

Facility Name & ID Number Heritage Manor-Staunton

0048876 Report Period Beginning: 1-01-10 Ending: 12-31-10

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	99	Skilled (SNF)	99	36,135	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	99	TOTALS	99	36,135	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	15,234	7,030	2,874	25,138	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,234	7,030	2,874	25,138	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.57%

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 07/2007

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

YES Date _____ 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 2,874

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL 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-Staunton

0048876

Report Period Beginning:

1-01-10

Ending:

12-31-10

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	168,450	8,262		176,712		176,712	3,945	180,657		1
2	Food Purchase		144,452		144,452		144,452	(932)	143,520		2
3	Housekeeping	105,393	14,719		120,112		120,112		120,112		3
4	Laundry	49,740	13,684		63,424		63,424		63,424		4
5	Heat and Other Utilities			124,496	124,496		124,496	1,705	126,201		5
6	Maintenance	53,135	42,987	36,619	132,741		132,741	11,748	144,489		6
7	Other (specify):*										7
8	TOTAL General Services	376,718	224,104	161,115	761,937		761,937	16,466	778,403		8
	B. Health Care and Programs										
9	Medical Director			3,300	3,300		3,300	2,898	6,198		9
10	Nursing and Medical Records	1,116,958	70,269	25,609	1,212,836		1,212,836		1,212,836		10
10a	Therapy		100,948	412,065	513,013	(193,620)	319,393	168,005	487,398		10a
11	Activities	90,761	5,657		96,418		96,418	4	96,422		11
12	Social Services	33,045		1,023	34,068		34,068		34,068		12
13	CNA Training	3,787	2,274		6,061		6,061	1,308	7,369		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,244,551	179,148	441,997	1,865,696	(193,620)	1,672,076	172,215	1,844,291		16
	C. General Administration										
17	Administrative	91,545			91,545		91,545	83,809	175,354		17
18	Directors Fees										18
19	Professional Services			185,925	185,925		185,925	(167,313)	18,612		19
20	Dues, Fees, Subscriptions & Promotions			80,485	80,485	(54,203)	26,282	(884)	25,398		20
21	Clerical & General Office Expenses	77,570	23,290	7,610	108,470		108,470	171,557	280,027		21
22	Employee Benefits & Payroll Taxes			315,289	315,289		315,289	31,479	346,768		22
23	Inservice Training & Education			3,087	3,087		3,087	(1,088)	1,999		23
24	Travel and Seminar			460	460		460	1,539	1,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			41,524	41,524		41,524	11,261	52,785		26
27	Other (specify):*			6,225	6,225		6,225	(6,000)	225		27
28	TOTAL General Administration	169,115	23,290	640,605	833,010	(54,203)	778,807	124,360	903,167		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,790,384	426,542	1,243,717	3,460,643	(247,823)	3,212,820	313,041	3,525,861		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-Staunton

#0048876

Report Period Beginning:

1-01-10

Ending:

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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							173,940	173,940			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			7,211	7,211		7,211	176,580	183,791			32
33	Real Estate Taxes							35,107	35,107			33
34	Rent-Facility & Grounds			433,620	433,620		433,620	(427,062)	6,558			34
35	Rent-Equipment & Vehicles			14,605	14,605		14,605	1,203	15,808			35
36	Other (specify):*											36
37	TOTAL Ownership			455,436	455,436		455,436	(40,232)	415,204			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					193,620	193,620		193,620			39
40	Barber and Beauty Shops		952	8,335	9,287		9,287		9,287			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					54,203	54,203		54,203			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		952	8,335	9,287	247,823	257,110		257,110			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,790,384	427,494	1,707,488	3,925,366		3,925,366	272,809	4,198,175			45

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

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.)

Table with columns: NON-ALLOWABLE EXPENSES, Amount, Reference, BHF USE ONLY. Rows 1-30 including Day Care, Governmental Sponsored Special Programs, Telephone, TV & Radio in Resident Rooms, etc.

BHF USE ONLY table with columns 48-52

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

Table with columns: Amount, Reference. Rows 31-37 including Non-Paid Workers-Attach Schedule*, Donated Goods-Attach Schedule*, Amortization of Organization & Pre-Operating Expense, etc.

*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.)

