FOR BHF USE

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2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2010)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0049403

Facility Name: Heartland of Moline

Address: 833 Sixteenth Ave. (Number) Moline (City) 61265 (Zip Code)

County: Rock Island

Telephone Number: (309) 764-6744 **Fax #** (309) 764-8176

HFS ID Number:

Date of Initial License for Current Owners: 1966

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Gary Geise **Telephone Number:** (419) 252-5731
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2010 to 12/31/2010 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name) Barry A. Lazarus
(Title) Vice President, Reimbursement

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 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 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	3,188	25,230	20,352	48,770	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	3,188	25,230	20,352	48,770	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.68%

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

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A

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

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

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

I. On what date did you start providing long term care at this location?
Date started 01/01/83

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 10/16/98 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 118 and days of care provided 16,274

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] 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: 01/01/2010 Ending: 12/31/2010

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	284,069	21,568	68,955	374,592	9,011	383,603		383,603			1
2	Food Purchase		318,845		318,845		318,845	(675)	318,170			2
3	Housekeeping	214,292	12,149	1,026	227,467		227,467		227,467			3
4	Laundry	83,925	13,406	409	97,740		97,740		97,740			4
5	Heat and Other Utilities			138,360	138,360	2,430	140,790		140,790			5
6	Maintenance	48,357	9,615	65,595	123,567		123,567		123,567			6
7	Other (specify):* Medical Waste			894	894		894		894			7
8	TOTAL General Services	630,643	375,583	275,239	1,281,465	11,441	1,292,906	(675)	1,292,231			8
	B. Health Care and Programs											
9	Medical Director		30,144		30,144		30,144		30,144			9
10	Nursing and Medical Records	2,930,798	251,149	74,048	3,255,995	10,690	3,266,685		3,266,685			10
10a	Therapy	1,235,962	15,495	66,325	1,317,782		1,317,782		1,317,782			10a
11	Activities	126,187	9,254	1,603	137,044		137,044		137,044			11
12	Social Services	150,092	21	705	150,818		150,818		150,818			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,443,039	306,063	142,681	4,891,783	10,690	4,902,473		4,902,473			16
	C. General Administration											
17	Administrative	132,643		568,499	701,142	(184,095)	517,047		517,047			17
18	Directors Fees											18
19	Professional Services			14,051	14,051		14,051	(6,939)	7,112			19
20	Dues, Fees, Subscriptions & Promotions			70,838	70,838		70,838	(44,023)	26,815			20
21	Clerical & General Office Expenses	410,180	51,911	106,686	568,777		568,777	(53,718)	515,059			21
22	Employee Benefits & Payroll Taxes			1,082,761	1,082,761	41,055	1,123,816		1,123,816			22
23	Inservice Training & Education			2,412	2,412		2,412		2,412			23
24	Travel and Seminar			31,353	31,353		31,353		31,353			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			451,193	451,193		451,193		451,193			26
27	Other (specify):*							(341)	(341)			27
28	TOTAL General Administration	542,823	51,911	2,327,793	2,922,527	(143,040)	2,779,487	(105,021)	2,674,466			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,616,505	733,557	2,745,713	9,095,775	(120,909)	8,974,866	(105,696)	8,869,170			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Heartland of Moline #0049403 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			565,282	565,282	14,234	579,516		579,516			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			(6,150)	(6,150)	106,675	100,525		100,525			32
33	Real Estate Taxes			121,813	121,813		121,813		121,813			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			86,932	86,932		86,932		86,932			35
36	Other (specify):*											36
37	TOTAL Ownership			767,877	767,877	120,909	888,786		888,786			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		581,685		581,685		581,685		581,685			39
40	Barber and Beauty Shops			13,046	13,046		13,046		13,046			40
41	Coffee and Gift Shops	142,656			142,656		142,656		142,656			41
42	Provider Participation Fee			81,578	81,578		81,578		81,578			42
43	Other (specify):* IV, Xray & Lab		99,983	65,832	165,815		165,815		165,815			43
44	TOTAL Special Cost Centers	142,656	681,668	160,456	984,780		984,780		984,780			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,759,161	1,415,225	3,674,046	10,848,432		10,848,432	(105,696)	10,742,736			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: 01/01/2010 Ending: 12/31/2010

