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: 0049437

Facility Name: Manorcare of Homewood

Address: 940 Maple Avenue (Number) Homewood (City) 60430 (Zip Code)

County: Cook

Telephone Number: (708) 799-0244 **Fax #** (708) 799-1505

HFS ID Number:

Date of Initial License for Current Owners: 06/18/90

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Jeff Lewandowski **Telephone Number:** (419) 252-5736
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 01/01/14 to 12/31/14 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) Martin D. Allen
(Title) Director

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 Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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 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	132	Skilled (SNF)	132	48,180	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	132	TOTALS	132	48,180	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	17,175	948	21,216	39,339	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	17,175	948	21,216	39,339	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.65%

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 06/18/90

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 132 and days of care provided 12,536

Medicare Intermediary CGS Administrators, LLC

IV. ACCOUNTING BASIS

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

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

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

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

	Operating Expenses	Costs Per General Ledger Salary/Wage	Supplies	Other	Total	Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	58,728	38,254	270,783	367,765		367,765		367,765			1
2	Food Purchase		257,865		257,865		257,865	(240)	257,625			2
3	Housekeeping	149,524	24,785	575	174,884		174,884		174,884			3
4	Laundry	39,541	33,100		72,641		72,641		72,641			4
5	Heat and Other Utilities			248,493	248,493	2,276	250,769		250,769			5
6	Maintenance	45,828	7,698	218,162	271,688		271,688		271,688			6
7	Other (specify):* Med Waste			1,224	1,224		1,224		1,224			7
8	TOTAL General Services	293,621	361,702	739,237	1,394,560	2,276	1,396,836	(240)	1,396,596			8
	B. Health Care and Programs											
9	Medical Director			25,348	25,348		25,348		25,348			9
10	Nursing and Medical Records	3,252,497	317,898	87,144	3,657,539	7,755	3,665,294		3,665,294			10
10a	Therapy	1,514,662	6,281	29,156	1,550,099		1,550,099		1,550,099			10a
11	Activities	63,871	(54)	3,271	67,088		67,088		67,088			11
12	Social Services	211,238			211,238		211,238	(31)	211,207			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	5,042,268	324,125	144,919	5,511,312	7,755	5,519,067	(31)	5,519,036			16
	C. General Administration											
17	Administrative	128,535		546,755	675,290	(229,420)	445,870		445,870			17
18	Directors Fees											18
19	Professional Services			40,870	40,870		40,870	(40,870)				19
20	Dues, Fees, Subscriptions & Promotions			68,473	68,473		68,473	(44,069)	24,404			20
21	Clerical & General Office Expenses	376,597	51,558	579,993	1,008,148		1,008,148	(376,647)	631,501			21
22	Employee Benefits & Payroll Taxes			925,908	925,908	42,146	968,054		968,054			22
23	Inservice Training & Education			364	364		364		364			23
24	Travel and Seminar			6,296	6,296		6,296		6,296			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			661,572	661,572		661,572		661,572			26
27	Other (specify):*											27
28	TOTAL General Administration	505,132	51,558	2,830,231	3,386,921	(187,274)	3,199,647	(461,586)	2,738,061			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,841,021	737,385	3,714,387	10,292,793	(177,243)	10,115,550	(461,857)	9,653,693			29

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

Facility Name & ID Number Manorcare of Homewood #0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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			414,122	414,122	15,050	429,172		429,172			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,027,719	1,027,719	162,193	1,189,912	(1,037,749)	152,163			32
33	Real Estate Taxes			583,920	583,920		583,920		583,920			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			72,711	72,711		72,711		72,711			35
36	Other (specify):*											36
37	**TOTAL Ownership**			2,098,472	2,098,472	177,243	2,275,715	(1,037,749)	1,237,966			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			2,606	2,606		2,606		2,606			38
39	Ancillary Service Centers		511,575	850	512,425		512,425		512,425			39
40	Barber and Beauty Shops			14,104	14,104		14,104		14,104			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			233,173	233,173		233,173		233,173			42
43	Other (specify):* **IV, X-Ray, Lab**		81,727	93,580	175,307		175,307		175,307			43
44	**TOTAL Special Cost Centers**		593,302	344,313	937,615		937,615		937,615			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,841,021	1,330,687	6,157,172	13,328,880		13,328,880	(1,499,606)	11,829,274			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 Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	(240)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(31)	12		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	(4,680)	21		18
19	Entertainment				19
20	Contributions	(2,183)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	1,101	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(368,930)	21		24
25	Fund Raising, Advertising and Promotional	(44,069)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(1,080,574)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (1,499,606)		$	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))**	$ (1,499,606)		37

