



Facility Name & ID Number Heritage Health-Beardstown

# 0048843 Report Period Beginning: 01/01/12 Ending: 12/31/12

**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	79	Skilled (SNF)	79	28,914	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	79	TOTALS	79	28,914	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	18,008	6,858	2,543	27,409	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	18,008	6,858	2,543	27,409	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.79%

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)

SLF

F. Does the facility maintain a daily midnight census? \_\_\_\_\_

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 7/2007

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 2,543

Medicare Intermediary WPS

**IV. ACCOUNTING BASIS**

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

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

Facility Name &amp; ID Number

Heritage Health-Beardstown

# 0048843

Report Period Beginning:

01/01/12

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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 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>A. General Services</b>										
1	Dietary	210,611	8,033		218,644		218,644	4,896	223,540		1
2	Food Purchase		247,304		247,304		247,304	36	247,340		2
3	Housekeeping	88,039	21,798		109,837		109,837		109,837		3
4	Laundry	60,786	11,109		71,895		71,895		71,895		4
5	Heat and Other Utilities			207,624	207,624		207,624	1,168	208,792		5
6	Maintenance	65,885	80,091	52,932	198,908		198,908	12,054	210,962		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	425,321	368,335	260,556	1,054,212		1,054,212	18,154	1,072,366		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			3,000	3,000		3,000	2,051	5,051		9
10	Nursing and Medical Records	1,301,860	119,400	8,324	1,429,584		1,429,584	1	1,429,585		10
10a	Therapy		337,892	393,404	731,296	(367,285)	364,011	187,469	551,480		10a
11	Activities	49,877	7,497		57,374		57,374		57,374		11
12	Social Services	47,510		3,659	51,169		51,169		51,169		12
13	CNA Training							817	817		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	1,399,247	464,789	408,387	2,272,423	(367,285)	1,905,138	190,338	2,095,476		16
	<b>C. General Administration</b>										
17	Administrative	62,220			62,220		62,220		62,220		17
18	Directors Fees										18
19	Professional Services			241,576	241,576		241,576	(218,044)	23,532		19
20	Dues, Fees, Subscriptions & Promotions			116,296	116,296	(70,272)	46,024	(19,090)	26,934		20
21	Clerical & General Office Expenses	141,299	16,534	9,743	167,576		167,576	222,395	389,971		21
22	Employee Benefits & Payroll Taxes			466,168	466,168		466,168	31,574	497,742		22
23	Inservice Training & Education			3,531	3,531		3,531	(1,532)	1,999		23
24	Travel and Seminar			7,621	7,621		7,621	(5,622)	1,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			43,972	43,972		43,972	8,607	52,579		26
27	Other (specify):*			12,387	12,387		12,387	(12,000)	387		27
28	<b>TOTAL General Administration</b>	203,519	16,534	901,294	1,121,347	(70,272)	1,051,075	6,288	1,057,363		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,028,087	849,658	1,570,237	4,447,982	(437,557)	4,010,425	214,780	4,225,205		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 &amp; ID Number

Heritage Health-Beardstown

#0048843

Report Period Beginning:

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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							236,216	236,216			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			19,186	19,186		19,186	114,373	133,559			32
33	Real Estate Taxes							40,309	40,309			33
34	Rent-Facility & Grounds			459,900	459,900		459,900	(454,902)	4,998			34
35	Rent-Equipment & Vehicles			944	944		944	771	1,715			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			480,030	480,030		480,030	(63,233)	416,797			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					367,285	367,285		367,285			39
40	Barber and Beauty Shops		213		213		213		213			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					70,272	70,272		70,272			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		213		213	437,557	437,770		437,770			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,028,087	849,871	2,050,267	4,928,225		4,928,225	151,547	5,079,772			45

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

Facility Name & ID Number Heritage Health-Beardstown

# 0048843

Report Period Beginning: 01/01/12

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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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer-</b>	<b>BHF USE</b>	
			<b>ence</b>	<b>ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(5,112)			10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(1,532)			16
17	Non-Care Related Fees	(1,283)			17
18	Fines and Penalties				18
19	Entertainment	(8,584)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	5,282			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(12,000)			24
25	Fund Raising, Advertising and Promotional	(23,712)			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>	\$ (46,941)		\$	30

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
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)	198,488		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 198,488		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ 151,547		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
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

<b>BHF USE ONLY</b>						
48		49		50		51
						52

Heritage Health-Beardstown

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

ID# 0048843

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		(1,283)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		5,282	19	22
23				23
24		(12,000)	27	24
25		(23,712)	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>		(31,713)	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Beardstown# 0048843

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	4,896	0	0	0	0	0	0	0	0	4,896	1
2	Food Purchase	0	0	36	0	0	0	0	0	0	0	0	36	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	1,168	0	0	0	0	0	0	0	0	1,168	5
6	Maintenance	0	0	12,054	0	0	0	0	0	0	0	0	12,054	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	0	0	18,154	0	0	0	0	0	0	0	0	18,154	8
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	2,051	0	0	0	0	0	0	0	0	2,051	9
10	Nursing and Medical Records	0	0	1	0	0	0	0	0	0	0	0	1	10
10a	Therapy	0	187,469	0	0	0	0	0	0	0	0	0	187,469	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	817	0	0	0	0	0	0	0	0	817	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>	0	187,469	2,869	0	0	0	0	0	0	0	0	190,338	16
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	5,282	(236,294)	12,968	0	0	0	0	0	0	0	0	(218,044)	19
20	Fees, Subscriptions & Promotions	(24,995)	0	5,905	0	0	0	0	0	0	0	0	(19,090)	20
21	Clerical & General Office Expenses	0	0	222,395	0	0	0	0	0	0	0	0	222,395	21
22	Employee Benefits & Payroll Taxes	0	0	31,574	0	0	0	0	0	0	0	0	31,574	22
23	Inservice Training & Education	(1,532)	0	0	0	0	0	0	0	0	0	0	(1,532)	23
24	Travel and Seminar	(8,584)	0	2,962	0	0	0	0	0	0	0	0	(5,622)	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	8,607	0	0	0	0	0	0	0	0	8,607	26
27	Other (specify):*	(12,000)	0	0	0	0	0	0	0	0	0	0	(12,000)	27
28	<b>TOTAL General Administration</b>	(41,829)	(236,294)	284,411	0	0	0	0	0	0	0	0	6,288	28
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	(41,829)	(48,825)	305,434	0	0	0	0	0	0	0	0	214,780	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Beardstown