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$	10	$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(675)	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		4		8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds		21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(817)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(341)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties		21		18
19	Entertainment				19
20	Contributions	(1,000)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(6,939)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(49,803)	21		24
25	Fund Raising, Advertising and Promotional	(44,023)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Pg 5A	(2,098)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (105,696)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (105,696)		37

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

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

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		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

Heartland of Moline

ID# 0049403

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Vending Income	$ (1,958)	21	1
2	Miscelleaneous Income	(140)	21	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**	(2,098)		49

STATE OF ILLINOIS **Summary A**

Facility Name & ID Number Heartland of Moline **#** 0049403 **Report Period Beginning:** 01/01/2010 **Ending:** 12/31/2010

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 TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(675)	0	0	0	0	0	0	0	0	0	0	(675)	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**	(675)	0	0	0	0	0	0	0	0	0	0	(675)	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	(6,939)	0	0	0	0	0	0	0	0	0	0	(6,939)	19
20	Fees, Subscriptions & Promotions	(44,023)	0	0	0	0	0	0	0	0	0	0	(44,023)	20
21	Clerical & General Office Expenses	(53,718)	0	0	0	0	0	0	0	0	0	0	(53,718)	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):*	(341)	0	0	0	0	0	0	0	0	0	0	(341)	27
28	**TOTAL General Administration**	(105,021)	0	0	0	0	0	0	0	0	0	0	(105,021)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(105,696)	0	0	0	0	0	0	0	0	0	0	(105,696)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heartland of Moline # 0049403 **Report Period Beginning:** 01/01/2010 **Ending:** 12/31/2010

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

	Capital Expense D. Ownership	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)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	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	0	0	0	0	0	0	0	0	0	0	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
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(105,696)	0	0	0	0	0	0	0	0	0	0	(105,696)	45

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
HCR Manor Care, Inc	100	Health Care & Retirement Corporation of America (see H.O. Cost Report)	Toledo, OH			

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	See	Home Office Allocation	$ 568,499	HCR Manor Care, Inc	100.00%	$ 568,499	$	1
2	V	Page							2
3	V	8							3
4	V								4
5	V								5
6	V	10a	Therapy Management	25,299	Heartland Rehab Servicces, LLC	100.00%	25,299		6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 593,798			$ 593,798	$ *	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: 01/01/2010 Ending: 12/31/2010

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		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: 01/01/2010 Ending: 2/31/2010

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	$ 2,652,139	$ 1,448,591	9,912,751	$ 9,011	1
2	1	Dietary - Direct to Central Div SN	Accumulated Cost	692,663,974	92 NFs			9,912,751	0	2
3	1	Dietary - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Rehab			9,912,751	0	3
4	5	Utilities - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs			9,912,751	0	4
5	5	Utilities - Direct to Central Div SN	Accumulated Cost	692,663,974	92 NFs			9,912,751	0	5
6	5	Utilities - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	817,551		9,912,751	2,430	6
7	10	Nursing - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	2,699,818	1,331,445	9,912,751	9,174	7
8	10	Nursing - Direct to Central Div SN	Accumulated Cost	692,663,974	92 NFs			9,912,751	0	8
9	10	Nursing - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	510,057	376,446	9,912,751	1,516	9
10	17	Gen & Admin - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	24,740,566	19,625,790	9,912,751	84,068	10
11	17	Gen & Admin - Direct to Central I	Accumulated Cost	692,663,974	92 NFs	1,871,124	5,027,701	9,912,751	26,778	11
12	17	Gen & Admin - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	92,052,254	34,999,867	9,912,751	273,558	12
13	22	Emp Benefits- Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	7,290,309		9,912,751	24,772	13
14	22	Emp Benefits - Direct to Central D	Accumulated Cost	692,663,974	92 NFs			9,912,751	0	14
15	22	Emp Benefits - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	5,479,146		9,912,751	16,283	15
16	30	Depreciation - Direct to All SNFs	Accumulated Cost	2,917,243,659	353 NFs	285,954		9,912,751	972	16
17	30	Depreciation - Direct to Central D	Accumulated Cost	692,663,974	92 NFs			9,912,751	0	17
18	30	Depreciation - Pooled	Accumulated Cost	3,335,641,627	727 NFs, HHs, & Re	4,462,801		9,912,751	13,262	18
19										19
20	32	Interest				12,736,052			106,675	20
21		Non Central Div Nsg Hm Allocations				29,513,406				21
22										22
23										23
24										24
25	TOTALS					$ 185,111,177	$ 62,809,840		$ 568,499	25

