FOR BHF USE

LL1

2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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

I. IDPH License ID Number: 0049361

Facility Name: Manorcare of South Holland

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

County: Cook

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

HFS ID Number:

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

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: 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 06/01/15 to 05/31/16 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 South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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	216	Skilled (SNF)	216	79,056	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	216	TOTALS	216	79,056	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	19,880	2,928	23,567	46,375	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	19,880	2,928	23,567	46,375	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 58.66%

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 12/1/88

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 216 and days of care provided 13,582

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31 Fiscal Year: 5/31

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

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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	444,464	31,202	2,337	478,003		478,003		478,003			1
2	Food Purchase		356,973		356,973		356,973	(150)	356,823			2
3	Housekeeping	207,981	33,939	1,794	243,714		243,714		243,714			3
4	Laundry	51,076	46,985	9,190	107,251		107,251		107,251			4
5	Heat and Other Utilities			276,374	276,374	4,194	280,568		280,568			5
6	Maintenance	70,508	22,278	158,961	251,747		251,747		251,747			6
7	Other (specify):* Med Waste			1,149	1,149		1,149		1,149			7
8	TOTAL General Services	774,029	491,377	449,805	1,715,211	4,194	1,719,405	(150)	1,719,255			8
	B. Health Care and Programs											
9	Medical Director			20,240	20,240		20,240		20,240			9
10	Nursing and Medical Records	4,790,530	388,361	166,043	5,344,934	14,075	5,359,009		5,359,009			10
10a	Therapy	1,942,718	15,057	12,691	1,970,466		1,970,466		1,970,466			10a
11	Activities	56,244	4,098	2,795	63,137		63,137		63,137			11
12	Social Services	212,111			212,111		212,111		212,111			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	7,001,603	407,516	201,769	7,610,888	14,075	7,624,963		7,624,963			16
	C. General Administration											
17	Administrative	197,229		813,023	1,010,252	(349,259)	660,993		660,993			17
18	Directors Fees											18
19	Professional Services			59,142	59,142		59,142	(59,142)				19
20	Dues, Fees, Subscriptions & Promotions			75,846	75,846		75,846	(16,251)	59,595			20
21	Clerical & General Office Expenses	525,343	72,064	759,837	1,357,244		1,357,244	(664,244)	693,000			21
22	Employee Benefits & Payroll Taxes			1,299,366	1,299,366	63,093	1,362,459		1,362,459			22
23	Inservice Training & Education			1,219	1,219		1,219		1,219			23
24	Travel and Seminar			7,183	7,183		7,183		7,183			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			1,847,141	1,847,141		1,847,141		1,847,141			26
27	Other (specify):*											27
28	TOTAL General Administration	722,572	72,064	4,862,757	5,657,393	(286,166)	5,371,227	(739,637)	4,631,590			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	8,498,204	970,957	5,514,331	14,983,492	(267,897)	14,715,595	(739,787)	13,975,808			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 South Holland #0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			828,357	828,357	21,483	849,840		849,840			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,123,621	1,123,621	246,414	1,370,035	(1,129,919)	240,116			32
33	Real Estate Taxes			1,230,880	1,230,880		1,230,880		1,230,880			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			63,639	63,639		63,639		63,639			35
36	Other (specify):*											36
37	**TOTAL Ownership**			3,246,497	3,246,497	267,897	3,514,394	(1,129,919)	2,384,475			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		615,744	1,550	617,294		617,294		617,294			39
40	Barber and Beauty Shops			14,688	14,688		14,688		14,688			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			311,282	311,282		311,282		311,282			42
43	Other (specify):* IV | X-Ray & Lab		(22,697)	122,579	99,882		99,882		99,882			43
44	**TOTAL Special Cost Centers**		593,047	450,099	1,043,146		1,043,146		1,043,146			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	8,498,204	1,564,004	9,210,927	19,273,135		19,273,135	(1,869,706)	17,403,429			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 South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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	$	10	$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(150)	2		4
5	Telephone, TV & Radio in Resident Rooms		21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds	(7)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(112)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)		27		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(23,072)	21		18
19	Entertainment				19
20	Contributions	(3,353)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(38,428)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(636,407)	21		24
25	Fund Raising, Advertising and Promotional	(16,251)	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	(1,151,926)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (1,869,706)		$	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))**	$ (1,869,706)		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

