

Facility Name & ID Number Heritage Manor-Peru

0048090 Report Period Beginning: 01/01/08 Ending: 12/31/08

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	129	Skilled (SNF)	129	47,085	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	129	TOTALS	129	47,085	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	24,666	9,671	5,768	40,105	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	24,666	9,671	5,768	40,105	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.18%

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

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

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

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

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

I. On what date did you start providing long term care at this location?
Date started 07/2006

J. Was the facility purchased or leased after January 1, 1978?
YES Date 07/2006 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified _____ and days of care provided 5,768

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: _____ Fiscal Year: _____

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

Facility Name & ID Number Heritage Manor-Peru # 0048090 Report Period Beginning: 01/01/08 Ending: 12/31/08

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	226,157	18,325		244,482		244,482	7,100	251,582			1
2	Food Purchase		197,852		197,852		197,852		197,852			2
3	Housekeeping	95,546	22,380		117,926		117,926	26	117,952			3
4	Laundry	58,572	9,606		68,178		68,178		68,178			4
5	Heat and Other Utilities			124,838	124,838		124,838	2,499	127,337			5
6	Maintenance	98,661	45,821	35,210	179,692		179,692	17,782	197,474			6
7	Other (specify):*											7
8	TOTAL General Services	478,936	293,984	160,048	932,968		932,968	27,407	960,375			8
	B. Health Care and Programs											
9	Medical Director			8,500	8,500		8,500	2,899	11,399			9
10	Nursing and Medical Records	2,010,213	185,736	14,111	2,210,060		2,210,060		2,210,060			10
10a	Therapy		313,490	453,429	766,919	(332,544)	434,375	331,050	765,425			10a
11	Activities	123,160	2,446		125,606		125,606	1,867	127,473			11
12	Social Services	33,138	128	2,134	35,400		35,400		35,400			12
13	CNA Training	740	50		790		790	1,476	2,266			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,167,251	501,850	478,174	3,147,275	(332,544)	2,814,731	337,292	3,152,023			16
	C. General Administration											
17	Administrative	95,650			95,650		95,650	89,912	185,562			17
18	Directors Fees							9,577	9,577			18
19	Professional Services			299,714	299,714		299,714	(289,957)	9,757			19
20	Dues, Fees, Subscriptions & Promotions			120,246	120,246	(70,628)	49,618	(10,551)	39,067			20
21	Clerical & General Office Expenses	194,302	24,172	8,520	226,994		226,994	201,746	428,740			21
22	Employee Benefits & Payroll Taxes			564,145	564,145		564,145	41,230	605,375			22
23	Inservice Training & Education			4,863	4,863		4,863	(2,864)	1,999			23
24	Travel and Seminar			4,810	4,810		4,810	(2,811)	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			62,212	62,212		62,212	14,335	76,547			26
27	Other (specify):*			6,270	6,270		6,270	(6,250)	20			27
28	TOTAL General Administration	289,952	24,172	1,070,780	1,384,904	(70,628)	1,314,276	44,367	1,358,643			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,936,139	820,006	1,709,002	5,465,147	(403,172)	5,061,975	409,066	5,471,041			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 Heritage Manor-Peru #0048090 Report Period Beginning: 01/01/08 Ending: 12/31/08

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation							155,264	155,264			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			19,262	19,262		19,262	133,214	152,476			32
33	Real Estate Taxes							42,621	42,621			33
34	Rent-Facility & Grounds			565,020	565,020		565,020	(551,028)	13,992			34
35	Rent-Equipment & Vehicles			7,379	7,379		7,379	2,386	9,765			35
36	Other (specify):*											36
37	TOTAL Ownership			591,661	591,661		591,661	(217,543)	374,118			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					332,544	332,544		332,544			39
40	Barber and Beauty Shops		46	18,249	18,295		18,295		18,295			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					70,628	70,628		70,628			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		46	18,249	18,295	403,172	421,467		421,467			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,936,139	820,052	2,318,912	6,075,103		6,075,103	191,523	6,266,626			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 Heritage Manor-Peru

