

Facility Name & ID Number Heartland of Decatur

0049544 Report Period Beginning: 6/1/08 Ending: 5/31/09

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	<u>112</u>	Skilled (SNF)	<u>112</u>	<u>40,880</u>	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	<u>112</u>	TOTALS	<u>112</u>	<u>40,880</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	<u>6,059</u>	<u>18,748</u>	<u>13,086</u>	<u>37,893</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>6,059</u>	<u>18,748</u>	<u>13,086</u>	<u>37,893</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 92.69%

D. How many bed-hold days during this year were paid by the Department?

3 (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)

N/A

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 11/01/81

J. Was the facility purchased or leased after January 1, 1978?

YES Date 11/01/81 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 112 and days of care provided 11,622

Medicare Intermediary Highmark Medicare Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/09 Fiscal Year: 05/31/09

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

Facility Name & ID Number Heartland of Decatur # 0049544 Report Period Beginning: 6/1/08 Ending: 5/31/09

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	263,792	16,645	42,859	323,296	2,400	325,696		325,696		1
2	Food Purchase		246,245		246,245		246,245	(1,552)	244,693		2
3	Housekeeping	137,773	25,273	4,441	167,487		167,487		167,487		3
4	Laundry	52,704	8,172		60,876		60,876		60,876		4
5	Heat and Other Utilities			162,292	162,292	4,550	166,842	(2,356)	164,486		5
6	Maintenance	45,825	19,663	80,263	145,751		145,751		145,751		6
7	Other (specify):* Med Waste			3,006	3,006		3,006		3,006		7
8	TOTAL General Services	500,094	315,998	292,861	1,108,953	6,950	1,115,903	(3,908)	1,111,995		8
	B. Health Care and Programs										
9	Medical Director			32,600	32,600		32,600		32,600		9
10	Nursing and Medical Records	2,336,432	168,181	34,062	2,538,675	3,849	2,542,524	(2,341)	2,540,183		10
10a	Therapy	746,216	6,312	70,691	823,219		823,219		823,219		10a
11	Activities	86,982	4,156	3,947	95,085		95,085		95,085		11
12	Social Services	151,383		1,454	152,837		152,837		152,837		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,321,013	178,649	142,754	3,642,416	3,849	3,646,265	(2,341)	3,643,924		16
	C. General Administration										
17	Administrative	75,481		372,744	448,225	(100,832)	347,393		347,393		17
18	Directors Fees										18
19	Professional Services			11,370	11,370		11,370	(11,370)			19
20	Dues, Fees, Subscriptions & Promotions			59,456	59,456		59,456	(27,007)	32,449		20
21	Clerical & General Office Expenses	269,934	46,136	140,774	456,844		456,844	(89,981)	366,863		21
22	Employee Benefits & Payroll Taxes			767,957	767,957	40,348	808,305		808,305		22
23	Inservice Training & Education			3,853	3,853		3,853		3,853		23
24	Travel and Seminar			14,970	14,970		14,970		14,970		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			164,237	164,237		164,237		164,237		26
27	Other (specify):*										27
28	TOTAL General Administration	345,415	46,136	1,535,361	1,926,912	(60,484)	1,866,428	(128,358)	1,738,070		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,166,522	540,783	1,970,976	6,678,281	(49,685)	6,628,596	(134,607)	6,493,989		29

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

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

Facility Name & ID Number

Heartland of Decatur

#0049544

Report Period Beginning:

6/1/08

Ending:

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			371,910	371,910	12,422	384,332		384,332			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			(1,084)	(1,084)	37,263	36,179		36,179			32
33	Real Estate Taxes			83,923	83,923		83,923	141	84,064			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			58,135	58,135		58,135		58,135			35
36	Other (specify):*											36
37	TOTAL Ownership			512,884	512,884	49,685	562,569	141	562,710			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			128	128		128		128			38
39	Ancillary Service Centers		311,440	1,200	312,640		312,640	(1,200)	311,440			39
40	Barber and Beauty Shops			19,448	19,448		19,448		19,448			40
41	Coffee and Gift Shops	164			164		164		164			41
42	Provider Participation Fee			61,488	61,488		61,488		61,488			42
43	Other (specify):*		36,411	62,444	98,855		98,855		98,855			43
44	TOTAL Special Cost Centers	164	347,851	144,708	492,723		492,723	(1,200)	491,523			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,166,686	888,634	2,628,568	7,683,888		7,683,888	(135,666)	7,548,222			45

