FOR BHF USE

LL1

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.

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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:

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

IRS Exemption Code 501(c)(3)

In the event there are further questions about this report, please contact:
Name: A. Dean Shipman **Telephone Number:** (419) 254-7841
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 01/01/2020 to 12/31/2020 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) Martin D. Allen
(Title) Director

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: 01/01/2020 Ending: 12/31/2020

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	54,534	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	54,534	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	8,606	15,047	11,589	35,242	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	8,606	15,047	11,589	35,242	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.62%

D. How many bed reserve days during this year were paid by the Department? _____ (Do not include bed reserve 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 01/01/83

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

YES [X] Date 07/25/2018 NO [ ]

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

YES [X] NO [ ] If YES, enter number of beds certified 149 and days of care provided 5,813

Medicare Intermediary CGS Administrators, LLC

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

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

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: 01/01/2020 Ending: 12/31/2020

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	332,633	31,077	597	364,307		364,307		364,307			1
2	Food Purchase		288,857		288,857		288,857	(380)	288,477			2
3	Housekeeping	187,353	31,542	86	218,981		218,981		218,981			3
4	Laundry	46,811	27,917		74,728		74,728		74,728			4
5	Heat and Other Utilities			183,085	183,085	2,347	185,432		185,432			5
6	Maintenance	69,748	20,769	89,239	179,756		179,756		179,756			6
7	Other (specify):* Security & Waste			9,002	9,002		9,002		9,002			7
8	TOTAL General Services	636,545	400,162	282,009	1,318,716	2,347	1,321,063	(380)	1,320,683			8
	B. Health Care and Programs											
9	Medical Director			13,185	13,185		13,185		13,185			9
10	Nursing and Medical Records	2,799,878	152,667	47,712	3,000,257	107	3,000,364		3,000,364			10
10a	Therapy	807,620	7,791	1,516	816,927		816,927		816,927			10a
11	Activities	108,000	1,074	1,216	110,290		110,290		110,290			11
12	Social Services	129,551	123	750	130,424		130,424		130,424			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* FIT TESTS			5,775	5,775		5,775		5,775			15
16	TOTAL Health Care and Programs	3,845,049	161,655	70,154	4,076,858	107	4,076,965		4,076,965			16
	C. General Administration											
17	Administrative	153,215		319,433	472,648	(57,027)	415,621		415,621			17
18	Directors Fees											18
19	Professional Services			69,834	69,834		69,834	(69,834)				19
20	Dues, Fees, Subscriptions & Promotions			90,896	90,896		90,896	(22,043)	68,853			20
21	Clerical & General Office Expenses	433,750	63,877	308,538	806,165		806,165	(212,847)	593,318			21
22	Employee Benefits & Payroll Taxes			895,818	895,818	40,595	936,413		936,413			22
23	Inservice Training & Education			2,498	2,498		2,498		2,498			23
24	Travel and Seminar			6,003	6,003		6,003		6,003			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			91,779	91,779		91,779		91,779			26
27	Other (specify):*											27
28	TOTAL General Administration	586,965	63,877	1,784,799	2,435,641	(16,432)	2,419,209	(304,724)	2,114,485			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,068,559	625,694	2,136,962	7,831,215	(13,978)	7,817,237	(305,104)	7,512,133			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: 01/01/2020 Ending: 12/31/2020

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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			274,233	274,233	16,683	290,916		290,916			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			44	44	(2,705)	(2,661)		(2,661)			32
33	Real Estate Taxes			140,648	140,648		140,648		140,648			33
34	Rent-Facility & Grounds			1,801,261	1,801,261		1,801,261	(1,801,261)				34
35	Rent-Equipment & Vehicles			49,221	49,221		49,221		49,221			35
36	Other (specify):*											36
37	**TOTAL Ownership**			2,265,407	2,265,407	13,978	2,279,385	(1,801,261)	478,124			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		264,647		264,647		264,647		264,647			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops	11,504			11,504		11,504		11,504			41
42	Provider Participation Fee			260,567	260,567		260,567		260,567			42
43	Other (specify):* IV | X-Ray & Lab		28,254	157,044	185,298		185,298		185,298			43
44	**TOTAL Special Cost Centers**	11,504	292,901	417,611	722,016		722,016		722,016			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,080,063	918,595	4,819,980	10,818,638		10,818,638	(2,106,365)	8,712,273			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: 01/01/2020 Ending: 12/31/2020