# 0048843

Report Period Beginning:

01/01/12 Ending:

12/31/12

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	222,852	0	13,364	0	0	0	0	0	0	0	236,216	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(5,112)	119,177	0	308	0	0	0	0	0	0	0	114,373	32
33	Real Estate Taxes	0	40,275	0	34	0	0	0	0	0	0	0	40,309	33
34	Rent-Facility & Grounds	0	(459,900)	0	4,998	0	0	0	0	0	0	0	(454,902)	34
35	Rent-Equipment & Vehicles	0	0	0	771	0	0	0	0	0	0	0	771	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(5,112)</b>	<b>(77,596)</b>	<b>0</b>	<b>19,475</b>	<b>0</b>	<b>(63,233)</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>(46,941)</b>	<b>(126,421)</b>	<b>305,434</b>	<b>19,475</b>	<b>0</b>	<b>151,547</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
<u>Heritage Enterprises, Inc.</u>	<u>100</u>	<u>See Pg 25</u>				

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	<u>10a Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>187,469</u>	<u>187,469</u>	2
3	V							3
4	V	<u>19 Adjustment for Related Organization</u>	<u>236,294</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(236,294)</u>	4
5	V							5
6	V	<u>34 Adjustment for Related Organization</u>	<u>459,900</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>		<u>(459,900)</u>	6
7	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>40,275</u>	<u>40,275</u>	7
8	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>114,404</u>	<u>114,404</u>	8
9	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>222,852</u>	<u>222,852</u>	9
10	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>4,773</u>	<u>4,773</u>	10
11	V							11
12	V							12
13	V							13
14	<b>Total</b>		<b>\$ 696,194</b>			<b>\$ 569,773</b>	<b>\$ * (126,421)</b>	14

\* 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	1 Dietary	\$	Heritage Enterprises, Inc.		\$	\$ 4,896	15
16	V	2 Food Purchase					36	16
17	V	3 Housekeeping					0	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					1,168	19
20	V	6 Maintenance					12,054	20
21	V	7 Other					0	21
22	V	9 Medical Director					2,051	22
23	V	10 Nursing & Medical Records					1	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					817	26
27	V	14 Program Transportation					0	27
28	V	15 Other					0	28
29	V	17 Administrative					0	29
30	V	18 Directors Fees					0	30
31	V	19 Professional Services					12,968	31
32	V	20 Fees, Subscription, Promotions					5,905	32
33	V	21 Clerical & General Office Expenses					222,395	33
34	V	22 Employee Benefits & Payroll Taxes					31,574	34
35	V	23 Inservice Training & Education					0	35
36	V	24 Travel and Seminar					2,962	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					8,607	38
39	Total		\$			\$	0	\$ * 305,434 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						13,364	16	
17	V	31 Amortization of Pre-Op & Org						0	17	
18	V	32 Interest						308	18	
19	V	33 Real Estate Taxes						34	19	
20	V	34 Rent-Facility & Grounds						4,998	20	
21	V	35 Rent-Equipment & Vehicles						771	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	\$ *	19,475	39

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

Facility Name & ID Number

Heritage Health-Beardstown

# 0048843

Report Period Beginning:

01/01/12

Ending:

12/31/12

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 & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/12 Ending: 12/31/12

## 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	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 Health-Beardstown

# 0048843

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary	Beds	2,735	26	\$ 169,500	\$ 168,827	79	\$ 4,896	1
2	2	Food Purchase	Beds	2,735	26	1,241	0	79	36	2
3	3	Housekeeping	Beds	2,735	26	0	0	79	0	3
4	4	Laundry	Beds	2,735	26	0	0	79	0	4
5	5	Heat & Other Utilities	Beds	2,735	26	40,426	0	79	1,168	5
6	6	Maintenance	Beds	2,735	26	417,328	78,403	79	12,054	6
7	7	Other	Beds	2,735	26	0	0	79	0	7
8	9	Medical Director	Beds	2,735	26	71,007	0	79	2,051	8
9	10	Nursing & Medical Records	Beds	2,735	26	33	70,119	79	1	9
10	11	Activities	Beds	2,735	26	0	0	79	0	10
11	12	Social Service	Beds	2,735	26	0	0	79	0	11
12	13	Nurse Aide Training	Beds	2,735	26	28,290	22,496	79	817	12
13	14	Program Transportation	Beds	2,735	26	0	0	79	0	13
14	15	Other	Beds	2,735	26	0	0	79	0	14
15	17	Administrative	Beds	2,735	26	0	0	79	0	15
16	18	Directors Fees	Beds	2,735	26	0	0	79	0	16
17	19	Professional Services	Beds	2,735	26	448,954	0	79	12,968	17
18	20	Fees, Subscription, Promotions	Beds	2,735	26	204,427	0	79	5,905	18
19	21	Clerical & General Office Expens	Beds	2,735	26	7,699,360	7,229,609	79	222,395	19
20	22	Employee Benefits & Payroll Tax	Beds	2,735	26	1,093,087	0	79	31,574	20
21	23	Inservice Training & Education	Beds	2,735	26	0	0	79	0	21
22	24	Travel and Seminar	Beds	2,735	26	102,532	0	79	2,962	22
23	25	Other Admin. Staff Transportatio	Beds	2,735	26	0	0	79	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,735	26	297,962	0	79	8,607	24
25	TOTALS					\$ 10,574,147	\$ 7,569,454		\$ 305,434	25

