



Facility Name & ID Number Bel-Wood Nursing Home

# 0004499 Report Period Beginning: 1/1/08 Ending: 12/31/08

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 N/A

	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	300	Skilled (SNF)	300	109,800	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	300	TOTALS	300	109,800	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	12,626	2,200	7,707	22,533	8
9	SNF/PED					9
10	ICF	58,562	13,767		72,329	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	71,188	15,967	7,707	94,862	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.40%

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

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

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

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

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

I. On what date did you start providing long term care at this location?  
Date started 11/30/1968

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 50 and days of care provided 7,707

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/08 Fiscal Year: 12/31/08

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

Facility Name & ID Number Bel-Wood Nursing Home # 0004499 Report Period Beginning: 1/1/08 Ending: 12/31/08

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	686,712	32,484		719,196		719,196		719,196		1
2	Food Purchase		516,192		516,192		516,192	(3,396)	512,796		2
3	Housekeeping	509,112	46,300	28,498	583,910		583,910		583,910		3
4	Laundry	146,778	29,606		176,384		176,384	(4,205)	172,179		4
5	Heat and Other Utilities			462,926	462,926		462,926		462,926		5
6	Maintenance	104,367	31,636	48,923	184,926		184,926	6,299	191,225		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>1,446,969</b>	<b>656,218</b>	<b>540,347</b>	<b>2,643,534</b>		<b>2,643,534</b>	<b>(1,302)</b>	<b>2,642,232</b>		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			5,000	5,000		5,000		5,000		9
10	Nursing and Medical Records	5,659,631	947,331	1,113,270	7,720,232		7,720,232		7,720,232		10
10a	Therapy			873,619	873,619		873,619		873,619		10a
11	Activities	293,407	12,674	488	306,569		306,569		306,569		11
12	Social Services	91,050		499	91,549		91,549		91,549		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>6,044,088</b>	<b>960,005</b>	<b>1,992,876</b>	<b>8,996,969</b>		<b>8,996,969</b>		<b>8,996,969</b>		16
	<b>C. General Administration</b>										
17	Administrative	109,076		208,496	317,572		317,572	(28,030)	289,542		17
18	Directors Fees							61,559	61,559		18
19	Professional Services			156,088	156,088		156,088	119,311	275,399		19
20	Dues, Fees, Subscriptions & Promotions			52,427	52,427		52,427	(32,996)	19,431		20
21	Clerical & General Office Expenses	223,457	11,214	55,220	289,891		289,891	121,952	411,843		21
22	Employee Benefits & Payroll Taxes			921,007	921,007		921,007	888,278	1,809,285		22
23	Inservice Training & Education			2,259	2,259		2,259		2,259		23
24	Travel and Seminar			10,760	10,760		10,760		10,760		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			19,271	19,271		19,271	91,140	110,411		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	<b>332,533</b>	<b>11,214</b>	<b>1,425,528</b>	<b>1,769,275</b>		<b>1,769,275</b>	<b>1,221,214</b>	<b>2,990,489</b>		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>7,823,590</b>	<b>1,627,437</b>	<b>3,958,751</b>	<b>13,409,778</b>		<b>13,409,778</b>	<b>1,219,912</b>	<b>14,629,690</b>		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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 Bel-Wood Nursing Home #0004499 Report Period Beginning: 1/1/08 Ending: 12/31/08

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>D. Ownership</b>										
30	Depreciation			402,230	402,230	402,230		402,230			30
31	Amortization of Pre-Op. & Org.										31
32	Interest			6,486	6,486	6,486	(23,298)	(16,812)			32
33	Real Estate Taxes										33
34	Rent-Facility & Grounds										34
35	Rent-Equipment & Vehicles										35
36	Other (specify):* <b>Loss on disposal</b>			23,864	23,864	23,864		23,864			36
37	<b>TOTAL Ownership</b>			432,580	432,580	432,580	(23,298)	409,282			37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers										39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			164,700	164,700	164,700		164,700			42
43	Other (specify):* <b>Bad debt expense and medicaid contribution</b>			3,641,172	3,641,172	3,641,172	90,337	3,731,509			43
44	<b>TOTAL Special Cost Centers</b>			3,805,872	3,805,872	3,805,872	90,337	3,896,209			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,823,590	1,627,437	8,197,203	17,648,230	17,648,230	1,286,951	18,935,181			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bel-Wood Nursing Home

# 0004499

Report Period Beginning: 1/1/08

Ending: 12/31/08

**VI. ADJUSTMENT DETAIL**

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(3,396)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,822)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients	(4,205)	4		8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(23,298)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(4,432)	22		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	90,337	43		24
25	Fund Raising, Advertising and Promotional	(32,996)	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				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ 9,188		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	1,277,763		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 1,277,763		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ 1,286,951		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.

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY						
48		49		50		51
						52

SEE ACCOUNTANTS' COMPILATION REPORT

Bel-Wood Nursing Home

ID# 0004499

Report Period Beginning: 1/1/08

Ending: 12/31/08

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			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	<b>Total</b>	0	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Bel-Wood Nursing Home

# 0004499

Report Period Beginning:

1/1/08

Ending:

12/31/08

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(3,396)	0	0	0	0	0	0	0	0	0	0	(3,396)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	(4,205)	0	0	0	0	0	0	0	0	0	0	(4,205)	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	6,299	0	0	0	0	0	0	0	0	0	6,299	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(7,601)</b>	<b>6,299</b>	<b>0</b>	<b>(1,302)</b>	<b>8</b>								
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	(28,030)	0	0	0	0	0	0	0	0	0	(28,030)	17
18	Directors Fees	0	61,559	0	0	0	0	0	0	0	0	0	61,559	18
19	Professional Services	0	119,311	0	0	0	0	0	0	0	0	0	119,311	19
20	Fees, Subscriptions & Promotions	(32,996)	0	0	0	0	0	0	0	0	0	0	(32,996)	20
21	Clerical & General Office Expenses	(12,822)	134,774	0	0	0	0	0	0	0	0	0	121,952	21
22	Employee Benefits & Payroll Taxes	(4,432)	892,710	0	0	0	0	0	0	0	0	0	888,278	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	91,140	0	0	0	0	0	0	0	0	0	91,140	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(50,250)</b>	<b>1,271,464</b>	<b>0</b>	<b>1,221,214</b>	<b>28</b>								
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(57,851)</b>	<b>1,277,763</b>	<b>0</b>	<b>1,219,912</b>	<b>29</b>								

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Bel-Wood Nursing Home# 0004499

Report Period Beginning:

1/1/08

Ending:

12/31/08

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(23,298)	0	0	0	0	0	0	0	0	0	0	(23,298)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(23,298)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(23,298)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	90,337	0	0	0	0	0	0	0	0	0	0	90,337	43
44	<b>TOTAL Special Cost Centers</b>	<b>90,337</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>90,337</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>9,188</b>	<b>1,277,763</b>	<b>0</b>	<b>1,286,951</b>	<b>45</b>								

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Peoria County	100%					

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.  YES  NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 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	6 Facilities Management	\$	Peoria County	100.00%	\$ 6,299	\$ 6,299	1
2	V	17 Management Fee	186,000	Peoria County	100.00%	157,970	(28,030)	2
3	V	18 County Board		Peoria County	100.00%	61,559	61,559	3
4	V	19 Professional Services	144,773	Peoria County	100.00%	264,084	119,311	4
5	V	21 Clerical Services		Peoria County	100.00%	134,774	134,774	5
6	V	22 Employee Benefits-Health	710,966	Peoria County	100.00%	419,167	(291,799)	6
7	V	26 Liability Insurance	19,271	Peoria County	100.00%	110,411	91,140	7
8	V	22 IMRF		Peoria County	100.00%	629,322	629,322	8
9	V	22 FICA		Peoria County	100.00%	591,314	591,314	9
10	V	22 Employee Benefits- WC	194,282	Peoria County	100.00%	117,744	(76,538)	10
11	V	22 Employee Benefits- UC	10,250	Peoria County	100.00%	50,661	40,411	11
12	V							12
13	V							13
14	Total		\$ 1,265,542			\$ 2,543,305	\$ * 1,277,763	14