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 Reference	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	(380)	2		4
5	Telephone, TV & Radio in Resident Rooms		21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds	(147)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(611)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)		27		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(484)	21		18
19	Entertainment				19
20	Contributions		21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(68,239)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(210,280)	21		24
25	Fund Raising, Advertising and Promotional	(22,043)	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 Pg 5a	(1,804,181)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (2,106,365)		$	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))**	$ (2,106,365)		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.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exeptional Care Program		X			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: 01/01/2020

Ending: 12/31/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Activity Income	$	11	1
2	Misc. Income		21	2
3	Vending Income	(825)	21	3
4	Donations Revenue	(500)	21	4
5	Accouning/Collection Fees	(1,595)	19	5
6	Collection Agency		19	6
7	Loss on Disposal of Fixed Asset		36	7
8	HCP Lease Interest		32	8
9	WT Rent Expense	(1,801,261)	34	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**	(1,804,181)		49

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [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	$ 319,433	HCR Manor Care Services, LLC	0.00%	$ 319,433	$	1
2	V	Page 8							2
3	V								3
4	V	1-44	Personnel	5,080,064	Heartland Employment Services, LLC	0.00%	5,080,064		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			$ 5,399,497			$ 5,399,497	$ *	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: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heartland of Galesburg IL, LLC	Galesburg				1
2			Heartland of Henry IL, LLC	Henry				2
3			Heartland of Macomb IL, LLC	Macomb				3
4			Manor Care at Arlington Heights	Arlington Heights				4
5			Manor Care of Elk Grove Village IL, LLC	Elk Grove Village				5
6			Manor Care of Hinsdale IL, LLC	Hinsdale				6
7			Manor Care of Homewood IL, LLC	Homewood				7
8			Manor Care of Libertyville IL, LLC	Libertyville				8
9			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				9
10			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				10
11			Manor Care of Palos Heights (West) IL, LLC	Palos Heights				11
12			Manor Care of Palos Heights (East) IL, LLC	Palos Heights				12
13			Arden Courts of Elk Grove Village IL, LLC	Elk Grove Village				13
14			Arden Courts of Geneva IL, LLC	Geneva				14
15			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				15
16			Arden Courts of Northbrook IL, LLC	Northbrook				16
17			Arden Courts of Palos Heights IL, LLC	Palos Heights				17
18			Arden Courts of South Holland IL, LLC	South Holland				18
19								19
20								20
21								21
22								22
23								23
24	Martin D. Allen	BOD						24
25	Kathryn S. Hoops	BOD						25
26	Thomas Kile	BOD						26
27	Damian Rodgers	BOD						27
28	Andrea Sype	BOD						28
29	Rami Ubaydi	BOD						29
30								30

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2020 Ending: 2/31/2020

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 Services LLC
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	5	Utilities - Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, &	$ 709,073	$ 0	8,727,842	$ 2,347	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs		0	8,727,842	0	2
3	5	Utilities - Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs		0	8,727,842	0	3
4										4
5	10	Nursing - Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	32,137	0	8,727,842	105	5
6	10	Nursing - Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	454	0	8,727,842	2	6
7	10	Nursing - Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs		0	8,727,842	0	7
8										8
9	17	Gen/Admin-Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	57,708,481	23,053	8,727,842	191,020	9
10	17	Gen/Admin-Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	7,841,321	0	8,727,842	32,405	10
11	17	Gen/Admin-Direct to West Div SN	Accumulated Cost	631,044,941	54 NFs	2,818,405	0	8,727,842	38,981	11
12										12
13	22	Empl Bnfts-Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	5,631,859	35,913,957	8,727,842	18,642	13
14	22	Empl Bnfts-Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	5,312,192	1,179,502	8,727,842	21,953	14
15	22	Empl Bnfts-Direct to West Div SN	Accumulated Cost	631,044,941	54 NFs		0	8,727,842	0	15
16										16
17	30	Depreciation - Pooled	Accumulated Cost	2,636,740,077	485 NFs, HHs, & Re	4,013,110	0	8,727,842	13,284	17
18	30	Depreciation - Direct to all SNFs	Accumulated Cost	2,111,959,745	305 NFs	822,456	0	8,727,842	3,399	18
19	30	Depr - Direct to West Div SNFs	Accumulated Cost	631,044,941	54 NFs		0	8,727,842	0	19
20										20
21										21
22	32	Pooled Interest	Accumulated Cost	2,636,740,077		(782,905)		8,727,842	(2,591)	22
23	32	Directly Assigned Interest	Not Allocated			(8,038)			(114)	23
24		H/O Costs Allocated to Non-SNFs and Other Divisions				34,182,124				24
25	TOTALS					$ 118,280,668	$ 37,116,512		$ 319,433	25