0048090

Report Period Beginning: 01/01/08

Ending: 12/31/08

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	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		35		5
6	Rented Facility Space		34		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	(4,437)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions		33		15
16	Personal Expenses (Including Transportation)	(3,745)	23		16
17	Non-Care Related Fees	(1,222)	20		17
18	Fines and Penalties				18
19	Entertainment	(15,721)	24		19
20	Contributions	(250)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(7,239)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(6,000)	27		24
25	Fund Raising, Advertising and Promotional	(18,010)	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		33		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (56,624)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	248,147		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 248,147		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ 191,523		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

Heritage Manor-Peru

ID# 0048090

Report Period Beginning: 01/01/08

Ending: 12/31/08

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	\$		1
2			2
3			3
4			4
5		0	35
6		0	34
7			7
8			8
9		0	30
10			32
11			11
12			12
13		0	2
14			32
15		0	33
16		(3,745)	23
17		(1,222)	20
18			18
19			24
20		(250)	27
21			21
22		(7,239)	19
23			23
24		(6,000)	27
25		(18,010)	20
26			26
27			27
28			28
29		0	33
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	(36,466)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor-Peru

0048090

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	7,100	0	0	0	0	0	0	0	0	7,100	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	26	0	0	0	0	0	0	0	0	26	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,499	0	0	0	0	0	0	0	0	2,499	5
6	Maintenance	0	0	17,782	0	0	0	0	0	0	0	0	17,782	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	27,407	0	0	0	0	0	0	0	0	27,407	8
	B. Health Care and Programs													
9	Medical Director	0	0	2,899	0	0	0	0	0	0	0	0	2,899	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	331,050	0	0	0	0	0	0	0	0	0	331,050	10a
11	Activities	0	0	1,867	0	0	0	0	0	0	0	0	1,867	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	1,476	0	0	0	0	0	0	0	0	1,476	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	331,050	6,242	0	0	0	0	0	0	0	0	337,292	16
	C. General Administration													
17	Administrative	0	0	89,912	0	0	0	0	0	0	0	0	89,912	17
18	Directors Fees	0	0	9,577	0	0	0	0	0	0	0	0	9,577	18
19	Professional Services	(7,239)	(292,475)	9,757	0	0	0	0	0	0	0	0	(289,957)	19
20	Fees, Subscriptions & Promotions	(19,232)	0	8,681	0	0	0	0	0	0	0	0	(10,551)	20
21	Clerical & General Office Expenses	0	0	201,746	0	0	0	0	0	0	0	0	201,746	21
22	Employee Benefits & Payroll Taxes	0	0	41,230	0	0	0	0	0	0	0	0	41,230	22
23	Inservice Training & Education	(3,745)	0	881	0	0	0	0	0	0	0	0	(2,864)	23
24	Travel and Seminar	(15,721)	0	12,910	0	0	0	0	0	0	0	0	(2,811)	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	14,335	0	0	0	0	0	0	0	0	14,335	26
27	Other (specify):*	(6,250)	0	0	0	0	0	0	0	0	0	0	(6,250)	27
28	TOTAL General Administration	(52,187)	(292,475)	389,029	0	0	0	0	0	0	0	0	44,367	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(52,187)	38,575	422,678	0	0	0	0	0	0	0	0	409,066	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor-Peru

0048090

Report Period Beginning:

01/01/08 Ending:

12/31/08

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	0	141,480	0	13,784	0	0	0	0	0	0	0	155,264	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,437)	129,356	0	8,295	0	0	0	0	0	0	0	133,214	32
33	Real Estate Taxes	0	42,621	0	0	0	0	0	0	0	0	0	42,621	33
34	Rent-Facility & Grounds	0	(565,020)	0	13,992	0	0	0	0	0	0	0	(551,028)	34
35	Rent-Equipment & Vehicles	0	0	0	2,386	0	0	0	0	0	0	0	2,386	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(4,437)	(251,563)	0	38,457	0	(217,543)	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)	(56,624)	(212,988)	422,678	38,457	0	191,523	45						

