FOR BHF USE

LL1

2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

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

I. IDPH License ID Number: 0049569

Facility Name: Manorcare of Rolling Meadows

Address: 4225 Kirchoff Road (Number) Rolling Meadows (City) 60008 (Zip Code)

County: Cook

Telephone Number: (847) 397-2400 **Fax #** (847) 397-2414

HFS ID Number:

Date of Initial License for Current Owners: 07/01/77

Type of Ownership:

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

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 06/01/17 to 05/31/18 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 Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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	155	Skilled (SNF)	155	56,575	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	155	TOTALS	155	56,575	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	21,517	7,245	6,442	35,204	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	21,517	7,245	6,442	35,204	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.23%

D. How many bed reserve days during this year were paid by the Department?
_____ (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 07/01/77

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 155 and days of care provided 4,210

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

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

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

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

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

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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	355,216	21,374	1,368	377,958		377,958		377,958			1
2	Food Purchase		219,857		219,857		219,857	(1,866)	217,991			2
3	Housekeeping	224,035	22,043	1,795	247,873		247,873		247,873			3
4	Laundry	50,208	23,501	381	74,090		74,090		74,090			4
5	Heat and Other Utilities			245,665	245,665	1,932	247,597		247,597			5
6	Maintenance	33,439	4,388	122,167	159,994		159,994		159,994			6
7	Other (specify):* Medical Waste			1,683	1,683		1,683		1,683			7
8	TOTAL General Services	662,898	291,163	373,059	1,327,120	1,932	1,329,052	(1,866)	1,327,186			8
	B. Health Care and Programs											
9	Medical Director			2,740	2,740		2,740		2,740			9
10	Nursing and Medical Records	3,192,400	185,572	68,991	3,446,963	45	3,447,008		3,447,008			10
10a	Therapy	713,015	3,670	12,408	729,093		729,093		729,093			10a
11	Activities	139,649	5,357	7,247	152,253		152,253		152,253			11
12	Social Services	128,773			128,773		128,773		128,773			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,173,837	194,599	91,386	4,459,822	45	4,459,867		4,459,867			16
	C. General Administration											
17	Administrative	115,006		383,165	498,171	(128,655)	369,516		369,516			17
18	Directors Fees											18
19	Professional Services			70,583	70,583		70,583	(70,583)				19
20	Dues, Fees, Subscriptions & Promotions			74,045	74,045		74,045	(22,764)	51,281			20
21	Clerical & General Office Expenses	431,379	53,487	297,059	781,925		781,925	(229,711)	552,214			21
22	Employee Benefits & Payroll Taxes			756,679	756,679	35,797	792,476		792,476			22
23	Inservice Training & Education			623	623		623		623			23
24	Travel and Seminar			729	729		729		729			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			396,005	396,005		396,005		396,005			26
27	Other (specify):*											27
28	TOTAL General Administration	546,385	53,487	1,978,888	2,578,760	(92,858)	2,485,902	(323,058)	2,162,844			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,383,120	539,249	2,443,333	8,365,702	(90,881)	8,274,821	(324,924)	7,949,897			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 Rolling Meadows #0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			254,381	254,381	11,866	266,247		266,247			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			542,428	542,428	79,015	621,443	(561,736)	59,707			32
33	Real Estate Taxes			687,621	687,621		687,621		687,621			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			54,629	54,629		54,629		54,629			35
36	Other (specify):*											36
37	TOTAL Ownership			1,539,059	1,539,059	90,881	1,629,940	(561,736)	1,068,204			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		136,608		136,608		136,608		136,608			39
40	Barber and Beauty Shops			9,161	9,161		9,161		9,161			40
41	Coffee and Gift Shops	12,156			12,156		12,156		12,156			41
42	Provider Participation Fee			225,461	225,461		225,461		225,461			42
43	Other (specify):* IV | X-Ray & Lab		16,140	29,229	45,369		45,369		45,369			43
44	TOTAL Special Cost Centers	12,156	152,748	263,851	428,755		428,755		428,755			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,395,276	691,997	4,246,243	10,333,516		10,333,516	(886,660)	9,446,856			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 Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$	10	$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,866)	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	(192)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(224)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)		27		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,046)	21		18
19	Entertainment				19
20	Contributions	(2,149)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(44,457)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(225,691)	21		24
25	Fund Raising, Advertising and Promotional	(22,764)	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	(588,271)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (886,660)		$	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))**	$ (886,660)		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	Exeptional 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 Rolling Meadows

