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.

2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2017)

I. IDPH License ID Number: 0050302

Facility Name: Manorcare of Arlington Hghts

Address: 715 West Central Rd (Number) Arlington Hts (City) 60005 (Zip Code)

County: Cook

Telephone Number: (847) 392-2020 **Fax #** (847) 392-0174

HFS ID Number:

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

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: 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 06/01/16 to 05/31/17 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) A. Dean Shipman
(Title) Assist. Vice President

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 Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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	151	Skilled (SNF)	151	55,115	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	151	TOTALS	151	55,115	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	13,643	3,546	16,551	33,740	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,643	3,546	16,551	33,740	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 61.22%

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

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

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

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 11/01/81

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 151 and days of care provided 9,977

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 Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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	381,556	25,410	8,107	415,073		415,073		415,073			1
2	Food Purchase		269,874		269,874		269,874	(1,822)	268,052			2
3	Housekeeping	208,142	25,679	1,789	235,610		235,610		235,610			3
4	Laundry	37,051	8,961		46,012		46,012		46,012			4
5	Heat and Other Utilities			162,398	162,398	2,040	164,438		164,438			5
6	Maintenance	67,840	13,955	105,133	186,928		186,928		186,928			6
7	Other (specify):* Medical Waste			1,160	1,160		1,160		1,160			7
8	TOTAL General Services	694,589	343,879	278,587	1,317,055	2,040	1,319,095	(1,822)	1,317,273			8
	B. Health Care and Programs											
9	Medical Director			39,600	39,600		39,600		39,600			9
10	Nursing and Medical Records	3,708,074	231,968	22,565	3,962,607	49	3,962,656		3,962,656			10
10a	Therapy	1,550,975	6,837	14,717	1,572,529		1,572,529		1,572,529			10a
11	Activities	98,730	1,668	3,515	103,913		103,913		103,913			11
12	Social Services	219,014	159	679	219,852		219,852		219,852			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	5,576,793	240,632	81,076	5,898,501	49	5,898,550		5,898,550			16
	C. General Administration											
17	Administrative	120,476		533,436	653,912	(230,331)	423,581		423,581			17
18	Directors Fees											18
19	Professional Services			67,337	67,337		67,337	(67,337)				19
20	Dues, Fees, Subscriptions & Promotions			107,135	107,135		107,135	(30,437)	76,698			20
21	Clerical & General Office Expenses	465,486	50,691	484,401	1,000,578		1,000,578	(371,778)	628,800			21
22	Employee Benefits & Payroll Taxes			960,522	960,522	40,671	1,001,193		1,001,193			22
23	Inservice Training & Education			412	412		412		412			23
24	Travel and Seminar			2,741	2,741		2,741		2,741			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			357,176	357,176		357,176		357,176			26
27	Other (specify):*											27
28	TOTAL General Administration	585,962	50,691	2,513,160	3,149,813	(189,660)	2,960,153	(469,552)	2,490,601			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,857,344	635,202	2,872,823	10,365,369	(187,571)	10,177,798	(471,374)	9,706,424			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 Arlington Hghts #0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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			267,951	267,951	15,638	283,589		283,589			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			(758)	(758)	171,933	171,175		171,175			32
33	Real Estate Taxes			489,491	489,491		489,491		489,491			33
34	Rent-Facility & Grounds			83,333	83,333		83,333		83,333			34
35	Rent-Equipment & Vehicles			61,726	61,726		61,726		61,726			35
36	Other (specify):*											36
37	**TOTAL Ownership**			901,743	901,743	187,571	1,089,314		1,089,314			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		592,097		592,097		592,097		592,097			39
40	Barber and Beauty Shops			7,001	7,001		7,001		7,001			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			196,634	196,634		196,634		196,634			42
43	Other (specify):* IV | X-Ray & Lab		49,497	106,995	156,492		156,492		156,492			43
44	**TOTAL Special Cost Centers**		641,594	310,630	952,224		952,224		952,224			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	6,857,344	1,276,796	4,085,196	12,219,336		12,219,336	(471,374)	11,747,962			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 Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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	(1,822)	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	(213)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(140)	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	(483)	21		18
19	Entertainment				19
20	Contributions	(2,707)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(49,412)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(366,939)	21		24
25	Fund Raising, Advertising and Promotional	(30,437)	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 5A	(19,221)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (471,374)		$	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))**	$ (471,374)		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 Arlington Hghts