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	Home Office Pooled Interest Expense										(2,705)	6
7	Interest Income / Interest Expense										44	7
8												8
9	TOTAL Facility Related						$	$			$ (2,661)	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$	$			$ (2,661)	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: 01/01/2020 Ending: 12/31/2020

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 134,292	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.)		$ 137,470	2
3. Under or (over) accrual (line 2 minus line 1).		$ 3,178	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 137,470	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.		$ 140,648	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	127,037	8
	2016	129,775	9
	2017	131,320	10
	2018	134,292	11
	2019	137,470	12

Lines 2 & 4: $137,470.00 = $68,735 for 1st half 2019 + $68,735 for 2nd half 2019

Line 5:

Line 6:

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2019	$	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.

2019 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 A. Dean Shipman

TELEPHONE (419) 254-7841 FAX #: (800) 422-2089

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

Enter the tax index number and real estate tax assessed for 2019 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 2019.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	1705109001	See Attached	$ 136,110.64	$ 136,110.64
2.	1705144004	See Attached	$ 1,359.36	$ 1,359.36
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 137,470.00	$ 137,470.00

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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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: 01/01/2020 Ending: 12/31/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 229,997 B. General Construction Type: Exterior Masonry Frame Steel, Fire resistant Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (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 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	Facility		2006	48,251	2
3	TOTALS			$ 229,261	3

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	118		1996	1996	$ 1,033,964	$ 30,453		$ 30,453	$	$ 2,989,767	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 adddition-general contractor			2010	267,733						8
	Improvement Type**										
9	Current Year Depreciation					172,758		172,758		5,510,631	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: 01/01/2020 Ending: 12/31/2020

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	Land Improvements	1995	$ 980	$		$	$	$	37
38	Building Improvements	1995	32,598						38
39	Land Improvements	1996	25,027						39
40	Building Improvements	1996	410,953						40
41	Building Improvements	1997	814,539						41
42	Land Improvements	1997	6,816						42
43	Building Improvements	1998	220,931						43
44	Land Improvements	1998	1,779						44
45	Land and Building Improvements	1999	75,575						45
46	Land and Building Improvements	2000	22,659						46
47	Land and Building Improvements	2001	140,528						47
48	Land and Building Improvements	2002	159,200						48
49	Land and Building Improvements	2003	300,206						49
50	Land and Building Improvements	2004	99,111						50
51	Land and Building Improvements	2005	7,150						51
52	condensing unit	2006	4,193						52
53	Addition - Soil Testing & Plan Reviews	2006	28,303						53
54	Addition - Site Clearing, Grading, Concrete, Treatment, & Prep	2006	25,048						54
55	Addition - Landscaping	2006	45,850						55
56	Addition - Asphalt Paving	2006	16,258						56
57	Addition - Concrete Paving & Cast Stone	2006	139,095						57
58	Addition - Sewar Replacement & Fees	2006	36,004						58
59	Addition - Permit Fees	2006	9,757						59
60	Addition - Pre Construction & Bldg. Excavation	2006	139,343						60
61	Addition - Site Utilities	2006	11,905						61
62	Addition - General Conditions	2006	115,912						62
63	Addition - Carpentry-Subcontr.	2006	195,647						63
64	Addition - Roofing/Waterproofing	2006	4,393						64
65	Addition - HM Doors/Frames/Drywall/Studs	2006	9,905						65
66	Addition - Wood Doors	2006	24,735						66
67	Addition - Ceiling Tile & Flooring	2006	17,927						67
68	Addition - Carpet/Paint/WC/Corner Guards	2006	42,687						68
69									69
70	TOTAL (lines 4 thru 69)		$ 7,388,324	$ 203,211		$ 203,211	$	$ 8,500,398	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: 01/01/2020 Ending: 12/31/2020