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

Facility Name & ID Number Bel-Wood Nursing Home # 0004499 Report Period Beginning: 1/1/08 Ending: 12/31/08

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	N/A								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bel-Wood Nursing Home

# 0004499

Report Period Beginning: 1/1/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

Name of Related Organization Peoria County  
 Street Address Rm 501, Peoria County Courthouse  
 City / State / Zip Code Peoria, IL 61602  
 Phone Number ( 309) 672-6056  
 Fax Number ( )

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	6	Facilities Management						\$ 6,299	1
2	18	County Board						61,559	2
3	19	Professional Sevices						264,084	3
4	21	Clerical Services						134,774	4
5	22	Employee Benefits-Health						419,167	5
6	26	Liability Insurance						110,411	6
7	22	Employee Benefits-WC						117,744	7
8	22	Employee Benefits-UC						50,661	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	TOTALS				\$	\$		\$ 1,164,699	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bel-Wood Nursing Home # 0004499 Report Period Beginning: 1/1/08 Ending: 12/31/08

**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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1										1										
2										2										
3										3										
4										4										
5										5										
<b>Working Capital</b>																				
6	Peoria County, Illinois	X		Operations	None	N/A		3,067	None	Variable	6,486	6								
7												7								
8												8								
9	<b>TOTAL Facility Related</b>						\$	3,067			\$	6,486	9							
<b>B. Non-Facility Related*</b>																				
10												10								
11												11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$				\$		14							
15	<b>TOTALS (line 9+line14)</b>						\$	3,067			\$	6,486	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None 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.)

SEE ACCOUNTANTS' COMPILATION REPORT

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



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

**2007 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Bel-Wood Nursing Home COUNTY Peoria

FACILITY IDPH LICENSE NUMBER 0004499

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

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

Enter the tax index number and real estate tax assessed for 2007 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 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ _____	\$ _____

**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        NO

If YES, attach an explanation & 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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

**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 Bel-Wood Nursing Home

# 0004499

Report Period Beginning:

1/1/08

Ending:

12/31/08

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 115,800 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

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

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

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

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

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

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing Home</u>	<u>8 acres</u>	<u>1848</u>	<u>\$ 100</u>	1
2					2
3	<b>TOTALS</b>	<b>#VALUE!</b>		<b>\$ 100</b>	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Bel-Wood Nursing Home

# 0004499

Report Period Beginning:

1/1/08

Ending:

12/31/08

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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	300		1969	1969	\$ 3,123,273	\$ 62,471	50	\$ 62,471		\$ 2,498,624	4
5			1975	1975	4,223	92	45	92		3,189	5
6			1986	1986	47,151		Various			47,151	6
7											7
8											8
		<b>Improvement Type**</b>									
9		Improvements		1978	10,851	271	40	271		8,427	9
10		Improvements		1979	23,127		20-25			23,127	10
11		Improvements		1980	115,619		20-25			115,619	11
12		Improvements		1984	15,544		Various			15,544	12
13		Improvements		1985	511,366		Various			511,366	13
14		Improvements		1986	45,660		20			45,660	14
15		Improvements		1987	936		Various			936	15
16		Improvements		1988	104,423	2,462	Various	2,462		104,423	16
17		Improvements		1989	158,141	7,324	Various	7,324		158,141	17
18		Improvements		1990	140,837		Various			140,837	18
19		Improvements		1991	599,124	29,956	Various	29,956		442,855	19
20		Improvements		1992	188,119	9,901	Various	9,901		169,757	20
21		Improvements		1995	4,885	244	16-20	244		3,231	21
22		Building Improvements		1995	23,643	1,418	5-20	1,418		20,375	22
23		Resurface Driveway		1996	2,947	184	16	184		2,116	23
24		Telephone Wiring		1996	2,383	119	20	119		1,349	24
25		Faucets		1997	1,862	93	20	93		1,031	25
26		Replace Floor		1997	1,035	52	20	52		576	26
27		Remodeling		1997	1,291	65	20	65		747	27
28		Door Replacement		1997	4,957	248	20	248		2,935	28
29		Ceiling tile		1997	1,488	99	15	99		1,163	29
30		Concrete Slabs		1997	825	41	20	41		475	30
31		Sinks		1997	3,718	186	20	186		2,123	31
32		Plumbing		1997	2,397	96	25	96		1,096	32
33		Compressor		1997	5,680	379	15	379		4,295	33
34		Fireplace		1998	946	47	20	47		494	34
35		Bi-fold Doors		1998	27,343	2,734	10	2,734		27,340	35
36		Sink System		1998	2,569	128	20	128		1,366	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Bel-Wood Nursing Home

# 0004499

Report Period Beginning:

1/1/08

Ending:

12/31/08

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Handrails	1998	\$ 1,955	\$ 93	10	\$ 93	\$	\$ 1,955	37
38	Water Softener	1998	34,106	2,842	12	2,842		29,367	38
39	Roof Repair	1998	3,760	157	10	157		3,760	39
40	Wallpaper	1998	985	49	20	49		519	40
41	Wallpaper	1998	1,885	94	20	94		1,003	41
42	Wallpaper	1998	1,075	54	20	54		580	42
43	Wallpaper	1998	434	22	20	22		227	43
44	Roof Repair	1998	3,467	344	10	344		3,467	44
45	Underground Storage Tank	1998	26,041	651	40	651		7,161	45
46	Energy Management System Modifications	1999	3,732	373	10	373		3,606	46
47	Roof Repairs	2000	1,254	84	15	84		798	47
48	Architect fees per IDPA review of 1999 cost report	2000	15,290	1,911	8	1,911		11,466	48
49	Shelving, dish room	2000	1,500	75	20	75		656	49
50	Door relocation	2000	1,461	73	20	73		633	50
51	Roof Repairs	2000	3,552	237	15	237		2,034	51
52	Water Main #1	2000	3,178	127	25	127		1,080	52
53	Sidewalk Replacement	2000	1,350	68	20	68		578	53
54	Water Main #2	2000	2,120	85	25	85		708	54
55	Door guards	2000	1,694	85	20	85		701	55
56	Door, magnetic lock	2000	4,062	203	20	203		1,658	56
57	Replacement glass	2001	2,971	149	20	149		1,179	57
58	Fire System	2001	496	62	8	62		486	58
59	Water heater replacement	2001	84,666	10,583	8	10,583		81,772	59
60	Drawer front machine	2001	1,690	113	15	113		876	60
61	Windows	2002	59,439	2,972	20	2,972		18,575	61
62	Resident Alarm System	2002	43,538	2,177	20	2,177		13,243	62
63	Exit Device	2002	1,862	186	10	186		1,116	63
64	Egress Bars for Doors	2002	2,630	263	10	263		1,600	64
65	Rooftop Unit Pilot Program Phase 1	2002	1,420	95	15	95		570	65
66	Construction Documents	2002	6,750	844	8	844		5,064	66
67	Control Wiring	2002	2,495	125	20	125		823	67
68	Roof Repairs	2002	1,642	109	15	109		736	68
69	Exit Signs	2003	2,596	260	10	260		1,538	69
70	TOTAL (lines 4 thru 69)		\$ 5,501,459	\$ 144,174		\$ 144,174	\$	\$ 4,555,903	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Bel-Wood Nursing Home

