

Facility Name & ID Number Cotillion Ridge Nursing Ctr

0045138 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	73	Skilled (SNF)	73	26,645	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	73	TOTALS	73	26,645	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	13,678	4,764	2,522	20,964	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,678	4,764	2,522	20,964	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.68%

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 2000

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 2,522

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: _____ Fiscal Year: _____

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

Facility Name & ID Number

Cotillion Ridge Nursing Ctr

0045138

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	163,859	12,687		176,546		176,546	5,144	181,690		1
2	Food Purchase		128,036		128,036		128,036	22	128,058		2
3	Housekeeping	81,734	28,906		110,640		110,640	3	110,643		3
4	Laundry	64,130	11,162		75,292		75,292		75,292		4
5	Heat and Other Utilities			66,663	66,663		66,663	1,129	67,792		5
6	Maintenance	56,273	35,570	56,578	148,421		148,421	11,167	159,588		6
7	Other (specify):*										7
8	TOTAL General Services	365,996	216,361	123,241	705,598		705,598	17,465	723,063		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	1,037,682	81,924	5,558	1,125,164		1,125,164	1,993	1,127,157		10
10a	Therapy		292,735	458,310	751,045	(334,433)	416,612		416,612		10a
11	Activities	40,930	2,198		43,128		43,128		43,128		11
12	Social Services	29,775	125	4,771	34,671		34,671		34,671		12
13	CNA Training							431	431		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,108,387	376,982	486,639	1,972,008	(334,433)	1,637,575	2,424	1,639,999		16
	C. General Administration										
17	Administrative	76,720			76,720		76,720		76,720		17
18	Directors Fees										18
19	Professional Services			173,379	173,379		173,379	(148,891)	24,488		19
20	Dues, Fees, Subscriptions & Promotions			61,081	61,081	(39,968)	21,113	(5,654)	15,459		20
21	Clerical & General Office Expenses	148,894	20,778	5,221	174,893		174,893	213,416	388,309		21
22	Employee Benefits & Payroll Taxes			357,278	357,278		357,278	32,382	389,660		22
23	Inservice Training & Education			5,175	5,175		5,175	433	5,608		23
24	Travel and Seminar			7,216	7,216		7,216	(5,217)	1,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			42,989	42,989		42,989	8,087	51,076		26
27	Other (specify):*			6,000	6,000		6,000	(6,000)			27
28	TOTAL General Administration	225,614	20,778	658,339	904,731	(39,968)	864,763	88,556	953,319		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,699,997	614,121	1,268,219	3,582,337	(374,401)	3,207,936	108,445	3,316,381		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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			161,089	161,089		161,089	13,697	174,786			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			147,947	147,947		147,947	(22,119)	125,828			32
33	Real Estate Taxes			22,139	22,139		22,139		22,139			33
34	Rent-Facility & Grounds							4,830	4,830			34
35	Rent-Equipment & Vehicles			10,703	10,703		10,703	3,436	14,139			35
36	Other (specify):*											36
37	TOTAL Ownership			341,878	341,878		341,878	(156)	341,722			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					334,433	334,433	(4,114)	330,319			39
40	Barber and Beauty Shops		173	10,849	11,022		11,022		11,022			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					39,968	39,968		39,968			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		173	10,849	11,022	374,401	385,423	(4,114)	381,309			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,699,997	614,294	1,620,946	3,935,237		3,935,237	104,175	4,039,412			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 Cotillion Ridge Nursing Ctr

0045138

Report Period Beginning: 01/01/13

Ending: 12/31/13

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				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	(22,430)			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)				16
17	Non-Care Related Fees	(300)			17
18	Fines and Penalties				18
19	Entertainment	(10,335)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,413)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(6,000)			24
25	Fund Raising, Advertising and Promotional	(12,856)			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	SUBTOTAL (A): (Sum of lines 1-29)	\$ (53,334)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	157,509		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 157,509		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 104,175		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

Cotillion Ridge Nursing Ctr

ID# 0045138

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
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		0	33	15
16			24	16
17		(300)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(1,413)	19	22
23				23
24		(6,000)	27	24
25		(12,856)	20	25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(20,569)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Cotillion Ridge Nursing Ctr# 0045138