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		$ 7,388,324	$ 203,211		$ 203,211	$	$ 8,500,398	1
2	Addition - Fire Sprinkler Syster	2006	19,963						2
3	Addition - Plumbing	2006	59,204						3
4	Addition - Basic Electrical	2006	108,830						4
5	Addition - Archetectual & Engineering Cost	2006	128,176						5
6	Addition - General Overhead	2006	71,933						6
7	Addition - General Overhead	2006	(71,933)						7
8	Addition - Builders Risk Insurance	2006	1,100						8
9	Addition - Gypsum Board System	2006	62,975						9
10	Addition - Masonry & Metals	2006	142,412						10
11	Addition - Demolition	2006	13,731						11
12	Renov - General Overhead	2007	13,148						12
13	Renov - General Overhead	2007	(13,148)						13
14	Renov - Carpentry - Subcontractor	2007	46,583						14
15	Renov - Wallcovering	2006	106,341						15
16	Renov - Interest on Construction	2007	957						16
17	0807 STORMSEWERS COURTYRD	2008	3,309						17
18	Adj 2006 Asset Addition - Arch & Engineering Cost	2006	1,765						18
19	Adj 2006 Asset Addition - General Overhead	2006	150						19
20	Adj 2006 Asset Addition - Arch & Engineering Cost	2006	1,943						20
21	0807 STORMSEWERS COURTYRD	2007	67,397						21
22	CONCRETE SIDWALK	2008	1,672						22
23									23
24	Alum siding	2008	4,500						24
25	Door entrance closers	2008	3,613						25
26	alum siding	2009	2,223						26
27	000000090694 Safety ren-ovhead	2009	3,035						27
28	000000090694 Safety ren-interest	2009	167						28
29	000000090695 Safey ren-carpentry	2009	13,140						29
30	000000090695 Safey ren-hm doors & frames	2009	17,553						30
31	000000090695 Safey ren-sprinklers	2009	1,228						31
32	000000090699 Cor ren-Gen ovhd capit	2009	6,495						32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,206,786	$ 203,211		$ 203,211	$	$ 8,500,398	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: 01/01/2020 Ending: 12/31/2020

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		$ 8,206,786	$ 203,211		$ 203,211	$	$ 8,500,398	1
2	000000090699 Cor ren-Gen ovhd capit	2009	(6,495)						2
3	000000090699 Cor ren-interest on const	2009	378						3
4	000000090699 Cor ren-resilient flooring	2009	95,159						4
5	000000090699 Cor ren-carpeting & pads	2009	1,342						5
6	000000090699 Cor ren-wall covering	2009	11,954						6
7	000000090699 Cor ren-cornder guards	2009	103						7
8	000000090699 Cor ren-resilient flooring	2009	123,012						8
9	000000090699 Cor ren-carpeting & pads	2009	1,162						9
10	000000090699 Cor ren-wall covering	2009	8,830						10
11	000000090704 Hollow metal door	2009	2,445						11
12	000000090705 ADJ ASSET #90699	2009	2,803						12
13	000000090706 ADJ ASSET #90699	2009	448						13
14	000000090708 vwc and ceiling tiles in	2009	13,241						14
15	000000090692 CONCRETE SIDEWALK	2009	21,279						15
16	000000090697 Grading and sub-drain til	2009	21,391						16
17									17
18	BI 090713 ADj ASSET 90699-vwc & ceiling tiles	2009	13,241						18
19	BI 090716 MOLINE PT-Arch & Eng costs	2010	84,024						19
20	BI 090717 CLSE PROJ MLNE PT MOVE-gen o/h cap	2010	17,706						20
21	BI 090721 MOLINE PT-wall covering	2010	1,310						21
22	BI 090733 ADJ ASSET #90721-wall covering	2010	2,026						22
23	BI 090738 Vestibule, front entry, seating renovation	2010	8,037						23
24	BI 090743 adj asset 90738-vestibule renovation	2010	8,037						24
25	LI 090722 MOLINE PT-general contractor	2009	157,687						25
26	LI 090723 MOLINE PT-soil & concrete testing	2010	7,645						26
27	000000090801 LAUNDRY HVAC	2012	19,810						27
28	90806 0812 Code Compliance-roof gable & cupola	2012	31,307						28
29	90813 1012 install fire-rated frame and slab-med rec off	2012	29,853						29
30	90820 Boiler Flue Pipe Replacement	2013	3,583						30
31	90832 PARKING LOT SEALCOATING	2013	3,285						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,891,389	$ 203,211		$ 203,211	$	$ 8,500,398	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: 01/01/2020 Ending: 12/31/2020