ID# 0050302

Report Period Beginning: 06/01/16

Ending: 05/31/17

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Activity Income	$ 0	11	1
2	Misc. Income	(172)	21	2
3	Vending Income	(624)	21	3
4	Donations Revenue	(500)	21	4
5	Accouning/Collection Fees	(17,925)	19	5
6	Collection Agency	0	19	6
7	Loss on Disposal of Fixed Asset	0	36	7
8	HCP Lease Interest	0	32	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
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34				34
35				35
36				36
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38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(19,221)		49

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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	$ 533,436	HCR Manor Care Services, LLC	100.00%	$ 533,436	$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	6,857,344	Heartland Employment Services, LLC	100.00%	6,857,344		4
5	V	10a	Therapy Management	17,317	Heartland Rehabilitation Services, LLC	100.00%	17,317		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			$ 7,408,097			$ 7,408,097	$ *	14

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

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

VII. RELATED PARTIES

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

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

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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 South Holland IL, LLC	South Holland				1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
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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 Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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 Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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	3,762,500,577	561 nfS, hhS, &	$ 619,847	$ 0	12,380,212	$ 2,040	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	0	0	12,380,212	0	2
3	5	Utilities - Direct to West Div SNFs	Accumulated Cost	764,848,030	75 NFs	0	0	12,380,212	0	3
4										4
5	10	Nursing - Pooled	Accumulated Cost	3,762,500,577	561 nfS, hhS, & Reh	14,966	9,743	12,380,212	49	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	0	0	12,380,212	0	6
7	10	Nursing - Direct to West Div SNFs	Accumulated Cost	764,848,030	75 NFs	0	0	12,380,212	0	7
8										8
9	17	Gen/Admin-Pooled	Accumulated Cost	3,762,500,577	561 nfS, hhS, & Reh	61,861,920	32,341,614	12,380,212	203,552	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	14,679,699	5,396,995	12,380,212	55,174	10
11	17	Gen/Admin-Direct to West Div SN	Accumulated Cost	764,848,030	75 NFs	2,741,751	0	12,380,212	44,379	11
12										12
13	22	Empl Bnfts-Pooled	Accumulated Cost	3,762,500,577	561 nfS, hhS, & Reh	5,141,603	0	12,380,212	16,918	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	6,319,907	0	12,380,212	23,753	14
15	22	Empl Bnfts-Direct to West Div SN	Accumulated Cost	764,848,030	75 NFs	0	0	12,380,212	0	15
16										16
17	30	Depreciation - Pooled	Accumulated Cost	3,762,500,577	561 nfS, hhS, & Reh	3,929,156	0	12,380,212	12,929	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	720,726	0	12,380,212	2,709	18
19	30	Depr - Direct to West Div SNFs	Accumulated Cost	764,848,030	75 NFs	0	0	12,380,212	0	19
20										20
21										21
22	32	Pooled Interest	Accumulated Cost	3,762,500,577		30,527,148		12,380,212	100,447	22
23	32	Directly Assigned Interest	Not Allocated			18,393,998			71,486	23
24		H/O Costs Allocated to Non-SNFs and Other Divisions				31,980,611				24
25	TOTALS					$ 176,931,332	$ 37,748,352		$ 533,436	25

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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				$ 965,859	$ 905,448		0.0790	$ 71,486	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Home Office Pooled Interest Expense										100,447	6
7	Interest Income / Interest Expense										(758)	7
8												8
9	TOTAL Facility Related						$ 965,859	$ 905,448			$ 171,175	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 965,859	$ 905,448			$ 171,175	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 Arlington Hghts # 0050302 **Report Period Beginning:** 06/01/16 **Ending:** 05/31/17