Facility Name & ID Number Heritage Health-Beardstown

# 0048843

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	27	Other	Beds	2,735	26	\$	\$	79	\$	1
2	30	Depreciation	Beds	2,735	26	462,659	79	13,364		2
3	31	Amortization of Pre-Op & Org	Beds	2,735	26		79			3
4	32	Interest	Beds	2,735	26	10,650	79	308		4
5	33	Real Estate Taxes	Beds	2,735	26	1,164	79	34		5
6	34	Rent-Facility & Grounds	Beds	2,735	26	173,045	79	4,998		6
7	35	Rent-Equipment & Vehicles	Beds	2,735	26	26,702	79	771		7
8	36	Other	Beds	2,735	26		79			8
9	38	Medically Nec Transportation	Beds	2,735	26		79			9
10	39	Ancillary Service Centers	Beds	2,735	26		79			10
11	40	Barber and Beauty Shops	Beds	2,735	26		79			11
12	41	Coffee and Gift Shops	Beds	2,735	26		79			12
13	42	Other	Beds	2,735	26		79			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					\$ 674,220	\$		\$ 19,475	25

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Bank of America		x	Mortgage			\$	\$ 2,128,292		\$ 114,404	1									
2	Bank of America		x	Loan Fee Amort						4,773	2									
3											3									
4											4									
5											5									
<b>Working Capital</b>																				
6	Bank of America		xx	Working Capital						19,186	6									
7											7									
8											8									
9	<b>TOTAL Facility Related</b>						\$	\$ 2,128,292		\$ 138,363	9									
<b>B. Non-Facility Related*</b>																				
10	Interest Income									(5,112)	10									
11											11									
12	Allocated Corporate									308	12									
13											13									
14	<b>TOTAL Non-Facility Related</b>						\$	\$		\$ (4,804)	14									
15	<b>TOTALS (line 9+line14)</b>						\$	\$ 2,128,292		\$ 133,559	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**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>																	
1. Real Estate Tax accrual used on 2011 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.)		\$	<b>40,275</b>		2														
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>40,275</b>		3														
4. Real Estate Tax accrual used for 2012 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>40,275</b>		7														
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2007	_____	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;"><b>FOR BHF USE ONLY</b></td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2011 \$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td>16</td> </tr> </table>		<b>FOR BHF USE ONLY</b>		13	FROM R. E. TAX STATEMENT FOR 2011 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
<b>FOR BHF USE ONLY</b>																			
13	FROM R. E. TAX STATEMENT FOR 2011 \$	13																	
14	PLUS APPEAL COST FROM LINE 5 \$	14																	
15	LESS REFUND FROM LINE 6 \$	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																	
	2008	_____	9																
	2009	_____	10																
	2010	_____	11																
	2011	<b>40,275</b>	12																

**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.**

## 2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health-Beardstown COUNTY Cass

FACILITY IDPH LICENSE NUMBER 0048843

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 2011 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 2011.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>0301101201</u>	<u>nursing home</u>	\$ <u>5,334.00</u>	\$ <u>5,334.00</u>
2. <u>0301101200</u>	_____	\$ <u>34,941.00</u>	\$ <u>34,941.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>40,275.00</u></u>	\$ <u><u>40,275.00</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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

**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 Health-Beardstown

# 0048843 Report Period Beginning:

01/01/12 Ending:

12/31/12

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 24,196 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				\$ 25,000	1
2					2
3	TOTALS			\$ 25,000	3

**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	79				\$ 1,380,636	\$		\$	\$	\$
5										
6										
7										
8										
	<b>Improvement Type**</b>									
9	Remodel facility--Materials & Labor		1997		272,458					
10										
11	Nurse Call System		1997		1,500					
12										
13	Remodel facility--Materials & Labor		1998		85,772					
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27	Door Alarm System		2000		2,727					
28	A/C Compressor		2000		2,984					
29	Compressor -- Walk-in Freezer		2000		2,586					
30	Water Heater		2000		2,804					
31										
32										
33	C/O Allocation					13,364			(13,364)	
34	Book Depreciation					166,425		166,425		
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

**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	
37	Recirculating Pump	2001	\$ 889	\$		\$	\$	\$	37
38	West entrance Door	2001	1,700						38
39									39
40	Door	2002	2,840						40
41	a/c unit	2002	15,900						41
42	Shower room Wall	2002	1,200						42
43	Cmpressor	2002	13,348						43
44									44
45	Sewer Relocation	2002	2,011						45
46									46
47	Sewer Relocation	2003	2,206						47
48	a/c units	2003	10,170						48
49									49
50	Disposer	2003	1,454						50
51	A/C Unit	2003	5,786						51
52	Rebuild Generator	2003	4,276						52
53									53
54	Exterior doors	2004	3,212						54
55	Shower room Remodel	2004	9,028						55
56	Landscapping	2004	3,030						56
57	Canopy	2004	570						57
58	Door	2004	1,068						58
59	A/C Unit	2004	7,326						59
60	Heat/Cool Units	2004	6,960						60
61	Carpet	2004	911						61
62	Compressor	2004	2,949						62
63	Chiller	2004	1,970						63
64	Drier Core	2004	953						64
65									65
66									66
67									67
68									68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 1,851,224	\$ 179,789		\$ 166,425	\$ (13,364)	\$	70

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

**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	Totals from Page 12A, Carried Forward		\$ 1,851,224	\$ 179,789		\$ 166,425	\$ (13,364)	\$	1
2	Shower Remodel	2005	7,273						2
3	Ansul System	2005	2,540						3
4									4
5									5
6	Interior rehab -- Labor and Materials	2005	28,299						6
7	Delayed Egress Magnet	2005	2,092						7
8	Panic Door Hardware	2005	2,125						8
9	Roof repair	2005	3,702						9
10									10
11									11
12	Door opener	2006	2,445						12
13	Wanderguard system	2006	2,267						13
14	Hot water heater	2006	13,771						14
15	Sidewalk	2006	4,928						15
16									16
17	Hvac	2006	17,853						17
18									18
19	Alarm system	2006	6,568						19
20	Generater regulator	2006	1,727						20
21	Awning	2006	4,264						21
22	Closet door	2006	2,722						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)		\$ 1,953,800	\$ 179,789		\$ 166,425	\$ (13,364)	\$	34

