

Facility Name & ID Number Heartland of Moline

0049403 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	149	Skilled (SNF)	149	54,385	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	149	TOTALS	149	54,385	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				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	4,784	18,596	21,138	44,518	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	4,784	18,596	21,138	44,518	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.86%

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 01/01/83

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

YES Date 04/07/11 NO

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

YES NO If YES, enter number of beds certified 149 and days of care provided 16,013

Medicare Intermediary CGS Administrators, LLC

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	307,745	22,575	56,889	387,209		387,209	387,209			1
2	Food Purchase		346,515		346,515		346,515	(1,041)	345,474		2
3	Housekeeping	215,201	21,162	82	236,445		236,445		236,445		3
4	Laundry	55,150	16,099		71,249		71,249		71,249		4
5	Heat and Other Utilities			172,449	172,449	2,754	175,203		175,203		5
6	Maintenance	51,370	23,364	92,496	167,230		167,230		167,230		6
7	Other (specify):* Med Waste			3,533	3,533		3,533		3,533		7
8	TOTAL General Services	629,466	429,715	325,449	1,384,630	2,754	1,387,384	(1,041)	1,386,343		8
	B. Health Care and Programs										
9	Medical Director			10,777	10,777		10,777		10,777		9
10	Nursing and Medical Records	3,106,143	201,032	50,873	3,358,048	9,243	3,367,291		3,367,291		10
10a	Therapy	1,496,827	20,287	69,736	1,586,850		1,586,850		1,586,850		10a
11	Activities	109,346	2,518	4,592	116,456		116,456		116,456		11
12	Social Services	181,123		1,154	182,277		182,277		182,277		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,893,439	223,837	137,132	5,254,408	9,243	5,263,651		5,263,651		16
	C. General Administration										
17	Administrative	107,800		638,808	746,608	(334,259)	412,349		412,349		17
18	Directors Fees										18
19	Professional Services			29,760	29,760	(70)	29,690	(29,690)			19
20	Dues, Fees, Subscriptions & Promotions			63,674	63,674		63,674	(30,028)	33,646		20
21	Clerical & General Office Expenses	418,420	43,852	341,246	803,518	70	803,588	(265,749)	537,839		21
22	Employee Benefits & Payroll Taxes			1,006,312	1,006,312	41,431	1,047,743		1,047,743		22
23	Inservice Training & Education			1,566	1,566		1,566		1,566		23
24	Travel and Seminar			8,585	8,585		8,585		8,585		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			99,758	99,758		99,758		99,758		26
27	Other (specify):*							(830)	(830)		27
28	TOTAL General Administration	526,220	43,852	2,189,709	2,759,781	(292,828)	2,466,953	(326,297)	2,140,656		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,049,125	697,404	2,652,290	9,398,819	(280,831)	9,117,988	(327,338)	8,790,650		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 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	
	D. Ownership											
30	Depreciation			565,086	565,086	14,108	579,194		579,194			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			2,635,529	2,635,529	266,723	2,902,252	(2,635,653)	266,599			32
33	Real Estate Taxes			122,271	122,271		122,271		122,271			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			38,017	38,017		38,017		38,017			35
36	Other (specify):*											36
37	TOTAL Ownership			3,360,903	3,360,903	280,831	3,641,734	(2,635,653)	1,006,081			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			(354)	(354)		(354)		(354)			38
39	Ancillary Service Centers		501,717	200	501,917		501,917		501,917			39
40	Barber and Beauty Shops		106	9,554	9,660		9,660		9,660			40
41	Coffee and Gift Shops	38,554			38,554		38,554		38,554			41
42	Provider Participation Fee			258,356	258,356		258,356		258,356			42
43	Other (specify):* IV X-ray & lab		6,335	91,174	97,509		97,509		97,509			43
44	TOTAL Special Cost Centers	38,554	508,158	358,930	905,642		905,642		905,642			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,087,679	1,205,562	6,372,123	13,665,364		13,665,364	(2,962,991)	10,702,373			45

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

Facility Name & ID Number Heartland of Moline

0049403

Report Period Beginning: 01/01/15

Ending: 12/31/15

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	\$	10	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,041)	2		4
5	Telephone, TV & Radio in Resident Rooms		21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds	(319)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(717)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(830)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,430)	21		18
19	Entertainment				19
20	Contributions	(3,037)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(27,442)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(257,654)	21		24
25	Fund Raising, Advertising and Promotional	(30,028)	20		25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Page 5a	(2,640,493)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (2,962,991)		\$	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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (2,962,991)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