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

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

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

STATE OF ILLINOIS **Page 5A**

Manorcare of Homewood

ID# **0049437**

Report Period Beginning: **01/01/14**

Ending: **12/31/14**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Vending Income	$ (854)	21	1
2	Misc. Income		21	2
3	Activity Income		11	3
4	Loss on disposal of Fixed Assets		36	4
5	HCP Lease Interest	(1,037,749)	32	5
6	Accounting /Collection Fees	(41,971)	19	6
7	Collection Agency		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**	(1,080,574)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Homewood # 0049437 **Report Period Beginning:** 01/01/14 **Ending:** 12/31/14

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(240)	0	0	0	0	0	0	0	0	0	0	(240)	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**	(240)	0	0	0	0	0	0	0	0	0	0	(240)	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	(31)	0	0	0	0	0	0	0	0	0	0	(31)	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**	(31)	0	0	0	0	0	0	0	0	0	0	(31)	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	(40,870)	0	0	0	0	0	0	0	0	0	0	(40,870)	19
20	Fees, Subscriptions & Promotions	(44,069)	0	0	0	0	0	0	0	0	0	0	(44,069)	20
21	Clerical & General Office Expenses	(376,647)	0	0	0	0	0	0	0	0	0	0	(376,647)	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**	(461,586)	0	0	0	0	0	0	0	0	0	0	(461,586)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(461,857)	0	0	0	0	0	0	0	0	0	0	(461,857)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Homewood # 0049437 **Report Period Beginning:** 01/01/14 **Ending:** 12/31/14

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	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	(1,037,749)	0	0	0	0	0	0	0	0	0	0	(1,037,749)	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**	(1,037,749)	0	0	0	0	0	0	0	0	0	0	(1,037,749)	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)**	(1,499,606)	0	0	0	0	0	0	0	0	0	0	(1,499,606)	45

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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
		See Pg 6 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	$ 546,755	HCR Manor Care Services, LLC	100.00%	$ 546,755	$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	5,841,021	Heartland Employment Services, LLC	100.00%	5,841,021		4
5	V	10a	Therapy Management	14,082	Heartland Rehabilitation Services, LLC	100.00%	14,082		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			$ 6,401,858			$ 6,401,858	$ *	14

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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 Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