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2016 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 464,026	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.)		$ 534,478	2
3. Under or (over) accrual (line 2 minus line 1).		$ 70,452	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 493,575	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.)**		$ 29,259	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** $ 103,794 **For** 2004 & 2013 **Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$ (103,794)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 489,491	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2012	470,046	8
	2013	504,468	9
	2014	517,315	10
	2015	528,387	11
	2016	553,544	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2016	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

Line 2: $534,477.52 = $243,864.40 for 2nd half 2015 + $290,613.12 for 1st half 2016

Line 4: $493,574.53= $262,931.20 for 2nd half 2016 + $230,643.33 for Jan - May 2017

Line 5: $29,259 = Worsek & Vihon LLP ($201) 2014 Specific Obj filing fees & ($24,798) 2013 Specific Obj filing fees & Urban Real Estate Research ($4,000) & ($259.62) for 2004

Line 6: $103,794 = $103,015.27 for tax year 2013 & $778.87 for year 2004

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.**

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Manorcare of Arlington Hghts COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0050302

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 2016 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 2016.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	08-04-100-008-0000	See Attached	$ 276,717.24	$ 276,717.24
2.	08-09-101-011-0000	See Attached	$ 276,827.08	$ 276,827.08
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 553,544.32	$ 553,544.32

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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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 Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 35,667 B. General Construction Type: Exterior Masonry Frame Steel, Fire Resistant Number of Stories 2

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).

None

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		1973	$ 111,118	1
2					2
3	TOTALS			$ 111,118	3

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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	151		1973	1969	$ 2,165,884	$ (41,425)		$ (41,425)	$	$ 2,081,495	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Current Year Depreciation					210,361		210,361		5,152,450	9
10				1976	8,839						10
11				1978	23,518						11
12				1979	43,635						12
13				1980	3,940						13
14				1981	30,085						14
15				1982	90,702						15
16				1984	63,182						16
17				1985	24,863						17
18				1986	19,944						18
19				1987	105,148						19
20	RETIREMENTS			1987	(62,983)						20
21				1988	23,991						21
22				1989	51,409						22
23				1990	58,556						23
24				1991	222,698						24
25				1992	767,104						25
26	RETIREMENTS			1992	(18,208)						26
27				1993	52,576						27
28				1994	623,228						28
29				1995	44,468						29
30				1996	155,020						30
31				1997	239,795						31
32				1998	239,169						32
33				1999	61,954						33
34				2000	120,258						34
35	Per Audit remove $28,409, Add $62,419 from 2002			2001	244,972						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 Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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	SMOKE WALLS	2002	$ 6,877	$		$	$	$	37
38	GENERAL OVERHEAD & INTEREST	2002	19,105						38
39	C/R 5/31/03 AUDIT ADJ. #2b - Overhead & Interest	2002	(19,105)						39
40	CARPENTRY/BUILDING WIRE per audit move 62,419 to 2001	2002	43,118						40
41	CARPETING AND WALLCOVERINGS	2002	14,091						41
42	FLOORING	2002	2,022						42
43	RETROACTIVE ADDITION per audit remove 1,391	2003							43
44	DEVELOPERS COST - OVERHD & INT. disallowed per audit	2003							44
45	CARPENTRY	2003	56,052						45
46	MILLWORK	2003	8,634						46
47	CARPETING AND PADS	2003	3,225						47
48	WALLCOVERINGS	2003	2,117						48
49	BASIC ELECTRICAL	2003	7,658						49
50	EXTERIOR SIGN	2003	562						50
51	CARPET	2003	428						51
52	CARPET	2003	428						52
53	FREIGHT ON CARPET	2003	58						53
54	FREIGHT ON CARPET	2003	139						54
55	CARPET AND VWC	2003	2,650						55
56	COUNTERTOP	2003	1,148						56
57	SIGNAGE - $1,244 Retired 10/31/07	2003							57
58	CARPET	2004	10,000						58
59	CARPET	2004	4,174						59
60	FABRIC	2004	134						60
61	FLOORING	2004	978						61
62	CARPET	2004	511						62
63	Renov. - General Overhead & Interest Disallowed per audit	2004							63
64	Renov. - Carpeting	2004	2,582						64
65	Renov. - Wallcovering & Corner Guards	2004	11,595						65
66	Renov. - Carpentry $5,100.00 disallowed per audit	2004	209,960						66
67	Renov. - Millwork Change year to 2003 per audit	2003	19,260						67
68	Renov. - Doors Change to 2003 per audit	2003	39,835						68
69	Wallcovering & Corner Guards	2004	2,125						69
70	TOTAL (lines 4 thru 69)		$ 5,854,108	$ 168,936		$ 168,936	$	$ 7,233,945	70

