

Facility Name & ID Number Manorcare of Elk Grove Vlg

0049387 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	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	190	Skilled (SNF)	190	69,350	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	190	TOTALS	190	69,350	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	22,534	5,756	32,551	60,841	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	22,534	5,756	32,551	60,841	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.73%

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

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

I. On what date did you start providing long term care at this location?
Date started 07/30/90

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 190 and days of care provided 23,746

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

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

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	625,289	34,578	4,046	663,913		663,913		663,913		1
2	Food Purchase		437,182		437,182		437,182	(4,800)	432,382		2
3	Housekeeping	266,131	45,702	2,659	314,492		314,492		314,492		3
4	Laundry	80,919	39,174	430	120,523		120,523		120,523		4
5	Heat and Other Utilities			304,848	304,848	3,662	308,510		308,510		5
6	Maintenance	108,798	49,965	133,514	292,277		292,277		292,277		6
7	Other (specify):* Medical Waste			8,257	8,257		8,257		8,257		7
8	TOTAL General Services	1,081,137	606,601	453,754	2,141,492	3,662	2,145,154	(4,800)	2,140,354		8
	B. Health Care and Programs										
9	Medical Director			27,400	27,400		27,400		27,400		9
10	Nursing and Medical Records	6,261,127	450,335	102,757	6,814,219	88	6,814,307		6,814,307		10
10a	Therapy	2,419,837	16,401	107,403	2,543,641		2,543,641		2,543,641		10a
11	Activities	173,929	7,629	4,885	186,443		186,443	(45)	186,398		11
12	Social Services	420,523		85	420,608		420,608		420,608		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	9,275,416	474,365	242,530	9,992,311	88	9,992,399	(45)	9,992,354		16
	C. General Administration										
17	Administrative	190,642		847,417	1,038,059	(303,134)	734,925		734,925		17
18	Directors Fees										18
19	Professional Services			73,459	73,459		73,459	(73,459)			19
20	Dues, Fees, Subscriptions & Promotions			125,692	125,692		125,692	(62,118)	63,574		20
21	Clerical & General Office Expenses	670,378	116,359	633,804	1,420,541		1,420,541	(431,970)	988,571		21
22	Employee Benefits & Payroll Taxes			1,599,125	1,599,125	73,033	1,672,158		1,672,158		22
23	Inservice Training & Education			2,325	2,325		2,325		2,325		23
24	Travel and Seminar			5,421	5,421		5,421		5,421		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			1,154,878	1,154,878		1,154,878		1,154,878		26
27	Other (specify):*							(361)	(361)		27
28	TOTAL General Administration	861,020	116,359	4,442,121	5,419,500	(230,101)	5,189,399	(567,908)	4,621,491		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	11,217,573	1,197,325	5,138,405	17,553,303	(226,351)	17,326,952	(572,753)	16,754,199		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			584,242	584,242	28,080	612,322		612,322		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			2,648,282	2,648,282	198,271	2,846,553	(2,649,037)	197,516		32
33	Real Estate Taxes			878,943	878,943		878,943		878,943		33
34	Rent-Facility & Grounds										34
35	Rent-Equipment & Vehicles			55,241	55,241		55,241		55,241		35
36	Other (specify):*										36
37	TOTAL Ownership			4,166,708	4,166,708	226,351	4,393,059	(2,649,037)	1,744,022		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		1,141,183	2,075	1,143,258		1,143,258		1,143,258		39
40	Barber and Beauty Shops			13,534	13,534		13,534		13,534		40
41	Coffee and Gift Shops	3,817			3,817		3,817		3,817		41
42	Provider Participation Fee			304,737	304,737		304,737		304,737		42
43	Other (specify):* IV X-Ray & Lab		123,629	134,368	257,997		257,997		257,997		43
44	TOTAL Special Cost Centers	3,817	1,264,812	454,714	1,723,343		1,723,343		1,723,343		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	11,221,390	2,462,137	9,759,827	23,443,354		23,443,354	(3,221,790)	20,221,564		45

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

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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$	10	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(4,800)	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	(773)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(205)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(361)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(793)	21		18
19	Entertainment				19
20	Contributions	(8,611)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(55,667)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(418,031)	21		24
25	Fund Raising, Advertising and Promotional	(62,118)	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	(2,670,431)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (3,221,790)		\$	30