# 0004499

Report Period Beginning:

1/1/08

Ending:

12/31/08

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 5,501,459	\$ 144,174		\$ 144,174	\$	\$ 4,555,903	1
2	Air Cylinder - Drain	2003	1,049	105	10	105		595	2
3	Zone Motor & Bases	2003	4,211	421	10	421		2,245	3
4	Construction Documentation	2003	12,854	1,607	8	1,607		8,437	4
5	Fence for Alzheimer Unit	2003	4,277	285	15	285		1,496	5
6	Parking lot overlay	2003	39,414	2,463	16	2,463		12,931	6
7	Water heater replacement	2003	52,500	3,500	15	3,500		18,375	7
8	Engineering	2003	3,700	463	8	463		2,392	8
9	Water main replacement	2003	80,810	3,232	25	3,232		16,429	9
10	Fire alarm panel replacement	2003	22,710	1,136	20	1,136		5,775	10
11	Reception Area Remodel	2003	2,904	145	20	145		725	11
12	Double Egress Doors	2004	2,585	259	10	259		1,165	12
13	Alzheimer Security	2004	26,381	5,276	5	5,276		23,302	13
14	Wallpaper HC & Norwood	2004	3,237	647	5	647		2,858	14
15	Blinds HC & Glasford	2004	6,070	1,214	5	1,214		5,362	15
16	Fire Alarm system	2004	111,652	11,165	10	11,165		48,382	16
17	Aluminum Awning	2004	1,726	173	10	173		735	17
18	Roof Repairs	2004	3,383	338	10	338		1,380	18
19	Fire alarm wiring	2004	5,812	581	10	581		2,324	19
20	Electrical service	2004	3,132	313	10	313		1,278	20
21	Compressor repairs	2004	10,589	2,118	5	2,118		8,472	21
22	Reception area shades	2004	2,062	412	5	412		2,026	22
23	Addition to watermain	2004	30,505	1,271	24	1,271		6,037	23
24	Door closer and locks	2004	2,366	237	10	237		1,125	24
25	Water heater replacement	2005	1,204	240	5	240		820	25
26	Roof Repairs - Massey	2005	15,793	1,579	10	1,579		4,869	26
27	Engine Control Panel	2005	35,025	1,751	20	1,751		6,421	27
28	Door closer and locks	2005	899	90	10	90		277	28
29	Carpeting	2005	1,735	347	5	347		1,301	29
30	Sink Repairs	2005	5,514	1,103	5	1,103		3,677	30
31	AA D379 Engine Repair	2005	1,300	260	5	260		1,040	31
32	Front Door Repair	2005	1,235	247	5	247		906	32
33	Carpeting	2005	1,563	313	5	313		1,069	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,999,656	\$ 187,465		\$ 187,465	\$	\$ 4,750,129	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name &amp; ID Number Bel-Wood Nursing Home

# 0004499

Report Period Beginning:

1/1/08

Ending:

12/31/08

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 5,999,656	\$ 187,465		\$ 187,465	\$	\$ 4,750,129	1
2	C-wing Faux Wood Blinds	2005	4,998	1,000	5	1,000		3,500	2
3	Water Softener Overhaul	2005	1,574	315	5	315		1,102	3
4	Smoke Detector	2005	1,710	171	10	171		670	4
5	4 Plexiglass Flower Boxes	2005	1,580	316	5	316		1,238	5
6	Domestic Hot Water Temp Valve	2005	2,082	416	5	416		1,630	6
7	Carpeting	2005	7,333	1,467	5	1,467		5,379	7
8	HVAC Repairs	2005	103,550	20,710	5	20,710		72,485	8
9	Booster Pump	2006	4,000	800	5	800		1,667	9
10	Doors and Locks	2006	8,760	1,752	5	1,752		3,650	10
11	Door Latch Replacement	2006	28,360	5,672	5	5,672		16,071	11
12	Roof Repairs	2006	19,515	6,505	3	6,505		13,009	12
13	HVAC Repairs	2006	52,475	17,492	3	17,492		34,984	13
14	Victory chiller swing door	2007	9,573	957	10	957		957	14
15	HVAC repairs	2007	44,128	14,709	3	14,709		14,709	15
16	Roof repairs	2007	9,240	3,080	3	3,080		3,080	16
17	Electrical upgrade	2007	42,840	4,284	10	4,284		4,284	17
18	Boiler pump	2007	3,274	655	5	655		655	18
19	Smoke dampers	2007	31,696	3,170	10	3,170		3,170	19
20	Fire Alarm	2007	6,770	677	10	677		1,183	20
21	Water back flows	2007	3,977	795	5	795		1,392	21
22	Outdoor walk-in freezer	2007	22,300	2,230	10	2,230		3,903	22
23	Carpeting	2007	3,172	634	5	634		1,057	23
24	Draper shades for hallway	2007	9,820	1,964	5	1,964		2,946	24
25	Disposal	2007	3,749	750	5	750		1,062	25
26	Front Door Patient Alarm	2007	2,580	516	5	516		731	26
27	Firewall for IDPH	2007	3,450	690	5	690		863	27
28	Booster Pump	2007	47,390	9,478	5	9,478		11,058	28
29	Ceiling Tile Replacement	2007	15,493	3,099	5	3,099		3,615	29
30	Sidewalks	2007	4,060	406	10	406		609	30
31	Main Entrance Delayed Exit A	2008	3,415	379	3	379		379	31
32	HVAC Repairs	2008	64,942		3				32
33	Roof Repairs	2008	8,308		3				33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,575,770	\$ 292,554		\$ 292,554	\$	\$ 4,961,167	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bel-Wood Nursing Home

# 0004499

Report Period Beginning:

1/1/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 6,575,770	\$ 292,554		\$ 292,554	\$	\$ 4,961,167	1
2	Boiler Replacement	2008	18,200	5,056	3	5,056		5,056	2
3	Hot Water Heater Repairs	2008	3,606	501	3	501		501	3
4	Faux Wood Blinds	2008	22,596		3				4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,620,172	\$ 298,111		\$ 298,111	\$	\$ 4,966,724	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bel-Wood Nursing Home # 0004499 Report Period Beginning: 1/1/08 Ending: 12/31/08

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 733,772	\$ 96,866	\$ 96,866	\$	3-20	\$ 471,427	71
72	Current Year Purchases	15,872	1,218	1,218		5-10	1,218	72
73	Fully Depreciated Assets	251,160	5,306	5,306		3-20	251,160	73
74								74
75	TOTALS	\$ 1,000,804	\$ 103,390	\$ 103,390	\$		\$ 723,805	75

D. Vehicle Depreciation (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	Maintenance	2001 Dodge Ram Truck	2000	\$ 13,998	\$ 729	\$ 729	\$	8	\$ 13,998	76
77	Resident	1997 Ford El Dorado	1997	42,701				4	42,701	77
78										78
79										79
80	TOTALS			\$ 56,699	\$ 729	\$ 729	\$		\$ 56,699	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)		\$ 7,677,775	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 402,230	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 402,230	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 5,747,228	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	Construction-in-progress	\$ 153,437	92
93			93
94			94
95		\$ 153,437	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.

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: \_\_\_\_\_

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? \_\_\_\_\_

If NO, see instructions.

