

Facility Name & ID Number Heritage Health-Minonk

0048058 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	49	Skilled (SNF)	49	17,885	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	23	Sheltered Care (SC)	23	8,395	5
6		ICF/DD 16 or Less			6
7	72	TOTALS	72	26,280	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	6,206	5,125	2,335	13,666	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		3,473		3,473	12
13	DD 16 OR LESS					13
14	TOTALS	6,206	8,598	2,335	17,139	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.22%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started July 2006

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

YES Date _____ 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 2,335

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: _____ Fiscal Year: _____

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

Facility Name & ID Number

Heritage Health-Minonk

0048058

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	169,473	7,922		177,395		177,395	3,453	180,848		1
2	Food Purchase		134,658		134,658		134,658	15	134,673		2
3	Housekeeping	51,864	19,888		71,752		71,752	2	71,754		3
4	Laundry	32,190	15,518		47,708		47,708		47,708		4
5	Heat and Other Utilities			63,816	63,816		63,816	758	64,574		5
6	Maintenance	77,403	65,492	30,879	173,774		173,774	7,496	181,270		6
7	Other (specify):*										7
8	TOTAL General Services	330,930	243,478	94,695	669,103		669,103	11,724	680,827		8
	B. Health Care and Programs										
9	Medical Director			828	828		828		828		9
10	Nursing and Medical Records	945,781	51,827	6,004	1,003,612		1,003,612	1,338	1,004,950		10
10a	Therapy		202,288	381,391	583,679	(209,822)	373,857		373,857		10a
11	Activities	63,969	5,734		69,703		69,703		69,703		11
12	Social Services	30,013		1,555	31,568		31,568		31,568		12
13	CNA Training	1,650	92		1,742		1,742	289	2,031		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,041,413	259,941	389,778	1,691,132	(209,822)	1,481,310	1,627	1,482,937		16
	C. General Administration										
17	Administrative	88,305			88,305		88,305		88,305		17
18	Directors Fees										18
19	Professional Services			156,548	156,548		156,548	(146,924)	9,624		19
20	Dues, Fees, Subscriptions & Promotions			53,078	53,078	(26,828)	26,250	(11,527)	14,723		20
21	Clerical & General Office Expenses	110,129	15,509	4,997	130,635		130,635	143,252	273,887		21
22	Employee Benefits & Payroll Taxes			276,192	276,192		276,192	21,736	297,928		22
23	Inservice Training & Education			4,921	4,921		4,921	291	5,212		23
24	Travel and Seminar			7,592	7,592		7,592	(5,593)	1,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			29,438	29,438		29,438	5,428	34,866		26
27	Other (specify):*			24,025	24,025		24,025	(24,000)	25		27
28	TOTAL General Administration	198,434	15,509	556,791	770,734	(26,828)	743,906	(17,337)	726,569		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,570,777	518,928	1,041,264	3,130,969	(236,650)	2,894,319	(3,986)	2,890,333		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							193,518	193,518			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			15,191	15,191		15,191	32,062	47,253			32
33	Real Estate Taxes							30,973	30,973			33
34	Rent-Facility & Grounds			315,360	315,360		315,360	(312,118)	3,242			34
35	Rent-Equipment & Vehicles			12,929	12,929		12,929	2,307	15,236			35
36	Other (specify):*											36
37	TOTAL Ownership			343,480	343,480		343,480	(53,258)	290,222			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers						209,822	209,822	(5,843)	203,979		39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee						26,828	26,828		26,828		42
43	Other (specify):*											43
44	TOTAL Special Cost Centers						236,650	236,650	(5,843)	230,807		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,570,777	518,928	1,384,744	3,474,449		3,474,449	(63,087)	3,411,362			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-Minonk

0048058

Report Period Beginning: 01/01/13

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VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-	BHF USE	
			ence	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	(12,043)			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	(303)			17
18	Fines and Penalties				18
19	Entertainment	(9,028)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(9,295)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(24,000)			24
25	Fund Raising, Advertising and Promotional	(16,259)			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)	\$ (70,928)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	7,841		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 7,841		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (63,087)		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

Heritage Health-Minonk

ID# 0048058

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		(303)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(9,295)	19	22
23				23
24		(24,000)	27	24
25		(16,259)	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		(49,857)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Minonk# 0048058

