FOR BHF USE

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2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2014)

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: 0019976

Facility Name: The H & J Vonderlieth Lv Ctr

Address: 1120 N Topper Drive (Number) Mount Pulaski (City) 62548 (Zip Code)

County: Logan

Telephone Number: (217) 792-3218 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: 1970

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Dave Underwood **Telephone Number:** 309823-7135
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 01/01/14 to 12/31/14 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) David M. Underwood
(Title) Executive VP & CFO

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 The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	90	Skilled (SNF)	90	32,850	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	90	TOTALS	90	32,850	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	12,700	10,862	1,502	25,064	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,700	10,862	1,502	25,064	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.30%

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

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

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [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 1970

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [x]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified _____ and days of care provided 1,502

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

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

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: _____ Fiscal Year: _____

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

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY 9	10	
	A. General Services											
1	Dietary	205,436	18,067		223,503		223,503		223,503			1
2	Food Purchase		122,623		122,623		122,623		122,623			2
3	Housekeeping	78,425	33,630		112,055		112,055		112,055			3
4	Laundry	56,452	15,081		71,533		71,533		71,533			4
5	Heat and Other Utilities			96,784	96,784		96,784		96,784			5
6	Maintenance	84,513	66,075	69,151	219,739		219,739		219,739			6
7	Other (specify):*											7
8	**TOTAL General Services**	424,826	255,476	165,935	846,237		846,237		846,237			8
	B. Health Care and Programs											
9	Medical Director			16,500	16,500		16,500		16,500			9
10	Nursing and Medical Records	1,589,008	79,499	6,708	1,675,215		1,675,215		1,675,215			10
10a	Therapy		64,868	331,140	396,008	(88,225)	307,783		307,783			10a
11	Activities	51,972	5,881		57,853		57,853		57,853			11
12	Social Services	40,322		5,019	45,341		45,341		45,341			12
13	CNA Training			426	426		426		426			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,681,302	150,248	359,793	2,191,343	(88,225)	2,103,118		2,103,118			16
	C. General Administration											
17	Administrative	71,736			71,736		71,736		71,736			17
18	Directors Fees											18
19	Professional Services			214,460	214,460		214,460	(390)	214,070			19
20	Dues, Fees, Subscriptions & Promotions			97,541	97,541	(49,275)	48,266	(32,309)	15,957			20
21	Clerical & General Office Expenses	278,221	23,133	10,303	311,657		311,657		311,657			21
22	Employee Benefits & Payroll Taxes			538,835	538,835		538,835		538,835			22
23	Inservice Training & Education			6,436	6,436		6,436		6,436			23
24	Travel and Seminar			4,448	4,448		4,448		4,448			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			127,991	127,991		127,991		127,991			26
27	Other (specify):*			90,242	90,242		90,242	(90,000)	242			27
28	**TOTAL General Administration**	349,957	23,133	1,090,256	1,463,346	(49,275)	1,414,071	(122,699)	1,291,372			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,456,085	428,857	1,615,984	4,500,926	(137,500)	4,363,426	(122,699)	4,240,727			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 The H & J Vonderlieth Lv Ctr #0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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			170,830	170,830		170,830		170,830			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							(8,752)	(8,752)			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds							(24,000)	(24,000)			34
35	Rent-Equipment & Vehicles			12,533	12,533		12,533		12,533			35
36	Other (specify):*											36
37	**TOTAL Ownership**			183,363	183,363		183,363	(32,752)	150,611			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					88,225	88,225		88,225			39
40	Barber and Beauty Shops		220		220		220		220			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					49,275	49,275		49,275			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		220		220	137,500	137,720		137,720			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,456,085	429,077	1,799,347	4,684,509		4,684,509	(155,451)	4,529,058			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 The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	$		$	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	(24,000)			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	(8,752)			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	(390)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(90,000)			24
25	Fund Raising, Advertising and Promotional	(32,309)			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)**	$ (155,451)		$	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))**	$ (155,451)		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

STATE OF ILLINOIS **Page 5A**

The H & J Vonderlieth Lv Ctr

ID# **0019976**

Report Period Beginning: **01/01/14**

Ending: **12/31/14**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15		0	33	15
16			24	16
17		0	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(390)	19	22
23				23
24		(90,000)	27	24
25		(32,309)	20	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**	(122,699)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 **Report Period Beginning:** 01/01/14 **Ending:** 12/31/14

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	0	0	0	0	0	0	0	0	0	0	0	0	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**	0	0	0	0	0	0	0	0	0	0	0	0	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	(390)	0	0	0	0	0	0	0	0	0	0	(390)	19
20	Fees, Subscriptions & Promotions	(32,309)	0	0	0	0	0	0	0	0	0	0	(32,309)	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	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):*	(90,000)	0	0	0	0	0	0	0	0	0	0	(90,000)	27
28	**TOTAL General Administration**	(122,699)	0	0	0	0	0	0	0	0	0	0	(122,699)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(122,699)	0	0	0	0	0	0	0	0	0	0	(122,699)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The H & J Vonderlieth Lv Ctr **#** 0019976 **Report Period Beginning:** 01/01/14 **Ending:** 12/31/14

