FOR BHF USE

LL1

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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: 0049551

Facility Name: Manorcare of Oak Lawn West

Address: 6300 West 95th St (Number) Oak Lawn (City) 60453 (Zip Code)

County: Cook

Telephone Number: (708) 559-8800 **Fax #** (708) 559-8820

HFS ID Number:

Date of Initial License for Current Owners: 11/1/81

Type of Ownership:

- [X] VOLUNTARY,NON-PROFIT
  - [X] Charitable Corp.
  - [ ] Trust
- IRS Exemption Code: 501(c)(3)

- [ ] PROPRIETARY
  - [ ] Individual
  - [ ] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [ ] Limited Liability Co.
  - [ ] Trust
  - [ ] Other

- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

In the event there are further questions about this report, please contact:
Name: A. Dean Shipman Telephone Number: (419) 254-7841
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 06/01/2019 to 05/31/2020 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 Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds ____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	192	Skilled (SNF)	192	70,272	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	192	TOTALS	192	70,272	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	16,488	3,189	24,210	43,887	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,488	3,189	24,210	43,887	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.45%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 11/1/81

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 07/25/2018 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 191 and days of care provided 11,169

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 Oak Lawn West # 0049551 **Report Period Beginning:** 06/01/2019 **Ending:** 05/31/2020

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	462,097	43,358	2,043	507,498		507,498		507,498			1
2	Food Purchase		321,569		321,569		321,569	(245)	321,324			2
3	Housekeeping	330,135	35,713	391	366,239		366,239		366,239			3
4	Laundry	17,677	37,762		55,439		55,439		55,439			4
5	Heat and Other Utilities			200,906	200,906	4,101	205,007		205,007			5
6	Maintenance	80,137	19,951	168,841	268,929		268,929		268,929			6
7	Other (specify):* Security & Waste			32,220	32,220		32,220		32,220			7
8	**TOTAL General Services**	890,046	458,353	404,401	1,752,800	4,101	1,756,901	(245)	1,756,656			8
	B. Health Care and Programs											
9	Medical Director			12,455	12,455		12,455		12,455			9
10	Nursing and Medical Records	4,992,324	519,592	450,655	5,962,571	189	5,962,760		5,962,760			10
10a	Therapy	1,627,006	17,424	34,123	1,678,553		1,678,553		1,678,553			10a
11	Activities	104,576	11,351	2,070	117,997		117,997		117,997			11
12	Social Services	287,540	950		288,490		288,490		288,490			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	7,011,446	549,317	499,303	8,060,066	189	8,060,255		8,060,255			16
	C. General Administration											
17	Administrative	142,039		558,237	700,276	(99,719)	600,557		600,557			17
18	Directors Fees											18
19	Professional Services			43,407	43,407	(1,600)	41,807	(41,807)				19
20	Dues, Fees, Subscriptions & Promotions			109,268	109,268		109,268	(28,423)	80,845			20
21	Clerical & General Office Expenses	522,181	81,611	984,727	1,588,519	1,600	1,590,119	(814,433)	775,686			21
22	Employee Benefits & Payroll Taxes			1,269,748	1,269,748	70,934	1,340,682		1,340,682			22
23	Inservice Training & Education			2,651	2,651		2,651		2,651			23
24	Travel and Seminar			3,433	3,433		3,433		3,433			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			648,470	648,470		648,470		648,470			26
27	Other (specify):*											27
28	**TOTAL General Administration**	664,220	81,611	3,619,941	4,365,772	(28,785)	4,336,987	(884,663)	3,452,324			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	8,565,712	1,089,281	4,523,645	14,178,638	(24,495)	14,154,143	(884,908)	13,269,235			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			335,776	335,776	29,150	364,926		364,926			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			(8,879)	(8,879)	(4,655)	(13,534)		(13,534)			32
33	Real Estate Taxes			691,974	691,974		691,974		691,974			33
34	Rent-Facility & Grounds			992,051	992,051		992,051	(992,051)				34
35	Rent-Equipment & Vehicles			96,093	96,093		96,093		96,093			35
36	Other (specify):*											36
37	**TOTAL Ownership**			2,107,015	2,107,015	24,495	2,131,510	(992,051)	1,139,459			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		586,764		586,764		586,764		586,764			39
40	Barber and Beauty Shops			1,886	1,886		1,886		1,886			40
41	Coffee and Gift Shops	2,610			2,610		2,610		2,610			41
42	Provider Participation Fee		288,992		288,992		288,992		288,992			42
43	Other (specify):* IV Therp|Xray|Lab		126,889	164,271	291,160		291,160		291,160			43
44	**TOTAL Special Cost Centers**	2,610	1,002,645	166,157	1,171,412		1,171,412		1,171,412			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	8,568,322	2,091,926	6,796,817	17,457,065		17,457,065	(1,876,959)	15,580,106			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 Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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	(245)	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	389	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(116)	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		21		18
19	Entertainment				19
20	Contributions		21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(26,978)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(814,012)	21		24
25	Fund Raising, Advertising and Promotional	(28,423)	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	(1,007,574)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (1,876,959)		$	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)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (1,876,959)		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 Oak Lawn West

