



Facility Name & ID Number Heritage Manor Normal, LLC.

# 48082 Report Period Beginning: 01/01/11 Ending: 12/31/11

**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	162	Skilled (SNF)	162	59,130	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	162	TOTALS	162	59,130	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	24,257	24,558	2,464	51,279	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	24,257	24,558	2,464	51,279	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.72%

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 July 2006

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date July 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 2,464

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 &amp; ID Number

Heritage Manor Normal, LLC.

# 48082

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	486,998	32,162		519,160		519,160	9,089	528,249		1
2	Food Purchase		366,245		366,245		366,245	31	366,276		2
3	Housekeeping	198,187	50,268		248,455		248,455	13	248,468		3
4	Laundry	142,359	29,676		172,035		172,035	9	172,044		4
5	Heat and Other Utilities			170,519	170,519		170,519	3,202	173,721		5
6	Maintenance	161,448	93,562	73,082	328,092		328,092	23,560	351,652		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	988,992	571,913	243,601	1,804,506		1,804,506	35,904	1,840,410		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			9,600	9,600		9,600	131	9,731		9
10	Nursing and Medical Records	3,032,970	190,661	17,830	3,241,461		3,241,461		3,241,461		10
10a	Therapy		482,876	641,318	1,124,194	(497,026)	627,168	223,057	850,225		10a
11	Activities	133,441	3,364		136,805		136,805		136,805		11
12	Social Services	65,515		5,076	70,591		70,591		70,591		12
13	CNA Training	12,897	2,316		15,213		15,213	1,304	16,517		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,244,823	679,217	673,824	4,597,864	(497,026)	4,100,838	224,492	4,325,330		16
	<b>C. General Administration</b>										
17	Administrative	86,972			86,972		86,972	138,308	225,280		17
18	Directors Fees										18
19	Professional Services			449,232	449,232		449,232	(432,700)	16,532		19
20	Dues, Fees, Subscriptions & Promotions			141,239	141,239	(89,790)	51,449	(4,723)	46,726		20
21	Clerical & General Office Expenses	369,028	32,148	8,699	409,875		409,875	305,163	715,038		21
22	Employee Benefits & Payroll Taxes			1,091,995	1,091,995		1,091,995	64,165	1,156,160		22
23	Inservice Training & Education			875	875		875	797	1,672		23
24	Travel and Seminar			4,778	4,778		4,778	(2,779)	1,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			84,701	84,701		84,701	18,803	103,504		26
27	Other (specify):*			15,331	15,331		15,331	(14,480)	851		27
28	<b>TOTAL General Administration</b>	456,000	32,148	1,796,850	2,284,998	(89,790)	2,195,208	72,554	2,267,762		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,689,815	1,283,278	2,714,275	8,687,368	(586,816)	8,100,552	332,950	8,433,502		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

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#48082

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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	
	<b>D. Ownership</b>											
30	Depreciation							350,081	350,081			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			17,348	17,348		17,348	193,947	211,295			32
33	Real Estate Taxes							132,467	132,467			33
34	Rent-Facility & Grounds			718,320	718,320		718,320	(721,955)	(3,635)			34
35	Rent-Equipment & Vehicles			16,834	16,834		16,834	1,508	18,342			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			752,502	752,502		752,502	(43,952)	708,550			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers						497,026	497,026	497,026			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee						89,790	89,790	89,790			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>						586,816	586,816	586,816			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,689,815	1,283,278	3,466,777	9,439,870		9,439,870	288,998	9,728,868			45

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

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**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	(5,180)	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	(3,058)	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)		23		16
17	Non-Care Related Fees	(787)	20		17
18	Fines and Penalties				18
19	Entertainment	(18,152)	24		19
20	Contributions		27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(6,798)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(14,480)	27		24
25	Fund Raising, Advertising and Promotional	(12,895)	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				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (61,350)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	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)	350,348		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 350,348		36
	(sum of SUBTOTALS)			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ 288,998		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
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		(787)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(6,798)	19	22
23				23
24		(14,480)	27	24
25		(12,895)	20	25
26				26
27				27
28				28
29			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	<b>Total</b>	(34,960)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor Normal, LLC.

# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11

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	9,089	0	0	0	0	0	0	0	0	9,089	1
2	Food Purchase	0	0	31	0	0	0	0	0	0	0	0	31	2
3	Housekeeping	0	0	13	0	0	0	0	0	0	0	0	13	3
4	Laundry	0	0	9	0	0	0	0	0	0	0	0	9	4
5	Heat and Other Utilities	0	0	3,202	0	0	0	0	0	0	0	0	3,202	5
6	Maintenance	0	0	23,560	0	0	0	0	0	0	0	0	23,560	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>0</b>	<b>0</b>	<b>35,904</b>	<b>0</b>	<b>35,904</b>	<b>8</b>							
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	131	0	0	0	0	0	0	0	0	131	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	223,057	0	0	0	0	0	0	0	0	0	223,057	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	1,304	0	0	0	0	0	0	0	0	1,304	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	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>223,057</b>	<b>1,435</b>	<b>0</b>	<b>224,492</b>	<b>16</b>							
	<b>C. General Administration</b>													
17	Administrative	0	0	138,308	0	0	0	0	0	0	0	0	138,308	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(6,798)	(442,434)	16,532	0	0	0	0	0	0	0	0	(432,700)	19
20	Fees, Subscriptions & Promotions	(13,682)	0	8,959	0	0	0	0	0	0	0	0	(4,723)	20
21	Clerical & General Office Expenses	0	0	305,163	0	0	0	0	0	0	0	0	305,163	21
22	Employee Benefits & Payroll Taxes	0	0	64,165	0	0	0	0	0	0	0	0	64,165	22
23	Inservice Training & Education	0	0	797	0	0	0	0	0	0	0	0	797	23
24	Travel and Seminar	(18,152)	0	15,373	0	0	0	0	0	0	0	0	(2,779)	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	18,803	0	0	0	0	0	0	0	0	18,803	26
27	Other (specify):*	(14,480)	0	0	0	0	0	0	0	0	0	0	(14,480)	27
28	<b>TOTAL General Administration</b>	<b>(53,112)</b>	<b>(442,434)</b>	<b>568,100</b>	<b>0</b>	<b>72,554</b>	<b>28</b>							
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(53,112)</b>	<b>(219,377)</b>	<b>605,439</b>	<b>0</b>	<b>332,950</b>	<b>29</b>							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor Normal, LLC.

# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11

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)	
	<b>D. Ownership</b>													
30	Depreciation	0	330,993	0	19,088	0	0	0	0	0	0	0	350,081	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(3,058)	196,027	0	978	0	0	0	0	0	0	0	193,947	32
33	Real Estate Taxes	0	132,467	0	0	0	0	0	0	0	0	0	132,467	33
34	Rent-Facility & Grounds	(5,180)	(718,320)	0	1,545	0	0	0	0	0	0	0	(721,955)	34
35	Rent-Equipment & Vehicles	0	0	0	1,508	0	0	0	0	0	0	0	1,508	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(8,238)</b>	<b>(58,833)</b>	<b>0</b>	<b>23,119</b>	<b>0</b>	<b>(43,952)</b>	<b>37</b>						
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(61,350)</b>	<b>(278,210)</b>	<b>605,439</b>	<b>23,119</b>	<b>0</b>	<b>288,998</b>	<b>45</b>						

**VII. RELATED PARTIES**

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Heritage Enterprises, Inc.	100	See Page 25				

**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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V	10a Adjustment for Related Organization		GreenTree Pharmacy	0.00%	223,057	223,057	2
3	V							3
4	V	19 Adjustment for Related Organization	442,434	Heritage Operations Group, LLC	0.00%		(442,434)	4
5	V							5
6	V	34 Adjustment for Related Organization	718,320	Heritage Manor Real Estate, LLC	0.00%		(718,320)	6
7	V	33 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		132,467	132,467	7
8	V	32 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		189,972	189,972	8
9	V	30 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		330,993	330,993	9
10	V	32 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		6,055	6,055	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,160,754			\$ 882,544	\$ * (278,210)	14

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

Facility Name & ID Number Heritage Manor Normal, LLC.