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	5,144	0	0	0	0	0	0	0	0	5,144	1
2	Food Purchase	0	0	22	0	0	0	0	0	0	0	0	22	2
3	Housekeeping	0	0	3	0	0	0	0	0	0	0	0	3	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,129	0	0	0	0	0	0	0	0	1,129	5
6	Maintenance	0	0	11,167	0	0	0	0	0	0	0	0	11,167	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	17,465	0	17,465	8							
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	1,993	0	0	0	0	0	0	0	0	1,993	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	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	431	0	0	0	0	0	0	0	0	431	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	2,424	0	2,424	16							
	C. General Administration													
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	(1,413)	(161,816)	14,338	0	0	0	0	0	0	0	0	(148,891)	19
20	Fees, Subscriptions & Promotions	(13,156)	0	7,502	0	0	0	0	0	0	0	0	(5,654)	20
21	Clerical & General Office Expenses	0	0	213,416	0	0	0	0	0	0	0	0	213,416	21
22	Employee Benefits & Payroll Taxes	0	0	32,382	0	0	0	0	0	0	0	0	32,382	22
23	Inservice Training & Education	0	0	433	0	0	0	0	0	0	0	0	433	23
24	Travel and Seminar	(10,335)	0	5,118	0	0	0	0	0	0	0	0	(5,217)	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	8,087	0	0	0	0	0	0	0	0	8,087	26
27	Other (specify):*	(6,000)	0	0	0	0	0	0	0	0	0	0	(6,000)	27
28	TOTAL General Administration	(30,904)	(161,816)	281,276	0	88,556	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(30,904)	(161,816)	301,165	0	108,445	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Cotillion Ridge Nursing Ctr

0045138

Report Period Beginning:

01/01/13 Ending:

12/31/13

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	0	13,697	0	0	0	0	0	0	0	13,697	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(22,430)	0	0	311	0	0	0	0	0	0	0	(22,119)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	4,830	0	0	0	0	0	0	0	4,830	34
35	Rent-Equipment & Vehicles	0	0	0	3,436	0	0	0	0	0	0	0	3,436	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(22,430)	0	0	22,274	0	(156)	37						
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	(4,114)	0	0	0	0	0	0	0	0	0	(4,114)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	(4,114)	0	0	0	0	0	0	0	0	0	(4,114)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(53,334)	(165,930)	301,165	22,274	0	104,175	45						

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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V		\$			\$		1
2	V	<u>39 Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>(4,114)</u>	<u>(4,114)</u>	2
3	V							3
4	V	<u>19 Adjustment for Related Organization</u>	<u>161,816</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(161,816)</u>	4
5	V							5
6	V	<u>34 Adjustment for Related Organization</u>	<u>0</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>			6
7	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>				7
8	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>				8
9	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>				9
10	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>				10
11	V							11
12	V							12
13	V							13
14	Total		\$ 161,816			\$ (4,114)	\$ * (165,930)	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.		\$	\$ 5,144	15
16	V	2 Food Purchase					22	16
17	V	3 Housekeeping					3	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					1,129	19
20	V	6 Maintenance					11,167	20
21	V	7 Other					0	21
22	V	9 Medical Director					0	22
23	V	10 Nursing & Medical Records					1,993	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					431	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					14,338	31
32	V	20 Fees, Subscription, Promotions					7,502	32
33	V	21 Clerical & General Office Expenses					213,416	33
34	V	22 Employee Benefits & Payroll Taxes					32,382	34
35	V	23 Inservice Training & Education					433	35
36	V	24 Travel and Seminar					5,118	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					8,087	38
39	Total		\$			\$	0	\$ * 301,165 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.		\$	\$	15	
16	V	30 Depreciation					13,697	16	
17	V	31 Amortization of Pre-Op & Org					0	17	
18	V	32 Interest					311	18	
19	V	33 Real Estate Taxes					0	19	
20	V	34 Rent-Facility & Grounds					4,830	20	
21	V	35 Rent-Equipment & Vehicles					3,436	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	\$ * 22,274	39

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

Facility Name & ID Number

Cotillion Ridge Nursing Ctr

0045138

Report Period Beginning:

01/01/13

Ending:

12/31/13

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 Cotillion Ridge Nursing Ctr # 0045138 Report Period Beginning: 01/01/13 Ending: 12/31/13

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					\$	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 Cotillion Ridge Nursing Ctr

0045138

Report Period Beginning:

01/01/13

Ending: 12/31/13

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	2,604	24	\$ 183,508	\$ 183,106	73	\$ 5,144	1
2	2	Food Purchase	Beds	2,604	24	798	0	73	22	2
3	3	Housekeeping	Beds	2,604	24	106	0	73	3	3
4	4	Laundry	Beds	2,604	24	0	0	73	0	4
5	5	Heat & Other Utilities	Beds	2,604	24	40,282	0	73	1,129	5
6	6	Maintenance	Beds	2,604	24	398,350	84,311	73	11,167	6
7	7	Other	Beds	2,604	24	0	0	73	0	7
8	9	Medical Director	Beds	2,604	24	0	0	73	0	8
9	10	Nursing & Medical Records	Beds	2,604	24	71,096	69,815	73	1,993	9
10	11	Activities	Beds	2,604	24	0	0	73	0	10
11	12	Social Service	Beds	2,604	24	0	0	73	0	11
12	13	Nurse Aide Training	Beds	2,604	24	15,364	15,279	73	431	12
13	14	Program Transportation	Beds	2,604	24	0	0	73	0	13
14	15	Other	Beds	2,604	24	0	0	73	0	14
15	17	Administrative	Beds	2,604	24	0	0	73	0	15
16	18	Directors Fees	Beds	2,604	24	0	0	73	0	16
17	19	Professional Services	Beds	2,604	24	511,456	0	73	14,338	17
18	20	Fees, Subscription, Promotions	Beds	2,604	24	267,591	0	73	7,502	18
19	21	Clerical & General Office Expens	Beds	2,604	24	7,612,820	7,140,260	73	213,416	19
20	22	Employee Benefits & Payroll Tax	Beds	2,604	24	1,155,097	0	73	32,382	20
21	23	Inservice Training & Education	Beds	2,604	24	15,452	0	73	433	21
22	24	Travel and Seminar	Beds	2,604	24	182,552	0	73	5,118	22
23	25	Other Admin. Staff Transportatio	Beds	2,604	24	0	0	73	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,604	24	288,473	0	73	8,087	24
25	TOTALS					\$ 10,742,945	\$ 7,492,771		\$ 301,165	25

Facility Name & ID Number Cotillion Ridge Nursing Ctr

0045138

Report Period Beginning:

01/01/13

Ending: 12/31/13

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	2,604	24	\$	\$	73	\$	1
2	30	Depreciation	Beds	2,604	24	488,578	73	13,697		2
3	31	Amortization of Pre-Op & Org	Beds	2,604	24		73			3
4	32	Interest	Beds	2,604	24	11,093	73	311		4
5	33	Real Estate Taxes	Beds	2,604	24		73			5
6	34	Rent-Facility & Grounds	Beds	2,604	24	172,279	73	4,830		6
7	35	Rent-Equipment & Vehicles	Beds	2,604	24	122,579	73	3,436		7
8	36	Other	Beds	2,604	24		73			8
9	38	Medically Nec Transportation	Beds	2,604	24		73			9
10	39	Ancillary Service Centers	Beds	2,604	24		73			10
11	40	Barber and Beauty Shops	Beds	2,604	24		73			11
12	41	Coffee and Gift Shops	Beds	2,604	24		73			12
13	42	Other	Beds	2,604	24		73			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					\$ 794,529	\$		\$ 22,274	25

Facility Name & ID Number

Cotillion Ridge Nursing Ctr

0045138

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	Reporting Period Interest Expense						
		Related**					Purpose of Loan	Monthly Payment Required							Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)
		YES	NO													Original	Balance		
A. Directly Facility Related																			
Long-Term																			
1	Morton Community Bank		x	Mortgage			\$	\$ 2,210,458				\$	127,768	1					
2	Morton Community Bank		x	Loan Fee Amortization									4,776	2					
3														3					
4														4					
5														5					
Working Capital																			
6	Bank of America		x	Working Capital									15,403	6					
7														7					
8														8					
9	TOTAL Facility Related						\$	\$ 2,210,458				\$	147,947	9					
B. Non-Facility Related*																			
10	Interest Income												(22,430)	10					
11														11					
12	Allocated Corporate												311	12					
13														13					
14	TOTAL Non-Facility Related						\$	\$				\$	(22,119)	14					
15	TOTALS (line 9+line14)						\$	\$ 2,210,458				\$	125,828	15					

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

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2012 report.		\$	22,685		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.)		\$	21,865		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(820)		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	22,959		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	22,139		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2008	_____	8	FOR BHF USE ONLY	
	2009	_____	9	13	FROM R. E. TAX STATEMENT FOR 2012 \$ _____ 13
	2010	21,563	10	14	PLUS APPEAL COST FROM LINE 5 \$ _____ 14
	2011	22,614	11	15	LESS REFUND FROM LINE 6 \$ _____ 15
	2012	22,138	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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Cotillion Ridge Nursing Ctr COUNTY Crawford

FACILITY IDPH LICENSE NUMBER 0045138

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 2012 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 2012.