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

BHF USE ONLY					
48		49		50	51
					52

Heartland of Moline

Report Period Beginning: 01/01/15
 Ending: 12/31/15

ID# 0049403

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Activity Income	\$	11	1
2	Misc. Income		21	2
3	Vending Income	(1,387)	21	3
4	Accounting/Collection Fees	(2,248)	19	4
5	Donation Revenue	(1,205)	21	5
6	Loss on Disposal of Fixed Asset		36	6
7	HCP Lease Interest	(2,635,653)	32	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	(2,640,493)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

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)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(1,041)	0	0	0	0	0	0	0	0	0	0	(1,041)	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	0	0	0	0	0	0	0	0	0	0	0	0	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	(1,041)	0	0	0	0	0	0	0	0	0	0	(1,041)	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	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	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	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	(29,690)	0	0	0	0	0	0	0	0	0	0	(29,690)	19
20	Fees, Subscriptions & Promotions	(30,028)	0	0	0	0	0	0	0	0	0	0	(30,028)	20
21	Clerical & General Office Expenses	(265,749)	0	0	0	0	0	0	0	0	0	0	(265,749)	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):*	(830)	0	0	0	0	0	0	0	0	0	0	(830)	27
28	TOTAL General Administration	(326,297)	0	0	0	0	0	0	0	0	0	0	(326,297)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(327,338)	0	0	0	0	0	0	0	0	0	0	(327,338)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	(2,635,653)	0	0	0	0	0	0	0	0	0	0	(2,635,653)	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	TOTAL Ownership	(2,635,653)	0	0	0	0	0	0	0	0	0	0	(2,635,653)	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	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):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(2,962,991)	0	0	0	0	0	0	0	0	0	0	(2,962,991)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
HCR Manor Care, LLC	100			HCR Manor Care Svc	Toledo	Home Office
				HL Empl Svcs, LLC	Toledo	Personnel
				HL Rehab Svcs, LLC	Toledo	Therapy Mgmt Svcs
				HL Rehab Svcs, LLC	Toledo	Therapy Services
				HL Home Health Care	Toledo	Nursing Staff

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. 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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	See	\$ 638,808	HCR Manor Care Services, LLC	100.00%	\$ 638,808	\$	1
2	V	Page 8						2
3	V							3
4	V	1-44	6,087,679	Heartland Employment Services, LLC	100.00%	6,087,679		4
5	V	10a	16,314	Heartland Rehabilitation Services, LLC	100.00%	16,314		5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 6,742,801			\$ 6,742,801	\$ *	14

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

Facility Name & ID Number

Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heartland of Canton IL, LLC	Canton				1
2			Heartland of Decatur IL, LLC	Decatur				2
3			Heartland of Galesburg IL, LLC	Galesburg				3
4			Heartland of Henry IL, LLC	Henry				4
5			Heartland of Macomb IL, LLC	Macomb				5
6			Heartland of Normal IL, LLC	Normal				6
7			Heartland of Paxton IL, LLC	Paxton				7
8			Heartland of Peoria IL, LLC	Peoria				8
9			Heartland-Riverview of East Peoria IL, LLC	East Peoria				9
10			Manor Care at Arlington Heights	Arlington Heights				10
11			Manor Care of Elgin IL, LLC	Elgin				11
12			Manor Care of Elk Grove Village IL, LLC	Elk Grove Village				12
13			Manor Care of Hinsdale IL, LLC	Hinsdale				13
14			Manor Care of Homewood IL, LLC	Homewood				14
15			Manor Care of Kankakee IL, LLC	Kankakee				15
16			Manor Care of Libertyville IL, LLC	Libertyville				16
17			Manor Care of Naperville IL, LLC	Naperville				17
18			Manor Care of Northbrook IL, LLC	Northbrook				18
19			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				19
20			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				20
21			Manor Care of Palos Heights (West) IL, LLC	Palos Heights				21
22			Manor Care of Palos Heights (East) IL, LLC	Palos Heights				22
23			Manor Care of Rolling Meadows IL, LLC	Rolling Meadows				23
24			Manor Care of South Holland IL, LLC	South Holland				24
25			Manor Care of Westmont IL, LLC	Westmont				25
26			Manor Care of Wilmette IL, LLC	Wilmette				26
27			Arden Courts of Elk Grove Village IL, LLC	Elk Grove Village				27
28			Arden Courts of Geneva IL, LLC	Geneva				28
29			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				29
30			Arden Courts of Hazel Crest IL, LLC	Hazel Crest				30

Facility Name & ID Number

Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Arden Courts of Northbrook IL, LLC	Northbrook				1
2			Arden Courts of Palos Heights IL, LLC	Palos Heights				2
3			Arden Courts of South Holland IL, LLC	South Holland				3
4			Heartland of Champaign IL, LLC	Champaign				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