Table with columns: Yes, No, Amount, Reference. Rows 38-47 including Medically Necessary Transport., Gift and Coffee Shops, Barber and Beauty Shops, etc.

Heritage Manor-Staunton

ID# 0048876

Report Period Beginning: 1-01-10

Ending: 12-31-10

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1		\$		1
2				2
3				3
4				4
5		0	35	5
6		0	34	6
7				7
8				8
9		0	30	9
10			32	10
11				11
12				12
13		0	2	13
14			32	14
15		0	33	15
16			24	16
17		(475)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(1,979)	19	22
23				23
24		(6,000)	27	24
25		(10,557)	20	25
26				26
27				27
28				28
29		0	33	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	(19,011)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor-Staunton

0048876

Report Period Beginning:

1-01-10

Ending:

12-31-10

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,945	0	0	0	0	0	0	0	0	3,945	1
2	Food Purchase	0	0	(932)	0	0	0	0	0	0	0	0	(932)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,705	0	0	0	0	0	0	0	0	1,705	5
6	Maintenance	0	0	11,748	0	0	0	0	0	0	0	0	11,748	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	16,466	0	16,466	8							
	B. Health Care and Programs													
9	Medical Director	0	0	2,898	0	0	0	0	0	0	0	0	2,898	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	168,005	0	0	0	0	0	0	0	0	0	168,005	10a
11	Activities	0	0	4	0	0	0	0	0	0	0	0	4	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	1,308	0	0	0	0	0	0	0	0	1,308	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	168,005	4,210	0	172,215	16							
	C. General Administration													
17	Administrative	0	0	83,809	0	0	0	0	0	0	0	0	83,809	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,979)	(182,446)	17,112	0	0	0	0	0	0	0	0	(167,313)	19
20	Fees, Subscriptions & Promotions	(11,032)	0	10,148	0	0	0	0	0	0	0	0	(884)	20
21	Clerical & General Office Expenses	0	0	171,557	0	0	0	0	0	0	0	0	171,557	21
22	Employee Benefits & Payroll Taxes	0	0	31,479	0	0	0	0	0	0	0	0	31,479	22
23	Inservice Training & Education	(1,456)	0	368	0	0	0	0	0	0	0	0	(1,088)	23
24	Travel and Seminar	(6,368)	0	7,907	0	0	0	0	0	0	0	0	1,539	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	11,261	0	0	0	0	0	0	0	0	11,261	26
27	Other (specify):*	(6,000)	0	0	0	0	0	0	0	0	0	0	(6,000)	27
28	TOTAL General Administration	(26,835)	(182,446)	333,641	0	124,360	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(26,835)	(14,441)	354,317	0	313,041	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor-Staunton

0048876

Report Period Beginning:

1-01-10

Ending:

12-31-10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	164,523	0	9,417	0	0	0	0	0	0	0	173,940	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,697)	180,679	0	598	0	0	0	0	0	0	0	176,580	32
33	Real Estate Taxes	0	35,053	0	54	0	0	0	0	0	0	0	35,107	33
34	Rent-Facility & Grounds	0	(433,620)	0	6,558	0	0	0	0	0	0	0	(427,062)	34
35	Rent-Equipment & Vehicles	0	0	0	1,203	0	0	0	0	0	0	0	1,203	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(4,697)	(53,365)	0	17,830	0	(40,232)	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)	(31,532)	(67,806)	354,317	17,830	0	272,809	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
Heritage Enterprises, Inc.	100	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		\$			\$		1
2	V	10a Adjustment for Related Organization		GreenTree Pharmacy	0.00%	168,005	168,005	2
3	V							3
4	V	19 Adjustment for Related Organization	182,446	Heritage Operations Group, LLC	0.00%		(182,446)	4
5	V							5
6	V	34 Adjustment for Related Organization	433,620	Heritage Manor Real Estate, LLC	0.00%		(433,620)	6
7	V	33 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		35,053	35,053	7
8	V	32 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		179,168	179,168	8
9	V	30 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		164,523	164,523	9
10	V	32 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		1,511	1,511	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 616,066			\$ 548,260	\$ * (67,806)	14