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	National City Bank, Trustee			Purchased Facility		10/3/1991	$ 389,893	$ 389,893		4.4955	$ 17,528	1
2	National City Bank, Trustee			Finance Capital Additions		3/07 & 11/97	972,504	972,504		4.4955	43,719	2
3	National City Bank, Trustee			Finance Capital Additions		6/01 & 9/01	1,010,547	1,010,547		4.4955	45,429	3
4												4
5												5
	Working Capital											
6												6
7												7
8	Interest Income Other										(6,150)	8
9	TOTAL Facility Related						$ 2,372,944	$ 2,372,944			$ 100,526	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	$ 2,372,944			$ 100,526	15

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

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

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

Facility Name & ID Number Heartland of Moline # 0049403 **Report Period Beginning:** 01/01/2010 **Ending:** 12/31/2010

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2009 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 119,281	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.)		$ 120,547	2
3. Under or (over) accrual (line 2 minus line 1).		$ 1,266	3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 120,547	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.		$ 121,813	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2005	101,690	8
	2006	105,646	9
	2007	115,115	10
	2008	119,281	11
	2009	120,547	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2009	$	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.

2009 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 Gary Geise

TELEPHONE (419) 252-5731 FAX #: (419) 254-5495

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

Enter the tax index number and real estate tax assessed for 2009 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 2009.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	08-533-28-00	See Attached	$ 59,677.38	$ 59,677.38
2.	08-534-05-10	See Attached	$ 596.00	$ 596.00
3.	08-533-28-00	See Attached	$ 59,677.38	$ 59,677.38
4.	08-534-05-10	See Attached	$ 596.00	$ 596.00
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 120,546.76	$ 120,546.76

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 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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: 01/01/2010 Ending: 12/31/2010

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		1983 & 2003	$ 181,010	1
2			2006	48,251	2
3	TOTALS			$ 229,261	3