Manorcare of South Holland

ID# 0049361

Report Period Beginning: 06/01/15

Ending: 05/31/16

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Activity Income	$	11	1
2	Misc. Income		21	2
3	Vending Income	(2,793)	21	3
4	Donations Revenue		21	4
5	Accouning/Collection Fees	(19,214)	19	5
6	Collection Agency		19	6
7	Loss on Disposal of Fixed Asset		36	7
8	HCP Lease Interest	(1,129,919)	32	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**	(1,151,926)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of South Holland # 0049361 **Report Period Beginning:** 06/01/15 **Ending:** 05/31/16

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	(150)	0	0	0	0	0	0	0	0	0	0	(150)	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**	(150)	0	0	0	0	0	0	0	0	0	0	(150)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(57,642)	0	0	0	0	0	0	0	0	0	0	(57,642)	19
20	Fees, Subscriptions & Promotions	(16,251)	0	0	0	0	0	0	0	0	0	0	(16,251)	20
21	Clerical & General Office Expenses	(665,744)	0	0	0	0	0	0	0	0	0	0	(665,744)	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**	(739,637)	0	0	0	0	0	0	0	0	0	0	(739,637)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(739,787)	0	0	0	0	0	0	0	0	0	0	(739,787)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of South Holland # 0049361 **Report Period Beginning:** 06/01/15 **Ending:** 05/31/16

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(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	(1,129,919)	0	0	0	0	0	0	0	0	0	0	(1,129,919)	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**	(1,129,919)	0	0	0	0	0	0	0	0	0	0	(1,129,919)	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)**	(1,869,706)	0	0	0	0	0	0	0	0	0	0	(1,869,706)	45

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
HCR Manor Care, LLC	100			HCR Manor Care Svcs	Toledo	Home Office
				HL Empl Svcs, LLC	Toledo	Personnel
				HL Rehab Svcs, LLC	Toledo	Therapy Mgmt Svcs
				HL Rehab Svcs, LLC	Toledo	Therapy Services
				HL Home Health Care	Toledo	Nursing Staff

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	See	Home Office Allocation	$ 813,023	HCR Manor Care Services, LLC	100.00%	$ 813,023	$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	8,498,204	Heartland Employment Services, LLC	100.00%	8,498,204		4
5	V	10a	Therapy Management	25,056	Heartland Rehabilitation Services, LLC	100.00%	25,056		5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 9,336,283			$ 9,336,283	$ *	14

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

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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 South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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 South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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	3,924,650,842	559 NFs, HHs, &	$ 818,127	$	20,117,043	$ 4,194	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	3,461,495,908	357 NFs			20,117,043	0	2
3	5	Utilities - Direct to West Div SNFs	Accumulated Cost	928,114,340	85 NFs			20,117,043	0	3
4										4
5	10	Nursing - Pooled	Accumulated Cost	3,924,650,842	559 NFs, HHs, & Re	314,713	212,796	20,117,043	1,613	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	3,461,495,908	357 NFs	2,144,378	1,338,476	20,117,043	12,462	6
7	10	Nursing - Direct to West Div SNFs	Accumulated Cost	928,114,340	85 NFs			20,117,043	0	7
8										8
9	17	Gen/Admin-Pooled	Accumulated Cost	3,924,650,842	559 NFs, HHs, & Re	60,268,030	28,103,285	20,117,043	308,923	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	3,461,495,908	357 NFs	14,494,897	5,630,812	20,117,043	84,239	10
11	17	Gen/Admin-Direct to West Div SN	Accumulated Cost	928,114,340	85 NFs	3,257,281		20,117,043	70,602	11
12										12
13	22	Empl Bnfts-Pooled	Accumulated Cost	3,924,650,842	559 NFs, HHs, & Re	5,205,729		20,117,043	26,684	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	3,461,495,908	357 NFs	6,264,775		20,117,043	36,409	14
15	22	Empl Bnfts-Direct to West Div SN	Accumulated Cost	928,114,340	85 NFs			20,117,043	0	15
16										16
17	30	Depreciation - Pooled	Accumulated Cost	3,924,650,842	559 NFs, HHs, & Re	3,394,861		20,117,043	17,401	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	3,461,495,908	357 NFs	702,366		20,117,043	4,082	18
19	30	Depr - Direct to West Div SNFs	Accumulated Cost	928,114,340	85 NFs			20,117,043	0	19
20										20
21										21
22	32	Pooled Interest	Accumulated Cost	3,924,650,842		28,376,750		20,117,043	145,454	22
23	32	Directly Assigned Interest	Not Allocated			18,868,647			100,960	23
24		H/O Costs Allocated to Non-SNFs and Other Divisions				33,166,797				24
25	TOTALS					$ 177,277,351	$ 35,285,370		$ 813,023	25

