

Facility Name & ID Number Heritage Health-Normal

0048082 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	162	Skilled (SNF)	162	59,130	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	162	TOTALS	162	59,130	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	20,581	18,516	3,737	42,834	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	20,581	18,516	3,737	42,834	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.44%

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 3,737

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-Normal

0048082

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	473,900	29,056		502,956		502,956	11,416	514,372		1
2	Food Purchase		301,951		301,951		301,951	50	302,001		2
3	Housekeeping	190,720	35,865		226,585		226,585	7	226,592		3
4	Laundry	130,427	28,720		159,147		159,147		159,147		4
5	Heat and Other Utilities			142,916	142,916		142,916	2,506	145,422		5
6	Maintenance	141,857	113,361	101,835	357,053		357,053	24,782	381,835		6
7	Other (specify):*										7
8	TOTAL General Services	936,904	508,953	244,751	1,690,608		1,690,608	38,761	1,729,369		8
	B. Health Care and Programs										
9	Medical Director			9,600	9,600		9,600		9,600		9
10	Nursing and Medical Records	2,776,225	188,430	15,593	2,980,248		2,980,248	4,423	2,984,671		10
10a	Therapy		623,132	566,410	1,189,542	(644,053)	545,489		545,489		10a
11	Activities	126,700	2,637		129,337		129,337		129,337		11
12	Social Services	98,920		4,533	103,453		103,453		103,453		12
13	CNA Training	7,025	1,329		8,354		8,354	956	9,310		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,008,870	815,528	596,136	4,420,534	(644,053)	3,776,481	5,379	3,781,860		16
	C. General Administration										
17	Administrative	78,801			78,801		78,801		78,801		17
18	Directors Fees										18
19	Professional Services			369,945	369,945		369,945	(338,126)	31,819		19
20	Dues, Fees, Subscriptions & Promotions			188,588	188,588	(88,695)	99,893	(61,732)	38,161		20
21	Clerical & General Office Expenses	425,954	22,101	11,835	459,890		459,890	473,609	933,499		21
22	Employee Benefits & Payroll Taxes			1,012,691	1,012,691		1,012,691	71,861	1,084,552		22
23	Inservice Training & Education			9,161	9,161		9,161	961	10,122		23
24	Travel and Seminar			2,823	2,823		2,823	(824)	1,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			90,388	90,388		90,388	17,946	108,334		26
27	Other (specify):*			40	40		40		40		27
28	TOTAL General Administration	504,755	22,101	1,685,471	2,212,327	(88,695)	2,123,632	163,695	2,287,327		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,450,529	1,346,582	2,526,358	8,323,469	(732,748)	7,590,721	207,835	7,798,556		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number

Heritage Health-Normal

#0048082

Report Period Beginning:

01/01/13

Ending:

12/31/13

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							415,918	415,918			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			34,392	34,392		34,392	135,219	169,611			32
33	Real Estate Taxes							98,494	98,494			33
34	Rent-Facility & Grounds			718,320	718,320		718,320	(710,021)	8,299			34
35	Rent-Equipment & Vehicles			18,665	18,665		18,665	7,626	26,291			35
36	Other (specify):*											36
37	TOTAL Ownership			771,377	771,377		771,377	(52,764)	718,613			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					644,053	644,053	(7,068)	636,985			39
40	Barber and Beauty Shops											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					704,992	704,992	(7,068)	697,924			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,450,529	1,346,582	3,297,735	9,094,846	(27,756)	9,067,090	148,003	9,215,093			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-Normal

0048082

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	(2,419)			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	(39,209)			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)	(4,149)			16
17	Non-Care Related Fees	(459)			17
18	Fines and Penalties				18
19	Entertainment	(12,181)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,471)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(77,920)			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)	\$ (139,808)		\$	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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (139,808)		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-Normal

ID# 0048082

Report Period Beginning: 01/01/13

Ending: 12/31/13

Sch. V Line Reference

NON-ALLOWABLE EXPENSES

Amount

Reference

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		(459)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(3,471)	19	22
23				23
24		0	27	24
25		(77,920)	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		(81,850)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Normal# 0048082