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

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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.		\$	3,945	15
16	V	2 Food Purchase					(932)	16
17	V	3 Housekeeping					0	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					1,705	19
20	V	6 Maintenance					11,748	20
21	V	7 Other					0	21
22	V	9 Medical Director					2,898	22
23	V	10 Nursing & Medical Records					0	23
24	V	11 Activities					4	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					1,308	26
27	V	14 Program Transportation					0	27
28	V	15 Other					0	28
29	V	17 Administrative					83,809	29
30	V	18 Directors Fees					0	30
31	V	19 Professional Services					17,112	31
32	V	20 Fees, Subscription, Promotions					10,148	32
33	V	21 Clerical & General Office Expenses					171,557	33
34	V	22 Employee Benefits & Payroll Taxes					31,479	34
35	V	23 Inservice Training & Education					368	35
36	V	24 Travel and Seminar					7,907	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					11,261	38
39	Total		\$			\$	0	\$ * 354,317 39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	27	Other	\$	Heritage Enterprises, Inc.		\$	\$	0 15
16	V	30	Depreciation						9,417 16
17	V	31	Amortization of Pre-Op & Org						0 17
18	V	32	Interest						598 18
19	V	33	Real Estate Taxes						54 19
20	V	34	Rent-Facility & Grounds						6,558 20
21	V	35	Rent-Equipment & Vehicles						1,203 21
22	V	36	Other						0 22
23	V	38	Medically Nec Transportation						0 23
24	V	39	Ancillary Service Centers						0 24
25	V	40	Barber and Beauty Shops						0 25
26	V	41	Coffee and Gift Shops						0 26
27	V	42	Other						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			\$			\$	0	\$ * 17,830 39

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

Facility Name & ID Number

Heritage Manor-Staunton

#

0048876

Report Period Beginning:

1-01-10

Ending:

12-31-10

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					\$ 0	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	\$		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-Staunton

0048876

Report Period Beginning:

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Ending: 12-31-10

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

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

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

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	\$ 104,969	\$ 104,969	99	\$ 3,945	1
2	2	Food Purchase	Beds	2,634	25	(24,794)	0	99	(932)	2
3	3	Housekeeping	Beds	2,634	25	0	0	99	0	3
4	4	Laundry	Beds	2,634	25	0	0	99	0	4
5	5	Heat & Other Utilities	Beds	2,634	25	45,364	0	99	1,705	5
6	6	Maintenance	Beds	2,634	25	312,555	75,007	99	11,748	6
7	7	Other	Beds	2,634	25	0	0	99	0	7
8	9	Medical Director	Beds	2,634	25	77,111	0	99	2,898	8
9	10	Nursing & Medical Records	Beds	2,634	25	0	77,111	99	0	9
10	11	Activities	Beds	2,634	25	95	0	99	4	10
11	12	Social Service	Beds	2,634	25	0	0	99	0	11
12	13	Nurse Aide Training	Beds	2,634	25	34,804	0	99	1,308	12
13	14	Program Transportation	Beds	2,634	25	0	0	99	0	13
14	15	Other	Beds	2,634	25	0	0	99	0	14
15	17	Administrative	Beds	2,634	25	2,229,831	2,229,831	99	83,809	15
16	18	Directors Fees	Beds	2,634	25	0	0	99	0	16
17	19	Professional Services	Beds	2,634	25	455,276	0	99	17,112	17
18	20	Fees, Subscription, Promotions	Beds	2,634	25	269,994	0	99	10,148	18
19	21	Clerical & General Office Expens	Beds	2,634	25	4,564,447	4,163,572	99	171,557	19
20	22	Employee Benefits & Payroll Tax	Beds	2,634	25	837,533	0	99	31,479	20
21	23	Inservice Training & Education	Beds	2,634	25	9,793	0	99	368	21
22	24	Travel and Seminar	Beds	2,634	25	210,373	0	99	7,907	22
23	25	Other Admin. Staff Transportatio	Beds	2,634	25	0	0	99	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,634	25	299,608	0	99	11,261	24
25	TOTALS					\$ 9,426,959	\$ 6,650,490		\$ 354,317	25

Facility Name & ID Number Heritage Manor-Staunton

0048876

Report Period Beginning:

1-01-10

Ending: 12-31-10

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

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

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

1	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	25	\$	\$	99	\$	1
2	30	Depreciation	Beds	2,634	25	250,538		99	9,417	2
3	31	Amortization of Pre-Op & Org	Beds	2,634	25			99		3
4	32	Interest	Beds	2,634	25	15,900		99	598	4
5	33	Real Estate Taxes	Beds	2,634	25	1,448		99	54	5
6	34	Rent-Facility & Grounds	Beds	2,634	25	174,472		99	6,558	6
7	35	Rent-Equipment & Vehicles	Beds	2,634	25	31,994		99	1,203	7
8	36	Other	Beds	2,634	25			99		8
9	38	Medically Nec Transportation	Beds	2,634	25			99		9
10	39	Ancillary Service Centers	Beds	2,634	25			99		10
11	40	Barber and Beauty Shops	Beds	2,634	25			99		11
12	41	Coffee and Gift Shops	Beds	2,634	25			99		12
13	42	Other	Beds	2,634	25			99		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					\$ 474,352	\$		\$ 17,830	25

Facility Name & ID Number

Heritage Manor-Staunton

0048876

Report Period Beginning:

1-01-10

Ending:

12-31-10

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										
										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			\$	\$ 4,034,428	3/2011	variable	\$ 179,168	1							
2	Bank of America		xx	Loan Fees							1,511	2							
3												3							
4												4							
5												5							
Working Capital																			
6	Bank of America		xx	Accounts Receivable							7,211	6							
7												7							
8												8							
9	TOTAL Facility Related						\$	\$ 4,034,428			\$ 187,890	9							
B. Non-Facility Related*																			
10	Interest Income										(4,697)	10							
11	Allocated Corporate										598	11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (4,099)	14							
15	TOTALS (line 9+line14)						\$	\$ 4,034,428			\$ 183,791	15							

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

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

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

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2009 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.)		\$	35,053	2
3. Under or (over) accrual (line 2 minus line 1).		\$	35,053	3
4. Real Estate Tax accrual used for 2010 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.		\$	35,053	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2005	34,953	8
	2006	28,195	9
	2007	34,496	10
	2008	34,752	11
	2009	35,053	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2009	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Manor-Staunton COUNTY Macoupin
 FACILITY IDPH LICENSE NUMBER 0048876
 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 2009 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2009.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>0100190400</u>	<u>nursing home</u>	\$ <u>703.00</u>	\$ <u>703.00</u>
2. <u>0100190300</u>	<u>_____</u>	\$ <u>33,913.00</u>	\$ <u>33,913.00</u>
3. <u>0100190001</u>	<u>_____</u>	\$ <u>155.00</u>	\$ <u>155.00</u>
4. <u>0100190000</u>	<u>_____</u>	\$ <u>282.00</u>	\$ <u>282.00</u>
5. <u>_____</u>	<u>_____</u>	\$ _____	\$ _____
6. <u>_____</u>	<u>_____</u>	\$ _____	\$ _____
7. <u>_____</u>	<u>_____</u>	\$ _____	\$ _____
8. <u>_____</u>	<u>_____</u>	\$ _____	\$ _____
9. <u>_____</u>	<u>_____</u>	\$ _____	\$ _____
10. <u>_____</u>	<u>_____</u>	\$ _____	\$ _____
	TOTALS	\$ <u><u>35,053.00</u></u>	\$ <u><u>35,053.00</u></u>

B. Real Estate Tax Cost Allocations

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

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

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

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

Facility Name & ID Number Heritage Manor-Staunton

0048876

Report Period Beginning:

1-01-10

Ending:

12-31-10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 16,336 B. General Construction Type: Exterior brick Frame wood Number of Stories 1

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

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

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

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

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

NONE

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

1. Total Amount Incurred: _____ 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				\$ 53,090	1
2					2
3	TOTALS			\$ 53,090	3

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	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	99				\$ 2,016,995	\$		\$	\$	\$
5										
6										
7										
8										
	Improvement Type**									
9		Laundry Room Central A/C		1996	2,869					
10		Heritage Manor Sign		1996	1,948					
11		Circulating Pump--Water System		1996	1,232					
12										
13		Roof								
14		Window Replacement		1998	16,818					
15		Boilers		1998	14,711					
16				1998	32,278					
17		Interior Painting--Materials and Labor		1999	7,875					
18		Underground Storage Tank		1999	15,000					
19		Plumbing ---Storage Tank		1999	1,032					
20		Air conditioning Unit		1999	3,312					
21		Mixing Valve--Water Heater		1999	4,269					
22										
23		Water Heater		2000	3,647					
24		Water Softener		2000	3,271					
25		Underground Storage Tank		2000						
26										
27		Cissell Dryer		2001						
28		Water Heater		2001	2,967					
29										
30										
31										
32										
33		C/O Allocation						9,417	9,417	
34		Book Depreciation				120,350		120,350		
35										
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-Staunton# 0048876