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	(8,752)	0	0	0	0	0	0	0	0	0	0	(8,752)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(24,000)	0	0	0	0	0	0	0	0	0	0	(24,000)	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**	(32,752)	0	0	0	0	0	0	0	0	0	0	(32,752)	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)**	(155,451)	0	0	0	0	0	0	0	0	0	0	(155,451)	45

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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
NFP						

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

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

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	Board of Directors List Attached							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 The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	None								$		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 The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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 [x]

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	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
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	TOTALS					$	$		$	25

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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							$	$			$	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	Interest Income										(8,752)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (8,752)	14
15	TOTALS (line 9+line14)						$	$			$ (8,752)	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 The H & J Vonderlieth Lv Ctr **#** 0019976 **Report Period Beginning:** 01/01/14 **Ending:** 12/31/14

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2013 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 2014 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:		
2009		8
2010		9
2011		10
2012		11
2013		12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2013	$	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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The H & J Vonderlieth Lv Ctr COUNTY Logan

FACILITY IDPH LICENSE NUMBER 0019976

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 2013 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 2013.

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

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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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 The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 37,140 B. General Construction Type: Exterior Brick Frame Wood 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				$ 55,924	1
2					2
3	TOTALS			$ 55,924	3

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	90				$ 1,172,276	$		$	$	$	4
5					441,636						5
6											6
7											7
8											8
	Improvement Type**										
9	1979 Improvements			1979	11,345						9
10	1981 Improvements			1981	1,209						10
11	1982 Improvements			1982	1,175						11
12	1984 Improvements			1984	6,809						12
13	1985 Improvements			1985	14,582						13
14	1986 Improvements			1986	44,534						14
15	1987 Improvements			1987	29,649						15
16	1990 Improvements			1990	985						16
17	1991 Improvements			1991	155,036						17
18	1992 Improvements			1992	26,901						18
19	1988 Improvements			1988	437						19
20	1983 Improvements			1983	954						20
21	1993 Improvements			1993	10,736						21
22	1994 Improvements			1994	5,683						22
23	1995 Improvements			1995	335,750						23
24	1996 Improvements			1996	9,161						24
25	1997 Improvements			1997	1,691						25
26	1998 Improvements			1998	837,524						26
27	1999 Improvements			1999	1,020						27
28	Lowered one head			2000	2,087						28
29	8 steel doors			2000	437						29
30	11 smoke dampers			2000	21,450						30
31	card zone expander			2000	3,185						31
32	floor tile			2000	6,290						32
33											33
34											34
35	Book Depreciation					140,762		140,762			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 The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Shuffleboad court	2004	$ 3,887	$		$	$	$	37
38	Seal coating	2004	2,507						38
39	Concrete street	2003	19,875						39
40									40
41	driveway filler	2002	6,489						41
42	boiler	2001	64,480						42
43	4' wall base	2001	19,200						43
44	12 locks	2002	23,618						44
45	boiler room door	2002	1,233						45
46	garage door	2002	71,872						46
47	sign	2003	1,967						47
48	fence	2003	6,800						48
49	compressor	2003	7,126						49
50	sidewalk	2004	10,150						50
51	asphalt	2004	648						51
52	Seal coating	2004	13,303						52
53	front door	2004	5,405						53
54	break box	2004	581						54
55	recepticals	2004	1,950						55
56	ceiling tile	2004	3,318						56
57	exit signs	2005	886						57
58	door and wall protective coverings	2005	3,993						58
59	tile south hall	2005	8,600						59
60	vinyl floor south rooms	2005	7,245						60
61	carpet living room	2005	9,300						61
62	gazebo roof	2005	3,312						62
63	kitchen air handler	2005	1,449						63
64	fan coil	2005	1,996						64
65	hvac units	2005	6,612						65
66	parking lot lights	2005	3,295						66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 3,453,639	$ 140,762		$ 140,762	$	$	70

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

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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		$ 3,453,639	$ 140,762		$ 140,762	$	$	1
2									2
3	water chiller	2006	47,600						3
4	laundry room a/c	2006	1,848						4
5	sewage lift station	2006	14,645						5
6	reroof maint area	2007	4,149						6
7	mixing valve	2007	2,778						7
8	resident doors	2007	1,015						8
9	rear door	2007	3,401						9
10	door instillation	2007	995						10
11	blinds	2007	1,461						11
12	lower 1/2 wall covering	2007	14,302						12
13									13
14	resident room remodel--paint, floors	2008	16,035						14
15	parking lot	2008	6,000						15
16	air compressor	2008	3,000						16
17									17
18	Boiler	2009	3,956						18
19	Roof	2009	29,550						19
20	Asphalt Driveway	2009	43,852						20
21									21
22	Master Controller	2010	2,662						22
23	Blacktop sidewalks	2010	2,600						23
24	Roof	2010	18,980						24
25	Attic Fan	2010	4,729						25
26	Water Pipe	2010	2,510						26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,679,707	$ 140,762		$ 140,762	$	$	34