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

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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		$ 5,854,108	$ 168,936		$ 168,936	$	$ 7,233,945	1
2	Doors	2004	18,900						2
3	Carpet	2004	5,184						3
4	Handrails & Backer Board	2004	7,990						4
5	Windows	2004	4,946						5
6	Wallcovering, Border & Flooring	2004	5,700						6
7	Electrical Work in Laundry Room	2004	2,742						7
8	Pave Parking Lot, and Stripe & Mark	2004	42,166						8
9	Renov. - General Overhead & Interest Disallowed per audit 4,331	2005							9
10	Renov. - Flooring	2005	18,359						10
11	Renov. - Windows	2005	2,516						11
12	Renov. - Wallcovering & Guards	2005	6,095						12
13	Emergency Electrical Circuit & Light Fixtures	2005	19,672						13
14									14
15	Drainage, Doors, & Brickwork	2005	16,636						15
16	Carpet	2005	1,027						16
17	Electrical work for emergency circuits	2005	4,780						17
18	Door, Frame, & tuckpoint	2005	6,961						18
19	Plumbing - re-configuartion for sink drains	2006	2,460						19
20									20
21	Stair Railings	2006	6,750						21
22	Plumbing - Chiller lines	2006	2,314						22
23	Plumbing - Exterior	2006	17,748						23
24	Carpet	2006	358						24
25	Electrical Work - Install electric heaters	2006	3,985						25
26									26
27	Electrical - 4 emergency outlets in Arlington Corridor	2007	1,955						27
28	Electrical - repair wiring for rooms 152, 154, & 156	2007	2,498						28
29	Foundation Unerdpinning - Pier jacking (7 areas)	2007	16,420						29
30	Foundation Work - Slapjacking 2450 sq feet	2007	3,675						30
31	Renov. - Flooring & Wallcovering	2007	66,271						31
32	Renov. - Carpentry-subcontr	2007	16,701						32
33	Doors	2007	12,641						33
34	TOTAL (lines 1 thru 33)		$ 6,171,558	$ 168,936		$ 168,936	$	$ 7,233,945	34

