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: 0049437

Facility Name: Manorcare of Homewood

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

County: Cook

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

HFS ID Number:

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

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Jeff Lewandowski **Telephone Number:** (419) 252-5736
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/17 to 12/31/17 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) Martin D. Allen
(Title) Director

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

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	132	Skilled (SNF)	132	48,180	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	132	TOTALS	132	48,180	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	18,955	669	19,058	38,682	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	18,955	669	19,058	38,682	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.29%

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 6/18/90

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 132 and days of care provided 9,987

Medicare Intermediary CGS Administrators, LLC

IV. ACCOUNTING BASIS

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

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

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

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	358,485	23,168	3,244	384,897		384,897		384,897			1
2	Food Purchase		287,767		287,767		287,767	(240)	287,527			2
3	Housekeeping	152,653	24,972	5,084	182,709		182,709		182,709			3
4	Laundry	53,622	21,102		74,724		74,724		74,724			4
5	Heat and Other Utilities			218,414	218,414	2,558	220,972		220,972			5
6	Maintenance	59,601	36,549	121,369	217,519		217,519		217,519			6
7	Other (specify):* Medical Waste			1,259	1,259		1,259		1,259			7
8	TOTAL General Services	624,361	393,558	349,370	1,367,289	2,558	1,369,847	(240)	1,369,607			8
	B. Health Care and Programs											
9	Medical Director			29,216	29,216		29,216		29,216			9
10	Nursing and Medical Records	3,565,704	339,634	46,120	3,951,458	59	3,951,517		3,951,517			10
10a	Therapy	1,319,525	5,422	46,817	1,371,764		1,371,764		1,371,764			10a
11	Activities	69,463	2,152	1,844	73,459		73,459		73,459			11
12	Social Services	215,088			215,088		215,088		215,088			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	5,169,780	347,208	123,997	5,640,985	59	5,641,044		5,641,044			16
	C. General Administration											
17	Administrative	153,607		589,178	742,785	(252,262)	490,523		490,523			17
18	Directors Fees											18
19	Professional Services			81,004	81,004	(1,440)	79,564	(79,564)				19
20	Dues, Fees, Subscriptions & Promotions			91,140	91,140		91,140	(22,770)	68,370			20
21	Clerical & General Office Expenses	377,022	54,610	600,734	1,032,366	1,440	1,033,806	(499,707)	534,099			21
22	Employee Benefits & Payroll Taxes			887,709	887,709	47,388	935,097		935,097			22
23	Inservice Training & Education			2,334	2,334		2,334		2,334			23
24	Travel and Seminar			892	892		892		892			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			1,247,084	1,247,084		1,247,084		1,247,084			26
27	Other (specify):*							(22)	(22)			27
28	TOTAL General Administration	530,629	54,610	3,500,075	4,085,314	(204,874)	3,880,440	(602,063)	3,278,377			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,324,770	795,376	3,973,442	11,093,588	(202,257)	10,891,331	(602,303)	10,289,028			29

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

Facility Name & ID Number Manorcare of Homewood #0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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			338,626	338,626	15,708	354,334		354,334			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			966,112	966,112	186,549	1,152,661	(978,806)	173,855			32
33	Real Estate Taxes			562,430	562,430		562,430		562,430			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			57,339	57,339		57,339		57,339			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,924,507	1,924,507	202,257	2,126,764	(978,806)	1,147,958			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		502,366		502,366		502,366		502,366			39
40	Barber and Beauty Shops			13,983	13,983		13,983		13,983			40
41	Coffee and Gift Shops	34,592			34,592		34,592		34,592			41
42	Provider Participation Fee			220,043	220,043		220,043		220,043			42
43	Other (specify):* IV | X-Ray & Lab		77,347	87,528	164,875		164,875		164,875			43
44	**TOTAL Special Cost Centers**	34,592	579,713	321,554	935,859		935,859		935,859			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	6,359,362	1,375,089	6,219,503	13,953,954		13,953,954	(1,581,109)	12,372,845			45

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	(240)	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	(478)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(25)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(22)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(16,400)	21		18
19	Entertainment				19
20	Contributions	(2,785)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(63,766)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(479,664)	21		24
25	Fund Raising, Advertising and Promotional	(22,770)	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 Pg. 5A	(994,959)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (1,581,109)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)		10a	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,581,109)		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 Homewood