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,453	0	0	0	0	0	0	0	0	3,453	1
2	Food Purchase	0	0	15	0	0	0	0	0	0	0	0	15	2
3	Housekeeping	0	0	2	0	0	0	0	0	0	0	0	2	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	758	0	0	0	0	0	0	0	0	758	5
6	Maintenance	0	0	7,496	0	0	0	0	0	0	0	0	7,496	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	11,724	0	11,724	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	1,338	0	0	0	0	0	0	0	0	1,338	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	289	0	0	0	0	0	0	0	0	289	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	1,627	0	1,627	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	(9,295)	(147,253)	9,624	0	0	0	0	0	0	0	0	(146,924)	19
20	Fees, Subscriptions & Promotions	(16,562)	0	5,035	0	0	0	0	0	0	0	0	(11,527)	20
21	Clerical & General Office Expenses	0	0	143,252	0	0	0	0	0	0	0	0	143,252	21
22	Employee Benefits & Payroll Taxes	0	0	21,736	0	0	0	0	0	0	0	0	21,736	22
23	Inservice Training & Education	0	0	291	0	0	0	0	0	0	0	0	291	23
24	Travel and Seminar	(9,028)	0	3,435	0	0	0	0	0	0	0	0	(5,593)	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	5,428	0	0	0	0	0	0	0	0	5,428	26
27	Other (specify):*	(24,000)	0	0	0	0	0	0	0	0	0	0	(24,000)	27
28	TOTAL General Administration	(58,885)	(147,253)	188,801	0	(17,337)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(58,885)	(147,253)	202,152	0	(3,986)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Minonk

0048058

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	184,324	0	9,194	0	0	0	0	0	0	0	193,518	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(12,043)	43,896	0	209	0	0	0	0	0	0	0	32,062	32
33	Real Estate Taxes	0	30,973	0	0	0	0	0	0	0	0	0	30,973	33
34	Rent-Facility & Grounds	0	(315,360)	0	3,242	0	0	0	0	0	0	0	(312,118)	34
35	Rent-Equipment & Vehicles	0	0	0	2,307	0	0	0	0	0	0	0	2,307	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(12,043)	(56,167)	0	14,952	0	(53,258)	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	(5,843)	0	0	0	0	0	0	0	0	0	(5,843)	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	(5,843)	0	0	0	0	0	0	0	0	0	(5,843)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(70,928)	(209,263)	202,152	14,952	0	(63,087)	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>(5,843)</u>	<u>(5,843)</u>	2
3	V							3
4	V	<u>19 Adjustment for Related Organization</u>	<u>147,253</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(147,253)</u>	4
5	V							5
6	V	<u>34 Adjustment for Related Organization</u>	<u>315,360</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>		<u>(315,360)</u>	6
7	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>30,973</u>	<u>30,973</u>	7
8	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>39,123</u>	<u>39,123</u>	8
9	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>184,324</u>	<u>184,324</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	Total		\$ 462,613			\$ 253,350	\$ * (209,263)	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.		\$	\$ 3,453	15
16	V	2 Food Purchase					15	16
17	V	3 Housekeeping					2	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					758	19
20	V	6 Maintenance					7,496	20
21	V	7 Other					0	21
22	V	9 Medical Director					0	22
23	V	10 Nursing & Medical Records					1,338	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					289	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					9,624	31
32	V	20 Fees, Subscription, Promotions					5,035	32
33	V	21 Clerical & General Office Expenses					143,252	33
34	V	22 Employee Benefits & Payroll Taxes					21,736	34
35	V	23 Inservice Training & Education					291	35
36	V	24 Travel and Seminar					3,435	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					5,428	38
39	Total		\$			\$	0	\$ * 202,152 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					9,194	16
17	V	31 Amortization of Pre-Op & Org					0	17
18	V	32 Interest					209	18
19	V	33 Real Estate Taxes					0	19
20	V	34 Rent-Facility & Grounds					3,242	20
21	V	35 Rent-Equipment & Vehicles					2,307	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	\$ * 14,952 39

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

Facility Name & ID Number

Heritage Health-Minonk

0048058

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 Heritage Health-Minonk # 0048058 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 Heritage Health-Minonk