(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>05427033042</u>	_____	\$ 21,562.00	\$ 21,562.00
2. <u>05427033041</u>	_____	\$ 303.00	\$ 303.00
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>21,865.00</u>	\$ <u>21,865.00</u>

B. Real Estate Tax Cost Allocations

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

If YES, attach an explanation 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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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 Cotillion Ridge Nursing Ctr

0045138 Report Period Beginning:

01/01/13 Ending:

12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 14,195 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				\$ <u>26,000</u>	1
2					2
3	TOTALS			\$ <u>26,000</u>	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	Accumulated Depreciation
4	73			\$ 1,525,000	\$		\$	\$
5								
6								
7								
8								
Improvement Type**								
9	Acquisition of Building Improvements from prior Operator	2001		154,177				
10								
11	Dinning Room/Day Room Addition---Outside Contractor	2001		164,291				
12	Dinning Room/Day Room Addition---Design	2001		50,288				
13	Dinning Room/Day Room Addition---Wallcoverings	2001		9,670				
14								
15	Dinning Room/Day Room Addition---Outside Contractor	2002		66,633				
16	Dinning Room/Day Room Addition---Design	2002		4,665				
17	Heating Duct Replacement	2002		12,146				
18								
19	Dinning Room/Day Room Addition---Paid by ProCare	2002		200,750				
20	directly to General Contractor							
21								
22	Heat Pump	2003		12,720				
23	Compressor	2003		1,333				
24	A/C Unit	2003		2,569				
25	Water Heater	2003		7,262				
26	Sprinkler Head Replacements	2003		3,993				
27	Asphalt Sealing	2003		1,260				
28	idph	2003		8,618				
29								
30	Rewire Resident Rooms	2004		3,250				
31								
32								
33	C/O Allocation				13,697		13,697	
34	Book Depreciation				115,638		115,638	
35								
36								

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Cotillion Ridge Nursing Ctr

0045138

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	Parking Lot Sealer	2005	\$ 1,260	\$		\$	\$	\$	37
38	Doors	2005	660						38
39	A/C compressor	2005	983						39
40	Sidewalk	2005	7,898						40
41	Ansul System	2005	1,990						41
42									42
43	Furnace	2006	4,850						43
44	Roof	2006	7,230						44
45	A/C compressor	2006	1,354						45
46	Water line	2006	1,119						46
47									47
48	A/C	2007	6,406						48
49	Parking Lot	2007	36,176						49
50									50
51	CC TV system	2008	3,397						51
52	Parking Lot	2008	15,919						52
53	Hallway Painting	2008	5,325						53
54	Landscaping	2008	9,896						54
55	Exit Doors	2008	4,138						55
56									56
57									57
58	Furnace	2009	7,443						58
59	Dumpster Pad	2009	3,400						59
60	Parking Lot	2009	2,619						60
61	Door Closers	2009	4,465						61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,355,153	\$ 129,335		\$ 129,335	\$	\$	70

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

Facility Name & ID Number Cotillion Ridge Nursing Ctr

0045138

Report Period Beginning:

01/01/13

Ending:

12/31/13

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		\$ 2,355,153	\$ 129,335		\$ 129,335	\$	\$	1
2									2
3	General Conditions & Demolition	2009	73,230						3
4	Carpentry & Millwork	2009	45,270						4
5	Acoustical Ceiling & Flooring	2009	49,176						5
6	Painting	2009	36,800						6
7	Plumbing	2009	10,600						7
8	Electrical	2009	18,430						8
9	Design and layout	2009	13,837						9
10	Project Materials	2009	99,339						10
11	Interior Doors and toilets & related hardware	2009	67,621						11
12	Flooring Central Core	2009	23,320						12
13									13
14	Service sink	2010	5,225						14
15	AHU replacement	2010	4,934						15
16									16
17	Window treatments & tile	2011	4,481						17
18	Walk-in cooler	2011	38,164						18
19									19
20	Water Heater	2012	14,802						20
21									21
22	Replacement Chassis - 2 SC Units	2013	2,841						22
23	New Exterior Sign	2013	7,014						23
24	Condensing Unit - Kitchen	2013	3,030						24
25	HVAC Unit - Laundry	2013	3,575						25
26	Window Replacement and Corridor Flooring/Painting	2013	127,782						26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,004,624	\$ 129,335		\$ 129,335	\$	\$	34

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

Facility Name & ID Number Cotillion Ridge Nursing Ctr

0045138

Report Period Beginning:

01/01/13

Ending:

12/31/13

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		\$ 3,004,624	\$ 129,335		\$ 129,335	\$	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34		\$ 3,004,624	\$ 129,335		\$ 129,335	\$	\$

**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	\$ 841,642	\$ 45,451	\$ 45,451	\$		\$	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 841,642	\$ 45,451	\$ 45,451	\$		\$	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)	\$ 3,872,266	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 174,786	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 174,786	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	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. _____ /2014 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