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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				$ 1,399,326	$ 1,337,027		0.0755	$ 100,960	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7	Pooled Interest										145,454	7
8	Interest Expense / Interest Income										(6,298)	8
9	TOTAL Facility Related						$ 1,399,326	$ 1,337,027			$ 240,116	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 1,399,326	$ 1,337,027			$ 240,116	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 South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 1,077,024	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.)		$ 1,235,441	2
3. Under or (over) accrual (line 2 minus line 1).		$ 158,417	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 1,072,463	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** (Attach a copy of the real estate tax appeal board's decision.)		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 1,230,880	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2011	953,375	8
	2012	1,012,666	9
	2013	1,102,089	10
	2014	1,188,123	11
	2015	1,218,304	12

Line 2: $1,235,441.12 = $581,973.68 for 2nd half 2014 + $653,467.44 for 1st half 2015

Line 4: $1,0172,463.05 = $564,836.38 for 2nd half 2015 + $507,626.67 for Jan - May 2016

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2015	$	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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Manorcare of South Holland COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049361

CONTACT PERSON REGARDING THIS REPORT Jeff Lewandowski

TELEPHONE (419) 252-5736 FAX #: (419) 254-5495

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

Enter the tax index number and real estate tax assessed for 2015 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 2015.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	29-25-200-006-0000	See Attached	$ 1,218,303.82	$ 1,218,303.82
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 1,218,303.82	$ 1,218,303.82

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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 South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 67,792 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 1

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

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

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

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

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

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

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

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		1988	$ 929,902	1
2					2
3	TOTALS			$ 929,902	3

