

Facility Name & ID Number Heritage Fifty Three

0024836 Report Period Beginning: 7/1/14 Ending: 6/30/15

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		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	48	Intermediate/DD	48	17,520	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	48	TOTALS	48	17,520	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					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	17,390			17,390	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	17,390			17,390	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 99.26%

D. How many bed-hold days during this year were paid by the Department? 130 (Do not include bed-hold days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 11/13/79

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/13/79 NO

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

Medicare Intermediary No

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 07/01/2014 Fiscal Year: 6/30/15

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

Facility Name & ID Number

Heritage Fifty Three

0024836

Report Period Beginning:

7/1/14

Ending:

6/30/15

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	146,293	4,973	2,483	153,749		153,749		153,749		1
2	Food Purchase		140,559		140,559	(17,953)	122,606	131	122,737		2
3	Housekeeping	33,132	19,314	10,079	62,525		62,525	313	62,838		3
4	Laundry		5,300	87,449	92,749		92,749		92,749		4
5	Heat and Other Utilities							1,374	1,374		5
6	Maintenance	19,493	60,889	1,568	81,950		81,950	3,938	85,888		6
7	Other (specify):*										7
8	TOTAL General Services	198,918	231,035	101,579	531,532	(17,953)	513,579	5,756	519,335		8
	B. Health Care and Programs										
9	Medical Director			4,725	4,725		4,725		4,725		9
10	Nursing and Medical Records	1,167,816	62,196	111,689	1,341,701		1,341,701	2,525	1,344,226		10
10a	Therapy										10a
11	Activities		1,315		1,315		1,315		1,315		11
12	Social Services	87,477			87,477		87,477		87,477		12
13	CNA Training	53,728	575		54,303		54,303		54,303		13
14	Program Transportation		16,833		16,833		16,833		16,833		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,309,021	80,919	116,414	1,506,354		1,506,354	2,525	1,508,879		16
	C. General Administration										
17	Administrative	61,252			61,252		61,252	177,866	239,118		17
18	Directors Fees										18
19	Professional Services							20,056	20,056		19
20	Dues, Fees, Subscriptions & Promotions			23,005	23,005		23,005	23,650	46,655		20
21	Clerical & General Office Expenses	9,448	9,353	20,839	39,640		39,640	7,725	47,365		21
22	Employee Benefits & Payroll Taxes			393,625	393,625	17,953	411,578	58,302	469,880		22
23	Inservice Training & Education							1,442	1,442		23
24	Travel and Seminar			462	462		462	673	1,135		24
25	Other Admin. Staff Transportation		1,521		1,521		1,521	1,236	2,757		25
26	Insurance-Prop.Liab.Malpractice			15,498	15,498		15,498	2,515	18,013		26
27	Other (specify):*										27
28	TOTAL General Administration	70,700	10,874	453,429	535,003	17,953	552,956	293,465	846,421		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,578,639	322,828	671,422	2,572,889		2,572,889	301,746	2,874,635		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.

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Fifty Three

0024836

Report Period Beginning:

7/1/14

Ending:

6/30/15

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	12,866	0	0	0	0	0	0	0	0	12,866	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	359	0	0	0	0	0	0	0	0	359	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	0	0	13,225	0	13,225	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)	0	297,322	17,649	0	0	0	0	0	0	0	0	314,971	45

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			118,798	118,798	118,798	12,866	131,664				30
31	Amortization of Pre-Op. & Org.											31
32	Interest						359	359				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			118,798	118,798	118,798	13,225	132,023				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			160,396	160,396	160,396		160,396				42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			160,396	160,396	160,396		160,396				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,578,639	322,828	950,616	2,852,083	2,852,083	314,971	3,167,054				45

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

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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-	BHF USE	
			ence	ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$		\$	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)	314,972		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 314,972		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 314,972		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.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Heritage Fifty Three

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Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1		\$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Fifty Three# 0024836

Report Period Beginning:

7/1/14

Ending:

6/30/15

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	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	0	131	0	0	0	0	0	0	0	0	0	131	2
3	Housekeeping	0	313	0	0	0	0	0	0	0	0	0	313	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	1,374	0	0	0	0	0	0	0	0	0	1,374	5
6	Maintenance	0	3,938	0	0	0	0	0	0	0	0	0	3,938	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	5,756	0	0	0	0	0	0	0	0	0	5,756	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	2,525	0	0	0	0	0	0	0	0	0	2,525	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	2,525	0	0	0	0	0	0	0	0	0	2,525	16
	C. General Administration													
17	Administrative	0	177,866	0	0	0	0	0	0	0	0	0	177,866	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	20,056	0	0	0	0	0	0	0	0	0	20,056	19
20	Fees, Subscriptions & Promotions	0	23,650	0	0	0	0	0	0	0	0	0	23,650	20
21	Clerical & General Office Expenses	0	7,725	0	0	0	0	0	0	0	0	0	7,725	21
22	Employee Benefits & Payroll Taxes	0	58,302	0	0	0	0	0	0	0	0	0	58,302	22
23	Inservice Training & Education	0	1,442	0	0	0	0	0	0	0	0	0	1,442	23
24	Travel and Seminar	0	0	673	0	0	0	0	0	0	0	0	673	24
25	Other Admin. Staff Transportation	0	0	1,236	0	0	0	0	0	0	0	0	1,236	25
26	Insurance-Prop.Liab.Malpractice	0	0	2,515	0	0	0	0	0	0	0	0	2,515	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	0	289,041	4,424	0	0	0	0	0	0	0	0	293,465	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	0	297,322	4,424	0	0	0	0	0	0	0	0	301,746	29

Facility Name & ID Number

Heritage Fifty Three

0024836

Report Period Beginning:

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6/30/15

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
None						

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	2 Food and Beverage	\$	ARCQCA	100.00%	\$ 131	\$	131	1
2	V	3 Housekeeping		ARCQCA	100.00%	313		313	2
3	V	5 Utilities		ARCQCA	100.00%	1,374		1,374	3
4	V	6 Maintenance		ARCQCA	100.00%	3,938		3,938	4
5	V	19 Account/Consult		ARCQCA	100.00%	19,389		19,389	5
6	V	19 Legal Fees		ARCQCA	100.00%	667		667	6
7	V	17 Administration Salaries		ARCQCA	100.00%	177,866		177,866	7
8	V	20 Sub/Promotion/Printing		ARCQCA	100.00%	23,650		23,650	8
9	V	21 Other Supplies		ARCQCA	100.00%	5,426		5,426	9
10	V	21 Telephone		ARCQCA	100.00%	2,299		2,299	10
11	V	22 Employee Benefits		ARCQCA	100.00%	58,302		58,302	11
12	V	10 Medical/Hygiene Supplies		ARCQCA	100.00%	2,525		2,525	12
13	V	23 Staff Training		ARCQCA	100.00%	1,442		1,442	13
14	Total		\$			\$ 297,322	\$ *	297,322	14

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

VII. RELATED PARTIES (continued)

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)		
15	V	24 Travel Seminar	\$	ARCQCA	100.00%	\$ 673	\$	673	15
16	V	25 Other Administration, Staff Transportation		ARCQCA	100.00%	1,236		1,236	16
17	V	26 Insurance/Prof/Liability		ARCQCA	100.00%	2,515		2,515	17
18	V	32 Interest Mortgage		ARCQCA	100.00%	359		359	18
19	V	30 Depreciation		ARCQCA	100.00%	12,866		12,866	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$			\$ 17,649	\$ *	17,649	39

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

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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								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number

Heritage Fifty Three

#

0024836

Report Period Beginning:

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Ending:

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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									\$		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

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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 The Arc of the Quad Cities Area
 Street Address 4016 9th Street
 City / State / Zip Code Rock Island IL 61201
 Phone Number (309-786-6474
 Fax Number (309-786-9861

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	2	Food and Beverage	The percentage of budgeted	1,339,856	17 programs	\$ 481	\$ 366,286	\$ 131	1
2	3	Housekeeping	Administrative costs are	1,339,856	17 programs	1,146	366,286	313	2
3	5	Utilities	to be allocated base on	1,339,856	17 programs	5,025	366,286	1,374	3
4	6	Maintenance	percentage of salary	1,339,856	17 programs	14,405	366,286	3,938	4
5	19	Accountant/Consultant		1,339,856	17 programs	70,925	366,286	19,389	5
6	19	Legal Fees		1,339,856	17 programs	2,441	366,286	667	6
7	17	Administrative Salaries		1,339,856	17 programs	650,625	366,286	177,866	7
8	20	Sub/Promotion/Printing		1,339,856	17 programs	86,512	366,286	23,650	8
9	21	Office Expense		1,339,856	17 programs	19,849	366,286	5,426	9
10	21	Telephone		1,339,856	17 programs	8,409	366,286	2,299	10
11	22	Employee Benefit		1,339,856	17 programs	213,266	366,286	58,302	11
12	10	Medical/Hygiene Supplies		1,339,856	17 programs	9,237	366,286	2,525	12
13	23	Staff Training		1,339,856	17 programs	5,274	366,286	1,442	13
14	24	Travel Seminar		1,339,856	17 programs	2,460	366,286	673	14
15	25	Other Administration, Staff Transportation		1,339,856	17 programs	4,522	366,286	1,236	15
16	26	Insurance/Prof/Liability		1,339,856	17 programs	9,201	366,286	2,515	16
17	32	Interest Mortgage		1,339,856	17 programs	1,313	366,286	359	17
18	30	Depreciation		1,339,856	17 programs	47,064	366,286	12,866	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,152,155	\$	\$ 314,971	25