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

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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		$ 3,679,707	$ 140,762		$ 140,762	$	$	1
2									2
3	Wireless Network	2011	24,302						3
4	Fire Alarm System	2011	42,585						4
5	Parking Lot	2011	102,806						5
6	Water Valve	2011	8,982						6
7	Oxygen Room Doors	2011	3,023						7
8	Driveway	2011	11,484						8
9	Oxygen Room Vent	2011	3,951						9
10	Handrails	2011	7,121						10
11	Lift station Pump	2011	7,937						11
12	Asphalt	2011	3,672						12
13									13
14	Show Room Remodel	2012	10,097						14
15	South Door & Installation	2012	13,424						15
16	Boiler	2012	4,900						16
17	Kitchen Exhaust	2012	35,144						17
18									18
19	Boiler Burner Replacement	2013	4,900						19
20	Canopy Sprinkler Head	2013	3,200						20
21	Roof Replacement	2013	77,730						21
22	Air Handlers & A/C Units	2013	22,030						22
23	Install Tile Floors - Bathroom	2013	4,170						23
24	Water Softener	2013	6,612						24
25	Hot Water Coil Replacement	2013	7,485						25
26	Garbage Disposal	2013	2,999						26
27	New Compressor for Chiller	2013	12,861						27
28	Painting & Cleaning - Fascia & Soffits	2013	5,380						28
29	AO Smith Water Heater	2013	27,586						29
30	Medicare Suites Conversion - Painting and Flooring	2013	20,396						30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,154,484	$ 140,762		$ 140,762	$	$	34

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

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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		$ 4,154,484	$ 140,762		$ 140,762	$	$	1
2									2
3	Sanitary Lift Station Refurbish	2014	33,400						3
4	Parking Lot Fill, Seal and Restriping	2014	4,286						4
5	Install Closed Circuit TV System	2014	4,022						5
6	Install Wanderguard Security System	2014	19,657						6
7	Install New Whirlpool Tub and New Flooring in Tub Room	2014	15,937						7
8	Outpatient Therapy Remodel - Painting and Flooring	2014	4,473						8
9	South Dining Room Remodel - Painting and Wall Repair	2014	2,736						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	TOTAL (lines 1 thru 33)		$ 4,238,995	$ 140,762		$ 140,762	$	$	34

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

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	$ 984,905	$ 30,068	$ 30,068	$		$	71
72	Current Year Purchases	16,052						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,000,957	$ 30,068	$ 30,068	$		$	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 5,295,876	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 170,830	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 170,830	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)	$	85	

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: None
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

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.	/2015	$
13.	/2016	$
14.	/2017	$

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: $ 12,533 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.

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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
   ☐ 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 The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$ 121,600	$		$ 121,600	1
2	Licensed Speech and Language Development Therapist		hrs			59,393			59,393	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			126,532	258		126,790	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				64,610		64,610	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					23,615			23,615	13
14	TOTAL			$		$ 331,140	$ 64,868		$ 396,008	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 The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/14 (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	$ 130,170	$	1
2	Cash-Patient Deposits	8,542		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	498,433		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	95,305		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	25,867		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 758,317	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	256,268		13
14	Buildings, at Historical Cost	3,891,096		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,137,156		16
17	Accumulated Depreciation (book methods)	(3,954,443)		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)**	$ 1,330,077	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,088,394	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 102,280	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	8,542		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	202,546		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Bed Tax	60,463		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 373,831	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			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)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 373,831	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,714,563	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,088,394	$	48

*(See instructions.)

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,846,409	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,846,409	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(131,846)	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)**	$ (131,846)	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)**	$ 1,714,563	24	*