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	120			1988	$ 3,317,990	$ 184,882		$ 184,882	$	$ 4,252,719	4
5	60			1991	1,912,803						5
6	10			1997	1,054,638						6
7	10			2006	1,222,040						7
8	16			2011	1,412,881						8
	Improvement Type**										
9	Current Yerar Depreciation					473,734		473,734		4,211,741	9
10				1988	112,623						10
11				1989	36,052						11
12				1990	6,131						12
13				1991	255,298						13
14				1992	192,798						14
15				1993	108,676						15
16				1994	85,519						16
17				1995	50,587						17
18				1996	231,349						18
19				1997	120,584						19
20				1998	237,026						20
21				1999	8,872						21
22				2000	53,921						22
23				2001	103,358						23
24	Birch Doors & Shower Floors			2002	4,644						24
25	Eletrical Work			2002	5,390						25
26	Paint, Wallcovering & Borders			2002	3,884						26
27	General Construction			2002	11,200						27
28	Floor Tile for Break Room			2002	2,794						28
29	Roofing			2003	12,928						29
30	Carpet			2003	382						30
31	Carpet/Flooring & Base			2003	18,216						31
32	Wallcovering & Border			2003	13,718						32
33	Renovation to Vending Machine Room			2003	5,794						33
34	Roofing			2003	1,010						34
35				2003	2,050						35
36				2003	3,033						36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Construction Dept. Cost & Interest	2003	$ 5,152	$		$	$	$	37
38	Additional Electrical Outlets	2003	2,331						38
39	Fire Door	2004	1,463						39
40	Construction Dept. Cost & Interest	2004	985						40
41	Wallcovering & Border	2004	3,297						41
42	Doors	2004	2,284						42
43	Flooring	2004	3,807						43
44	LANDSCAPING	2004	5,300						44
45	PARKING LOT LIGHTS	2004	17,922						45
46	WALLCOVERING & BORDERS	2004	3,913						46
47	CARPET	2004	4,996						47
48	TOLI OAK FLOORING	2004	11,840						48
49	DOORS	2004	1,042						49
50	DRYWALL OVER DOORWAY & INSTALL CABINETS	2004	10,724						50
51	DOOR HARDWARE	2004	8,926						51
52	FLOORING & COVE BASE	2004	10,254						52
53	ENRTY DOORS, RAMP, & EXTEND WALL 25 FEET	2005	31,817						53
54	REGISTERS FOR BUILDING	2005	3,892						54
55	DUCT WORK FOR A/C	2005	2,080						55
56	FABRIC	2005	602						56
57	DOOR	2005	1,790						57
58	4 DOORS & LOCK SETS	2006	3,500						58
59	DOORS & LOCK SETS	2006	3,718						59
60	renov - flooring/carpeting/wallcovering	2006	41,695						60
61	renov - carpentry-subcontr	2006	14,549						61
62	renov - HM doors & frames	2006	2,456						62
63	door alarms	2006	8,525						63
64	VCT	2006	4,050						64
65	condensing unit	2006	4,175						65
66	carpet	2006	10,901						66
67	hollow door	2006	2,288						67
68	shower door	2006	724						68
69	exhaust system	2006	4,400						69
70	TOTAL (lines 4 thru 69)		$ 10,843,587	$ 658,616		$ 658,616	$	$ 8,464,460	70

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

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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		$ 10,843,587	$ 658,616		$ 658,616	$	$ 8,464,460	1
2	door	2006	2,288						2
3	addition - architecture/engineering costs/permit fees	2006	404,618						3
4	addition - carpet / wallcovering	2006	33,532						4
5	addition - millwork & sprinklers	2006	36,507						5
6	ac unit	2006	5,100						6
7	1 birch door for therapy	2006	1,288						7
8	addition - general contr - site prep	2006	147,406						8
9	addition - engineering inspection	2006	4,041						9
10	paving	2006	2,650						10
11	electrical	2008	10,940						11
12	corridor electrical	2008	15,823						12
13	replacement roof	2008	163,410						13
14	wallcovering	2008	50,522						14
15	fence	2007	26,375						15
16	concrete patio & sidewalk	2007	16,296						16
17	wallcovering	2008	5,875						17
18	air handlers	2008	15,240						18
19	electronic ballast	2009	3,430						19
20	Renov - Gen overhead capital	2009	1,848						20
21	Renov - Interest on Construction	2009	94						21
22	Renov - Carpeting & pads	2009	11,240						22
23	Renov - wallcovering	2009	8,637						23
24	Renov - Gen overhead capital	2008	3,032						24
25	Renov - Paving of parking lot	2008	50,435						25
26	Renov - Interest on Construction	2008	551						26
27	Renov -Resilient Flooring	2009	12,131						27
28	Renov - Painting	2009	24,262						28
29	Renov - wallcovering	2009	968						29
30	exit steel door	2009	3,788						30
31	hand & crash rail	2009	17,378						31
32	dining room floor upgrade	2009	10,677						32
33	painting	2009	4,044						33
34	TOTAL (lines 1 thru 33)		$ 11,938,012	$ 658,616		$ 658,616	$	$ 8,464,460	34