ID# 0049437

Report Period Beginning: 01/01/17

Ending: 12/31/17

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Activity Income	$	11	1
2	Misc. Income		21	2
3	Vending Income	(355)	21	3
4	Donations Revenue		21	4
5	Accouning/Collection Fees	(15,798)	19	5
6	Collection Agency		19	6
7	Loss on Disposal of Fixed Asset		36	7
8	HCP Lease Interest	(978,806)	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**	(994,959)		49

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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
				HCR Manor Care Svcs	Toledo	Therapy Mgmt Svcs
				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	$ 589,178	HCR Manor Care Services, LLC	0.00%	$ 589,178	$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	6,359,362	Heartland Employment Services, LLC	0.00%	6,359,362		4
5	V	10a	Therapy Management	17,842	HCR Manor Care Services, LLC	0.00%	17,842		5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 6,966,382			$ 6,966,382	$ *	14

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 Elk Grove Village IL, LLC	Elk Grove Village				13
14			Manor Care of Hinsdale IL, LLC	Hinsdale				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 Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	3,738,067,390	560 NFs, HHs, &	$ 699,205	$ 0	13,675,509	$ 2,558	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	3,245,338,484	359 NFs	0	0	13,675,509	0	2
3	5	Utilities - Direct to West Div SNFs	Accumulated Cost	738,730,669	72 NFs	0	0	13,675,509	0	3
4										4
5	10	Nursing - Pooled	Accumulated Cost	3,738,067,390	560 NFs, HHs, & Re	16,031	10,238	13,675,509	59	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	3,245,338,484	359 NFs	0	0	13,675,509	0	6
7	10	Nursing - Direct to West Div SNFs	Accumulated Cost	738,730,669	72 NFs	0	0	13,675,509	0	7
8										8
9	17	Gen/Admin-Pooled	Accumulated Cost	3,738,067,390	560 NFs, HHs, & Re	59,973,786	32,867,234	13,675,509	219,411	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	3,245,338,484	359 NFs	16,450,188	6,362,586	13,675,509	69,319	10
11	17	Gen/Admin-Direct to West Div SN	Accumulated Cost	738,730,669	72 NFs	2,602,958	0	13,675,509	48,186	11
12										12
13	22	Empl Bnfts-Pooled	Accumulated Cost	3,738,067,390	560 NFs, HHs, & Re	5,900,308	0	13,675,509	21,586	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	3,245,338,484	359 NFs	6,123,085	0	13,675,509	25,802	14
15	22	Empl Bnfts-Direct to West Div SN	Accumulated Cost	738,730,669	72 NFs	0	0	13,675,509	0	15
16										16
17	30	Depreciation - Pooled	Accumulated Cost	3,738,067,390	560 NFs, HHs, & Re	3,462,953	0	13,675,509	12,669	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	3,245,338,484	359 NFs	721,157	0	13,675,509	3,039	18
19	30	Depr - Direct to West Div SNFs	Accumulated Cost	738,730,669	72 NFs	0	0	13,675,509	0	19
20										20
21										21
22	32	Pooled Interest	Accumulated Cost	3,738,067,390		28,591,078		13,675,509	104,599	22
23	32	Directly Assigned Interest	Not Allocated			16,243,764			81,950	23
24		H/O Costs Allocated to Non-SNFs and Other Divisions				34,016,444				24
25	TOTALS					$ 174,800,956	$ 39,240,058		$ 589,178	25

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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				$ 1,183,314	$ 1,058,926		0.0774	$ 81,950	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Home Office Pooled Interest Expense										104,599	6
7	Interest Income / Interest Expense										(12,694)	7
8												8
9	TOTAL Facility Related						$ 1,183,314	$ 1,058,926			$ 173,855	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 1,183,314	$ 1,058,926			$ 173,855	15

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

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

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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.**	$	604,665	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.)	$	610,410	2
3. Under or (over) accrual (line 2 minus line 1).	$	5,745	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)	$	610,410	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.)	$	23,649	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** $ 77,373 **For** vario **Tax Year.** (Attach a copy of the real estate tax appeal board's decision.)	$	(77,373)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	562,430	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2012	557,364	8
	2013	569,058	9
	2014	593,246	10
	2015	604,665	11
	2016	610,410	12

Lines 2 & 4: $610,409.64 = $332,565.79 for 1st half 2016 + $277,843.85 for 2nd half 2016

Line 5: $23,649.33 = Worsek & Vihon Inv: $69.94 for 2004 Tax Rate Refund Fees +$19,157 for 2013 Specific Objection #15-COTO-882 + $196.39 for 2005 Tax Rate Refund Fees + $229 for 2015 Specific Objections Filing Fee and Urban RE Research inv: $4,000 for Tax Appraisal Report