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

Facility Name &amp; ID Number Heritage Health-Beardstown

# 0048843

Report Period Beginning:

01/01/12

Ending:

12/31/12

**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 12B, Carried Forward</b>		\$ 1,953,800	\$ 179,789		\$ 166,425	\$ (13,364)	\$	1
2	<u>HVAC</u>	2007	9,672						2
3	<u>Chiller</u>	2007	2,603						3
4									4
5	Post 6/30/07 capital review								5
6	<u>Landscaping</u>	2007	28,000						6
7	<u>Water Heater</u>	2007	21,682						7
8	<u>Rooftop A/C</u>	2007	205						8
9	<u>Blinds</u>	2007	845						9
10	<u>Roof fans</u>	2007	3,457						10
11	<u>A/C</u>	2007	12,487						11
12	<u>Doors</u>	2007	3,358						12
13	<u>Generator</u>	2007	39,004						13
14	<u>Wall Heater</u>	2007	3,384						14
15	<u>Circulating pump</u>	2007	896						15
16	<u>Roof</u>	2007	141,801						16
17	<u>Capital report Adj</u>	2007	(216,315)						17
18	<u>HVAC Rooftop Unit</u>	2008	148,000						18
19	<u>Water Heater</u>	2008	14,252						19
20	<u>Heater Replacement</u>	2008	4,008						20
21	<u>Resident Room Remodel-- Painting, Lighting</u>	2008	75,015						21
22	<u>Hot Water Heater</u>	2008	6,621						22
23	<u>HVAC Units</u>	2008	19,280						23
24	<u>Electric Heater</u>	2008	5,195						24
25	<u>Capital report Adj</u>	2008	(50,625)						25
26	<u>Elevator</u>	2009	9,873						26
27	<u>Mixing valve</u>	2009	3,715						27
28	<u>Room painting</u>	2009	6,065						28
29	<u>Comdensor</u>	2009	5,260						29
30	<u>Lights</u>	2009	4,055						30
31	<u>Parking Lot</u>	2009	83,790						31
32	<u>Flooring</u>	2009	18,770						32
33	<u>Nurse Call System</u>	2009	107,659						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,465,812	\$ 179,789		\$ 166,425	\$ (13,364)	\$	34

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

**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	Totals from Page 12C, Carried Forward		\$ 2,465,812	\$ 179,789		\$ 166,425	\$ (13,364)	\$	1
2	Capital Report Adj	2009	(16,907)						2
3	Electric reheats	2010	4,647						3
4	HVAC units	2010	15,119						4
5	Insulation	2010	34,950						5
6	Parking Lot	2010	23,462						6
7	Nurse Call System	2010	183,517						7
8									8
9	Sprinkler	2011	63,196						9
10	Roof	2011	133,678						10
11	Heat/cool Units	2011	19,980						11
12	water tank	2011	7,503						12
13	Heat Panel	2011	5,003						13
14	sign	2011	22,000						14
15									15
16	Roof Replacement	2012	19,770						16
17	Water Heater	2012	13,243						17
18	Compressor	2012	14,538						18
19	Lighting: upgrade throughout facility including but not	2012	20,519						19
20	limited to, resident rooms, common areas, and offices								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)		\$ 3,030,030	\$ 179,789		\$ 166,425	\$ (13,364)	\$	34

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

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	\$ 986,103	\$ 56,427	\$ 56,427	\$		\$	71
72	Current Year Purchases	10,214						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 996,317	\$ 56,427	\$ 56,427	\$		\$	75

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

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,051,347	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 236,216	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 222,852	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (13,364)	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.

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: \_\_\_\_\_

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

If NO, see instructions.  YES  NO

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

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12. \_\_\_\_\_ /2013 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2014 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2015 \$ \_\_\_\_\_

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: \$ 944 Description: \_\_\_\_\_

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/12 Ending: 12/31/12  
**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS** (See instructions.)

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

<b>COMPLETED</b>		
1. From this facility		
2. From other facilities (f)		
<b>DROP-OUTS</b>		
1. From this facility		
2. From other facilities (f)		
<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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$ 144,072	\$		\$ 144,072	1
2	Licensed Speech and Language Development Therapist		hrs			61,270			61,270	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			158,365	304		158,669	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				337,588		337,588	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					29,697			29,697	13
14	<b>TOTAL</b>			\$		\$ 393,404	\$ 337,892		\$ 731,296	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 Health-Beardstown# 0048843Report Period Beginning: 01/01/12

Ending:

12/31/12

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(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	\$ 742	\$	1
2	Cash-Patient Deposits	14,503		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	939,204		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	35,414		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(1,237,972)		8
9	Other(specify):			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ (248,109)	\$	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)	\$ (248,109)	\$	25

		1	2	
		Operating	After	
			Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 185,356	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,503		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	245,771		30
31	Accrued Taxes Payable (excluding real estate taxes)	5,123		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	<u>Assessment Tax</u>	112,240		36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 562,993	\$	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)	\$ 562,993	\$	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (811,102)	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ (248,109)	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,051,665)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,051,665)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	240,563	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)	\$ 240,563	17
<b>B. Transfers (Itemize):</b>			
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)	\$ (811,102)	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		
I. Revenue		Amount		
<b>A. Inpatient Care</b>				
1	Gross Revenue -- All Levels of Care	\$ 4,164,913	1	
2	Discounts and Allowances for all Levels	(1,456,127)	2	
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 2,708,786	3	
<b>B. Ancillary Revenue</b>				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	1,258,675	6	
7	Oxygen		7	
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,258,675	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	2,187	12	
13	Barber and Beauty Care	1,528	13	
14	Non-Patient Meals		14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space	54,198	16	
17	Sale of Drugs	643,338	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory		19	
20	Radiology and X-Ray		20	
21	Other Medical Services	19,377	21	
22	Laundry		22	
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 720,628	23	
<b>D. Non-Operating Revenue</b>				
24	Contributions		24	
25	Interest and Other Investment Income***	5,112	25	
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 5,112	26	
<b>E. Other Revenue (specify):****</b>				
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27	
28	<b>SLF</b>	475,587	28	
28a			28a	
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 475,587	29	
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 5,168,788	30	