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached						

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V		\$			\$	\$
2	V	10a	Adjustment for Related Organization	GreenTree Pharmacy		331,050	331,050
3	V						
4	V	19	Adjustment for Related Organization	Heritage Operations Group, LLC	0.00%		(292,475)
5	V						
6	V	34	Adjustment for Related Organization	Heritage Manor Real Estate, LLC	0.00%		(565,020)
7	V	33	Adjustment for Related Organization	Heritage Manor Real Estate, LLC		42,621	42,621
8	V	32	Adjustment for Related Organization	Heritage Manor Real Estate, LLC		122,513	122,513
9	V	30	Adjustment for Related Organization	Heritage Manor Real Estate, LLC		141,480	141,480
10	V	32	Adjustment for Related Organization	Heritage Manor Real Estate, LLC		6,843	6,843
11	V						
12	V						
13	V						
14	Total		\$ 857,495			\$ 644,507	\$ * (212,988)

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

Facility Name & ID Number Heritage Manor-Peru # 0048090 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$	Heritage Enterprises, Inc.	0.00%	\$ 7,100	\$ 7,100	15
16	V	2 Food Purchase				0		16
17	V	3 Housekeeping				26	26	17
18	V	4 Laundry				0		18
19	V	5 Heat & Other Utilities				2,499	2,499	19
20	V	6 Maintenance				17,782	17,782	20
21	V	7 Other				0		21
22	V	9 Medical Director				2,899	2,899	22
23	V	10 Nursing & Medical Records				0		23
24	V	11 Activities				1,867	1,867	24
25	V	12 Social Service				0		25
26	V	13 Nurse Aide Training				1,476	1,476	26
27	V	14 Program Transportation				0		27
28	V	15 Other				0		28
29	V	17 Administrative				89,912	89,912	29
30	V	18 Directors Fees				9,577	9,577	30
31	V	19 Professional Services				9,757	9,757	31
32	V	20 Fees, Subscription, Promotions				8,681	8,681	32
33	V	21 Clerical & General Office Expenses				201,746	201,746	33
34	V	22 Employee Benefits & Payroll Taxes				41,230	41,230	34
35	V	23 Inservice Training & Education				881	881	35
36	V	24 Travel and Seminar				12,910	12,910	36
37	V	25 Other Admin. Staff Transportation				0		37
38	V	26 Insurance-Prop.Liab.Malpract				14,335	14,335	38
39	Total		\$			\$ 422,678	\$ * 422,678	39

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

Facility Name & ID Number Heritage Manor-Peru # 0048090 Report Period Beginning: 01/01/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	27 Other	\$		0.00%	\$ 0	\$	15
16	V	30 Depreciation				13,784		13,784 16
17	V	31 Amortization of Pre-Op & Org				0		0 17
18	V	32 Interest				8,295		8,295 18
19	V	33 Real Estate Taxes				0		0 19
20	V	34 Rent-Facility & Grounds				13,992		13,992 20
21	V	35 Rent-Equipment & Vehicles				2,386		2,386 21
22	V	36 Other				0		0 22
23	V	38 Medically Nec Transportation				0		0 23
24	V	39 Ancillary Service Centers				0		0 24
25	V	40 Barber and Beauty Shops				0		0 25
26	V	41 Coffee and Gift Shops				0		0 26
27	V	42 Other				0		0 27
28	V							
29	V							
30	V							
31	V							
32	V							
33	V							
34	V							
35	V							
36	V							
37	V							
38	V							
39	Total		\$			\$ 38,457	\$ *	38,457 39

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

Facility Name & ID Number Heritage Manor-Peru # 0048090 Report Period Beginning: 01/01/08 Ending: 12/31/08

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	Heritage Enterprises Inc.	Member		100.00					\$ 9,577	18/7	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	\$ 9,577		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 Heritage Manor-Peru

0048090

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Heritage Operations Group
 Street Address box 3188
 City / State / Zip Code Bloomington, IL 61701
 Phone Number ()
 Fax Number ()