0048058

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	49	\$ 3,453	1
2	2	Food Purchase	Beds	2,604	24	798	0	49	15	2
3	3	Housekeeping	Beds	2,604	24	106	0	49	2	3
4	4	Laundry	Beds	2,604	24	0	0	49	0	4
5	5	Heat & Other Utilities	Beds	2,604	24	40,282	0	49	758	5
6	6	Maintenance	Beds	2,604	24	398,350	84,311	49	7,496	6
7	7	Other	Beds	2,604	24	0	0	49	0	7
8	9	Medical Director	Beds	2,604	24	0	0	49	0	8
9	10	Nursing & Medical Records	Beds	2,604	24	71,096	69,815	49	1,338	9
10	11	Activities	Beds	2,604	24	0	0	49	0	10
11	12	Social Service	Beds	2,604	24	0	0	49	0	11
12	13	Nurse Aide Training	Beds	2,604	24	15,364	15,279	49	289	12
13	14	Program Transportation	Beds	2,604	24	0	0	49	0	13
14	15	Other	Beds	2,604	24	0	0	49	0	14
15	17	Administrative	Beds	2,604	24	0	0	49	0	15
16	18	Directors Fees	Beds	2,604	24	0	0	49	0	16
17	19	Professional Services	Beds	2,604	24	511,456	0	49	9,624	17
18	20	Fees, Subscription, Promotions	Beds	2,604	24	267,591	0	49	5,035	18
19	21	Clerical & General Office Expens	Beds	2,604	24	7,612,820	7,140,260	49	143,252	19
20	22	Employee Benefits & Payroll Tax	Beds	2,604	24	1,155,097	0	49	21,736	20
21	23	Inservice Training & Education	Beds	2,604	24	15,452	0	49	291	21
22	24	Travel and Seminar	Beds	2,604	24	182,552	0	49	3,435	22
23	25	Other Admin. Staff Transportatio	Beds	2,604	24	0	0	49	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,604	24	288,473	0	49	5,428	24
25	TOTALS					\$ 10,742,945	\$ 7,492,771		\$ 202,152	25

Facility Name & ID Number Heritage Health-Minonk

0048058

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	\$	\$	49	\$	1
2	30	Depreciation	Beds	2,604	24	488,578	49	9,194		2
3	31	Amortization of Pre-Op & Org	Beds	2,604	24		49			3
4	32	Interest	Beds	2,604	24	11,093	49	209		4
5	33	Real Estate Taxes	Beds	2,604	24		49			5
6	34	Rent-Facility & Grounds	Beds	2,604	24	172,279	49	3,242		6
7	35	Rent-Equipment & Vehicles	Beds	2,604	24	122,579	49	2,307		7
8	36	Other	Beds	2,604	24		49			8
9	38	Medically Nec Transportation	Beds	2,604	24		49			9
10	39	Ancillary Service Centers	Beds	2,604	24		49			10
11	40	Barber and Beauty Shops	Beds	2,604	24		49			11
12	41	Coffee and Gift Shops	Beds	2,604	24		49			12
13	42	Other	Beds	2,604	24		49			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	\$		\$ 14,952	25

Facility Name & ID Number

Heritage Health-Minonk

0048058

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		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	Bank of America		x	Mortgage			\$	\$			\$ 39,123						
2	Bank of America		x	Loan Fee Amortization							4,773						
3																	
4																	
5																	
Working Capital																	
6	Bank of America		x	Working Capital							15,191						
7																	
8																	
9	TOTAL Facility Related						\$	\$			\$ 59,087						
B. Non-Facility Related*																	
10	Interest Income										(12,043)						
11																	
12	Allocated Corporate										209						
13																	
14	TOTAL Non-Facility Related						\$	\$			\$ (11,834)						
15	TOTALS (line 9+line14)						\$	\$			\$ 47,253						

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.	\$			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.)	\$	30,973		2
3.	Under or (over) accrual (line 2 minus line 1).	\$	30,973		3
4.	Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)	\$			4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$			5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$			6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	30,973		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2008	_____	8	
		2009	_____	9	
		2010	_____	10	
		2011	31,256	11	
		2012	30,973	12	
FOR BHF USE ONLY					
		13	FROM R. E. TAX STATEMENT FOR 2012 \$		13
		14	PLUS APPEAL COST FROM LINE 5 \$		14
		15	LESS REFUND FROM LINE 6 \$		15
		16	AMOUNT TO USE FOR RATE CALCULATION \$		16

NOTES:

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

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health-Minonk COUNTY Woodford

FACILITY IDPH LICENSE NUMBER 0048058

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>0607407011</u>	_____	\$ 19,094.00	\$ 19,094.00
2.	<u>0607407010</u>	_____	\$ 11,879.00	\$ 11,879.00
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <u>30,973.00</u>	\$ <u>30,973.00</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 Heritage Health-Minonk

0048058

Report Period Beginning:

01/01/13 Ending:

12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 7,560 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	Accumulated Depreciation
4	72			\$ 1,039,908	\$		\$	\$
5								
6								
7								
8								
Improvement Type**								
9	Smoke Detectors (45)	1998		3,267				
10	Compressor	1998		1,047				
11	Generator	1998		12,140				
12	A/C Repair	1998		1,518				
13	Plumbing Repair	1998		4,956				
14								
15	Water Heater	1996		2,603				
16	Resident Room Renovating	1996		8,483				
17	Exterior Painting & Renovation	1996		4,806				
18	Nurse Call System	1996		3,803				
19	Garbage Disposal	1996		867				
20	Boiler Repair	1996		4,436				
21	Receptionist Work Area Renovation	1996		1,260				
22	Hot Water Heater	1996		505				
23	Exterior Signage	1996		1,680				
24	Interior Rehab	1996		146,288				
25	Interior Rehab	1996		22,963				
26	Code Alert System	1996		1,319				
27								
28	Interior Rehab	1997		33,578				
29	Interior Rehab	1997		168				
30	Building Purchase Offset	1997		(141,199)				
31								
32								
33	C/O Allocation				9,194		9,194	
34	Book Depreciation				125,751		125,751	
35								
36								

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Health-Minonk# 0048058

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	
37	Door Alarm System	1999	\$ 10,116	\$		\$	\$	\$	37
38	Plumbing / Water Heater	1999	3,170						38
39	Sewage Ejector	1999	3,042						39
40									40
41	Water Heater	2000	3,293						41
42	Remove and replace patio	2000	5,890						42
43									43
44	Garbage Disposal	2001	922						44
45	Painting--Hallways/Resident rooms	2001	2,444						45
46									46
47	Water Faucet	2002	1,656						47
48	Boiler	2002	17,945						48
49	Shower Faucet	2002	2,398						49
50									50
51	Roof	2003	30,757						51
52	Faucets	2003	1,915						52
53	Compressor	2003	1,126						53
54	Disposal	2003	970						54
55									55
56	Water Heater	2004	3,889						56
57	Hot Water Storage Tank	2004	1,744						57
58	Ansul System	2004	1,455						58
59	Door Alarm System	2004	10,914						59
60	Heat Exchanger	2004	1,518						60
61									61
62	Sewage Ejector	2005	3,310						62
63	Circulator Motor	2005	892						63
64	Dry Valve	2005	2,410						64
65	Integrety Bather	2005							65
66	Exterior Doors	2005	6,106						66
67	Sprinkler Repair	2005	2,957						67
68	Glass Door	2005							68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,275,235	\$ 134,945		\$ 134,945	\$	\$	70