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	118		1996	1996	$ 1,033,964	$ 93,171		$ 93,171	$	$ 2,260,672	4
5				1993	56,519						5
6	11			1998	1,398,475						6
7	10 beds in 2001 & 10 beds in 2006			2001	821,410						7
8	Physical Therapy addition-general contractor			2010	267,733						8
	Improvement Type**										
9	Building Improvements (Current Year Depreciation)					313,662		313,662		2,948,867	9
10	Leasehold Improvements			1971	26,975						10
11	Leasehold Improvements			1972	1,481						11
12	Leasehold Improvements			1973	2,593						12
13	Leasehold Improvements			1974	271						13
14	Leasehold Improvements			1975	4,140						14
15	Leasehold Improvements			1976	16,237						15
16	Leasehold Improvements			1977	10,225						16
17	Leasehold Improvements			1978	5,160						17
18	Leasehold Improvements			1981	28,386						18
19	Leasehold Improvements			1982	14,373						19
20	Leasehold Improvements			1983	22,737						20
21	Leasehold Improvements			1984	5,789						21
22	Land Improvements			1985	1,470						22
23	Building Improvements			1985	109,949						23
24	Building Improvements			1986	25,262						24
25	Building Improvements			1987	16,145						25
26	Land Improvements			1987	707						26
27	Building Improvements			1988	204,870						27
28	Building Improvements			1989	3,273						28
29	Building Improvements			1990	22,292						29
30	Building Improvements			1991	8,230						30
31	Land Improvements			1991	4,771						31
32	Building Improvements			1992	16,985						32
33	Building Improvements			1993	21,450						33
34	Building Improvements			1994	51,438						34
35											35
36											36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38	Land Improvements	1995	980						38
39	Building Improvements	1995	32,598						39
40	Land Improvements: Sign, Landscatping, and Concrete Bumpers	1996	25,027						40
41	Building Improvements: Painting/Wallcovering, Carpet, Paging system,	1996	126,134						41
42	doors/fixtures,millwork,air conditioning, moving/storage, cabinets,								42
43	hand rails,electrical wiring, ceramic tile, and bathroom sinks								43
44	Building Improvements: Fire alarm	1996	45,151						44
45	Building Improvements: Intercom system	1996	27,230						45
46	Building Improvements: Renovation of lobby, foyer, busines office:	1996	94,414						46
47	architect and engineering fees, interior design costs, drywall and								47
48	corner guards, aluminum chips, electrical heating, air conditioning								48
49	fire stop installation and access doors, and storage fees								49
50	Building Improvements: Wallcovering	1996	118,024						50
51	Building Improvements: Sewer Runs	1997	10,708						51
52	Building Improvements: Wallcovering, Floor Carpet, Cabinets,	1997	120,159						52
53	door frames, millwork, carpetry, caulking, ceilings plaster,								53
54	plumbing comosite, electrical composite, sinks, conduit wiring,								54
55	door closing devices, nurses call system								55
56	Building Improvements: 18 Bed Addition, wallcovering, conncrete,	1997	334,930						56
57	doors wood, telephone system, fencing wire, electrical transformer,								57
58	HVAC, hollow metal doors, duct work								58
59	Building Improvements: Install HVAC, electrical composite	1997	291,760						59
60	Building Improvements: Roof Replacement	1997	49,483						60
61	Building Improvements: Door	1997	1,042						61
62	Building Improvements: Siding on new additon	1997	4,993						62
63	Building Improvement: VWC from Inventory	1997	1,464						63
64	Land Improvements: Sign	1997	593						64
65	Land Improvements: Landscaping	1997	801						65
66	Land Improvements: Fence	1997	5,422						66
67	Bldg. Improvements: Cupola	1998	5,440						67
68	Bldg. Improvements: HVAC	1998	23,069						68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,522,732	$ 406,833		$ 406,833	$	$ 5,209,539	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: 01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 5,522,732	$ 406,833		$ 406,833	$	$ 5,209,539	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	$ 406,833		$ 406,833	$	$ 5,209,539	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: 01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 5,809,233	$ 406,833		$ 406,833	$	$ 5,209,539	1
2									2
3	Addt'l cost sinks	2000	218						3
4	Addt'l cost carpeting	2000	59						4
5	Addt'l cost carpet	2000	94						5
6	Retainer on boiler room exhaust	2000	632						6
7	Replace door in laundry	2000	4,932						7
8	Bldg Imprv - Carpentry/Wallcovering	2001	11,535						8
9	Bldg Imprv - Carpentry/Electrical	2001	60,645						9
10	Bldg Imprv - Wallcovering	2001	11,630						10
11	Land Imprv - Concrete work	2001	4,941						11
12	Land Imprv - Walkway & Canopy	2001	3,858						12
13	Wire Component Connection	2001	2,543						13
14	Wire Component Connection	2002	327						14
15	Wire Component Connection	2002	402						15
16	Building Addition - VWC - Corridor	2002	19,847						16
17	Paint, VWC - Corridor Renovation	2001	45,377						17
18	Corner Guards	2002	7,153						18
19	Mini-Edger	2002	729						19