Line 6: $77,372.92 = $200.82-2004 Tax Rate Refund + $76,582.93-2013 Obj #15-COTO-882 Refund + $589.17-2005 Tax Rate Refund

	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:

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 Homewood COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049437

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.	29-32-200-046-0000	See Attached	$ 610,409.64	$ 610,409.64
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 610,409.64	$ 610,409.64

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 Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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		1990	$ 383,373	1
2					2
3	TOTALS			$ 383,373	3

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	120			1990	$ 2,845,251	$ 71,046		$ 71,046	$	$ 1,956,785	4
5	12			2012							5
6											6
7											7
8											8
	Improvement Type**										
9	Current Year Depreciation					165,017		165,017		3,313,715	9
10	Land Improvement			1990	429,835						10
11	Building Improvement			1990	65,079						11
12	Land Improvement			1991	1,679						12
13	Building Improvement			1991	4,525						13
14	Land Improvement			1992	565						14
15	Building Improvement			1992	1,403						15
16	Land Improvement			1993	5,108						16
17	Building Improvement			1993	136,058						17
18	Land Improvement			1994	13,285						18
19	Building Improvement			1994	68,753						19
20	Land Improvement			1995	5,027						20
21	Building Improvement			1995	421,042						21
22	Land Improvement			1996	20,361						22
23	Building Improvement			1996	506,756						23
24	Land Improvement			1997	8,235						24
25	Building Improvement			1997	70,208						25
26	Land Improvement			1998	20,770						26
27	Building Improvement			1998	80,701						27
28	Building Improvement			1999	31,240						28
29	Bldg. Improvement: Wallcovering, Paper, Paint, & Corner Guards			2000	34,575						29
30	Bldg. Improvement: Carpet			2000	8,718						30
31	Bldg. Improvement: Signs			2000	639						31
32	Land Improvement: Sign			2000	1,385						32
33	Land Improvement			2001	none						33
34	Building Improvement			2001	none						34
35	Land Improvement			2002	none						35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	Renovation construction Dept. costs & Interest on financing	2003	$ 5,781	$		$	$	$	37
38	Audit, Adjust Remove OH & Interest 6/23/2004	2003	(5,781)						38
39	Carpet, Paint, & Wallcovering	2003	147,107						39
40	Wallcovering & Borders	2003	1,895						40
41	Carpet	2003	101						41
42	Paint, Wallcovering, & Borders	2003	8,010						42
43	Electric wiring	2003	2,870						43
44	Parking lot sealing & striping	2003	35,895						44
45	Sidewalk	2003	3,873						45
46	Paint, Wallcovering, & Borders	2004	1,015						46
47	Doors	2004	3,557						47
48	Flooring & Base	2004	24,082						48
49	Carpet	2004	20,461						49
50	Carpet	2005	1,080						50
51	Flooring	2005	58,964						51
52	Plumbing	2006	10,698						52
53	General Overhead & Interest	2007	5,717						53
54	Flooring	2007	15,015						54
55	Wallcovering & Borders	2007	33,209						55
56	Roof Replacement	2008	109,990						56
57	Doors - Front entrance, Handicap Assessable	2008	18,209						57
58	Water Heaters	2009	20,296						58
59	Water Heaters	2009	578						59
60	Drywall	2009	12,174						60
61	sidewalks and flagpole	2009	4,508						61
62									62
63	40480 basic electric upgrade	2010	5,325						63
64									64
65	040485 Kitchen water heater	2011	6,727						65
66	040500 2 EXHAUST FANS, CENTRAL S	2011	4,535						66
67	040506 THEROPANE WINDOW (FRNT LO	2011	4,770						67
68	040508 EXTERIOR HM DOOR & FRAME	2011	6,971						68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,348,830	$ 236,063		$ 236,063	$	$ 5,270,500	70