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

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 3,956,304	1
2	Discounts and Allowances for all Levels	(828,482)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,127,822	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,008,659	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,008,659	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	170	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	24,000	16
17	Sale of Drugs	97,571	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	2,689	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 124,430	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	8,752	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 8,752	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a	Funds From Trust	283,000	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 283,000	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 4,552,663	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	846,237	31
32	Health Care	2,191,343	32
33	General Administration	1,463,346	33
	B. Capital Expense		
34	Ownership	183,363	34
	C. Ancillary Expense		
35	Special Cost Centers	220	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,684,509	40
41	**Income before Income Taxes (line 30 minus line 40)****	(131,846)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (131,846)	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? Yes 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 The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	1,777	1,974	$ 76,561	$ 38.78	1
2	Assistant Director of Nursing	1,804	2,004	72,009	35.93	2
3	Registered Nurses	7,672	8,525	254,182	29.82	3
4	Licensed Practical Nurses	15,933	17,703	452,469	25.56	4
5	CNAs & Orderlies	45,342	50,380	671,068	13.32	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,843	2,048	62,719	30.62	8
9	Activity Director					9
10	Activity Assistants	3,215	3,572	51,972	14.55	10
11	Social Service Workers	1,629	1,810	40,322	22.28	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	19,003	21,114	205,436	9.73	15
16	Dishwashers					16
17	Maintenance Workers	3,676	4,084	84,513	20.69	17
18	Housekeepers	7,395	8,217	78,425	9.54	18
19	Laundry	4,223	4,692	56,452	12.03	19
20	Administrator	1,872	2,080	71,736	34.49	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	12,360	13,733	278,221	20.26	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					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	127,744	141,936	$ 2,456,085 *	$ 17.30	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		$ 0		35
36	Medical Director		16,500		36
37	Medical Records Consultant		1,420		37
38	Nurse Consultant				38
39	Pharmacist Consultant		4,470		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		5,019		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 27,409		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 0		50
51	Licensed Practical Nurses		0		51
52	Certified Nurse Assistants/Aides		0		52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Kynda Buenrostro			$ 71,736
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 71,736

B. Administrative - Other

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

C. Professional Services

Vendor/Payee	Type	Amount
Heritage Operations Group	Mgt	$ 213,014
ADP	Payroll	1,056
Legal adj to Zero		390
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 214,460

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 113,730
Unemployment Compensation Insurance	(1,158)
FICA Taxes	187,891
Employee Health Insurance	236,561
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	1,811
TOTAL (agree to Schedule V, line 22, col.8)	$ 538,835

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

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	10,562
Health Care Worker Background Check	
(Indicate # of checks performed)	1,530
Patient Background Checks	
PR	10,946
Dues & Subscriptions	5,710
License & Fees	1,143
Less: Public Relations Expense	(10,946)
Non-allowable advertising	(2,988)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 15,957

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	2,829
	0
Seminar Expense	1,619
	0
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,448

**See instructions.

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

Facility Name & ID Number The H & J Vonderlieth Lv Ctr # 0019976 Report Period Beginning: 01/01/14 Ending: 12/31/14

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. **HCCI**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **5,000** 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. $ **49,275**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **5,358**

(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? **100%**
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? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **0**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **JM Abbott**

(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. **None claimed**
Attach invoices and a summary of services for all architect and appraisal fees.

Account Number	Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg 5 Line #	Adjustment Amount
1009	PETTY CASH	130,170					
1010	CASH IN BANK						
1040	CASH IN BANK-PAYROLL						
1100	ACCOUNTS RECEIVABLE	498,433					
1110	MEDICARE RECEIVABLES						
1125	IPA INCOME RECEIVABLE						
1130	MEDICARE COST REPORT						
1135	ACCOUNTS RECEIVABLE-IC						
1140	UNAPPLIED CASH RECEIPTS						
1145	A/R SUSPENSE-REFUNDS						
1190	ACCRUED INTEREST REC						
1200	PREPAID INSURANCE	95,305					
1220	OTHER PREPAID EXPENSES						
1300	FOOD INVENTORY						
1310	SUPPLIES INVENTORY						
1409	LAND	256,268					
1450	FURNITURE & EQUIPMENT	1,137,156					
1460	ACCUM DEPR-FURN & EQUIP	-1,002,401					
1475	BUILDING & IMPROVEMENTS	3,891,096					
1490	ACCUM DEPR-BUILDING	-2,952,042					
1530	RESIDENT FUNDS	8,542					
1550	LOAN FEES	0					
1560	REAL ESTATE TAX ESCROW						
1575	REIMBURSABLE PURCHASES						
1850	INTRACOMPANY	25,867					
2010	ACCOUNTS PAYABLE	-102,280					
2095	BONUSES PAYABLE						
2100	ACCRUED PAYROLL	-78,246					
2110	ACCRUED VACATION PAY	-124,300					
1,009	1,009 PETTY C/	130,170					
1,100	1,100 ACCTS R	498,433					
1,101	1,101 ALLOW. FOR UNCOLLECTIBLE						
1,110	1,110 ACCTS RECEIV-M/C						
1,125	1,125 ACCTS RECEIV-IPA						
1,135	1,135 ACCTS RECEIV-IC						
1,140	1,140 UNAPPLIED CASH RECEIPTS						
1,145	1,145 A/R SUSPENSE-REFUNDS						
1,200	1,200 PREPAID	95,305					
1,220	1,220 OTHER PREPAID EXPENSES						
1,300	1,300 DIETARY INVENTORY						
1,310	1,310 SUPPLIES INVENTORY						
1,320	1,320 LINEN INVENTORY						
1,409	1,409 LAND	256,268					
1,450	1,450 FURNITU	1,137,156					
1,460		(1,002,401)					
1,475	1,475 BUILDIN(	3,891,096					
1,490	1,490 ACCUM I	(2,952,042)					
1,530	1,530 RESIDEN	8,542					
1,550	1,550 LOAN FE	0					
1,551	1,551 LOAN FEES ADDED						
1,850	1,850 INTERCO	25,867					
2,010	2,010 ACCOUN	(102,280)					
2,100	2,095 BONUSES PAYABLE						
2,100	2,100 ACCRUEI	(78,246)					
2,100	2,100 PR CLEARING-BENEFITS						
2,100	2,100 PR CLEARING-LABOR						
2,110	2,110 ACCRUEI	(124,300)					
2,120	2,120 U.C. TAX	0					