YES  NO

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

\*\*

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized \_\_\_\_\_  
by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental? \_\_\_\_\_

YES  NO

16. Rental Amount for movable equipment: \$ \_\_\_\_\_ Description: \_\_\_\_\_

(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	<b>TOTAL</b>		\$ _____	\$ _____	21

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_/2009 \$ \_\_\_\_\_

13. \_\_\_\_\_/2010 \$ \_\_\_\_\_

14. \_\_\_\_\_/2011 \$ \_\_\_\_\_

\* 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 Bel-Wood Nursing Home # 0004499 Report Period Beginning: 1/1/08 Ending: 12/31/08

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Bel-Wood</u> is able to hire qualified CNA's without providing its own training course.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>N/A</u></p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>N/A</u></p>
--	--	---

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility		3	4
		1	2		
		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)	
<b>TOTAL TRAINED</b>	

- (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.
- SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	<b>TOTAL</b>			\$		\$	\$		\$	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bel-Wood Nursing Home# 0004499Report Period Beginning: 1/1/08

Ending:

12/31/08

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 4,160,269	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>831,208</u> )	1,688,063		3
4	Supply Inventory (priced at <u>cost</u> )	66,932		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	15,388		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 5,930,652	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	100		13
14	Buildings, at Historical Cost	6,380,368		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,057,503		16
17	Accumulated Depreciation (book methods)	(5,514,855)		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 (specify):			22
23	Other(specify): <u>Construction in Progress</u>	153,437		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,076,553	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 8,007,205	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,868,861	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	657,567		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Due to other funds</u>	3,067		36
37	<u>Deferred revenue</u>	174,072		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,703,567	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Accrued compensated absences</u>	37,922		43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 37,922	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 2,741,489	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 5,265,716	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 8,007,205	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,452,148	1
2	Restatements (describe):		2
3	Increase allowance for doubtful accounts	(549,000)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,903,148	6
	<b>A. Additions (deductions):</b>		
7	NET Income (Loss) (from page 19, line 43)	2,439,833	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) <u>dif in method used in acctng for payroll</u>	(50,238)	15
16	Other (describe) <u>dif in method used for depreciation</u>	(27,027)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 2,362,568	17
	<b>B. Transfers (Itemize):</b>		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 5,265,716	24 *

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Bel-Wood Nursing Home# 0004499Report Period Beginning: 1/1/08Ending: 12/31/08**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.**

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 16,608,836	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 16,608,836	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,365,236	6
7	Oxygen	63,765	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,429,001	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants	1,750,609	10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	3,396	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	255,147	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	4,205	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 2,013,357	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	3,087	24
25	Interest and Other Investment Income***	23,298	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 26,385	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Vending income</b>	9,652	28
28a	<b>Miscellaneous</b>	832	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 10,484	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 20,088,063	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,643,534	31
32	Health Care	8,996,969	32
33	General Administration	1,769,275	33
<b>B. Capital Expense</b>			
34	Ownership	432,580	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	3,641,172	35
36	Provider Participation Fee	164,700	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 17,648,230	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	2,439,833	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 2,439,833	43

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? N/A 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. SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Bel-Wood Nursing Home

# 0004499

Report Period Beginning:

1/1/08

Ending:

12/31/08

**XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,902	2,080	\$ 83,319	\$ 40.06	1
2	Assistant Director of Nursing	3,726	4,081	118,082	28.93	2
3	Registered Nurses	15,839	17,905	453,561	25.33	3
4	Licensed Practical Nurses	50,860	61,871	1,195,554	19.32	4
5	CNAs & Orderlies	229,787	257,658	3,730,415	14.48	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,656	2,080	68,791	33.07	9
10	Activity Assistants	8,964	10,752	224,616	20.89	10
11	Social Service Workers	3,221	4,191	91,050	21.73	11
12	Dietician					12
13	Food Service Supervisor	3,345	3,690	83,501	22.63	13
14	Head Cook	1,815	2,321	46,205	19.91	14
15	Cook Helpers/Assistants	40,285	47,590	557,006	11.70	15
16	Dishwashers					16
17	Maintenance Workers	5,819	6,574	104,367	15.88	17
18	Housekeepers	34,564	39,517	509,112	12.88	18
19	Laundry	10,661	11,927	146,778	12.31	19
20	Administrator	1,950	2,080	109,076	52.44	20
21	Assistant Administrator					21
22	Other Administrative	7,115	7,930	123,273	15.55	22
23	Office Manager					23
24	Clerical	6,937	8,103	100,184	12.36	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,806	4,390	78,700	17.93	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	432,252	494,740	\$ 7,823,590 *	\$ 15.81	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	5,000	L9-C3	36
37	Medical Records Consultant	1,750	L10-C3	37
38	Nurse Consultant			38
39	Pharmacist Consultant			39
40	Physical Therapy Consultant	333,579	L10a-C3	40
41	Occupational Therapy Consultant	336,339	L10a-C3	41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant	203,701	L10a-C3	43
44	Activity Consultant	488	L11-C3	44
45	Social Service Consultant	499	L12-C3	45
46	Other(specify) <u>Management Consultant</u>	21,467	L17-C3	46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 902,823		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	2,785	\$ 85,797	L10-C3	50
51	Licensed Practical Nurses	28,842	878,482	L10-C3	51
52	Certified Nurse Assistants/Aides	2,011	34,410	L10-C3	52
53	TOTAL (lines 50 - 52)	33,638	\$ 998,689		53

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number Bel-Wood Nursing Home

Report Period Beginning: 1/1/08 Ending:

**XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS** (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2005	6 FY2006	7 FY2007	8 FY2008	9 FY2009	10 FY2010	11 FY2011	12 FY2012	13 FY2013
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	<b>TOTALS</b>		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Bel-Wood Nursing Home

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? No  
If YES, give association name and amount. \_\_\_\_\_
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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? N/A
- (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? 8.3
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 178,397 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (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. \$ 164,700  
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. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 3,396
- (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. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
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. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Clifton Gunderson LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Audit in progress
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A  
Attach invoices and a summary of services for all architect and appraisal fees.

**SEE ACCOUNTANTS' COMPILATION REPORT**

**Bel-Wood Nursing Home**  
**Schedule of Seminars**  
**#0004499**  
**1/1/2008-12/31/2008**

<b>Attendee</b>	<b>Position</b>	<b>Date</b>	<b>Location</b>	<b>Title</b>	<b>Sponsor</b>	<b>Cost</b>
Christy Delaware	Director of Nursing	2/19/2008	Peoria, IL	Medicaid Rule Changes	Life Services Network	115.00
Matt Nieukirk	Executive Director	3/26-28/08	Chicago, IL	LSN Annual Conference	Life Services Network	5,180.37
Christy Delaware	Director of Nursing					
Becky Polhemus	Management Assistant					
Calvin Kerley	Maintenance Supervisor					
Deb McCoy	Dir. Environmental Serv.					
Dawn Byers	Asst. Dir. Of Nursing					
Betsy Hill	Asst. Dir. Of Nursing					
Cindy Hoover	MDS Coordinator					
Deeann Zessin	MDS Coordinator					
Carissa Fleming	MDS Coordinator					
Lisa Ellison	LPN	5/13/2008	Peoria, IL	Wounds Management Workshop	Life Services Network	95.00
Jacque Sutton	Dir. Dietary Services	10/25/2008	Chicago, IL	The Changing Face of Long Term Care Medical Nutrition USA, Inc.		50.00
Matt Nieukirk	Executive Director	9/8-9/08	Lisle, IL	LSN 2008 Senior Living Conference	Life Services Network	590.00
Christy Delaware	Director of Nursing					
Tina Meyer	Receptionist	10/29/2008	Peoria, IL	Outstanding Receptionist Seminar	Career Track	258.00
Cindy Farrar	Receptionist					
Matt Nieukirk	Executive Director	9/16-18/2008	Peoria, IL	IL Healthcare Assoc. Annual Conf.	IL Healthcare Association	995.00
Christy Delaware	Director of Nursing					
Becky Polhemus	Management Assistant					
Calvin Kerley	Maintenance Supervisor					
Jacque Sutton	Dir. Dietary Services					
Valerie Brod	Admissions Coordinator					
Linda Curry	Unit Coordinator					
Leslie Hillier	MDS Coordinator					
Deeann Zessin	MDS Coordinator					
Cindy Hoover	MDS Coordinator					
Deb McCoy	Dir. Environmental Serv.					
Kathy Wright	Unit Coordinator					
Dawn Byers	Asst. Dir. Of Nursing					
Betsy Hill	Asst. Dir. Of Nursing					
Lisa Ellison	LPN	1/28/2009	Rockford, IL	Wound Care Challenges	PESI Healthcare	218.95
Matt Nieukirk	Executive Director	6/25/2008	Springfield, IL	Enhancing Your Medicare Revenue Stream	Life Services Network	198.00
Christy Delaware	Director of Nursing					
Dawn Byers	Asst. Dir. Of Nursing	10/29/2008	Peoria, IL	Infectious Diseases	PESI Health Care	198.95
<b>Total</b>						<b><u><u>7,899.27</u></u></b>

