

Facility Name & ID Number Heritage Health-Mt Sterling

0048041 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	87	Skilled (SNF)	87	31,755	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	87	TOTALS	87	31,755	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	14,224	7,374	1,870	23,468	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,224	7,374	1,870	23,468	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.90%

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 1,870

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

Heritage Health-Mt Sterling

0048041

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	177,529	15,282		192,811		192,811	6,131	198,942		1
2	Food Purchase		179,638		179,638		179,638	27	179,665		2
3	Housekeeping	72,474	25,543		98,017		98,017	4	98,021		3
4	Laundry	30,502	11,218		41,720		41,720		41,720		4
5	Heat and Other Utilities			73,275	73,275		73,275	1,346	74,621		5
6	Maintenance	45,118	62,344	38,223	145,685		145,685	13,309	158,994		6
7	Other (specify):*										7
8	TOTAL General Services	325,623	294,025	111,498	731,146		731,146	20,817	751,963		8
	B. Health Care and Programs										
9	Medical Director			3,000	3,000		3,000		3,000		9
10	Nursing and Medical Records	1,219,470	73,436	7,599	1,300,505		1,300,505	2,375	1,302,880		10
10a	Therapy		286,268	289,648	575,916	(294,041)	281,875		281,875		10a
11	Activities	38,311	2,393		40,704		40,704		40,704		11
12	Social Services	39,339		1,311	40,650		40,650		40,650		12
13	CNA Training							513	513		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,297,120	362,097	301,558	1,960,775	(294,041)	1,666,734	2,888	1,669,622		16
	C. General Administration										
17	Administrative	67,600			67,600		67,600		67,600		17
18	Directors Fees										18
19	Professional Services			166,213	166,213		166,213	(149,125)	17,088		19
20	Dues, Fees, Subscriptions & Promotions			79,728	79,728	(47,633)	32,095	(9,511)	22,584		20
21	Clerical & General Office Expenses	65,635	15,861	11,370	92,866		92,866	254,345	347,211		21
22	Employee Benefits & Payroll Taxes			433,008	433,008		433,008	38,592	471,600		22
23	Inservice Training & Education			5,076	5,076		5,076	516	5,592		23
24	Travel and Seminar			4,965	4,965		4,965	(2,966)	1,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			39,898	39,898		39,898	9,638	49,536		26
27	Other (specify):*			5	5		5		5		27
28	TOTAL General Administration	133,235	15,861	740,263	889,359	(47,633)	841,726	141,489	983,215		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,755,978	671,983	1,153,319	3,581,280	(341,674)	3,239,606	165,194	3,404,800		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							121,229	121,229			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			17,512	17,512		17,512	20,291	37,803			32
33	Real Estate Taxes							39,510	39,510			33
34	Rent-Facility & Grounds			381,060	381,060		381,060	(375,304)	5,756			34
35	Rent-Equipment & Vehicles			3,350	3,350		3,350	4,095	7,445			35
36	Other (specify):*											36
37	TOTAL Ownership			401,922	401,922		401,922	(190,179)	211,743			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					294,041	294,041	32,342	326,383			39
40	Barber and Beauty Shops		82		82		82		82			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					60,939	60,939		60,939			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		82		82	354,980	355,062	32,342	387,404			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,755,978	672,065	1,555,241	3,983,284	13,306	3,996,590	7,357	4,003,947			45

THE TOTAL FOR COLUMN 5 MUST BE ZERO,PLEASE CORRECT

*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-Mt Sterling

0048041

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-	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	(22,037)			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	(245)			17
18	Fines and Penalties				18
19	Entertainment	(9,065)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(988)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(18,206)			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)	\$ (50,541)		\$	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)	57,898		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 57,898		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 7,357		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

Heritage Health-Mt Sterling

ID# 0048041

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		(245)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(988)	19	22
23				23
24		0	27	24
25		(18,206)	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		(19,439)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Mt Sterling# 0048041