Facility Name & ID Number

Heritage Fifty Three

0024836

Report Period Beginning:

7/1/14

Ending:

6/30/15

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	2	3	4	5	6		8	9	10									
					Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
						YES							NO	Original				Balance
A. Directly Facility Related																		
Long-Term																		
1						\$	\$			\$	1							
2											2							
3											3							
4											4							
5											5							
Working Capital																		
6											6							
7											7							
8											8							
9	TOTAL Facility Related					\$	\$			\$	9							
B. Non-Facility Related*																		
10											10							
11											11							
12											12							
13											13							
14	TOTAL Non-Facility Related					\$	\$			\$	14							
15	TOTALS (line 9+line14)					\$	\$			\$	15							

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

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

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

Facility Name & ID Number Heritage Fifty Three# 0024836

Report Period Beginning:

7/1/14

Ending:

6/30/15

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2014 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	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.)				\$	2
3. Under or (over) accrual (line 2 minus line 1).				\$	3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	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.				\$	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2010	_____	8	
		2011	_____	9	
		2012	_____	10	
		2013	_____	11	
		2014	_____	12	
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 Heritage Fifty Three COUNTY Rock Island

FACILITY IDPH LICENSE NUMBER 0024836

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 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.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <u>_____</u>	\$ <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 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 Heritage Fifty Three

0024836 Report Period Beginning:

7/1/14 Ending:

6/30/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 30,376 B. General Construction Type: Exterior Brick/Siding Frame Steel Construction 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).

None

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: None 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>DD Facility</u>	<u>196,020</u>	<u>1980</u>	<u>\$ 98,594</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	196,020		\$ 98,594	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	48	1980	1979	\$	\$	40	\$	\$	\$	4
5		1998	1998	9,995		31.5				5
6										6
7										7
8										8
Improvement Type**										
9	Shower Renovation		1985	92,597	4,644	20	4,644		106,529	9
10	Remodel Restroom/Asphalt driveway		1986	6,987		20			6,987	10
11	Remodel Kitchen		1988	4,339					4,339	11
12	Asphalt Parking Lot/Remodel Kitchen #2		1989	17,029					17,029	12
13	Air Conditioning/Kitchen		1992	6,808	216	31.5	216		7,610	13
14	Roof Repairs, Asphalt, Remodeling		1993	15,650	497	31.5	497		11,810	14
15	Plumbing Repairs, Sidewalk Ramp		1994	8,220	487	31.5	487		9,638	15
16	Roof and Hot Water Repairs		1995	22,625	1,385	31.5	1,385		26,407	16
17	New Hot Water System		1996	50,449	1,149	31.5	1,149		21,256	17
18	Hot Water Continuation		1997	35,175	1,116	31.5	1,116		19,530	18
19	Hot Water Continuation		1997	4,202	210	31.5	210		3,570	19
20	Parking Lot Blacktop		1997	3,430	434	31.58	434		7,194	20
21	Shopper Driveway, Fire Alarm, Water Tank Tub		1998	35,520	1,032	31.5	1,032		15,996	21
22	Air/Fire Doors, Concrete Walks, Fuel Storage Tank		1999	35,720	1,134	31.5	1,134		24,180	22
23	8 Power Doors		2000	9,485	301	31.5	301		3,763	23
24	Automatic Doors		2000	9,989	317	31.5	317		4,280	24
25	Concrete Walk/5 Areas		2000	2,250	81	31.5	81		1,012	25
26	Electrical for Auto Doors		2000	1,414	45	31.5	45		607	26
27	Electrical for Auto Doors		2000	1,365	43	31.5	43		581	27
28	Install Whirlpool tub		2000	7,320	232	31.5	232		3,132	28
29	Bedroom Remodel/Salary Expense		2000	1,169	37	31.5	37		500	29
30	Twin Furnaces		2000	5,520	175	31.5	175		2,363	30
31	Blacktop Parking Lot		2001	3,960	126	31.5	126		1,574	31
32	Air Conditioning Repairs		2001	1,411	45	31.5	45		562	32
33	Install 8 Furnace Units		2001	10,400	330	31.5	330		4,125	33
34	Install 2 Air Conditioning Units		2001	4,250	135	31.5	135		1,687	34
35	Install Air Conditioning Units in Kitchen		2001	1,750	56	31.5	56		700	35
36	Electrical for Home Theatre		2001	530	17	31.5	17		212	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 Heritage Fifty Three