**BEL-WOOD NURSING HOME**  
**#0004499**  
**01/01/08 - 12/31/08**

**Reconciliation of Fixed Assets**

	Per County Records	* Difference	Per Cost Report
Land	100.00	-	100.00
Building	6,380,368.00	239,804.00	6,620,172.00
Equipment	1,000,804.00	-	1,000,804.00
Vehicles	56,699.00	-	56,699.00
Total	7,437,971.00	239,804.00	7,677,775.00
Accumulated Depreciation	(5,514,855.00)	(232,373.00)	(5,747,228.00)
Depreciation	439,378.00	(37,148.00)	402,230.00
Loss on Disposal	13,743.00	10,121.00	23,864.00

\* Difference results from accumulated state adjustments to the cost report.

**Peoria County**



[Help](#)

**Contribution Rates**

**Search Contribution Rates**

Calendar Year:

**2008 Contribution Rates**

<b>Member Contributions</b>				
Retirement	Regular IMRF	SLEP	Regular ECO*	SLEP ECO*
Tax Deferred	4.50%	7.50%	7.50%	7.50%
<b>Employer Contributions</b>				
Retirement	Regular IMRF	SLEP	Regular ECO*	SLEP ECO*
Normal Cost	7.42%	11.63%	16.96%	16.96%
Funding Adjustment	-0.57%	6.08%	63.29%	63.29%
Net Retirement Rate	6.85%	17.71%	80.25%	80.25%
<b>Other Program Benefits</b>				
	Regular IMRF	SLEP	Regular ECO*	SLEP ECO*
Death	0.14%	0.13%	0.12%	0.12%
Disability	0.17%	0.17%	0.17%	0.17%
Supplemental Benefit Payment	0.62%	0.62%	0.62%	0.62%
Early Retirement Incentive	0.40%	0.20%	0.00%	0.00%
SLEP Enhancement	0.00%	1.90%	0.00%	0.00%
<b>Total Employer Rate</b>	<b>8.18%</b>	<b>20.73%</b>	<b>81.16%</b>	<b>81.16%</b>

\* All ECO rates are the same, regardless of when your employer adopted the ECO plan.

The Illinois Pension Code provides that the employer is responsible for remitting both employer and member contributions to IMRF along with the related deposit report according to prescribed due dates.

IMRF contributions must be paid on the earnings of all employees working in participating positions. Your employer contribution rate on member earnings is based upon actuarial costs for retirement, supplemental retirement, death, and disability benefits. The actuarial formula is specified in the Illinois Pension Code. Member contributions are specified in the Illinois Pension Code and help to meet the cost of future retirement benefits.

Participating governmental units with taxing powers are authorized by the Illinois Pension Code to levy a special IMRF tax for payment of employer IMRF contributions. However, this levy may be used only for employer payments. It may not be used for payment of IMRF member contributions. These must be paid out of the same fund from which the employee IMRF earnings are paid. Interest

Peoria County, Illinois  
Allocated Costs By Department

Central Service Departments	Educ Transition/Vis	Fam Vlo Coord Coun	Co/St Capital Imp Gr	Allied Agen-Debt Serv	Jail/Juv Detn Bond De	Jail Expansion	Bel-Wood
Building Depreciation	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Equipment Depreciation	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fringe Benefits	0.00	1,273.89	0.00	0.00	0.00	0.00	776,079.24
General County	199.75	84.16	13.46	24.69	24.69	0.00	50,540.69
County Administration	1,465.26	1,465.26	1,465.26	1,465.26	1,465.26	1,465.26	134,773.62
Risk Mgt claims	0.00	0.00	0.00	0.00	0.00	0.00	( 12,982.93)
County Admin Facility Mgt	0.00	0.00	0.00	0.00	0.00	0.00	6,298.71
Sheriff Court Security	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Co Clk Board Records	0.00	0.00	0.00	0.00	0.00	0.00	0.00
County Board	0.00	0.00	0.00	0.00	0.00	0.00	61,558.83
Co Auditor - Auditing	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Delegated Co Admin	144.70	60.97	9.76	1,157.79	17.88	0.00	54,704.70
Co Treasurer	759.48	320.01	51.20	93.86	93.86	0.00	35,265.49
States Attorney	97.77	77.44	0.00	0.00	0.00	0.00	47,589.10
IT Operations	0.00	0.00	0.00	0.00	0.00	0.00	75,964.68
<b>Total Allocated</b>	<b>2,666.96</b>	<b>3,281.73</b>	<b>1,539.68</b>	<b>2,741.60</b>	<b>1,601.69</b>	<b>1,465.26</b>	<b>1,229,812.13</b>
Roll Forward	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Cost With Roll Forward</b>	<b>2,666.96</b>	<b>3,281.73</b>	<b>1,539.68</b>	<b>2,741.60</b>	<b>1,601.69</b>	<b>1,465.26</b>	<b>1,229,812.13</b>
Adjustments	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Proposed Costs</b>	<b>2,666.96</b>	<b>3,281.73</b>	<b>1,539.68</b>	<b>2,741.60</b>	<b>1,601.69</b>	<b>1,465.26</b>	<b>1,229,812.13</b>



LOA

Peoria County, Illinois  
Schedule .5 - Allocation Summary  
For Department Fringe Benefits

Receiving Department	Total	IMRF	FICA	SLEP	Elected Co Officials
County Administration	94,328.57	32,227.96	62,100.61	0.00	0.00
County Board	25,237.22	15,191.08	8,414.14	0.00	1,632.00
Co Auditor - Auditing	60,272.88	42,587.24	13,082.64	0.00	4,603.00
Co Treasurer	81,473.57	53,098.41	23,162.16	0.00	5,213.00
States Attorney	331,565.19	165,170.00	156,038.19	0.00	10,357.00
IT Operations	107,712.66	37,250.90	70,461.76	0.00	0.00
Circuit Clerk	209,880.09	70,581.97	139,298.12	0.00	0.00
Probation/Court/Jury	190,582.89	65,422.49	125,160.40	0.00	0.00
Sheriff	1,540,617.34	716,996.78	612,204.79	211,415.77	0.00
SoA	66,078.44	22,687.91	43,390.53	0.00	0.00
Recorder	35,877.33	12,318.40	23,558.93	0.00	0.00
Zoning/Planning	36,152.13	12,412.60	23,739.53	0.00	0.00
Co Clerk	114,524.85	64,283.36	44,915.49	0.00	0.00
Coroner	73,208.54	48,464.38	19,851.16	0.00	5,326.00
Emerg Disaster Svcs	10,015.90	3,186.34	6,829.56	0.00	4,893.00
Education	17,168.05	5,788.67	11,379.38	0.00	0.00
E 911 System	9,968.05	3,422.59	6,545.46	0.00	0.00
Health - all	520,701.48	180,930.73	339,770.75	0.00	0.00
Care & Treatment	252.90	86.77	166.13	0.00	0.00
Highway	289,586.06	97,709.79	191,876.27	0.00	0.00
Recyc & Resource Ctr	11,634.30	3,876.25	7,758.05	0.00	0.00
Veterans Assistance	8,605.09	2,954.57	5,650.52	0.00	0.00
Law Library	4,697.46	1,612.86	3,084.60	0.00	0.00
Juvenile Detention	201,484.83	66,906.43	134,578.40	0.00	0.00
Fam Vio Coord Coun	1,273.89	0.00	1,273.89	0.00	0.00
Bel-Wood	776,079.24	241,447.09	534,632.15	0.00	0.00
Direct Billed	50,863.00	17,464.00	33,399.00	0.00	0.00
<b>Total</b>	<b>4,869,841.95</b>	<b>1,984,079.57</b>	<b>2,642,322.61</b>	<b>211,415.77</b>	<b>32,024.00</b>