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	6,131	0	0	0	0	0	0	0	0	6,131	1
2	Food Purchase	0	0	27	0	0	0	0	0	0	0	0	27	2
3	Housekeeping	0	0	4	0	0	0	0	0	0	0	0	4	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,346	0	0	0	0	0	0	0	0	1,346	5
6	Maintenance	0	0	13,309	0	0	0	0	0	0	0	0	13,309	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	20,817	0	20,817	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	2,375	0	0	0	0	0	0	0	0	2,375	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	513	0	0	0	0	0	0	0	0	513	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	2,888	0	2,888	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	(988)	(165,225)	17,088	0	0	0	0	0	0	0	0	(149,125)	19
20	Fees, Subscriptions & Promotions	(18,451)	0	8,940	0	0	0	0	0	0	0	0	(9,511)	20
21	Clerical & General Office Expenses	0	0	254,345	0	0	0	0	0	0	0	0	254,345	21
22	Employee Benefits & Payroll Taxes	0	0	38,592	0	0	0	0	0	0	0	0	38,592	22
23	Inservice Training & Education	0	0	516	0	0	0	0	0	0	0	0	516	23
24	Travel and Seminar	(9,065)	0	6,099	0	0	0	0	0	0	0	0	(2,966)	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	9,638	0	0	0	0	0	0	0	0	9,638	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(28,504)	(165,225)	335,218	0	141,489	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(28,504)	(165,225)	358,923	0	165,194	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Mt Sterling

0048041

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	0	104,906	0	16,323	0	0	0	0	0	0	0	121,229	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(22,037)	41,957	0	371	0	0	0	0	0	0	0	20,291	32
33	Real Estate Taxes	0	39,510	0	0	0	0	0	0	0	0	0	39,510	33
34	Rent-Facility & Grounds	0	(381,060)	0	5,756	0	0	0	0	0	0	0	(375,304)	34
35	Rent-Equipment & Vehicles	0	0	0	4,095	0	0	0	0	0	0	0	4,095	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(22,037)	(194,687)	0	26,545	0	(190,179)	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	32,342	0	0	0	0	0	0	0	0	0	32,342	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	32,342	0	0	0	0	0	0	0	0	0	32,342	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(50,541)	(327,570)	358,923	26,545	0	0	0	0	0	0	0	7,357	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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
	V		\$			\$		1
	V	<u>39 Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>32,342</u>	<u>32,342</u>	2
	V							3
	V	<u>19 Adjustment for Related Organization</u>	<u>165,225</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(165,225)</u>	4
	V							5
	V	<u>34 Adjustment for Related Organization</u>	<u>381,060</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>		<u>(381,060)</u>	6
	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>39,510</u>	<u>39,510</u>	7
	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>37,184</u>	<u>37,184</u>	8
	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>104,906</u>	<u>104,906</u>	9
	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>4,773</u>	<u>4,773</u>	10
	V							11
	V							12
	V							13
	Total		\$ 546,285			\$ 218,715	\$ * (327,570)	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.		\$	\$ 6,131	15
16	V	2 Food Purchase					27	16
17	V	3 Housekeeping					4	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					1,346	19
20	V	6 Maintenance					13,309	20
21	V	7 Other					0	21
22	V	9 Medical Director					0	22
23	V	10 Nursing & Medical Records					2,375	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					513	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					17,088	31
32	V	20 Fees, Subscription, Promotions					8,940	32
33	V	21 Clerical & General Office Expenses					254,345	33
34	V	22 Employee Benefits & Payroll Taxes					38,592	34
35	V	23 Inservice Training & Education					516	35
36	V	24 Travel and Seminar					6,099	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					9,638	38
39	Total		\$			\$	0	\$ * 358,923 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					16,323	16
17	V	31 Amortization of Pre-Op & Org					0	17
18	V	32 Interest					371	18
19	V	33 Real Estate Taxes					0	19
20	V	34 Rent-Facility & Grounds					5,756	20
21	V	35 Rent-Equipment & Vehicles					4,095	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	\$ * 26,545 39