20	Corner Guards - Asset adjustment	2002	(4,953)						20
21	Building Addition - Paving/Landscaping	2002	8,679						21
22	Building Addition - Paving/Landscaping	2002	8,397						22
23	Building Addition - Paving/Landscaping	2002	111,907						23
24	Paving	2002	5,025						24
25	2 Dell celeron	2002	1,687						25
26	Electrical Work Overhead & Interest	2003	55,146						26
27	Overhead & Interest	2003	8,734						27
28	General Construction	2003	5,540						28
29	Carpet and Flooring	2003	83,248						29
30	Floorcovering	2003	702						30
31	Floorcovering	2003	251						31
32	HVAC	2003	7,643						32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,276,159	$ 406,833		$ 406,833	$	$ 5,209,539	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: 01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 6,276,159	$ 406,833		$ 406,833	$	$ 5,209,539	1
2									2
3	HVAC Kitchen retainage	2003	5,627						3
4	Overhead & Interest	2003	8,231						4
5	Overhead & Interest	2003	(8,231)						5
6	Retro Cost Adjustment	2003	84,377						6
7	Retro Cost Adjustment	2003	48,938						7
8	Sealcoat & Restripe Pkg.	2004	(48,938)						8
9	Sealcoat & Restripe Pkg.	2004	2,602						9
10	VWC	2004	68						10
11	Flooring and Painting	2004	1,486						11
12	VWC & Painting	2004	1,278						12
13	Carpet	2004	472						13
14	Interest	2005	3,449						14
15	Interest	2005	(3,449)						15
16	General Overhead	2005	46,589						16
17	General Overhead	2005	(46,589)						17
18	Fire Sprinkler System	2005	142,143						18
19	EXHAUST SYSTEM	2005	7,150						19
20	condensing unit	2006	4,193						20
21	Addition - Soil Testing & Plan Reviews	2006	28,303						21
22	Addition - Site Clearing, Grading, Concrete, Treatment, & Prep	2006	25,048						22
23	Addition - Landscaping	2006	45,850						23
24	Addition - Asphalt Paving	2006	16,258						24
25	Addition - Concrete Paving & Cast Stone	2006	139,095						25
26	Addition - Sewar Replacement & Fees	2006	36,004						26
27	Addition - Permit Fees	2006	9,757						27
28	Addition - Pre Construction & Bldg. Excavation	2006	139,343						28
29	Addition - Site Utilities	2006	11,905						29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,977,119	$ 406,833		$ 406,833	$	$ 5,209,539	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: 01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 6,977,119	$ 406,833		$ 406,833	$	$ 5,209,539	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	0000000090694 Safety ren-ovhead	2009	3,035						32
33	0000000090694 Safety ren-interest	2009	167						33
34	TOTAL (lines 1 thru 33)		$ 8,253,451	$ 406,833		$ 406,833	$	$ 5,209,539	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: 01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 8,253,451	$ 406,833		$ 406,833	$	$ 5,209,539	1
2	000000090695 Safey ren-carpentry	2009	13,140						2
3	000000090695 Safey ren-hm doors & frames	2009	17,553						3
4	000000090695 Safey ren-sprinklers	2009	1,228						4
5	000000090699 Cor ren-Gen ovhd capit	2009	6,495						5
6	000000090699 Cor ren-interest on const	2009	378						6
7	000000090699 Cor ren-resilient flooring	2009	95,159						7
8	000000090699 Cor ren-carpeting & pads	2009	1,342						8
9	000000090699 Cor ren-wall covering	2009	11,954						9
10	000000090699 Cor ren-corner guards	2009	103						10
11	000000090699 Cor ren-resilient flooring	2009	123,012						11
12	000000090699 Cor ren-carpeting & pads	2009	1,162						12
13	000000090699 Cor ren-wall covering	2009	8,830						13
14	000000090704 Hollow metal door	2009	2,445						14
15	000000090705 ADJ ASSET #90699	2009	2,803						15
16	000000090706 ADJ ASSET #90699	2009	448						16
17	000000090708 vwc and ceiling tiles in	2009	13,241						17
18	000000090692 CONCRETE SIDEWALK	2008	21,279						18
19	000000090697 Grading and sub-drain til	2009	21,391						19
20									20
21	BI 090713 ADJ ASSET 90699-vwc & 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									30
31									31
32									32
33									33
34	**TOTAL (lines 1 thru 33)**		$ 8,895,127	$ 406,833		$ 406,833	$	$ 5,209,539	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: 01/01/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 2,524,589	$ 158,449	$ 158,449	$		$ 2,050,660	71
72	Current Year Purchases	187,277						72
73	Fully Depreciated Assets							73
74	Home Office			14,234	14,234			74
75	TOTALS	$ 2,711,866	$ 158,449	$ 172,683	$ 14,234		$ 2,050,660	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Transport residents	1986 Chevy van with		$ 22,049	$	$	$		$ 22,049	76
77		chair lift								77
78										78
79										79
80	TOTALS			$ 22,049	$	$	$		$ 22,049	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)	$ 11,858,303	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 565,282	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 579,516	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 14,234	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 7,282,248	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	Various	$ 34,720	92
93			93
94			94
95		$ 34,720	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: 01/01/2010 Ending: 12/31/2010