		2		
II. Expenses		Amount		
<b>A. Operating Expenses</b>				
31	General Services	1,054,212	31	
32	Health Care	2,272,423	32	
33	General Administration	1,121,347	33	
<b>B. Capital Expense</b>				
34	Ownership	480,030	34	
<b>C. Ancillary Expense</b>				
35	Special Cost Centers	213	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>	\$ 4,928,225	40	
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	240,563	41	
42	<b>Income Taxes</b>		42	
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 240,563	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$	49

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

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

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

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

Facility Name & ID Number Heritage Health-Beardstown

# 0048843

Report Period Beginning:

01/01/12

Ending:

12/31/12

**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	1,908	1,984	\$ 56,828	\$ 28.64	1
2	Assistant Director of Nursing		0			2
3	Registered Nurses	6,403	6,523	175,516	26.91	3
4	Licensed Practical Nurses	18,027	19,586	396,507	20.24	4
5	CNAs & Orderlies	61,225	65,347	623,501	9.54	5
6	CNA Trainees		0			6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,006	2,174	49,508	22.77	8
9	Activity Director					9
10	Activity Assistants	3,678	4,130	49,877	12.08	10
11	Social Service Workers	1,948	2,033	47,510	23.37	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	17,842	19,200	210,611	10.97	15
16	Dishwashers					16
17	Maintenance Workers	4,142	4,590	65,885	14.35	17
18	Housekeepers	7,643	8,464	88,039	10.40	18
19	Laundry	4,866	4,992	60,786	12.18	19
20	Administrator	1,900	2,080	62,220	29.91	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,703	10,633	141,299	13.29	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)	141,291	151,736	\$ 2,028,087 *	\$ 13.37	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	3,000		36
37	Medical Records Consultant	1,470		37
38	Nurse Consultant			38
39	Pharmacist Consultant	6,300		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	3,659		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 14,429		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 Health-Beardstown# 0048843

Report Period Beginning:

01/01/12

Ending:

12/31/12**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? \_\_\_\_\_  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 70,272  
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. \$ 997
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? \_\_\_\_\_  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? \_\_\_\_\_ 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.

Account Number	Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg Adjustment Line #	Amount
1009	PETTY CASH	742				1,009	1,009 PETTY C 742
1010	CASH IN BANK					1,100	1,100 ACCTS R 939,204
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. FOR UNCOLLECTIBI
1100	ACCOUNTS RECEIVABLE	939,204				1,110	1,110 ACCTS RECEIV-M/C
1110	MEDICARE RECEIVABLES					1,125	1,125 ACCTS RECEIV-IPA
1125	IPA INCOME RECEIVABLE					1,135	1,135 ACCTS RECEIV-IC
1130	MEDICARE COST REPORT					1,140	1,140 UNAPPLIED CASH RECEIPTS
1135	ACCOUNTS RECEIVABLE-IC					1,145	1,145 A/R SUSPENSE-REFUNDS
1140	UNAPPLIED CASH RECEIPTS					1,200	1,200 PREPAID 35,414
1145	A/R SUSPENSE-REFUNDS					1,220	1,220 OTHER PREPAID EXPENSES
1190	ACCRUED INTEREST REC					1,300	1,300 DIETARY INVENTORY
1200	PREPAID INSURANCE	35,414				1,310	1,310 SUPPLIES INVENTORY
1220	OTHER PREPAID EXPENSES					1,320	1,320 LINEN INVENTORY
1300	FOOD INVENTORY					1,409	1,409 LAND 0
1310	SUPPLIES INVENTORY					1,450	1,450 FURNITU 0
1409	LAND	0				1,460	0
1450	FURNITURE & EQUIPMENT	0				1,475	1,475 CODE AI 0
1460	ACCUM DEPR-FURN & EQU	0				1,490	1,490 ACCUM ] 0
1475	BUILDING & IMPROVEMEN	0				1,530	1,530 RESIDEN 14,503
1490	ACCUM DEPR-BUILDING	0				1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	14,503				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0				1,850	1,850 INTERCC (1,237,972)
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (185,356)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-1,237,972				2,100	2,100 ACCRUE (107,067)
2010	ACCOUNTS PAYABLE	-185,356				2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-107,067				2,110	2,110 ACCRUE (138,704)
2110	ACCRUED VACATION PAY	-138,704				2,120	2,120 U.C. TAXES PAYABLE