ID# 0049569

Report Period Beginning: 06/01/17

Ending: 05/31/18

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Activity Income	$ 0	11	1
2	Misc. Income	0	21	2
3	Vending Income	(409)	21	3
4	Donations Revenue	0	21	4
5	Accouning/Collection Fees	(26,126)	19	5
6	Collection Agency	0	19	6
7	Loss on Disposal of Fixed Asset	0	36	7
8	HCP Lease Interest	(561,736)	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**	(588,271)		49

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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	$ 383,165	HCR Manor Care Services, LLC	0.00%	$ 383,165	$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	5,395,276	Heartland Employment Services, LLC	0.00%	5,395,276		4
5	V	10a	Therapy Management	21,544	HCR Manor Care Services, LLC	0.00%	21,544		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			$ 5,799,985			$ 5,799,985	$ *	14

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

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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 Homewood IL, LLC	Homewood				15
16			Manor Care of Libertyville IL, LLC	Libertyville				16
17			Manor Care of Naperville IL, LLC	Naperville				17
18			Manor Care of Northbrook IL, LLC	Northbrook				18
19			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				19
20			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				20
21			Manor Care of Palos Heights (West) IL, LLC	Palos Heights				21
22			Manor Care of Palos Heights (East) IL, LLC	Palos Heights				22
23			Manor Care of 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 Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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 Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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	10,330,616	$ 1,932	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	3,245,338,484	359 NFs	0	0	10,330,616	0	2
3	5	Utilities - Direct to West Div SNFs	Accumulated Cost	738,730,669	72 NFs	0	0	10,330,616	0	3
4										4
5	10	Nursing - Pooled	Accumulated Cost	3,738,067,390	560 NFs, HHs, & Re	16,031	10,238	10,330,616	45	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	3,245,338,484	359 NFs	0	0	10,330,616	0	6
7	10	Nursing - Direct to West Div SNFs	Accumulated Cost	738,730,669	72 NFs	0	0	10,330,616	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	10,330,616	165,745	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	3,245,338,484	359 NFs	16,450,188	6,362,586	10,330,616	52,365	10
11	17	Gen/Admin-Direct to West Div SN	Accumulated Cost	738,730,669	72 NFs	2,602,958	0	10,330,616	36,400	11
12										12
13	22	Empl Bnfts-Pooled	Accumulated Cost	3,738,067,390	560 NFs, HHs, & Re	5,900,308	0	10,330,616	16,306	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	3,245,338,484	359 NFs	6,123,085	0	10,330,616	19,491	14
15	22	Empl Bnfts-Direct to West Div SN	Accumulated Cost	738,730,669	72 NFs	0	0	10,330,616	0	15
16										16
17	30	Depreciation - Pooled	Accumulated Cost	3,738,067,390	560 NFs, HHs, & Re	3,462,953	0	10,330,616	9,570	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	3,245,338,484	359 NFs	721,157	0	10,330,616	2,296	18
19	30	Depr - Direct to West Div SNFs	Accumulated Cost	738,730,669	72 NFs	0	0	10,330,616	0	19
20										20
21										21
22	32	Pooled Interest	Accumulated Cost	3,738,067,390		28,591,078		10,330,616	79,015	22
23	32	Directly Assigned Interest	Not Allocated			16,243,764				23
24		H/O Costs Allocated to Non-SNFs and Other Divisions				34,016,444				24
25	TOTALS					$ 174,800,957	$ 39,240,058		$ 383,165	25

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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
2												2
3												3
4												4
5												5
	Working Capital											
6	Home Office Pooled Interest Expense										79,015	6
7	Interest Income / Interest Expense										(19,308)	7
8												8
9	TOTAL Facility Related						$	$			$ 59,707	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$ 59,707	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 Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 536,292	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.)		$ 616,297	2
3. Under or (over) accrual (line 2 minus line 1).		$ 80,005	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 583,251	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.)		$ 24,925	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** $ (560) **For** 2005 **Tax Year.** (Attach a copy of the real estate tax appeal board's decision.)		$ (560)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 687,621	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2013	544,435	8
	2014	558,170	9
	2015	570,472	10
	2016	600,037	11
	2017	644,662	12

Line 2: $616,297.62 = $286,277.37 for 2nd half 2016 + $330,020.25 for 1st half 2017

Line 4: $583,250.58= $314,641.41 for 2nd half 2017 + $268,609.17 for Jan - May 2018

Line 5: $24,925 = $24,509 Worsek & Vihon 2014 Objection+ $186.67 Worsek & Vihon 2005 Refund Fees + $229 Worsek & Vihon 2015 Filing Fees

Line 6: $560 = 2005 Tax Rate Refund $560.01

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2017	$	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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Manorcare of Rolling Meadows COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049569

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 2017 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 2017.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	02-26-400-025-0000	See Attached	$ 644,661.66	$ 644,661.66
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 644,661.66	$ 644,661.66