Peoria County, Illinois  
Schedule .5 - Allocation Summary  
For Department General County

Receiving Department	Total	Co-Wide	Telephone	Fleet	Audit Fee	Specific Costs
Recyc & Resource Ctr	8,251.03	638.15	326.10	6,885.03	401.75	0.00
Veterans Assistance	1,627.44	425.43	325.57	0.00	876.44	0.00
Law Library	831.48	265.89	0.00	0.00	565.59	0.00
Forfeiture Acct	117.83	0.00	0.00	0.00	117.83	0.00
Juvenile Detention	490,504.53	12,316.14	0.00	24,097.62	1,367.96	452,722.81
Probation Svc Fund	7,237.39	0.00	6,226.29	0.00	1,011.10	0.00
Drug forfeiture	114.47	0.00	0.00	0.00	114.47	0.00
Neutral Site Exch Fd	307.48	0.00	0.00	0.00	307.48	0.00
Inmate Benefit	344.51	0.00	0.00	0.00	344.51	0.00
Restrd Donation-DARE	30.30	0.00	0.00	0.00	30.30	0.00
Restrd Donation-K9	3.37	0.00	0.00	0.00	3.37	0.00
Restrd Donation-Comm Polic	6.73	0.00	0.00	0.00	6.73	0.00
Restrd Donation - Tri	20.20	0.00	0.00	0.00	20.20	0.00
Restrd Donation-Othr	10.10	0.00	0.00	0.00	10.10	0.00
Restricted Donations	4.49	0.00	0.00	0.00	4.49	0.00
Judges Marriage	4.49	0.00	0.00	0.00	4.49	0.00
Public Transportation	20.20	0.00	0.00	0.00	20.20	0.00
Victim Advocate	21.32	0.00	0.00	0.00	21.32	0.00
C.O.P.S.	7.86	0.00	0.00	0.00	7.86	0.00
Local Law Enf Grant	21.32	0.00	0.00	0.00	21.32	0.00
Safe Schools	11.22	0.00	0.00	0.00	11.22	0.00
Mental Health Grant	12.35	0.00	0.00	0.00	12.35	0.00
Tobacco Enf Grant	7.86	0.00	0.00	0.00	7.86	0.00
Educ Transition/Vis	199.75	0.00	0.00	0.00	199.75	0.00
Fam Vio Coord Coun	84.16	0.00	0.00	0.00	84.16	0.00
Co/St Capital Imp Gr	13.46	0.00	0.00	0.00	13.46	0.00
Allied Agen-Debt Serv	24.69	0.00	0.00	0.00	24.69	0.00
Jail/Juv Detn Bond De	24.69	0.00	0.00	0.00	24.69	0.00
Bel-Wood	50,540.69	42,074.82	0.00	0.00	8,465.87	0.00
Parking	702.50	0.00	0.00	0.00	702.50	0.00
All Other	1,659,195.76	0.00	0.00	0.00	28.05	1,659,167.71
City Elections	575,948.92	0.00	0.00	0.00	0.00	575,948.92

Peoria County, Illinois  
 Schedule .5 - Allocation Summary  
 For Department County Administration

Receiving Department	Total	Admin HR	Admin Payroll	Admin Budget	Admin Risk Mgt	County Admin	Admin Fac Mgt
Recyc & Resource Ctr	3,264.89	451.71	360.72	1,465.26	0.00	987.20	0.00
Veterans Assistance	2,665.02	301.14	240.49	1,465.26	0.00	658.13	0.00
Law Library	2,215.10	188.21	150.30	1,465.26	0.00	411.33	0.00
Forfeiture Acct	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Rabies control	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Juvenile Detention	37,663.42	8,718.00	6,961.99	2,930.53	0.00	19,052.90	0.00
Probation Svc Fund	2,930.53	0.00	0.00	2,930.53	0.00	0.00	0.00
Drug forfeiture	4,395.79	0.00	0.00	4,395.79	0.00	0.00	0.00
Neutral Site Exch Fd	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Inmate Benefit	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Restrd Donation-DARE	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Restrd Donation-K9	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Restrd Donation-Comm Polic	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Restrd Donation - Trl	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Restrd Donation-Othr	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Restricted Donations	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Judges Marriage	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Public Transportation	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Springdale Cemetary	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Victim Advocate	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
C.O.P.S.	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Local Law Enf Grant	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Safe Schools	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Communication Van	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Mental Health Grant	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Tobacco Enf Grant	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Educ Transition/Vis	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Fam Vio Coord Coun	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Co/St Capital Imp Gr	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Allied Agen-Debt Serv	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Jail/Juv Detn Bond De	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Jail Expansion	1,465.26	0.00	0.00	1,465.26	0.00	0.00	0.00
Bel-Wood	134,773.62	29,782.75	23,783.80	16,117.89	0.00	65,089.18	0.00
Parking	2,930.53	0.00	0.00	2,930.53	0.00	0.00	0.00

(10)

Peoria County, Illinois  
 Schedule .5 - Allocation Summary  
 For Department Risk Mgt claims