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	11,416	0	0	0	0	0	0	0	0	11,416	1
2	Food Purchase	0	0	50	0	0	0	0	0	0	0	0	50	2
3	Housekeeping	0	0	7	0	0	0	0	0	0	0	0	7	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,506	0	0	0	0	0	0	0	0	2,506	5
6	Maintenance	0	0	24,782	0	0	0	0	0	0	0	0	24,782	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	38,761	0	38,761	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	4,423	0	0	0	0	0	0	0	0	4,423	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	956	0	0	0	0	0	0	0	0	956	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	5,379	0	5,379	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	(3,471)	(366,474)	31,819	0	0	0	0	0	0	0	0	(338,126)	19
20	Fees, Subscriptions & Promotions	(78,379)	0	16,647	0	0	0	0	0	0	0	0	(61,732)	20
21	Clerical & General Office Expenses	0	0	473,609	0	0	0	0	0	0	0	0	473,609	21
22	Employee Benefits & Payroll Taxes	0	0	71,861	0	0	0	0	0	0	0	0	71,861	22
23	Inservice Training & Education	0	0	961	0	0	0	0	0	0	0	0	961	23
24	Travel and Seminar	(12,181)	0	11,357	0	0	0	0	0	0	0	0	(824)	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	17,946	0	0	0	0	0	0	0	0	17,946	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(94,031)	(366,474)	624,200	0	163,695	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(94,031)	(366,474)	668,340	0	207,835	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Normal

0048082

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	385,523	0	30,395	0	0	0	0	0	0	0	415,918	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(39,209)	173,738	0	690	0	0	0	0	0	0	0	135,219	32
33	Real Estate Taxes	0	98,494	0	0	0	0	0	0	0	0	0	98,494	33
34	Rent-Facility & Grounds	(2,419)	(718,320)	0	10,718	0	0	0	0	0	0	0	(710,021)	34
35	Rent-Equipment & Vehicles	0	0	0	7,626	0	0	0	0	0	0	0	7,626	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(41,628)	(60,565)	0	49,429	0	(52,764)	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	(7,068)	0	0	0	0	0	0	0	0	0	(7,068)	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	(7,068)	0	0	0	0	0	0	0	0	0	(7,068)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(135,659)	(434,107)	668,340	49,429	0	148,003	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
	V		\$			\$		1
2	V	<u>39 Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>(7,068)</u>	<u>(7,068)</u>	2
3	V							3
4	V	<u>19 Adjustment for Related Organization</u>	<u>366,474</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(366,474)</u>	4
5	V							5
6	V	<u>34 Adjustment for Related Organization</u>	<u>718,320</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>		<u>(718,320)</u>	6
7	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>98,494</u>	<u>98,494</u>	7
8	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>168,965</u>	<u>168,965</u>	8
9	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>385,523</u>	<u>385,523</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		\$ 1,084,794			\$ 650,687	\$ * (434,107)	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.		\$	\$ 11,416	15
16	V	2 Food Purchase					50	16
17	V	3 Housekeeping					7	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					2,506	19
20	V	6 Maintenance					24,782	20
21	V	7 Other					0	21
22	V	9 Medical Director					0	22
23	V	10 Nursing & Medical Records					4,423	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					956	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					31,819	31
32	V	20 Fees, Subscription, Promotions					16,647	32
33	V	21 Clerical & General Office Expenses					473,609	33
34	V	22 Employee Benefits & Payroll Taxes					71,861	34
35	V	23 Inservice Training & Education					961	35
36	V	24 Travel and Seminar					11,357	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					17,946	38
39	Total		\$			\$	0	\$ * 668,340 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					30,395	16
17	V	31 Amortization of Pre-Op & Org					0	17
18	V	32 Interest					690	18
19	V	33 Real Estate Taxes					0	19
20	V	34 Rent-Facility & Grounds					10,718	20
21	V	35 Rent-Equipment & Vehicles					7,626	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	\$ * 49,429 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

Facility Name & ID Number Heritage Health-Normal # 0048082 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-Normal