Report Period Beginning:

1-01-10

Ending:

12-31-10**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	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 Water Heater	2002	\$ 4,142	\$		\$	\$	\$	37
38 Boiler	2002	6,349						38
39 A/C Unit	2002	3,385						39
40 Storage Tank	2002	864						40
41								41
42 A/C Unit	2003	1,015						42
43 Nurses Call Station	2003	3,774						43
44 A/C Unit	2003	3,385						44
45								45
46 Exterior door	2004	4,634						46
47 Islandaire Units	2004	7,284						47
48 Roof	2004	70,680						48
49								49
50 Ansul System	2005	2,170						50
51 Roof	2005	129,178						51
52 Furnance	2005	1,395						52
53 A/C Unit	2005	7,586						53
54 Energy Management	2005	13,035						54
55 Wall Repair	2005	1,212						55
56 Kitchen Storage	2005	8,791						56
57 Adjustment	2005	(1,090)						57
58 Fire Dampers	2006	2,798						58
59 Cable & Phone wiring	2006	8,477						59
60 Door replacement	2006	1,064						60
61 A/C Unit	2006	12,294						61
62 Driveway blacktop	2006	16,000						62
63 Exterior door	2006	60						63
64 Sanyo Unit	2006	1,830						64
65 Interior paint	2006	5,500						65
66 Adjustments	2006	(8,716)						66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 2,435,320	\$ 120,350		\$ 129,767	\$ 9,417	\$	70

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 2,435,320	\$ 120,350		\$ 129,767	\$ 9,417		1
2	2007	194,007						2
3	2007	7,953						3
4	2007	4,725						4
5	2007	41,283						5
6	2007	3,473						6
7	2007	18,079						7
8	2007	5,508						8
9	2007	4,290						9
10	2007	500						10
11	2007	(15,002)						11
12	2008	7,886						12
13	2008	37,955						13
14	2008	77,001						14
15	2008	74,332						15
16								16
17	2009	8,751						17
18								18
19	2010	9,876						19
20	2010	10,197						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		\$ 2,926,134	\$ 120,350		\$ 129,767	\$ 9,417	\$	34

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

Facility Name & ID Number Heritage Manor-Staunton

0048876

Report Period Beginning:

1-01-10

Ending:

12-31-10

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 2,926,134	\$ 120,350		\$ 129,767	\$ 9,417	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 2,926,134	\$ 120,350		\$ 129,767	\$ 9,417	\$

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 2,926,134	\$ 120,350		\$ 129,767	\$ 9,417		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)	\$ 2,926,134	\$ 120,350		\$ 129,767	\$ 9,417	\$	34

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

Facility Name & ID Number Heritage Manor-Staunton

0048876

Report Period Beginning:

1-01-10

Ending:

12-31-10

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	\$ 474,938	\$ 44,173	\$ 44,173	\$		\$	71
72	Current Year Purchases	45,268						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 520,206	\$ 44,173	\$ 44,173	\$		\$	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)	\$ 3,499,430	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 164,523	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 173,940	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 9,417	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Heritage Manor-Staunton

0048876

Report Period Beginning:

1-01-10

Ending: 12-31-10

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

**

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: \$ 14,605 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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2011 \$ _____

13. _____ /2012 \$ _____

14. _____ /2013 \$ _____

* 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?</p> <p><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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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		2,274		2,274
3	Classroom Wages (a)				
4	Clinical Wages (b)		3,787		3,787
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 6,061	\$	\$ 6,061
10	SUM OF line 9, col. 1 and 2 (e)	\$	6,061		

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	1 Schedule V Line & Column Reference	2 Staff		3 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	4					
					Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$ 148,912	\$		\$ 148,912	1
2	Licensed Speech and Language Development Therapist		hrs			26,212			26,212	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			143,204	1,065		144,269	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts				99,883		99,883	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					93,737			93,737	13
14	TOTAL			\$		\$ 412,065	\$ 100,948		\$ 513,013	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-Staunton# 0048876Report Period Beginning: 1-01-10