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary	Beds	2,634	25	\$ 144,981	\$ 144,706	129	\$ 7,100	1
2	2	Food Purchase	Beds	2,634	25	0	0	129	0	2
3	3	Housekeeping	Beds	2,634	25	537	537	129	26	3
4	4	Laundry	Beds	2,634	25	0	0	129	0	4
5	5	Heat & Other Utilities	Beds	2,634	25	51,027	0	129	2,499	5
6	6	Maintenance	Beds	2,634	25	363,089	68,949	129	17,782	6
7	7	Other	Beds	2,634	25	0	0	129	0	7
8	9	Medical Director	Beds	2,634	25	59,193	0	129	2,899	8
9	10	Nursing & Medical Records	Beds	2,634	25	0	59,193	129	0	9
10	11	Activities	Beds	2,634	25	38,116	37,880	129	1,867	10
11	12	Social Service	Beds	2,634	25	0	0	129	0	11
12	13	Nurse Aide Training	Beds	2,634	25	30,133	29,953	129	1,476	12
13	14	Program Transportation	Beds	2,634	25	0	0	129	0	13
14	15	Other	Beds	2,634	25	0	0	129	0	14
15	17	Administrative	Beds	2,634	25	1,835,880	1,835,880	129	89,912	15
16	18	Directors Fees	Beds	2,634	25	195,551	0	129	9,577	16
17	19	Professional Services	Beds	2,634	25	199,226	0	129	9,757	17
18	20	Fees, Subscription, Promotions	Beds	2,634	25	177,251	0	129	8,681	18
19	21	Clerical & General Office Expense	Beds	2,634	25	4,119,374	3,752,355	129	201,746	19
20	22	Employee Benefits & Payroll Tax	Beds	2,634	25	841,855	0	129	41,230	20
21	23	Inservice Training & Education	Beds	2,634	25	17,980	0	129	881	21
22	24	Travel and Seminar	Beds	2,634	25	263,598	0	129	12,910	22
23	25	Other Admin. Staff Transportatio	Beds	2,634	25	0	0	129	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,634	25	292,705	0	129	14,335	24
25	TOTALS					\$ 8,630,496	\$ 5,929,453		\$ 422,678	25

Facility Name & ID Number Heritage Manor-Peru

0048090

Report Period Beginning: 01/01/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,634	129	\$	129	\$	1
2	30	Depreciation	Beds	2,634	129	281,453	129	13,784	2
3	31	Amortization of Pre-Op & Org	Beds	2,634	129		129		3
4	32	Interest	Beds	2,634	129	169,367	129	8,295	4
5	33	Real Estate Taxes	Beds	2,634	129		129		5
6	34	Rent-Facility & Grounds	Beds	2,634	129	285,687	129	13,992	6
7	35	Rent-Equipment & Vehicles	Beds	2,634	129	48,715	129	2,386	7
8	36	Other	Beds	2,634	129		129		8
9	38	Medically Nec Transportation	Beds	2,634	129		129		9
10	39	Ancillary Service Centers	Beds	2,634	129		129		10
11	40	Barber and Beauty Shops	Beds	2,634	129		129		11
12	41	Coffee and Gift Shops	Beds	2,634	129		129		12
13	42	Other	Beds	2,634	129		129		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					\$ 785,222	\$	\$ 38,457	25

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**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Bank of America		xx	Mortgage			\$	\$ 1,846,437	03/11	variable	\$ 122,513	1								
2	Bank of America		xx	Loan Fees							6,843	2								
3												3								
4												4								
5												5								
Working Capital																				
6	Bank of America		xx	Accounts Receivable							19,262	6								
7												7								
8												8								
9	TOTAL Facility Related						\$	\$ 1,846,437			\$ 148,618	9								
B. Non-Facility Related*																				
10	Interest Income										(4,437)	10								
11	Allocated Corporate										8,295	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ 3,858	14								
15	TOTALS (line 9+line14)						\$	\$ 1,846,437			\$ 152,476	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ none Line # _____

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

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

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2007 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.)			\$ 42,621	2
3. Under or (over) accrual (line 2 minus line 1).			\$ 42,621	3
4. Real Estate Tax accrual used for 2008 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.			\$ 42,621	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:				
2003	33,453	8		
2004	35,728	9		
2005	43,317	10		
2006	57,458	11		
2007	42,621	12		
			FOR BHF USE ONLY	
13	FROM R. E. TAX STATEMENT FOR 2007	\$		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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Manor-Peru COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 0048090

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 2007 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 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>17-09-312-013</u>	_____	\$ <u>2,091.00</u>	\$ <u>2,091.00</u>
2. <u>17-09-312-014</u>	_____	\$ <u>40,530.00</u>	\$ <u>40,530.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>42,621.00</u>	\$ <u>42,621.00</u>

B. Real Estate Tax Cost Allocations

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

If YES, attach an explanation & 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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Heritage Manor-Peru