0048082

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	162	\$ 11,416	1
2	2	Food Purchase	Beds	2,604	24	798	0	162	50	2
3	3	Housekeeping	Beds	2,604	24	106	0	162	7	3
4	4	Laundry	Beds	2,604	24	0	0	162	0	4
5	5	Heat & Other Utilities	Beds	2,604	24	40,282	0	162	2,506	5
6	6	Maintenance	Beds	2,604	24	398,350	84,311	162	24,782	6
7	7	Other	Beds	2,604	24	0	0	162	0	7
8	9	Medical Director	Beds	2,604	24	0	0	162	0	8
9	10	Nursing & Medical Records	Beds	2,604	24	71,096	69,815	162	4,423	9
10	11	Activities	Beds	2,604	24	0	0	162	0	10
11	12	Social Service	Beds	2,604	24	0	0	162	0	11
12	13	Nurse Aide Training	Beds	2,604	24	15,364	15,279	162	956	12
13	14	Program Transportation	Beds	2,604	24	0	0	162	0	13
14	15	Other	Beds	2,604	24	0	0	162	0	14
15	17	Administrative	Beds	2,604	24	0	0	162	0	15
16	18	Directors Fees	Beds	2,604	24	0	0	162	0	16
17	19	Professional Services	Beds	2,604	24	511,456	0	162	31,819	17
18	20	Fees, Subscription, Promotions	Beds	2,604	24	267,591	0	162	16,647	18
19	21	Clerical & General Office Expens	Beds	2,604	24	7,612,820	7,140,260	162	473,609	19
20	22	Employee Benefits & Payroll Tax	Beds	2,604	24	1,155,097	0	162	71,861	20
21	23	Inservice Training & Education	Beds	2,604	24	15,452	0	162	961	21
22	24	Travel and Seminar	Beds	2,604	24	182,552	0	162	11,357	22
23	25	Other Admin. Staff Transportatio	Beds	2,604	24	0	0	162	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,604	24	288,473	0	162	17,946	24
25	TOTALS					\$ 10,742,945	\$ 7,492,771		\$ 668,340	25

Facility Name & ID Number Heritage Health-Normal

0048082

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	\$	\$	162	\$	1
2	30	Depreciation	Beds	2,604	24	488,578	162	30,395		2
3	31	Amortization of Pre-Op & Org	Beds	2,604	24		162			3
4	32	Interest	Beds	2,604	24	11,093	162	690		4
5	33	Real Estate Taxes	Beds	2,604	24		162			5
6	34	Rent-Facility & Grounds	Beds	2,604	24	172,279	162	10,718		6
7	35	Rent-Equipment & Vehicles	Beds	2,604	24	122,579	162	7,626		7
8	36	Other	Beds	2,604	24		162			8
9	38	Medically Nec Transportation	Beds	2,604	24		162			9
10	39	Ancillary Service Centers	Beds	2,604	24		162			10
11	40	Barber and Beauty Shops	Beds	2,604	24		162			11
12	41	Coffee and Gift Shops	Beds	2,604	24		162			12
13	42	Other	Beds	2,604	24		162			13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 794,529	\$	49,429	\$	25

Facility Name & ID Number

Heritage Health-Normal

0048082

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			\$	\$			\$ 168,965						
2	Bank of America		x	Loan Fee Amortization							4,773						
3																	
4																	
5																	
Working Capital																	
6	Bank of America		x	Working Capital							34,392						
7																	
8																	
9	TOTAL Facility Related						\$	\$			\$ 208,130						
B. Non-Facility Related*																	
10	Interest Income										(39,209)						
11																	
12	Allocated Corporate										690						
13																	
14	TOTAL Non-Facility Related						\$	\$			\$ (38,519)						
15	TOTALS (line 9+line14)						\$	\$			\$ 169,611						

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.)		\$	98,494		2	
3. Under or (over) accrual (line 2 minus line 1).		\$	98,494		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.		\$	98,494		7	
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2008	_____	8	FOR BHF USE ONLY		
	2009	_____	9			
	2010	_____	10			
	2011	96,778	11			
	2012	98,494	12			
				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-Normal COUNTY McLean

FACILITY IDPH LICENSE NUMBER 0048082

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>1429227016</u>	_____	\$ <u>135,704.00</u>	\$ <u>98,494.00</u>
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <u><u>135,704.00</u></u>	\$ <u><u>98,494.00</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: 51,164 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).
none

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$ <u>60,687</u>	1
2					2
3	TOTALS			\$ <u>60,687</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	162			\$ 1,860,193	\$		\$	\$	4
5									5
6									6
7									7
8									8
Improvement Type**									
9	1979 Improvements	1979		66,917					9
10	1980 Improvements	1980		48,089					10
11	1981 Improvements	1981		17,747					11
12	1982 Improvements	1982		18,009					12
13	1983 Improvements	1983		19,892					13
14	1984 Improvements	1984		25,484					14
15	1985 Improvements	1985		531,851					15
16	1986 Improvements	1986		82,460					16
17	1987 Improvements	1987		17,447					17
18	1988 Improvements	1988		133,532					18
19	1989 Improvements	1989		39,555					19
20	1990 Improvements	1990		18,557					20
21	1991 Improvements	1991		5,776					21
22	1992 Improvements	1992		8,016					22
23	1993 Improvements	1993		188,048					23
24	1994 Improvements	1994		187,325					24
25	1995 Improvements	1995		10,664					25
26	A/C Basement Laundry	1996		6,741					26
27	Asphalt Repair	1996		21,401					27
28	Remodel/Painting	1996		1,912					28
29	Fire Alarm Repair/Replace	1996		8,069					29
30	Kitchen Floor/Backsplash	1996		1,395					30
31									31
32									32
33	C/O Allocation				30,395			(30,395)	33
34	Book Depreciation				339,488		339,488		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