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

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

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-Mt Sterling

0048041

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	87	\$ 6,131	1
2	2	Food Purchase	Beds	2,604	24	798	0	87	27	2
3	3	Housekeeping	Beds	2,604	24	106	0	87	4	3
4	4	Laundry	Beds	2,604	24	0	0	87	0	4
5	5	Heat & Other Utilities	Beds	2,604	24	40,282	0	87	1,346	5
6	6	Maintenance	Beds	2,604	24	398,350	84,311	87	13,309	6
7	7	Other	Beds	2,604	24	0	0	87	0	7
8	9	Medical Director	Beds	2,604	24	0	0	87	0	8
9	10	Nursing & Medical Records	Beds	2,604	24	71,096	69,815	87	2,375	9
10	11	Activities	Beds	2,604	24	0	0	87	0	10
11	12	Social Service	Beds	2,604	24	0	0	87	0	11
12	13	Nurse Aide Training	Beds	2,604	24	15,364	15,279	87	513	12
13	14	Program Transportation	Beds	2,604	24	0	0	87	0	13
14	15	Other	Beds	2,604	24	0	0	87	0	14
15	17	Administrative	Beds	2,604	24	0	0	87	0	15
16	18	Directors Fees	Beds	2,604	24	0	0	87	0	16
17	19	Professional Services	Beds	2,604	24	511,456	0	87	17,088	17
18	20	Fees, Subscription, Promotions	Beds	2,604	24	267,591	0	87	8,940	18
19	21	Clerical & General Office Expens	Beds	2,604	24	7,612,820	7,140,260	87	254,345	19
20	22	Employee Benefits & Payroll Tax	Beds	2,604	24	1,155,097	0	87	38,592	20
21	23	Inservice Training & Education	Beds	2,604	24	15,452	0	87	516	21
22	24	Travel and Seminar	Beds	2,604	24	182,552	0	87	6,099	22
23	25	Other Admin. Staff Transportatio	Beds	2,604	24	0	0	87	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,604	24	288,473	0	87	9,638	24
25	TOTALS					\$ 10,742,945	\$ 7,492,771		\$ 358,923	25

Facility Name & ID Number Heritage Health-Mt Sterling

0048041

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	\$	\$	87	\$	1
2	30	Depreciation	Beds	2,604	24	488,578	87	16,323		2
3	31	Amortization of Pre-Op & Org	Beds	2,604	24		87			3
4	32	Interest	Beds	2,604	24	11,093	87	371		4
5	33	Real Estate Taxes	Beds	2,604	24		87			5
6	34	Rent-Facility & Grounds	Beds	2,604	24	172,279	87	5,756		6
7	35	Rent-Equipment & Vehicles	Beds	2,604	24	122,579	87	4,095		7
8	36	Other	Beds	2,604	24		87			8
9	38	Medically Nec Transportation	Beds	2,604	24		87			9
10	39	Ancillary Service Centers	Beds	2,604	24		87			10
11	40	Barber and Beauty Shops	Beds	2,604	24		87			11
12	41	Coffee and Gift Shops	Beds	2,604	24		87			12
13	42	Other	Beds	2,604	24		87			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	\$		\$ 26,545	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					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			\$	\$			\$ 37,184 1					
2	Bank of America		x	Loan Fee Amortization							4,773 2					
3											3					
4											4					
5											5					
Working Capital																
6	Bank of America		x	Working Capital							17,512 6					
7											7					
8											8					
9	TOTAL Facility Related						\$	\$			\$ 59,469 9					
B. Non-Facility Related*																
10	Interest Income										(22,037) 10					
11											11					
12	Allocated Corporate										371 12					
13											13					
14	TOTAL Non-Facility Related						\$	\$			\$ (21,666) 14					
15	TOTALS (line 9+line14)						\$	\$			\$ 37,803 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.		\$			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.)		\$	39,510		2														
3. Under or (over) accrual (line 2 minus line 1).		\$	39,510		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.		\$	39,510		7														
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2008	_____	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2012 \$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td>16</td> </tr> </table>		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
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																	
	2009	_____	9																
	2010	_____	10																
	2011	39,701	11																
	2012	39,510	12																

NOTES:

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

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health-Mt Sterling COUNTY Woodford

FACILITY IDPH LICENSE NUMBER 0048041

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>0519400100</u>	_____	\$ <u>39,510.00</u>	\$ <u>39,510.00</u>
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <u><u>39,510.00</u></u>	\$ <u><u>39,510.00</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 16,796 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>8,000</u>	1
2					2
3	TOTALS			\$ <u>8,000</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	Adjustments	Accumulated Depreciation
4	87			\$ 914,680	\$		\$	\$	4
5									5
6									6
7									7
8									8
Improvement Type**									
9	1987 Improvements	1987		17,047					9
10	1987 Improvements	1987		73,700					10
11	1988 Improvements	1988		25,324					11
12	1989 Improvements	1989		64,856					12
13	1990 Improvements	1990		14,699					13
14	1991 Improvements	1991		18,519					14
15	1992 Improvements	1992		18,102					15
16	1993 Improvements	1993		54,992					16
17	1994 Improvements	1994		114,380					17
18	1995 Improvements	1995		22,646					18
19	Fire Alarm System	1996		27,410					19
20	Electrical Wire--Resident Rooms	1996		2,675					20
21	Drainage System	1996		5,100					21
22	Code Alert	1996		6,916					22
23	Resident Room Remodel	1996		26,925					23
24	Physical Therapy Room Remodel	1996		6,725					24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	C/O Allocation				16,323		16,323		33
34	Book Depreciation				80,550		80,550		34
35									35
36									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-Mt Sterling# 0048041