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

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	3,969,355,509	564 NFs, HHs, &	$ 700,139	$	12,905,178	$ 2,276	1
2	5	Utilities - Direct to All SNFs	Accumulated Cost	3,501,343,214	356 NFs			12,905,178	0	2
3	5	Utilities - Direct to MW Div SNFs	Accumulated Cost	346,847,752	45 NFs			12,905,178	0	3
4	10	Nursing - Pooled	Accumulated Cost	3,969,355,509	564 NFs, HHs, & Re	365,628	262,581	12,905,178	1,189	4
5	10	Nursing - Direct to All SNFs	Accumulated Cost	3,501,343,214	356 NFs	1,781,417	1,228,977	12,905,178	6,566	5
6	10	Nursing - Direct to MW Div SNFs	Accumulated Cost	346,847,752	45 NFs			12,905,178	0	6
7	17	Gen / Admin - Pooled	Accumulated Cost	3,969,355,509	564 NFs, HHs, & Re	68,653,771	35,393,585	12,905,178	223,207	7
8	17	Gen / Admin - Direct to All SNFs	Accumulated Cost	3,501,343,214	356 NFs	12,665,127	2,400,695	12,905,178	46,681	8
9	17	Gen/Admin-Direct to MW Div SN	Accumulated Cost	346,847,752	40 NFs Jan - Sept	1,411,275		9,678,883	39,382	9
10	22	Employee Benefits - Pooled	Accumulated Cost	3,969,355,509	564 NFs, HHs, & Re	5,418,631		12,905,178	17,617	10
11	22	Empl Benefits - Direct to All SNFs	Accumulated Cost	3,501,343,214	356 NFs	6,655,045		12,905,178	24,529	11
12	22	Empl Benefits-Dir to MW Div SN	Accumulated Cost	346,847,752	45 NFs				0	12
13	30	Depreciation - Pooled	Accumulated Cost	3,969,355,509	564 NFs, HHs, & Re	3,871,414		12,905,178	12,587	13
14	30	Depreciation - Direct to All SNFs	Accumulated Cost	3,501,343,214	356 NFs	668,272		12,905,178	2,463	14
15	30	Depr - Direct to MW Div SNFs	Accumulated Cost	346,847,752	45 NFs				0	15
16	17	Gen/Admin -Direct to W Div SNF	Accumulated Cost	214,769,108	45 NFs Oct-Dec	536,860		3,226,294	8,065	16
17	32	Pooled Interest	Accumulated Cost	3,969,355,509		25,971,677		12,905,178	84,439	17
18	32	Directly Assigned Interest	Not Allocated			17,184,434			77,754	18
19										19
20		H/O Costs Allocated to Non-SNFs & Oth Div				33,870,689				20
21										21
22										22
23										23
24										24
25	TOTALS					$ 179,754,379	$ 39,285,838		$ 546,755	25

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Various		X	Facility		4/2004	$ 1,183,314	$ 1,183,314		0.0657	$ 77,754	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7	Pooled Interest										84,439	7
8	Interest Expense / Interest Income										(10,030)	8
9	TOTAL Facility Related						$ 1,183,314	$ 1,183,314			$ 152,163	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 1,183,314	$ 1,183,314			$ 152,163	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 Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2013 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 557,364	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.)		$ 569,059	2
3. Under or (over) accrual (line 2 minus line 1).		$ 11,695	3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 569,058	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.)**		$ 3,167	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.		$ 583,920	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2009	409,305	8
2010	450,745	9
2011	519,722	10
2012	557,364	11
2013	569,058	12

Line 4: Used same amount as paid in the current year.

Line 5: $3,000 Urban Real Estate Research Inc. for Ad Valorem Taxaction appraisal report
$167 Worsek & Vihon LLP, for 2012 Specific Objections - Filing Fees.

	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 Homewood COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049437

CONTACT PERSON REGARDING THIS REPORT Jeff Lewandowski

TELEPHONE (419) 252-5736 FAX #: (419) 254-5494

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.	29-32-200-046-0000	See Attached	$ 569,058.32	$ 569,058.32
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 569,058.32	$ 569,058.32

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.

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 42,369 B. General Construction Type: Exterior Masonry Frame Wood Number of Stories 1

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

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

D. Does the Operating Entity? [ ] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [x] (c) Rent equipment from Completely Unrelated Organization.

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

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

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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		1990	$ 383,373	1
2					2
3	TOTALS			$ 383,373	3