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

Facility Name & ID Number Heritage Health-Minonk

0048058

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		\$ 1,275,235	\$ 134,945		\$ 134,945	\$	\$	1
2	Climate Control	2006	1,299						2
3	Shower Faucet	2006	444						3
4	Sprinkler main line	2006	6,672						4
5	Compressor	2006	1,580						5
6	Corridor Rehab	2006	5,855						6
7	Rooftop A/C	2006	8,235						7
8	Audit ADJ 2006	2006	(1,227)						8
9	Fire Alarm	2007	39,698						9
10	Chiller	2007	11,569						10
11	Bearing Assembly	2007	1,109						11
12	Sprinkler	2007	2,180						12
13	HVAC	2007	876						13
14	Landscaping	2007	9,585						14
15	Thermostat	2007	7,722						15
16	Audit ADJ 2007	2007	(6,433)						16
17	Nurse Call System	2008	125,184						17
18	Soffit & Fascia	2008	14,880						18
19	Water Heater	2008	9,193						19
20	Wonderguard	2008	8,777						20
21	Wireless phone system	2008	22,250						21
22	Cables for Nurse Call system	2008	9,897						22
23									23
24	Shower Faucet	2009	6,569						24
25	Front Doors	2009	6,370						25
26	Sprinkler System	2009	43,180						26
27	Water Heater	2009	7,017						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,617,716	\$ 134,945		\$ 134,945	\$	\$	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 12B, Carried Forward		\$ 1,617,716	\$ 134,945		\$ 134,945	\$	\$	1
2									2
3	Air Compressor	2010	2,800						3
4	Remodel: Paint resident rooms/labor & flooring	2010	50,213						4
5	Data System	2010	9,854						5
6	Garage Heater	2010	2,831						6
7									7
8	Facility Remodel: Flooring, Paint, lighting & labor	2011	529,930						8
9	A/C chiller	2011	75,594						9
10	Water Heater	2011	6,875						10
11	Sprinkler Heads	2011	7,157						11
12									12
13	Facility Remodel: Flooring, Paint, lighting & labor	2012	315,942						13
14	Therapy Sewer line	2012	13,193						14
15	Lighting Upgrade	2012	2,647						15
16									16
17	Elevator Door Restrictor	2013	6,150						17
18	Hot Water Pump	2013	3,216						18
19	Storage Tank Installation	2013	7,164						19
20	Boiler Replacement	2013	106,562						20
21	Sanitary Sewer Repair	2013	13,250						21
22	Water Heater	2013	3,770						22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,774,864	\$ 134,945		\$ 134,945	\$	\$	34

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

Facility Name & ID Number Heritage Health-Minonk

0048058

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 12C, Carried Forward		\$ 2,774,864	\$ 134,945		\$ 134,945	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,774,864	\$ 134,945		\$ 134,945	\$	\$	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	\$ 614,955	\$ 58,573	\$ 58,573	\$		\$	71
72	Current Year Purchases	2,177						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 617,132	\$ 58,573	\$ 58,573	\$		\$	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)	\$ 3,416,996	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 193,518	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 193,518	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: \$ 12,929 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-Minonk # 0048058 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?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		92		92
3	Classroom Wages (a)				
4	Clinical Wages (b)		1,650		1,650
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 1,742	\$	\$ 1,742
10	SUM OF line 9, col. 1 and 2 (e)	\$	1,742		

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	\$			\$ 165,477	\$		\$ 165,477	1
2	Licensed Speech and Language Development Therapist		hrs				8,710			8,710	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist		hrs				197,776	1,894		199,670	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					200,394		200,394	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify):						9,428			9,428	13
14	TOTAL			\$			\$ 381,391	\$ 202,288		\$ 583,679	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-Minonk# 0048058Report 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	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 491	\$	1
2	Cash-Patient Deposits	5,845		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	625,197		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,065		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(542,276)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 93,322	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 93,322	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 181,239	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	5,905		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	143,565		30
31	Accrued Taxes Payable (excluding real estate taxes)	5,076		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Assessment Tax</u>	36,462		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 372,247	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 372,247	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (278,925)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 93,322	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (261,342)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (261,342)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(17,583)	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)	\$ (17,583)	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)	\$ (278,925)	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	\$ 3,021,974	1
2	Discounts and Allowances for all Levels	(1,228,316)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 1,793,658	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,243,973	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,243,973	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	(18)	12
13	Barber and Beauty Care	2,492	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	390,141	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	14,577	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 407,192	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	12,043	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 12,043	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)		29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,456,866	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	669,103	31
32	Health Care	1,691,132	32
33	General Administration	770,734	33
B. Capital Expense			
34	Ownership	343,480	34
C. Ancillary Expense			
35	Special Cost Centers		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)*	\$ 3,474,449	40
41	Income before Income Taxes (line 30 minus line 40)**	(17,583)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (17,583)	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 Heritage Health-Minonk