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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		$ 5,348,830	$ 236,063		$ 236,063	$	$ 5,270,500	1
2	Bed addition & therapy area renovation:								2
3	40519a Carpentry, doors, windows, countertops	2012	324,705						3
4	40519b Painting, flooring, wall cover, cornder guards	2012	234,532						4
5	40519c Roof coering, ceiling tile, fire protection	2012	41,648						5
6	40519d Drywall/studs, flooring, cubicle track	2012	623,789						6
7	40519e Fire sprinkler system	2012	27,576						7
8	40519f bldg demo, concrete, brick & masonary	2012	118,053						8
9	40520a Paving/parking	2012	45,652						9
10	40520b Concrete testing	2012	4,570						10
11	40521 Landscaping	2012	20,199						11
12	40522 Water/Sewer/Utilities	2012	103,071						12
13	40535 ADJ ASSET -mllwork,carpet, pads wallcvrng	2012	69,251						13
14									14
15	40527 Wall Coverings Bathrooms	2012	10,822						15
16	40528 Fire Protection	2012	21,600						16
17	40530 HOLLOW METAL DOOR Main Entrance	2012	7,182						17
18	40531 CONCRETE	2012	3,755						18
19	40533 SEALCOAT PARKING LOT	2012	10,438						19
20	40534 FUSIBLE LINKS	2012	10,152						20
21	40536 SIDEWALKS	2012	5,161						21
22	40543 CARPETING IN HALLWAYS	2012	9,429						22
23									23
24	40544 FENCING-west & north side of bldg	2012	7,920						24
25	40545 Landscaping changes	2012	756						25
26	40548 FENCING-west & north side of bldg	2013	3,600						26
27	40549 Vinyl wallcovering for activity rm	2013	2,811						27
28	40551 INSTALL NEW ALUM EXTERIOR TRIM	2013	13,943						28
29	40552 INSTALL NEW SERV DOOR - EMP ENT	2013	7,922						29
30	40554 Vinyl wallcovering for activity rm	2013	1,335						30
31	40555 PAINTING-ACTIVITIES &ADON OFF	2013	4,905						31
32	40556 HOT WATER HEATER	2013	11,153						32
33	40562 REPLACE BATH FLOOR IN 15 RES RMS	2013	15,188						33
34	TOTAL (lines 1 thru 33)		$ 7,109,948	$ 236,063		$ 236,063	$	$ 5,270,500	34

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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		$ 7,109,948	$ 236,063		$ 236,063	$	$ 5,270,500	1
2	40574 EM Wiring to Med rms(2), kiosks(2), Nrs station, DON, Ad	2014	8,359						2
3	40582 Fencing, Cedar, 3 rail, 800 LF	2014	16,065						3
4	40605 Water Main emergency repair 8"x30" clamp	2014	9,833						4
5	40606 Wiring to 3 lights in east parking lot	2014	6,112						5
6									6
7	40620 Vinyl Flooring & Base in Bathrooms 300-302	2015	1,714						7
8	40622 Metal Door & Frame - New Service Door	2015	15,404						8
9	40625 Electric Panel - Dry Storage Room of Kitchen	2015	12,813						9
10	40626 HVAC - Laundry Room Lennox 90K BTU & 2.5 Ton AC	2015	4,338						10
11	40630 Concrete & Repair Doors at Front Entrance	2015	3,590						11
12	40631 Repair Around Parking Lot Drains & Patch Pot Holes	2015	1,980						12
13	40640 Dry Fire Sprinler System Repair	2015	1,535						13
14	40641 Firestop systems for wall penetrations(5) Mech rm, Ceiling,	2015	11,990						14
15									15
16	Phone System	2015	54,045						16
17	Dry Fire System Repair to System 1 in Rosewood E. Hall	2015	3,955						17
18	Roof Repair to main roof & garage & new gutters on garage	2015	4,200						18
19	Wet Fire System Repair, multiple leaks in the attic	2015	11,290						19
20	Wiring to 3 PTAC Units in Communication Rm & Business Office	2016	2,792						20
21	Dry Valve Fire Sprinkle Repair by room 603 in Regency Hall	2016	5,767						21
22	Drywall Repair, fire sprinkler leaked, in 601, 603 & Nourishment	2016	16,352						22
23	Dry Fire Sprinkler Heads(7) canpoy areas & laundry room	2016	3,580						23
24	Roof Repair, Install animal resistant vents & shingles	2016	5,500						24
25	Fire System repairs upper roof area, and Dry Sytsem #3.	2016	5,621						25
26	Dry Fire System repairs by employee break room, upper roof area	2016	13,333						26
27	Air Handler blower motor, housing, fan, control board for PT	2016	3,280						27
28	Trees(8), Remove & Replace, E side (4), front E courtyard (2),								28
29	E entrance (1), and N side of bldg (1)	2016	9,885						29
30	Mixing Valve Rebuilt on A Wing	2016	4,701						30
31	Dry Fire Sprinker System Repair in System 3 near Central								31
32	Supply & Break Room in Regency Hall	2016	3,111						32
33	Dry Fire Sprinker System Repair above nourishment rm, Regency	2016	4,449						33
34	TOTAL (lines 1 thru 33)		$ 7,355,542	$ 236,063		$ 236,063	$	$ 5,270,500	34