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 [X] NO

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

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2011	$
13.	/2012	$
14.	/2013	$

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: $ 68,094 Description: 02 Concentrators, Wheelchairs, Gerichairs, Electric 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	1995 Ford Econoline	$	$ 18,838	17
18				above figure includes	18
19				gas & maintenance too.	19
20					20
21	TOTAL		$	$ 18,838	21

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

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

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Heartland of Moline

STATE OF ILLINOIS
0049403 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service		Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a	7606	hrs	$ 300,505		$	$ 1,028	7,606	$ 301,533	1
2	Licensed Speech and Language Development Therapist	10a	2578	hrs	101,845				2,578	101,845	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10a	6424	hrs	253,809	806	40,609	14,467	7,230	308,885	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy	39,2		# of prescrpts				581,685		581,685	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): IV Therapy	43, 2						99,983		99,983	12
13	Other (specify): X-ray & lab	43, 3					65,832			65,832	13
14	TOTAL				$ 656,159	806	$ 106,441	$ 697,163	17,414	$ 1,459,763	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.

STATE OF ILLINOIS

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010 (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	$ (394)	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,288,582		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)**	$ 1,288,188	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	229,261		12
13	Land			13
14	Buildings, at Historical Cost	8,895,125		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,733,915		16
17	Accumulated Depreciation (book methods)	(7,282,248)		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): CIP	34,720		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 4,610,773	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,898,961	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 190,813	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	453,788		30
31	Accrued Taxes Payable (excluding real estate taxes)	70,387		31
32	Accrued Real Estate Taxes(Sch.IX-B)	120,547		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Payable	63,904		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 899,439	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation	236,933		42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 236,933	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,136,372	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 4,762,589	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,898,961	$	48

***(See instructions.)**

Facility Name & ID Number Heartland of Moline # 0049403 **Report Period Beginning:** 01/01/2010 **Ending:** 12/31/2010

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 5,391,193	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 5,391,193	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	4,318,407	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)**	$ 4,318,407	17
	B. Transfers (Itemize):		
18	**Change in Interdivision**	(4,947,011)	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ (4,947,011)	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 4,762,589	24 *