2120	UC TAXES PAYABLE		
2125	FICA TAX PAYABLE	0	0
2130	FIT PAYABLE		
2140	STATE W/H PAYABLE		0
2145	EARNED INCOME CREDIT		
2150	UC FED CREDIT REDUCTION		
2230	PAYROLL SAVINGS		
2235	IRA W/HOLDINGS		
2240	UNITED WAY		
2245	GROUP INSURANCE PAYABLE		
2246	GROUP INSURANCE PAYABLE-CAFETERIA		
2260	WAGE GARNISHMENTS		
2280	MISC PAYROLL DEDUCTIONS		
2300	ACCRUED INTEREST PAYABLE	0	
2310	SALES TAX PAYABLE		
2320	IPA PAYMENTS PAYABLE	-60,463	
2350	REAL ESTATE TAX PAYABLE	0	
2385	ACTIVITY FUND	0	
2390	SECURITY DEPOSITS	0	
2391	VOLUNTEER FUND		
2393	HEART FUND/BAZAAR		
2395	DEFERRED INC EMP & MEM		
2400	CURRENT PORTION LT DEBT		
2460	INCOME TAXES PAYABLE		
2512	DUE TO RESIDENTS	-8,542	
2600	MORTGAGE PAYABLE	0	
2650	EQUIPMENT LOAN PAYABLE		
2695	CURRENT PORTION LT DEBT		
2696	DEFERRED INCOME TAXES		
2710	COMMON STOCK		
2720	RETAINED EARNINGS	-1,846,409	
2970	PROFIT/LOSS FOR PERIOD	131,846	
3007.1	PATIENT DAYS-PRIVATE	10,862	

2,125	2,125	FICA TAX	0
2,130	2,130	FEDERAL W/H TAX PAYABLE	
2,140	2,140	STATE W/H TAX PAYABLE	
2,152	2,152	WORKERS COMP ACCRUAL	
2,225	2,225	EMPLOYEEE INSURANCE REFU	
2,230	2,230	PAYROLL SAVINGS	
2,235	2,240	UNITED FUND	
2,240	2,246	GROUP INSURANCE - CAFETER	
2,246	2,250	401K W/H	
2,250			
2,260	2,260	WAGE GA	
2,300	2,300	ACCRUEI	0
2,320	2,320	IPA PAYM	(60,463)
2,350	2,350	REAL EST	0
2,385			0
2,400	2,400	CURRENT PORTION OF LT DEB	
2,512	2,512	DUE TO F	(8,542)
2,600	2,600	LASALLE	0
2,600			
2,625	2,625	LASALLE CONSTR. LOAN #2	
2,625			
2,695	2,695	CURRENT PORTION OF LT DEB	
2,720	2,720	RETAINE	(1,846,409)
		net income	131,846
		balance	0

3,007

3007.2		PATIENT DAYS-IPA	12,700					3,007
3007.3		PATIENT DAYS-MEDICARE	1,502					3,007
3007.4		PATIENT DAYS-CONVERSION						3,007
3007.5		PATIENT DAYS-LICENSED						3,007
3007.6		PATIENT DAYS-TOTAL						3,007
3010	1	BASIC CHARGE-PRIVATE & VA	-3,918,830	0	0	0	0	3,007
3015	1	PRIVATE ASSESSMENT TAX INCOME		0	0	0	0	3,010
3020	1	BASIC CHARGE-IPA	0	0	0	0	0	3,020
3030	1	BASIC CHARGE-MEDICARE	0	0	0	0	0	3,030
3035	4	DAY CARE/HOME CARE		0	0	0	0	3,040
3040	1	LIGHT NURSING CARE	0	0	0	0	0	3,050
3050	1	MEDIUM NURSING CARE		0	0	0	0	3,060
3060	1	HEAVY NURSING CARE		0	0	0	0	3,061
3061	1	SKILLED NURSING CARE						3,080
3080	1	NURSING SUPPLIES-PRIVATE	-28,778	0	0	0	0	3,081
3081	1	NURSING SUPPLIES-IPA		0	0	0	0	3,082
3082	1	NURSING SUPPLIES MED PT A		0	0	0	0	3,083
3083	1	NURSING SUPPLIES MED PT B						3,100
3100	17	DRUGS	-97,571	0	0	0	0	3,101
3101	17	DRUGS-OTHER						3,110
3110	6	PT-PRIVATE	-1,008,659	0	0	0	0	3,111
3111	6	PT-IPA		0	0	0	0	3,112
3112	6	PT-MEDICARE PART A		0	0	0	0	3,113
3113	6	PT-MEDICARE PART B		0	0	0	0	3,140
3130	1	PUBLIC AID ASSESSMENT INC						3,150
3140	19	LABORATORY INCOME		0	0	0	0	3,151
3150	6	SPEECH/OT-PRIVATE		0	0	0	0	3,152
3151	6	SPEECH/OT-IPA		0	0	0	0	3,153
3152	6	SPEECH/OT-MED PART A		0	0	0	0	3,160
3153	6	SPEECH/OT MED PART B						3,410
3410	2	IPA DISCOUNTS	828,482	0	0	0	0	3,411
3411	2	MEDICAID PART B DISCOUNT		0	0	0	0	3,420
3420	2	MEDICARE DISCOUNTS		0	0	0	0	3,500