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 Moline

0049403

Report Period Beginning:

01/01/15

Ending: 12/31/15

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

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

1	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	5	Utilities - Pooled	Accumulated Cost	559 NFs, HHs,	\$ 818,127		13,210,598	\$ 2,754	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	357 NFs	0		13,210,598	0	2
3	5	Utilities - Direct to Western Div S	Accumulated Cost	85 NFs	0		13,210,598	0	3
4	10	Nursing - Pooled	Accumulated Cost	559 NFs, HHs, & R	314,713	212,796	13,210,598	1,059	4
5	10	Nursing - Direct to all SNFs	Accumulated Cost	357 NFs	2,144,378	1,338,476	13,210,598	8,184	5
6	10	Nursing - Direct to Western Div S	Accumulated Cost	85 NFs	0	0	13,210,598	0	6
7	17	General & Administrative - Pooled	Accumulated Cost	559 NFs, HHs, & R	60,268,030	28,103,285	13,210,598	202,866	7
8	17	General & Administrative - Direct	Accumulated Cost	357 NFs	14,494,897	5,630,812	13,210,598	55,319	8
9	17	General & Administrative - Direct	Accumulated Cost	85 NFs	3,257,281		13,210,598	46,364	9
10	22	Employee Benefits - Pooled	Accumulated Cost	559 NFs, HHs, & R	5,205,729		13,210,598	17,523	10
11	22	Employee Benefits - Direct to All	Accumulated Cost	357 NFs	6,264,775		13,210,598	23,908	11
12	22	Employee Benefits - Direct to Wes	Accumulated Cost	85 NFs	0		13,210,598	0	12
13	30	Depreciation - Pooled	Accumulated Cost	559 NFs, HHs, & R	3,394,861		13,210,598	11,427	13
14	30	Depreciation - Direct to All SNFs	Accumulated Cost	357 NFs	702,366		13,210,598	2,681	14
15	30	Depreciation - Direct to Western I	Accumulated Cost	85 NFs	0		13,210,598	0	15
16			Accumulated Cost	45 NFs			13,210,598	0	16
17									17
18									18
19	32	Pooled Interest	Accumulated Cost		28,376,750		13,210,598	95,518	19
20	32	Directly Assigned Interest	Not Allocated		18,868,647			171,205	20
21									21
22		H/O costs Allocated to non-SNF & Other Divisions			33,166,797				22
23									23
24									24
25	TOTALS				\$ 177,277,351	\$ 35,285,369		\$ 638,808	25

Facility Name & ID Number

Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	Name of Lender	2		3	4	5	6		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				\$ 2,372,944	\$ 2,267,299		0.0755	\$ 171,205	1					
2												2					
3												3					
4												4					
5												5					
	Working Capital																
6												6					
7	Pooled Interest										95,518	7					
8	Interest Expense / Interest Income										(124)	8					
9	TOTAL Facility Related						\$ 2,372,944	\$ 2,267,299			\$ 266,599	9					
	B. Non-Facility Related*																
10												10					
11												11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$	14					
15	TOTALS (line 9+line14)						\$ 2,372,944	\$ 2,267,299			\$ 266,599	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

<p>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2014 report.		\$ 124,633	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.)		\$ 123,452	2
3. Under or (over) accrual (line 2 minus line 1).		\$ (1,181)	3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 123,452	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.		\$ 122,271	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2010	<u>123,767</u>	8
	2011	<u>124,756</u>	9
	2012	<u>122,892</u>	10
	2013	<u>124,633</u>	11
	2014	<u>123,452</u>	12
Line 2: \$123,452.16 = \$61,726.08 for 1st half 2014 + \$61,726.08 for 2nd half 2014			
Line 4: Used same amount as on line 2.			
	FOR BHF USE ONLY		
	13	FROM R. E. TAX STATEMENT FOR 2014 \$	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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heartland of Moline COUNTY Rock Island

FACILITY IDPH LICENSE NUMBER 0049403

CONTACT PERSON REGARDING THIS REPORT Jeff Lewandowski

TELEPHONE (419) 252-5736 FAX #: (419) 254-5495

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2014 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 2014.