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

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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		$ 6,171,558	$ 168,936		$ 168,936	$	$ 7,233,945	1
2	Renov. - Hot Water Boilers (2)	2007	64,296						2
3	Foundation Work - Slapjacking 2450 sq feet	2007	3,675						3
4	H.I. Renov. - Concrete Work	2007	4,584						4
5	H.I. Renov. - HM Doors	2007	4,335						5
6	H.I. Renov. - Flooring	2007	9,514						6
7	H.I. Renov. - Carpeting	2007	5,170						7
8	H.I. Renov. - Wallcovering	2007	28,933						8
9	H.I. Renov. - Cubical Curtains	2007	20,352						9
10	H.I. Renov. - Window Treatment	2007	4,070						10
11	H.I. Renov. - Basic Electrical	2007	11,484						11
12	H.I. Renov. - R.Callahan Construction Company	2007	670,422						12
13	Renov. - HVAC	2007	8,550						13
14	Renov. - Flooring	2007	5,677						14
15	main electrical panel	2007	7,335						15
16	TYCO SPRINLER SYSTEM	2008	5,713						16
17									17
18	Frabricate & Install Window Screens & Caulk Around	2008	20,322						18
19	Renov. - Flooring	2008	3,707						19
20	Renov. - Carpentry	2008	11,117						20
21	Renov. - Painting	2008	5,325						21
22	Renov. - Ceiling	2008	11,842						22
23	Renov. - Flooring	2008	11,685						23
24	Renov. - Wallcovering & Corner Guards	2008	8,812						24
25	Renov. - Hand Rail	2008	7,569						25
26	Renov. - Electrical	2008	7,085						26
27	Renov. - Plumbing	2008	7,101						27
28	KITCHEN DOORS	2008	14,178						28
29	EAST ELEVATOR UPGRADE	2008	6,475						29
30	WEST ELEVATOR UPGRADE	2008	6,475						30
31	Renov. - HVAC chiller 60 Ton Trane Model CGAFC60E	2008	56,602						31
32	6FT FENCE	2008	2,735						32
33	PVC GATE	2008	2,770						33
34	TOTAL (lines 1 thru 33)		$ 7,209,468	$ 168,936		$ 168,936	$	$ 7,233,945	34

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

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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		$ 7,209,468	$ 168,936		$ 168,936	$	$ 7,233,945	1
2	Provide & Install multiple Metal Doors	2009	16,108						2
3									3
4	0309 Elevator Upgrade - Elevators	2009	60,450						4
5	0309 Elevator Upgrade - Doors & Frames	2009	4,485						5
6	Ceiling	2009	2,820						6
7	Hollow Metal Door	2009	5,185						7
8	Thermal Detection for Fire	2009	5,155						8
9	1509 Drainage Piping - Plumbing Piping	2009	33,800						9
10	0409 Boiler Replacement - Engineering Mechanical	2009	65,183						10
11	Second Floor Sprinker Heads	2009	17,550						11
12	SS Dishwash Exhaust	2010	11,420						12
13									13
14	electrical upgrade - New AC Units in Kitchen	2010	5,494						14
15	Proj 0510 Williamsburg Reno - Ceiling Tile	2010	4,100						15
16	Proj 0510 Williamsburg Reno - Flooring	2010	49,349						16
17	Proj 0510 Williamsburg Reno - Carpeting	2010	19,906						17
18	Proj 0510 Williamsburg Reno - Wall Covering	2010	5,606						18
19	Proj 0510 Williamsburg Reno - Corner Guards	2010	2,104						19
20	Proj 0510 Williamsburg Reno - Millwork	2010	13,952						20
21	Proj 0510 Williamsburg Reno - Basic Electrical	2010	3,370						21
22	5 exterior windows	2010	10,040						22
23	elevator shaft sprinkler head	2010	4,075						23
24	Proj 0510 Williamsburg Reno - Overhead and interest disallowed (	2010							24
25									25
26	Fire Rated Hatch	2011	2,984						26
27	Doors HM (3)	2011	9,413						27
28	Chiller, Mltiaqua 10-Ton	2011	22,900						28
29	Flooring (Hallway 18X18)	2011	1,460						29
30	Data & Phone Relocation - Renov. 22-10C	2011	1,105						30
31	Concrete floor jacking - Renov. 22-10C	2011	21,875						31
32	Sewer drian replacement - Renov. 22-10C	2011	80,249						32
33	Carpeting - Renov. 22-10C	2011	8,197						33
34	TOTAL (lines 1 thru 33)		$ 7,697,803	$ 168,936		$ 168,936	$	$ 7,233,945	34