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

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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		$ 11,938,012	$ 658,616		$ 658,616	$	$ 8,464,460	1
2	shower floor tile	2009	750						2
3	shower floor tile	2009	8,273						3
4	Dining room floor upgrade additional	2009	12,032						4
5	Carpeting	2010	4,485						5
6	Frt Carpeting	2010	731						6
7	Rear, Kitchen & Exterior HM Door	2010	8,205						7
8	Carpet Installation	2010	5,403						8
9	Additional HM Doors	2010	8,205						9
10	Hour rated door	2010	2,281						10
11	HM Doors - OT and Briarwood Lounge	2010	11,450						11
12	2 smoke walls and fire damper briarwood lounge	2011	23,640						12
13	rooftop heat exchanger	2011	4,695						13
14	2 light posts	2010	9,138						14
15	6 bollard lights in court	2010	9,058						15
16	2 halide light fixtures	2010	2,334						16
17	additional cost 2 light fixtures	2010	307						17
18	3610 Renov - General overhead capital	2011	5,776						18
19	3610 Renov - interest on constr	2011	366						19
20	3610 Renov - 43 doors & frames throughout facility	2011	78,650						20
21	Additional cost for 2 smoke walls/fire dampers (#12 above)	2011	6,401						21
22	VINYL FLOORING, VWC (WOMANS BT	2011	3,924						22
23	PAINT EXTERIOR KITHEN DOORS	2011	1,467						23
24	PAINT EXTERIOR ADJUST ASSET #2	2011	4,559						24
25	EAST DRIVEWAY UPGRADE	2011	38,370						25
26	RECAULK 136 WINDOWS	2011	8,595						26
27	2 DOORS WALK IN COOLER	2011	9,250						27
28	Caulking	2011	8,595						28
29	2 water drains (front lot)	2011	3,675						29
30	CABINET SINK & COUNTERTOP	2012	3,523						30
31	4 doors - Briarwood furnace rm, supply rm, grand heritage supply	2012	5,130						31
32	FLAT ROOF OVER KITCHEN	2012	48,452						32
33	3 dry sprinkler plans	2012	14,000						33
34	TOTAL (lines 1 thru 33)		$ 12,289,730	$ 658,616		$ 658,616	$	$ 8,464,460	34

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

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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		$ 12,289,730	$ 658,616		$ 658,616	$	$ 8,464,460	1
2	CARPETING AND PADS for S Holland Addition	2012	14,474						2
3	wallcovering for S Holland Addition	2012	32,738						3
4	Corner Guards for S Holland Addition	2012	4,898						4
5	FENCING/GAZEBO IN COURTYARD	2012	2,200						5
6	millwork for S Holland Addition	2012	10,234						6
7	doors and windows for S Holland Addition	2012	9,400						7
8	flooring for S Holland Addition	2012	6,002						8
9	Painting for S Holland Addition	2012	6,180						9
10	HVAC	2012	5,544						10
11	NURSE CALL SYSTEM	2012	7,282						11
12	FIRE PROTECTION	2012	25,920						12
13	FIRE DAMPER LINKS	2012	7,106						13
14	HVAC-5 TON BRIARWOOOD	2012	16,313						14
15	RTU -ROOFTOP KITCHEN UNIT	2012	16,313						15
16	17 MEDICARE BATHS RMS 101,103,108-111,118,120,122,124								16
17	140, 142, 126	2012	29,300						17
18	HOT WATER HEATER	2012	13,200						18
19	PARKING LOT UPGRADE	2012	37,320						19
20	ADDITIONAL -PARKING LOT UPGRADE	2012	3,720						20
21	ADDL WORK ON THE 17 MEDICARE BATHS ABOVE	2012	4,840						21
22	VCT BATHROOM FLOORING IN ROOMS 140, 142, 148-154	2013	13,520						22
23	sprinkler system upgrade	2013	7,328						23
24	flooring - internet café	2013	5,773						24
25	HVAC - front gym	2013	18,212						25
26	fascia & soffit replace bldg perimeter	2013	11,636						26
27	briarwood heatpump cond unit	2013	18,213						27
28	frt for carpet - internet café	2013	692						28
29	additional flooring - internet café	2013	9,397						29
30	briarwood flooring	2013	7,685						30
31	walk in freezer door upgrade	2013	9,133						31
32	kitchen wall upgrades - cart area	2013	7,200						32
33	fire wall upgds @ 6 walls thruout bldg- instl 5 EZ path devices	2013	12,770						33
34	TOTAL (lines 1 thru 33)		$ 12,664,272	$ 658,616		$ 658,616	$	$ 8,464,460	34