ID# 0049551

Report Period Beginning: 06/01/2019

Ending: 05/31/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Activity Income	$	11	1
2	Misc. Income		21	2
3	Vending Income	(694)	21	3
4	Donations Revenue		21	4
5	Accouning/Collection Fees	(14,829)	19	5
6	Collection Agency		19	6
7	Loss on Disposal of Fixed Asset		36	7
8	HCP Lease Interest		32	8
9	WT Rent Expense	(992,051)	34	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(1,007,574)		49

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
HCR Manor Care, LLC	100			HCR Manor Care Svcs	Toledo	Home Office
				HL Empl Svcs, LLC	Toledo	Personnel
				HL 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	$ 558,237	HCR Manor Care Services, LLC	0.00%	$ 558,237	$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	8,568,322	Heartland Employment Services, LLC	0.00%	8,568,322		4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 9,126,559			$ 9,126,559	$ *	14

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

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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 Galesburg IL, LLC	Galesburg				1
2			Heartland of Henry IL, LLC	Henry				2
3			Heartland of Macomb IL, LLC	Macomb				3
4			Heartland of Moline IL, LLC	Moline				4
5			Manor Care at Arlington Heights	Arlington Heights				5
6			Manor Care of Elk Grove Village IL, LLC	Elk Grove Village				6
7			Manor Care of Hinsdale IL, LLC	Hinsdale				7
8			Manor Care of Homewood IL, LLC	Homewood				8
9			Manor Care of Libertyville IL, LLC	Libertyville				9
10			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				10
11			Manor Care of Palos Heights (West) IL, LLC	Palos Heights				11
12			Manor Care of Palos Heights (East) IL, LLC	Palos Heights				12
13			Arden Courts of Elk Grove Village IL, LLC	Elk Grove Village				13
14			Arden Courts of Geneva IL, LLC	Geneva				14
15			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				15
16			Arden Courts of Northbrook IL, LLC	Northbrook				16
17			Arden Courts of Palos Heights IL, LLC	Palos Heights				17
18			Arden Courts of South Holland IL, LLC	South Holland				18
19								19
20								20
21								21
22								22
23								23
24	Martin D. Allen	BOD						24
25	Lynne Davis	BOD						25
26	Kathryn S. Hoops	BOD						26
27	Thomas Kile	BOD						27
28	Patricia McCormick	BOD						28
29	Rami Ubaydi	BOD						29
30								30

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
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 Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 5/31/2020

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 [ ]

Name of Related Organization: HCR Manor Care Services LLC
Street Address: 333 North Summit Street
City / State / Zip Code: Toledo, OH 43604-2617
Phone Number: (419) 252-5500
Fax Number: (419) 254-5495

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

	1 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	2,636,740,077	485 NFs, HHs, &	$ 709,073	$ 0	15,250,675	$ 4,101	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs		0	15,250,675	0	2
3	5	Utilities - Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs		0	15,250,675	0	3
4										4
5	10	Nursing - Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	32,137	0	15,250,675	186	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	454	0	15,250,675	3	6
7	10	Nursing - Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs		0	15,250,675	0	7
8										8
9	17	Gen/Admin-Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	57,708,481	23,053	15,250,675	333,782	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	7,841,321	0	15,250,675	56,623	10
11	17	Gen/Admin-Direct to West Div SN	Accumulated Cost	631,044,941	54 NFs	2,818,405	0	15,250,675	68,113	11
12										12
13	22	Empl Bnfts-Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	5,631,859	35,913,957	15,250,675	32,574	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	5,312,192	1,179,502	15,250,675	38,360	14
15	22	Empl Bnfts-Direct to West Div SN	Accumulated Cost	631,044,941	54 NFs		0	15,250,675	0	15
16										16
17	30	Depreciation - Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	4,013,110	0	15,250,675	23,211	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	822,456	0	15,250,675	5,939	18
19	30	Depr - Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs		0	15,250,675	0	19
20										20
21										21
22	32	Pooled Interest	Accumulated Cost	2,636,740,077		(782,905)		15,250,675	(4,528)	22
23	32	Directly Assigned Interest	Not Allocated			(8,038)			(127)	23
24		H/O Costs Allocated to Non-SNFs and Other Divisions				34,182,124				24
25	TOTALS					$ 118,280,668	$ 37,116,512		$ 558,237	25