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	Tubes--Boiler	1997	\$ 12,279	\$		\$	\$	\$	37
38	Smoke Damper	1997	2,508						38
39	Perimeter Alarm	1997	3,364						39
40	Door Alarm	1997	3,909						40
41	Parking Lot Lights	1997	1,221						41
42	Fire Door	1997	2,146						42
43									43
44	Asbestos Removal	1998	985						44
45	Fire Daper	1998	4,589						45
46	Plumbing Maintenance	1998	3,285						46
47	HVAC Repairs	1998	2,139						47
48	Boiler Retubed	1998	5,720						48
49	Remodel Resident Rooms and Halls-materials	1998	739,117						49
50	Remodel Resident Rooms and Halls- Labor	1998	4,323						50
51	Remodel Resident Rooms and Halls-Professional Fees	1998	38,935						51
52									52
53	Moving Furnature Expense	1998	6,398						53
54	Computer Room Work	1998	896						54
55	Alzheimers Addition-Materials	1998	876,511						55
56	Alzheimers Addition-Labor	1998	516						56
57	Alzheimers Addition-Professional Fees	1998	162,266						57
58	Ventalation System-Materials	1998	54,231						58
59	Ventalation System-Professional Fees	1998	33,010						59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,277,428	\$ 369,883		\$ 339,488	\$ (30,395)	\$	70

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,277,428	\$ 369,883		\$ 339,488	\$ (30,395)	\$	1
2	Alzheimers Addition-Materials	1999	1,913,384						2
3	Alzheimers Addition-Labor	1999	16,393						3
4	Alzheimers Addition-Professional Fees	1999	43,955						4
5	Ventalation System-Materials	1999	2,591						5
6	Remodel Resident Rooms--Materials	1999	96,197						6
7	Remodel Resident Rooms--Professional Fees	1999	350						7
8	Patio Replacement	1999	3,700						8
9	WAN Room Renovation	1999	3,230						9
10	ALTA Survey	1999	5,488						10
11	PANIC Hardware	1999	1,941						11
12	Roof Work	1999	4,844						12
13	Boiler Replacement	1999	11,219						13
14	Garage Door	1999	985						14
15	West End Renovations-Labor	1999	2,184						15
16	Assisted Living Professional Fees	1999	1,843						16
17									17
18	West Wing Outlets	2000	8,485						18
19	Alzheimer Unit Flooring	2000	5,631						19
20	Accordion Door and Installation	2000	9,600						20
21	Air conditioning Units (2)	2000	1,240						21
22	Exterior Door Replacement	2000	6,095						22
23	Air conditioner -- Dishroom	2000	12,041						23
24	HVAC temp Control	2000	16,220						24
25	Mop sink and faucet (2)	2000	3,377						25
26	Clinical Sink	2000	847						26
27	Eye Wash Stations	2000	2,566						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,451,834	\$ 369,883		\$ 339,488	\$ (30,395)	\$	34

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

Facility Name & ID Number Heritage Health-Normal

0048082

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		\$ 7,451,834	\$ 369,883		\$ 339,488	\$ (30,395)	\$	1
2	West End Renovations-Labor	2000	9,940						2
3	West End Renovations-material	2000	7,991						3
4	Capital Report Adjustments	2000	(2,985)						4
5	Boiler Repair	2001	7,921						5
6	Code Alert	2001	6,248						6
7	Painting & Wallpaper Hallway	2001	2,714						7
8	Condenser	2001	3,203						8
9	Fire System Repair	2001	2,269						9
10	Sign	2001	3,266						10
11	Water Heater	2001	4,797						11
12									12
13	Smoke Detector	2002	2,000						13
14	Fence	2002	2,400						14
15	Mixing Valve	2002	2,000						15
16	Bathroom Repairs	2002	10,179						16
17	Sprinkler System	2002	1,019						17
18	Computer Cable	2002	1,076						18
19	Boiler Pump	2002	5,000						19
20	A/C Unit	2002	2,750						20
21	Administrator Office Remodel	2002	4,534						21
22	Fire System Repair	2002	1,234						22
23	A/C Repair	2002	3,535						23
24	Flag & Flag Pole	2002	600						24
25	Elevator Repairs	2002	6,862						25
26	Code Alert	2002	975						26
27	Exhaust Fan	2002	1,350						27
28	Capital Report Adjustments	2002	(3,184)						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,539,528	\$ 369,883		\$ 339,488	\$ (30,395)	\$	34