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Report Period Beginning: 01/01/11

Ending: 12/31/11

**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.		\$	9,089	15
16	V	2 Food Purchase					31	16
17	V	3 Housekeeping					13	17
18	V	4 Laundry					9	18
19	V	5 Heat & Other Utilities					3,202	19
20	V	6 Maintenance					23,560	20
21	V	7 Other					0	21
22	V	9 Medical Director					131	22
23	V	10 Nursing & Medical Records					0	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					1,304	26
27	V	14 Program Transportation					0	27
28	V	15 Other					0	28
29	V	17 Administrative					138,308	29
30	V	18 Directors Fees					0	30
31	V	19 Professional Services					16,532	31
32	V	20 Fees, Subscription, Promotions					8,959	32
33	V	21 Clerical & General Office Expenses					305,163	33
34	V	22 Employee Benefits & Payroll Taxes					64,165	34
35	V	23 Inservice Training & Education					797	35
36	V	24 Travel and Seminar					15,373	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					18,803	38
39	Total		\$			\$	0	\$ * 605,439 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					19,088	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					978	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					1,545	20
21	V	35	Rent-Equipment & Vehicles					1,508	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								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	0	\$ * 23,119 39

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

Facility Name & ID Number Heritage Manor Normal, LLC.

# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11

**VII. RELATED PARTIES**

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name &amp; ID Number

Heritage Manor Normal, LLC.

# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11

## 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	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 Normal, LLC.

# 48082

Report Period Beginning:

01/01/11

Ending: 12/31/11

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	2,735	26	\$ 153,442	\$ 153,115	162	\$ 9,089	1
2	2	Food Purchase	Beds	2,735	26	520	0	162	31	2
3	3	Housekeeping	Beds	2,735	26	215	0	162	13	3
4	4	Laundry	Beds	2,735	26	151	0	162	9	4
5	5	Heat & Other Utilities	Beds	2,735	26	54,054	0	162	3,202	5
6	6	Maintenance	Beds	2,735	26	397,756	75,127	162	23,560	6
7	7	Other	Beds	2,735	26	0	0	162	0	7
8	9	Medical Director	Beds	2,735	26	2,206	0	162	131	8
9	10	Nursing & Medical Records	Beds	2,735	26	0	0	162	0	9
10	11	Activities	Beds	2,735	26	0	0	162	0	10
11	12	Social Service	Beds	2,735	26	0	0	162	0	11
12	13	Nurse Aide Training	Beds	2,735	26	22,009	20,793	162	1,304	12
13	14	Program Transportation	Beds	2,735	26	0	0	162	0	13
14	15	Other	Beds	2,735	26	0	0	162	0	14
15	17	Administrative	Beds	2,735	26	2,335,023	2,335,023	162	138,308	15
16	18	Directors Fees	Beds	2,735	26	0	0	162	0	16
17	19	Professional Services	Beds	2,735	26	279,109	0	162	16,532	17
18	20	Fees, Subscription, Promotions	Beds	2,735	26	151,258	0	162	8,959	18
19	21	Clerical & General Office Expens	Beds	2,735	26	5,151,979	4,517,846	162	305,163	19
20	22	Employee Benefits & Payroll Tax	Beds	2,735	26	1,083,278	0	162	64,165	20
21	23	Inservice Training & Education	Beds	2,735	26	13,460	0	162	797	21
22	24	Travel and Seminar	Beds	2,735	26	259,533	0	162	15,373	22
23	25	Other Admin. Staff Transportatio	Beds	2,735	26	0	0	162	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,735	26	317,454	0	162	18,803	24
25	TOTALS					\$ 10,221,447	\$ 7,101,904		\$ 605,439	25

Facility Name & ID Number Heritage Manor Normal, LLC.