3440		36	ASSESSMENT TAX EXPENSE			42	3	0	0			3,520
3520		16	RENT INCOME	-24,000		6	0	6	-24,000			3,530
3530		13	BEAUTY SHOP	0		0	0	0	0			3,560
3560		12	ACTIVITY FUND INCOME	-170		0	0	0	0			3,570
3570		12	VENDING INCOME/EXPENSE	0		0	0	0	0			3,590
3580		12	MANAGEMENT FEES			0	0	0	0			3,595
3590		1	EQUIPMENT RENTAL	-8,696		0	0	0	0			3,600
3595		21	RESIDENT TRANSPORTATION	-2,689		0	0	0	0			4,110
3600		21	MISC INCOME	0		0	0	0	0			4,111
4110			GENERAL & ADMINIST WAGES	260,307	278,221	21	1	17	0			4,115
4111			ADMINISTRATOR WAGES	71,736	71,736	17	1	0	0			4,120
4115			VACATION & SICK - G&A	17,914		21	1	0	0			4,121
4120	4475		EMPLOYEE BENEFITS	1,311	538,835	22	3	0	0			4,130
4125			EMPLOYEE HEPETITIS VACCINE	0		22	3	0	0			4,135
4130			EMPLOYEE SCHOLORSHIP WAGE	0		21	1	0	0			4,250
4135			EMPLOYEE SCHOLORSHIP COST	500		23	3	0	0			4,255
4220			DIRECTORS FEES	0	0	18	3	0	0			4,260
4250	4255		OFFICE SUPPLIES	23,121	23,133	21	2	0	0			4,275
4260			TELEPHONE	10,303	10,303	21	3	0	0			4,276
4275			TRAINING & EMPLOYEE DEVL	6,436	6,436	23	3	16	0	**		4,280
4280			GENERAL TRAVEL	2,829	4,448	24	3	16	0			4,281
4281			MEAL EXPENSE FOR TRAVEL	0		24	3	19	0			4,285
4285			EDUCATION & SEMINAR	1,619		24	3	19	0	***		4,289
4290			HELP WANTED ADVERTISING	10,562	97,541	20	3	0	0	-49,275		4,290
4291			PROMOTIONAL ADVERTISING	18,375		20	3	25	-18,375			4,291
4292			PUBLIC RELATIONS	10,946		20	3	25	-10,946			4,292
4300			LICENSES & FEES	50,418		20	3	17	0			4,300
4310			DUES & SUBSCRIPTIONS	5,710		20	3	17	-2,988			4,310
4320			CONTRIBUTIONS	0		27	3	20	0			4,320
4350			PROFESSIONAL FEES	2,615	214,460	19	3	22	-390			4,350
4355			MEDICAL DIRECTOR	16,500	16,500	9	3	0	0			4,355
4360			UTILIZATION REVIEW	0		10	3	0	0			4,362
4361			OTHER PHYSICIAN FEES			39	3	0	0			4,363