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

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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		$ 12,664,272	$ 658,616		$ 658,616	$	$ 8,464,460	1
2	stainless base corners in kitchen	2013	11,222						2
3	hot water boiler	2014	14,739						3
4	paving for back lot by door #16	2014	18,098						4
5	ENTR AND LOBBY DOOR REPAIRS	2014	44,484						5
6	panic devices for lobby / entrance doors	2014	3,573						6
7	Briarwood & Medicare Compressors for HVAC	2014	10,785						7
8	GEN ELEC UPGRADES	201	9,878						8
9	concrete repair dining ct yd, ct yd gate repairs, O2 rm new roof fan & drywall repairs.								9
10	Inst fire dampers & ceiling ductwork.	2014	20,985						10
11	dishwasher exhaust	2015	4,550						11
12	painting water damaged ceiling in medicare loungs	2015	1,440						12
13	ELEVATOR CARPET	2015	1,170						13
14	ELEVATOR CARPET additional	2015	1,470						14
15	to relocate emer circuits - 4 -main elec rm, 6 NW wing med room, 4 ofc near S nurse								15
16	station, 4 W wing med rm, 2 SW closet	2015	10,387						16
17									17
18	CARPET TILE in all corridors of bldg	2015	3,066						18
19	remove / repl water damaged drywall & ceiling above rm 257	2015	3,720						19
20	replace carpeting in Briarwood Unit	2015	8,046						20
21	concrete walkeway on NW front of bldg near Door 2.	2015	6,941						21
22	floor carpet tiles in Medicare Lounge	2015	4,446						22
23	5 damper actuators: 2 above dbl drs by BOM ofc, 2 in ceiling in employee entrance corridor,								23
24	1 on Grand Heritage corridor outside rm 237	2015	7,395						24
25	frt for carpet tiles to medicare lounge	2015	1,526						25
26	sprinkler pipe above E hall nourishment	2014	3,345						26
27	install flooring in rooms 311, 307, 305, 301, & 310	2015	7,856						27
28	repair drywall in Medicare Lounge, Paint Briarwood Lounge, & remove								28
29	wallpaper in room 129	2015	6,635						29
30	Fire Sprinkler repairs in the 140-158 corridor	2015	5,981						30
31	Fire Sprinkler repairs in rm 310 and kitchen entrance	2015	5,040						31
32	Laundry Sump Drain	2015	4,950						32
33	Fire Sprinkler repairs in attic	2015	3,088						33
34	TOTAL (lines 1 thru 33)		$ 12,889,086	$ 658,616		$ 658,616	$	$ 8,464,460	34

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

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 12,889,086	$ 658,616		$ 658,616	$	$ 8,464,460	1
2	repair asphalt by garbage container & road leading to area	2015	11,673						2
3	repair storage and electrical room door frames	2015	3,265						3
4	new door for NE exit corridor	2015	8,770						4
5	2 mini-split AC units in laundry room	2015	9,950						5
6	wiring & circuit breakers for two (2)-208V, 20 amp mini-split AC units								6
7	in laundry rm	2015	3,475						7
8	additional Fire Sprinkler repairs in the 140-158 corridor	2015	3,070						8
9	paint room 101	2015	2,550						9
10	replaced 13 faulty or missing fire dampers across building	2015	4,775						10
11	repl 5-250W lamps in parking lot light fixtures. Repl 2 photocells @ SE ext bldg. Inst new 208V								11
12	photocell E of bldg & up/over roof overhang for sun exp.	2015	2,765						12
13	repair water damaged wall and ceiling in Briarwood Lounge and								13
14	room 316	2016	16,160						14
15	install smoke damper in duct located in ceiling in corridor outside main								15
16	dining area	2016	2,235						16
17	drywall repairs in rooms 101-130	2016	24,000						17
18	Wall Covering- Medicare hall rms 101-111 & 131-142	2016	4,330						18
19	Frt for Wall Covering -Medicare hall rms 101-111 & 131-142	2016	359						19
20	ACROVYN DOOR for Briarwood Lounge	2016	2,865						20
21	carpeting -hall outside main dining rm, & from rm 301-333	2016	2,925						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)		$ 12,992,254	$ 658,616		$ 658,616	$	$ 8,464,460	34