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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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 Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 38,523 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 2

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

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

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

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

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

NONE

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

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

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		1977	$ 155,000	1
2					2
3	TOTALS			$ 155,000	3

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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	155			1977	$ 1,350,315	$ 35,334		$ 35,334	$	$ 1,881,925	4
5				1990	765,804						5
6											6
7											7
8											8
	Improvement Type**										
9	Building Improvements (Current Year Depreciation)					127,894		127,894		3,371,091	9
10				1987	72,739						10
11	RETIREMENTS			1987	(44,531)						11
12				1988	33,303						12
13				1989	74,517						13
14				1990	157,389						14
15				1991	127,927						15
16				1992	107,998						16
17	RETIREMENTS			1992	(36,743)						17
18				1993	73,889						18
19				1994	71,280						19
20				1995	236,489						20
21	CR 5/31/99 AUDIT ADJ-CORPORATE O/H			1995	(791)						21
22	HVAC/DUCTWORK			1996	3,845						22
23	PLUMBING			1996	2,184						23
24	CORPORATE OVERHEAD-ARCADIA/DINING			1996	7,272						24
25	REMODEL ARCADIA/DINING/BEDROOM			1996	95,560						25
26	PROFESSIONAL FEES-ARCADIA/DINING			1996	1,737						26
27	CORNER GUARDS			1996	1,340						27
28	WOODEN DOORS			1996	11,077						28
29	WALLCOVERINGS			1996	5,279						29
30	ELECTRICAL/LIGHTING			1996	7,005						30
31	CARPETING			1996	3,300						31
32	REBUILD GENERATOR			1996	1,927						32
33	REPLACE SMOKE DETECTOR			1996	2,156						33
34	CR 5/31/99 AUDIT ADJ-CORPORATE O/H			1996	(7,272)						34
35											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 Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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	INSTALL HANDRAILS	1997	$ 8,660	$		$	$	$	37
38	WALL GUARDS	1997	2,756						38
39	REPLACE CEILING TILES	1997	12,173						39
40	REMOVE & INSTALL FIRE DOORS	1997	2,012						40
41	INSTALL CLOSET DOORS	1997	10,821						41
42	WALLCOVERINGS	1997	4,812						42
43	DECORATING	1997	10,594						43
44	CARPETING	1997	2,343						44
45	FLOORING	1997	11,254						45
46	REPAIR ELEVATOR	1997	3,430						46
47	ROOFING	1997	1,679						47
48	REMODELING-ARCADIA	1997	8,663						48
49	CONNECT WATER AND GAS LINES	1997	1,705						49
50	CORPORATE OVERHEAD-ARCADIA/DINING	1997	10,515						50
51	FACILITY PLAN ALLOC,-ARCADIA/DINING	1997	5,964						51
52	REPLACE CLOSET DOORS	1997	12,000						52
53	PROFESSIONAL FEES-ARCADIA/DINING	1997	1,396						53
54	CEILING TILES	1997	10,349						54
55	INSTALL CIRCULATING PUMPS	1997	2,250						55
56	BOILER WORK	1997	5,613						56
57	WALLPAPER	1997	482						57
58	STORAGE SHED	1997	789						58
59	REMODELING	1997	(8,489)						59
60	C/R 5/31/99 AUDIT ADJ. - CORPORATE O/H	1997	(10,515)						60
61	C/R 5/31/99 AUDIT ADJ. - FACILITY PLAN ALLOC	1997	(5,964)						61
62	ROOF WORK	1998	53,389						62
63	DOORS/WINDOWS	1998	10,090						63
64	PLUMBING	1998	3,838						64
65	RENOVATE PT & OT ROOMS	1998	4,500						65
66	DOOR & WINDOW CASINGS	1998	4,500						66
67	GENERAL CONTRACTOR FEES-PT & OT ROOMS	1998	4,416						67
68	INSTALL STEEL DOORS	1998	4,224						68
69									69
70	TOTAL (lines 4 thru 69)		$ 3,315,244	$ 163,228		$ 163,228	$	$ 5,253,016	70