0024836

Report Period Beginning:

7/1/14

Ending:

6/30/15

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	Kick Plates/Door Guards	2001	\$ 900	\$ 29	31.5	\$ 29	\$	\$ 362	37
38	Concrete Sidewalk/Ramp	2002	3,525	112	31.5	112		1,288	38
39	Install 2 air Conditioning	2002	2,125	67	31.5	67		771	39
40	Install 5 Fire Doors	2002	643	20	31.5	20		230	40
41	Motor for Air Conditioning Unit	2002	500	16	31.5	16		184	41
42	Re-Tile Floors	2002	18,750	595	31.5	595		6,843	42
43	Install 4 Wood Fire Doors	2002	546	17	31.5	17		196	43
44	Install Accordian Door	2002	4,495	143	31.5	143		1,501	44
45	Install Kitchen Hood Exhaust Fan	2002	2,114	67	31.5	67		771	45
46	Install 8 Countertops	2002	1,140	36	31.5	36		414	46
47	Install Sensory Room/Electrical Work	2002	1,606	51	31.5	51		586	47
48	Grease Trap	2004	3,640	116	31.5	116		1,218	48
49	Repairs to Automatic Doors	2004	2,805	89	31.5	89		935	49
50	Sewer Repairs	2004	3,537	112	31.5	112		1,176	50
51	Re-Tile Kitchen Floor	2004	2,158	69	31.5	69		724	51
52	Sensory Room Electrical Work	2004	1,425	45	31.5	45		541	52
53	Install Air Conditioning Unit	2005	2,035	64	31.5	64		608	53
54	Update Fire System in Kitchen	2005	2,345	74	31.5	74		703	54
55	Install 29 Windows	2005	9,831	312	31.5	312		2,964	55
56	Install Whirlpool tub	2005	2,898	92	31.5	92		874	56
57	Concrete Sidewalks	2005	3,650	116	31.5	116		1,102	57
58	Kitchen Cabinets	2005	4,705	149	31.5	149		1,416	58
59	Install Bathroom Tiles	2005	4,155	132	31.5	132		1,254	59
60	Install Lights/Electrical Work	2005	10,120	321	31.5	321		3,050	60
61	Install Ceiling Tiles/Drywall	2005	21,746	690	31.5	690		6,555	61
62	Building Renovations/RV	2006	62,226	1,975	31.5	1,975		16,788	62
63	Building Renovations/BV	2006	5,703	181	31.5	181		1,539	63
64	Install Fence Around 4 Buildings	2006	9,630	306	31.5	306		2,601	64
65	Concrete Patios/RV	2006	5,450	173	31.5	173		1,471	65
66	Concrete Patios/ER	2006	6,100	194	31.5	194		1,649	66
67	Commercial Garbage Disposal/Main Kitchen	2006	1,571	50	31.5	50		425	67
68	Replace Mixing Valves	2006	2,773	88	31.5	88		748	68
69	Remodel PT Room	2006	13,283	422	31.5	422		3,587	69
70	TOTAL (lines 4 thru 69)		\$ 627,689	\$ 21,167		\$ 21,167	\$	\$ 372,247	70

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

Facility Name & ID Number Heritage Fifty Three

0024836

Report Period Beginning:

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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		\$ 627,689	\$ 21,167		\$ 21,167	\$	\$ 372,247	1
2	Generator Repairs	2007	1,244	39	31.5	39		293	2
3	Install New Bedroom and Bathroom Doors	2007	6,611	210	31.5	210		1,575	3
4	Re-Tile Main Building Office/Hallways	2007	4,175	133	31.5	133		997	4
5	Sidewalk Repair between LW/RV	2007	1,200	38	31.5	38		285	5
6	New Fence around all buildings	2007	13,267	421	31.5	421		3,158	6
7	Install Fire Wall	2007	850	27	31.5	27		202	7
8	Build/Repair Walls	2007	1,400	44	31.5	44		330	8
9	Repair 3 Doors BV	2007	680	22	31.5	22		242	9
10	Install Air Conditioning Unit in Kitchen	2007	2,900	92	31.5	92		690	10
11	Install 22 Windows in LW	2007	8,360	265	31.5	265		1,988	11
12	Replace Door and Lock RV	2007	990	31	31.5	31		237	12
13	Clean Mixing Valves	2007	6,519	207	31.5	207		1,552	13
14	Install Kitchen Cabinets	2007	1,269	40	31.5	40		300	14
15	Repair Hot Water Heater RV	2007	1,578	50	31.5	50		375	15
16	Install 3 Soft Lite Windows	2007	1,259	40	31.5	40		300	16
17	Blacktop Front Circle Drive	2008	2,700	86	31.5	86		731	17
18	Repair Ducts in Main Office Building	2008	1,056	34	31.5	34		221	18
19	Install 16 KW Generator	2008	13,200	419	31.5	419		2,724	19
20	Electrical Work/Main Office Building	2008	931	30	31.5	30		216	20
21	Wall/Plaster Repair Riverview	2008	1,125	36	31.5	36		234	21
22	Plumbing Work/Laundry Facilities Riverview	2008	1,596	51	31.5	51		331	22
23	Clean Vents/Ducts Birchview	2008	965	31	31.5	31		201	23
24	Plumbing Work/Laundry & Sink Hookup Birchview	2008	1,023	32	31.5	32		208	24
25	RegROUT Showers Birchview	2008	1,000	32	31.5	32		208	25
26	Install 4 Windows Birchview	2008	1,440	46	31.5	46		299	26
27	Install Closet Doors Birchview	2008	1,912	61	31.5	61		396	27
28	Install 4 Double Dressers Birchview	2008	3,680	117	31.5	117		760	28
29	Install Light Fixtures Birchview	2008	2,450	78	31.5	78		507	29
30	New Roof Birchview	2008	17,460	554	31.5	554		3,601	30
31	Wall/Plaster Repair Lakewood Remodel	2008	2,440	77	31.5	77		501	31
32	Wall Protectors and Installation Lakewood Remodel	2008	6,398	203	31.5	203		1,320	32
33	Install Bathroom Countertop/Towel Bar Lakewood Remodel	2008	1,590	50	31.5	50		325	33
34	TOTAL (lines 1 thru 33)		\$ 740,957	\$ 24,763		\$ 24,763	\$	\$ 397,554	34

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

Facility Name & ID Number Heritage Fifty Three

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		\$ 740,957	\$ 24,763		\$ 24,763	\$	\$ 397,554	1
2	Tile/Grout Work Kitchen Lakewood Remodel	2008	846	27	31.5	27		175	2
3	RegROUT Showers Lakewood Remodel	2008	2,000	63	31.5	63		410	3
4	New Window Blinds Lakewood Remodel	2008	5,041	160	31.5	160		1,040	4
5	Painting Lakewood Remodel	2008	1,905	60	31.5	60		390	5
6	Install Built-In Bedroom Dressers Lakewood Remodel	2008	3,640	116	31.5	116		754	6
7	Install 17 Windows Lakewood Remodel	2008	6,120	194	31.5	194		1,261	7
8	Install 8 Bathroom Mirrors Lakewood Remodel	2008	982	31	31.5	31		172	8
9	New Tile Flooring Lakewood	2008	2,267	72	31.5	72		468	9
10	Install New Bathroom Sinks/Drains Lakewood Remodel	2008	6,386	203	31.5	203		1,319	10
11	Install 16 closet Doors Lakewood Remodel	2008	7,648	242	31.5	242		1,573	11
12	Laminate 5 Med Closet Doors Lakewood Remodel	2008	1,090	34	31.5	34		226	12
13	Relaminate doors Lakewood Remodel	2008	4,270	136	31.5	136		884	13
14	Install New Doors/Frames Lakewood Remodel	2008	5,050	160	31.5	160		1,040	14
15	Electrical Work/Install Light Fixtures Lakewood Remodel	2008	15,892	505	31.5	505		3,282	15
16	Hardware supplies Lakewood Remodel	2008	1,933	61	31.5	61		397	16
17	Clean Vents/Ducts Lakewood	2008	965	31	31.5	31		201	17
18	Sidewalk Repair Lakewood	2008	7,050	224	31.5	224		1,456	18
19	New Roof on Riverview	2009	13,337	423	31.5	423		2,327	19
20	Install Handrails in Lakewood	2009	3,295	105	31.5	105		577	20
21	New Roof on Lakewood	2009	13,337	423	31.5	423		2,327	21
22	New Roof Main Building	2009	13,337	423	31.5	423		2,327	22
23	Concrete Work/Sidewalk Repair Main Building	2009	8,250	262	31.5	262		1,441	23
24	Underground Storage Tank	2009	1,134	36	31.5	36		198	24
25	Install New Ceiling Grid in Kitchen Main Building	2009	735	23	31.5	23		127	25
26	Install Additional Fire System Main Building	2009	5,384	171	31.5	171		940	26
27	New Shed	2009	1,506	48	31.5	48		264	27
28	New Tile Floor Main Building	2009	498	16	31.5	16		88	28
29	Repair Air Conditioning Units	2009	1,692	54	31.5	54		297	29
30	Repair Gutters Main Building	2009	1,150	37	31.5	37		203	30
31	Build Block Wall Main Building	2009	750	24	31.5	24		132	31
32	Install Circulating Pump Main Building	2009	1,466	47	31.5	47		258	32
33	Water Main Break Repairs Main Building	2009	11,806	375	31.5	375		2,062	33
34	TOTAL (lines 1 thru 33)		\$ 891,719	\$ 29,549		\$ 29,549	\$	\$ 426,170	34