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(5,123)	
2125	FICA TAX PAYABLE	-5,123	-5,123	2,130	2,130 FEDERAL W/H TAX PAYABLE		
2130	FIT PAYABLE			2,140	2,140 STATE W/H TAX PAYABLE		
2140	STATE W/H PAYABLE		0	2,152	2,152 WORKERS COMP ACCRUAL		
2145	EARNED INCOME CREDIT			2,225	2,225 EMPLOYEE INSURANCE RE		
2150	UC FED CREDIT REDUCTION			2,230	2,230 PAYROLL SAVINGS		
2230	PAYROLL SAVINGS			2,235	2,240 UNITED FUND		
2235	IRA W/HOLDINGS			2,240	2,246 GROUP INSURANCE - CAFETI		
2240	UNITED WAY			2,246	2,250 401K W/H		
2245	GROUP INSURANCE PAYABLE			2,250			
2246	GROUP INSURANCE PAYABLE-CAFETERIA			2,260	2,260 WAGE GARNISHMENT		
2260	WAGE GARNISHMENTS			2,300	2,300 ACCRUE	0	
2280	MISC PAYROLL DEDUCTIONS			2,320	2,320 IPA PAYI	(112,240)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-112,240		2,400	2,400 CURRENT PORTION OF LT DE		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO I	(14,503)	
2385	ACTIVITY FUND	0		2,600	2,600 LASALLI	0	
2390	SECURITY DEPOSITS	0		2,600			
2391	VOLUNTEER FUND			2,625	2,625 LASALLE CONSTR. LOAN #2		
2393	HEART FUND/BAZAAR			2,625			
2395	DEFERRED INC EMP & MEM			2,695	2,695 CURRENT PORTION OF LT DE		
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINED	1,051,665	
2460	INCOME TAXES PAYABLE					net income	(240,563)
2512	DUE TO RESIDENTS	-14,503					
2600	MORTGAGE PAYABLE	0					
2650	EQUIPMENT LOAN PAYABLE					balance	<u>0</u>
2695	CURRENT PORTION LT DEBT						
2696	DEFERRED INCOME TAXES						
2710	COMMON STOCK						
2720	RETAINED EARNINGS	1,051,665					
2970	PROFIT/LOSS FOR PERIOD	-240,563					
3007.1	PATIENT DAYS-PRIVATE	6,858					3,007

3007.2	PATIENT DAYS-IPA	18,008						3,007
3007.3	PATIENT DAYS-MEDICARE	2,543						3,007
3007.4	PATIENT DAYS-CONVERSION							3,007
3007.5	PATIENT DAYS-LICENSED							3,007
3007.6	PATIENT DAYS-TOTAL							3,007
3010	1 BASIC CHARGE-PRIVATE &	-4,133,981	0	0	0	0		3,007
3015	1 PRIVATE ASSESSMENT TAX INCOME		0	0	0	0		3,010
3020	1 BASIC CHARGE-IPA	0	0	0	0	0		3,020
3030	1 BASIC CHARGE-MEDICARI	0	0	0	0	0		3,030
3035	4 DAY CARE/HOME CARE		0	0	0	0		3,040
3040	1 LIGHT NURSING CARE	0	0	0	0	0		3,050
3050	1 MEDIUM NURSING CARE		0	0	0	0		3,060
3060	1 HEAVY NURSING CARE		0	0	0	0		3,061
3061	1 SKILLED NURSING CARE							3,080
3080	1 NURSING SUPPLIES-PRIVA	-21,631	0	0	0	0		3,081
3081	1 NURSING SUPPLIES-IPA		0	0	0	0		3,082
3082	1 NURSING SUPPLIES MED PT A		0	0	0	0		3,083
3083	1 NURSING SUPPLIES MED PT B							3,100
3100	17 DRUGS	-643,338	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-1,258,675	0	0	0	0		3,111
3111	6 PT-IPA		0	0	0	0		3,112
3112	6 PT-MEDICARE PART A		0	0	0	0		3,113
3113	6 PT-MEDICARE PART B		0	0	0	0		3,140
3130	1 PUBLIC AID ASSESSMENT INC							3,150
3140	19 LABORATORY INCOME		0	0	0	0		3,151
3150	6 SPEECH/OT-PRIVATE		0	0	0	0		3,152
3151	6 SPEECH/OT-IPA		0	0	0	0		3,153
3152	6 SPEECH/OT-MED PART A		0	0	0	0		3,160
3153	6 SPEECH/OT MED PART B							3,410
3410	2 IPA DISCOUNTS	1,456,127	0	0	0	0		3,411
3411	2 MEDICAID PART B DISCOUNT		0	0	0	0		3,420
3420	2 MEDICARE DISCOUNTS		0	0	0	0		3,500

3440	36 ASSESSMENT TAX EXPENSE			42	3	0	0		3,520
3520	16 RENT INCOME	-54,198		6	0	6	0		3,530
3530	13 BEAUTY SHOP	-1,528		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	-1,578		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	-609		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-9,301		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	-19,377		0	0	0	0		4,110
3600	21 MISC INCOME	0		0	0	0	0		4,111
4110	GENERAL & ADMINISTRATIVE WAGES	130,700	141,299	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	62,220	62,220	17	1	0	0		4,120
4115	VACATION & SICK - G&A	10,599		21	1	0	0		4,125
4120 4475	EMPLOYEE BENEFITS	11,057	466,168	22	3	0	0		4,130
4125	EMPLOYEE HOLIDAY VACATION	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLARSHIP	0		21	1	0	0		4,250
4135	EMPLOYEE SCHOLARSHIP	-5,699		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250 4255	OFFICE SUPPLIES	16,534	16,534	21	2	0	0		4,275
4260	TELEPHONE	9,743	9,743	21	3	0	0		4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	3,531	3,531	23	3	16	-1,532 **		4,280
4280	GENERAL TRAVEL	5,171	7,621	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	211		24	3	19	0		4,285
4285	EDUCATION & SEMINAR	2,239		24	3	19	-8,584 ***		4,289
4290	HELP WANTED ADVERTISING	5,767	116,296	20	3	0	0	-70,272	4,290
4291	PROMOTIONAL ADVERTISING	12,851		20	3	25	-12,851		4,291
4292	PUBLIC RELATIONS	10,861		20	3	25	-10,861		4,292
4300	LICENSES & FEES	75,401		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	9,874		20	3	17	-1,283		4,310
4320	CONTRIBUTIONS	431		27	3	20	0		4,320
4350	PROFESSIONAL FEES	5,282	241,576	19	3	22	5,282		4,350
4355	MEDICAL DIRECTOR	3,000	3,000	9	3	0	0		4,355
4360	UTILIZATION REVIEW	0		10	3	0	0		4,362
4361	OTHER PHYSICIAN FEES			39	3	0	0		4,363