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

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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		$ 3,315,244	$ 163,228		$ 163,228	$	$ 5,253,016	1
2	ELECTRICAL	1998	754						2
3	PAINTING/WALLCOVERING	1998	36,239						3
4	PLUMBING	1998	13,534						4
5	ELECTRICAL	1998	10,004						5
6	DEVELOPERS-PT & OT ROOMS	1998	11,097						6
7	FLOORING/CEILING	1998	985						7
8	HVAC	1998	37,124						8
9	DOOR/WINDOW	1998	8,160						9
10	SIGN	1998	11,862						10
11	ROOFING	1998	92,520						11
12	MASONARY	1998	1,499						12
13	CARPENTRY	1998	1,475						13
14	FINISH STUDS	1998	26,279						14
15	GENERAL CONTRACTOR FEES-PT & OT ROOMS	1998	4,601						15
16	CONCRETE SIDEWALK	1998	1,482						16
17	FLOORING/CEILING	1999	1,340						17
18	CARPENTRY	1999	19,278						18
19	FINISH STUDS	1999	25,000						19
20	PAINTING/WALLCOVERING	1999	750						20
21	WINDOW TREATMENTS	1999	525						21
22	ROOF WORK	1999	6,098						22
23	C/R 5/31/03 AUDIT ADJ #1-ROOF WORK	1999	(6,098)						23
24	ROOFING CONTRACT	1999	876						24
25	C/R 5/31/03 AUDIT ADJ #2-ROOFING CONTRACT	1999	(876)						25
26	DRAIN/FLASH SCUPPERS/OVERFLOW	1999	1,782						26
27	ROOFING CONTRACT	1999	6,098						27
28	C/R 5/31/03 AUDIT ADJ #3-ROOFING CONTRACT	1999	(6,098)						28
29	BUILDING IMPROVEMENTS-NURSES STATIONS	1999	4,554						29
30	BUILDING IMPROVEMENTS-NURSES STATIONS	1999	22,150						30
31	INSTALL CLOSETS	1999	2,895						31
32	25 EXIT SIGNS FOR BU	1999	4,810						32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,655,943	$ 163,228		$ 163,228	$	$ 5,253,016	34

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

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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		$ 3,655,943	$ 163,228		$ 163,228	$	$ 5,253,016	1
2	VINYL WALLCOVERING	1999	336						2
3	WALLCOVERING	1999	226						3
4	RENOVATE NURSING STATIONS	1999	11,478						4
5	WALLCOVERING	1999	2,245						5
6	DAMPER MOTOR	1999	2,693						6
7	CHART RACK	2000	1,450						7
8	ELECTRICAL FOR A/C UNITS	2000	1,214						8
9	WALLCOVERING	2000	294						9
10	ELECTRICAL FOR A/C UNITS	2000	1,151						10
11	WORK STATIONS BOOKKEEPING & PAYROLL	2000	5,975						11
12	WORK STATIONS	2000	728						12
13	EXTERIOR LIGHTING	2000	19,956						13
14	CEILING TILE, PAINTING, CARPET	2000	900						14
15	FENCING	2000	17,820						15
16	FENCING	2000	1,980						16
17	CONCRETE, MASONRY, CARPENTRY	2000	49,335						17
18	CARPET	2000	35,925						18
19	C/R 5/31/03 AUDIT ADJ #4-CARPET	2000	(14,231)						19
20	WALLCOVERING	2000	52,636						20
21	C/R 5/31/03 AUDIT ADJ #5-WALLCOVERING	2000	(466)						21
22	ELECTRICAL	2000	34,947						22
23	C/R 5/31/03 AUDIT ADJ #6-ELECTRICAL	2000	(9,885)						23
24	INTEREST - CONST & GENERAL O/H ARCADIA	2000	74,862						24
25	C/R 5/31/03 AUDIT ADJ #15-CONST & GEN O/H	2000	(74,862)						25
26	ARCADIA RENOVATION	2000	12,075						26
27	C/R 5/31/03 AUDIT ADJ #10-ARCADIA RENOV	2000	(12,075)						27
28	ARCADIA RENO - DRAPES	2001	2,843						28
29	C/R 5/31/03 AUDIT ADJ #11-ARCADIA DRAPES	2001	(184)						29
30	ARCADIA RENO - CARPENTRY	2001	6,748						30
31	C/R 5/31/03 AUDIT ADJ #12-CARPENTRY	2001	(2,200)						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,879,857	$ 163,228		$ 163,228	$	$ 5,253,016	34