4362	MEDICAL RECORDS CONSULT	1,420		10	3	0	0	4,364
4363	PHARMACIST FEES	4,470		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	5,019	5,019	12	3	0	0	4,383
4370	TV RENTAL	12,533		35	3	5	0	4,390
4380	INCOME TAXES		90,242	27	3	26	0	4,400
4383	BACKGROUND CHECKS	1,530		20	3	26	0	4,401
4400	PAYROLL TAXES	179,287		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIST	7,446		22	3	0	0	4,420
4410	GROUP INSURANCE	236,561		22	3	0	0	4,430
4420	LIABILITY INSURANCE	127,991	127,991	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSURANCE	113,730		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	211,845		19	3	34	0 **	4,460
4460	BAD DEBTS	90,000		27	3	24	-90,000	4,461
4470	LOST ITEMS-RESIDENTS	242		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	0	0	33	3	0	0	4,486
4600	LEASED EQUIPMENT	0	12,533	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	79,503	84,513	6	1	0	0	4,496
5120	MAINTENANCE SICK & VAC	5,010		6	1	0	0	4,510
5130	ELECTRIC	44,206	96,784	5	3	0	0	4,600
5131	NATURAL GAS	40,132		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	12,446		5	3	0	0	5,130
5134	TRASH COLLECTION	29,845	69,151	6	3	0	0	5,131
5140	PROPERTY PLANT REPLACEMNT	28,984	66,075	6	2	0	0	5,133
5160	GENERAL REPAIR & MAINT	37,091		6	2	0	0	5,134
5165	MAINTENANCE CONTRACTS	39,306		6	3	0	0	5,140
5210	DIETARY WAGES	197,269	205,436	1	1	0	0	5,160
5220	DIETARY SICK & VAC	8,167		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	127,981	122,623	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	6,226	18,067	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	3,465		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	8,376		1	2	0	0	5,260
5295	MEAL CREDIT	-5,358		2	2	0	0	5,270
5310	LAUNDRY WAGES	52,583	56,452	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	3,869		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	5,323	15,081	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	9,758		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	74,673	78,425	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	3,752		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	33,558	33,630	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-PPR	72		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,589,008	10	1	0	0	5,490
6020	RN WAGES-NON MEDICARE	231,122		10	1	0	0	6,020
6030	DON WAGES	76,561		10	1	0	0	6,030
6035	ADON	72,009		10	1	0	0	6,035
6040	RN SICK & VACATION	23,060		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	422,739		10	1	0	0	6,120
6120	LPN WAGES-NON MEDICARE	0		10	1	0	0	6,140
6130	LPN WAGES OTHER			10	1	0	0	6,220
6140	LPN SICK & VACATION	29,730		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICARE	632,638		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	38,430		10	1	0	0	6,250
6245	CONTRACT NURSES-RN	0		10	3	0	0	6,255
6246	CONTRACT NURSES-LPN	0		10	3	0	0	6,260
6247	CONTRACT NURSES-AIDES	0		10	3	0	0	6,270
6250	NURSE AIDE TRAINING WAGES	296	296	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	130	130	13	2	0	0	6,290
6260	NURSE AIDE TRAINING REIMB	0		0	0	0	0	6,295
6270	REHAB WAGES	57,436		10	1	0	0	6,390
6275	REHAB SICK & VAC	5,283		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	70,561	79,499	10	2	0	0	7,281
6295	NURSING SUPPLIES	5,697		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	3,241		10	2	0	0	7,391
6490	NURSING OTHER	818	6,708	10	3	0	0	7,393
7280	DRUG PURCHASES	60,674	64,868	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	3,936		39	2			7,540
7380	LABORATORY SERVICES	23,615	331,140	39	3	0	0	7,590
7410	HOME HEALTH SALARY			39	1	0	0	7,620
7440	HOME HEALTH SICK & VAC			39	1	0	0	7,660
7450	HOME HEALTH EXPENSES			39	3	0	0	7,710
7510	ACTIVITES WAGES	48,671	51,972	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	3,301		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	5,881	5,881	11	2	0	0	7,740
7595	ACTIVITIES FEES	0	0	11	3	0	0	7,750
7610	PT WAGES			39	1	0	0	7,770
7611	PT SICK & VACATION			39	1	0	0	7,820
7620	PT FEES	126,532		39	3	0	0 ***	7,890
7660	PT SUPPLIES	258		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	37,644	40,322	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & VAC	2,678		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSES	0	0	12	2	0	0	8,130
7740	OT FEE	121,600		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	59,393		39	3	0	0 ***	9,520
7800	BEAUTICIAN WAGES		0	40	1	0	0	9,530
7810	BEAUTICIAN SICK & VAC			40	1	0	0	
7820	BEAUTICIAN FEES	0	0	40	3	0	0	
7890	BEAUTY SHOP SUPPLIES	220	220	40	2	0	0	
7910	VOLUNTEER COORDINATOR			21	1	0	0	
7940	VOL COORD SICK & VAC			21	1	0	0	
7960	VOL COORD SUPPLIES	12		21	2	0	0	
8100	RENT	0	0	34	3	0	0	

8120	INTEREST EXPENSE	0	0	32	3	14	-8,752	
8130	DEPRECIATION	170,830	170,830	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-8,752		32	0	10	0	
9520	MISC NON-OPERATING INCOME	-283,000		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		4,392,757	4,684,509					
			291,752					
GRAND TOTALS		131,846					-155,451	
		(NET INCOME)						
		0						

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	10,862	10,862
IPA	12,700	12,700
medic	1,502	1,502
		25,064