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	Shower/Remodel	1997	\$ 6,033	\$		\$	\$	\$	37
38	Air Conditioner	1997	1,365						38
39	Resident Room Remodel	1997	199,404						39
40									40
41	Garbage Disposal	1998	797						41
42									42
43	Gerator Repair	1999	5,712						43
44	Kitchen Air Conditioner	1999	1,450						44
45									45
46	Door Monitor System	2000	5,196						46
47	Water Heater	2000	3,995						47
48	Sink Installation & Faucet	2000	1,736						48
49									49
50	Water Main Repair	2001	2,308						50
51	Water Heater	2001	3,016						51
52									52
53	A/C Unit	2002	2,634						53
54									54
55	A/C Unit	2003	3,024						55
56	Seal Asphalt	2003	3,538						56
57	Roof	2003	9,616						57
58	Sewer Repair	2003	2,275						58
59	A/C Unit	2003	1,377						59
60	Door	2003	2,283						60
61	Water Softener	2003	1,375						61
62									62
63	Door Alarm	2004	900						63
64	Doors	2004	1,127						64
65	Kick Plates	2004	2,181						65
66	A/C Unit	2004	6,105						66
67	Water Softener	2004	4,197						67
68	Wallguard/Wallcoverings	2004	8,138						68
69	Carpet	2004	1,027						69
70	TOTAL (lines 4 thru 69)		\$ 1,695,505	\$ 96,873		\$ 96,873	\$	\$	70

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

Facility Name & ID Number Heritage Health-Mt Sterling

0048041

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		\$ 1,695,505	\$ 96,873		\$ 96,873	\$	\$	1
2	Drainage System	2005	5,803						2
3	Beverage Center	2005	4,299						3
4	Gutters and downspouts	2005	2,485						4
5	Hvac	2005	4,259						5
6	A/C unit	2005	2,423						6
7	Wallguard coverings	2005	8,715						7
8	Window blinds	2005	631						8
9									9
10	A/C unit	2006	5,340						10
11	Concrete Replacement	2006	9,275						11
12	Floor tile	2006	2,046						12
13	North Wing floor replacement	2006	17,247						13
14	Remodel -- Paint/wallpaper	2006	9,212						14
15	Closet Door	2006	619						15
16	Capital Report Adj	2006	(200)						16
17	Overbed lights	2007	11,260						17
18	Smoke detectors	2007							18
19	Hot Water Boiler	2007	10,154						19
20	Hand rail	2007							20
21	HVAC	2007	6,945						21
22	Air Handler	2007	2,540						22
23	Water heater	2007	3,066						23
24	Water heater	2007	3,556						24
25	Windows - North wing	2007	28,691						25
26	North Wing floor replacement	2007	3,388						26
27	Gazebo	2007							27
28	Flooring	2007							28
29	Exit lights	2007							29
30	Water Line	2007	2,805						30
31	Adjustment--audit	2007	(2,060)						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,838,004	\$ 96,873		\$ 96,873	\$	\$	34

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

Facility Name & ID Number Heritage Health-Mt Sterling

0048041

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 12B, Carried Forward		\$ 1,838,004	\$ 96,873		\$ 96,873	\$	\$	1
2	Purchase & Installation of Sprinklers -- closets, resident rooms	2008	14,878						2
3	Roof	2008	7,744						3
4	A/C Units	2008	2,610						4
5	Heat/cool Unit	2008	6,354						5
6	Trane A/C & air handling unit	2008	5,305						6
7	North Wing Remodel -- Paint Rooms, Overbed lights & Supplies	2008	9,048						7
8	Capital Report Adj	2008	(4,824)						8
9	HVAC Unit	2009	3,395						9
10	Drainage Improvements	2009	255,630						10
11	Air Handler	2009	3,430						11
12									12
13	Water Heater	2010	3,821						13
14	HVAC Unit	2010	6,786						14
15	Memory Unit -- window treatments, patient wandering stations	2010	29,431						15
16	flooring, including all labor of installation.								16
17									17
18	Memory Unit -- window treatments, patient wandering stations	2011	15,825						18
19	flooring, including all labor of installation.								19
20	Dinning room chandelier	2011	9,320						20
21	Sprinkler valve	2011	5,000						21
22	Trane airhandler	2011	4,110						22
23	Electric Heater	2011	4,124						23
24	Water Heater	2011	5,100						24
25	Landscapping	2011	2,557						25
26	Sign	2011	4,150						26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,231,798	\$ 96,873		\$ 96,873	\$	\$	34