(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. <u>08-5332800</u>	<u>See Attached</u>	\$ <u>122,231.52</u>	\$ <u>122,231.52</u>
2. <u>08-5340510</u>	<u>See Attached</u>	\$ <u>1,220.64</u>	\$ <u>1,220.64</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>123,452.16</u></u>	\$ <u><u>123,452.16</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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 Heartland of Moline

0049403 Report Period Beginning:

01/01/15 Ending:

12/31/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 50,742 B. General Construction Type: Exterior Masonry Frame Steel, Fire resistant 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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1983 & 2003</u>	<u>\$ 181,010</u>	<u>1</u>
2			<u>2006</u>	<u>48,251</u>	<u>2</u>
3	TOTALS			\$ 229,261	3

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	118	1996	1996	\$ 1,033,964	\$ 89,647		\$ 89,647	\$	\$ 2,709,249
5			1993	56,519					
6	11		1998	1,398,475					
7	10 beds in 2001 & 10 beds in 2006		2001	821,410					
8	Physical Therapy addition-general contractor		2010	267,733					
Improvement Type**									
9	Building Improvements (Current Year Depreciation)				275,976		275,976		4,333,866
10	Leasehold Improvements		1971	26,975					
11	Leasehold Improvements		1972	1,481					
12	Leasehold Improvements		1973	2,593					
13	Leasehold Improvements		1974	271					
14	Leasehold Improvements		1975	4,140					
15	Leasehold Improvements		1976	16,237					
16	Leasehold Improvements		1977	10,225					
17	Leasehold Improvements		1978	5,160					
18	Leasehold Improvements		1981	28,386					
19	Leasehold Improvements		1982	14,373					
20	Leasehold Improvements		1983	22,737					
21	Leasehold Improvements		1984	5,789					
22	Land Improvements		1985	1,470					
23	Building Improvements		1985	109,949					
24	Building Improvements		1986	25,262					
25	Building Improvements		1987	16,145					
26	Land Improvements		1987	707					
27	Building Improvements		1988	204,870					
28	Building Improvements		1989	3,273					
29	Building Improvements		1990	22,292					
30	Building Improvements		1991	8,230					
31	Land Improvements		1991	4,771					
32	Building Improvements		1992	16,985					
33	Building Improvements		1993	21,450					
34	Building Improvements		1994	51,438					
35									
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 Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Land Improvements	1995	\$ 980	\$		\$	\$	\$	37
38	Building Improvements	1995	32,598						38
39	Land Improvements: Sign, Landscaping, and Concrete Bumpers	1996	25,027						39
40	Building Improvements: Painting/Wallcovering, Carpet, Paging sy	1996	126,134						40
41	doors/fixtures,millwork,air conditioning, moving/storage, cabinets,								41
42	hand rails,electrical wiring, ceramic tile, and bathroom sinks								42
43	Building Improvements: Fire alarm	1996	45,151						43
44	Building Improvements: Intercom system	1996	27,230						44
45	Building Improvements: Renovation of lobby, foyer, busines office;	1996	94,414						45
46	architect and engineering fees, interior design costs, drywall and								46
47	corner guards, aluminum chips, electrical heating, air conditioning								47
48	fire stop installation and access doors, and storage fees								48
49	Building Improvements: Wallcovering	1996	118,024						49
50	Building Improvements: Sewer Runs	1997	10,708						50
51	Building Improvements: Wallcovering, Floor Carpet, Cabinets,	1997	120,159						51
52	door frames, millwork, carpentry, caulking, ceilings plaster,								52
53	plumbing comosite, electrical composite, sinks, conduit wiring,								53
54	door closing devices, nurses call system								54
55	Building Improvements: 18 Bed Addition, wallcovering, conncrete,	1997	334,930						55
56	doors wood, telephone system, fencing wire, electrical transformer,								56
57	HVAC, hollow metal doors, duct work								57
58	Building Improvements: Install HVAC, electrical composite	1997	291,760						58
59	Building Improvements: Roof Replacement	1997	49,483						59
60	Building Improvements: Door	1997	1,042						60
61	Building Improvements: Siding on new additon	1997	4,993						61
62	Building Improvement: VWC from Inventory	1997	1,464						62
63	Land Improvements: Sign	1997	593						63
64	Land Improvements: Landscaping	1997	801						64
65	Land Improvements: Fence	1997	5,422						65
66	Bldg. Improvements: Cupola	1998	5,440						66
67	Bldg. Improvements: HVAC	1998	23,069						67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,522,732	\$ 365,623		\$ 365,623	\$	\$ 7,043,115	70