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: \$ 10,703 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 Cotillion Ridge Nursing Ctr # 0045138 Report Period Beginning: 01/01/13 Ending: 12/31/13
 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	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	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	\$			\$ 128,159	\$		\$ 128,159	1
2	Licensed Speech and Language Development Therapist		hrs				56,602			56,602	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist		hrs				231,787	64		231,851	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					292,671		292,671	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify):						41,762			41,762	13
14	TOTAL			\$			\$ 458,310	\$ 292,735		\$ 751,045	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 Cotillion Ridge Nursing Ctr

0045138

Report Period Beginning: 01/01/13

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 76,124	\$	1
2	Cash-Patient Deposits	4,695		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	736,354		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	24,766		6
7	Other Prepaid Expenses	10,361		7
8	Accounts Receivable (owners or related parties)	179,214		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,031,514	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	26,000		13
14	Buildings, at Historical Cost	2,812,369		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	790,786		16
17	Accumulated Depreciation (book methods)	(1,340,899)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,288,256	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,319,770	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 151,987	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,695		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	137,140		30
31	Accrued Taxes Payable (excluding real estate taxes)	4,825		31
32	Accrued Real Estate Taxes(Sch.IX-B)	22,959		32
33	Accrued Interest Payable	341		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Assessment Tax</u>	53,332		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 375,279	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	2,210,458		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,210,458	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,585,737	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 734,033	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,319,770	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 888,655	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 888,655	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(154,622)	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)	\$ (154,622)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)		23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 734,033	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		
A. Inpatient Care				
1	Gross Revenue -- All Levels of Care	\$ 3,261,196	1	
2	Discounts and Allowances for all Levels	(1,464,124)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 1,797,072	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	1,406,570	6	
7	Oxygen		7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,406,570	8	
C. Other Operating Revenue				
9	Payments for Education		9	
10	Other Government Grants		10	
11	CNA Training Reimbursements		11	
12	Gift and Coffee Shop		12	
13	Barber and Beauty Care	11,289	13	
14	Non-Patient Meals		14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space		16	
17	Sale of Drugs	548,472	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory		19	
20	Radiology and X-Ray		20	
21	Other Medical Services	180	21	
22	Laundry		22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 559,941	23	
D. Non-Operating Revenue				
24	Contributions		24	
25	Interest and Other Investment Income***	22,430	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 22,430	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28		(5,398)	28	
28a			28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (5,398)	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,780,615	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	705,598	31	
32	Health Care	1,972,008	32	
33	General Administration	904,731	33	
B. Capital Expense				
34	Ownership	341,878	34	
C. Ancillary Expense				
35	Special Cost Centers	11,022	35	
36	Provider Participation Fee		36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 3,935,237	40	
41	Income before Income Taxes (line 30 minus line 40)**	(154,622)	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (154,622)	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	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	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 Cotillion Ridge Nursing Ctr

0045138

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	1,920	2,016	\$ 71,049	\$ 35.24	1
2	Assistant Director of Nursing		0			2
3	Registered Nurses	11,555	12,357	268,823	21.75	3
4	Licensed Practical Nurses	6,691	7,075	134,567	19.02	4
5	CNAs & Orderlies	42,234	44,460	483,609	10.88	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,845	4,102	79,634	19.41	8
9	Activity Director					9
10	Activity Assistants	3,581	3,740	40,930	10.94	10
11	Social Service Workers	1,892	2,024	29,775	14.71	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,371	17,406	163,859	9.41	15
16	Dishwashers					16
17	Maintenance Workers	3,895	4,021	56,273	13.99	17
18	Housekeepers	8,275	8,692	81,734	9.40	18
19	Laundry	6,307	7,160	64,130	8.96	19
20	Administrator	1,900	2,080	76,720	36.88	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,036	7,710	148,894	19.31	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)	115,502	122,843	\$ 1,699,997 *	\$ 13.84	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	18,000		36
37	Medical Records Consultant	964		37
38	Nurse Consultant			38
39	Pharmacist Consultant	4,380		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	4,771		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 28,115		49

C. CONTRACT NURSES

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

Facility Name & ID Number Cotillion Ridge Nursing Ctr

0045138

Report Period Beginning:

01/01/13

Ending:

12/31/13

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 Yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,000 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES 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. \$ 39,968
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ _____ Has any meal income been offset against related costs? _____ Indicate the amount. \$ 991
- (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? _____
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? _____
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? _____
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (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	76,124				1,009	1,009 PETTY C 76,124
1010	CASH IN BANK					1,100	1,100 ACCTS R 736,354
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. FOR UNCOLLECTIBI
1100	ACCOUNTS RECEIVABLE	736,354				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 24,766
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	24,766				1,310	1,310 SUPPLIES INVENTORY
1220	OTHER PREPAID EXPENSES					1,320	1,320 LINEN INVENTORY
1300	FOOD INVENTORY					1,409	1,409 LAND 26,000
1310	SUPPLIES INVENTORY					1,450	1,450 FURNITU 790,786
1409	LAND	26,000				1,460	(636,083)
1450	FURNITURE & EQUIPMENT	790,786				1,475	1,475 CODE AI 2,812,369
1460	ACCUM DEPR-FURN & EQU	-636,083				1,490	1,490 ACCUM I (704,816)
1475	BUILDING & IMPROVEMEN	2,812,369				1,530	1,530 RESIDEN 4,695
1490	ACCUM DEPR-BUILDING	-704,816				1,550	1,550 LOAN FE 10,361
1530	RESIDENT FUNDS	4,695				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	10,361				1,850	1,850 INTERCC 179,214
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (151,987)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	179,214				2,100	2,100 ACCRUE (51,580)
2010	ACCOUNTS PAYABLE	-151,987				2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-51,580				2,110	2,110 ACCRUE (85,560)
2110	ACCRUED VACATION PAY	-85,560				2,120	2,120 U.C. TAXES PAYABLE

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX (4,825)
2125	FICA TAX PAYABLE	-4,825	-4,825	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 - CAFETERIA
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 (341)
2280	MISC PAYROLL DEDUCTIONS			2,320	2,320 IPA PAYI (53,332)
2300	ACCRUED INTEREST PAYABLE	-341		2,350	2,350 REAL ES (22,959)
2310	SALES TAX PAYABLE			2,385	0
2320	IPA PAYMENTS PAYABLE	-53,332		2,400	2,400 CURRENT PORTION OF LT DEBT
2350	REAL ESTATE TAX PAYABLE	-22,959		2,512	2,512 DUE TO 1 (4,695)
2385	ACTIVITY FUND	0		2,600	2,600 LASALLE (2,210,458)
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 DEBT
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINED (888,655)
2460	INCOME TAXES PAYABLE				net income 154,622
2512	DUE TO RESIDENTS	-4,695			
2600	MORTGAGE PAYABLE	-2,210,458			
2650	EQUIPMENT LOAN PAYABLE				balance <u>0</u>
2695	CURRENT PORTION LT DEBT				
2696	DEFERRED INCOME TAXES				
2710	COMMON STOCK				
2720	RETAINED EARNINGS	-888,655			
2970	PROFIT/LOSS FOR PERIOD	154,622			
3007.1	PATIENT DAYS-PRIVATE	4,764			3,007