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	120		1990		$ 2,845,251	$ 71,046		$ 71,046	$	$ 1,743,647	4
5	12		2012								5
6											6
7											7
8											8
	Improvement Type**										
9	Current Year Depreciation			1990	429,835	204,915		204,915		2,739,375	9
10	Land Improvement			1990	65,079						10
11	Building Improvement			1991	1,679						11
12	Land Improvement			1991	4,525						12
13	Building Improvement			1992	565						13
14	Land Improvement			1992	1,403						14
15	Building Improvement			1993	5,108						15
16	Land Improvement			1993	136,058						16
17	Building Improvement			1994	13,285						17
18	Land Improvement			1994	68,753						18
19	Building Improvement			1995	5,027						19
20	Land Improvement			1995	421,042						20
21	Building Improvement			1996	20,361						21
22	Land Improvement			1996	506,756						22
23	Building Improvement			1997	8,235						23
24	Land Improvement			1997	70,208						24
25	Building Improvement			1998	20,770						25
26	Land Improvement			1998	80,701						26
27	Building Improvement			1999	31,240						27
28	Building Improvement			2000	34,575						28
29	Bldg. Improvement: Wallcovering, Paper, Paint, & Corner Guards			2000	8,718						29
30	Bldg. Improvement: Carpet			2000	639						30
31	Bldg. Improvement: Signs			2000	1,385						31
32	Land Improvement: Sign			2001	none						32
33	Land Improvement			2001	none						33
34	Building Improvement			2002	none						34
35	Land Improvement										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 Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	Renovation construction Dept. costs & Interest on financing	2003	$ 5,781	$		$	$	$	37
38	Audit, Adjust Remove OH & Interest 6/23/2004	2003	(5,781)						38
39	Carpet, Paint, & Wallcovering	2003	147,107						39
40	Wallcovering & Borders	2003	1,895						40
41	Carpet	2003	101						41
42	Paint, Wallcovering, & Borders	2003	8,010						42
43	Electric wiring	2003	2,870						43
44	Parking lot sealing & striping	2003	35,895						44
45	Sidewalk	2003	3,873						45
46	Paint, Wallcovering, & Borders	2004	1,015						46
47	Doors	2004	3,557						47
48	Flooring & Base	2004	24,082						48
49	Carpet	2004	20,461						49
50	Carpet	2005	1,080						50
51	Flooring	2005	58,964						51
52	Plumbing	2006	10,698						52
53	General Overhead & Interest	2007	5,717						53
54	Flooring	2007	15,015						54
55	Wallcovering & Borders	2007	33,209						55
56	Roof Replacement	2008	109,990						56
57	Doors - Front entrance, Handicap Assessable	2008	18,209						57
58	Water Heaters	2009	20,296						58
59	Water Heaters	2009	578						59
60	Drywall	2009	12,174						60
61	sidewalks and flagpole	2009	4,508						61
62									62
63	40480 basic electric upgrade	2010	5,325						63
64									64
65	040485 Kitchen water heater	2011	6,727						65
66	040500 2 EXHAUST FANS, CENTRAL S	2011	4,535						66
67	040506 THEROPANE WINDOW (FRNT LO	2011	4,770						67
68	040508 EXTERIOR HM DOOR & FRAME	2011	6,971						68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,348,830	$ 275,961		$ 275,961	$	$ 4,483,022	70

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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		$ 5,348,830	$ 275,961		$ 275,961	$	$ 4,483,022	1
2	Bed addition & therapy area renovation:								2
3	40519a Carpentry, doors, windows, countertops	2012	324,707						3
4	40519b Painting, flooring, wall cover, cornder guards	2012	234,532						4
5	40519c Roof coering, ceiling tile, fire protection	2012	41,648						5
6	40519d Drywall/studs, flooring, cubicle track	2012	623,789						6
7	40519e Fire sprinkler system	2012	27,576						7
8	40519f bldg demo, concrete, brick & masonary	2012	118,053						8
9	40520a Paving/parking	2012	45,652						9
10	40520b Concrete testing	2012	4,570						10
11	40521 Landscaping	2012	20,199						11
12	40522 Water/Sewer/Utilities	2012	103,071						12
13	40535 ADJ ASSET -mllwork,carpet, pads wallcvrng	2012	69,251						13
14									14
15	40527 Wall Coverings Bathrooms	2012	10,822						15
16	40528 Fire Protection	2012	21,600						16
17	40530 HOLLOW METAL DOOR Main Entrance	2012	7,182						17
18	40531 CONCRETE	2012	3,755						18
19	40533 SEALCOAT PARKING LOT	2012	10,438						19
20	40534 FUSIBLE LINKS	2012	10,152						20
21	40536 SIDEWALKS	2012	5,161						21
22	40543 CARPETING IN HALLWAYS	2012	9,429						22
23									23
24	40544 FENCING-west & north side of bldg	2012	7,920						24
25	40545 Landscaping changes	2012	756						25
26	40548 FENCING-west & north side of bldg	2013	3,600						26
27	40549 Vinyl wallcovering for activity rm	2013	2,811						27
28	40551 INSTALL NEW ALUM EXTERIOR TRIM	2013	13,943						28
29	40552 INSTALL NEW SERV DOOR - EMP ENT	2013	7,923						29
30	40554 Vinyl wallcovering for activity rm	2013	1,335						30
31	40555 PAINTING-ACTIVITIES &ADON OFF	2013	4,905						31
32	40556 HOT WATER HEATER	2013	11,153						32
33	40562 REPLACE BATH FLOOR IN 15 RES RMS	2013	15,188						33
34	TOTAL (lines 1 thru 33)		$ 7,109,949	$ 275,961		$ 275,961	$	$ 4,483,022	34