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

Facility Name & ID Number Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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		\$ 5,522,732	\$ 365,623		\$ 365,623	\$	\$ 7,043,115	1
2	Bldg. Improvements: Roof	1998	8,203						2
3	Bldg. Improvements: Electrical Work for Renovation	1998	32,459						3
4	Bldg. Improvements: Add't HVAC	1998	15,464						4
5	Bldg. Improvements: 8 Bed Addition	1998	88,423						5
6	Building Improvements: Light Fixtures for Nurses Station	1998	2,211						6
7	Land Improvements: Grading	1998	1,779						7
8	Bldg. Improvements: Wall covering, charting system, compressor	1998	35,511						8
9	Bldg. Improvements: Doors	1998	10,151						9
10	Asphalt Work	1999	14,164						10
11	Smoking Shelter	1999	5,254						11
12	Overhead from Const	1999	29,447						12
13	Concrete Pad for Smoking	1999	924						13
14	Exit Device	1999	474						14
15	Carpet	1999	994						15
16	Carpet	1999	553						16
17	Awning	1999	2,788						17
18	Building Decorations	1999	653						18
19	Retainage for Carpet	1999	73						19
20	Retainage Fee for Carpet	1999	59						20
21	Wallboard	1999	568						21
22	Wiring	1999	3,850						22
23	Wall, Drain Lines, Electrica	1999	15,776						23
24	Boiler Pump	2000	5,433						24
25	HVAC Upgrade	2000	1,600						25
26	Boiler room exhuast	2000	5,684						26
27	Phone line	2000	800						27
28	Phone line	2000	800						28
29	Ceramic tile	2000	511						29
30	Carpet	2000	842						30
31	Sinks & faucet	2000	1,055						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,809,233	\$ 365,623		\$ 365,623	\$	\$ 7,043,115	34

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

Facility Name & ID Number Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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		\$ 5,809,233	\$ 365,623		\$ 365,623	\$	\$ 7,043,115	1
2	Add'l cost sinks	2000	218						2
3	Add'l cost carpeting	2000	59						3
4	Add'l cost carpet	2000	94						4
5	Retainer on boiler room exhaust	2000	632						5
6	Replace door in laundry	2000	4,932						6
7	Bldg Imprv - Carpentry/Wallcovering	2001	11,535						7
8	Bldg Imprv - Carpentry/Electrical	2001	60,645						8
9	Bldg Imprv - Wallcovering	2001	11,630						9
10	Land Imprv - Concrete work	2001	4,941						10
11	Land Imprv - Walkway & Canopy	2001	3,858						11
12	Wire Component Connection	2001	2,543						12
13	Wire Component Connection	2002	327						13
14	Wire Component Connection	2002	402						14
15	Building Addition - VWC - Corridor	2002	19,847						15
16	Paint, VWC - Corridor Renovation	2001	45,377						16
17	Corner Guards	2002	7,153						17
18	Mini-Edger	2002	729						18
19	Corner Guards - Asset adjustment	2002	(4,953)						19
20	Building Addition - Paving/Landscaping	2002	8,679						20
21	Building Addition - Paving/Landscaping	2002	8,397						21
22	Building Addition - Paving/Landscaping	2002	111,907						22
23	Paving	2002	5,025						23
24	2 Dell celeron	2002	1,687						24
25	Electrical Work Overhead & Interest	2003	55,146						25
26	Overhead & Interest	2003	8,734						26
27	General Construction	2003	5,540						27
28	Carpet and Flooring	2003	83,248						28
29	Floorcovering	2003	702						29
30	Floorcovering	2003	251						30
31	HVAC	2003	7,643						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,276,159	\$ 365,623		\$ 365,623	\$	\$ 7,043,115	34

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

Facility Name & ID Number Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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		\$ 6,276,159	\$ 365,623		\$ 365,623	\$	\$ 7,043,115	1
2	HVAC Kitchen retainage	2003	5,627						2
3	Overhead & Interest	2003	8,231						3
4	Overhead & Interest	2003	(8,231)						4
5	Retro Cost Adjustment	2003	84,377						5
6	Retro Cost Adjustment	2003	48,938						6
7	Sealcoat & Restripe Pkg.	2004	(48,938)						7
8	Sealcoat & Restripe Pkg.	2004	2,602						8
9	VWC	2004	68						9
10	Flooring and Painting	2004	1,486						10
11	VWC & Painting	2004	1,278						11
12	Carpet	2004	472						12
13	Interest	2005	3,449						13
14	Interest	2005	(3,449)						14
15	General Overhead	2005	46,589						15
16	General Overhead	2005	(46,589)						16
17	Fire Sprinkler System	2005	142,143						17
18	EXHAUST SYSTEM	2005	7,150						18
19	condensing unit	2006	4,193						19
20	Addition - Soil Testing & Plan Reviews	2006	28,303						20
21	Addition - Site Clearing, Grading, Concrete, Treatment, & Prep	2006	25,048						21
22	Addition - Landscaping	2006	45,850						22
23	Addition - Asphalt Paving	2006	16,258						23
24	Addition - Concrete Paving & Cast Stone	2006	139,095						24
25	Addition - Sewar Replacement & Fees	2006	36,004						25
26	Addition - Permit Fees	2006	9,757						26
27	Addition - Pre Construction & Bldg. Excavation	2006	139,343						27
28	Addition - Site Utilities	2006	11,905						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,977,119	\$ 365,623		\$ 365,623	\$	\$ 7,043,115	34