3007.2	PATIENT DAYS-IPA	13,678						3,007
3007.3	PATIENT DAYS-MEDICARE	2,522						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 &	-3,224,313	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	-20,445	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	-548,472	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-1,406,570	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	1,464,124	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	0		6	0	6	0		3,530
3530	13 BEAUTY SHOP	-11,289		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	0		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	0		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-16,438		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	-180		0	0	0	0		4,110
3600	21 MISC INCOME	0		0	0	0	0		4,111
4110	GENERAL & ADMINISTRATIVE WAGES	138,422	148,894	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	76,720	76,720	17	1	0	0		4,120
4115	VACATION & SICK - G&A	10,472		21	1	0	0		4,125
4120 4475	EMPLOYEE BENEFITS	10,477	357,278	22	3	0	0		4,130
4125	EMPLOYEE HEPETITIS VACATION	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLORSHIP	0		21	1	0	0		4,250
4135	EMPLOYEE SCHOLORSHIP	-718		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250 4255	OFFICE SUPPLIES	20,778	20,778	21	2	0	0		4,275
4260	TELEPHONE	5,221	5,221	21	3	0	0 **		4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	5,175	5,175	23	3	16	0		4,280
4280	GENERAL TRAVEL	6,652	7,216	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	19		24	3	19	0 ***		4,285
4285	EDUCATION & SEMINAR	545		24	3	19	-10,335		4,289
4290	HELP WANTED ADVERTISING	2,240	61,081	20	3	0	0 -39,968		4,290
4291	PROMOTIONAL ADVERTISING	8,370		20	3	25	-8,370		4,291
4292	PUBLIC RELATIONS	4,486		20	3	25	-4,486		4,292
4300	LICENSES & FEES	40,405		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	4,385		20	3	17	-300		4,310
4320	CONTRIBUTIONS	0		27	3	20	0		4,320
4350	PROFESSIONAL FEES	11,563	173,379	19	3	22	-1,413		4,350
4355	MEDICAL DIRECTOR	18,000	18,000	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	964		10	3	0	0	4,364
4363	PHARMACIST FEES	4,380		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	4,771	4,771	12	3	0	0	4,383
4370	TV RENTAL	189		35	3	5	0	4,390
4380	INCOME TAXES		6,000	27	3	26	0	4,400
4383	BACKGROUND CHECKS	1,195		20	3	26	0	4,401
4400	PAYROLL TAXES	158,705		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	7,761		22	3	0	0	4,420
4410	GROUP INSURANCE	160,721		22	3	0	0	4,430
4420	LIABILITY INSURANCE	42,989	42,989	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	20,332		22	3	0	0 **	4,450
4450	CENTRAL OFFICE FEES	161,816		19	3	34	0	4,460
4460	BAD DEBTS	6,000		27	3	24	-6,000	4,461
4470	LOST ITEMS-RESIDENTS	0		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	22,139	22,139	33	3	0	0	4,486
4600	LEASED EQUIPMENT	10,514	10,703	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	55,667	56,273	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	606		6	1	0	0	4,510
5130	ELECTRIC	41,571	66,663	5	3	0	0	4,600
5131	NATURAL GAS	9,486		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	15,606		5	3	0	0	5,130
5134	TRASH COLLECTION	25,195	56,578	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	4,428	35,570	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	31,142		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	31,383		6	3	0	0	5,140
5210	DIETARY WAGES	153,488	163,859	1	1	0	0	5,160
5220	DIETARY SICK & VAC	10,371		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	129,027	128,036	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	2,950	12,687	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	1,570		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	8,167		1	2	0	0	5,260
5295	MEAL CREDIT	-991		2	2	0	0	5,270
5310	LAUNDRY WAGES	60,678	64,130	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	3,452		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	5,851	11,162	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	5,311		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	76,576	81,734	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	5,158		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	276	28,906	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	28,630		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,037,682	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	249,297		10	1	0	0	6,020
6030	DON WAGES	71,049		10	1	0	0	6,030
6035	ADON	0		10	1	0	0	6,035
6040	RN SICK & VACATION	19,526		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	130,618		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	3,949		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	461,239		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	22,370		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	75,001		10	1	0	0	6,390
6275	REHAB SICK & VAC	4,633		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	68,760	81,924	10	2	0	0	7,281
6295	NURSING SUPPLIES	7,397		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	5,767		10	2	0	0	7,391
6490	NURSING OTHER	214	5,558	10	3	0	0 ***	7,393
7280	DRUG PURCHASES	109,493	292,735	39	2	0	0	7,510
7281	DRUG PURCHASES-OTHER	183,178		39	2			7,540
7380	LABORATORY SERVICES	41,762	458,310	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	38,084	40,930	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	2,846		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	2,198	2,198	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	231,787		39	3	0	0	7,890
7660	PT SUPPLIES	64		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	27,985	29,775	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	1,790		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	125	125	12	2	0	0 ***	8,130
7740	OT FEE	128,159		39	3	0	0	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0 ***	9,510
7770	SPEECH THERAPY FEE	56,602		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	10,849	10,849	40	3	0	0	
7890	BEAUTY SHOP SUPPLIES	173	173	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	0	0	34	3	0	0	

8120	INTEREST EXPENSE	143,171	147,947	32	3	14	-22,430
8130	DEPRECIATION	161,089	161,089	30	3	9	0
8150	LOAN FEE AMORTIZATION	4,776		32	3	0	0
9510	INTEREST INCOME	-22,430		32	0	10	0
9520	MISC NON-OPERATING INC	0		0	0	0	0
9700	INCOME TAXES	5,398		0	0	0	0
		3,918,205	3,935,237				
			17,032				

GRAND TOTALS 154,622 -53,334
(NET INCOME)

0

FACILITY NAME:

FACILITY ID: 0

FACILITY UNITS: 73

BALANCE SHEET TOTAL 0

G/L

RECAP CENSUS

PP 4,764

4,764

IPA 13,678

13,678

medicare 2,522

2,522

20,964

IPA BEDHOLDS 0

PP BEDHOLDS 0

PP CONVERS 0

LES

3

FUND

ERIA

EBT

EBT

3,007 PATIENT
HFS 3745 (N-4-99)

4,764

3,007 PATIENT	13,678
3,007 PATIENT	2,522
	0

3,010 BASIC CH	(3,224,313)
3,020 BASIC CH	0
3,030 BASIC CH	0
	0
	0
	0
	0

3,080 NURSING	(20,445)
3,081 NURSING	0
3,082 NURSING	0
3,083 NURSING	0
3,100 DRUGS-M	(548,472)
	0

3,110 PHYSICAL	(1,406,570)
	0

3,112 PHYSICAL	0
3,113 PHYSICAL	0

3,140 LABORATORY INCOME	0
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3,152 ST/OT TH	0
3,153 ST/OT TH	0