0048058

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	1,848	2,024	\$ 64,960	\$ 32.09	1
2	Assistant Director of Nursing		0			2
3	Registered Nurses	9,643	10,143	262,293	25.86	3
4	Licensed Practical Nurses	3,152	3,315	73,515	22.18	4
5	CNAs & Orderlies	35,040	37,975	447,417	11.78	5
6	CNA Trainees	192	192	1,650	8.59	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,868	5,179	97,596	18.84	8
9	Activity Director					9
10	Activity Assistants	5,128	5,502	63,969	11.63	10
11	Social Service Workers	1,748	2,012	30,013	14.92	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	14,702	15,851	169,473	10.69	15
16	Dishwashers					16
17	Maintenance Workers	5,371	5,608	77,403	13.80	17
18	Housekeepers	5,205	5,474	51,864	9.47	18
19	Laundry	2,952	3,251	32,190	9.90	19
20	Administrator	1,900	2,080	88,305	42.45	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,373	5,870	110,129	18.76	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)	97,122	104,476	\$ 1,570,777 *	\$ 15.03	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	828		36
37	Medical Records Consultant	1,880		37
38	Nurse Consultant			38
39	Pharmacist Consultant	4,320		39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant	1,555		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 8,583		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	(20)	(691)	51
52	Certified Nurse Assistants/Aides	0	0	52
53	TOTAL (lines 50 - 52)	(20)	\$ (691)	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 Heritage Health-Minonk

0048058

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. \$ 26,828
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. \$ 2,688
- (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	491				1,009	1,009 PETTY C 491
1010	CASH IN BANK					1,100	1,100 ACCTS R 625,197
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. FOR UNCOLLECTIBI
1100	ACCOUNTS RECEIVABLE	625,197				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 4,065
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	4,065				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 5,845
1490	ACCUM DEPR-BUILDING	0				1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	5,845				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0				1,850	1,850 INTERCC (542,276)
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (181,239)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-542,276				2,100	2,100 ACCRUE (50,107)
2010	ACCOUNTS PAYABLE	-181,239				2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-50,107				2,110	2,110 ACCRUE (93,458)
2110	ACCRUED VACATION PAY	-93,458				2,120	2,120 U.C. TAXES PAYABLE

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(5,076)	
2125	FICA TAX PAYABLE	-5,076	-5,076	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	(36,462)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-36,462		2,400	2,400 CURRENT PORTION OF LT DE		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO I	(5,905)	
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 RETAINE	261,342	
2460	INCOME TAXES PAYABLE					net incom	17,583
2512	DUE TO RESIDENTS	-5,905					
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	261,342					
2970	PROFIT/LOSS FOR PERIOD	17,583					
3007.1	PATIENT DAYS-PRIVATE	5,125					3,007