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

Facility Name & ID Number Heritage Health-Mt Sterling

0048041

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		\$ 2,231,798	\$ 96,873		\$ 96,873	\$	\$	1
2									2
3	Heat/Cool Units	2012	6,577						3
4	Shower Room Remodel	2012	15,010						4
5	Water Softener	2012	2,500						5
6	Fire Sprinkler System	2012	43,700						6
7									7
8	Shower Room Remodel	2013	11,141						8
9	Fire Sprinler System - Final Payment	2013	22,395						9
10	Ten (10) Heating/Cooling Units	2013	6,160						10
11	Hot Water Boiler	2013	6,714						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)		\$ 2,345,995	\$ 96,873		\$ 96,873	\$	\$	34

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

Facility Name & ID Number Heritage Health-Mt Sterling

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		\$ 2,345,995	\$ 96,873		\$ 96,873	\$	\$
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		\$ 2,345,995	\$ 96,873		\$ 96,873	\$	\$

**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	\$ 686,877	\$ 24,356	\$ 24,356	\$		\$	71
72	Current Year Purchases	25,097						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 711,974	\$ 24,356	\$ 24,356	\$		\$	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)	\$ 3,065,969	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 121,229	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 121,229	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: \$ 3,350 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-Mt Sterling # 0048041 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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$ 110,216	\$		\$ 110,216	1
2	Licensed Speech and Language Development Therapist		hrs			20,994			20,994	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			150,283	382		150,665	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				285,886		285,886	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					8,155			8,155	13
14	TOTAL			\$		\$ 289,648	\$ 286,268		\$ 575,916	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-Mt Sterling

0048041

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	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 545	\$	1
2	Cash-Patient Deposits	14,317		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	596,256		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,987		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(1,240,744)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ (610,639)	\$	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)	\$ (610,639)	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 170,213	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,317		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	195,387		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,339		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>	64,518		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 446,774	\$	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)	\$ 446,774	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,057,413)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ (610,639)	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (952,853)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (952,853)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(104,560)	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)	\$ (104,560)	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)	\$ (1,057,413)	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	\$ 3,473,736	1
2	Discounts and Allowances for all Levels	(1,157,613)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,316,123	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	965,525	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 965,525	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	2,045	12
13	Barber and Beauty Care	460	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	563,613	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	8,921	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 575,039	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	22,037	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 22,037	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)	\$ 3,878,724	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	731,146	31
32	Health Care	1,960,775	32
33	General Administration	889,359	33
B. Capital Expense			
34	Ownership	401,922	34
C. Ancillary Expense			
35	Special Cost Centers	82	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)*	\$ 3,983,284	40
41	Income before Income Taxes (line 30 minus line 40)**	(104,560)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (104,560)	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-Mt Sterling

0048041

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	1,904	2,024	\$ 57,686	\$ 28.50	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	7,461	7,699	189,782	24.65	3
4	Licensed Practical Nurses	15,081	17,065	344,925	20.21	4
5	CNAs & Orderlies	46,496	49,356	583,842	11.83	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,763	1,957	43,235	22.09	8
9	Activity Director					9
10	Activity Assistants	3,650	3,808	38,311	10.06	10
11	Social Service Workers	1,843	1,995	39,339	19.72	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,627	16,662	177,529	10.65	15
16	Dishwashers					16
17	Maintenance Workers	2,855	3,117	45,118	14.47	17
18	Housekeepers	7,295	7,743	72,474	9.36	18
19	Laundry	3,000	3,192	30,502	9.56	19
20	Administrator	1,900	2,080	67,600	32.50	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,631	3,949	65,635	16.62	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)	112,506	120,647	\$ 1,755,978 *	\$ 14.55	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$ 0		35
36	Medical Director	3,000		36
37	Medical Records Consultant	2,280		37
38	Nurse Consultant			38
39	Pharmacist Consultant	5,220		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	1,311		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 11,811		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 Heritage Health-Mt Sterling# 0048041