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	2	
		Amount	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
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (3,221,790)		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	2	3	4	
		Yes	No	Amount	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

BHF USE ONLY							
48		49		50		51	

Manorcare of Elk Grove Vlg

ID# 0049387

Report Period Beginning: 06/01/16

Ending: 05/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Activity Income	\$ (45)	11	1
2	Misc. Income	(2,056)	21	2
3	Vending Income	(1,501)	21	3
4	Donations Revenue		21	4
5	Accounting/Collection Fees	(17,792)	19	5
6	Collection Agency		19	6
7	Loss on Disposal of Fixed Asset		36	7
8	HCP Lease Interest	(2,649,037)	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	(2,670,431)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Elk Grove Vlg

0049387

Report Period Beginning:

06/01/16

Ending:

05/31/17

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	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(4,800)	0	0	0	0	0	0	0	0	0	0	(4,800)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(4,800)	0	0	0	0	0	0	0	0	0	0	(4,800)	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	(45)	0	0	0	0	0	0	0	0	0	0	(45)	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	(45)	0	0	0	0	0	0	0	0	0	0	(45)	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	(73,459)	0	0	0	0	0	0	0	0	0	0	(73,459)	19
20	Fees, Subscriptions & Promotions	(62,118)	0	0	0	0	0	0	0	0	0	0	(62,118)	20
21	Clerical & General Office Expenses	(431,970)	0	0	0	0	0	0	0	0	0	0	(431,970)	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):*	(361)	0	0	0	0	0	0	0	0	0	0	(361)	27
28	TOTAL General Administration	(567,908)	0	0	0	0	0	0	0	0	0	0	(567,908)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(572,753)	0	0	0	0	0	0	0	0	0	0	(572,753)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Elk Grove Vlg # 0049387 Report Period Beginning: 06/01/16 Ending: 05/31/17

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	(2,649,037)	0	0	0	0	0	0	0	0	0	0	(2,649,037)	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	(2,649,037)	0	0	0	0	0	0	0	0	0	0	(2,649,037)	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)	(3,221,790)	0	0	0	0	0	0	0	0	0	0	(3,221,790)	45

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. 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	See Home Office Allocation	\$ 847,417	HCR Manor Care Services, LLC	100.00%	\$ 847,417	\$	1
2	V	Page 8						2
3	V							3
4	V	1-44 Personnel	11,221,390	Heartland Employment Services, LLC	100.00%	11,221,390		4
5	V	10a Therapy Management	21,790	Heartland Rehabilitation Services, LLC	100.00%	21,790		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		\$ 12,090,597			\$ 12,090,597	\$ *	14

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

Facility Name & ID Number

Manorcare of Elk Grove Vlg

0049387

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			Manor Care at Arlington Heights	Arlington Heights				12
13			Manor Care of Hinsdale IL, LLC	Hinsdale				13
14			Manor Care of Homewood IL, LLC	Homewood				14
15			Manor Care of Libertyville IL, LLC	Libertyville				15
16			Manor Care of Naperville IL, LLC	Naperville				16
17			Manor Care of Northbrook IL, LLC	Northbrook				17
18			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				18
19			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				19
20			Manor Care of Palos Heights (West) IL, LLC	Palos Heights				20
21			Manor Care of Palos Heights (East) IL, LLC	Palos Heights				21
22			Manor Care of Rolling Meadows IL, LLC	Rolling Meadows				22
23			Manor Care of South Holland IL, LLC	South Holland				23
24			Manor Care of Westmont IL, LLC	Westmont				24
25			Arden Courts of Elk Grove Village IL, LLC	Elk Grove Village				25
26			Arden Courts of Geneva IL, LLC	Geneva				26
27			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				27
28			Arden Courts of Northbrook IL, LLC	Northbrook				28
29			Arden Courts of Palos Heights IL, LLC	Palos Heights				29
30			Arden Courts of South Holland IL, LLC	South Holland				30

Facility Name & ID Number Manorcare of Elk Grove Vlg # 0049387 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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 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 Elk Grove Vlg