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

Facility Name & ID Number Heritage Fifty Three

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		\$ 891,719	\$ 29,549		\$ 29,549	\$	\$ 426,170	1
2	Plumbing Repairs Main Building	2009	764	24	31.5	24		132	2
3	Install Generator/AMP Meter to Birchview	2009	11,000	349	31.5	349		1,571	3
4	Repairs to Fire Alarm Box in Birchview	2009	1,128	36	31.5	36		198	4
5	Install Vanities in Bathroom birchview Remodel	2009	10,251	325	31.5	325		1,788	5
6	Built In Closet and Dressers Birchview Remodel	2009	18,516	588	31.5	588		3,234	6
7	Install Vertical Blinds Birchview Remodel	2009	3,390	108	31.5	108		594	7
8	Install New Lights Birchview Remodel	2009	9,907	315	31.5	315		1,732	8
9	Install Exterior Door Birchview Remodel	2009	1,286	41	31.5	41		225	9
10	Install/Re-Laminate Doors Birchview Remodel	2009	5,322	169	31.5	169		929	10
11	Install New Doors Locks Birchview Remodel	2009	1,349	43	31.5	43		236	11
12	Install 9 Mirrors Birchview Remodel	2009	1,140	36	31.5	36		198	12
13	Install Corner Boards/Cove Base Birchview Remodel	2009	4,353	138	31.5	138		759	13
14	Supplies for Birchview Remodel	2009	1,144	36	31.5	36		198	14
15	Concrete Work Birchview Remodel	2009	2,250	71	31.5	71		391	15
16	Kitchen Remodel/Install Backsplash Birchview Remodel	2009	5,909	188	31.5	188		1,034	16
17	Plumbing Work Birchview remodel	2009	2,050	65	31.5	65		358	17
18	Baseboard Heat birchview	2009	610	19	31.5	19		105	18
19	Electrical Work Birchview Remodel	2009	2,354	75	31.5	75		412	19
20	Concrete Pad for Generator H53	2010	1,700	54	31.5	54		243	20
21	Tile Showers	2010	614	19	31.5	19		86	21
22	Generator for Birchview	2010	6,125	194	31.5	194		873	22
23	Electrical Work for Generator Birchview	2010	3,000	95	31.5	95		428	23
24	Siding Lakewood	2010	17,500	556	31.5	556		2,502	24
25	Compressors for Air Conditioning Units at Lakewood	2010	3,844	122	31.5	122		549	25
26	Concrete Sidewalks/Drive Apron	2010	5,700	181	31.5	181		814	26
27	New Siding All Buildings	2011	68,494	2,174	31.5	2,174		9,783	27
28	Engineering/Sprinkler System	2011	11,060	351	31.5	351		1,580	28
29	Architect Services	2011	1,000	32	31.5	32		144	29
30	Repair 6 Doors Lakewood	2011	1,058	34	31.5	34		153	30
31	Install 100 Gallon Hot Water Heater	2011	3,275	104	31.5	104		468	31
32	Install 3 Air Conditioning Units	2011	5,264	167	31.5	167		752	32
33	Landscaping	2012	9,478	301	31.5	301		1,053	33
34	TOTAL (lines 1 thru 33)		\$ 1,112,554	\$ 36,559		\$ 36,559	\$	\$ 459,692	34