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. \$ 47,633
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. \$ 0
- (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	545				1,009	1,009 PETTY C 545
1010	CASH IN BANK					1,100	1,100 ACCTS R 596,256
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. FOR UNCOLLECTIBI
1100	ACCOUNTS RECEIVABLE	596,256				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 18,987
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	18,987				1,310	1,310 SUPPLIES INVENTORY
1220	OTHER PREPAID EXPENSES					1,320	1,320 LINEN INVENTORY
1300	FOOD INVENTORY					1,409	1,409 LAND 0
1310	SUPPLIES INVENTORY					1,450	1,450 FURNITU 0
1409	LAND	0				1,460	0
1450	FURNITURE & EQUIPMENT	0				1,475	1,475 CODE AI 0
1460	ACCUM DEPR-FURN & EQU	0				1,490	1,490 ACCUM] 0
1475	BUILDING & IMPROVEMEN	0				1,530	1,530 RESIDEN 14,317
1490	ACCUM DEPR-BUILDING	0				1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	14,317				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0				1,850	1,850 INTERCC (1,240,744)
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (170,213)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-1,240,744				2,100	2,100 ACCRUE (89,233)
2010	ACCOUNTS PAYABLE	-170,213				2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-89,233				2,110	2,110 ACCRUE (106,154)
2110	ACCRUED VACATION PAY	-106,154				2,120	2,120 U.C. TAXES PAYABLE

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(2,339)	
2125	FICA TAX PAYABLE	-2,339	-2,339	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	(64,518)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-64,518		2,400	2,400 CURRENT PORTION OF LT DE		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO I	(14,317)	
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 RETAIN	952,853	
2460	INCOME TAXES PAYABLE					net incom	104,560
2512	DUE TO RESIDENTS	-14,317					
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	952,853					
2970	PROFIT/LOSS FOR PERIOD	104,560					
3007.1	PATIENT DAYS-PRIVATE	7,374					3,007

3007.2	PATIENT DAYS-IPA	14,224						3,007
3007.3	PATIENT DAYS-MEDICARE	1,870						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 &	-3,465,126	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	-7,513	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	-563,613	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-965,525	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	1,157,613	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	-460		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	-1,075		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	-970		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-1,097		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	-8,921		0	0	0	0		4,110
3600	21 MISC INCOME	0		0	0	0	0		4,111
4110	GENERAL & ADMINISTRATIVE WAGES	63,392	65,635	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	67,600	67,600	17	1	0	0		4,120
4115	VACATION & SICK - G&A	2,243		21	1	0	0		4,125
4120 4475	EMPLOYEE BENEFITS	7,682	433,008	22	3	0	0		4,130
4125	EMPLOYEE HEPETITIS VACATION	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLORSHIP	12,824		21	1	0	0		4,250
4135	EMPLOYEE SCHOLORSHIP	9,762		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250 4255	OFFICE SUPPLIES	15,861	15,861	21	2	0	0		4,275
4260	TELEPHONE	11,370	11,370	21	3	0	0 **		4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	5,076	5,076	23	3	16	0		4,280
4280	GENERAL TRAVEL	3,057	4,965	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	25		24	3	19	0 ***		4,285
4285	EDUCATION & SEMINAR	1,883		24	3	19	-9,065		4,289
4290	HELP WANTED ADVERTISING	1,398	79,728	20	3	0	0 -47,633		4,290
4291	PROMOTIONAL ADVERTISING	14,838		20	3	25	-14,838		4,291
4292	PUBLIC RELATIONS	3,368		20	3	25	-3,368		4,292
4300	LICENSES & FEES	52,573		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	6,021		20	3	17	-245		4,310
4320	CONTRIBUTIONS	0		27	3	20	0		4,320
4350	PROFESSIONAL FEES	988	166,213	19	3	22	-988		4,350
4355	MEDICAL DIRECTOR	3,000	3,000	9	3	0	0		4,355
4360	UTILIZATION REVIEW	0		10	3	0	0		4,362
4361	OTHER PHYSICIAN FEES			39	3	0	0		4,363