0049387

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 NO

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

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities - Pooled	Accumulated Cost	3,762,500,577	561 nfS, hhS, &	\$ 619,847	\$ 0	22,231,025	\$ 3,662	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	0	0	22,231,025	0	2
3	5	Utilities - Direct to West Div SNFs	Accumulated Cost	764,848,030	75 NFs	0	0	22,231,025	0	3
4										4
5	10	Nursing - Pooled	Accumulated Cost	3,762,500,577	561 nfS, hhS, & Reh	14,966	9,743	22,231,025	88	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	0	0	22,231,025	0	6
7	10	Nursing - Direct to West Div SNFs	Accumulated Cost	764,848,030	75 NFs	0	0	22,231,025	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	22,231,025	365,516	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	14,679,699	5,396,995	22,231,025	99,075	10
11	17	Gen/Admin-Direct to West Div SN	Accumulated Cost	764,848,030	75 NFs	2,741,751	0	22,231,025	79,692	11
12										12
13	22	Empl Bnfts-Pooled	Accumulated Cost	3,762,500,577	561 nfS, hhS, & Reh	5,141,603	0	22,231,025	30,380	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	6,319,907	0	22,231,025	42,653	14
15	22	Empl Bnfts-Direct to West Div SN	Accumulated Cost	764,848,030	75 NFs	0	0	22,231,025	0	15
16										16
17	30	Depreciation - Pooled	Accumulated Cost	3,762,500,577	561 nfS, hhS, & Reh	3,929,156	0	22,231,025	23,216	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	3,293,915,113	359 NFs	720,726	0	22,231,025	4,864	18
19	30	Depr - Direct to West Div SNFs	Accumulated Cost	764,848,030	75 NFs	0	0	22,231,025	0	19
20										20
21										21
22	32	Pooled Interest	Accumulated Cost	3,762,500,577		30,527,148		22,231,025	180,372	22
23	32	Directly Assigned Interest	Not Allocated			18,393,998			17,899	23
24		H/O Costs Allocated to Non-SNFs and Other Divisions				31,980,611				24
25	TOTALS					\$ 176,931,332	\$ 37,748,352		\$ 847,417	25

Facility Name & ID Number

Manorcare of Elk Grove Vlg

0049387

Report Period Beginning:

06/01/16

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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					\$ 241,832	\$ 226,706		0.0790	\$ 17,899	1							
2													2							
3													3							
4													4							
5													5							
Working Capital																				
6	Home Office Pooled Interest Expense											180,372	6							
7	Interest Income / Interest Expense											(755)	7							
8													8							
9	TOTAL Facility Related							\$ 241,832	\$ 226,706			\$ 197,516	9							
B. Non-Facility Related*																				
10													10							
11													11							
12													12							
13													13							
14	TOTAL Non-Facility Related							\$	\$			\$	14							
15	TOTALS (line 9+line14)							\$ 241,832	\$ 226,706			\$ 197,516	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.)

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

B. Real Estate Taxes

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

1. Real Estate Tax accrual used on 2016 report.		\$	729,857	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.)		\$	841,140	2
3. Under or (over) accrual (line 2 minus line 1).		\$	111,283	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	728,192	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.)		\$	40,010	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 \$ (542) For 2004 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	(542)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	878,943	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2012	733,178	8	
	2013	802,076	9	
	2014	822,785	10	
	2015	834,627	11	
	2016	838,049	12	
Line 2: \$841,140.07 = \$382,095.20 for 2nd half 2015 + \$459,044.87 for 1st half 2016				
Line 4: \$728,192.06= \$379,004.56 for 2nd half 2016 + \$349,187.50 for Jan - May 2017				
Line 5: \$40,010.20 = Worssek & Vihons \$180.94 for 2004 Tax Rate Refund filing fees & \$36,114.26 for 2016 RE Tax Assessment Appeal + Urban RE Research \$3,715 for Ad Valorem Tax Appraisal Svcs				
Line 6: \$542.82 = 2004 Tax Rate Refund, No refund for 2016, adjustment is reflected in the invoice for the second installment.				
				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

NOTES:

- Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.**
- 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 Elk Grove Vlg COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049387