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

Heartland of Decatur

ID# 0049544

Report Period Beginning: 6/1/08

Ending: 5/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Transportation Revenue	\$ (2,213)	10	1
2	Transportation Expense	(128)	10	2
3	Purch Svs Dentistry	(1,200)	39	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	Total	(3,541)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heartland of Decatur# 0049544

Report Period Beginning:

6/1/08

Ending:

5/31/09

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,552)	0	0	0	0	0	0	0	0	0	0	(1,552)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,356)	0	0	0	0	0	0	0	0	0	0	(2,356)	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(3,908)	0	(3,908)	8									
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(2,341)	0	0	0	0	0	0	0	0	0	0	(2,341)	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	TOTAL Health Care and Programs	(2,341)	0	(2,341)	16									
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(11,370)	0	0	0	0	0	0	0	0	0	0	(11,370)	19
20	Fees, Subscriptions & Promotions	(27,007)	0	0	0	0	0	0	0	0	0	0	(27,007)	20
21	Clerical & General Office Expenses	(89,981)	0	0	0	0	0	0	0	0	0	0	(89,981)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(128,358)	0	(128,358)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(134,607)	0	(134,607)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heartland of Decatur# 0049544

Report Period Beginning:

6/1/08

Ending:

5/31/09

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)	
	D. Ownership													
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	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	141	0	0	0	0	0	0	0	0	0	0	141	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	141	0	0	0	0	0	0	0	0	0	0	141	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(1,200)	0	0	0	0	0	0	0	0	0	0	(1,200)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	(1,200)	0	0	0	0	0	0	0	0	0	0	(1,200)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(135,666)	0	0	0	0	0	0	0	0	0	0	(135,666)	45

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
Manor Care, Inc	100	Health Care & Retirement Corporation of America	Toledo, OH			
		See H.O. Cost Report				

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	See	\$ 372,744	HCR ManorCare, Inc.	100.00%	\$ 372,744	\$	1
2	V	Page						2
3	V	8						3
4	V							4
5	V							5
6	V	10a	28,847	Heartland Management Services	100.00%	28,847		6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 401,591			\$ 401,591	\$ *	14

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

Facility Name & ID Number Heartland of Decatur # 0049544 Report Period Beginning: 6/1/08 Ending: 5/31/09

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Heartland of Decatur

0049544

Report Period Beginning:

6/1/08

Ending: 5/31/09

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

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

Name of Related Organization HCR ManorCare, Inc.
 Street Address 333 North Summit Street
 City / State / Zip Code Toledo, OH 43604
 Phone Number (419-252-5500
 Fax Number (419-252-5495

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	1	Dietary - Direct	Accumulated Cost	2,759,273,494	369 Nurs Fac	\$ 1,686	\$ 7,094,586	\$ 4	1	
2	1	Dietary - Pooled	Accumulated Cost	3,268,346,175	369 Nurs Fac	1,103,816	559,529	7,094,586	2,396	2
3	5	Utilities - Direct	Accumulated Cost	2,759,273,494	369 Nurs Fac	287,502		7,094,586	739	3
4	5	Utilities - Pooled	Accumulated Cost	3,268,346,175	369 Nurs Fac	1,755,769		7,094,586	3,811	4
5	10	Nursing - Direct	Accumulated Cost	2,759,273,494	369 Nurs Fac			7,094,586	0	5
6	10	Nursing - Pooled	Accumulated Cost	3,268,346,175	369 Nurs Fac	1,773,058		7,094,586	3,849	6
7	17	General & Admin - Direct	Accumulated Cost	2,759,273,494	369 Nurs Fac	30,646,209	1,106,606	7,094,586	78,797	7
8	17	General & Admin - Pooled	Accumulated Cost	3,268,346,175	369 Nurs Fac	88,964,011	36,538,442	7,094,586	193,114	8
9	22	Employee Benefits - Direct	Accumulated Cost	2,759,273,494	369 Nurs Fac	6,188,752	51,489,483	7,094,586	15,912	9
10	22	Employee Benefits - Pooled	Accumulated Cost	3,268,346,175	369 Nurs Fac	11,257,416		7,094,586	24,436	10
11	30	Depreciation - Direct	Accumulated Cost	2,759,273,494	369 Nurs Fac			7,094,586	0	11
12	30	Depreciation - Pooled	Accumulated Cost	3,268,346,175	369 Nurs Fac	5,722,441		7,094,586	12,422	12
13										13
14	32	Interest							37,263	14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 147,700,660	\$ 89,694,060		\$ 372,743	25