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

Facility Name & ID Number Heritage Health-Normal

0048082

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		\$ 7,539,528	\$ 369,883		\$ 339,488	\$ (30,395)	\$	1
2	Fire System	2003	8,614						2
3	Flag Pole	2003							3
4	Security Door	2003	5,990						4
5	A/C Unit	2003	1,580						5
6	Condensing Unit	2003	1,137						6
7	Compressor	2003	2,067						7
8	Sewage Ejection	2003	17,028						8
9	A/C Unit	2003	1,628						9
10									10
11	Sewage Ejection	2004	12,312						11
12	A/C Unit	2004	1,175						12
13	Water Softener	2004	18,667						13
14	Exterior Referbish	2004	2,202						14
15	Boiler	2004	16,060						15
16									16
17	Boiler	2005	388						17
18	Nurses Station	2005	8,146						18
19	Smoke Detectors	2005	3,884						19
20	Windows	2005	6,146						20
21	Tempering Valve	2005	2,510						21
22	Sewage Ejection	2005	1,310						22
23	Ansul System	2005	2,320						23
24	Accelerator	2005	1,548						24
25	A/C Unit	2005	2,550						25
26	A/C Unit	2005	1,275						26
27	Sidewalk Replacement	2005	21,297						27
28	Capital Report Adjustment	2005	(22,995)						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,656,367	\$ 369,883		\$ 339,488	\$ (30,395)	\$	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 12D, Carried Forward		\$ 7,656,367	\$ 369,883		\$ 339,488	\$ (30,395)	\$	1
2									2
3	A/C Unit	2006	5,900						3
4									4
5									5
6	Capital Report Adj	2007	(16,473)						6
7	Interior Door	2007	425						7
8	Generator	2007	16,165						8
9	Mixing valve	2007	1,955						9
10	Water pipe	2007	2,350						10
11	Water Heater	2007	27,451						11
12	Window	2007	906						12
13	AC Condensing Unit	2007	2,345						13
14	Flooring	2007	775						14
15									15
16	Handrails	2008	2,904						16
17	Grinder Pump	2008	2,566						17
18	Exterior Panting	2008	13,372						18
19	Dining Room Windows	2008	8,150						19
20	Dining Room Roof	2008	78,218						20
21	Driveway Improvements	2008	4,400						21
22	boiler	2008	5,680						22
23	Duct Replacement	2008	16,973						23
24	Carpet	2008	54,088						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)		\$ 7,884,517	\$ 369,883		\$ 339,488	\$ (30,395)	\$	34

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

Facility Name & ID Number Heritage Health-Normal

0048082

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 12E, Carried Forward		\$ 7,884,517	\$ 369,883		\$ 339,488	\$ (30,395)	\$	1
2	Capital Report Adj	2009	(33,138)						2
3	Fire Alarm	2009	4,458						3
4	Air Handler	2009	7,544						4
5	Landscaping	2009	31,059						5
6	Sprinkler	2009	29,630						6
7	Gutter	2009	3,800						7
8	Dinning room windows	2009	2,280						8
9	Dinning room roof	2009	17,408						9
10	Parking lot surface	2009	87,268						10
11	Boiler	2009	7,625						11
12	Parapet Walls	2009	11,000						12
13	Water Main	2009	6,130						13
14	Nurse Call & Phone system	2009	297,156						14
15									15
16	Retaining wall	2010	21,000						16
17	Air Handler	2010	38,790						17
18	Carpet - Legacy care wing	2010	52,529						18
19	water Meter	2010	5,855						19
20									20
21	West Nurse's Station	2011	35,324						21
22	Sprinkler system	2011	295,806						22
23	Sewer pipe	2011	6,561						23
24	Air Compressor	2011	7,313						24
25	Flooring repair	2011	5,580						25
26	Air Handler	2011	21,534						26
27	Sign	2011	8,500						27
28	Dry pendent sprinkler	2011	48,620						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,904,149	\$ 369,883		\$ 339,488	\$ (30,395)	\$	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 12F, Carried Forward		\$ 8,904,149	\$ 369,883		\$ 339,488	\$ (30,395)	\$	1
2									2
3	Water Heater	2012	6,600						3
4	Dry Pendant Sprinkler	2012	6,300						4
5	Loading Dock	2012	5,140						5
6	Condensing Unit	2012	6,505						6
7	Disposer	2012	3,131						7
8	Roof	2012	131,830						8
9	Parking Lot	2012	32,607						9
10	Lighting Upgrade	2012	1,439						10
11	Air Handler	2012	12,456						11
12	East Wing Heat Line	2012	8,347						12
13	Heat Pump	2012	3,337						13
14									14
15	Facility Remodel	2013	733,810						15
16	Parking Lot Addition	2013	19,834						16
17	Smoke Detectors	2013	5,567						17
18	Boiler Adjustments	2013	3,515						18
19	Pneumatic Adjustment - Radiator	2013	5,212						19
20	Elevator Door Restrictor	2013	3,150						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)		\$ 9,892,929	\$ 369,883		\$ 339,488	\$ (30,395)	\$	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	\$ 1,507,499	\$ 46,035	\$ 46,035	\$		\$	71
72	Current Year Purchases	400,463						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,907,962	\$ 46,035	\$ 46,035	\$		\$	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)	\$ 11,861,578	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 415,918	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 385,523	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (30,395)	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: \$ 18,665 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.