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)	(B)	(C)	(D) <u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to Nursing Home</u>
1. <u>07-35-200-022-0000</u>	<u>See Attached</u>	\$ <u>1,127,926.56</u>	\$ <u>838,049.43</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>1,127,926.56</u></u>	\$ <u><u>838,049.43</u></u>

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? X YES 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 Elk Grove Vlg

0049387 Report Period Beginning:

06/01/16 Ending:

05/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 70,963 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. (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. (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 NO

If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1990</u>	<u>\$ 853,628</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 853,628	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	120			1990	\$ 5,025,494	\$ 206,461		\$ 206,461		\$ 4,662,535	4
5	60			1996	1,726,800						5
6	10			2000	1,063,936						6
7	5/31/2003 Audit Adjustment			2000	(277,211)						7
8				2009	631,865						8
Improvement Type**											
9	Current Year Depreciation					183,783		183,783		3,532,375	9
10				1990	12,954						10
11				1991	41,034						11
12				1992	89,111						12
13				1993	29,775						13
14				1994	18,939						14
15				1995	182,383						15
16				1996	485,188						16
17				1997	111,890						17
18				1998	127,587						18
19				1999	60,314						19
20				2000	68,449						20
21				2001	5,850						21
22				2002	53,586						22
23				2003	60,867						23
24				2004	183,295						24
25				2005	2,435						25
26				2006	28,102						26
27				2007	284,818						27
28		Roofing		2008	7,221						28
29		Roofing - additional		2008	802						29
30		Generator - Installation & Materials		2008	36,317						30
31		Generator - Equipment		2008	10,814						31
32		Generator - Installation & Materials		2008	62,613						32
33		Renov. - CORRIDOR DOORS (35)		2008	50,575						33
34		CO2 Detectors & Control Panel		2008	11,781						34
35		Generator - Equipment		2008	63,883						35
36		Storm Drain Enhancements		2008	4,100						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 Elk Grove Vlg

0049387

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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 Sealcoating & Restriping	2008	\$ 13,362	\$		\$	\$	\$	37
38								38
39 Renov. - Internet Café Construction (Contracted Total)	2009	88,371						39
40 Double Egress Kitchen Doors	2009	6,076						40
41 Renov. - Carpentry	2009	76,000						41
42 Renov. - Millwork (Hand Rails)	2009	14,910						42
43 Renov. - Electrical (Light Fixtures)	2009	5,990						43
44 Renov. - Carpet	2009	6,195						44
45 Renov. - Wallcovering, Corner Guards	2009	8,076						45
46 Generator - Installation & Materials	2009	11,108						46
47 Renov. - Carpentry	2009	45,000						47
48 Renov. - Millwork (Hand Rails)	2009	16,827						48
49 Renov. - Carpet	2009	9,331						49
50 Renov. - Wallcovering	2009	9,237						50
51 THERAPY ADD - SOIL TESTING	2009	600						51
52 THERAPY ADD - CONCRETE TESTING	2009	2,155						52
53 THERAPY ADD - SITE PREPARATION	2009	240,173						53
54 THERAPY ADD - LANDSCAPING	2009	14,240						54
55 LIGHTPOLE W/ CONCRETE BASE	2009	5,483						55
56 THERAPY ADD - ARCH & ENGINEER COST	2009	56,780						56
57 THERAPY ADD - ARCHITECT REIMB EXTER	2009	7,886						57
58 THERAPY ADD - ENGINEERING - CIVIL	2009	4,740						58
59 THERAPY ADD - INTERIOR DESIGN CONSULTANT	2009	102,773						59
60 THERAPY ADD - LANDSCAPE DESIGN CONSULTANT	2009	8,487						60
61 THERAPY ADD - PLAN REVIEWS	2009	8,853						61
62 THERAPY ADD - SALES USE TAX	2009	22						62
63 THERAPY ADD - WALL COVERING	2009	14,602						63
64 THERAPY ADD - CORNER GUARDS	2009	1,548						64
65 THERAPY ADD - TV IN PT WAITING ROOM	2010	1,745						65
66 THERAPY ADD - CRASH RAIL	2010	3,941						66
67 PAINTING FOR NOURISHMENT	2009	3,800						67
68 10 DOORS	2009	27,900						68
69 CARPETING	2009	1,040						69
70 TOTAL (lines 4 thru 69)		\$ 11,082,818	\$ 390,244		\$ 390,244	\$	\$ 8,194,910	70