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

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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		$ 7,697,803	$ 168,936		$ 168,936	$	$ 7,233,945	1
2	PTAC Unit installation	2011	6,090						2
3	Eletrical wiring & breakers	2011	4,340						3
4	Elevator Cylinder, & PVC Liner	2011	14,985						4
5	Windows (3) Crystal Series	2011	8,024						5
6									6
7	Electrical Upgrade	2012	5,381						7
8	Elevator Hydraulic Pump	2013	7,650						8
9	Phone System Upgrade	2013	11,225						9
10									10
11	Light fixture upgrade - whole building	2013	14,927						11
12	Windows Rooms 144, 125, 127, 116, & PT	2013	7,104						12
13	EM Electric Upgrades to Med rms, Kiosks, nurse station, Offices	2014	8,897						13
14	Electric Upgrade 100 amp, 42 circuit panel-Kitchen, Laundry, Hou	2014	16,676						14
15									15
16	Window Upgrades - 10 windows Heritage Wing	2014	17,486						16
17	Flooring - Heritage Rooms 245-254	2014	6,330						17
18	Freight for flooring	2014	2,001						18
19	Wall Covering - 3 fire walls deck & elevator room	2014	8,181						19
20	Heaters - East Corridor	2015	5,686						20
21	Upper Roof Replacement (second story)	2015	51,119						21
22	Drywall - smoke walls internet café, room 144	2015	22,334						22
23	Heater - celing resistance heaters 2nd fl shower rooms	2015	4,891						23
24	Fan Motor - new fan and control board break room & med storag	2015	1,376						24
25	Breakers - new 30a PTAC circuits conf room	2015	2,656						25
26	Heater - 2 ceiling heaters room 102 & front doors	2015	5,087						26
27	Vinyl Awning	2015	1,458						27
28	Ceiling Grid - celing grid and tire repair	2015	1,895						28
29	Circuit Panel - life safety panel correction	2015	15,927						29
30	Receptacle Device 9 mounted quad receptacle devices	2015	1,293						30
31	Metal Door - boilder room exterior doors	2015	4,683						31
32	Metal Door - boilder room exterior doors	2015	4,844						32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,960,349	$ 168,936		$ 168,936	$	$ 7,233,945	34

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

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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		$ 7,960,349	$ 168,936		$ 168,936	$	$ 7,233,945	1
2	HM Door in EE break room	2015	2,888						2
3	HM Door in dishwasher room	2015	3,820						3
4	Rooftop Unit & related electrical work by E. nursing station	2015	17,470						4
5	Roof Replacement (project #012-15)	2015	177,695						5
6	Eletrical work for (19) 2nd Floor TVs	2015	13,397						6
7	HVAC Wall Pack in MDS office	2015	7,198						7
8	Repair Smoke Walls above 2 sets of corridor doors	2015	8,355						8
9	Water Pump for Domestic Water Heater	2015	3,498						9
10	Draft Inducers (3) for Domestic Boilers	2015	3,900						10
11	Extend Generator Exhuast beyound 2nd Floor Roof Line	2015	2,700						11
12	Windows in ms 124, 277 & 2nd Flr South Facing Windows	2015	6,670						12
13	Ceiling Tile inside 2nd flr Environmental Service Office	2015	10,640						13
14	Repair Firewall on Resident Rm 125 & at top of deck	2015	13,680						14
15	Repair Firewall by Room 125, above Maintenance Office	2015	9,360						15
16	Carpet & Wall Base in Environmental Serivces Office	2015	3,048						16
17	HM Door & Frame for East Stairwell	2016	4,660						17
18	Elevator Shaft & Pump	2016	24,300						18
19	Rooftop Chiller Piping for PT	2016	3,200						19
20	Piping and Valve for Chiller, for house system	2016	4,880						20
21	Compressor in Aaon 6 ton RTU for Dining Room	2016	3,275						21
22	Renovate resident rooms and bathrooms:								22
23	Renov - Flooring & Plumbing	2016	340,508						23
24	Renov - Carpentry-subcontractor & HVAC	2016	122,264						24
25	Renov - Painting & Wallcovering	2016	119,969						25
26	Renov. - Basic Composite Electrical	2016	35,161						26
27	Repair Expansion Joints (2) in Hydronic System by room 138	2016	6,200						27
28	Repair Asphalt, Seal & Stripe Parking Lot	2015	13,692						28
29	Concrete Sidewalk (6 sections) & Curbs (80 feet)	2015	9,425						29
30									30
31	Replaced ceramic floor tiles in main kitchen	2016	8,435						31
32	Installed new panic fire-rated door to center stairwell	2016	2,645						32
33	Installed 2 alum frame sliding windows in pt rooms 128 & 278	2016	3,840						33
34	TOTAL (lines 1 thru 33)		$ 8,947,122	$ 168,936		$ 168,936	$	$ 7,233,945	34