Ending:

12-31-10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12-31-10

(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	\$ 9,523	\$	1
2	Cash-Patient Deposits	9,970		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	196,046		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,481		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	203,943		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 433,963	\$	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)	\$ 433,963	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 155,617	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	9,970		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	202,983		30
31	Accrued Taxes Payable (excluding real estate taxes)	16,104		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				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 384,674	\$	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)	\$ 384,674	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 49,289	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 433,963	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (201,363)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (201,363)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	250,652	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)	\$ 250,652	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)	\$ 49,289	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached. Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 4,017,060	1
2	Discounts and Allowances for all Levels	(1,206,171)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,810,889	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,023,159	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,023,159	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	997	12
13	Barber and Beauty Care	11,886	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	323,721	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 336,604	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	4,697	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,697	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other	669	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 669	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 4,176,018	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	761,937	31
32	Health Care	1,865,696	32
33	General Administration	833,010	33
B. Capital Expense			
34	Ownership	455,436	34
C. Ancillary Expense			
35	Special Cost Centers	9,287	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)*	\$ 3,925,366	40
41	Income before Income Taxes (line 30 minus line 40)**	250,652	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 250,652	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-Staunton

0048876

Report Period Beginning:

1-01-10

Ending:

12-31-10

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	1,710	1,950	\$ 59,191	\$ 30.35	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	6,326	6,929	185,464	26.77	3
4	Licensed Practical Nurses	8,182	8,847	201,052	22.73	4
5	CNAs & Orderlies	53,815	58,572	651,008	11.11	5
6	CNA Trainees	500	500	3,787	7.57	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,764	2,013	20,243	10.06	8
9	Activity Director					9
10	Activity Assistants	6,555	7,247	90,761	12.52	10
11	Social Service Workers	1,724	2,000	33,045	16.52	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	14,540	15,722	168,450	10.71	15
16	Dishwashers					16
17	Maintenance Workers	3,229	3,564	53,135	14.91	17
18	Housekeepers	8,844	9,654	105,393	10.92	18
19	Laundry	5,751	6,075	49,740	8.19	19
20	Administrator	1,900	2,080	91,545	44.01	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,547	4,985	77,570	15.56	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)	119,387	130,138	\$ 1,790,384 *	\$ 13.76	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	3,300		36
37	Medical Records Consultant	155		37
38	Nurse Consultant			38
39	Pharmacist Consultant	6,609		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	1,023		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 11,087		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	0	\$ 0	50
51	Licensed Practical Nurses	0	0	51
52	Certified Nurse Assistants/Aides	0	12,348	52
53	TOTAL (lines 50 - 52)		\$ 12,348	53

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	
Karla Lounsbury			\$ 91,545	Workers' Compensation Insurance	\$ 24,106	IDPH License Fee	\$ 0	
				Unemployment Compensation Insurance	16,949	Advertising: Employee Recruitment	2,171	
				FICA Taxes	136,964	Health Care Worker Background Check (Indicate # of checks performed)	1,960	
				Employee Health Insurance	129,584	Patient Background Checks		
				Employee Meals				
				Illinois Municipal Retirement Fund (IMRF)*				
					0		7,835	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 91,545	Other Benefits	7,686	Dues & Subscriptions	6,709	
				Central Office Allocation	31,479	License & Fees	4,885	
						Central Office Allocation	10,148	
						Less: Public Relations Expense	(7,835)	
						Non-allowable advertising	(475)	
						Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 346,768	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 25,398	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
	\$					\$	Out-of-State Travel	\$
							In-State Travel	
								0
								0
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				Seminar Expense	460
C. Professional Services							Central Office	1,539
Vendor/Payee	Type	Amount					Entertainment Expense	()
Heritage Operations Group	Mgt Fee	\$ 182,446					TOTAL (agree to Sch. V, line 24, col. 8)	\$ 1,999
McQuellen Consulting	R/E appeals	1,500						
Legal adj to Zero		1,979						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 185,925	TOTAL		\$		

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heritage Manor-Staunton

0048876

Report Period Beginning: 1-01-10

Ending: 12-31-10

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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 Health Care 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? 7yrs
- (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.
Heritage Manor -- Staunton 41541 7/2007
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 54,203
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. \$ 364
- (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
- (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.