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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		$ 7,109,949	$ 275,961		$ 275,961	$	$ 4,483,022	1
2									2
3	40574 EM Wiring to Med rms(2), kiosks(2), Nrs station, DON, Adı	2014	8,359						3
4	40582 Fencing, Cedar, 3 rail, 800 LF	2014	16,065						4
5	40605 Water Main emergency repair 8"x30" clamp	2014	9,833						5
6	40606 Wiring to 3 lights in east parking lot	2014	6,112						6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,150,318	$ 275,961		$ 275,961	$	$ 4,483,022	34

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	$ 2,811,262	$ 138,160	$ 138,160	$		$ 2,438,076	71
72	Current Year Purchases	174,080						72
73	Fully Depreciated Assets							73
74	Home Office			15,050	15,050			74
75	TOTALS	$ 2,985,342	$ 138,160	$ 153,210	$ 15,050		$ 2,438,076	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)	$ 10,519,033	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 414,121	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 429,171	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 15,050	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 6,921,098	85	

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

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

G. Construction-in-Progress

	Description	Cost	
92	CIP 255101292	$ 55,108	92
93			93
94			94
95		$ 55,108	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 Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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:	N/A			$			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.	/2015	$
13.	/2016	$
14.	/2017	$

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: $ 72,711 Description: O2 Concentrators, Wheelchairs, Geri Chairs, Elec Beds, Etc.
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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.

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

		1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service		Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a	6774	hrs	$ 277,987	0	$ 0	$ 622	6,774	$ 278,609	1
2	Licensed Speech and Language Development Therapist	10a	3829	hrs	157,128	0	0	34	3,829	157,162	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10a	6692	hrs	274,616	0	0	5,625	6,692	280,241	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				511,575		511,575	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): IV Therapy	43, 2						81,727		81,727	12
13	Other (specify): X-Ray, Lab	43, 3					93,580			93,580	13
14	TOTAL				$ 709,731		$ 93,580	$ 599,583	17,295	$ 1,402,894	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/14 (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	$ 1,336	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,556,866		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,558,202	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	383,373		13
14	Buildings, at Historical Cost	7,150,318		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,985,342		16
17	Accumulated Depreciation (book methods)	(6,921,097)		17
18	Deferred Charges	8,018,552		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	55,108		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 11,671,596	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 14,229,798	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 145,735	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	312,375		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	569,058		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Payable	137,083		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,164,251	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,183,314		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)**	$ 1,183,314	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,347,565	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 11,882,233	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 14,229,798	$	48

*(See instructions.)

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 11,590,822	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 11,590,822	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(400,965)	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)**	$ (400,965)	17	
	B. Transfers (Itemize):			
18	**Change in Interdivision**	692,376	18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$ 692,376	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 11,882,233	24	*