4362	MEDICAL RECORDS CONSI	1,470		10	3	0	0	4,364
4363	PHARMACIST FEES	6,300		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	3,659	3,659	12	3	0	0	4,383
4370	TV RENTAL	-2,589		35	3	5	0	4,390
4380	INCOME TAXES		12,387	27	3	26	0	4,400
4383	BACKGROUND CHECKS	1,542		20	3	26	0	4,401
4400	PAYROLL TAXES	214,049		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	6,458		22	3	0	0	4,420
4410	GROUP INSURANCE	200,016		22	3	0	0	4,430
4420	LIABILITY INSURANCE	43,972	43,972	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	40,287		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	236,294		19	3	34	0 **	4,460
4460	BAD DEBTS	12,000		27	3	24	-12,000	4,461
4470	LOST ITEMS-RESIDENTS	-44		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	0	0	33	3	0	0	4,486
4600	LEASED EQUIPMENT	3,533	944	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	61,691	65,885	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	4,194		6	1	0	0	4,510
5130	ELECTRIC	198,170	207,624	5	3	0	0	4,600
5131	NATURAL GAS	0		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	9,454		5	3	0	0	5,130
5134	TRASH COLLECTION	12,763	52,932	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	20,447	80,091	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	59,644		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	40,169		6	3	0	0	5,140
5210	DIETARY WAGES	201,005	210,611	1	1	0	0	5,160
5220	DIETARY SICK & VAC	9,606		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	248,301	247,304	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	2,687	8,033	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	1,821		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	3,525		1	2	0	0	5,260
5295	MEAL CREDIT	-997		2	2	0	0	5,270
5310	LAUNDRY WAGES	57,999	60,786	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	2,787		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	2,357	11,109	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	8,752		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	83,076	88,039	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	4,963		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	6,193	21,798	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	15,605		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,301,860	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	169,849		10	1	0	0	6,020
6030	DON WAGES	56,828		10	1	0	0	6,030
6035	ADON	0		10	1	0	0	6,035
6040	RN SICK & VACATION	5,667		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	380,866		10	1	0	0	6,120
6120	LPN WAGES-NON MEDICAL	0		10	1	0	0	6,140
6130	LPN WAGES OTHER			10	1	0	0	6,220
6140	LPN SICK & VACATION	15,641		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	598,582		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	24,919		10	1	0	0	6,250
6245	CONTRACT NURSES-RN	0		10	3	0	0	6,255
6246	CONTRACT NURSES-LPN	0		10	3	0	0	6,260
6247	CONTRACT NURSES-AIDES	0		10	3	0	0	6,270
6250	NURSE AIDE TRAINING W/	0	0	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	0	0	13	2	0	0	6,290
6260	NURSE AIDE TRAINING RE	0		0	0	0	0	6,295
6270	REHAB WAGES	46,829		10	1	0	0	6,390
6275	REHAB SICK & VAC	2,679		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	23,039	119,400	10	2	0	0	7,281
6295	NURSING SUPPLIES	85,766		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	10,595		10	2	0	0	7,391
6490	NURSING OTHER	554	8,324	10	3	0	0	7,393
7280	DRUG PURCHASES	110,355	337,892	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	227,233		39	2			7,540
7380	LABORATORY SERVICES	29,697	393,404	39	3	0	0	7,590
7410	HOME HEALTH SALARY			39	1	0	0	7,620
7440	HOME HEALTH SICK & VAC			39	1	0	0	7,660
7450	HOME HEALTH EXPENSES			39	3	0	0	7,710
7510	ACTIVITES WAGES	47,489	49,877	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	2,388		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	7,497	7,497	11	2	0	0	7,740
7595	ACTIVITIES FEES	0	0	11	3	0	0	7,750
7610	PT WAGES			39	1	0	0	7,770
7611	PT SICK & VACATION			39	1	0	0	7,820
7620	PT FEES	158,365		39	3	0	0 ***	7,890
7660	PT SUPPLIES	304		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	45,681	47,510	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	1,829		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0	8,130
7740	OT FEE	144,072		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	61,270		39	3	0	0 ***	9,520
7800	BEAUTICIAN WAGES		0	40	1	0	0	9,530
7810	BEAUTICIAN SICK & VAC			40	1	0	0	
7820	BEAUTICIAN FEES	0	0	40	3	0	0	
7890	BEAUTY SHOP SUPPLIES	213	213	40	2	0	0	
7910	VOLUNTEER COORDINATOR			21	1	0	0	
7940	VOL COORD SICK & VAC			21	1	0	0	
7960	VOL COORD SUPPLIES	0		21	2	0	0	
8100	RENT	459,900	459,900	34	3	0	0	

8120	INTEREST EXPENSE	19,186	19,186	32	3	14	-5,112	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	60,773
9510	INTEREST INCOME	-5,112		32	0	10	0	
9520	MISC NON-OPERATING INC	-475,587		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		4,447,526	4,928,225					
			480,699					

GRAND TOTALS -240,563 -46,941  
(NET INCOME)

0

FACILITY NAME:

FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

G/L

RECAP CENSUS

PP 6,858

6,858

IPA 18,008

18,008

medicare 2,543

2,543

27,409

IPA BEDHOLDS 0

PP BEDHOLDS 0

PP CONVERS 0

LES

3

FUND

ERIA

EBT

EBT

3,007 PATIENT

6,858

HFS 3745 (N-4-99)