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

Facility Name & ID Number Manorcare of Elk Grove Vlg

0049387

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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,082,818	\$ 390,244		\$ 390,244	\$	\$ 8,194,910	1
2	HM DOOR	2009	4,867						2
3	HM DOOR	2010	4,830						3
4	C-WING SPRINKLERS	2010	25,181						4
5	3808 C WING REHAB RENO - CARPENTRY	2009	43,296						5
6	3808 C WING REHAB RENO - HM DOORS & FRAMES	2009	3,324						6
7	3808 C WING REHAB RENO - ELECTRICAL	2009	6,930						7
8	3808 C WING REHAB RENO - CORNER GUARDS	2009	268						8
9	2107 GENERATOR REPLACE - LABOR & MATERIALS	2009	25,804						9
10	1409 SPRINKLER HEADS - SPRINKLERS	2009	32,500						10
11	1809 INTERIOR RENO - FLOORING	2010	1,906						11
12	1809 INTERIOR RENO - CARPETING	2010	9,289						12
13	1809 INTERIOR RENO - WALL COVERING	2010	45,056						13
14	1809 INTERIOR RENO - ELECTRICAL	2010	1,984						14
15	1809 INTERIOR RENOVATION - Wall Covering	2010	44,154						15
16	HM Doors	2010	10,350						16
17	0910 HERITAGE RENOVATION - Lobby Finishes	2010	76,149						17
18	0910 HERITAGE RENOVATION - Carpeting & Pads	2010	8,725						18
19	0910 HERITAGE RENOVATION - Wall Covering	2010	8,753						19
20	0910 HERITAGE RENOVATION - Corner Guards	2010	2,827						20
21	0910 HERITAGE RENOVATION - Millwork	2010	15,549						21
22	0910 HERITAGE RENOVATION - Basic Electrical	2010	8,612						22
23									23
24	SMOKE DETECTOR SYSTEM	2011	10,890						24
25	1211 C-WING RES BTHRM HEATERS	2011	18,560						25
26	HM DOORS - ASST ADMIN OFFICE & BATHROOM	2011	19,050						26
27	DRAINAGE SYSTEM (COURTYARD)	2011	28,203						27
28	300 FT OF SEWER PIPING	2011	27,190						28
29	concrete walk sections	2011	14,426						29
30	CABINETS (NOURISHMENT RM)	2011	3,969						30
31	ELEC HEATERS IN LAUNDRY/RMS 421/141/C-WING SHOWI	2011	14,233						31
32	208 volt 30 amp circuit (steam	2011	2,153						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,601,846	\$ 390,244		\$ 390,244	\$	\$ 8,194,910	34

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

Facility Name & ID Number Manorcare of Elk Grove Vlg

0049387

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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 11,601,846	\$ 390,244		\$ 390,244	\$	\$ 8,194,910	1
2	HERITAGE WING RENOV - GEN OVERHEAD & INTEREST	2011	79,909						2
3	HERITAGE WING RENOV - RESILIENT FLOORING	2011	109,165						3
4	HERITAGE WING RENOV - CARPETING	2011	21,188						4
5	HERITAGE WING RENOV - WALLCOVERING	2011	85,740						5
6	HERITAGE WING RENOV - BASIC ELECTRICAL	2011	25,016						6
7	SHOWER RENOVATIONS HERITAGE WING	2011	4,857						7
8	PLANTER BOXES, ADDL CONCRETE FOR COURTYARD	2011	3,375						8
9	SPRINKLER PIPING	2012	15,836						9
10	DOUBLE DOORS @ STORAGE SHED	2012	2,915						10
11									11
12	FIRE DAMPERS in C-Wing	2012	13,320						12
13	5 DOORS-rms 115, 126, 320 ,328, & DCD office	2012	17,084						13
14	PATIO CANOPY	2012	2,086						14
15	Roof	2012	39,130						15
16	MINOR KITCHEN RENOV - flooring	2012	9,804						16
17	MINOR KITCHEN RENOV -tile	2012	2,280						17
18	FIRE SPRINKLER	2012	14,504						18
19	FLOORING-employee baths	2012	6,785						19
20									20
21	PIPE INSULATION - janitors closets	2013	4,860						21
22	DOORWAY- kitchen entrance	2013	7,443						22
23	Doors- rms 118-119/308/313, conf rm, A-Wing & central bath	2013	22,752						23
24	Doors (5)- rm 111, C-Wing Shower, ST, BOM & front ofc hall	2013	24,400						24
25	Sprinkler piping & data cables @ smoke walls	2013	17,019						25
26									26
27	Electrical - dish machine	2014	3,630						27
28	Electrical, additional to line above - dish machine	2014	1,090						28
29	Workstation, Wall Mounted- dietary mgr ofc	2014	2,770						29
30	Firestopping elec rm -data lines, sprinkler piping, conduits,ducktwork.								30
31	EZ path devices around data and TV cabling	2014	29,700						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,168,504	\$ 390,244		\$ 390,244	\$	\$ 8,194,910	34