# 48082

Report Period Beginning:

01/01/11

Ending: 12/31/11

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	27	Other	Beds	2,735	26	\$	162	\$	1
2	30	Depreciation	Beds	2,735	26	322,258	162	19,088	2
3	31	Amortization of Pre-Op & Org	Beds	2,735	26		162		3
4	32	Interest	Beds	2,735	26	16,517	162	978	4
5	33	Real Estate Taxes	Beds	2,735	26		162		5
6	34	Rent-Facility & Grounds	Beds	2,735	26	26,080	162	1,545	6
7	35	Rent-Equipment & Vehicles	Beds	2,735	26	25,461	162	1,508	7
8	36	Other	Beds	2,735	26		162		8
9	38	Medically Nec Transportation	Beds	2,735	26		162		9
10	39	Ancillary Service Centers	Beds	2,735	26		162		10
11	40	Barber and Beauty Shops	Beds	2,735	26		162		11
12	41	Coffee and Gift Shops	Beds	2,735	26		162		12
13	42	Other	Beds	2,735	26		162		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					\$ 390,316	\$	\$ 23,119	25

Facility Name & ID Number

Heritage Manor Normal, LLC.

# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11

**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	Name of Lender	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			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Bank of America		xx	Mortgage			\$	\$ 4,279,224	03/2016	variable	\$ 189,972	1						
2	Bank of America		xx	Loan Fees							6,055	2						
3												3						
4												4						
5												5						
<b>Working Capital</b>																		
6	Bank of America		xx	Accounts Receivable							17,348	6						
7												7						
8												8						
9	<b>TOTAL Facility Related</b>						\$	\$ 4,279,224			\$ 213,375	9						
<b>B. Non-Facility Related*</b>																		
10	Interest Income										(3,058)	10						
11	Allocated Corporate										978	11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (2,080)	14						
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 4,279,224			\$ 211,295	15						

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

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

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

Facility Name & ID Number Heritage Manor Normal, LLC.

# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11

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

**B. Real Estate Taxes**

1. Real Estate Tax accrual used on 2010 report.		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>		\$	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.)		\$	<b>132,467</b>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>132,467</b>		3
4. Real Estate Tax accrual used for 2011 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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>132,467</b>		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2006	<b>94,949</b>	8	<b>FOR BHF USE ONLY</b>	
	2007	<b>102,125</b>	9	13	FROM R. E. TAX STATEMENT FOR 2010 \$ 13
	2008	<b>103,961</b>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2009	<b>109,388</b>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2010	<b>132,467</b>	12	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.**

**2010 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Heritage Manor Normal, LLC. COUNTY McLean

FACILITY IDPH LICENSE NUMBER 48082

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 2010 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 2010.

(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>1429227016</u>	<u>nursing home</u>	\$ <u>132,467.00</u>	\$ <u>132,467.00</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>132,467.00</u></u>	\$ <u><u>132,467.00</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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

**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 Normal, LLC.

# 48082

Report Period Beginning:

01/01/11 Ending:

12/31/11

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 51,164 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:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1				\$ 60,687	1
2					2
3	TOTALS			\$ 60,687	3

Facility Name & ID Number Heritage Manor Normal, LLC.

# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-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	162			\$ 1,860,193	\$		\$	\$	4
5									5
6									6
7									7
8									8
<b>Improvement Type**</b>									
9	1979 Improvements		1979	66,917					9
10	1980 Improvements		1980	48,089					10
11	1981 Improvements		1981	17,747					11
12	1982 Improvements		1982	18,009					12
13	1983 Improvements		1983	19,892					13
14	1984 Improvements		1984	25,484					14
15	1985 Improvements		1985	531,851					15
16	1986 Improvements		1986	82,460					16
17	1987 Improvements		1987	17,447					17
18	1988 Improvements		1988	133,532					18
19	1989 Improvements		1989	39,555					19
20	1990 Improvements		1990	18,557					20
21	1991 Improvements		1991	5,776					21
22	1992 Improvements		1992	8,016					22
23	1993 Improvements		1993	188,048					23
24	1994 Improvements		1994	187,325					24
25	1995 Improvements		1995	10,664					25
26	A/C Basement Laundry		1996	6,741					26
27	Asphalt Repair		1996	21,401					27
28	Remodel/Painting		1996	1,912					28
29	Fire Alarm Repair/Replace		1996	8,069					29
30	Kitchen Floor/Backsplash		1996	1,395					30
31									31
32									32
33	C/O Allocation						19,088	19,088	33
34	Book Depreciation				300,514		300,514		34
35									35
36									36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Heritage Manor Normal, LLC.

# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-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	1997	\$ 12,279	\$		\$	\$	\$
38	1997	2,508					
39	1997	3,364					
40	1997	3,909					
41	1997	1,221					
42	1997	2,146					
43							
44	1998	985					
45	1998	4,589					
46	1998	3,285					
47	1998	2,139					
48	1998	5,720					
49	1998	739,117					
50	1998	4,323					
51	1998	38,935					
52							
53	1998	6,398					
54	1998	896					
55	1998	876,511					
56	1998	516					
57	1998	162,266					
58	1998	54,231					
59	1998	33,010					
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70		\$ 5,277,428	\$ 300,514		\$ 319,602	\$ 19,088	\$

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

Facility Name & ID Number Heritage Manor Normal, LLC.# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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		\$ 5,277,428	\$ 300,514		\$ 319,602	\$ 19,088	\$
2	1999	1,913,384					
3	1999	16,393					
4	1999	43,955					
5	1999	2,591					
6	1999	96,197					
7	1999	350					
8	1999	3,700					
9	1999	3,230					
10	1999	5,488					
11	1999	1,941					
12	1999	4,844					
13	1999	11,219					
14	1999	985					
15	1999	2,184					
16	1999	1,843					
17							
18	2000	8,485					
19	2000	5,631					
20	2000	9,600					
21	2000	1,240					
22	2000	6,095					
23	2000	12,041					
24	2000	16,220					
25	2000	3,377					
26	2000	847					
27	2000	2,566					
28							
29							
30							
31							
32							
33							
34		\$ 7,451,834	\$ 300,514		\$ 319,602	\$ 19,088	\$

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

Facility Name & ID Number Heritage Manor Normal, LLC.# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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		\$ 7,451,834	\$ 300,514		\$ 319,602	\$ 19,088	\$
2	2000	9,940					
3	2000	7,991					
4	2000	(2,985)					
5	2001	7,921					
6	2001	6,248					
7	2001	2,714					
8	2001	3,203					
9	2001	2,269					
10	2001	3,266					
11	2001	4,797					
12							
13	2002	2,000					
14	2002	2,400					
15	2002	2,000					
16	2002	10,179					
17	2002	1,019					
18	2002	1,076					
19	2002	5,000					
20	2002	2,750					
21	2002	4,534					
22	2002	1,234					
23	2002	3,535					
24	2002	600					
25	2002	6,862					
26	2002	975					
27	2002	1,350					
28	2002	(3,184)					
29							
30							
31							
32							
33							
34		\$ 7,539,528	\$ 300,514		\$ 319,602	\$ 19,088	\$

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

Facility Name & ID Number Heritage Manor Normal, LLC.# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	<b>Totals from Page 12C, Carried Forward</b>		\$ 7,539,528	\$ 300,514		\$ 319,602	\$ 19,088	\$	1
2	<u>Fire System</u>	2003	8,614						2
3	<u>Flag Pole</u>	2003							3
4	<u>Security Door</u>	2003	5,990						4
5	<u>A/C Unit</u>	2003	1,580						5
6	<u>Condensing Unit</u>	2003	1,137						6
7	<u>Compressor</u>	2003	2,067						7
8	<u>Sewage Ejection</u>	2003	17,028						8
9	<u>A/C Unit</u>	2003	1,628						9
10									10
11	<u>Sewage Ejection</u>	2004	12,312						11
12	<u>A/C Unit</u>	2004	1,175						12
13	<u>Water Softener</u>	2004	18,667						13
14	<u>Exterior Referbish</u>	2004	2,202						14
15	<u>Boiler</u>	2004	16,060						15
16									16
17	<u>Boiler</u>	2005	388						17
18	<u>Nurses Station</u>	2005	8,146						18
19	<u>Smoke Detectors</u>	2005	3,884						19
20	<u>Windows</u>	2005	6,146						20
21	<u>Tempering Valve</u>	2005	2,510						21
22	<u>Sewage Ejection</u>	2005	1,310						22
23	<u>Ansul System</u>	2005	2,320						23
24	<u>Accelerator</u>	2005	1,548						24
25	<u>A/C Unit</u>	2005	2,550						25
26	<u>A/C Unit</u>	2005	1,275						26
27	<u>Sidewalk Replacement</u>	2005	21,297						27
28	<u>Capital Report Adjustment</u>	2005	(22,995)						28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,656,367	\$ 300,514		\$ 319,602	\$ 19,088	\$	34

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

Facility Name & ID Number Heritage Manor Normal, LLC.

# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-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		\$ 7,656,367	\$ 300,514		\$ 319,602	\$ 19,088	\$
2	2006	5,900					
3							
4							
5	2007	(16,473)					
6	2007	425					
7	2007	16,165					
8	2007	1,955					
9	2007	2,350					
10	2007	27,451					
11	2007	906					
12	2007	2,345					
13	2007	775					
14							
15	2008	2,904					
16	2008	2,566					
17	2008	13,372					
18	2008	8,150					
19	2008	78,218					
20	2008	4,400					
21	2008	5,680					
22	2008	16,973					
23	2008	54,088					
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34		\$ 7,884,517	\$ 300,514		\$ 319,602	\$ 19,088	\$

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

Facility Name & ID Number Heritage Manor Normal, LLC.# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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		\$ 7,884,517	\$ 300,514		\$ 319,602	\$ 19,088	\$
2	2009	(33,138)					
3	2009	4,458					
4	2009	7,544					
5	2009	31,059					
6	2009	29,630					
7	2009	3,800					
8	2009	2,280					
9	2009	17,408					
10	2009	87,268					
11	2009	7,625					
12	2009	11,000					
13	2009	6,130					
14	2009	297,156					
15							
16	2010	21,000					
17	2010	38,790					
18	2010	52,529					
19	2010	5,855					
20							
21	2011	35,324					
22	2011	295,806					
23	2011	6,561					
24	2011	7,313					
25	2011	5,580					
26	2011	21,534					
27	2011	8,500					
28	2011	48,620					
29							
30							
31							
32							
33							
34		\$ 8,904,149	\$ 300,514		\$ 319,602	\$ 19,088	\$

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

Facility Name & ID Number Heritage Manor Normal, LLC.

# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11

**XI. OWNERSHIP COSTS (continued)**

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,313,380	\$ 30,479	\$ 30,479	\$		\$	71
72	Current Year Purchases	61,812						72
73	Fully Depreciated Assets							73
74								74
75	<b>TOTALS</b>	\$ 1,375,192	\$ 30,479	\$ 30,479	\$		\$	75

**D. Vehicle Costs. (See instructions.)\***

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	<b>TOTALS</b>			\$	\$	\$	\$		\$	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)	\$ 10,340,028	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 330,993	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 350,081	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 19,088	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	<b>TOTALS</b>	\$	\$	\$	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	<b>TOTAL</b>				\$ _____			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: \$ 16,834 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	<b>TOTAL</b>		\$ _____	\$ _____	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. \_\_\_\_\_ /2012 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2013 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

\* 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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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		Contract	Total
		1 Drop-outs	2 Completed		
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		2,316		2,316
3	Classroom Wages (a)				
4	Clinical Wages (b)		12,897		12,897
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$ 15,213	\$	\$ 15,213
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$	15,213		

**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**

<b>COMPLETED</b>	
1. From this facility	<input style="width: 100px;" type="text"/>
2. From other facilities (f)	<input style="width: 100px;" type="text"/>
<b>DROP-OUTS</b>	
1. From this facility	<input style="width: 100px;" type="text"/>
2. From other facilities (f)	<input style="width: 100px;" type="text"/>
<b>TOTAL TRAINED</b>	

- (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		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist		hrs	\$		\$	287,252	\$		\$	287,252	1
2	Licensed Speech and Language Development Therapist		hrs				3,001				3,001	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist		hrs				336,136	779			336,915	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					482,097			482,097	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):											12
13	Other (specify):						14,929				14,929	13
14	<b>TOTAL</b>			\$		\$	641,318	\$	482,876	\$	1,124,194	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 &amp; ID Number Heritage Manor Normal, LLC.