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

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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		$ 3,879,857	$ 163,228		$ 163,228	$	$ 5,253,016	1
2	ARCAIDA RENO - CONTRACTOR	2001	50,636						2
3	C/R 5/31/03 AUDIT ADJ #13-CONTRACTOR	2001	(25,985)						3
4	ARCADIA RENO - ELECTRICAL	2001	3,560						4
5	BORDER	2001	170						5
6	KITCHEN WALLS AND FLOOR	2002	2,566						6
7	KITCHEN WALLS AND FLOOR	2002	14,796						7
8	DOORS	2002	6,445						8
9	DOORS	2002	1,868						9
10	DOORS	2002	7,740						10
11	PAINTING	2002	204						11
12	CEILING TILE	2002	517						12
13	DUCT WORK AND DAMPERS	2002	8,301						13
14	DOORS AND DRYWALL	2002	9,694						14
15	GENERAL CONSTRUCTION	2002	4,640						15
16	OVERHEAD AND INTEREST	2002	15,405						16
17	CARPENTRY	2002	85,702						17
18	C/R 5/31/03 AUDIT ADJ #7-CARPENTRY	2002	(650)						18
19	VINYL WALL COVERING	2002	10,495						19
20	C/R 5/31/03 AUDIT ADJ #8-VINYL WALL COVERING	2002	(979)						20
21	HVAC, ELECTRIC	2002	12,530						21
22	C/R 5/31/03 AUDIT ADJ #9-RECLASS HVAC, ELECTRIC	2002	(4,808)						22
23	PARKING LOT UPGRADE	2002	17,482						23
24	PARKING LOT UPGRADE	2003	1,943						24
25	METAL DOOR	2003	1,968						25
26	WALLCOVERINGS	2003	563						26
27	CARPET	2003	335						27
28	FLOORING & CARPENTRY	2003	100,275						28
29	CARPENTRY	2003	27,714						29
30	DOORS AND FRAMES	2003	24,849						30
31	SPRINKLER SYSTEM	2003	9,660						31
32	DOORS	2004	4,464						32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,271,957	$ 163,228		$ 163,228	$	$ 5,253,016	34

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

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 4,271,957	$ 163,228		$ 163,228	$	$ 5,253,016	1
2	HERITAGE WING ROOF	2004	10,976						2
3	HERITAGE WING	2004	10,976						3
4	VWC	2004	291						4
5	VWC	2004	203						5
6	CARPET	2004	659						6
7	FREIGHT ON CARPET	2004	37						7
8	CARPET & BASE	2004	674						8
9	FREIGHT ON CARPET	2004	109						9
10	CARPET	2004	5,250						10
11	COVE BASE	2004	3,545						11
12	INSTALL CARPET	2004	4,222						12
13	INSTALL CARPET	2004	(4,222)						13
14	VWC	2005	696						14
15	PHONE LINES	2005	1,700						15
16	CABINETS	2005	6,000						16
17	MED ROOM RENOVATION	2005	2,850						17
18	door	2005	1,107						18
19	CEILING TILE	2006	10,305						19
20	vwc	2006	9,776						20
21	Renov - Doors/Frames/Drywall/ Stud/Plumbing	2006	32,276						21
22	Renov - Wall covering	2006	3,128						22
23	Renov - Interest & Gen Overhead	2006	6,615						23
24	2 Elevator door operators	2006	4,400						24
25	flooring and painting in	2006	19,120						25
26	Renov - Basic Electrical	2006	28,016						26
27	Renov - Arch & Engineering	2006	197,182						27
28	Renov - Interest & Gen Overhead	2006	62,439						28
29	ceiling & painting in lau	2006	3,245						29
30	INSTALL GENERATOR- Basic Electrical	2007	24,160						30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,717,692	$ 163,228		$ 163,228	$	$ 5,253,016	34

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

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 4,717,692	$ 163,228		$ 163,228	$	$ 5,253,016	1
2	1306 TELEPHONE SYSTEM	2007	7,072						2
3	LIGHT FIXTURES IN CORRI	2007	3,260						3
4	electrical for steamers	2007	2,760						4
5	SOFFIT PANELS AROUND BO	2007	5,702						5
6	FLOORING	2007	3,844						6
7	METAL DOORS	2007	6,105						7
8	PRCH PR ADJ 522 023-07C	2007	(33,606)						8
9	PRCH PR ADJ 522 023-07C	2007	(8,326)						9
10	2307 INTERIOR RENOV	2007	8,326						10
11	2307 INTERIOR RENOV	2007	33,606						11
12	sprinkler heads	2008	10,500						12
13	5 door holders	2008	5,793						13
14	000000002491 SEALCOAT PARKING LOT	2008	13,215						14
15	000000002479 AUTO TRANSFER SWITCH	2008	2,295						15
16	000000002478 CEILING TILE	2008	8,554						16
17	000000002477 CO2 SYSTEM	2008	7,476						17
18	000000002483 WIRING FOR LIGHT POLES	2008	18,455						18
19	000000002490 FRENCH DOORS	2008	3,415						19
20	000000002492 2307 INT RENOV - GENL O/H, Heritage Wing	2008	31,554						20
21	000000002492 2307 INT RENOV - INT, Heritage Wing	2008	6,290						21
22	000000002492 2307 INT RENOV - FLOORING, Heritage Wing	2008	63,632						22
23	000000002492 2307 INT RENOV - WALL COVERING, Heritage	2008	8,254						23
24	000000002496 2307 INT RENOV - CARPENTRY & ELECTRICA	2008	57,268						24
25	000000002499 METAL DOORS - Arcadia Entrance	2008	5,427						25
26	000000002505 KITCHEN WASH SINK	2009	19,750						26
27									27
28	000000002534ASPHALT	2009	3,746						28
29	000000002535ENTRANCE CONCRETE PATIO	2009	6,965						29
30	000000002543ADDL COST ENTRANCE CONTRETE PATIO	2009	600						30
31	000000002523STEEL DOOR	2009	1,048						31
32	0000000025261209 NEW SECURITY SYSTEM - HM DOORS &	2009	18,210						32
33	0000000025491209 NEW SECURITY SYSTEM - FACILITY ALA	2010	26,000						33
34	TOTAL (lines 1 thru 33)		$ 5,064,882	$ 163,228		$ 163,228	$	$ 5,253,016	34