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

Facility Name & ID Number Manorcare of Elk Grove Vlg

0049387

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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,168,504	\$ 390,244		\$ 390,244	\$	\$ 8,194,910	1
2	Windows - 14 Resident Rooms	2013	5,950						2
3	Electrical, AC- maint ofc	2014	2,455						3
4	Firestop @ plumbing pipes ceiling	2014	2,200						4
5	Doors, Fire @ B-Wing Shower, Womans restrm by rm 300, & Soiled Utility								5
6		2014	8,158						6
7	Compressor , 4 ton 3 phase 460V	2014	2,030						7
8	Compressor / contactor for HVAC	2014	3,142						8
9	VALVE-plumbing repairs showers	2014	3,642						9
10	MOTOR-RTU #3	2014	1,465						10
11	CO2 DETECTORS	2015	4,266						11
12	Compressor HVAC	2014	2,801						12
13	PARKING LOT SEALING	2014	54,079						13
14	EZ path devices (11)-3'x3" @ smoke walls- fire alarm cabling	2014	8,828						14
15									15
16	Firestopping-main svc hall, mech rm	2014	26,512						16
17	Electrical	2014	9,248						17
18	Pipe, 60 lineal ft 4" perf sewer grade & 2 downspouts	2014	8,046						18
19	Roofing	2014	1,620						19
20	Conculting on fire alarm system	2014	1,500						20
21	Renov - Wallcovering	2015	2,700						21
22	Renov - Basic eletrical	2015	4,003						22
23	Tile kitchen sink area	2015	2,924						23
24	WATER HEATER	2015	9,420						24
25	CIRCUIT-life safty corrections	2015	12,642						25
26	SPRINKLER PIPE	2015	2,233						26
27	Renov - fire alarm system	2015	146,022						27
28	FIRE WALL ext internet café	2015	17,790						28
29	Drywall-med prep room in A Wing	2015	7,109						29
30	painting in main dining room	2015	2,585						30
31	Doors-empl lounge, hall @ rm 112, @ library, rm 401	2015	11,650						31
32	Thermometer & solenoid valve @ hot water supply -Maint Ofc & boiler rm								32
33	& tempering valve -C-wing mech rm.	2015	6,290						33
34	TOTAL (lines 1 thru 33)		\$ 12,539,814	\$ 390,244		\$ 390,244	\$	\$ 8,194,910	34