# 48082

Report Period Beginning: 01/01/11

Ending:

12/31/11

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 13,036	\$	1
2	Cash-Patient Deposits	18,974		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	856,510		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,545		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	48,296		8
9	Other(specify):			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 965,361	\$	10
	<b>B. Long-Term Assets</b>			
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	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 965,361	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 350,422	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	18,974		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	485,518		30
31	Accrued Taxes Payable (excluding real estate taxes)	1,390		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
	<b>Other Current Liabilities(specify):</b>			
36				36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 856,304	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$	\$	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 856,304	\$	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 109,057	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 965,361	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1</b> <b>Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(141,555)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(141,555)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>250,612</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>250,612</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>109,057</b>	<b>24</b> *

\* 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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 8,965,371	1
2	Discounts and Allowances for all Levels	(2,075,667)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 6,889,704	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,914,686	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,914,686	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	267	12
13	Barber and Beauty Care	39	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	5,180	16
17	Sale of Drugs	859,963	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,175	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 868,624	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	3,058	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 3,058	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28		14,410	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 14,410	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 9,690,482	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,804,506	31
32	Health Care	4,597,864	32
33	General Administration	2,284,998	33
<b>B. Capital Expense</b>			
34	Ownership	752,502	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers		35
36	Provider Participation Fee		36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 9,439,870	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	250,612	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 250,612	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 Normal, LLC.

# 48082

Report Period Beginning:

01/01/11

Ending:

12/31/11

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	1,603	1,722	\$ 61,838	\$ 35.91	1
2	Assistant Director of Nursing	1,688	1,935	53,944	27.88	2
3	Registered Nurses	19,956	20,899	613,502	29.36	3
4	Licensed Practical Nurses	27,442	28,326	668,109	23.59	4
5	CNAs & Orderlies	129,730	135,184	1,617,341	11.96	5
6	CNA Trainees	1,100	1,100	12,897	11.72	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,075	1,075	18,236	16.96	8
9	Activity Director					9
10	Activity Assistants	12,541	12,807	133,441	10.42	10
11	Social Service Workers	4,421	4,738	65,515	13.83	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	44,538	45,781	486,998	10.64	15
16	Dishwashers					16
17	Maintenance Workers	13,948	14,479	161,448	11.15	17
18	Housekeepers	20,869	21,487	198,187	9.22	18
19	Laundry	13,293	13,686	142,359	10.40	19
20	Administrator	1,900	2,080	86,972	41.81	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,804	18,620	369,028	19.82	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)	311,908	323,919	\$ 4,689,815 *	\$ 14.48	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	9,600		36
37	Medical Records Consultant	1,700		37
38	Nurse Consultant			38
39	Pharmacist Consultant	9,840		39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant	5,076		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 26,216		49

C. CONTRACT NURSES

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



**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	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Heritage Manor Normal, LLC.# 48082Report Period Beginning: 01/01/11Ending: 12/31/11**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? 7 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,000 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES xx 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 Normal 38281 07/2006
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 89,790  
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. \$ 33,050
- (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

FACILITY Owned SNFs	STATE LICENSE NUMBER
Heritage Health - South, LLC	48843
Heritage Health - Bloomington, LLC	48157
Heritage Health - Carlinville, LLC	48850
Heritage Health - Chillicothe, LLC	48868
Heritage Health - Dwight, LLC	50492
Heritage Health - Elgin, LLC	48132
Heritage Health - El Paso, LLC	48124
Heritage Health - Gibson City, LLC	48116
Heritage Health - Gillespie, LLC	48892
Heritage Health - LaSalle, LLC	51276
Heritage Health - Litchfield, LLC	48900
Heritage Health - Mendota, LLC	48108
Heritage Health - Minonk, LLC	48058
Heritage Health - Mt. Sterling, LLC	48041
Heritage Health - Mt. Zion, LLC	48074
Heritage Health - Normal, LLC	48082
Heritage Health - Pana, LLC	48884
Heritage Health - Peru, LLC	48090
Heritage Health - Staunton, LLC	48876
Heritage Health - Streator, LLC	48066
Barton W. Stone Jacksonville, LLC	48918
Danville Joint Ventures, LLC d/b/aColonial Manor	42168
Heritage Health - Springfield	41699
Cotillion Ridge	45138
Country Health	7880
Mason City Area NH	34256
St. Clara's Manor	50724
Vonderlieth Living Center	19976