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	$ 13,683,148	1
2	Discounts and Allowances for all Levels	(7,181,989)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,501,159	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,252,618	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 5,252,618	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	854	12
13	Barber and Beauty Care	15,410	13
14	Non-Patient Meals	240	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	901,775	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	77,506	19
20	Radiology and X-Ray	93,371	20
21	Other Medical Services	72,023	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,161,179	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	Bndld Gain Other Inc	12,959	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 12,959	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 12,927,915	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,394,560	31
32	Health Care	5,511,312	32
33	General Administration	3,386,921	33
	B. Capital Expense		
34	Ownership	2,098,472	34
	C. Ancillary Expense		
35	Special Cost Centers	704,442	35
36	Provider Participation Fee	233,173	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 13,328,880	40
41	**Income before Income Taxes (line 30 minus line 40)****	(400,965)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (400,965)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,751,384	44
45	Private Pay - Net Inpatient Revenue	294,852	45
46	Medicare - Net Inpatient Revenue	2,384,310	46
47	Other-(specify) Hospice	663,692	47
48	Other-(specify) Insurance	406,921	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,501,159	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 Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,029	2,185	$ 98,253	$ 44.97	1
2	Assistant Director of Nursing	4,413	4,751	161,952	34.09	2
3	Registered Nurses	29,122	31,357	992,099	31.64	3
4	Licensed Practical Nurses	36,418	39,213	970,585	24.75	4
5	CNAs & Orderlies	85,506	92,224	993,174	10.77	5
6	CNA Trainees	293	313	3,111	9.94	6
7	Licensed Therapist	20,815	22,417	919,980	41.04	7
8	Rehab/Therapy Aides	19,921	21,453	594,682	27.72	8
9	Activity Director	4,868	5,244	63,871	12.18	9
10	Activity Assistants					10
11	Social Service Workers	7,831	8,435	211,238	25.04	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	4,296	4,627	58,728	12.69	15
16	Dishwashers					16
17	Maintenance Workers	1,959	2,111	45,828	21.71	17
18	Housekeepers	12,788	13,782	149,524	10.85	18
19	Laundry	3,527	3,798	39,541	10.41	19
20	Administrator	2,080	2,080	119,732	57.56	20
21	Assistant Administrator	212	212	8,803	41.52	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,754	19,193	376,597	19.62	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	1,857	2,001	33,323	16.65	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	255,689	275,396	$ 5,841,021 *	$ 21.21	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthy	25,348	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)		$ 25,348		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	16	$ 1,008	10,3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	16	$ 1,008		53

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Patricia Stoudt	Administrator	0	$ 41,636
Frank Troha	Administrator	0	78,096
Susan Lucas	Assist Administrator	0	8,803
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 128,535

B. Administrative - Other

Description	Amount
Home Office	$ 546,755
TOTAL (agree to Schedule V, line 17, col. 3)	$ 546,755
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Greenberg Traurig	Legal Fees	$ 2,229
Kennedy PC Law Offices	Legal Fees	552
SNF Global Acct	Legal Fees	5,868
McVey & Parsky LLC	Legal Fees	1,920
Meyers & Flowers LLC	Legal Fees	(11,669)
(Above Legal Fees were all adjusted off via Page 5, Line 22, therefore no invoices are attached)		
Meyers & Flowers LLC	Collections	39,138
Transworld Systems INC	Collections	2,832
(Above Collection Service fees were all adjusted off via Page 5A, Line 6)		
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 40,870

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 136,000
Unemployment Compensation Insurance	88,567
FICA Taxes	421,403
Employee Health Insurance	259,338
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Appreciation	
401K	11,649
Oth Empl Benefits	5,488
Tuition Program	
SMSP Match	200
Employee Uniforms	3,263
Home Office Allocation	42,146
TOTAL (agree to Schedule V, line 22, col.8)	$ 968,054

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	$ 0
Advertising: Employee Recruitment	7,900
Health Care Worker Background Check	4,137
(Indicate # of checks performed 122)	
Patient Background Checks	
Dues & Subcriptions	2,437
Association Dues	6,468
Advertising	41,699
Other Licenses & Permits	5,832
Less: Non-Allowable Association Dues	(2,370)
Less: Public Relations Expense	( )
Non-allowable advertising	(41,699)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 24,404

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	6,296
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)	$ 6,296

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/14 Ending: 12/31/14

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 $2,427 & AHCA $1,671**

(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. $ **62,316** 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. $ **233,173**
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. $ **240**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **NO** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $

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

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

(19) 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.