Facility Name & ID Number

Heartland of Decatur

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Ending:

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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										
										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	Facility			\$ 738,560	\$ 738,560			\$ 37,263	1								
2	National City Bank, Trustee										2								
3											3								
4											4								
5								Interest Income		(1,084)	5								
Working Capital																			
6											6								
7											7								
8											8								
9	TOTAL Facility Related					\$ 738,560	\$ 738,560			\$ 36,179	9								
B. Non-Facility Related*																			
10											10								
11											11								
12											12								
13											13								
14	TOTAL Non-Facility Related					\$	\$			\$	14								
15	TOTALS (line 9+line14)					\$ 738,560	\$ 738,560			\$ 36,179	15								

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

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

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

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and

1. Real Estate Tax accrual used on 2008 report.		\$	82,264	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.)		\$	82,405	2
3. Under or (over) accrual (line 2 minus line 1).		\$	141	3
4. Real Estate Tax accrual used for 2009 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	83,923	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.)		\$		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 \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	84,064	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2004	51,425	8	
	2005	53,949	9	
	2006	78,410	10	
	2007	82,264	11	
	2008	83,923	12	
				FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2008	\$	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.

Facility Name & ID Number Heartland of Decatur

0049544

Report Period Beginning:

6/1/08

Ending:

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X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,879 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

N/A

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

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1981, 2005, 20</u>	<u>\$ 411,449</u>	<u>1</u>
2	<u>Facility</u>		<u>2009</u>	<u>45,126</u>	<u>2</u>
3	TOTALS			\$ 456,575	3

Facility Name & ID Number Heartland of Decatur

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Report Period Beginning:

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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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	96			1963	\$ 659,655	\$ 90,767		\$ 90,767	\$	\$ 2,041,857	4
5	6			2002	480,558						5
6				2005	1,072,957						6
7		7/1/06 Capital Rate Adj #1		2005	259,992						7
8				2009	521,357						8
	Improvement Type**										
9	BUILDING IMPROVEMENTS (Current Year Depreciation)					159,832		159,832		1,663,502	9
10				1983	102,669						10
11				1984	5,247						11
12				1985	4,600						12
13				1986	9,308						13
14				1987	92,366						14
15		RETIREMENTS		1987	(86,079)						15
16				1988	38,377						16
17				1989	18,196						17
18				1990	6,261						18
19				1991	162,665						19
20		RETIREMENTS		1991	(3,037)						20
21				1992	121,887						21
22		RETIREMENTS		1992	(6,084)						22
23				1993	191,712						23
24				1994	75,641						24
25				1995	47,351						25
26		A/C WALL SLEEVE UNIT		1995	2,952						26
27		INSTALL FIRE BOXES		1995	513						27
28		ELECTRICAL		1995	7,058						28
29		HANDRAILS		1995	8,442						29
30		CONCRETE FLOOR		1995	884						30
31		ARCHITECT-ARCADIA / LOBBY		1995	1,439						31
32		LIGHTING		1995	4,074						32
33		FLOORING		1995	2,080						33
34		NURSE CALL SYSTEM		1995	38,400						34
35		DOOR LOCKS		1995	698						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 Heartland of Decatur

0049544

Report Period Beginning:

6/1/08

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XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	UPGRADE ARCADIA / LOBBY	1996	\$ 10,460	\$		\$	\$	37
38	WALL VINYL	1996	2,759					38
39	HANDRAILS	1996	9,792					39
40	CAPITALIZED LABOR-ARCADIA / LOBBY	1996	7,272					40
41	5/31/99 AUDIT ADJUSTMENT	1996	(7,272)					41
42	REMODELING-ARCADIA / LOBBY	1996	2,466					42
43	INSTALL FIRE DOORS	1996	8,340					43
44	PHONE WIRING/JACKS	1996	1,486					44
45	SIGNS/BOARDS	1996	952					45
46	A/C WORK	1996	3,237					46
47	ELECTRICAL-ARCADIA / LOBBY	1996	3,479					47
48	INSTALL TILES	1996	1,825					48
49	INSTALL ASPHALT	1996	4,390					49
50	WALLCOVERINGS	1997	3,715					50
51	ROOFTOP TRANE UNITS	1997	12,448					51
52	INSTALL TILES/CEILING & WALLPANELS	1997	7,385					52
53	INSTALL WATER HEATER	1997	7,010					53
54	REPAIR ROOF LEAKS	1997	1,500					54
55	ELECTRICAL	1997	1,549					55
56	INSTALL DOORS	1997	12,737					56
57	WALLCOVERINGS	1997	1,623					57
58	INSTALL VINYL TILE	1997	11,728					58
59	A/C COMPRESSOR WORK	1997	2,257					59
60	FACILITY PLAN ALLOC	1997	2,759					60
61	5/31/99 AUDIT ADJUSTMENT	1997	(2,759)					61
62	REPAIR WATER LEAKS	1997	1,408					62
63	NURSES STATION GATE	1997	625					63
64	LANDSCAPING	1997	828					64
65	SIDEWALK	1997	4,023					65
66	INSTALL PATIO COVERS	1997	1,082					66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)		\$ 3,961,243	\$ 250,599		\$ 250,599	\$ 3,705,359	70

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

Facility Name & ID Number Heartland of Decatur

0049544

Report Period Beginning:

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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 12A, Carried Forward		\$ 3,961,243	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	1
2	ROOFING	1998	1,992						2
3	HVAC	1998	3,794						3
4	TILE & CARPET	1998	6,771						4
5	FINISH/STUD	1998	3,333						5
6	MASONRY WORK	1998	1,333						6
7	PLUMBING	1998	3,172						7
8	PAINTING/WALLCOVERINGS	1998	2,182						8
9	ELECTRICAL WORK	1998	2,352						9
10	CORPORATE OVERHEAD	1998	1,702						10
11	5/31/99 AUDIT ADJUSTMENT	1998	(1,702)						11
12	SECURITY SYSTEM	1998	22,488						12
13	IDPU PLAN REVIEW	1998	1,362						13
14	DOORS/WINDOWS	1998	2,681						14
15	GENERAL CONTRACTOR FEES	1998	1,973						15
16	FINISH/STUD	1998	9,004						16
17	MASONRY WORK	1998	21,533						17
18	FLOORING	1998	5,943						18
19	PAINTING/WALLCOVER	1998	9,311						19
20	PLUMBING	1998	1,183						20
21	ROOFING	1998	41,500						21
22	GENERAL CONTRACTORS FEES	1998	4,278						22
23	DOORS/WINDOWS	1998	3,634						23
24	ELECTRICAL	1998	1,333						24
25	HVAC	1998	5,359						25
26	SIGNAGE	1998	11,862						26
27	WALLCOVERING	1999	18,122						27
28	FLOORING	1999	1,600						28
29	WATER HEATER	1999	1,089						29
30	CARPET	1999	2,769						30
31	LEONARD MIXING VALVE	1999	3,236						31
32	FLOOR COVERING	1999	1,552						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,157,984	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	34