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		$ 8,891,389	$ 203,211		$ 203,211	$	$ 8,500,398	1
2	90837 Freight for carpet tile (for resident rooms)	2014	1,013						2
3	Interior renovation, 79 resident rooms, 75 bathroom, corridor, bird lounge, Monticello dining room, Project # "012-13MW":								3
4	012-13MW HVAC, Carpetry, Doors, and Frames	2014	112,117						4
5	012-13MW Ceiling Tile, resilent flooring, interior light fixtures	2014	223,131						5
6	012-13MW Carpet, Paint, Wallcovering	2014	257,759						6
7	012-13MW Plumbing	2014	50,496						7
8	012-13MW Elctrical	2014	14,941						8
9	90848 Water Heater, Cyclone BTH 150, 96% Efficient	2014	8,563						9
10	90849 Generator Electrical for offices, nurses stations & med roon	2014	10,000						10
11	90850 Generator Electrical for offices, nurses stations & med roon	2014	10,350						11
12	90856 Roofing above back hall	2014	4,393						12
13	90861 Fire shutters 6 x 6	2014	3,830						13
14									14
15	ROOF-provide & install new roof	2014	4,393						15
16	ARCHITECT-fac basement	2015	5,292						16
17	PAINT AND FLOOR-central shower	2015	17,649						17
18	Water heater flue damper installed	2015	1,600						18
19	STRUCTURE ARCHITECT-fac basement	2015	1,050						19
20	ARCHITECT FEE-facility basement	2015	5,402						20
21	WIRE CONDUIT-boiler room	2015	9,968						21
22	Carpentry, drywall, paint, and acoustical ceiling	2015	80,786						22
23	systems work in basement office area and corridors								23
24	Remove overhead from above	2015	(9,282)						24
25	CEILING TILE-central shower	2015	5,310						25
26	replaced old temperature control	2015	2,613						26
27	Roof Replacement	2015	76,583						27
28	Rewire PTAC Units in the Arcadia wing, 12 rooms	2015	24,500						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,813,846	$ 203,211		$ 203,211	$	$ 8,500,398	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: 01/01/2020 Ending: 12/31/2020

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 12D, Carried Forward		$ 9,813,846	$ 203,211		$ 203,211	$	$ 8,500,398	1
2	Hot water system Consulting Engineering Services	2016	7,000						2
3	Replace Mixing Valves (2) & Faucet Cartridges	2016	10,137						3
4	Replace Heating Coil in ceiling above station B nourishment room	2016	2,918						4
5	Door Holder/Closers for Activities, connect to fire alarm system	2016	3,176						5
6	Rebuild Mixing Valves (2)	2016	3,576						6
7	Foundation Sealing for basement stairwell corridor &	2016	4,520						7
8	Install Drain tile to divert water away from basement corridor area								8
9									9
10	Drain lines in courtyard	2016	4,900						10
11	Carpet for nurse station carpet and corridor	2017	17,441						11
12	Phone system replacement for entire building	2017	92,901						12
13	Remove overhead from above	2017	(8,458)						13
14	Carpet freight and installation for nurse station	2017	9,149						14
15	Motor for boiler in Arcadia Unit	2017	2,755						15
16	Sprinkler head replacement in Arcadia Unit	2017	3,864						16
17	Air handler and A/C unit for the basement area.	2017	5,957						17
18	Heating coil in Station B nourishment room	2017	3,135						18
19	Exterior columns (2) at facility front entrance	2017	2,850						19
20									20
21	Conduit for panel to electrical grid near kitchen	2018	3,250						21
22	Electric Closers for Doors to kitchen	2018	3,019						22
23	Block and Crossbar Assembly for Generator	2018	3,605						23
24	Stainless Steel Refridgerator Door for kitchen	2018	4,648						24
25	Aquastat for Boiler room two	2018	4,001						25
26	Wires and Switches for Boiler room one	2018	6,612						26
27	Rooftop unit with supporting ductwork	2018	14,246						27
28	Replace all gutters downspouts rotten facia on roof	2018	24,328						28
29									29
30	Carpet for Business and Social Service Offices	2019	2,500						30
31	Paint for Business and Social Services Offices	2019	5,118						31
32	Vinyl Wall Covering for Business and Social Service Offices	2019	3,914						32
33	Fire Sprinkler	2019	3,155						33
34	TOTAL (lines 1 thru 33)		$ 10,058,063	$ 203,211		$ 203,211	$	$ 8,500,398	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: 01/01/2020 Ending: 12/31/2020