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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				$	$		#DIV/0!	$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Home Office Pooled Interest Expense										(4,655)	6
7	Interest Income / Interest Expense										(8,879)	7
8												8
9	TOTAL Facility Related						$	$			$ (13,534)	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$ (13,534)	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 Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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

B. Real Estate Taxes

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

Description		Amount	Line
1. Real Estate Tax accrual used on 2019 report.	$	570,503	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.)	$	659,069	2
3. Under or (over) accrual (line 2 minus line 1).	$	88,566	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)	$	626,066	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.)	$	7,866	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 $ (30,525) For 15 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	$	(30,525)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	691,973	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	Amount	Line
2015		8
2016		9
2017		10
2018		11
2019	699,814	12

Line 2: $659,069.48 = $408,244.57 for 2nd half 2018+ $291,589.17 for 1st half 2019

Line 4: $626,065.91 = $334,476.71 for 2nd half 2019 + $291,589.17 for 1st half 2020

Line 5: $7,866 = Wosek & Vihon invs: $229.25 -2017 Specific Objections & $7,637 -2015 Specific Objections

Line 6: $(30,525) = 2015 Specific Objections refund

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2019	$	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.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Manorcare of Oak Lawn West COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049551

CONTACT PERSON REGARDING THIS REPORT A. Dean Shipman

TELEPHONE (419) 254-7841 FAX #: (800) 422-2089

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

Enter the tax index number and real estate tax assessed for 2019 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 2019.

	(A)	(B)	(C)	(D)
	Tax Index Number	**Property Description**	**Total Tax**	**Tax Applicable to Nursing Home**
1.	24-05-302-005-0000	See Attached	$ 699,813.54	$ 699,813.54
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 699,813.54	$ 699,813.54

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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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 Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 50,339 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 1

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

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

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

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

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

NONE

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [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	174,240	1981	$ 820,000	1
2					2
3	TOTALS	174,240		$ 820,000	3

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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	98		1981	1962	$ 313,600	$ 30,123		$ 30,123	$	$ 2,101,658	4
5	75		1981	1969	658,575						5
6	9			1987	448,818						6
7	10			1999	1,235,114						7
8											8
	Improvement Type**										
9	Current Year Depreciation					149,301		149,301		6,705,911	9
10				1986	7,924						10
11				1987	5,515						11
12				1988	255,388						12
13				1989	92,511						13
14				1990	20,876						14
15				1991	65,304						15
16				1992	136,252						16
17				1993	321,533						17
18				1994	179,778						18
19				1995	480,600						19
20				1996	342,023						20
21				1997	206,279						21
22				1998	544,751						22
23				1999	207,547						23
24				2000	106,678						24
25				2001	44,153						25
26				2002	436,924						26
27				2003	246,091						27
28				2004	175,823						28
29				2005	158,261						29
30											30
31	Renov - General Overhead			2006	2,695						31
32	Renov - Interest on Const - Impr			2006	243						32
33	7/1/2019 Capital Audit Adj -related party overhead and interest non allowable				(2,938)						33
34											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 Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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	Renov - Ceramic Tile	2006	$ 6,000	$		$	$	$	37
38	Renov - Resilient Flooring	2006	29,972						38
39	Renov - Wallcovering	2006	2,840						39
40	Renov - Plumbing	2006	8,655						40
41	lochinvar heater	2006	23,225						41
42	conduit / wiring	2006	2,054						42
43	7/1/2019 Capital Audit Adj - under minimum for capitalization	2006	(2,054)						43
44	waterproofing	2006	2,888						44
45	vct	2006	1,672						45
46	7/1/2019 Capital Audit Adj - under minimum for capitalization	2006	(1,672)						46
47	windows	2006	6,878						47
48	VWC	2006	11,546						48
49	kitchen wall	2006	7,470						49
50	flooring / painting	2006	40,883						50
51	Conference room paint	2006	2,583						51
52	sidewalk	2006	1,362						52
53	7/1/2019 Capital Audit Adj - under minimum for capitalization	2006	(1,362)						53
54	plumbing, electrical, cabinetry for breakroom	2007	6,440						54
55	drains & downspouts	2007	20,196						55
56	Renov - General Overhead	2007	19,230						56
57	Renov - Interest on Const - Impr	2007	1,312						57
58	7/1/2019 Capital Audit Adj -related party overhead and interes	2007	(20,542)						58
59	Renov - Phone System Upgrade	2007	81,244						59
60	electrical for pill Dispenser	2007	1,715						60
61	7/1/2019 Capital Audit Adj - under minimum for capitalization	2007	(1,715)						61
62	Renov - General Overhead	2007	1,071						62
63	Renov - Interest on constr -imp	2007	87						63
64	7/1/2019 Capital Audit Adj -related party overhead and interes	2007	(1,158)						64
65	renov -carpentry-subcontr Dumb Waiter	2007	19,302						65
66	Renov- New DumbWaiter	2007	21,450						66
67	carpet for nurse station	2007	2,408						67
68	7/1/2019 Capital Audit Adj - under minimum for capitalization	2007	(2,408)						68
69									69
70	TOTAL (lines 4 thru 69)		$ 6,981,890	$ 179,424		$ 179,424	$	$ 8,807,569	70