0048090 Report Period Beginning:

01/01/08 Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,183 B. General Construction Type: Exterior brick Frame wood Number of Stories _____

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

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

none

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

1. Total Amount Incurred: _____ 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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$ <u>40,500</u>	1
2					2
3	TOTALS			\$ <u>40,500</u>	3

Facility Name & ID Number Heritage Manor-Peru

0048090

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	129				\$ 391,963	\$		\$	\$	\$	4
5					325,283						5
6					153,474						6
7					677,402						7
8											8
	Improvement Type**										
9	1978 Improvements			1978							9
10	1979 Improvements			1979	6,059						10
11	1980 Improvements			1980	9,952						11
12	1981 Improvements			1981	28,648						12
13	1982 Improvements			1982	8,175						13
14	1983 Improvements			1983	39,938						14
15	1984 Improvements			1985	13,985						15
16	1985 Improvements			1986	19,793						16
17	1986 Improvements			1987	550						17
18	1988 Improvements			1988	22,120						18
19	1989 Improvements			1989	19,053						19
20	1990 Improvements			1990	25,453						20
21	1991 Improvements			1991	12,118						21
22	1992 Improvements			1992	19,157						22
23	1993 Improvements			1993	87,224						23
24	1994 Improvements			1994	43,270						24
25	1995 Improvements			1995	16,885						25
26	WATER SOFTNER			1996	8,377						26
27	AIR CONDITIONER			1996	4,550						27
28	LANDSCAPING			1996	97						28
29											29
30	INTERIOR REMODEL										30
31											31
32											32
33											33
34	C/O Allocation							13,784	13,784		34
35	Book Depreciation					114,768		114,768		1,589,749	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 Heritage Manor-Peru

0048090

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Interior Rehab---	1997	\$ 292,864	\$		\$	\$	\$	37
38	Parking Lot Sealer	1997	3,100						38
39	Commercial Disposal	1997	877						39
40									40
41	Water Heater	1998	4,308						41
42	A/C Repair	1998	6,457						42
43	Heater Repair	1998	954						43
44	Laundry Room Remodel	1998	1,450						44
45	Interior Rehab	1998	7,466						45
46									46
47	GFI Outlets	1999	3,420						47
48	Water Meter	1999	1,854						48
49	Roof Replacements	1999	80,498						49
50									50
51	Water Main Break Repair	2000	5,272						51
52	Door Monitor System	2000	9,852						52
53	Patio Improvements	2000	1,310						53
54									54
55	Lennox Condenser	2001	4,527						55
56	Water Heater	2001	3,708						56
57	Sewer Repair	2001	932						57
58									58
59	Sewer Repair	2002	1,267						59
60	Water Heater	2002	4,340						60
61	Ceiling Tiles	2002	110						61
62	Seal Parking Lot	2002	3,100						62
63	Door Lock	2002	1,370						63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,372,562	\$ 114,768		\$ 128,552	\$ 13,784	\$ 1,589,749	70

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

Facility Name & ID Number Heritage Manor-Peru

0048090

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,372,562	\$ 114,768		\$ 128,552	\$ 13,784	\$ 1,589,749	1
2	Compressor	2003	844						2
3	Shower Room Remodel	2003	4,916						3
4	Back Flow Valve	2003	1,241						4
5	Parking Lot	2003	3,100						5
6	Generator	2003	2,749						6
7	Compressor	2003	939						7
8									8
9	Door Kickplates	2004	1,100						9
10	Repipe Water Heater	2004	1,730						10
11	Wallguards	2004	22,275						11
12	Heat Exchanger	2004	1,670						12
13	Carpet	2004	7,161						13
14									14
15	Ansul System	2005	1,685						15
16	Heat Exchanger	2005	1,800						16
17	Wall hvac	2005	959						17
18	Wallguards	2005	2,313						18
19	A/C condensing unit	2005	4,078						19
20	Exterior Door	2005	17,485						20
21	Solarium	2005	3,812						21
22	Lennox	2005	5,950						22
23	Shower Room Remodel	2005	5,588						23
24	Window Replacement	2005	55,419						24
25	Parking Lot Sealer	2005	3,940						25
26	Disposal	2005	1,303						26
27	Courtyard Door	2005	1,354						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,525,973	\$ 114,768		\$ 128,552	\$ 13,784	\$ 1,589,749	34