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

Facility Name & ID Number Manorcare of Elk Grove Vlg

0049387

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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,539,814	\$ 390,244		\$ 390,244	\$	\$ 8,194,910	1
2	Elec, 120V circuit @ boiler rm, Maint Ofc , C-Wing Mech Rm	2015	2,707						2
3	Magnets, 24V wall-main hall: DCD, ST Ofc doors & A-wing door	2015	2,640						3
4	Grout/caulk shower bays - A-wing (4) & B-Wing (1)	2015	2,730						4
5	Floors - walk in cooler/freezer	2015	12,297						5
6	Wiring/conduit - W pole light & to S pole near main entrance	2015	9,289						6
7	Pipes- leaking above sprinkler rm hatch	2015	4,217						7
8	Quarry tile floor - kitchen	2015	7,238						8
9	Electrical,3 phase 42 circuit 100 amp- kitchen steamer panel	2015	14,762						9
10	Solenoids & aqua-stats-main boiler rm, maint shop, & mech rm -Medbridge S								10
11		2015	4,778						11
12	Metal framing, (2) linen closets-Medbridge N @ DCD ofc & A-wing Nurse stat								12
13		2015	6,755						13
14	Concrete (2sq) & mud-jack (7sq) to level patio	2015	4,370						14
15	Door w sidelight, HM ext. @ #7 Exit door N end - B-wing	2015	5,960						15
16	Door w sidelight, HM ext. @ #3 Exit door N end - Medbridge S	2015	6,735						16
17	Quarry floor tile, 6x8 ft - kitchen	2015	2,350						17
18	Piping- kitchen drain	2015	5,410						18
19	Mixing valve on hot water tank - Mech. room	2015	8,452						19
20	Heat Pump,4 ton -service hall	2015	7,500						20
21	Freezer Door	2015	3,885						21
22	Itercom master stations: medbridge & "A" nurse station	2015	3,785						22
23	Fusible links -approx 400 fire dampers thru out bldg	2015	24,650						23
24	Mixing valve & expansion tank -boiler room	2016	9,414						24
25	Drain line -steam table	2016	5,410						25
26	Relocate door op from LS panel to CR panel in Main elect rm	2016	2,210						26
27	P-trap & drain - oven area of kitchen	2016	5,515						27
28	Piping -copper refrigeration lines @ Medbridge N nurses stat	2016	2,035						28
29	Compressor/accumulator-heat pump, 7.5 ton - Medbridge N	2016	4,900						29
30	Fire stopping: PT, rms 102 & 400, lounge, Soc Svc, PT Storage	2016	24,510						30
31	Roof: ridge vent apprx 40 ft	2016	2,090						31
32	Fire dampers (36) through out bldg	2016	10,440						32
33	Piping -dry fire sprinkler 15A system.	2016	1,160						33
34	TOTAL (lines 1 thru 33)		\$ 12,748,007	\$ 390,244		\$ 390,244	\$	\$ 8,194,910	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 12,748,007	\$ 390,244		\$ 390,244	\$	\$ 8,194,910	1
2	Plumbing-sink drain & garbage disposal lines	2016	8,484						2
3	Plumbing /tile flooring -dish wash station	2016	2,441						3
4	Compressor- 5T for A-Wing air handler	2016	3,061						4
5	Ductwork-rm 112, door coord-main dining , sweep-Mech door	2016	5,575						5
6	Doors & assemblies @ new linen rm, dining, O2, & ST rms	2016	6,160						6
7	Wandering Patient system-controller for main front door plus Maglocks (2)-								7
8	front hall exit door in 300 wing	2016	3,951						8
9	Doors @ A-Wing & Medbridge S exits	2016	12,365						9
10	Piping -fire sprinkler sys -ceiling Medbridge S Lounge	2017	4,054						10
11	Piping- fire sprinkler sys leak rms 103 & 110	2017	3,003						11
12	Piping -fire sprinkler @ hatch in nurses rm & rms 104 & 108	2017	2,464						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)		\$ 12,799,565	\$ 390,244		\$ 390,244	\$	\$ 8,194,910	34

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

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	\$ 4,448,327	\$ 193,998	\$ 193,998	\$		\$ 4,056,908	71
72	Current Year Purchases	39,157						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			28,080	28,080			74
75	TOTALS	\$ 4,487,484	\$ 193,998	\$ 222,078	\$ 28,080		\$ 4,056,908	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)	\$ 18,140,677	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 584,242	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 612,322	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 28,080	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 12,251,818	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Various	\$ 167,412	92
93			93
94			94
95		\$ 167,412	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.

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: _____*

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

15. Is Movable equipment rental included in building rental? _____

16. Rental Amount for movable equipment: \$ 55,241 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

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. _____/2018 \$ _____

13. _____/2019 \$ _____

14. _____/2020 \$ _____

* 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.

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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		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.)