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

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 5,064,882	$ 163,228		$ 163,228	$	$ 5,253,016	1
2	0000000025511209 NEW SECURITY SYSTEM - UPGRADE ALAR	2010	7,552						2
3	000000002536CARPET & VCT TILE	2009	6,165						3
4	0000000025370409 ELEVATOR UPGRADE - ELEVATORS	2009	74,800						4
5	00000000253911 STEEL DOORS	2009	9,577						5
6	00000000254011 STEEL DOORS	2009	350						6
7	000000002542THERMAL DETECTION FOR FIRE	2009	6,145						7
8	0000000025461409 1ST FLOOR CORRIDOR - CEILING TILE	2009	48,078						8
9	0000000025461409 1ST FLOOR CORRIDOR - RESILIENT FLOOR	2009	61,225						9
10	0000000025461409 1ST FLOOR CORRIDOR - CARPETING	2009	6,607						10
11	0000000025461409 1ST FLOOR CORRIDOR - WALL COVERING	2009	63,459						11
12	0000000025461409 1ST FLOOR CORRIDOR - CORNER GUARDS	2009	3,307						12
13	0000000025471409 1ST FLOOR CORRIDOR - MILLWORK	2009	29,820						13
14	000000002557KITCHEN ELECTRICAL	2010	3,442						14
15									15
16	2558 LIGHT POLE 15 FEET	2010	2,419						16
17	2580 STAIRCASE RAILING	2011	6,800						17
18									18
19	000000002588 Wall covering Dining area	2011	5,787						19
20	000000002591 ARCADIA DOORS	2011	8,775						20
21	000000002602 1011 Paving East Parking Lot	2011	49,191						21
22	000000002603 HOT & COLD PIPING FOR WAS	2011	5,950						22
23	000000002609 PARKING LOT UPGRADE	2011	25,720						23
24	000000002626 DRYWALL IN O2RM, DINING R	2012	4,162						24
25									25
26	000000002638 HVAC	2012	6,627						26
27	000000002640 3 DOORS	2012	6,475						27
28	000000002641 HM DOOR	2012	5,324						28
29	000000002646 4 DOORS-shower rooms	2012	10,260						29
30	000000002652 FIRE DOORS @ mechanical room	2012	4,400						30
31	000000002654 Painting- Res. Rooms 1 & 2nd flrs	2012	24,395						31
32	000000002655 Outlet Upgrade-1st & 2nd flr res rooms	2013	13,757						32
33	000000002663 KITCHEN ELECT/PLUMB UPGRADES	2013	38,760						33
34	**TOTAL (lines 1 thru 33)**		$ 5,604,211	$ 163,228		$ 163,228	$	$ 5,253,016	34