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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		$ 7,355,542	$ 236,063		$ 236,063	$	$ 5,270,500	1
2	Air Compressor for Dry Fire Sprinkle Systems	2016	3,900						2
3	Doors & Frames for Main Dining Room Exterior Doorways(2)	2016	10,600						3
4									4
5	Concrete Sidewalk @ svc entrance & W side courtyard	2017	13,362						5
6	Asphalt -1,824 sq ft - 10 areas around bldg	2017	5,399						6
7	Mixing Valve DVR40 w/recirculation manifold	2016	13,676						7
8	Dry Fire Sprinkler Repair, 4" black pipe, fittings on System #3 (en	2016	7,184						8
9	Fire Alarm System Repair, Water shut off control valve (2)	2016	4,675						9
10	Dry Fire Sprinkler Repair, 3" black pipe, fittings on System #3 (en	2016	4,563						10
11	Water Heater in Mech rm	2017	14,342						11
12	Gas line repair, 5" line	2017	11,910						12
13	Fire Sprinkler repair, Drip drum Assy w ball valve, 1.25" pipe	2017	4,491						13
14	Fire System, Range Guard - Kitchen	2017	3,200						14
15	Electrical - Underground feed to AC Unit by Mech Room	2017	6,158						15
16	Evaporator Coils- PT 5T air handler (2)	2017	6,790						16
17	Eyewash station in kitchen	2016	3,247						17
18	Roofing Repair	2017	3,748						18
19	Evaporator for walk-in cooler	2017	8,500						19
20	Dry Fire Sprinkler repair, 4" black pipe, fittings	2017	13,238						20
21	Fire Sprinkler repair, 1" pipe, sprinkler head pendants (6)	2017	1,798						21
22	Door- Exterior @ Activities	2017	5,445						22
23	Fire Alarm Power Supply, Firelite Module(2), wire, battery (Mech	2017	3,301						23
24	Door Operator and Switch for Inner Main Entrance	2017	2,901						24
25	Dry Fire Sprinkler Repair, 3" black pipe, fittings (attic near main	2017	2,317						25
26	Dry Fire Sprinkler Repair, 4" black pipe, fittings (attic, Rosewood	2017	1,268						26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,511,555	$ 236,063		$ 236,063	$	$ 5,270,500	34

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	$ 3,084,330	$ 102,563	$ 102,563	$		$ 2,771,622	71
72	Current Year Purchases	85,074						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			15,708	15,708			74
75	TOTALS	$ 3,169,404	$ 102,563	$ 118,271	$ 15,708		$ 2,771,622	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)	$ 11,064,332	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 338,626	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 354,334	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 15,708	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 8,042,122	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 Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

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

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

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

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2018	$
13.	/2019	$
14.	/2020	$

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: $ 57,339 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		$	$ 0	21

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

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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.

Facility Name & ID Number Manorcare of Homewood

STATE OF ILLINOIS
0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	5693 hrs	$ 238,798	17	$ 999	$ 741	5,710	$ 240,538	1
2	Licensed Speech and Language Development Therapist	10a	3354 hrs	140,695			461	3,354	141,156	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	5231 hrs	219,381	198	11,623	4,220	5,429	235,224	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				502,366		502,366	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Inhal Therapist	10a, 3	542	22,725				542	22,725	12
13	Other (specify): X-Ray & Lab | IV	43, 3 & 2				87,528	77,347		164,875	13
14	TOTAL			$ 621,599	215	$ 100,150	$ 585,135	15,035	$ 1,306,884	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 Homewood **#** 0049437 **Report Period Beginning:** 01/01/17 **Ending:** 12/31/17

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/17 **(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	$ 2,206	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (670,737))	1,658,201		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	13,874		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,674,281	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	383,373		13
14	Buildings, at Historical Cost	7,511,555		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,169,404		16
17	Accumulated Depreciation (book methods)	(8,042,122)		17
18	Deferred Charges	134,982		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	76,404		22
23	Other(specify): CIP			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,233,596	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,907,877	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 294,534	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	463,330		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	610,410		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable	118,218		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,486,492	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,058,926		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,058,926	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,545,418	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,362,459	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,907,877	$	48

***(See instructions.)**

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 3,110,347	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 3,110,347	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,308,891)	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)**	$ (1,308,891)	17
	B. Transfers (Itemize):		
18	**Change in Interdivision**	561,003	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 561,003	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,362,459	24 *