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

Facility Name & ID Number Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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		\$ 6,977,119	\$ 365,623		\$ 365,623	\$	\$ 7,043,115	1
2	Addition - General Conditions	2006	115,912						2
3	Addition - Carpentry-Subcontr.	2006	195,647						3
4	Addition - Roofing/Waterproofing	2006	4,393						4
5	Addition - HM Doors/Frames/Drywall/Studs	2006	9,905						5
6	Addition - Wood Doors	2006	24,735						6
7	Addition - Ceiling Tile & Flooring	2006	17,927						7
8	Addition - Carpet/Paint/WC/Corner Guards	2006	42,687						8
9	Addition - Fire Sprinkler Syster	2006	19,963						9
10	Addition - Plumbing	2006	59,204						10
11	Addition - Basic Electrical	2006	108,830						11
12	Addition - Archetectual & Engineering Cost	2006	128,176						12
13	Addition - General Overhead	2006	71,933						13
14	Addition - Builders Risk Insurance	2006	1,100						14
15	Addition - Gypsum Board System	2006	62,975						15
16	Addition - Masonry & Metals	2006	142,412						16
17	Addition - Demolition	2006	13,731						17
18	Renov - General Overhead	2007	13,148						18
19	Renov - Carpentry - Subcontractor	2007	46,583						19
20	Renov - Wallcovering	2007	106,341						20
21	Renov - Interest on Construction	2007	957						21
22	0807 STORMSEWERS COURTYRD	2008	3,309						22
23	Adj 2006 Asset Addition - Arch & Engineering Cost	2008	1,765						23
24	Adj 2006 Asset Addition - General Overhead	2008	150						24
25	Adj 2006 Asset Addition - Arch & Engineering Cost	2008	1,943						25
26	0807 STORMSEWERS COURTYRD	2008	67,397						26
27	CONCRETE SIDWALK	2008	1,672						27
28									28
29	Alum siding	2008	4,500						29
30	Door entrance closers	2008	3,613						30
31	alum siding	2009	2,223						31
32	000000090694 Safety ren-ovhead	2009	3,035						32
33	000000090694 Safety ren-interest	2009	167						33
34	TOTAL (lines 1 thru 33)		\$ 8,253,451	\$ 365,623		\$ 365,623	\$	\$ 7,043,115	34

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

Facility Name & ID Number Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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		\$ 8,253,451	\$ 365,623		\$ 365,623	\$	\$ 7,043,115	1
2	00000090695 Safey ren-carpentry	2009	13,140						2
3	00000090695 Safey ren-hm doors & frames	2009	17,553						3
4	00000090695 Safey ren-sprinklers	2009	1,228						4
5	00000090699 Cor ren-Gen ovhd capit	2009	6,495						5
6	00000090699 Cor ren-interest on const	2009	378						6
7	00000090699 Cor ren-resilient flooring	2009	95,159						7
8	00000090699 Cor ren-carpeting & pads	2009	1,342						8
9	00000090699 Cor ren-wall covering	2009	11,954						9
10	00000090699 Cor ren-cornder guards	2009	103						10
11	00000090699 Cor ren-resilient flooring	2009	123,012						11
12	00000090699 Cor ren-carpeting & pads	2009	1,162						12
13	00000090699 Cor ren-wall covering	2009	8,830						13
14	00000090704 Hollow metal door	2009	2,445						14
15	00000090705 ADJ ASSET #90699	2009	2,803						15
16	00000090706 ADJ ASSET #90699	2009	448						16
17	00000090708 vvc and ceiling tiles in	2009	13,241						17
18	00000090692 CONCRETE SIDEWALK	2008	21,279						18
19	00000090697 Grading and sub-drain til	2009	21,391						19
20									20
21	BI 090713 ADj ASSET 90699-vvc & ceiling tiles	2010	13,241						21
22	BI 090716 MOLINE PT-Arch & Eng costs	2010	84,024						22
23	BI 090717 CLSE PROJ MLNE PT MOVE-gen o/h cap	2010	17,706						23
24	BI 090721 MOLINE PT-wall covering	2010	1,310						24
25	BI 090733 ADJ ASSET #90721-wall covering	2010	2,026						25
26	BI 090738 Vestibule, front entry, seating renovation	2010	8,037						26
27	BI 090743 adj asset 90738-vestibule renovation	2010	8,037						27
28	LI 090722 MOLINE PT-general contractor	2010	157,687						28
29	LI 090723 MOLINE PT-soil & concrete testing	2010	7,645						29
30	00000090801 LAUNDRY HVAC	2012	19,810						30
31									31
32	90806 0812 Code Compliance-roof gable & cupola	2012	31,307						32
33	90813 1012 install fire-rated frame and slab-med rec off	2013	29,853						33
34	TOTAL (lines 1 thru 33)		\$ 8,976,096	\$ 365,623		\$ 365,623	\$	\$ 7,043,115	34