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

Facility Name & ID Number Heritage Fifty Three

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		\$ 1,112,554	\$ 36,559		\$ 36,559	\$	\$ 459,692	1
2	Install Security/CO Detectors	2012	1,016	31	31.5	32	1	112	2
3	Replace Air Conditioning Units with Warrangy	2012	7,673	244	31.5	244		854	3
4	Replace Roof Respite Building	2012	9,741	309	31.5	309		1,082	4
5	Siding Main/Center Building	2012	21,422	680	31.5	680		2,370	5
6	New Asphalt Driveway in Front	2012	23,500	746	31.5	746		2,611	6
7	Install Security/Fire Alarms all buildings	2012	10,061	319	31.5	319		1,117	7
8	Install Wall Protectors	2012	2,464	78	31.5	78		273	8
9	Repair Doors in three of the buildings	2012	2,360	75	31.5	75		262	9
10	Architect Services for Sprinkler Systems	2012	1,150	37	31.5	37		129	10
11	Engineering Services for Sprinkler System	2012	3,144	100	31.5	100		350	11
12	Install Sprinkler System in all Buildings	2012	103,448	3,284	31.5	3,284		11,494	12
13	Repair Broken Pipe	2012	2,435	77	31.5	77		270	13
14	Install Garbage Disposal Main Kitchen #3	2012	2,450	78	31.5	78		273	14
15	Install Handrails and Parking Stops front Main Building #3	2012	5,652	179	31.5	179		627	15
16	New Thermostat Main Building #3	2012	1,956	62	31.5	62		217	16
17	Sidewalk Repair	2012	5,063	161	31.5	161		563	17
18	Install AC Units	2012	5,843	185	31.5	185		648	18
19	Install Sprinkler System in All Buildings	2012	46,997	1,492	31.5	1,492		5,225	19
20	Landscaping	2012	2,520	80	31.5	80		280	20
21	Install Additional Doors Lakewood	2012	3,223	102	31.5	102		357	21
22	Repairs to Shower	2013	1,104	35	31.5	35		88	22
23	Landscaping	2013	2,520	80	31.5	80		200	23
24	Replace Motor AC Unit	2013	1,252	40	31.5	40		100	24
25	Install Doors	2013	3,223	102	31.5	102		255	25
26	Replace Furnace Pump	2013	1,553	49	31.5	49		123	26
27	Fire Sprinkler System	2013	46,997	1,492	31.5	1,492		4,476	27
28	Parking Lot Repair	2013	29,300	930	31.5	930		2,325	28
29	Install Bedroom Door	2014	642	20	31.5	20		30	29
30	New Carpet in Hallway Building #2	2014	836	27	31.5	27		40	30
31	Repair Broken Line Riverview	2014	2,057	65	31.5	65		98	31
32	Repair Circuit Board Furnace	2014	892	28	31.5	28		42	32
33	Soffet Repair	2014	616	20	31.5	20		30	33
34	TOTAL (lines 1 thru 33)		\$ 1,465,664	\$ 47,766		\$ 47,767	\$ 1	\$ 496,613	34

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

Facility Name & ID Number Heritage Fifty Three

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 1,465,664	\$ 47,766		\$ 47,767	\$ 1	\$ 496,613	1
2	Sprinkler Repair-New Lines	2014	1,736	55	31.5	55		83	2
3	Transfer Switch/Generator	2014	1,699	54	31.5	54		81	3
4	New Tiles Birchview	2015	572	9	31.5	9		9	4
5	AC Unit Kitchen H53	2015	2,285	36	31.5	36		36	5
6	Sidewalk Repair H53	2015	1,300	21	31.5	21		21	6
7	Replace Exterior Door H53	2015	1,898	30	31.5	30		30	7
8	Install Hot Water Heater Birchview	2015	3,750	60	31.5	60		60	8
9	Repair Sewer Line Lakewood	2015	2,006	32	31.5	32		32	9
10	Mixing Valve Repairs H53	2015	2,099	33	31.5	33		33	10
11	Install Hot Water Heater Riverview	2015	3,850	61	31.5	61		61	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	TOTAL (lines 1 thru 33)		\$ 1,486,859	\$ 48,157		\$ 48,158	\$ 1	\$ 497,059	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	\$ 670,219	\$ 76,307	\$ 76,307	\$	10	\$ 442,418	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 670,219	\$ 76,307	\$ 76,307	\$		\$ 442,418	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	Patient Care	2009 Chevy Uplander	2009	\$ 36,000	\$ 7,200	\$ 7,200	\$	5	\$	76
77										77
78										78
79										79
80	TOTALS			\$ 36,000	\$ 7,200	\$ 7,200	\$		\$	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)	\$ 2,291,672	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 131,664	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 131,664	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 939,477	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:				\$			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: \$ _____ Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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 checked="" type="checkbox"/> YES <input 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="text" value="55"/></p> <p>IN OTHER FACILITY <input type="text"/></p> <p>COMMUNITY COLLEGE <input type="text"/></p> <p>HOURS PER CNA <input type="text" value="55"/></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="text" value="80"/></p> <p>IN OTHER FACILITY <input type="text"/></p> <p>HOURS PER CNA <input type="text" value="80"/></p>
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B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	225	350		575
3	Classroom Wages (a)	3,825	5,950		9,775
4	Clinical Wages (b)	5,103	7,938		13,041
5	In-House Trainer Wages (c)	12,096	18,816		30,912
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 21,249	\$ 33,054	\$	\$ 54,303
10	SUM OF line 9, col. 1 and 2 (e)	\$ 54,303			