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	$ 13,707,169	1
2	Discounts and Allowances for all Levels	(7,150,142)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,557,027	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,816,079	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 4,816,079	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	377	12
13	Barber and Beauty Care	15,678	13
14	Non-Patient Meals	240	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,022,252	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	73,915	19
20	Radiology and X-Ray	80,674	20
21	Other Medical Services	66,833	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,259,969	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	**QI Payment & Purch Discount -Oth Inc**	11,988	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 11,988	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 12,645,063	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,367,289	31
32	Health Care	5,640,985	32
33	General Administration	4,085,314	33
	B. Capital Expense		
34	Ownership	1,924,507	34
	C. Ancillary Expense		
35	Special Cost Centers	715,816	35
36	Provider Participation Fee	220,043	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 13,953,954	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,308,891)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,308,891)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 3,233,815	44
45	Private Pay - Net Inpatient Revenue	206,335	45
46	Medicare - Net Inpatient Revenue	2,033,692	46
47	Other-(specify) **Hospice**	460,231	47
48	Other-(specify) **Insurance**	622,954	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,557,027	49

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

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

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

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

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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	2,121	2,307	$ 111,268	$ 48.23	1
2	Assistant Director of Nursing	4,502	4,897	175,186	35.77	2
3	Registered Nurses	39,360	42,815	1,445,027	33.75	3
4	Licensed Practical Nurses	29,941	32,569	867,979	26.65	4
5	CNAs & Orderlies	70,688	77,078	930,204	12.07	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	17,942	19,512	818,393	41.94	7
8	Rehab/Therapy Aides	16,187	17,604	501,132	28.47	8
9	Activity Director	4,942	5,381	69,463	12.91	9
10	Activity Assistants					10
11	Social Service Workers	7,907	8,609	215,088	24.98	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	24,157	26,300	358,485	13.63	15
16	Dishwashers					16
17	Maintenance Workers	2,293	2,460	59,601	24.23	17
18	Housekeepers	11,999	13,065	152,653	11.68	18
19	Laundry	4,227	4,604	53,622	11.65	19
20	Administrator	2,080	2,080	153,607	73.85	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,477	18,063	377,022	20.87	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	1,883	2,051	36,040	17.57	31
32	Other Health Care(specify)					32
33	Other(specify) Hospitality	3,307	3,601	34,592	9.61	33
34	TOTAL (lines 1 - 33)	260,013	282,996	$ 6,359,362 *	$ 22.47	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	29,216	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)		$ 29,216		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 Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Frank Troha	Administrator	0	$ 153,607
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 153,607

B. Administrative - Other

Description	Amount
Various Home Office Services - See Page 8 for breakdown	$ 589,178
TOTAL (agree to Schedule V, line 17, col. 3)	$ 589,178
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Various	Legal Fees	$ 63,766
Legal Fees were adjusted off via Page 5, Line 22, therefore, no detail schedule is attached.		
Various	Collections	15,798
AR Collection Costs were adjusted off via Page 5A, Lines 6 & 7,		
therefore, no detail schedule is attached.		
MPRO	HR Consulting	1,440
(Consulting Fees reclassed to Line 21)		
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 81,004

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 112,676
Unemployment Compensation Insurance	71,036
FICA Taxes	457,174
Employee Health Insurance	210,829
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Disability Payments	
401K	25,782
Appreciation, Oth Benefits & Mktg Adj	(778)
Tuition Program	5,831
SMSP Match	381
Employee Uniforms	4,778
Home Office Allocation	47,388
TOTAL (agree to Schedule V, line 22, col.8)	$ 935,097

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	$ 3,980
Advertising: Employee Recruitment	28,098
Health Care Worker Background Check	
(Indicate # of checks performed 600)	11,158
Patient Background Checks 780	7,800
Dues & Subscriptions	2,197
Association Dues	8,522
Advertising	20,167
Other Licenses and Permits	9,218
Less: Non-Allowable Association Dues	(2,603)
Less: Public Relations Expense	( )
Non-allowable advertising	(20,167)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 68,370

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	892
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)	$ 892

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Manorcare of Homewood # 0049437 Report Period Beginning: 01/01/17 Ending: 12/31/17

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 $3,982 & AHCA $1,937**

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

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

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

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **62,168** 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. $ **220,043**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **NO** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **YES**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **N/A** Has any meal income been offset against related costs? **YES** Indicate the amount. $ **240**

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

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

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

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