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

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 8,947,122	$ 168,936		$ 168,936	$	$ 7,233,945	1
2	Installed 2 HM entrance doors to Williamsburg unit	2016	8,655						2
3	Installed valve and replace domestic hot water piping and fittings	2017	3,200						3
4	Installed toilet w/diaphragm and spud in room 152	2017	3,266						4
5	Installed valves @ boiler units and storage tank	2017	7,123						5
6	Removed and installed boiler	2017	22,633						6
7	Installed 7 semi-recessed light fixtures in rear corridor & relocate	2017	5,625						7
8	6 light fixtures to lobby								8
9	Paint and replace sheet vinyl floor in pt room on 1st floor	2016	9,872						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)		$ 9,007,496	$ 168,936		$ 168,936	$	$ 7,233,945	34

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

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 3,482,921	$ 99,015	$ 99,015	$		$ 3,097,632	71
72	Current Year Purchases	20,107						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			15,638	15,638			74
75	TOTALS	$ 3,503,028	$ 99,015	$ 114,653	$ 15,638		$ 3,097,632	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)	$ 12,621,642	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 267,951	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 283,589	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 15,638	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 10,331,577	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 Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Northwest Community Healthcare
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:	1969		12/19/1972	$ 83,333	41	10	3
4	Additions							4
5								5
6								6
7	TOTAL				$ 83,333 **			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 01/01/2014
Ending 12/31/2018

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

	Fiscal Year Ending	Annual Rent
12.	5/31/2018	$ 83,333
13.		$
14.		$

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

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 61,726 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 Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff 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	7734 hrs	$ 343,008		$	$ 133	7,734	$ 343,141	1
2	Licensed Speech and Language Development Therapist	10a	3384 hrs	150,089			2,264	3,384	152,353	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	6121 hrs	271,437			4,440	6,121	275,877	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				592,097		592,097	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): IV Therapy	43, 2					49,497		49,497	12
13	Other (specify): X-Ray & Lab	43, 3				106,995			106,995	13
14	TOTAL			$ 764,534		$ 106,995	$ 648,431	17,239	$ 1,519,960	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 Arlington Hghts **#** 0050302 **Report Period Beginning:** 06/01/16 **Ending:** 05/31/17

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 05/31/17 **(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	$ (801)	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 499,105)	1,579,198		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	17,501		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,595,898	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	111,118		13
14	Buildings, at Historical Cost	9,007,496		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,503,028		16
17	Accumulated Depreciation (book methods)	(10,331,577)		17
18	Deferred Charges			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	81,364		22
23	Other(specify): CIP			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,371,429	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,967,327	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 278,227	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	469,621		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	493,575		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable	94,648		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,336,071	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	905,448		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)**	$ 905,448	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,241,519	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,725,808	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,967,327	$	48

***(See instructions.)**

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,480,512	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,480,512	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(102,625)	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)**	$ (102,625)	17
	B. Transfers (Itemize):		
18	**Change in Interdivision**	347,921	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 347,921	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,725,808	24 *