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 12E, Carried Forward		$ 10,058,063	$ 203,211		$ 203,211	$	$ 8,500,398	1
2	48 Pictures for Walls artwork	2019	8,462						2
3	Tile patient rooms 900 901 and 902	2019	5,509						3
4	Plumbing pipe for Courtyard drain	2019	2,930						4
5	Replace Rooftop unit	2019	11,876						5
6									6
7	Sealcoating -Front & Back Lots	2020	5,031						7
8	RTU - unit #5	2020	12,572						8
9	Piping - Dishwasher	2020	4,423						9
10	Cabinets & Counter -Arcadia Nutrition Rm	2020	2,600						10
11	Pump Seal (unit #1) Bearing Assy (unit #2) -MedBridge Boiler Rm	2020	3,739						11
12	Vinyl Floor/Flr Drain/Sink @ Ice Machine	2020	10,199						12
13	Drain -Laundry Rm Floor	2020	16,933						13
14	Generator	2020	10,789						14
15	Add'l Generator	2020	4,568						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)		$ 10,157,694	$ 203,211		$ 203,211	$	$ 8,500,398	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: 01/01/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 3,733,442	$ 71,022	$ 71,022	$		$ 3,556,005	71
72	Current Year Purchases	72,368						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			16,683	16,683			74
75	TOTALS	$ 3,805,810	$ 71,022	$ 87,705	$ 16,683		$ 3,556,005	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)	$ 14,192,765	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 274,233	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 290,916	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 16,683	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 12,056,403	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	CIP	$ 280,564	92
93			93
94			94
95		$ 280,564	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: 01/01/2020 Ending: 12/31/2020

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

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

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.	/2021	$
13.	/2022	$
14.	/2023	$

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: $ 33,391 Description: O2 Concentrators, Wheelchairs, Geri Chairs, Elec. Beds, Etc.
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Patient Transportation	2009 Ford E350 T_Top Oc	$	$ 15,830	17
18					18
19				above figure includes	19
20				gas & maintenance	20
21	TOTAL		$	$ 15,830	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: 01/01/2020 Ending: 12/31/2020

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.

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	4664 hrs	$ 205,434		$	$ 587	4,664	$ 206,021	1
2	Licensed Speech and Language Development Therapist	10a	2278 hrs	100,320			1,626	2,278	101,946	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	3533 hrs	155,608			5,578	3,533	161,186	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				264,647		264,647	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Inhal Therapy	10a, 3								12
13	Other (specify): X-Ray & Lab | IV	43, 2 & 3				157,044	28,254		185,298	13
14	TOTAL			$ 461,362		$ 157,044	$ 300,692	10,475	$ 919,098	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: 01/01/2020 Ending: 12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2020 (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	$ 600	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (258,136))	(265,938)		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)**	$ (265,338)	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	229,261		13
14	Buildings, at Historical Cost	10,157,695		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,805,810		16
17	Accumulated Depreciation (book methods)	(12,056,403)		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 (spe OMIT	159,671		22
23	Other(specify): CIP	280,654		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,576,688	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,311,350	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 224,135	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	365,312		30
31	Accrued Taxes Payable (excluding real estate taxes)	34,808		31
32	Accrued Real Estate Taxes(Sch.IX-B)	137,470		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accounts Payable	78,581		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 840,306	$	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)**	$ 840,306	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,471,044	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,311,350	$	48

*(See instructions.)