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

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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		$ 6,981,890	$ 179,424		$ 179,424	$	$ 8,807,569	1
2	west corridor wall covering	2007	1,773						2
3	7/1/2019 Capital Audit Adj - under minimum for capitalization	2007	(1,773)						3
4	west corridor wall covering	2007	5,611						4
5	metal doors	2008	5,880						5
6	paving	2007	12,092						6
7	JANITOR CLOSET	2008	8,883						7
8	SEWER PIPE	2008	6,480						8
9	paint ext window trim	2008	6,736						9
10	KITCHEN DOOR	2008	3,430						10
11	140ft drainage pipes	2008	19,602						11
12	ASPHALT	2008	9,860						12
13	ASPHALT	2008	4,062						13
14	metal /glass front door	2009	2,572						14
15	fire access panels for 35 rooms	2010	8,550						15
16	additional for fire access panels	2010	8,539						16
17	conduit on roof	2010	36,482						17
18	roof replacement	2010	657,742						18
19	7/1/2019 Capital Audit Adj -related party overhead and interes	2010	(31,852)						19
20	smoke door wall magnets	2010	3,975						20
21	vinyl flooring & base	2010	4,095						21
22	HM door and alarm	2010	5,124						22
23	Additional for roof replacement	2011	24,095						23
24	Additional for roof replacement	2011	23,456						24
25	Additional for roof replacement	2011	411						25
26	Renov - Millwork	2011	39,870						26
27	7/1/2019 Capital Audit Adj -difference between filed and actual per invoice.		(980)						27
28	vinyl base(corridor & Pat Rm)	2011	19,737						28
29	8" backflow in drainline	2011	7,485						29
30	GREASE TRAP	2011	4,500						30
31	PAINTING	2011	4,340						31
32	WATER HEATER	2011	2,583						32
33	2 STORM DRAINS	2011	5,760						33
34	TOTAL (lines 1 thru 33)		$ 7,891,010	$ 179,424		$ 179,424	$	$ 8,807,569	34