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

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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	$ 4,370,467	$ 169,741	$ 169,741	$		$ 3,857,714	71
72	Current Year Purchases	60,997						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			21,483	21,483			74
75	TOTALS	$ 4,431,464	$ 169,741	$ 191,224	$ 21,483		$ 3,857,714	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Residents	1995 Goshen GHS		$ 17,000	$	$	$		$ 17,000	76
77		Paratransit								77
78										78
79										79
80	TOTALS			$ 17,000	$	$	$		$ 17,000	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 18,370,620	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 828,357	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 849,840	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 21,483	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 12,339,174	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		$	92
93			93
94			94
95		$	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 South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

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

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
    Beginning
    Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2017	$
13.	/2018	$
14.	/2019	$

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: $ 63,639 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 South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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 South Holland

STATE OF ILLINOIS
0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a	9140 hrs	$ 375,215	11	$ 654	$ 721	9,151	$ 376,590	1
2	Licensed Speech and Language Development Therapist	10a	4773 hrs	195,922			406	4,773	196,328	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	8805 hrs	361,434			13,930	8,805	375,364	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				615,744		615,744	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Inhalation Therapist	10a	1479	60,708				1,479	60,708	12
13	Other (specify): IV Therapy/X-Ray/Lab	43, 2 & 3				122,579	(22,697)		99,882	13
14	TOTAL			$ 993,279	11	$ 123,233	$ 608,104	24,208	$ 1,724,616	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 South Holland **#** 0049361 **Report Period Beginning:** 06/01/15 **Ending:** 05/31/16

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 05/31/16 **(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	$ 21,779	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (832,721))	2,480,594		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	7,900		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,510,273	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	929,902		13
14	Buildings, at Historical Cost	12,992,253		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,448,465		16
17	Accumulated Depreciation (book methods)	(12,339,174)		17
18	Deferred Charges	16,620,230		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	20,282		22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 22,671,958	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 25,182,231	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 230,947	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	746,109		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	1,072,463		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable	117,827		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,167,346	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,337,027		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)**	$ 1,337,027	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,504,373	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 21,677,858	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 25,182,231	$	48

***(See instructions.)**

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 22,352,128	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 22,352,128	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,832,982)	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)**	$ (2,832,982)	17
	B. Transfers (Itemize):		
18	**Change in Interdivision**	2,158,712	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 2,158,712	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 21,677,858	24 *

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

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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	$ 17,576,576	1
2	Discounts and Allowances for all Levels	(9,406,245)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 8,170,331	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,718,673	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 6,718,673	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	2,793	12
13	Barber and Beauty Care	15,732	13
14	Non-Patient Meals	150	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,265,325	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	84,811	19
20	Radiology and X-Ray	103,670	20
21	Other Medical Services	78,661	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,551,142	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	Purchase Discount	7	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 7	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 16,440,153	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,715,211	31
32	Health Care	7,610,888	32
33	General Administration	5,657,393	33
	B. Capital Expense		
34	Ownership	3,246,497	34
	C. Ancillary Expense		
35	Special Cost Centers	731,864	35
36	Provider Participation Fee	311,282	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 19,273,135	40
41	**Income before Income Taxes (line 30 minus line 40)****	(2,832,982)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (2,832,982)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 3,527,267	44
45	Private Pay - Net Inpatient Revenue	889,902	45
46	Medicare - Net Inpatient Revenue	2,475,380	46
47	Other-(specify) Hospice	483,932	47
48	Other-(specify) Insurance	793,850	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 8,170,331	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 South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