3007.2	PATIENT DAYS-IPA	6,206						3,007
3007.3	PATIENT DAYS-MEDICARE	2,335						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 &	-2,975,940	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	-39,474	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	-390,141	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-1,243,973	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	1,228,316	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	-2,492		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	0		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	18		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-6,560		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	-14,577		0	0	0	0		4,110
3600	21 MISC INCOME	0		0	0	0	0		4,111
4110	GENERAL & ADMINISTRATIVE WAGES	103,363	110,129	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	88,305	88,305	17	1	0	0		4,120
4115	VACATION & SICK - G&A	6,766		21	1	0	0		4,125
4120 4475	EMPLOYEE BENEFITS	9,728	276,192	22	3	0	0		4,130
4125	EMPLOYEE HOLIDAY VACATION	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLARSHIP	1,283		21	1	0	0		4,250
4135	EMPLOYEE SCHOLARSHIP	0		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250 4255	OFFICE SUPPLIES	15,509	15,509	21	2	0	0		4,275
4260	TELEPHONE	4,997	4,997	21	3	0	0 **		4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	4,921	4,921	23	3	16	0		4,280
4280	GENERAL TRAVEL	5,585	7,592	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	0		24	3	19	0 ***		4,285
4285	EDUCATION & SEMINAR	2,007		24	3	19	-9,028		4,289
4290	HELP WANTED ADVERTISING	2,141	53,078	20	3	0	0 -26,828		4,290
4291	PROMOTIONAL ADVERTISING	12,371		20	3	25	-12,371		4,291
4292	PUBLIC RELATIONS	3,888		20	3	25	-3,888		4,292
4300	LICENSES & FEES	28,564		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	5,124		20	3	17	-303		4,310
4320	CONTRIBUTIONS	25		27	3	20	0		4,320
4350	PROFESSIONAL FEES	9,295	156,548	19	3	22	-9,295		4,350
4355	MEDICAL DIRECTOR	828	828	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	1,880		10	3	0	0	4,364
4363	PHARMACIST FEES	4,320		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	1,555	1,555	12	3	0	0	4,383
4370	TV RENTAL	12,209		35	3	5	0	4,390
4380	INCOME TAXES		24,025	27	3	26	0	4,400
4383	BACKGROUND CHECKS	990		20	3	26	0	4,401
4400	PAYROLL TAXES	143,896		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	8,768		22	3	0	0	4,420
4410	GROUP INSURANCE	96,028		22	3	0	0	4,430
4420	LIABILITY INSURANCE	29,438	29,438	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	16,489		22	3	0	0 **	4,450
4450	CENTRAL OFFICE FEES	147,253		19	3	34	0	4,460
4460	BAD DEBTS	24,000		27	3	24	-24,000	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	0	0	33	3	0	0	4,486
4600	LEASED EQUIPMENT	720	12,929	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	70,225	77,403	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	7,178		6	1	0	0	4,510
5130	ELECTRIC	29,745	63,816	5	3	0	0	4,600
5131	NATURAL GAS	16,765		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	17,306		5	3	0	0	5,130
5134	TRASH COLLECTION	5,045	30,879	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	21,780	65,492	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	43,712		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	25,834		6	3	0	0	5,140
5210	DIETARY WAGES	159,429	169,473	1	1	0	0	5,160
5220	DIETARY SICK & VAC	10,044		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	137,346	134,658	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	2,109	7,922	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	2,913		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	2,900		1	2	0	0	5,260
5295	MEAL CREDIT	-2,688		2	2	0	0	5,270
5310	LAUNDRY WAGES	30,023	32,190	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	2,167		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	11,226	15,518	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	4,292		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	48,289	51,864	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	3,575		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	5,349	19,888	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	14,539		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		945,781	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	241,959		10	1	0	0	6,020
6030	DON WAGES	64,960		10	1	0	0	6,030
6035	ADON	0		10	1	0	0	6,035
6040	RN SICK & VACATION	20,334		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	70,221		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	3,294		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	417,043		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	30,374		10	1	0	0	6,250
6245	CONTRACT NURSES-RN	0		10	3	0	0	6,255
6246	CONTRACT NURSES-LPN	-691		10	3	0	0	6,260
6247	CONTRACT NURSES-AIDES	0		10	3	0	0	6,270
6250	NURSE AIDE TRAINING WA	1,650	1,650	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	92	92	13	2	0	0	6,290
6260	NURSE AIDE TRAINING RE	0		0	0	0	0	6,295
6270	REHAB WAGES	89,591		10	1	0	0	6,390
6275	REHAB SICK & VAC	8,005		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	45,606	51,827	10	2	0	0	7,281
6295	NURSING SUPPLIES	475		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	5,746		10	2	0	0	7,391
6490	NURSING OTHER	495	6,004	10	3	0	0 ***	7,393
7280	DRUG PURCHASES	83,578	202,288	39	2	0	0	7,510
7281	DRUG PURCHASES-OTHER	116,816		39	2			7,540
7380	LABORATORY SERVICES	9,428	381,391	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	58,726	63,969	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	5,243		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	5,734	5,734	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	197,776		39	3	0	0	7,890
7660	PT SUPPLIES	1,894		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	27,530	30,013	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	2,483		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0 ***	8,130
7740	OT FEE	165,477		39	3	0	0	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0 ***	9,510
7770	SPEECH THERAPY FEE	8,710		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	0	0	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	315,360	315,360	34	3	0	0	

8120	INTEREST EXPENSE	15,191	15,191	32	3	14	-12,043
8130	DEPRECIATION	0	0	30	3	9	0
8150	LOAN FEE AMORTIZATION	0		32	3	0	0
9510	INTEREST INCOME	-12,043		32	0	10	0
9520	MISC NON-OPERATING INC	0		0	0	0	0
9700	INCOME TAXES	0		0	0	0	0
		3,462,406	3,474,449				
			12,043				

GRAND TOTALS 17,583 -70,928
(NET INCOME)

0
FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	5,125	5,125
IPA	6,206	6,206
medicare	2,335	2,335
		13,666
IPA BEDHOLDS	0	
PP BEDHOLDS	0	
PP CONVERS	0	