4362	MEDICAL RECORDS CONSI	2,280		10	3	0	0	4,364
4363	PHARMACIST FEES	5,220		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	1,311	1,311	12	3	0	0	4,383
4370	TV RENTAL	303		35	3	5	0	4,390
4380	INCOME TAXES		5	27	3	26	0	4,400
4383	BACKGROUND CHECKS	1,530		20	3	26	0	4,401
4400	PAYROLL TAXES	158,909		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	7,017		22	3	0	0	4,420
4410	GROUP INSURANCE	212,324		22	3	0	0	4,430
4420	LIABILITY INSURANCE	39,898	39,898	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	24,490		22	3	0	0 **	4,450
4450	CENTRAL OFFICE FEES	165,225		19	3	34	0	4,460
4460	BAD DEBTS	0		27	3	24	0	4,461
4470	LOST ITEMS-RESIDENTS	5		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	0	0	33	3	0	0	4,486
4600	LEASED EQUIPMENT	3,047	3,350	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	42,547	45,118	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	2,571		6	1	0	0	4,510
5130	ELECTRIC	54,440	73,275	5	3	0	0	4,600
5131	NATURAL GAS	6,204		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	12,631		5	3	0	0	5,130
5134	TRASH COLLECTION	9,251	38,223	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	7,820	62,344	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	54,524		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	28,972		6	3	0	0	5,140
5210	DIETARY WAGES	166,680	177,529	1	1	0	0	5,160
5220	DIETARY SICK & VAC	10,849		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	179,638	179,638	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	4,124	15,282	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	4,328		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	6,830		1	2	0	0	5,260
5295	MEAL CREDIT	0		2	2	0	0	5,270
5310	LAUNDRY WAGES	28,041	30,502	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	2,461		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	6,891	11,218	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	4,327		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	67,791	72,474	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	4,683		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	12,358	25,543	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	13,185		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,219,470	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	172,207		10	1	0	0	6,020
6030	DON WAGES	57,686		10	1	0	0	6,030
6035	ADON	0		10	1	0	0	6,035
6040	RN SICK & VACATION	17,575		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	317,240		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	27,685		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	545,872		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	37,970		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	39,417		10	1	0	0	6,390
6275	REHAB SICK & VAC	3,818		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	14,549	73,436	10	2	0	0	7,281
6295	NURSING SUPPLIES	53,879		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	5,008		10	2	0	0	7,391
6490	NURSING OTHER	99	7,599	10	3	0	0 ***	7,393
7280	DRUG PURCHASES	74,183	286,268	39	2	0	0	7,510
7281	DRUG PURCHASES-OTHER	211,703		39	2			7,540
7380	LABORATORY SERVICES	8,155	289,648	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	36,057	38,311	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	2,254		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	2,393	2,393	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	150,283		39	3	0	0	7,890
7660	PT SUPPLIES	382		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	36,160	39,339	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	3,179		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0 ***	8,130
7740	OT FEE	110,216		39	3	0	0	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0 ***	9,510
7770	SPEECH THERAPY FEE	20,994		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	82	82	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	381,060	381,060	34	3	0	0	

8120	INTEREST EXPENSE	17,512	17,512	32	3	14	-22,037
8130	DEPRECIATION	0	0	30	3	9	0
8150	LOAN FEE AMORTIZATION	0		32	3	0	0
9510	INTEREST INCOME	-22,037		32	0	10	0
9520	MISC NON-OPERATING INC	0		0	0	0	0
9700	INCOME TAXES	0		0	0	0	0
		3,961,247	3,983,284				
			22,037				

GRAND TOTALS 104,560 -50,541
(NET INCOME)

0

FACILITY NAME:

FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

G/L

RECAP CENSUS

PP 7,374

7,374

IPA 14,224

14,224

medicare 1,870

1,870

23,468

IPA BEDHOLDS 0

PP BEDHOLDS 0

PP CONVERS 0

LES

3

FUND

ERIA

EBT

EBT

3,007 PATIENT

7,374

HFS 3745 (N-4-99)