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		1,329		1,329
3	Classroom Wages (a)				
4	Clinical Wages (b)		7,025		7,025
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 8,354	\$	\$ 8,354
10	SUM OF line 9, col. 1 and 2 (e)	\$	8,354		

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	\$			\$ 284,952	\$		\$ 284,952	1
2	Licensed Speech and Language Development Therapist		hrs				21,781			21,781	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist		hrs				236,484	2,272		238,756	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					620,860		620,860	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify):						23,193			23,193	13
14	TOTAL			\$			\$ 566,410	\$ 623,132		\$ 1,189,542	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-Normal# 0048082Report 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	\$ 300	\$	1
2	Cash-Patient Deposits	12,184		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,072,481		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,005		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(773,358)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 338,612	\$	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)	\$ 338,612	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 279,305	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	12,184		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	513,580		30
31	Accrued Taxes Payable (excluding real estate taxes)	7,608		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>	118,486		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 931,163	\$	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)	\$ 931,163	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (592,551)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 338,612	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (137,420)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (137,420)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(455,131)	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)	\$ (455,131)	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)	\$ (592,551)	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	\$ 7,762,684	1	
2	Discounts and Allowances for all Levels	(2,161,129)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,601,555	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	1,829,198	6	
7	Oxygen		7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,829,198	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	594	12	
13	Barber and Beauty Care	3,330	13	
14	Non-Patient Meals		14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space	2,419	16	
17	Sale of Drugs	1,158,920	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory		19	
20	Radiology and X-Ray		20	
21	Other Medical Services	4,490	21	
22	Laundry		22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,169,753	23	
D. Non-Operating Revenue				
24	Contributions		24	
25	Interest and Other Investment Income***	39,209	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 39,209	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)	\$ 8,639,715	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	1,690,608	31	
32	Health Care	4,420,534	32	
33	General Administration	2,212,327	33	
B. Capital Expense				
34	Ownership	771,377	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)*	\$ 9,094,846	40	
41	Income before Income Taxes (line 30 minus line 40)**	(455,131)	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (455,131)	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-Normal

0048082

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	1,936	2,032	\$ 62,841	\$ 30.93	1
2	Assistant Director of Nursing	2,775	3,036	88,862	29.27	2
3	Registered Nurses	18,962	20,461	570,216	27.87	3
4	Licensed Practical Nurses	24,851	27,553	601,910	21.85	4
5	CNAs & Orderlies	115,595	122,228	1,391,127	11.38	5
6	CNA Trainees	878	878	7,025	8.00	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,664	3,961	61,269	15.47	8
9	Activity Director					9
10	Activity Assistants	11,071	11,905	126,700	10.64	10
11	Social Service Workers	5,779	6,163	98,920	16.05	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	42,561	46,411	473,900	10.21	15
16	Dishwashers					16
17	Maintenance Workers	11,903	13,119	141,857	10.81	17
18	Housekeepers	19,285	21,098	190,720	9.04	18
19	Laundry	11,679	12,822	130,427	10.17	19
20	Administrator	1,900	2,080	78,801	37.89	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,061	19,854	425,954	21.45	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)	290,900	313,601	\$ 4,450,529 *	\$ 14.19	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$ 0		35
36	Medical Director	9,600		36
37	Medical Records Consultant	1,876		37
38	Nurse Consultant			38
39	Pharmacist Consultant	9,840		39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant	4,533		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 25,849		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												
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11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Heritage Health-Normal