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

Facility Name & ID Number Heartland of Decatur

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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 12B, Carried Forward		\$ 4,157,984	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	1
2	FREIGHT CARPET TILES	1999	214						2
3	BUILDING DECORATIONS	1999	23						3
4	BATH STATION TRANSFORMER	1999	3,355						4
5	MJ ROST FREIGHT	1999	616						5
6	WALLCOVERING	1999	1,325						6
7	CORNERGUARD	1999	270						7
8	BOILER	2000	3,076						8
9	CONCRETE & CARPENTRY	2000	30,863						9
10	PAINTING	2000	49,231						10
11	PLUMBING	2000	14,039						11
12	PLUMBING-2003 AUDIT ADJUSTMENT	2000	(6,908)						12
13	DEVELOPERS COST-10 BED ADDTN	2000	116,845						13
14	DEVELOPERS COST-2003 AUDIT ADJUSTMENT	2000	(116,845)						14
15	ADDTL COST ON CONSTRUCTION-10 BED ADDTN	2000	1,938						15
16	CARPET INSTALLATION V#3504	2000	1,805						16
17	CEILING / FLOORING	2000	25,652						17
18	AWNING FRONT ENT / SERVICE ENT	2000	2,013						18
19	CLOSET DOOR	2000	350						19
20	B G ASSEMBLY	2001	487						20
21	B G ASSEMBLY	2001	321						21
22	B G ASSEMBLY	2001	776						22
23	WATER HEATER	2001	8,452						23
24	WATER HEATER	2001	7,755						24
25	WATER HEATER - 2003 AUDIT ADJUSTMENT	2001	(500)						25
26	VINLY WALL COVERING	2001	433						26
27	AWNING	2001	2,013						27
28	VINLY WALL COVERING	2001	62						28
29	Border	2001	244						29
30	VWC	2001	316						30
31	Wall Coverings	2001	277						31
32	VWC	2001	200						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,306,683	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	34

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

Facility Name & ID Number Heartland of Decatur

0049544

Report Period Beginning:

6/1/08

Ending:

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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		\$ 4,306,683	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	1
2	Painting	2001	7,218						2
3	Window Treatments	2001	648						3
4	CARPET	2001	1,629						4
5	Light Fixtures	2001	3,404						5
6	Carpet	2001	870						6
7	Handrails	2001	1,865						7
8	Add'l Cost Smoke Shelter	2001	3,960						8
9	Smoke Shelter	2001	2,015						9
10	Painting	2001	7,200						10
11	Painting	2001	2,602						11
12	Add'l Cost Smoke Shelter	2001	600						12
13	Double Glass Doors	2001	4,050						13
14	Vinyl Tile & Sheets	2001	7,759						14
15	Wallpaper & Painting Retainage	2001	500						15
16	Wallpaper & Painting	2001	4,500						16
17	Doors	2001	4,935						17
18	Smoking Shelter	2001	5,400						18
19	VWC	2001	823						19
20	Smoke Shelter	2001	3,492						20
21	Artwork	2001	2,068						21
22	ARTWORK - 2003 AUDIT ADJUSTMENT	2001	(2,068)						22
23	Smoke Shelter	2001	388						23
24	Carpet	2001	8,821						24
25	Smoke Shelter	2001	400						25
26	Smoke Shelter	2001	988						26
27	Window treatments	2001	593						27
28	Kitchen store room door	2001	1,380						28
29	Sidewalk & Parking Lot	2001	8,555						29
30	Entrance Double Door	2001	1,305						30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,392,583	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	34

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

Facility Name & ID Number Heartland of Decatur

0049544

Report Period Beginning:

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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 12D, Carried Forward		\$ 4,392,583	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	1
2	Shower Room Renovation	2002	655						2
3	Window treatments	2002	3,459						3
4	Carpet and Installation	2002	1,190						4
5	Artwork	2002	2,199						5
6	ARTWORK - 2003 AUDIT ADJUSTMENT	2002	(2,199)						6
7	Renovation - OH & Int.	2002	1,905						7
8	RENOVATION-2003 AUDIT ADJUSTMENT	2002	(1,905)						8
9	Reno - Flooring, Painting	2002	29,775						9
10	Reno - Plumbing & Electrical	2002	37,536						10
11	Arch & Engineering Costs	2002	2,240						11
12	Arch & Engineering Costs	2002	619						12
13	Exterior Renovations - Soffitt & Gutters	2002	9,112						13
14	7/1/06 CAPITAL RATE ADJ #2	2002	(142)						14
15	Exterior Renovations - Soffitt & Gutters	2002	1,013						15
16	Vent Work	2002	331						16
17	Baseboard	2002	4,164						17
18	Adjust asset #1680 - (Reno-Plumbing & Electrical)	2002	(4,164)						18
19	Addn. - Carpet, VWC & Sig	2002	9,213						19
20	Addtn - Concrete test & L	2002	3,599						20
21	Addtn - Permits	2002	8,834						21
22	Renovation-Roofing & Sheet Metal	2003	67,148						22
23	Renovation-General Overhead	2003	1,031						23
24	7/1/06 CAPITAL RATE ADJ #3	2003	(1,031)						24
25	Renovation-Interest	2003	581						25
26	7/1/06 CAPITAL RATE ADJ #4	2003	(581)						26
27	AWNING	2003	2,470						27
28	Landscaping-Install Façade Materials	2003	23,983						28
29	GAZEBO	2003	6,215						29
30	ADD'L COST GAZEBO	2003	2,611						30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,602,445	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	34

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

Facility Name & ID Number Heartland of Decatur

0049544

Report Period Beginning:

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Ending:

5/31/09

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 12E, Carried Forward		\$ 4,602,445	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	1
2	Renovation-Engineering	2004	4,880						2
3	Renovation-General Overhead	2004	10,453						3
4	7/1/06 Capital Rate Adj #5	2004	(10,453)						4
5	Renovation-Interest	2004	138						5
6	7/1/06 Capital Rate Adj #6	2004	(138)						6
7	Doors and Downspouts	2004	7,110						7
8	Doors Retainage	2004	790						8
9	Vinyl Tile and Cove Base	2004	17,910						9
10	Vinyl Tile and Base	2005	2,974						10
11	7/1/06 Capital Rate Adj #7	2005	(2,974)						11
12	Vinyl Tile	2005	2,974						12
13	7/1/06 Capital Rate Adj #7	2005	(2,974)						13
14	Vinyl Tile and Cove Base	2005	10,985						14
15	Water/Sewer/Utilities	2005	76,296						15
16	7/1/06 Capital Rate Adj #8	2005	(76,296)						16
17	Paving/Parking	2005	45,064						17
18	7/1/06 Capital Rate Adj #9	2005	(45,064)						18
19	Site Concrete	2005	20,963						19
20	7/1/06 Capital Rate Adj #10	2005	(20,963)						20
21	Site Preparation	2005	50,580						21
22	7/1/06 Capital Rate Adj #11	2005	(50,580)						22
23	Fencing/Gazebo/Courtyard	2005	13,234						23
24	7/1/06 Capital Rate Adj #12	2005	(13,234)						24
25	Landscaping	2005	30,808						25
26	7/1/06 Capital Rate Adj #13	2005	(30,808)						26
27	Site Demolition	2005	25,400						27
28	7/1/06 Capital Rate Adj #17	2005	(25,400)						28
29	Water/Sewer Testing	2005	9,025						29
30	Landscaping	2005	10,269						30
31	7/1/06 Capital Rate Adj #14	2005	(10,269)						31
32	Landscaping	2005	1,838						32
33	7/1/06 Capital Rate Adj #15	2005	(1,838)						33
34	TOTAL (lines 1 thru 33)		\$ 4,653,145	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	34

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

Facility Name & ID Number Heartland of Decatur

0049544

Report Period Beginning:

6/1/08

Ending:

5/31/09

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 12F, Carried Forward		\$ 4,653,145	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	1
2	Nursing Station Carpentry	2005	3,360						2
3	Vinyl Wall Covering	2005	1,344						3
4	Architect & Engineering Fees	2005	150,302						4
5	7/1/06 Capital Rate Adj #18	2005	(13,833)						5
6	General Overhead & Interest	2005	221,331						6
7	7/1/06 Capital Rate Adj #19	2005	(221,331)						7
8	Permit Fees, Plan Reviews	2005	15,128						8
9	7/1/06 Capital Rate Adj #16	2005	(9,600)						9
10	Vinyl Wall Covering, Flooring	2005	34,343						10
11	Vinyl Wall Covering	2005	1,551						11
12	Carpet	2005	3,680						12
13	Canopy Sprinklers	2005	3,950						13
14	Blinds	2005	2,375						14
15	Vinyl Wall Covering	2005	(676)						15
16	Fabrics	2005	499						16
17	Flooring	2005	14,253						17
18	Overhead & Interest	2005	1,641						18
19	7/1/06 Capital Rate Adj #20	2005	(1,641)						19
20	Carpentry	2005	26,507						20
21	Wallcovering	2006	624						21
22	Doors	2006	5,715						22
23	HVAC	2006	16,890						23
24	Painting	2006	2,325						24
25	Rooftop Unit	2006	10,910						25
26	Demolish & Reinstall Floors	2006	30,700						26
27	Ductwork	2006	1,163						27
28	Electrical	2006	4,176						28
29	Wallcovering, Painting	2006	2,187						29
30	Fence	2006	9,983						30
31	ENGINEERING FOR ENTRANCE	2007	1,425						31
32	EXTERIOR SIGN	2008	4,345						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,976,768	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	34

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

Facility Name & ID Number Heartland of Decatur

0049544

Report Period Beginning:

6/1/08

Ending:

5/31/09

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 12G, Carried Forward		\$ 4,976,768	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	1
2	SEWER LINE	2008	707						2
3	SEWER LINE	2008	6,363						3
4	0407 RESI RM CORR OFFICE RENO	2008	7,619						4
5	0407 RESI RM CORR OFFICE RENO	2008	39,580						5
6	3 TON UNIT	2008	4,358						6
7	100 AMP PANEL	2008	1,986						7
8	ADJ HOT WATER SYS (ASSET 1903)	2008	7,947						8
9	1308 2 HOT WATER SYSTEM	2008	2,078						9
10	1308 2 HOT WATER SYSTEM	2008	302						10
11	1308 2 HOT WATER SYSTEM	2008	73,200						11
12	PT, BLD IM - ARCH, ENG & DEV COSTS	2009	120,617						12
13	PT, BLD IM - DEV GEN'L O-H	2009	54,958						13
14	PT, BLD IM - INT ON CONSTRUCTION	2009	13,277						14
15	PT, BLD IM - CARPET & PADS	2009	1,847						15
16	PT, BLD IM - WALL COVERINGS	2009	7,844						16
17	RETAINING WALL	2008	2,900						17
18	PAVING/SEALCOATING	2008	6,210						18
19	PT, LI - DEV COSTS	2009	44,175						19
20	PT, LI - GEN'L CONTRACTOR	2009	116,991						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)		\$ 5,489,729	\$ 250,599		\$ 250,599	\$	\$ 3,705,359	34

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

Facility Name & ID Number Heartland of Decatur

0049544

Report Period Beginning:

6/1/08

Ending:

5/31/09

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	\$ 1,571,113	\$ 121,311	\$ 121,311	\$		\$ 1,210,141	71
72	Current Year Purchases	64,451						72
73	Fully Depreciated Assets							73
74	Home Office			12,422	12,422			74
75	TOTALS	\$ 1,635,564	\$ 121,311	\$ 133,733	\$ 12,422		\$ 1,210,141	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				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 7,581,868	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 371,910	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 384,332	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 12,422	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,915,500	85

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

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

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

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:	<u>N/A</u>			\$ _____			3
4	Additions							4
5								5
6								6
7	TOTAL				\$ _____			7

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

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

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 58,135 Description: O2 Concentrators, Wheelchairs, Gerichairs, Elect. Bed., Etc