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	2,295	2,452	$ 129,213	$ 52.70	1
2	Assistant Director of Nursing	4,195	4,483	167,332	37.33	2
3	Registered Nurses	48,052	51,351	1,829,108	35.62	3
4	Licensed Practical Nurses	37,546	40,124	1,105,062	27.54	4
5	CNAs & Orderlies	117,658	125,885	1,526,727	12.13	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	26,864	28,697	1,178,042	41.05	7
8	Rehab/Therapy Aides	24,197	25,848	764,676	29.58	8
9	Activity Director	4,175	4,463	56,244	12.60	9
10	Activity Assistants					10
11	Social Service Workers	7,726	8,261	212,111	25.68	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	28,512	30,484	444,464	14.58	15
16	Dishwashers					16
17	Maintenance Workers	3,709	3,968	70,508	17.77	17
18	Housekeepers	18,487	19,763	207,981	10.52	18
19	Laundry	4,972	5,312	51,076	9.62	19
20	Administrator	2,080	2,080	131,754	63.34	20
21	Assistant Administrator	1,946	1,946	65,475	33.65	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	22,131	23,690	525,343	22.18	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	1,948	2,084	33,088	15.88	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	356,493	380,891	$ 8,498,204 *	$ 22.31	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	20,240	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)		$ 20,240		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	419	$ 25,644	10, 3	50
51	Licensed Practical Nurses	1,087	46,684	10, 3	51
52	Certified Nurse Assistants/Aides	751	19,479	10, 3	52
53	TOTAL (lines 50 - 52)	2,257	$ 91,807		53

Facility Name & ID Number Manorcare of South Holland # 0049361 Report Period Beginning: 06/01/15 Ending: 05/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Pamela Chappell	Administrator	0	$ 131,754
Jamie Krieps	Asst. Admin.	0	65,475
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 197,229

B. Administrative - Other

Description	Amount
Various Home Office Services - See Page 8 for breakdown	$ 813,023
TOTAL (agree to Schedule V, line 17, col. 3)	$ 813,023
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Anspach Meeks Ellenberger LLP	Legal Fees	$ 69
Elvidge Kelley Atty @ Law	Legal Fees	2,175
Greenberg Traurig	Legal Fees	5,706
Polsinelli Shughart PC	Legal Fees	104
SNF Global	Legal Fees	30,374
(Legal Fees were adjusted off cia Page 5, Line 22; therefore no invoices are attached)		
Meyers & Flowers LLC	Collection Costs	7,238
Transworld Systems Inc	Collection Costs	11,451
Weltman Weinberg & Ries Co LPA	Collection Costs	525
(Collection Costs were adjusted off via Page 5a, Line 5)		
Michigan Peer Review Org.	HR Consulting	1,500
(Consulting Fees reclassed to Line 21)		
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 59,142

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 129,286
Unemployment Compensation Insurance	104,032
FICA Taxes	621,220
Employee Health Insurance	405,093
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Disability Payments	
401K	15,491
Appreciation, Oth Benefits & Mktg Adj	15,865
Tuition Program	
SMSP Match	1,436
Employee Uniforms	6,943
Home Office Allocation	63,093
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,362,459

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	$ 1,990
Advertising: Employee Recruitment	18,807
Health Care Worker Background Check	
(Indicate # of checks performed 539)	9,359
Patient Background Checks 675	6,750
Dues & Subscriptions	9,029
Association Dues	12,825
Advertising	11,839
Other Licensesand Permits	5,247
Less: Non-Allowable Association Dues	(4,412)
Less: Public Relations Expense	( )
Non-allowable advertising	(11,839)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 59,595

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	7,183
Includes travel expense to the Home	
Office in Toledo, OH for regional meetings	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 7,183

* Attach copy of IMRF notifications

**See instructions.

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **ICHA $5,337 & ACHA $3,076**

(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. $ **95,603** 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. $ **311,282**
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. $ **150**

(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