0048082

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. \$ 88,695
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. \$ 35,930
- (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	300				1,009	1,009 PETTY C 300
1010	CASH IN BANK					1,100	1,100 ACCTS R 1,072,481
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. FOR UNCOLLECTIBI
1100	ACCOUNTS RECEIVABLE	1,072,481				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 27,005
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	27,005				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 12,184
1490	ACCUM DEPR-BUILDING	0				1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	12,184				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0				1,850	1,850 INTERCC (773,358)
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (279,305)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-773,358				2,100	2,100 ACCRUE (231,791)
2010	ACCOUNTS PAYABLE	-279,305				2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-231,791				2,110	2,110 ACCRUE (281,789)
2110	ACCRUED VACATION PAY	-281,789				2,120	2,120 U.C. TAXES PAYABLE

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(7,608)	
2125	FICA TAX PAYABLE	-7,608	-7,608	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	(118,486)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-118,486		2,400	2,400 CURRENT PORTION OF LT DE		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO I	(12,184)	
2385	ACTIVITY FUND	0		2,600	2,600 LASALLI	0	
2390	SECURITY DEPOSITS	0		2,600			
2391	VOLUNTEER FUND			2,625	2,625 LASALLE CONSTR. LOAN #2		
2393	HEART FUND/BAZAAR			2,625			
2395	DEFERRED INC EMP & MEM			2,695	2,695 CURRENT PORTION OF LT DE		
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINED	137,420	
2460	INCOME TAXES PAYABLE				net income	455,131	
2512	DUE TO RESIDENTS	-12,184					
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	137,420					
2970	PROFIT/LOSS FOR PERIOD	455,131					
3007.1	PATIENT DAYS-PRIVATE	18,516					3,007

3007.2	PATIENT DAYS-IPA	20,581						3,007
3007.3	PATIENT DAYS-MEDICARE	3,737						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 &	-7,729,104	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	-32,260	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	-1,158,920	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-1,829,198	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	2,161,129	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	-2,419		6	0	6	-2,419		3,530
3530	13 BEAUTY SHOP	-3,330		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	-450		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	-144		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-1,320		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	-4,490		0	0	0	0		4,110
3600	21 MISC INCOME	0		0	0	0	0		4,111
4110	GENERAL & ADMINISTRATIVE WAGES	398,949	425,954	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	78,801	78,801	17	1	0	0		4,120
4115	VACATION & SICK - G&A	27,005		21	1	0	0		4,125
4120 4475	EMPLOYEE BENEFITS	22,252	1,012,691	22	3	0	0		4,130
4125	EMPLOYEE HOLIDAY VACATION	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLARSHIP	16,327		21	1	0	0		4,250
4135	EMPLOYEE SCHOLARSHIP	5,075		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250 4255	OFFICE SUPPLIES	22,101	22,101	21	2	0	0		4,275
4260	TELEPHONE	11,835	11,835	21	3	0	0 **		4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	9,161	9,161	23	3	16	0		4,280
4280	GENERAL TRAVEL	1,684	2,823	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	0		24	3	19	0 ***		4,285
4285	EDUCATION & SEMINAR	1,139		24	3	19	-12,181		4,289
4290	HELP WANTED ADVERTISING	2,502	188,588	20	3	0	0 -88,695		4,290
4291	PROMOTIONAL ADVERTISING	56,239		20	3	25	-56,239		4,291
4292	PUBLIC RELATIONS	21,681		20	3	25	-21,681		4,292
4300	LICENSES & FEES	95,517		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	10,248		20	3	17	-459		4,310
4320	CONTRIBUTIONS	40		27	3	20	0		4,320
4350	PROFESSIONAL FEES	3,471	369,945	19	3	22	-3,471		4,350
4355	MEDICAL DIRECTOR	9,600	9,600	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	1,876		10	3	0	0	4,364
4363	PHARMACIST FEES	9,840		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	4,533	4,533	12	3	0	0	4,383
4370	TV RENTAL	14,181		35	3	5	0	4,390
4380	INCOME TAXES		40	27	3	26	0	4,400
4383	BACKGROUND CHECKS	2,401		20	3	26	0	4,401
4400	PAYROLL TAXES	422,094		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	8,180		22	3	0	0	4,420
4410	GROUP INSURANCE	436,933		22	3	0	0	4,430
4420	LIABILITY INSURANCE	90,388	90,388	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	101,830		22	3	0	0 **	4,450
4450	CENTRAL OFFICE FEES	366,474		19	3	34	0	4,460
4460	BAD DEBTS	0		27	3	24	0	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	4,484	18,665	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	130,386	141,857	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	11,471		6	1	0	0	4,510
5130	ELECTRIC	69,053	142,916	5	3	0	0	4,600
5131	NATURAL GAS	35,126		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	38,737		5	3	0	0	5,130
5134	TRASH COLLECTION	29,359	101,835	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	25,299	113,361	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	88,062		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	72,476		6	3	0	0	5,140
5210	DIETARY WAGES	438,239	473,900	1	1	0	0	5,160
5220	DIETARY SICK & VAC	35,661		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	337,881	301,951	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	4,210	29,056	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	4,005		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	20,841		1	2	0	0	5,260
5295	MEAL CREDIT	-35,930		2	2	0	0	5,270
5310	LAUNDRY WAGES	122,171	130,427	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	8,256		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	15,487	28,720	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	13,233		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	175,191	190,720	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	15,529		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	12,037	35,865	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	23,828		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		2,776,225	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	523,407		10	1	0	0	6,020
6030	DON WAGES	62,841		10	1	0	0	6,030
6035	ADON	88,862		10	1	0	0	6,035
6040	RN SICK & VACATION	46,809		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	562,810		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	39,100		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	1,320,186		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	70,941		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/	7,025	7,025	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	1,329	1,329	13	2	0	0	6,290
6260	NURSE AIDE TRAINING RE	0		0	0	0	0	6,295
6270	REHAB WAGES	56,050		10	1	0	0	6,390
6275	REHAB SICK & VAC	5,219		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	168,576	188,430	10	2	0	0	7,281
6295	NURSING SUPPLIES	19,678		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	176		10	2	0	0	7,391
6490	NURSING OTHER	3,877	15,593	10	3	0	0 ***	7,393
7280	DRUG PURCHASES	228,302	623,132	39	2	0	0	7,510
7281	DRUG PURCHASES-OTHER	392,558		39	2			7,540
7380	LABORATORY SERVICES	23,193	566,410	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	118,141	126,700	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	8,559		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	2,637	2,637	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	236,484		39	3	0	0	7,890
7660	PT SUPPLIES	2,272		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	91,724	98,920	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	7,196		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0 ***	8,130
7740	OT FEE	284,952		39	3	0	0	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0 ***	9,510
7770	SPEECH THERAPY FEE	21,781		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	718,320	718,320	34	3	0	0	