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2010 \$ _____

13. _____ /2011 \$ _____

14. _____ /2012 \$ _____

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		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)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a	8667 hrs	\$ 313,738	2,057	\$ 51,421	\$ 1,525	10,724	\$ 366,684	1
2	Licensed Speech and Language Development Therapist	10a	3760 hrs	136,094	325	8,116		4,085	144,210	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	8187 hrs	296,384	446	11,154	4,787	8,633	312,325	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	5,39,2	# of prescrpts				311,440		311,440	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): <u>P/S X-Ray & Lab</u>	5,43,2				62,444			62,444	13
14	TOTAL			\$ 746,216	2,828	\$ 133,135	\$ 317,752	23,442	\$ 1,197,103	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 Heartland of Decatur# 0049544Report Period Beginning: 6/1/08Ending: 5/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 5/31/09

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 55,661	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,113,578		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	3,426		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,172,665	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	456,575		13
14	Buildings, at Historical Cost	5,489,728		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,635,564		16
17	Accumulated Depreciation (book methods)	(4,915,500)		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>CIP</u>	265,794		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,932,161	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,104,826	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 54,606	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	436,106		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	84,612		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Acc Payables</u>	103,076		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 678,400	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	738,560		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)	\$ 738,560	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,416,960	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,687,866	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,104,826	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,754,450	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,754,450	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,612,910	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,612,910	17
	B. Transfers (Itemize):		
18	Change in Interdivision	(1,679,494)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (1,679,494)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,687,866	24 *

* This must agree with page 17, line 47.

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,367,196	1
2	Discounts and Allowances for all Levels	(1,040,275)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,326,921	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,316,072	6
7	Oxygen	400	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,316,472	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	433	12
13	Barber and Beauty Care	19,678	13
14	Non-Patient Meals	1,071	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	392,394	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	175,882	19
20	Radiology and X-Ray	41,343	20
21	Other Medical Services	22,436	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 653,237	23
D. Non-Operating Revenue			
24	Contributions	167	24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 167	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc	1	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,296,798	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,108,953	31
32	Health Care	3,642,416	32
33	General Administration	1,926,912	33
B. Capital Expense			
34	Ownership	512,884	34
C. Ancillary Expense			
35	Special Cost Centers	492,723	35
36	Provider Participation Fee		36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,683,888	40
41	Income before Income Taxes (line 30 minus line 40)**	1,612,910	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,612,910	43

* 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 Heartland of Decatur

0049544

Report Period Beginning:

6/1/08

Ending:

5/31/09

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	1,561	1,697	\$ 56,648	\$ 33.38	1
2	Assistant Director of Nursing	6,629	7,206	185,127	25.69	2
3	Registered Nurses	11,709	12,729	328,083	25.77	3
4	Licensed Practical Nurses	32,373	35,192	718,001	20.40	4
5	CNAs & Orderlies	82,532	89,888	1,025,781	11.41	5
6	CNA Trainees					6
7	Licensed Therapist	11,509	12,560	454,653	36.20	7
8	Rehab/Therapy Aides	10,901	11,897	291,563	24.51	8
9	Activity Director					9
10	Activity Assistants	7,802	8,501	86,982	10.23	10
11	Social Service Workers	8,003	8,692	151,383	17.42	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	23,275	25,370	263,792	10.40	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,261	45,825	20.27	17
18	Housekeepers	12,013	13,089	137,773	10.53	18
19	Laundry	5,312	5,787	52,704	9.11	19
20	Administrator	2,080	2,080	72,812	35.01	20
21	Assistant Administrator	80	80	2,669	33.36	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,249	16,804	270,073	16.07	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	1,833	2,000	22,792	11.40	31
32	Other Health Care(specify)					32
33	Other(specify)	2	2	25	12.50	33
34	TOTAL (lines 1 - 33)	234,935	255,835	\$ 4,166,686 *	\$ 16.29	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			36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly 3,807	5,10,3	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)	\$ 3,807		49

C. CONTRACT NURSES

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

Facility Name & ID Number Heartland of Decatur

0049544

Report Period Beginning: 6/1/08

Ending: 5/31/09

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 \$4592.22
- (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
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 59,236 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. _____
- (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. \$ 61,488
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,071
- (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? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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? Yes
Attach invoices and a summary of services for all architect and appraisal fees.