IL478-2471

3,007 PATIENT	18,008
3,007 PATIENT	2,543
	0

3,010 BASIC CI	(4,133,981)
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3,020 BASIC CI	0
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3,030 BASIC CI	0
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	0
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3,080 NURSING	(21,631)
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3,081 NURSING	0
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3,082 NURSING	0
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3,083 NURSING	0
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3,100 DRUGS-M	(643,338)
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	0
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3,110 PHYSICIAN	(1,258,675)
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	0
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3,112 PHYSICIAN	0
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3,113 PHYSICIAN	0
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3,140 LABORATORY INCOME	
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	0
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3,152 ST/OT TR	0
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3,153 ST/OT TR	0
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3,185 REHABILITATION/ISOLATION/OTHER CHG	
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3,410 IPA/OTHER	0
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3,411 MEDICAL	0
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3,420 MEDICAL	1,407,715
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3,520 RENT INC	(54,198)
3,530 BEAUTY	(1,528)
	(1,578)
3,570 VENDING	(609)
3,590 EQUIPMI	(9,301)
3,595 RESIDEN	(19,377)
3,600 MISC INC	0
4,110 G&A WA	130,700
4,111 ADMINIS	62,220
4,115 G&A PTC	10,599
4,120 EMPLOY	10,632
	0
4,130 EMPLOY	0
4,135 EMPLOY	(5,699)
4,250 OFFICE S	7,640
4,255 POSTAGI	1,946
4,260 TELEPHC	9,743
4,275 TRAININ	3,531
	144
4,280 GENERA	5,171
4,281 MEAL EX	211
4,285 EDUCAT	1,258
4,289 MEETING	981
4,290 HELP WA	5,767
4,291 PROMOT	12,851
4,292 PUBLIC I	10,861
4,300 LICENSE	75,401
4,310 DUES & :	9,874
4,320 CONTRIE	431
4,350 PROFESS	5,282
4,355 MEDICAL	3,000
	1,470
	6,300

4,364 SOCIAL S	3,659
4,370 TV RENT	(2,589)
4,383 BACKGR	1,542
4,390 OTHER T	0
4,400 PAYROL	214,049
4,401 PAYROL	6,458
4,410 GROUP I	200,016
4,420 LIABILIT	43,972
4,430 WORKM.	38,635
4,435 W/C-FIRS	535
4,436 DRUG TE	973
4,450 MANAGI	236,294
4,460 BAD DEF	12,000
4,461 BAD DEF	48,412
4,470 LOST ITE	(44)
4,475 UNIFORM	425
4,486 SERVICE	17,693
4,490 MISC EX	30
4,496 MISC. M.	6,948
4,510 REAL ES	0
4,600 LEASED	3,533
5,110 MAINTEI	61,691
5,120 MAINTEI	4,194
5,130 ELECTRI	198,170
5,131 NATURA	0
5,133 WATER &	9,454
5,134 TRASH C	12,763
5,140 PROP/PL	20,447
5,160 GENERA	59,644
5,165 MAINTEI	22,476
5,210 DIETARY	201,005
5,220 DIETARY	9,606
5,248 FOOD PU	248,271

5,250 SUPPLIE	2,687
5,260 REPLACI	1,821
5,270 KITCHEN	3,525
5,295 MEAL IN	(997)
5,310 LAUNDR	57,999
5,340 LAUNDR	2,787
5,370 REPLACI	2,357
	27
5,390 SUPPLIE	8,725
5,410 HOUSEK	83,076
5,440 HOUSEK	4,963
5,480 SUPPLIE	6,193
5,490 SUPPLIE	15,605
6,020 RN WAG	169,849
6,030 DON WA	56,828
6,035 ADON W	0
6,040 RN PTO &	5,667
6,120 LPN WAG	380,866
6,140 LPN PTO	15,641
6,220 AIDES W	598,582
6,240 AIDES PT	24,919
	0
	0
	0
	0
6,270 REHAB V	46,829
6,275 REHAB F	2,679
6,290 NURSINC	23,039
6,295 NURSINC	85,766
6,390 REPLACI	10,595
6,490 OTHER	554

7,280 DRUG PU	110,355
7,281 DRUG PU	227,233
7,380 LABORA	4,613
7,390 X-RAY S	2,951
	22,133
7,510 ACTIVIT	47,489
7,540 ACTIVIT	2,388
7,590 ACTIVIT	7,497
7,620 PHYSICA	158,365
7,660 P.T. SUPE	304
7,710 SOCIAL S	45,681
7,720 SOCIAL S	1,829
7,730 SOCIAL S	0
7,740 OCCUPA	144,072
7,770 SPEECH'	61,270
7,820 BEAUTIC	0
	213
	0
8,120 INTERES	0
	19,186
8,130 DEPRECI	0
	0
9,510 INTERES	(5,112)
9,520 MISC NO	0
4,220	0
8,100	459,900
9,702	(475,587)
5,230	0
	<u>(240,563)</u>

Expenses Fixed Assets



FACILITY	MEDICAID NUMBER	STATE LICENSE NUMBER
<b>Owned SNFs</b>		
Heritage Health - South, IL	20-5300302001	48843
Heritage Health - Bloomington, IL	20-3904134001	48157
Heritage Health - Carlinville, IL	20-5508113001	48850
Heritage Health - Chillicothe, IL	20-5412664001	48868
Heritage Health - Dwight, IL	20-5412784001	50492
Heritage Health - Elgin, IL	20-3902154001	48132
Heritage Health - El Paso, IL	20-3903447001	48124
Heritage Health - Gibson City, IL	20-3902572001	48116
Heritage Health - Gillespie, IL	20-5428620001	48892
Heritage Health - LaSalle, IL	27-3741988001	51276
Heritage Health - Litchfield, IL	20-5508096001	48900
Heritage Health - Mendota, IL	20-3904038001	48108
Heritage Health - Minonk, IL	20-3903980001	48058
Heritage Health - Mt. Sterling, IL	20-3903543001	48041
Heritage Health - Mt. Zion, IL	20-3903622001	48074
Heritage Health - Normal, IL	20-3903883001	48082
Heritage Health - Pana, IL	20-5508128001	48884
Heritage Health - Peru, IL	20-3902978001	48090
Heritage Health - Staunton, IL	20-5437628001	48876
Heritage Health - Streator, IL	20-3902216001	48066
Barton W. Stone Jackson, IL	20-5298969002	48918
Danville Joint Ventures, IL	37-1357323001	42168
Heritage Health - Danville, IL	37-1359387001	41699
Cotillion Ridge, IL	37-1402726001	45138
Country Health - Danville, IL	37-6064916001	7880
Mason City Area, IL	37-1168043001	34256
St. Clara's Medical Center, IL	37-6075710001	50724
Vonderlieth, IL	37-0967671001	19976