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 2,650,804	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 2,650,804	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	601,424	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)**	$ 601,424	17
	B. Transfers (Itemize):		
18	**Change in Interdivision**	(1,781,184)	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ (1,781,184)	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,471,044	24 *

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

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	$ 10,571,181	1
2	Discounts and Allowances for all Levels	(3,650,742)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,920,439	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,587,241	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,587,241	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	825	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	380	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	540,757	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	60,485	19
20	Radiology and X-Ray	25,735	20
21	Other Medical Services	109,158	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 737,340	23
	D. Non-Operating Revenue		
24	Contributions	500	24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 500	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Purch Disc| QI pymts| Gov Sub Inc	1,174,542	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,174,542	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 11,420,062	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,318,716	31
32	Health Care	4,076,858	32
33	General Administration	2,435,641	33
	B. Capital Expense		
34	Ownership	2,265,407	34
	C. Ancillary Expense		
35	Special Cost Centers	461,449	35
36	Provider Participation Fee	260,567	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,818,638	40
41	**Income before Income Taxes (line 30 minus line 40)****	601,424	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 601,424	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,355,419	44
45	Private Pay - Net Inpatient Revenue	3,379,817	45
46	Medicare - Net Inpatient Revenue	1,373,742	46
47	Other-(specify) Hospice	248,663	47
48	Other-(specify) Insurance	562,798	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 6,920,439	49

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

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

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

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

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	2,036	2,208	$ 101,307	$ 45.88	1
2	Assistant Director of Nursing	3,504	3,799	128,270	33.76	2
3	Registered Nurses	21,726	23,559	718,034	30.48	3
4	Licensed Practical Nurses	25,010	27,120	648,533	23.91	4
5	CNAs & Orderlies	71,620	77,848	1,169,949	15.03	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	13,619	14,728	648,734	44.05	7
8	Rehab/Therapy Aides	5,825	6,300	158,886	25.22	8
9	Activity Director	7,094	7,710	108,000	14.01	9
10	Activity Assistants					10
11	Social Service Workers	5,270	5,716	129,551	22.66	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	22,250	24,142	332,633	13.78	15
16	Dishwashers					16
17	Maintenance Workers	2,435	2,612	69,748	26.70	17
18	Housekeepers	13,880	15,039	187,353	12.46	18
19	Laundry	3,552	3,846	46,811	12.17	19
20	Administrator	2,080	2,080	153,215	73.66	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,660	19,276	433,750	22.50	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,769	1,918	33,785	17.61	31
32	Other Health Care(specify)					32
33	Other(specify)	685	745	11,504	15.44	33
34	TOTAL (lines 1 - 33)	220,015	238,646	$ 5,080,063 *	$ 21.29	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	13,185	9, 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 13,185		49

C. CONTRACT NURSES

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

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Vickie Toomsen	Administrator	0	$ 153,215
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 153,215

B. Administrative - Other

Description	Amount
Various Home Office Services - See Page 8 for breakdown	$ 319,433
TOTAL (agree to Schedule V, line 17, col. 3)	$ 319,433
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Various	Legal Fees	$ 68,239
Legal Fees were adjusted off via Page 5, Line 22, therefore, no detail schedule is attached.		
Various	Collections	1,595
AR Collection Costs were adjusted off via Page 5A, Lines 6 & 7,		
therefore, no detail schedule is attached.		
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 69,834

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 67,688
Unemployment Compensation Insurance	36,363
FICA Taxes	355,128
Employee Health Insurance	403,634
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Disability Payments	
401K	37,260
Appreciation, Oth Benefits & Mktg Adj	(9,330)
Tuition Program	
SMSP Match	
Employee Uniforms	5,075
Home Office Allocation	40,595
TOTAL (agree to Schedule V, line 22, col.8)	$ 936,413

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	$
Advertising: Employee Recruitment	37,870
Health Care Worker Background Check	
(Indicate # of checks performed 312)	6,688
Patient Background Checks 847	8,470
Dues & Subscriptions	9,745
Association Dues	8,866
Advertising	17,739
Other Licenses and Permits	1,518
Less: Non-Allowable Association Dues	(4,304)
Less: Public Relations Expense	( )
Non-allowable advertising	(17,739)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 68,853

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	6,003
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)	$ 6,003

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heartland of Moline # 0049403 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 $5,360 & AHCA $2,017**

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

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

(5) Have you properly capitalized all major repairs and equipment purchases? **YES**
What was the average life used for new equipment added during this period? **5-10 YRS**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **43,637** Line **10**

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

(8) Are you presently operating under a sale and leaseback arrangement? **YES**
If YES, give effective date of lease. **7/28/18**

(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. $ **260,567**
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. $ **380**

(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?
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 out of Schedule V? **YES**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **NO**
Attach invoices and a summary of services for all architect and appraisal fees.