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a	15262 hrs	\$ 637,516		\$	1,116	15,262	\$ 638,632	1
2	Licensed Speech and Language Development Therapist	10a	3494 hrs	145,931			1,046	3,494	146,977	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	18086 hrs	755,493			14,239	18,086	769,732	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39, 2	# of prescrpts				1,141,183		1,141,183	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Inhalation Therapist</u>	10a	45	1,873	1,319	79,215		1,364	81,088	12
13	Other (specify): <u>IV Therapy/X-Ray/Lab</u>	43, 2 & 3				134,368	123,629		257,997	13
14	TOTAL			\$ 1,540,813	1,319	\$ 213,583	\$ 1,281,213	38,206	\$ 3,035,609	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.

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 27,830	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (840,863))	3,152,743		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	29,965		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,210,538	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	853,628		13
14	Buildings, at Historical Cost	12,799,565		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	4,487,484		16
17	Accumulated Depreciation (book methods)	(12,251,818)		17
18	Deferred Charges	213,722		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	74,019		22
23	Other(specify): CIP	167,412		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,344,012	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,554,550	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 452,819	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	748,553		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	728,192		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable	238,161		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,167,725	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	226,706		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)	\$ 226,706	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,394,431	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 7,160,119	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 9,554,550	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 20,885,740	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 20,885,740	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(558,551)	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)	\$ (558,551)	17
	B. Transfers (Itemize):		
18	Change in Interdivision	(13,167,070)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (13,167,070)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 7,160,119	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Manorcare of Elk Grove Vlg

0049387

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		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 23,940,725	1
2	Discounts and Allowances for all Levels	(12,783,454)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,157,271	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	9,073,304	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 9,073,304	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	1,862	12
13	Barber and Beauty Care	18,276	13
14	Non-Patient Meals	4,800	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,284,346	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	90,831	19
20	Radiology and X-Ray	134,145	20
21	Other Medical Services	113,696	21
22	Laundry	800	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,648,756	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	Miscellaneous /Other Income	5,472	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,472	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 22,884,803	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,141,492	31
32	Health Care	9,992,311	32
33	General Administration	5,419,500	33
B. Capital Expense			
34	Ownership	4,166,708	34
C. Ancillary Expense			
35	Special Cost Centers	1,418,606	35
36	Provider Participation Fee	304,737	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 23,443,354	40
41	Income before Income Taxes (line 30 minus line 40)**	(558,551)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (558,551)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 3,739,913	44
45	Private Pay - Net Inpatient Revenue	2,055,025	45
46	Medicare - Net Inpatient Revenue	4,320,043	46
47	Other-(specify) <u>Hospice</u>	187,878	47
48	Other-(specify) <u>Insurance</u>	854,412	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,157,271	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 Elk Grove Vlg

0049387

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	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,926	2,077	\$ 107,572	\$ 51.79	1
2	Assistant Director of Nursing	7,276	7,847	299,885	38.22	2
3	Registered Nurses	86,084	92,837	3,386,352	36.48	3
4	Licensed Practical Nurses	16,463	17,754	468,160	26.37	4
5	CNAs & Orderlies	129,738	140,243	1,976,883	14.10	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	39,825	42,960	1,794,485	41.77	7
8	Rehab/Therapy Aides	20,811	22,449	625,352	27.86	8
9	Activity Director	10,436	11,267	173,929	15.44	9
10	Activity Assistants					10
11	Social Service Workers	14,139	15,256	420,523	27.56	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	38,488	41,548	625,289	15.05	15
16	Dishwashers					16
17	Maintenance Workers	3,687	3,979	108,798	27.34	17
18	Housekeepers	18,472	19,938	266,131	13.35	18
19	Laundry	7,312	7,894	80,919	10.25	19
20	Administrator	2,080	2,080	136,240	65.50	20
21	Assistant Administrator	1,943	1,943	54,402	28.00	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	21,053	22,827	670,378	29.37	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	1,530	1,652	22,275	13.48	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Hospitality</u>	350	378	3,817	10.10	33
34	TOTAL (lines 1 - 33)	421,613	454,929	\$ 11,221,390 *	\$ 24.67	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$		35
36	Medical Director	Monthly 27,400	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)	\$ 27,400		49

C. CONTRACT NURSES

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

Facility Name & ID Number Manorcare of Elk Grove Vlg# 0049387

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 \$5,281 & AHCA \$2,789
- (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. \$ 99,522 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. \$ 304,737
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? YES Indicate the amount. \$ 4,800
- (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