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

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 7,891,010	$ 179,424		$ 179,424	$	$ 8,807,569	1
2	RENOV - GEN OVRHEAD & INTEREST	2011	17,856						2
3	7/1/2019 Capital Audit Adj -related party overhead and interes	2011	(17,856)						3
4	RENOV - RESILIENT FLOORING	2011	119,408						4
5	RENOV - GEN OVRHEAD & INTEREST	2011	53,045						5
6	7/1/2019 Capital Audit Adj -related party overhead and interes	2011	(53,045)						6
7	RENOV - CARPENTRY/SUBCONT	2011	15,762						7
8	RENOV - RESILIENT FLOORING	2011	37,415						8
9	RENOV - CARPETING	2011	6,479						9
10	RENOV - WALLCOV ERING & CORNER GUARDS	2011	255,739						10
11	RENOV - BASIC ELECTRICAL	2011	90,834						11
12	RENOV - FIRE ALARM SYSTEM	2011	16,084						12
13	RENOV - PAINTING	2011	800						13
14	RENOV - ADDITIONAL FIRE ALAM SYSTEM	2011	9,644						14
15	7/1/2019 Capital Audit Adj -related party overhead and interest non allowable		(813)						15
16	RENOV - ADDITIONAL CARPENTRY	2011	4,425						16
17	conrete patio off main lobby	2012	13,457						17
18	masonary work - brick window sills (21)	2012	16,325						18
19	doors (2)- arcadia dining	2012	9,265						19
20	sewer line - resident rooms in west wing	2012	21,925						20
21	elec panels (2) in west wing	2012	5,182						21
22	door-KITCHEN	2013	3,385						22
23	EZ path dev (3) w/faceplates in 3 smoke walls.	2013	4,875						23
24									24
25	hot water tank	2013	4,590						25
26	DOOR ALARM SYSTEM COMPUTER	2014	1,801						26
27	7/1/2019 Capital Audit Adj - under minimum for capitalizatior	2014	(1,801)						27
28	MITSUBISHI DUCTLESS HEAT PUMP for basement	2014	5,895						28
29	Carpeting for ADON office	2014	3,568						29
30	Carpeting for MD office	2014	1,784						30
31	heat pump - HVAC	2014	4,138						31
32	wiring for cut slab conduits	2014	(4,138)						32
33	7/1/2019 Capital Audit Adj - under minimum for capitalization		4,138						33
34	TOTAL (lines 1 thru 33)		$ 8,541,176	$ 179,424		$ 179,424	$	$ 8,807,569	34

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

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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		$ 8,541,176	$ 179,424		$ 179,424	$	$ 8,807,569	1
2	smoke alarms - addressables	2014	3,596						2
3	7/1/2019 Capital Audit Adj - under minimum for capitalization	2014	(3,596)						3
4	fire wall @PT addition, smoke walls @ E & W walls of lobby	2015	9,717						4
5	heat pump for room 130	2015	1,222						5
6	7/1/2019 Capital Audit Adj - under minimum for capitalization	2015	(1,222)						6
7	overhead paging system	2015	2,865						7
8	dry head sprinklers (32)	2015	8,344						8
9	flood valve for front bldg/parking lot	2014	10,499						9
10	ALARM WIRING for 5 alarms	2015	1,815						10
11	7/1/2019 Capital Audit Adj - under minimum for capitalization	2015	(1,815)						11
12	MIX VALVE in basement	2015	1,438						12
13	7/1/2019 Capital Audit Adj - under minimum for capitalization	2015	(1,438)						13
14	DRAIN 3" repair	2014	1,517						14
15	7/1/2019 Capital Audit Adj - under minimum for capitalization	2014	(1,517)						15
16	electrical	2014	6,936						16
17	elec upgrades for flood control pump NE corner of bldg	2014	2,858						17
18	wallcovering- basement, dining, W corridor, crash rail N Hall	2014	3,135						18
19	consulting on water damage	2014	6,291						19
20	flooring + frt-BOM Ofc, Break rm, basemt halls, lobby-flood/sewage damage								20
21		2014	12,787						21
22	water heater for kitchen	2014	2,286						22
23	7/1/2019 Capital Audit Adj - under minimum for capitalization	2014	(2,286)						23
24	Door -Mechanical Rm	2014	2,106						24
25	7/1/2019 Capital Audit Adj - under minimum for capitalization	2014	(2,106)						25
26	flrg + frt- BOM Ofc. Brkrm/halls in bsmt/lobby add'l	2014	4,673						26
27	pipe, 4-6ft sections - kitchen/dish area	2015	3,150						27
28	flooring + frt - kitchen/ dish area	2015	16,533						28
29	flooring -kitchen/ dish area	2015	19,488						29
30	ROOF GUTTER	2015	4,275						30
31	change out water pipe in E Wing ceiling	2015	1,701						31
32	7/1/2019 Capital Audit Adj - under minimum for capitalization	2015	(1,701)						32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,652,727	$ 179,424		$ 179,424	$	$ 8,807,569	34