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

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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 12G, Carried Forward		$ 5,604,211	$ 163,228		$ 163,228	$	$ 5,253,016	1
2	000000002673 Install O2 CABINETS for (2) O2 rooms	2013	3,120						2
3	000000002676 install 12 ez path devices @ SMOKE WALL above	2014	34,131						3
4	000000002678 new drywall in 5 resident bathrooms	2014	4,505						4
5									5
6	Cabinet Upgrades	2014	3,645						6
7	Ceiling Upgrades - maintenance & storage rooms	2014	4,190						7
8	Sprinkler Sys Upgrades - sprinkler head replacement	2014	5,396						8
9	Hot Water Heater Upgrades - new water heater	2014	8,982						9
10	0814 Roof Replacement	2014	173,173						10
11	Heater - overhead heater	2014	2,408						11
12	Fan - new roof exhaust fans 4 & 20	2015	3,222						12
13	Fire Wall - repairs at east and west satirwells	2015	18,180						13
14	Fire Wall repair 2 fire wall 1st fl addition	2015	7,935						14
15	Fan Motor - new roof exhaust fan 1	2015	1,701						15
16	Fan Motor - new roof exhaust fan 5	2015	1,701						16
17	Water pump - install circulating pump	2015	1,651						17
18	Paint 2nd floor Arcadia Living Room	2015	1,251						18
19	Electric - bypass & replace ATS -LS	2015	2,536						19
20	Conduit - life safey circuit correction	2015	2,197						20
21	Transfer Switch	2015	3,009						21
22	HVAC Valve - gas valve and draft motor assemby	2015	1,521						22
23									23
24	Exhaust Fans(6) 12" dai. - rooftop 8, 9, 17, 24, 25, & 29	2015	8,901						24
25	WOOD DOORS 1 hr rate for men's & ladies bathrooms	2015	4,548						25
26	FIRE WALL 2nd floor corridor doors	2015	16,880						26
27	Heat Pipe Relocate in room 170	2015	3,475						27
28	Doors(2) hollow metal,2nd floor soiled/clean utilty rooms	2015	5,620						28
29	Make-up air Heaters(2) for Kitchen	2015	22,990						29
30	Duct Insulation & Waterproofing @ RTU's	2015	18,216						30
31	Fusable fire damper links(203) & inspection for IDPH 482-0651	2015	10,150						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,979,445	$ 163,228		$ 163,228	$	$ 5,253,016	34

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

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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 12H, Carried Forward		$ 5,979,445	$ 163,228		$ 163,228	$	$ 5,253,016	1
2	Actuator motor on laundry mua	2016	3,428						2
3	Cack fill, sealing and re-striping to entire parking lot	2016	8,267						3
4	Crack fill, sealing and re-striping to entire parking lot	2016	6,897						4
5	Drywall and Paint Room 170	2016	2,749						5
6	Quarry tile in the kitchen near dishwasher	2016	2,817						6
7	Conduit and wiring for front door operators	2016	3,575						7
8	Eyewash stations(2) in laundry and kitchen	2017	2,904						8
9									9
10	Booster pump system	2017	20,298						10
11	Walk-in cooler in kitchen	2017	3,363						11
12	Leaking tee from cold water line	2017	3,754						12
13	Mixing valve in mechanical rm	2017	5,188						13
14	Thermostat @ water pipes near south exit door of boiler room	2017	3,579						14
15	Wood fence along the back of the parking lot	2017	9,790						15
16	Hot water storage tank in mechanical rm	2017	10,077						16
17	Shingles on south side of roof	2017	5,046						17
18	Rooftop unit	2017	13,885						18
19	Hot water heater for mechanical room	2018	11,979						19
20	Fire hydrant repair	2018	3,112						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)		$ 6,100,153	$ 163,228		$ 163,228	$	$ 5,253,016	34

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

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 2,602,213	$ 91,153	$ 91,153	$		$ 2,463,705	71
72	Current Year Purchases	78,479						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			11,866	11,866			74
75	TOTALS	$ 2,680,692	$ 91,153	$ 103,019	$ 11,866		$ 2,463,705	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)	$	8,935,845	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$	254,381	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$	266,247	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	11,866	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	7,716,721	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 Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

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

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

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

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2019	$
13.	/2020	$
14.	/2021	$

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: $ 54,629 Description: O2 Concentrators, Wheelchairs, Geri Chairs, Elec. Beds, Etc.
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

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

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a	2573 hrs	$ 118,711		$	$ 351	2,573	$ 119,062	1
2	Licensed Speech and Language Development Therapist	10a	2782 hrs	128,343			1,064	2,782	129,407	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	3058 hrs	141,070			2,255	3,058	143,325	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				136,608		136,608	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Inhal Therapy	10a, 3			129	10,412		129	10,412	12
13	Other (specify): X-Ray & Lab | IV	43, 2 & 3				29,229	16,140		45,369	13
14	TOTAL			$ 388,124	129	$ 39,641	$ 156,418	8,542	$ 584,183	14

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

STATE OF ILLINOIS

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 05/31/18 (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	$ 750	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 522,463)	899,406		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	17,168		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 917,324	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	155,000		13
14	Buildings, at Historical Cost	6,100,153		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,680,692		16
17	Accumulated Depreciation (book methods)	(7,716,721)		17
18	Deferred Charges	174,352		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	101,474		22
23	Other(specify): CIP	94		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,495,044	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,412,368	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 229,491	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	357,714		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	583,251		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable	142,224		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,312,680	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			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)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,312,680	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,099,688	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,412,368	$	48

*(See instructions.)