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

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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	$ 12,432,153	1
2	Discounts and Allowances for all Levels	(6,775,080)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,657,073	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,046,224	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 5,046,224	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	624	12
13	Barber and Beauty Care	8,006	13
14	Non-Patient Meals	1,822	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,203,121	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	87,435	19
20	Radiology and X-Ray	46,465	20
21	Other Medical Services	62,458	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,409,931	23
	D. Non-Operating Revenue		
24	Contributions	500	24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 500	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc. Inc, QI pymts & Purchase Discount	2,983	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 2,983	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 12,116,711	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,317,055	31
32	Health Care	5,898,501	32
33	General Administration	3,149,813	33
	B. Capital Expense		
34	Ownership	901,743	34
	C. Ancillary Expense		
35	Special Cost Centers	755,590	35
36	Provider Participation Fee	196,634	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 12,219,336	40
41	**Income before Income Taxes (line 30 minus line 40)****	(102,625)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (102,625)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,153,195	44
45	Private Pay - Net Inpatient Revenue	1,099,737	45
46	Medicare - Net Inpatient Revenue	1,714,266	46
47	Other-(specify) Hospice	107,998	47
48	Other-(specify) Insurance	581,877	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 5,657,073	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 Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

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	2,066	2,267	$ 104,889	$ 46.27	1
2	Assistant Director of Nursing	3,952	4,336	158,807	36.63	2
3	Registered Nurses	50,472	55,379	1,918,409	34.64	3
4	Licensed Practical Nurses	9,253	10,153	252,458	24.87	4
5	CNAs & Orderlies	73,925	81,353	1,197,535	14.72	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	20,087	22,043	977,565	44.35	7
8	Rehab/Therapy Aides	16,239	17,820	573,410	32.18	8
9	Activity Director	5,090	5,593	98,730	17.65	9
10	Activity Assistants					10
11	Social Service Workers	7,401	8,131	219,014	26.94	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	23,233	25,538	381,556	14.94	15
16	Dishwashers					16
17	Maintenance Workers	2,618	2,879	67,840	23.56	17
18	Housekeepers	14,760	16,224	208,142	12.83	18
19	Laundry	3,579	3,932	37,051	9.42	19
20	Administrator	2,080	2,080	120,476	57.92	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,601	19,232	465,486	24.20	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,050	3,351	75,976	22.67	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	255,406	280,311	$ 6,857,344 *	$ 24.46	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	39,600	9, 3	36
37	Medical Records Consultant	Monthly	7,427	10, 3	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)		$ 47,027		49

C. CONTRACT NURSES

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

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Anne Berg	Administrator	0	$ 120,476
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 120,476

B. Administrative - Other

Description	Amount
Various Home Office Services - See Page 8 for breakdown	$ 533,436
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 533,436

C. Professional Services

Vendor/Payee	Type	Amount
Various	Legal Fees	$ 49,412
Legal Fees were adjusted off via Page 5, Line 22, therefore, no detail schedule is attached.		
Various	Collections	17,925
AR Collection Costs were adjusted off via Page 5A, Lines 6 & 7, therefore, no detail schedule is attached.		
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 67,337

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 30,301
Unemployment Compensation Insurance	63,152
FICA Taxes	494,641
Employee Health Insurance	326,819
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Disability Payments	
401K	47,440
Appreciation, Oth Benefits & Mktg Adj	(7,441)
Tuition Program	
Smsp Match	1,959
Employee Uniforms	3,651
Home Office Allocation	40,671
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,001,193

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	25,230
Health Care Worker Background Check	17,678
(Indicate # of checks performed 361)	
Patient Background Checks 330	3,300
Dues & Subscriptions	12,878
Association Dues	9,468
Advertising	27,382
Other Licenses and Permits	9,209
Less: Non-Allowable Association Dues	(3,055)
Less: Public Relations Expense	( )
Non-allowable advertising	(27,382)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 76,698

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	2,741
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)	$ 2,741

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Manorcare of Arlington Hghts # 0050302 Report Period Beginning: 06/01/16 Ending: 05/31/17

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **IHCA $4,197 & AHCA $2,216**

(3) Did the nursing home make political contributions or payments to a politica
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. $ **54,078** 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? **No**
If YES, give effective date of lease.

(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 fo
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 Departmen
during this cost report period. $ **196,634**
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 tc
the Department, in addition to the daily rate, been properly classifiec
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 fo
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. $ **1,822**

(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 fo
residents? **NO** If YES, please indicate the amount of income earned from such a
program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other
times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted
out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $

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

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

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