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

Facility Name & ID Number Heritage Manor-Peru

0048090

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,525,973	\$ 114,768		\$ 128,552	\$ 13,784	\$ 1,589,749	1
2	Code Alert	2006	7,226						2
3	Windows	2006	876						3
4	Exterior Door	2006	2,620						4
5	Chimney	2006	6,250						5
6	Boiler	2006	3,002						6
7	Garbage Disposal	2006	1,072						7
8	Sprinklers	2006	34,076						8
9	Heat Pump	2006	1,073						9
10									10
11	Sprinkler System	2007	189,741						11
12	Water Heater	2007	11,400						12
13	Sewer	2007	3,394						13
14	HVAC	2007	70,422						14
15	Gazebo	2007	4,750						15
16	PTAC Unit	2007	2,720						16
17	Wander Guard	2007	3,129						17
18	Dryer	2007	4,068						18
19	Condensor	2007	14,928						19
20									20
21	Water Main	2008	30,831						21
22	Resident Room Plumbing	2008	12,661						22
23	Parking Lot Repairs	2008	5,221						23
24	Water Softener	2008	9,748						24
25	Water Heater	2008	9,120						25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,954,301	\$ 114,768		\$ 128,552	\$ 13,784	\$ 1,589,749	34

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

Facility Name & ID Number Heritage Manor-Peru

0048090

Report Period Beginning:

01/01/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12C, Carried Forward	\$ 2,954,301	\$ 114,768		\$ 128,552	\$ 13,784	\$ 1,589,749		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 2,954,301	\$ 114,768		\$ 128,552	\$ 13,784	\$ 1,589,749		34

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

Facility Name & ID Number Heritage Manor-Peru # 0048090 Report Period Beginning: 01/01/08 Ending: 12/31/08

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,008,593	\$ 26,712	\$ 26,712	\$		\$ 922,444	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,008,593	\$ 26,712	\$ 26,712	\$		\$ 922,444	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	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)	\$ 4,003,394	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 141,480	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 155,264	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 13,784	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,512,193	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

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

If NO, see instructions.

YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	_____ /2009	\$ _____
13.	_____ /2010	\$ _____
14.	_____ /2011	\$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? _____

YES NO

16. Rental Amount for movable equipment: \$ 7,379 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.

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		50		50
3	Classroom Wages (a)				
4	Clinical Wages (b)		740		740
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 790	\$	\$ 790
10	SUM OF line 9, col. 1 and 2 (e)	\$	790		

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	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	\$		\$ 205,713	\$		\$ 205,713	1
2	Licensed Speech and Language Development Therapist		hrs			5,644			5,644	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			222,754	264		223,018	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				313,226		313,226	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					19,318			19,318	13
14	TOTAL			\$		\$ 453,429	\$ 313,490		\$ 766,919	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Heritage Manor-Peru# 0048090Report Period Beginning: 01/01/08

Ending:

12/31/08**XV. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/08

(last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 13,250	\$	1
2	Cash-Patient Deposits	18,157		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,056,668		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,824		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(522,837)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 583,062	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			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)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 583,062	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 148,371	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	18,157		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	342,751		30
31	Accrued Taxes Payable (excluding real estate taxes)	3,643		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	<u>IPA Tax</u>	17,802		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 530,724	\$	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)	\$ 530,724	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 52,338	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 583,062	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (422,411)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (422,411)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	474,749	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)	\$ 474,749	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)	\$ 52,338	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Heritage Manor-Peru# 0048090Report Period Beginning: 01/01/08Ending: 12/31/08**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,550,018	1
2	Discounts and Allowances for all Levels	(2,063,529)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,486,489	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,493,321	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,493,321	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	(305)	12
13	Barber and Beauty Care	24,583	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	541,321	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	6	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 565,605	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	4,437	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,437	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,549,852	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	932,968	31
32	Health Care	3,147,275	32
33	General Administration	1,384,904	33
B. Capital Expense			
34	Ownership	591,661	34
C. Ancillary Expense			
35	Special Cost Centers	18,295	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)*	\$ 6,075,103	40
41	Income before Income Taxes (line 30 minus line 40)**	474,749	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 474,749	43

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

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

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

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

Facility Name & ID Number Heritage Manor-Peru

0048090

Report Period Beginning:

01/01/08

Ending:

12/31/08

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,928	2,080	\$ 64,465	\$ 30.99	1
2	Assistant Director of Nursing	3,660	4,152	107,801	25.96	2
3	Registered Nurses	8,842	9,480	227,547	24.00	3
4	Licensed Practical Nurses	22,864	24,886	544,313	21.87	4
5	CNAs & Orderlies	75,959	80,580	977,647	12.13	5
6	CNA Trainees	80	80	740	9.25	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,297	6,221	88,440	14.22	8
9	Activity Director					9
10	Activity Assistants	9,374	10,284	123,160	11.98	10
11	Social Service Workers	1,988	2,068	33,138	16.02	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	20,221	21,506	226,157	10.52	15
16	Dishwashers					16
17	Maintenance Workers	7,409	8,157	98,661	12.10	17
18	Housekeepers	10,630	11,125	95,546	8.59	18
19	Laundry	4,952	5,514	58,572	10.62	19
20	Administrator	1,900	2,080	95,650	45.99	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,072	12,397	194,302	15.67	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)	186,176	200,610	\$ 2,936,139 *	\$ 14.64	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$ 0		35
36	Medical Director		8,500		36
37	Medical Records Consultant		1,415		37
38	Nurse Consultant				38
39	Pharmacist Consultant		3,870		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		2,134		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 15,919		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	118	\$ 4,724		50
51	Licensed Practical Nurses	84	2,957		51
52	Certified Nurse Assistants/Aides	0	0		52
53	TOTAL (lines 50 - 52)	203	\$ 7,681		53

Facility Name & ID Number Heritage Manor-Peru

0048090

Report Period Beginning: 01/01/08

Ending: 12/31/08

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions				
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount				
Caroline Daughtery	admin	0	\$ 95,650	Workers' Compensation Insurance	\$ 36,425	IDPH License Fee	\$ 995				
				Unemployment Compensation Insurance	35,279	Advertising: Employee Recruitment	19,627				
				FICA Taxes	224,615	Health Care Worker Background Check					
				Employee Health Insurance	233,650	(Indicate # of checks performed)	1,590				
				Employee Meals		Patient Background Checks	8,681				
				Illinois Municipal Retirement Fund (IMRF)*			13,600				
					0		9,014				
					34,176	Dues & Subscriptions	8,632				
					41,230	License & Fees	764				
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 95,650	TOTAL (agree to Schedule V, line 22, col.8)			\$ 605,375	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 39,067	
(List each licensed administrator separately.)								Less: Public Relations Expense		(9,014)	
								Non-allowable advertising		(1,222)	
								Yellow page advertising		(13,600)	
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				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**				
Vendor/Payee	Type	Amount	Description	Line #	Amount	Description	Amount				
Heritage Operations Group	Mgt Fee	\$ 292,475			\$	Out-of-State Travel	\$				
		0									
		0				In-State Travel					
		0					2,620				
							47				
						Seminar Expense	2,143				
							(15,721)				
		0				Central Office	12,910				
Legal adj to Zero		7,239				Entertainment Expense	()				
		0				(agree to Sch. V, line 24, col. 8)					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 299,714	TOTAL			\$	TOTAL			\$ 1,999
(If total legal fees exceed \$5,000, attach copy of invoices.)											

* Attach copy of IMRF notifications

**See instructions.

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. Illinois Healthcare Association
- (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 yrs
- (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 xx NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES x NO _____ If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
Heritge Manor Peru 38364 07/2006
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 70,628
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? yes 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. \$ 1,668
- (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. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? yes
Firm Name: Sulaski & Webb The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. Not available at this date
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.