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

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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		$ 8,652,727	$ 179,424		$ 179,424	$	$ 8,807,569	1
2	tile floor in kitchen	2015	21,624						2
3	renov - concrete sidewalks	2014	52,790						3
4	renov - permanent fencing	2015	9,262						4
5	Asphalt -parking lots: 4400sf -main lot & 1500ft- back lot.	2015	5,885						5
6	Asphalt - E Drive & area around drains(2)- Svc Drive	2015	7,550						6
7									7
8	INTERIOR RENOVATION CONSISTING OF THE FOLLOWING:								8
9	Masonry & bldg demolition	2015	61,673						9
10	Carpentry, millwork, windows, & HVAC	2015	279,109						10
11	Roofing & accousitcal ceiling tiles	2015	14,511						11
12	HM Doors/frames, Drywall, flooring & plumbing	2015	350,036						12
13	Carpeting,painting,wall covering, & corner guards	2015	361,558						13
14	Fire sprinker sysem	2015	3,741						14
15	Electrical	2015	258,099						15
16	Signs	2015	484						16
17									17
18	Compressor & heat pump in nurse office	2015	5,450						18
19	Pipe, 8" SDR drainage -W Courtyard	2015	14,780						19
20	Heat Pump for room 144	2015	4,250						20
21	Chimney over kitchen - brick & mortar + limestone cap.	2015	9,670						21
22	Seal & stipe 4400 sq ft of main lot and 1500 sq ft of back lot	2015	5,212						22
23	Fire wall - ceiling of bath - rm 166	2015	14,900						23
24	Fire wall, 2 hour - rm 168.	2015	4,220						24
25	Door, hollow metal - N exit door to Svc Drive	2015	6,688						25
26	Storage tank, 120 gal - basement Mech Rm	2015	4,230						26
27	Panel board: 120/208V 100 amp 42 circuit-basement elec rm	2016	7,815						27
28	Door, hollow metal - S exit door	2016	5,960						28
29	Windows (7 slider) - Arcadia dining & future dialysis rm	2016	12,890						29
30									30
31	RTU compressor - East Side	2016	2,950						31
32	Heat Pump -rm 134	2016	4,579						32
33	Compressor, North RTU	2016	3,450						33
34	TOTAL (lines 1 thru 33)		$ 10,186,094	$ 179,424		$ 179,424	$	$ 8,807,569	34

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

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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		$ 10,186,094	$ 179,424		$ 179,424	$	$ 8,807,569	1
2	PTAC resistance heat, 230V 15000BTU (6)	2016	4,328						2
3	Plumbing - rm 65 bathrm leaks	2016	5,400						3
4	Plumbing - rms 24-26 bathrm	2016	6,885						4
5	Plumbing - rm 49 bathrm	2016	5,530						5
6	Heat Pump, 9000 BTU - rm 120	2016	4,579						6
7	Dialysis renovation engineering/architecture fees	2016	6,472						7
8	7/1/2019 Capital Audit Adj -Fees for future projects should be	2016	(6,472)						8
9	Painting -W resident rms (14) & tile-central shower by rm 18	2017	10,625						9
10	Electrical & Lighting, Exterior-(6) PT enterance, (29) around bldg perimeter,								10
11	(6) dining courtyard	2016	12,769						11
12	Concrete - 35' curbing & 25' sidewalk	2017	9,261						12
13									13
14	Water Heater, 80GAL -NE wing	2017	23,994						14
15	Heat Pump room L12	2017	4,809						15
16	Carpeting -West Wing Hall	2017	4,286						16
17	Switch, High Limit -Kitchen boiler	2018	3,253						17
18	Smoke Detectors for Fire Alarm System	2017	10,700						18
19	ADD'L -Carpeting -West Wing Hall	2018	5,390						19
20	Plan Review Fee for Renovation	2017	5,076						20
21	Pole Lights for SW parking lot (6)	2017	9,720						21
22									22
23	Cabinets -Case Mgr Ofc (3), DCD Ofc (1)	2018	15,222						23
24	Electric for 4ft LED (8) lights-basement classroom	2018	4,465						24
25	VALVE, 4" RPZ - MAIN WATER LINE	2018	31,500						25
26	elec conduit/wiring for PAN Ofc and Soc Svcs Ofc	2018	5,675						26
27	Painting & vinyl flrg- Training Rm	2018	17,574						27
28	Reno Dialysis Rm Phase II- Design	2018	11,948						28
29	7/1/2019 Capital Audit Adj -Fees for future projects should be reported with proj		(11,948)						29
30	Cold Water Feed -Boiler in Mech rm	2018	3,283						30
31	Sprinkler Dry Head (8), dry Head 12" (2), Power Supply Notifier	2018	4,851						31
32	Painting -lower level restroom	2018	9,255						32
33	RTU-Laundry	2018	11,725						33
34	TOTAL (lines 1 thru 33)		$ 10,416,249	$ 179,424		$ 179,424	$	$ 8,807,569	34