Receiving Department	Total	Risk Unemployment	Risk Liability	Workers Comp	Health Ins
General County	5,233.56	0.00	6,682.74	421.12	( 1,870.30)
County Administration	9,401.73	647.27	20,609.54	12,492.16	( 24,347.24)
County Admin Facility Mgt	( 6,054.91)	0.00	6,022.02	0.00	( 12,076.93)
Sheriff Court Security	( 11,483.47)	0.00	20,221.00	0.00	( 31,704.47)
Co Clk Board Records	( 175.42)	0.00	959.40	0.00	( 1,134.82)
County Board	16,963.85	0.00	26,567.73	376.68	( 9,980.56)
Co Auditor - Auditing	282.15	0.00	1,579.30	767.48	( 2,064.63)
Delegated Co Admin	( 2,499.07)	0.00	5,416.86	0.00	( 7,915.93)
Co Treasurer	( 4,130.96)	0.00	10,331.90	1,245.12	( 15,707.98)
States Attorney	( 7,836.81)	0.00	67,157.33	7,304.59	( 82,298.73)
IT Operations	( 8,538.98)	0.00	26,198.75	3,237.08	( 37,974.81)
Circuit Clerk	( 29,475.77)	0.00	75,275.25	6,215.78	( 110,966.80)
Public Defender	( 9,716.36)	0.00	0.00	0.00	( 9,716.36)
Probation/Court/Jury	84,827.21	0.00	83,762.17	83,775.36	( 82,710.32)
Sheriff	235,955.29	9,774.05	264,673.71	410,137.09	( 448,629.56)
SoA	6,133.03	0.00	22,139.79	15,306.10	( 31,312.86)
Recorder	( 3,406.21)	0.00	11,807.87	1,082.28	( 16,296.36)
Zoning/Planning	1,042.49	0.00	11,217.49	5,335.42	( 15,510.42)
Co Clerk	( 5,090.00)	0.00	15,276.45	1,576.20	( 21,942.65)
Coroner	314.45	0.00	8,664.04	1,290.72	( 9,640.31)
Emerg Disaster Svcs	6,028.30	0.00	3,320.97	2,707.33	0.00
Education	1,201.96	0.00	5,903.95	503.69	( 5,205.68)
E 911 System	( 387.43)	0.00	2,951.97	0.00	( 3,339.40)
Health - all	( 53,220.56)	5,771.73	204,128.78	45,259.36	( 308,380.43)
Care & Treatment	( 3,612.43)	2,730.27	15,497.85	5,079.24	( 26,919.79)
Highway	1,723.36	234.09	32,375.15	87,074.89	( 117,960.77)
Recyc & Resource Ctr	( 1,626.96)	0.00	4,427.96	354.97	( 6,409.89)
Veterans Assistance	14,079.75	10,779.32	2,951.97	348.46	0.00
Law Library	( 219.25)	0.00	1,844.99	0.00	( 2,064.24)
Juvenile Detention	76,186.29	680.13	85,459.55	94,524.35	( 104,477.74)
Bel-Wood	( 12,982.93)	50,660.79	110,410.89	117,744.48	( 291,799.09)
All Other	296.36	0.00	0.00	296.36	0.00

Peoria County, Illinois  
 Schedule .5 - Allocation Summary  
 For Department County Admin Facility Mgt

Receiving Department	Total	Courthouse	ESDA	Jail/JDC	Bel-Wood	Allied	Child Adv Ctr
County Administration	29,514.67	29,514.67	0.00	0.00	0.00	0.00	0.00
County Admin Facility Mgt	30,656.04	30,656.04	0.00	0.00	0.00	0.00	0.00
Sheriff Court Security	14,555.65	14,555.65	0.00	0.00	0.00	0.00	0.00
County Board	15,425.58	15,425.58	0.00	0.00	0.00	0.00	0.00
Co Auditor - Auditing	12,372.31	12,372.31	0.00	0.00	0.00	0.00	0.00
Co Treasurer	15,647.33	15,647.33	0.00	0.00	0.00	0.00	0.00
States Attorney	92,241.83	70,242.39	0.00	0.00	0.00	0.00	21,999.44
IT Operations	31,590.32	31,590.32	0.00	0.00	0.00	0.00	0.00
Circuit Clerk	106,193.72	106,193.72	0.00	0.00	0.00	0.00	0.00
Probation/Court/Jury	432,683.80	432,683.80	0.00	0.00	0.00	0.00	0.00
Sheriff	18,617.59	18,617.59	0.00	0.00	0.00	0.00	0.00
SoA	22,515.77	22,515.77	0.00	0.00	0.00	0.00	0.00
Recorder	18,763.14	18,763.14	0.00	0.00	0.00	0.00	0.00
Zoning/Planning	16,920.95	16,920.95	0.00	0.00	0.00	0.00	0.00
Co Clerk	37,679.81	37,679.81	0.00	0.00	0.00	0.00	0.00
Emerg Disaster Svcs	1,840.42	0.00	1,840.42	0.00	0.00	0.00	0.00
Education	23,374.34	23,374.34	0.00	0.00	0.00	0.00	0.00
Care & Treatment	17,796.98	0.00	0.00	0.00	0.00	17,796.98	0.00
Recyc & Resource Ctr	2,771.26	2,771.26	0.00	0.00	0.00	0.00	0.00
Veterans Assistance	5,223.55	5,223.55	0.00	0.00	0.00	0.00	0.00
Law Library	13,373.01	13,373.01	0.00	0.00	0.00	0.00	0.00
Juvenile Detention	57,988.72	0.00	0.00	57,988.72	0.00	0.00	0.00
Bel-Wood	6,298.71	0.00	0.00	0.00	6,298.71	0.00	0.00
Direct Billed	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total</b>	<b>1,024,045.50</b>	<b>918,121.23</b>	<b>1,840.42</b>	<b>57,988.72</b>	<b>6,298.71</b>	<b>17,796.98</b>	<b>21,999.44</b>

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Peoria County, Illinois  
Schedule .5 - Allocation Summary  
For Department County Board

Receiving Department	Total	County Board
General County	1,462.96	1,462.96
County Administration	4,511.78	4,511.78
County Admin Facility Mgt	1,193.78	1,193.78
Sheriff Court Security	4,008.52	4,008.52
Co Clk Board Records	190.19	190.19
County Board	5,266.66	5,266.66
Co Auditor - Auditing	333.00	333.00
Delegated Co Admin	1,142.16	1,142.16
Co Treasurer	2,178.53	2,178.53
States Attorney	14,160.40	14,160.40
IT Operations	5,524.12	5,524.12
Circuit Clerk	15,872.10	15,872.10
Probation/Court/Jury	17,661.60	17,661.60
Sheriff	55,807.55	55,807.55
SoA	4,668.27	4,668.27
Recorder	2,489.74	2,489.74
Zoning/Planning	2,365.25	2,365.25
Co Clerk	3,221.10	3,221.10
Coroner	1,826.85	1,826.85
Emerg Disaster Svcs	700.24	700.24
Education	1,244.87	1,244.87
E 911 System	622.44	622.44
Health - all	43,041.40	43,041.40
Care & Treatment	3,267.78	3,267.78
Highway	18,050.63	18,050.63
Recyc & Resource Ctr	933.66	933.66
Veterans Assistance	622.44	622.44
Law Library	389.02	389.02
Juvenile Detention	18,019.50	18,019.50
Bel-Wood	61,558.83	61,558.83
Direct Billed	0.00	0.00

Peoria County, Illinois  
Schedule .5 - Allocation Summary  
For Department Delegated Co Admin

Receiving Department	Total	Bid Purchasing	Non-bid Purchasing	Office Supplies	Postage	Copy Center	Copy Machines
Recyc & Resource Ctr	1,895.28	1,139.91	66.74	104.39	0.00	293.22	0.00
Veterans Assistance	2,751.92	0.00	44.50	69.59	1,506.86	195.47	300.62
Law Library	875.77	0.00	27.81	43.50	0.00	122.18	272.58
Forfeiture Acct	85.36	0.00	0.00	0.00	0.00	0.00	0.00
Juvenile Detention	11,290.50	0.00	1,268.23	2,014.68	400.16	5,659.09	0.00
Probation Svc Fund	732.43	0.00	0.00	0.00	0.00	0.00	0.00
Drug forfeiture	82.92	0.00	0.00	0.00	0.00	0.00	0.00
Neutral Site Exch Fd	222.74	0.00	0.00	0.00	0.00	0.00	0.00
Inmate Benefit	249.56	0.00	0.00	0.00	0.00	0.00	0.00
Restrd Donation-DARE	21.95	0.00	0.00	0.00	0.00	0.00	0.00
Restrd Donation-K9	2.44	0.00	0.00	0.00	0.00	0.00	0.00
Restrd Donation-Comm Polic	4.88	0.00	0.00	0.00	0.00	0.00	0.00
Restrd Donation - Trf	14.63	0.00	0.00	0.00	0.00	0.00	0.00
Restrd Donation-Othr	7.32	0.00	0.00	0.00	0.00	0.00	0.00
Restricted Donations	3.25	0.00	0.00	0.00	0.00	0.00	0.00
Judges Marriage	3.25	0.00	0.00	0.00	0.00	0.00	0.00
Public Transportation	14.63	0.00	0.00	0.00	0.00	0.00	0.00
Victim Advocate	15.44	0.00	0.00	0.00	0.00	0.00	0.00
C.O.P.S.	5.69	0.00	0.00	0.00	0.00	0.00	0.00
Local Law Enf Grant	15.44	0.00	0.00	0.00	0.00	0.00	0.00
Safe Schools	8.13	0.00	0.00	0.00	0.00	0.00	0.00
Mental Health Grant	8.95	0.00	0.00	0.00	0.00	0.00	0.00
Tobacco Enf Grant	5.69	0.00	0.00	0.00	0.00	0.00	0.00
Educ Transition/Vis	144.70	0.00	0.00	0.00	0.00	0.00	0.00
Fam Vio Coord Coun	60.97	0.00	0.00	0.00	0.00	0.00	0.00
Co/St Capital Imp Gr	9.76	0.00	0.00	0.00	0.00	0.00	0.00
Allied Agen-Debt Serv	1,157.79	1,139.91	0.00	0.00	0.00	0.00	0.00
Jail/Juv Detn Bond De	17.88	0.00	0.00	0.00	0.00	0.00	0.00
Bel-Wood	54,704.70	5,699.54	4,400.88	6,882.67	9,376.56	19,332.74	1,942.36
Parking	508.88	0.00	0.00	0.00	0.00	0.00	0.00
All Other	957.73	0.00	0.00	0.00	0.00	0.00	0.00