3,185 REHAB/ISOLATION/OTHER CHG

3,410 IPA/OTHE	0
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3,411 MEDICAR	0
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3,420 MEDICAR	1,420,273
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3,520 RENT INC	0
3,530 BEAUTY S	(11,289)
	0
3,570 VENDING	0
3,590 EQUIPME	(16,438)
3,595 RESIDENT	(180)
3,600 MISC INC	0
4,110 G&A WAC	138,422
4,111 ADMINIS	76,720
4,115 G&A PTO	10,472
4,120 EMPLOYE	9,372
4,130 EMPLOYE	0
4,135 EMPLOYE	(718)
4,250 OFFICE S	6,173
4,255 POSTAGE	1,376
4,260 TELEPHO	5,221
4,275 TRAINING	5,175
	0
4,280 GENERAL	6,652
4,281 MEAL EX	19
4,285 EDUCATI	545
4,289 MEETING	0
4,290 HELP WA	2,240
4,291 PROMOTI	8,370
4,292 PUBLIC R	4,486
4,300 LICENSE	40,405
4,310 DUES & S	4,385
4,320 CONTRIB	0
4,350 PROFESSI	11,563
4,355 MEDICAL	18,000
	964
	4,380

4,364 SOCIAL S	4,771
4,370 TV RENTL	189
4,383 BACKGR	1,195
4,390 OTHER T	5,398
4,400 PAYROLL	158,705
4,401 PAYROLL	7,761
4,410 GROUP IN	160,721
4,420 LIABILIT	42,989
4,430 WORKMA	18,967
4,435 W/C-FIRS	0
4,436 DRUG TE	1,365
4,450 MANAGE	161,816
4,460 BAD DEB'	6,000
4,461 BAD DEB'	43,851
4,470 LOST ITE	0
4,475 UNIFORM	1,105
4,486 SERVICE	15,758
4,490 MISC EXP	682
4,496 MISC. M.I	13,229
4,510 REAL EST	22,139
4,600 LEASED F	10,514
5,110 MAINTEN	55,667
5,120 MAINTEN	606
5,130 ELECTRIC	41,571
5,131 NATURAL	9,486
5,133 WATER &	15,606
5,134 TRASH CO	25,195
5,140 PROP/PLA	4,428
5,160 GENERAL	31,142
5,165 MAINTEN	15,625
5,210 DIETARY	153,488
5,220 DIETARY	10,371
5,248 FOOD PUI	128,345

5,250 SUPPLIES	2,950
5,260 REPLACE	1,570
5,270 KITCHEN	8,167
5,295 MEAL INC	(991)
5,310 LAUNDRY	60,678
5,340 LAUNDRY	3,452
5,370 REPLACE	5,851
	0
5,390 SUPPLIES	5,311
5,410 HOUSEKE	76,576
5,440 HOUSEKE	5,158
5,480 SUPPLIES	276
5,490 SUPPLIES	28,630
6,020 RN WAGE	249,297
6,030 DON WAG	71,049
6,035 ADON WA	0
6,040 RN PTO &	19,526
6,120 LPN WAG	130,618
6,140 LPN PTO	3,949
6,220 AIDES WA	461,239
6,240 AIDES PT	22,370
	0
	0
	0
	0
6,270 REHAB W	75,001
6,275 REHAB P	4,633
6,290 NURSING	68,760
6,295 NURSING	7,397
6,390 REPLACE	5,767
6,490 OTHER	214

7,280 DRUG PU	109,493
7,281 DRUG PU	183,178
7,380 LABORAT	9,700
7,390 X-RAY SE	6,588
	25,474
7,510 ACTIVITI	38,084
7,540 ACTIVITI	2,846
7,590 ACTIVITI	2,198
7,620 PHYSICAL	231,787
7,660 P.T. SUPP	64
7,710 SOCIAL S	27,985
7,720 SOCIAL S	1,790
7,730 SOCIAL S	125
7,740 OCCUPAT	128,159
7,770 SPEECH T	56,602
7,820 BEAUTIC	10,849
	173
	0
8,120 INTEREST	127,768
	15,403
8,130 DEPRECL	161,089
	4,776
9,510 INTEREST	(22,430)
9,520 MISC NOI	0
4,220	0
8,100	0
9,702	0
5,230	0
	<u>154,622</u>

Expenses Fixed Assets

Related Parties
From Page 6

FACILITY	MEDICAID NUMBER	STATE LICENSE NUMBER
Owned SNFs		
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 - Minonka, 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 Jacksonville, 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 Health Center, IL	37-1168043001	34256
St. Clara's Medical Center, IL	37-6075710001	50724
Vonderlieth Health Center, IL	37-0967671001	19976