LES

3

FUND

ERIA

EBT

EBT

3,007 PATIENT	6,206
3,007 PATIENT	2,335
	0

3,010 BASIC CH	(2,975,940)
3,020 BASIC CH	0
3,030 BASIC CH	0
	0
	0
	0
	0

3,080 NURSING	(39,474)
3,081 NURSING	0
3,082 NURSING	0
3,083 NURSING	0
3,100 DRUGS-M	(390,141)
	0

3,110 PHYSICAL	(1,243,973)
	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	1,208,352
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3,520 RENT INC	0
3,530 BEAUTY :	(2,492)
	0
3,570 VENDING	18
3,590 EQUIPME	(6,560)
3,595 RESIDENT	(14,577)
3,600 MISC INC	0
4,110 G&A WAC	103,363
4,111 ADMINIS'	88,305
4,115 G&A PTO	6,766
4,120 EMPLOYE	8,526
4,130 EMPLOYE	1,283
4,135 EMPLOYE	0
4,250 OFFICE SI	4,993
4,255 POSTAGE	1,730
4,260 TELEPHO	4,997
4,275 TRAINING	4,921
	0
4,280 GENERAL	5,585
4,281 MEAL EX	0
4,285 EDUCATI	2,007
4,289 MEETING	0
4,290 HELP WA	2,141
4,291 PROMOTI	12,371
4,292 PUBLIC R	3,888
4,300 LICENSE	28,564
4,310 DUES & S	5,124
4,320 CONTRIB	25
4,350 PROFESSI	9,295
4,355 MEDICAL	828
	1,880
	4,320

4,364 SOCIAL S	1,555
4,370 TV RENTL	12,209
4,383 BACKGR	990
4,390 OTHER T	0
4,400 PAYROLL	143,896
4,401 PAYROLL	8,768
4,410 GROUP IN	96,028
4,420 LIABILIT	29,438
4,430 WORKMA	14,545
4,435 W/C-FIRS	931
4,436 DRUG TE	1,013
4,450 MANAGE	147,253
4,460 BAD DEB'	24,000
4,461 BAD DEB'	19,964
4,470 LOST ITE	0
4,475 UNIFORM	1,202
4,486 SERVICE	13,357
4,490 MISC EXP	35
4,496 MISC. M.I	8,786
4,510 REAL EST	0
4,600 LEASED F	720
5,110 MAINTEN	70,225
5,120 MAINTEN	7,178
5,130 ELECTRIC	29,745
5,131 NATURAL	16,765
5,133 WATER &	17,306
5,134 TRASH CO	5,045
5,140 PROP/PLA	21,780
5,160 GENERAL	43,712
5,165 MAINTEN	12,477
5,210 DIETARY	159,429
5,220 DIETARY	10,044
5,248 FOOD PUI	137,311

5,250 SUPPLIES	2,109
5,260 REPLACE	2,913
5,270 KITCHEN	2,900
5,295 MEAL INC	(2,688)
5,310 LAUNDRY	30,023
5,340 LAUNDRY	2,167
5,370 REPLACE	11,226
	319
5,390 SUPPLIES	3,973
5,410 HOUSEKE	48,289
5,440 HOUSEKE	3,575
5,480 SUPPLIES	5,349
5,490 SUPPLIES	14,539
6,020 RN WAGE	241,959
6,030 DON WAG	64,960
6,035 ADON WA	0
6,040 RN PTO &	20,334
6,120 LPN WAG	70,221
6,140 LPN PTO	3,294
6,220 AIDES WA	417,043
6,240 AIDES PT	30,374
	(691)
	1,650
	92
	0
6,270 REHAB W	89,591
6,275 REHAB P	8,005
6,290 NURSING	45,606
6,295 NURSING	475
6,390 REPLACE	5,746
6,490 OTHER	495

7,280 DRUG PU	83,578
7,281 DRUG PU	116,816
7,380 LABORAT	6,592
7,390 X-RAY SE	1,483
	1,353
7,510 ACTIVITI	58,726
7,540 ACTIVITI	5,243
7,590 ACTIVITI	5,734
7,620 PHYSICAL	197,776
7,660 P.T. SUPP	1,894
7,710 SOCIAL S	27,530
7,720 SOCIAL S	2,483
7,730 SOCIAL S	0
7,740 OCCUPAT	165,477
7,770 SPEECH T	8,710
7,820 BEAUTIC	0
	0
	0
8,120 INTEREST	0
	15,191
8,130 DEPRECL	0
	0
9,510 INTEREST	(12,043)
9,520 MISC NOI	0
4,220	0
8,100	315,360
9,702	0
5,230	0
	<u>17,583</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