Item	Code	Unit	Quantity	Price	Total	Description
1	001	kg	100	1.50	150.00	001
2	002	kg	50	2.00	100.00	002
3	003	kg	20	3.00	60.00	003
4	004	kg	10	4.00	40.00	004
5	005	kg	5	5.00	25.00	005
6	006	kg	3	6.00	18.00	006
7	007	kg	2	7.00	14.00	007
8	008	kg	1	8.00	8.00	008
9	009	kg	1	9.00	9.00	009
10	010	kg	1	10.00	10.00	010
11	011	kg	1	11.00	11.00	011
12	012	kg	1	12.00	12.00	012
13	013	kg	1	13.00	13.00	013
14	014	kg	1	14.00	14.00	014
15	015	kg	1	15.00	15.00	015
16	016	kg	1	16.00	16.00	016
17	017	kg	1	17.00	17.00	017
18	018	kg	1	18.00	18.00	018
19	019	kg	1	19.00	19.00	019
20	020	kg	1	20.00	20.00	020
21	021	kg	1	21.00	21.00	021
22	022	kg	1	22.00	22.00	022
23	023	kg	1	23.00	23.00	023
24	024	kg	1	24.00	24.00	024
25	025	kg	1	25.00	25.00	025
26	026	kg	1	26.00	26.00	026
27	027	kg	1	27.00	27.00	027
28	028	kg	1	28.00	28.00	028
29	029	kg	1	29.00	29.00	029
30	030	kg	1	30.00	30.00	030
31	031	kg	1	31.00	31.00	031
32	032	kg	1	32.00	32.00	032
33	033	kg	1	33.00	33.00	033
34	034	kg	1	34.00	34.00	034
35	035	kg	1	35.00	35.00	035
36	036	kg	1	36.00	36.00	036
37	037	kg	1	37.00	37.00	037
38	038	kg	1	38.00	38.00	038
39	039	kg	1	39.00	39.00	039
40	040	kg	1	40.00	40.00	040
41	041	kg	1	41.00	41.00	041
42	042	kg	1	42.00	42.00	042
43	043	kg	1	43.00	43.00	043
44	044	kg	1	44.00	44.00	044
45	045	kg	1	45.00	45.00	045
46	046	kg	1	46.00	46.00	046
47	047	kg	1	47.00	47.00	047
48	048	kg	1	48.00	48.00	048
49	049	kg	1	49.00	49.00	049
50	050	kg	1	50.00	50.00	050
51	051	kg	1	51.00	51.00	051
52	052	kg	1	52.00	52.00	052
53	053	kg	1	53.00	53.00	053
54	054	kg	1	54.00	54.00	054
55	055	kg	1	55.00	55.00	055
56	056	kg	1	56.00	56.00	056
57	057	kg	1	57.00	57.00	057
58	058	kg	1	58.00	58.00	058
59	059	kg	1	59.00	59.00	059
60	060	kg	1	60.00	60.00	060
61	061	kg	1	61.00	61.00	061
62	062	kg	1	62.00	62.00	062
63	063	kg	1	63.00	63.00	063
64	064	kg	1	64.00	64.00	064
65	065	kg	1	65.00	65.00	065
66	066	kg	1	66.00	66.00	066
67	067	kg	1	67.00	67.00	067
68	068	kg	1	68.00	68.00	068
69	069	kg	1	69.00	69.00	069
70	070	kg	1	70.00	70.00	070
71	071	kg	1	71.00	71.00	071
72	072	kg	1	72.00	72.00	072
73	073	kg	1	73.00	73.00	073
74	074	kg	1	74.00	74.00	074
75	075	kg	1	75.00	75.00	075
76	076	kg	1	76.00	76.00	076
77	077	kg	1	77.00	77.00	077
78	078	kg	1	78.00	78.00	078
79	079	kg	1	79.00	79.00	079
80	080	kg	1	80.00	80.00	080
81	081	kg	1	81.00	81.00	081
82	082	kg	1	82.00	82.00	082
83	083	kg	1	83.00	83.00	083
84	084	kg	1	84.00	84.00	084
85	085	kg	1	85.00	85.00	085
86	086	kg	1	86.00	86.00	086
87	087	kg	1	87.00	87.00	087
88	088	kg	1	88.00	88.00	088
89	089	kg	1	89.00	89.00	089
90	090	kg	1	90.00	90.00	090
91	091	kg	1	91.00	91.00	091
92	092	kg	1	92.00	92.00	092
93	093	kg	1	93.00	93.00	093
94	094	kg	1	94.00	94.00	094
95	095	kg	1	95.00	95.00	095
96	096	kg	1	96.00	96.00	096
97	097	kg	1	97.00	97.00	097
98	098	kg	1	98.00	98.00	098
99	099	kg	1	99.00	99.00	099
100	100	kg	1	100.00	100.00	100