IL478-2471

3,007 PATIENT	14,224
3,007 PATIENT	1,870
	0

3,010 BASIC CH	(3,465,126)
3,020 BASIC CH	0
3,030 BASIC CH	0
	0
	0
	0
	0

3,080 NURSING	(7,513)
3,081 NURSING	0
3,082 NURSING	0
3,083 NURSING	0
3,100 DRUGS-M	(563,613)
	0

3,110 PHYSICAL	(965,525)
	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	
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3,410 IPA/OTHE	0
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3,411 MEDICAR	0
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3,420 MEDICAR	1,126,661
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3,520 RENT INC	0
3,530 BEAUTY :	(460)
	(1,075)
3,570 VENDING	(970)
3,590 EQUIPME	(1,097)
3,595 RESIDENT	(8,921)
3,600 MISC INC	0
4,110 G&A WAC	63,392
4,111 ADMINIS'	67,600
4,115 G&A PTO	2,243
4,120 EMPLOYE	7,681
4,130 EMPLOYE	12,824
4,135 EMPLOYE	9,762
4,250 OFFICE SI	4,593
4,255 POSTAGE	1,575
4,260 TELEPHO	11,370
4,275 TRAINING	5,076
	0
4,280 GENERAL	3,057
4,281 MEAL EX	25
4,285 EDUCATI	1,018
4,289 MEETING	865
4,290 HELP WA	1,398
4,291 PROMOTI	14,838
4,292 PUBLIC R	3,368
4,300 LICENSE	52,573
4,310 DUES & S	6,021
4,320 CONTRIB	0
4,350 PROFESSI	988
4,355 MEDICAL	3,000
	2,280
	5,220

4,364 SOCIAL S	1,311
4,370 TV RENTL	303
4,383 BACKGR	1,530
4,390 OTHER T	0
4,400 PAYROLL	158,909
4,401 PAYROLL	7,017
4,410 GROUP IN	212,324
4,420 LIABILIT	39,898
4,430 WORKMA	23,730
4,435 W/C-FIRS	0
4,436 DRUG TE	760
4,450 MANAGE	165,225
4,460 BAD DEB'	0
4,461 BAD DEB'	30,952
4,470 LOST ITE	5
4,475 UNIFORM	1
4,486 SERVICE	17,628
4,490 MISC EXP	440
4,496 MISC. M.I	9,693
4,510 REAL EST	0
4,600 LEASED F	3,047
5,110 MAINTEN	42,547
5,120 MAINTEN	2,571
5,130 ELECTRIC	54,440
5,131 NATURAL	6,204
5,133 WATER &	12,631
5,134 TRASH CO	9,251
5,140 PROP/PLA	7,820
5,160 GENERAL	54,524
5,165 MAINTEN	11,344
5,210 DIETARY	166,680
5,220 DIETARY	10,849
5,248 FOOD PUI	179,198

5,250 SUPPLIES	4,124
5,260 REPLACE	4,328
5,270 KITCHEN	6,830
5,295 MEAL INC	0
5,310 LAUNDRY	28,041
5,340 LAUNDRY	2,461
5,370 REPLACE	6,891
	0
5,390 SUPPLIES	4,327
5,410 HOUSEKE	67,791
5,440 HOUSEKE	4,683
5,480 SUPPLIES	12,358
5,490 SUPPLIES	13,185
6,020 RN WAGE	172,207
6,030 DON WAG	57,686
6,035 ADON WA	0
6,040 RN PTO &	17,575
6,120 LPN WAG	317,240
6,140 LPN PTO	27,685
6,220 AIDES WA	545,872
6,240 AIDES PT	37,970
	0
	0
	0
	0
6,270 REHAB W	39,417
6,275 REHAB P	3,818
6,290 NURSING	14,549
6,295 NURSING	53,879
6,390 REPLACE	5,008
6,490 OTHER	99

7,280 DRUG PU	74,183
7,281 DRUG PU	211,703
7,380 LABORAT	2,206
7,390 X-RAY SE	5,949
	0
7,510 ACTIVITI	36,057
7,540 ACTIVITI	2,254
7,590 ACTIVITI	2,393
7,620 PHYSICAL	150,283
7,660 P.T. SUPP	382
7,710 SOCIAL S	36,160
7,720 SOCIAL S	3,179
7,730 SOCIAL S	0
7,740 OCCUPAT	110,216
7,770 SPEECH T	20,994
7,820 BEAUTIC	0
	82
	0
8,120 INTEREST	0
	17,512
8,130 DEPRECL	0
	0
9,510 INTEREST	(22,037)
9,520 MISC NOI	0
4,220	0
8,100	381,060
9,702	0
5,230	0
	<u>104,560</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