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	14
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	9
2. From other facilities (f)	
TOTAL TRAINED	23

- (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		hrs	\$		\$	\$		\$	1	
2	Licensed Speech and Language Development Therapist		hrs							2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist		hrs							4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy		# of prescrpts							9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):									12	
13	Other (specify):									13	
14	TOTAL			\$		\$	\$		\$	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 Heritage Fifty Three# 0024836Report Period Beginning: 7/1/14

Ending:

6/30/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/15

(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	\$ 1,301,988	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	301,790		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	21,051		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,624,829	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	98,594		13
14	Buildings, at Historical Cost	1,487,459		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	706,219		16
17	Accumulated Depreciation (book methods)	(939,477)		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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,352,795	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,977,624	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 69,000	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	380,628		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation	118,855		34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 568,483	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	84,458		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)	\$ 84,458	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 652,942	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 2,324,682	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,977,624	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,425,372	1
2	Restatements (describe):		2
3	Fixed Asset Reclassification	41,232	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,466,604	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(141,922)	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)	\$ (141,922)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,324,682	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	\$ 2,548,503	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,548,503	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education	431	9
10	Other Government Grants	7,117	10
11	CNA Training Reimbursements	28,822	11
12	Gift and Coffee Shop	1,335	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	24,989	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	22,092	21
22	Laundry	34,112	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 118,898	23
D. Non-Operating Revenue			
24	Contributions	39,572	24
25	Interest and Other Investment Income***	3,188	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 42,760	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 2,710,161	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	531,532	31
32	Health Care	1,506,354	32
33	General Administration	535,003	33
B. Capital Expense			
34	Ownership	118,798	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	160,396	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 2,852,083	40
41	Income before Income Taxes (line 30 minus line 40)**	(141,922)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (141,922)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	49

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

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

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

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

Facility Name & ID Number Heritage Fifty Three

0024836

Report Period Beginning:

7/1/14

Ending:

6/30/15

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	1,400	1,427	\$ 37,156	\$ 26.04	1
2	Assistant Director of Nursing					2
3	Registered Nurses					3
4	Licensed Practical Nurses	13,194	13,447	243,534	18.11	4
5	CNAs & Orderlies					5
6	CNA Trainees	2,420	2,466	22,816	9.25	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,881	1,917	28,032	14.62	13
14	Head Cook					14
15	Cook Helpers/Assistants	11,378	11,594	118,261	10.20	15
16	Dishwashers					16
17	Maintenance Workers	893	910	19,493	21.42	17
18	Housekeepers	3,313	3,380	33,132	9.80	18
19	Laundry					19
20	Administrator	2,159	2,203	61,252	27.80	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	380	387	5,340	13.80	23
24	Clerical	292	298	4,108	13.79	24
25	Vocational Instruction					25
26	Academic Instruction	2,190	2,235	30,912	13.83	26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	4,912	5,013	87,477	17.45	28
29	Resident Services Coordinator	9,022	9,206	141,597	15.38	29
30	Habilitation Aides (DD Homes)	68,473	69,871	745,529	10.67	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	121,907	124,354	\$ 1,578,639 *	\$ 12.69	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	50	\$ 2,483	L1C3	35
36	Medical Director				36
37	Medical Records Consultant	Annual	4,725	L9C3	37
38	Nurse Consultant	18	900	L10C3	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)	68	\$ 8,108		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

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		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Heritage Fifty Three# 0024836Report Period Beginning: 7/1/14Ending: 6/30/15**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount. No
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (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?
What was the average life used for new equipment added during this period? Yes
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 13,966 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?
If YES, give effective date of lease. No
- (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. \$ 160,396
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. \$ 17,953 Has any meal income been offset against related costs? No Indicate the amount. \$ None
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? Yes
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. \$ None
c. What percent of all travel expense relates to transportation of nurses and patients? No
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
g. Does the facility transport residents to and from day training? yes
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 25,265
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: McGladrey, LLP
- (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. n/a
Attach invoices and a summary of services for all architect and appraisal fees.