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

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

XI. OWNERSHIP COSTS (continued)

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

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 10,416,249	$ 179,424		$ 179,424	$	$ 8,807,569	1
2	Asphalt -1257 Sq Ft-main lot	2019	4,300						2
3	Sprinkler Heads (16), smoke detectors (11) for Fire System	2019	3,060						3
4	Door Closures-Main Entrance & NW Exit Door	2019	2,595						4
5	Mini Split AC room 126	2019	4,579						5
6									6
7	Cabinets (2)-MDS ofc & Wk Space, 32LF-Lower LVL ofc	2019	35,491						7
8	AC, Split System - Bsmt Classroom (located in ctyd S of Main Dining	2019	4,650						8
9	Heat Pump, Mini Split - Rm 138	2019	4,679						9
10	Electrical receptacles (104)-Northeast unit	2019	12,102						10
11	Heat Pump, Multi-zone -Bsmt Classroom	2019	12,350						11
12	Electrical receptacles (280)-all resident rooms	2019	12,750						12
13	Painting -Dialysis Clinic	2020	2,945						13
14	Mixing Valve, Heat Timer -by dining	2020	5,495						14
15	Concrete, 645 sq ft -Front Entrance	2018	6,750						15
16	Fence, 300ft of 6ft vinyl - entire W property line	2019	13,843						16
17	Ashphalt Sealing- 54,500 sq ft parking lot	2019	9,545						17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,551,383	$ 179,424		$ 179,424	$	$ 8,807,569	34

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

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 4,885,341	$ 156,352	$ 156,352	$		$ 4,490,881	71
72	Current Year Purchases	126,568						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			29,150	29,150			74
75	TOTALS	$ 5,011,909	$ 156,352	$ 185,502	$ 29,150		$ 4,490,881	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	Resident	1995 Goshen GHC	1995	$ 12,107	$	$	$		$ 12,107	76
77		Paratransit								77
78										78
79										79
80	TOTALS			$ 12,107	$	$	$		$ 12,107	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)	$ 16,395,399	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 335,776	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 364,926	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 29,150	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 13,310,557	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	CIP	$	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.

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.	/2021	$
13.	/2022	$
14.	/2023	$

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: $ 96,093 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 Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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 Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a	8186	hrs	$ 347,907		$	$ 2,618	8,186	$ 350,525	1
2	Licensed Speech and Language Development Therapist	10a	3145	hrs	133,651			1,846	3,145	135,497	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10a	8762	hrs	372,402	1	(27)	12,960	8,763	385,335	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				586,764		586,764	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): Inhal Therapy	10a, 3	477		20,271	73	4,141		550	24,412	12
13	Other (specify): X-Ray & Lab | IV	43, 2 & 3					164,271	126,889		291,160	13
14	TOTAL				$ 874,231	74	$ 168,385	$ 731,077	20,644	$ 1,773,693	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 Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 05/31/2020 (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	$ 1,557	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (657,544))	1,746,824		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	7,661		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,756,042	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	820,000		13
14	Buildings, at Historical Cost	10,551,384		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,024,015		16
17	Accumulated Depreciation (book methods)	(13,310,557)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe OMIT	279,677		22
23	Other(specify): CIP			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,364,519	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,120,561	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 350,341	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	695,519		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,870		31
32	Accrued Real Estate Taxes(Sch.IX-B)	626,066		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable	194,681		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,869,477	$	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)**	$ 1,869,477	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 3,251,084	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,120,561	$	48

*(See instructions.)