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Peoria County, Illinois  
 Schedule .5 - Allocation Summary  
 For Department Co Treasurer

Receiving Department	Total	Payroll	Finance
Recyc & Resource Ctr	1,574.47	46.97	1,527.50
Veterans Assistance	3,363.66	31.32	3,332.34
Law Library	2,170.02	19.57	2,150.45
Forfeiture Acct	448.01	0.00	448.01
Juvenile Detention	6,107.74	906.55	5,201.19
Probation Svc Fund	3,844.36	0.00	3,844.36
Drug forfeiture	435.21	0.00	435.21
Neutral Site Exch Fd	1,169.10	0.00	1,169.10
Inmate Benefit	1,309.89	0.00	1,309.89
Restrd Donation-DARE	115.20	0.00	115.20
Restrd Donation-K9	12.80	0.00	12.80
Restrd Donation-Comm Polic	25.60	0.00	25.60
Restrd Donation - Tri	76.80	0.00	76.80
Restrd Donation-Othr	38.40	0.00	38.40
Restricted Donations	17.07	0.00	17.07
Judges Marriage	17.07	0.00	17.07
Public Transportation	76.80	0.00	76.80
Victim Advocate	81.07	0.00	81.07
C.O.P.S.	29.86	0.00	29.86
Local Law Enf Grant	81.07	0.00	81.07
Safe Schools	42.66	0.00	42.66
Mental Health Grant	46.93	0.00	46.93
Tobacco Enf Grant	29.86	0.00	29.86
Educ Transition/Vis	759.48	0.00	759.48
Fam Vio Coord Coun	320.01	0.00	320.01
Co/St Capital Imp Gr	51.20	0.00	51.20
Allied Agen-Debt Serv	93.86	0.00	93.86
Jail/Juv Detn Bond De	93.86	0.00	93.86
Bel-Wood	35,285.49	3,097.00	32,188.49
Parking	2,671.00	0.00	2,671.00
All Other	106.67	0.00	106.67

Peoria County, Illinois  
Schedule .5 - Allocation Summary  
For Department States Attorney

Receiving Department	Total	Co Counsel
Juvenile Detention	10,301.79	10,301.79
Probation Svc Fund	2,937.95	2,937.95
Drug forfeiture	6.27	6.27
Neutral Site Exch Fd	166.24	166.24
Inmate Benefit	514.10	514.10
Restrd Donation-DARE	45.18	45.18
Judges Marriage	18.27	18.27
Public Transportation	395.59	395.59
Victim Advocate	68.44	68.44
C.O.P.S.	1,268.53	1,268.53
Educ Transition/Vis	97.77	97.77
Fam Vio Coord Coun	77.44	77.44
Bel-Wood	47,589.10	47,589.10
Parking	775.56	775.56
All Other	5.77	5.77
Direct Billed	0.00	0.00
Total	<u>321,058.34</u>	<u>321,058.34</u>

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Peoria County, Illinois  
Schedule .5 - Allocation Summary  
For Department IT Operations

Receiving Department	Total	Development Support	General Network	Business Operations	Communications	Technical Svcs
County Administration	77,617.21	0.00	11,090.63	24,478.29	9,977.27	32,071.02
County Admin Facility Mgt	6,620.19	0.00	1,584.38	3,496.90	0.00	1,538.91
Sheriff Court Security	7,413.31	0.00	528.13	1,165.64	5,165.53	554.01
Co Clk Board Records	1,693.77	0.00	528.13	1,165.64	0.00	0.00
Co Auditor - Auditing	10,518.89	0.00	2,640.63	5,828.17	2,050.09	0.00
Delegated Co Admin	23,533.74	17,808.97	0.00	0.00	0.00	5,724.77
Co Treasurer	39,326.92	0.00	7,393.75	16,318.87	7,919.72	7,694.58
States Attorney	160,823.15	12,047.25	30,631.26	67,606.72	20,436.72	30,101.20
IT Operations	37,280.76	0.00	10,034.38	22,147.03	5,099.35	0.00
Circuit Clerk	433,701.54	190,098.48	42,985.66	94,515.83	55,939.78	50,161.79
Probation/Court/Jury	168,309.52	30,782.99	24,716.75	54,346.61	29,276.97	29,186.20
Sheriff	341,338.07	129,072.54	49,433.50	108,693.20	0.00	54,138.83
SoA	51,238.02	0.00	10,209.09	22,447.51	8,318.14	10,263.28
Recorder	92,938.64	36,723.56	13,970.34	30,717.64	4,278.66	7,248.44
Zoning/Planning	69,534.36	36,723.56	6,447.85	14,177.37	3,397.65	8,787.93
Board of Appeal	11,591.98	0.00	2,686.61	5,907.24	1,009.62	1,988.51
Co Clerk	76,484.36	18,361.78	9,134.45	20,084.61	15,176.38	13,727.14
Coroner	10,710.65	0.00	2,686.61	5,907.24	0.00	2,116.80
Emerg Disaster Svcs	11,980.39	0.00	3,223.92	7,088.69	0.00	1,667.78
Education	42,539.29	0.00	8,059.81	17,721.72	6,109.61	10,648.15
E 911 System	64.15	0.00	0.00	0.00	0.00	64.15
Health - all	292,326.70	61,565.98	56,418.64	124,051.99	0.00	50,290.09
Care & Treatment	38,237.26	0.00	10,209.09	22,447.51	0.00	5,580.66
Highway	36,428.03	0.00	10,746.42	23,628.96	0.00	2,052.65
Recyc & Resource Ctr	12,338.63	0.00	2,686.61	5,907.24	922.38	2,822.40
Veterans Assistance	8,193.97	0.00	1,611.97	3,544.34	920.86	2,116.80
Juvenile Detention	37,082.64	0.00	10,209.09	22,447.51	0.00	4,428.04
Probation Svc Fund	123,398.14	5,940.58	24,716.75	54,346.61	17,611.05	20,783.15
Bel-Wood	75,964.68	0.00	15,044.98	33,080.54	0.00	27,839.16
All Other	4,682.63	0.00	0.00	0.00	0.00	4,682.63
Direct Billed	0.00	0.00	0.00	0.00	0.00	0.00

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