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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		\$ 8,976,096	\$ 365,623		\$ 365,623	\$	\$ 7,043,115	1
2	90820 Boiler Flue Pipe Replacement	2013	3,583						2
3	90832 PARKING LOT SEALCOATING	2013	3,285						3
4									4
5	90837 Freight for carpet tile (for resident rooms)	2014	1,013						5
6	Interior renovation, 79 resident rooms, 75 bathroom, corridor, bird lounge, Monticello dining room, Project # "012-13MW":								
7	012-13MW HVAC, Carpentry, Doors, and Frames	2014	112,117						7
8	012-13MW Ceiling Tile, resilient flooring, interior light fixtures	2014	223,131						8
9	012-13MW Carpet, Paint, Wallcovering	2014	257,759						9
10	012-13MW Plumbing	2014	50,496						10
11	012-13MW Electrical	2014	14,941						11
12	90848 Water Heater, Cyclone BTH 150, 96% Efficient	2014	8,563						12
13	90849 Generator Electrical for offices, nurses stations & med rooms	2014	10,000						13
14	90850 Generator Electrical for offices, nurses stations & med rooms	2014	10,350						14
15	90856 Roofing above back hall	2014	4,393						15
16	90861 Fire shutters 6 x 6	2014	3,830						16
17									17
18	00000090864 ROOF-provide & install new roof	2014	4,393						18
19	00000090876 ARCHITECT-fac basement	2015	5,292						19
20	00000090877 PAINT AND FLOOR-central shower	2015	17,649						20
21	00000090879 Water heater flue damper installed	2015	1,600						21
22	00000090883 STRUCTURE ARCHITECT-fac basement	2015	1,050						22
23	00000090886 ARCHITECT FEE-facility basement	2015	5,402						23
24	00000090887 WIRE CONDUIT-boiler room	2015	9,968						24
25	00000090888 009-15W Basement code Compliance	2015	80,786						25
26	00000090891 CEILING TILE-central shower	2015	5,310						26
27	00000090893 replaced old temperature control	2015	2,613						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,813,620	\$ 365,623		\$ 365,623	\$	\$ 7,043,115	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 3,453,909	\$ 199,463	\$ 199,463	\$		\$ 2,913,795	71
72	Current Year Purchases	140,776						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			14,108	14,108			74
75	TOTALS	\$ 3,594,685	\$ 199,463	\$ 213,571	\$ 14,108		\$ 2,913,795	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 13,637,566	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 565,086	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 579,194	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,108	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,956,910	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number

Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

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

If NO, see instructions.

YES NO

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

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. _____ /2016 \$ _____

13. _____ /2017 \$ _____

14. _____ /2018 \$ _____

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: \$ 26,662

Description: O2 Concentrators, Wheelchairs, Geri Chairs, Elec. Beds, etc.

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Patient Transportation	2009 Ford E350 T-Top Od	\$ 55.00	\$ 11,355	17
18					18
19				above figures includes	19
20				gas & maintenance	20
21	TOTAL		\$ 55.00	\$ 11,355	21

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

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

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?</p> <p><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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	10a	9923	hrs	\$ 411,642		\$	245	9,923	\$ 411,887	1	
2	Licensed Speech and Language Development Therapist	10a	3059	hrs	126,908			520	3,059	127,428	2	
3	Licensed Recreational Therapist			hrs							3	
4	Licensed Physical Therapist	10a	5907	hrs	245,060			19,522	5,907	264,582	4	
5	Physician Care			visits							5	
6	Dental Care			visits							6	
7	Work Related Program			hrs							7	
8	Habilitation			hrs							8	
9	Pharmacy	39, 2		# of prescripts				501,717		501,717	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10	
11	Academic Education			hrs							11	
12	Other (specify): <u>IV Therapy</u>	43, 2						6,335		6,335	12	
13	Other (specify): <u>EKG, X-ray & Lab</u>	43, 3						91,174		91,174	13	
14	TOTAL				\$ 783,610		\$	91,174	\$ 528,339	18,889	\$ 1,403,123	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 Moline# 0049403Report Period Beginning: 01/01/15