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3,007 PATIENT 10,862

3,007	PATIENT	12,700
3,007	PATIENT	1,502
		0
3,010	BASIC CI	(3,918,830)
3,020	BASIC CI	0
3,030	BASIC CI	0
		0
		0
		0
		0
3,080	NURSINC	(28,778)
3,081	NURSINC	0
3,082	NURSINC	0
3,083	NURSINC	0
3,100	DRUGS-N	(97,571)
		0
3,110	PHYSICA	(1,008,659)
		0
3,112	PHYSICA	0
3,113	PHYSICA	0
3,140	LABORATORY INCOME	
		0
3,152	ST/OT TH	0
3,153	ST/OT TH	0
3,185	REHAB/ISOLATION/OTHER CHG	
3,410	IPA/OTH	0
3,411	MEDICA	0
3,420	MEDICA	808,297

3,520	RENT IN(	(24,000)
3,530	BEAUTY	0
		(170)
3,570	VENDIN(	0
3,590	EQUIPMI	(8,696)
3,595	RESIDEN	(2,689)
3,600	MISC IN(	0
4,110	G&A WA	260,307
4,111	ADMINIS	71,736
4,115	G&A PT(	17,914
4,120	EMPLOY	1,311
4,130	EMPLOY	0
4,135	EMPLOY	500
4,250	OFFICE S	6,359
4,255	POSTAG	2,578
4,260	TELEPH(	10,303
4,275	TRAININ	6,436
		380
4,280	GENERA	2,829
4,281	MEAL E)	0
4,285	EDUCAT	1,619
4,289	MEETIN(	0
4,290	HELP W/	10,562
4,291	PROMOT	18,375
4,292	PUBLIC I	10,946
4,300	LICENSE	50,418
4,310	DUES & S	5,710
4,320	CONTRI	0
4,350	PROFESS	2,615
4,355	MEDICA	16,500
		1,420
		4,470

4,364	SOCIAL S	5,019
4,370	TV RENT	12,533
4,383	BACKGR	1,530
4,390	OTHER T	0
4,400	PAYROL	179,287
4,401	PAYROL	7,446
4,410	GROUP I	236,561
4,420	LIABILIT	127,991
4,430	WORKM.	112,065
4,435	W/C-FIRS	0
4,436	DRUG TE	1,285
4,450	MANAGI	211,845
4,460	BAD DEI	90,000
4,461	BAD DEI	20,185
4,470	LOST ITI	242
4,475	UNIFORM	0
4,486	SERVICE	18,783
4,490	MISC EX	1,576
4,496	MISC. M.	14,184
4,510	REAL ES	0
4,600	LEASED	0
5,110	MAINTEI	79,503
5,120	MAINTEI	5,010
5,130	ELECTRI	44,206
5,131	NATURA	40,132
5,133	WATER &	12,446
5,134	TRASH C	29,845
5,140	PROP/PL.	28,984
5,160	GENERA	37,091
5,165	MAINTEI	20,523
5,210	DIETARY	197,269
5,220	DIETARY	8,167
5,248	FOOD PU	126,405

5,250	SUPPLIE	6,226
5,260	REPLACI	3,465
5,270	KITCHEN	8,376
5,295	MEAL IN	(5,358)
5,310	LAUNDR	52,583
5,340	LAUNDR	3,869
5,370	REPLACI	5,323
		0
5,390	SUPPLIE	9,758
5,410	HOUSEK	74,673
5,440	HOUSEK	3,752
5,480	SUPPLIE	33,558
5,490	SUPPLIE	72
6,020	RN WAG	231,122
6,030	DON WA	76,561
6,035	ADON W	72,009
6,040	RN PTO &	23,060
6,120	LPN WAG	422,739
6,140	LPN PTO	29,730
6,220	AIDES W	632,638
6,240	AIDES PT	38,430
		296
		130
		0
6,270	REHAB V	57,436
6,275	REHAB P	5,283
6,290	NURSING	70,561
6,295	NURSING	5,697
6,390	REPLACI	3,241
6,490	OTHER	818

7,280	DRUG PU	60,674
7,281	DRUG PU	3,936
7,380	LABORA	5,041
7,390	X-RAY S	18,574
		0
7,510	ACTIVIT	48,671
7,540	ACTIVIT	3,301
7,590	ACTIVIT	5,881
7,620	PHYSICA	126,532
7,660	P.T. SUPI	258
7,710	SOCIAL S	37,644
7,720	SOCIAL S	2,678
7,730	SOCIAL S	0
7,740	OCCUPA	121,600
7,770	SPEECH	59,393
7,820	BEAUTIC	0
		220
		12
8,120	INTERES	0
		0
8,130	DEPRECI	170,830
		0
9,510	INTERES	(8,752)
9,520	MISC NO	0
4,220		0
8,100		0
9,702		(283,000)
5,230		0
		131,846

Expenses Fixed Assets

0