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

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 15,045,510	1
2	Discounts and Allowances for all Levels	(4,157,732)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,887,778	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,471,509	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 3,471,509	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	2,299	12
13	Barber and Beauty Care	14,620	13
14	Non-Patient Meals	675	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	612,844	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	52,036	19
20	Radiology and X-Ray	43,441	20
21	Other Medical Services	81,497	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 807,412	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income	140	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 140	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 15,166,839	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,281,465	31
32	Health Care	4,891,783	32
33	General Administration	2,922,527	33
	B. Capital Expense		
34	Ownership	767,877	34
	C. Ancillary Expense		
35	Special Cost Centers	903,202	35
36	Provider Participation Fee	81,578	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,848,432	40
41	**Income before Income Taxes (line 30 minus line 40)****	4,318,407	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 4,318,407	43

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

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

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

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

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,920	2,125	$ 83,478	$ 39.28	1
2	Assistant Director of Nursing	2,188	2,422	76,299	31.50	2
3	Registered Nurses	19,586	21,681	553,333	25.52	3
4	Licensed Practical Nurses	42,075	46,577	861,967	18.51	4
5	CNAs & Orderlies	104,292	115,730	1,284,821	11.10	5
6	CNA Trainees					6
7	Licensed Therapist	16,607	18,422	727,859	39.51	7
8	Rehab/Therapy Aides	18,007	19,975	508,103	25.44	8
9	Activity Director	9,638	10,685	126,187	11.81	9
10	Activity Assistants					10
11	Social Service Workers	7,583	8,405	150,092	17.86	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	24,316	26,953	284,069	10.54	15
16	Dishwashers					16
17	Maintenance Workers	1,912	2,119	48,357	22.82	17
18	Housekeepers	17,622	19,535	214,292	10.97	18
19	Laundry	6,126	6,794	83,925	12.35	19
20	Administrator	2,080	2,080	97,087	46.68	20
21	Assistant Administrator	1,071	1,071	35,556	33.20	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	19,791	21,846	418,005	19.13	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	3,566	3,953	63,075	15.96	31
32	Other Health C: Hospitality	9,404	10,424	142,656	13.69	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	307,784	340,797	$ 5,759,161 *	$ 16.90	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	30,144	9, 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	(101)	10, 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 30,043		49

C. CONTRACT NURSES

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

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Vickie J Toomsen	Administrator	0	$ 97,087
Tonya King (Jan-July)	Asst Administrator	0	31,483
Gaurav Patel (December)	Asst Administrator	0	4,073
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 132,643

B. Administrative - Other

Description	Amount
Management Fees	$ 568,499
TOTAL (agree to Schedule V, line 17, col. 3)	$ 568,499
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Andich & Andich	Legal Fees	$ 6,489
Littler Mendelson PC	Legal Fees	450
United Collection Burearu Inc	Collection Services	6,850
Corporate Intelligence Consultants	Investigative Services	262
(All the above legal fees are adjusted off via Page 5, Line 22, therefore no invoices are attached.)		
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 14,051

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 100,900
Unemployment Compensation Insurance	63,731
FICA Taxes	399,199
Employee Health Insurance	435,721
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401K	50,791
Other Employee Benefits	7,801
Tuition Program	255
SMSP Match & RSU	3,596
Employee Uniforms	7,434
Home Office Allocation	41,055
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,110,483

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 5,411
Advertising: Employee Recruitment	2,768
Health Care Worker Background Check	12,460
(Indicate # of checks performed 498)	
Patient Background Checks	
Dues & Subscriptions	610
Association Dues	12,952
Advertising (non-allowable)	36,637
Advertising (allowable)	
Less non-allowable Association Dues	(7,386)
Less: Public Relations Expense	(0)
Non-allowable advertising	(36,637)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 26,815

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	31,353
Includes travel expense to the Home	
Office in Toledo, OH for regional meetings.	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 31,353

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	Amount of Expense Amortized Per Year								
					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:** 01/01/2010 **Ending:** 12/31/2010

XX. GENERAL INFORMATION:

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

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **IHCA $5566**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes $5936** 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. $ **76,431** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **81,578**
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. $ **675**

(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) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report? **No**
Attach invoices and a summary of services for all architect and appraisal fees.