Ending:

12/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 19,940	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>495,265</u>)	1,381,573		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,401,513	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	229,261		13
14	Buildings, at Historical Cost	9,813,621		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,594,685		16
17	Accumulated Depreciation (book methods)	(9,956,910)		17
18	Deferred Charges	30,317,848		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spec <u>OMIT</u>)	86,968		22
23	Other(specify): <u>CIP</u>	71,459		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 34,156,932	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 35,558,445	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 146,690	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	474,173		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	123,452		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accrued Payables</u>	106,948		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 851,263	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,267,299		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)	\$ 2,267,299	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,118,562	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 32,439,883	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 35,558,445	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 32,684,621	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 32,684,621	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	2,198,041	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)	\$ 2,198,041	17
B. Transfers (Itemize):			
18	Change in Interdivision	(2,442,779)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (2,442,779)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 32,439,883	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		
I. Revenue		Amount		
A. Inpatient Care				
1	Gross Revenue -- All Levels of Care	\$ 16,162,885	1	
2	Discounts and Allowances for all Levels	(7,482,690)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,680,195	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	5,572,856	6	
7	Oxygen		7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,572,856	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	2,217	12	
13	Barber and Beauty Care	10,788	13	
14	Non-Patient Meals	1,041	14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space		16	
17	Sale of Drugs	990,704	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory	137,562	19	
20	Radiology and X-Ray	60,032	20	
21	Other Medical Services	406,451	21	
22	Laundry	35	22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,608,830	23	
D. Non-Operating Revenue				
24	Contributions	1,205	24	
25	Interest and Other Investment Income***		25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,205	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28	Misc. Income & Purchase Discount	319	28	
28a			28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 319	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,863,405	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	1,384,630	31	
32	Health Care	5,254,408	32	
33	General Administration	2,759,781	33	
B. Capital Expense				
34	Ownership	3,360,903	34	
C. Ancillary Expense				
35	Special Cost Centers	647,286	35	
36	Provider Participation Fee	258,356	36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,665,364	40	
41	Income before Income Taxes (line 30 minus line 40)**	2,198,041	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,198,041	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 596,570	44
45	Private Pay - Net Inpatient Revenue	4,369,265	45
46	Medicare - Net Inpatient Revenue	3,081,366	46
47	Other-(specify) <u>Hospice</u>	69,689	47
48	Other-(specify) <u>Insurance</u>	563,305	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,680,195	49

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

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

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

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

Facility Name & ID Number Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	1,885	2,073	\$ 88,299	\$ 42.59	1
2	Assistant Director of Nursing	4,167	4,582	135,422	29.56	2
3	Registered Nurses	23,035	25,327	649,142	25.63	3
4	Licensed Practical Nurses	33,214	36,518	711,466	19.48	4
5	CNAs & Orderlies	105,748	116,396	1,453,096	12.48	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	21,589	23,728	984,373	41.49	7
8	Rehab/Therapy Aides	18,939	20,815	512,454	24.62	8
9	Activity Director	8,226	9,051	109,346	12.08	9
10	Activity Assistants					10
11	Social Service Workers	7,394	8,137	181,123	22.26	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	24,656	27,138	307,745	11.34	15
16	Dishwashers					16
17	Maintenance Workers	1,980	2,176	51,370	23.61	17
18	Housekeepers	16,260	17,894	215,201	12.03	18
19	Laundry	4,632	5,093	55,150	10.83	19
20	Administrator	2,080	2,080	107,800	51.83	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,364	20,087	418,420	20.83	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	3,540	3,895	68,718	17.64	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Hospitality</u>	2,526	2,781	38,554	13.86	33
34	TOTAL (lines 1 - 33)	298,235	327,771	\$ 6,087,679 *	\$ 18.57	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$		35
36	Medical Director	Monthly 10,777	9, 3	36
37	Medical Records Consultant	Monthly 1,990	10, 3	37
38	Nurse Consultant			38
39	Pharmacist Consultant			39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 12,767		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$	10, 3	50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	\$		53

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Heartland of Moline

0049403

Report Period Beginning:

01/01/15

Ending:

12/31/15

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. ICHA \$3494 & AHCA \$2191
- (3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 5-10 YEARS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 56,174 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? YES
If YES, give effective date of lease. 04/07/11
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 258,356
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. \$ 1,041
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? NO
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. NO
Attach invoices and a summary of services for all architect and appraisal fees.