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,627,372	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,627,372	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,319,237)	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)**	$ (1,319,237)	17
	B. Transfers (Itemize):		
18	**Change in Interdivision**	791,553	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 791,553	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,099,688	24 *

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

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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	$ 9,188,347	1
2	Discounts and Allowances for all Levels	(2,453,219)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,735,128	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,883,180	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,883,180	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	409	12
13	Barber and Beauty Care	10,093	13
14	Non-Patient Meals	1,866	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	275,179	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	33,964	19
20	Radiology and X-Ray	10,661	20
21	Other Medical Services	27,346	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 359,518	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Purchase Discount & QI Pymts	36,453	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 36,453	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,014,279	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,327,120	31
32	Health Care	4,459,822	32
33	General Administration	2,578,760	33
	B. Capital Expense		
34	Ownership	1,539,059	34
	C. Ancillary Expense		
35	Special Cost Centers	203,294	35
36	Provider Participation Fee	225,461	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,333,516	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,319,237)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,319,237)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 3,521,499	44
45	Private Pay - Net Inpatient Revenue	2,127,030	45
46	Medicare - Net Inpatient Revenue	833,982	46
47	Other-(specify) Hospice	176,181	47
48	Other-(specify) Insurance	76,436	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,735,128	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 Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

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	1,618	1,779	$ 83,815	$ 47.11	1
2	Assistant Director of Nursing	5,827	6,408	250,495	39.09	2
3	Registered Nurses	26,790	29,459	1,091,696	37.06	3
4	Licensed Practical Nurses	17,935	19,722	560,624	28.43	4
5	CNAs & Orderlies	64,479	71,004	1,169,785	16.47	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	11,051	12,131	559,683	46.14	7
8	Rehab/Therapy Aides	4,051	4,447	153,332	34.48	8
9	Activity Director	9,243	10,173	139,649	13.73	9
10	Activity Assistants					10
11	Social Service Workers	4,472	4,928	128,773	26.13	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	21,460	23,617	355,216	15.04	15
16	Dishwashers					16
17	Maintenance Workers	1,264	1,364	33,439	24.52	17
18	Housekeepers	15,369	16,899	224,035	13.26	18
19	Laundry	4,272	4,701	50,208	10.68	19
20	Administrator	2,080	2,080	112,256	53.97	20
21	Assistant Administrator	104	104	2,750	26.44	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,586	18,375	431,379	23.48	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	1,532	1,684	35,985	21.37	31
32	Other Health Care(specify)					32
33	Other(specify) Hospitality	1,008	1,097	12,156	11.08	33
34	TOTAL (lines 1 - 33)	209,141	229,972	$ 5,395,276 *	$ 23.46	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	2,740	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)		$ 2,740		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	1,462	42,409	10, 3	52
53	TOTAL (lines 50 - 52)	1,462	$ 42,409		53

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Maureen Krahl (June-Oct)	Administrator	0	$ 50,425
Katherine Gillman (Nov-Dec)	Administrator	0	3,629
Kathryn Berg (Dec-May)	Administrator	0	58,202
Coralette Bowling (Oct-Nov)	Asst. Administrator	0	2,750
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 115,006

B. Administrative - Other

Description	Amount
Various Home Office Services - See Page 8 for breakdown	$ 383,165
TOTAL (agree to Schedule V, line 17, col. 3)	$ 383,165
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Various	Legal Fees	$ 44,457
Legal Fees were adjusted off via Page 5, Line 22, therefore, no detail schedule is attached.		
Various	Collections	26,126
AR Collection Costs were adjusted off via Page 5A, Lines 6 & 7,		
therefore, no detail schedule is attached.		
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 70,583

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 31,280
Unemployment Compensation Insurance	45,794
FICA Taxes	386,380
Employee Health Insurance	226,163
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Disability Payments	
401K	47,993
Appreciation, Oth Benefits & Mktg Adj	13,822
Emp Vac	1,094
SMSP Match	284
Employee Uniforms	3,869
Home Office Allocation	35,797
TOTAL (agree to Schedule V, line 22, col.8)	$ 792,476

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	$
Advertising: Employee Recruitment	27,711
Health Care Worker Background Check	4,352
(Indicate # of checks performed 226)	
Patient Background Checks 67	670
Dues & Subscriptions	6,750
Association Dues	9,719
Advertising	19,945
Other Licenses and Permits	4,898
Less: Non-Allowable Association Dues	(2,819)
Less: Public Relations Expense	( )
Non-allowable advertising	(19,945)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 51,281

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	729
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)	$ 729

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Manorcare of Rolling Meadows # 0049569 Report Period Beginning: 06/01/17 Ending: 05/31/18

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **IHCA $4,625 & AHCA $2,275**

(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. $ **58,367** 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. $ **225,461**
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. $ **1,866**

(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