160,448	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 3,260,668	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	**Activity Income & Misc.**	304	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 304	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 28,669,802	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,327,443	31
32	Health Care	11,790,972	32
33	General Administration	6,052,210	33
	B. Capital Expense		
34	Ownership	6,588,398	34
	C. Ancillary Expense		
35	Special Cost Centers	1,906,981	35
36	Provider Participation Fee	271,632	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 28,937,636	40
41	**Income before Income Taxes (line 30 minus line 40)****	(267,834)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (267,834)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 921,338	44
45	Private Pay - Net Inpatient Revenue	3,070,057	45
46	Medicare - Net Inpatient Revenue	7,124,556	46
47	Other-(specify) **Hospice**	54,265	47
48	Other-(specify) **Insurance**	1,230,067	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 12,400,283	49

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

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

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

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

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

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	2,057	2,238	$ 101,600	$ 45.40	1
2	Assistant Director of Nursing	7,158	7,786	285,002	36.60	2
3	Registered Nurses	70,612	76,803	2,463,527	32.08	3
4	Licensed Practical Nurses	40,247	43,776	1,137,759	25.99	4
5	CNAs & Orderlies	132,475	144,451	1,914,282	13.25	5
6	CNA Trainees					6
7	Licensed Therapist	66,637	72,505	3,163,528	43.63	7
8	Rehab/Therapy Aides	36,628	39,854	1,088,321	27.31	8
9	Activity Director	8,904	9,696	149,193	15.39	9
10	Activity Assistants					10
11	Social Service Workers	16,007	17,426	464,166	26.64	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	13,273	14,421	202,267	14.03	15
16	Dishwashers					16
17	Maintenance Workers	2,017	2,196	54,250	24.70	17
18	Housekeepers	22,052	23,991	274,224	11.43	18
19	Laundry	5,996	6,530	73,288	11.22	19
20	Administrator	2,080	2,080	138,695	66.68	20
21	Assistant Administrator	1,868	1,868	62,700	33.57	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	24,348	26,664	594,028	22.28	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	3,025	3,294	58,300	17.70	31
32	Other Health Care(specify)					32
33	Other(specify)	830	904	10,898	12.06	33
34	TOTAL (lines 1 - 33)	456,214	496,483	$ 12,236,028 *	$ 24.65	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	58,100	9, 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	220	14,527	10, 1	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)	220	$ 72,627		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		$	10, 3	50
51	Licensed Practical Nurses			10, 3	51
52	Certified Nurse Assistants/Aides	554	8,310	10, 3	52
53	TOTAL (lines 50 - 52)	554	$ 8,310		53

Facility Name & ID Number Manorcare of Hinsdale # 0049445 Report Period Beginning: 06/01/13 Ending: 05/31/14

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Diane Lube	Administrator	0	$ 138,695
Katherine Marrero	Asst. Admin.	0	62,700
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 201,395

B. Administrative - Other

Description	Amount
Various home office services - See page 8 for breakdown	$ 1,368,812
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 1,368,812

C. Professional Services

Vendor/Payee	Type	Amount
Littler Mendelson PC	Legal Fees	$ 1,666
Meyers & Flowers	Legal Fees	10,185
Reed Smith LLP	Legal Fees	2,058
SNF Global	Legal Fees	17,607
(Legal Fees were adjusted off via Page 5, Line 22, therefore no invoices are attached)		
Meyers & Flowers	Collection Services	31,836
Healthlink	Provider Admin. Fee	423
Transworld Systems & United Colle	Collection Services	5,148
(Above costs were adjusted off via Page 5A, Line 6)		
Lynx It Solutions, Monthly Software Charge, Reclass to line 21		6,306
Safe Dining Assocation, Food Safety Classes, Reclass to line 23		735
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 75,964

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 198,572
Unemployment Compensation Insurance	151,048
FICA Taxes	889,442
Employee Health Insurance	553,584
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Disability Payments	
401K	42,516
Appreciation, Other Benefits & Marketing Adjust	2,959
Tuition Program	
SMSP Match & RSU	2,245
Employee Uniforms	3,801
Home Office Allocation	108,742
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,952,909

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description		Amount
IDPH License Fee		$ 0
Advertising: Employee Recruitment		8,328
Health Care Worker Background Check		13,109
(Indicate # of checks performed	238)	
Patient Background Checks	1095	1,800
Dues & Subscriptions		15,416
Association Dues		9,040
Advertising		59,188
Other Licenses & Permits		6,826
Less Non-allowable Association Dues		(2,862)
Less: Public Relations Expense		( )
Non-allowable advertising		(59,188)
Yellow page advertising		( )
TOTAL (agree to Sch. V, line 20, col. 8)		$ 51,657

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	23,933
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)	$ 23,933

**See instructions.

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													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

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 $4,069 & AHCA $2,108**

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

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

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

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **100,040** 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. $ **271,632**
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. $ **4,346**

(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 out of Schedule V? **Yes**

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