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,167,146	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,167,146	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(179,292)	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)**	$ (179,292)	17
	B. Transfers (Itemize):		
18	Change in Interdivision	2,263,230	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 2,263,230	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 3,251,084	24 *

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

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

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	$ 18,085,718	1
2	Discounts and Allowances for all Levels	(9,516,587)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 8,569,131	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,124,198	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 6,124,198	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	694	12
13	Barber and Beauty Care	1,848	13
14	Non-Patient Meals	245	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,297,888	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	169,362	19
20	Radiology and X-Ray	96,453	20
21	Other Medical Services	14,791	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,581,281	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	1,003,163	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,003,163	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 17,277,773	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,752,800	31
32	Health Care	8,060,066	32
33	General Administration	4,365,772	33
	B. Capital Expense		
34	Ownership	2,107,015	34
	C. Ancillary Expense		
35	Special Cost Centers	882,420	35
36	Provider Participation Fee	288,992	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 17,457,065	40
41	**Income before Income Taxes (line 30 minus line 40)****	(179,292)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (179,292)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,982,906	44
45	Private Pay - Net Inpatient Revenue	1,057,538	45
46	Medicare - Net Inpatient Revenue	2,658,105	46
47	Other-(specify) Hospice	805,370	47
48	Other-(specify) Insurance	1,065,212	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 8,569,131	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 Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,068	2,199	$ 121,753	$ 55.37	1
2	Assistant Director of Nursing	4,558	4,846	204,024	42.10	2
3	Registered Nurses	62,947	66,929	2,536,288	37.90	3
4	Licensed Practical Nurses	19,177	20,390	617,119	30.27	4
5	CNAs & Orderlies	89,344	95,089	1,473,998	15.50	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	24,266	25,710	1,092,752	42.50	7
8	Rehab/Therapy Aides	17,838	18,900	534,254	28.27	8
9	Activity Director	5,947	6,315	104,576	16.56	9
10	Activity Assistants					10
11	Social Service Workers	10,874	11,565	287,540	24.86	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	26,373	28,023	462,097	16.49	15
16	Dishwashers					16
17	Maintenance Workers	3,111	3,275	80,137	24.47	17
18	Housekeepers	22,709	24,082	330,135	13.71	18
19	Laundry	1,269	1,350	17,677	13.09	19
20	Administrator	2,080	2,080	141,968	68.25	20
21	Assistant Administrator	5	5	71	14.20	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	24,141	25,563	522,181	20.43	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	1,771	1,887	39,142	20.74	31
32	Other Health Care(specify)					32
33	Other(specify) Hospitality	196	210	2,610	12.43	33
34	TOTAL (lines 1 - 33)	318,674	338,418	$ 8,568,322 *	$ 25.32	34

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

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	12,455	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)		$ 12,455		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1,542	$ 94,046	10, 3	50
51	Licensed Practical Nurses	1,600	72,010	10, 3	51
52	Certified Nurse Assistants/Aides	1,714	53,136	10, 3	52
53	TOTAL (lines 50 - 52)	4,856	$ 219,192		53

Facility Name & ID Number Manorcare of Oak Lawn West # 0049551 Report Period Beginning: 06/01/2019 Ending: 05/31/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Christopher Correll	Administrator	0	$ 142,039
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 142,039

B. Administrative - Other

Description	Amount
Various Home Office Services - See Page 8 for breakdown	$ 558,237
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 558,237

C. Professional Services

Vendor/Payee	Type	Amount
Various	Legal Fees	$ 26,978
Legal Fees were adjusted off via Page 5, Line 22, therefore, no detail schedule is attached.		
Various	Collections	14,829
AR Collection Costs were adjusted off via Page 5A, Lines 6 & 7, therefore, no detail schedule is attached.		
Southwest Nephrology Assc.	Southwest Nephrology Assc.	1,600
(Consulting Fees reclassed to Line 21)		
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 43,407

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 67,169
Unemployment Compensation Insurance	4,648
FICA Taxes	614,544
Employee Health Insurance	506,748
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Appreciation	5,144
401K	54,678
Oth Benefits & Mktg Adj	3,923
Tuition Program	1,955
SMSP Match	
Employee Uniforms	10,939
Home Office Allocation	70,934
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,340,682

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	39,403
Health Care Worker Background Check (Indicate # of checks performed 687)	14,237
Patient Background Checks 1096	10,960
Dues & Subscriptions	4,821
Association Dues	12,495
Advertising	24,966
Other Licenses and Permits	2,386
Less: Non-Allowable Association Dues	(3,457)
Less: Public Relations Expense	( )
Non-allowable advertising	(24,966)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 80,845

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	3,433
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)	$ 3,433

**See instructions.

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **IHCA $6,165 & AHCA $2,874**

(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 YRS**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **50,181** 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. **7/28/18**

(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. $ **0**
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. $ **245**

(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?
g. Does the facility transport residents to and from day training? **NO**
Indicate the amount of income earned from providing such transportation during this reporting period. $

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

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

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