8120	INTEREST EXPENSE	34,392	34,392	32	3	14	-39,209
8130	DEPRECIATION	0	0	30	3	9	0
8150	LOAN FEE AMORTIZATION	0		32	3	0	0
9510	INTEREST INCOME	-39,209		32	0	10	0
9520	MISC NON-OPERATING INC	0		0	0	0	0
9700	INCOME TAXES	0		0	0	0	0
		9,055,637	9,094,846				
			39,209				

GRAND TOTALS 455,131 -135,659
(NET INCOME)

0

FACILITY NAME:

FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

G/L

RECAP CENSUS

PP 18,516

18,516

IPA 20,581

20,581

medicare 3,737

3,737

42,834

IPA BEDHOLDS 0

PP BEDHOLDS 0

PP CONVERS 0

LES

3

FUND

ERIA

EBT

EBT

3,007 PATIENT	20,581
3,007 PATIENT	3,737
	0

3,010 BASIC CH	(7,729,104)
3,020 BASIC CH	0
3,030 BASIC CH	0
	0
	0
	0
	0
	0

3,080 NURSING	(32,260)
3,081 NURSING	0
3,082 NURSING	0
3,083 NURSING	0
3,100 DRUGS-M	(1,158,920)
	0

3,110 PHYSICAL	(1,829,198)
	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	2,138,727
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3,520 RENT INC	(2,419)
3,530 BEAUTY :	(3,330)
	(450)
3,570 VENDING	(144)
3,590 EQUIPME	(1,320)
3,595 RESIDENT	(4,490)
3,600 MISC INC	0
4,110 G&A WAC	398,949
4,111 ADMINIS'	78,801
4,115 G&A PTO	27,005
4,120 EMPLOYE	17,119
4,130 EMPLOYE	16,327
4,135 EMPLOYE	5,075
4,250 OFFICE SU	10,394
4,255 POSTAGE	2,999
4,260 TELEPHO	11,835
4,275 TRAINING	9,161
	0
4,280 GENERAL	1,684
4,281 MEAL EX	0
4,285 EDUCATI	1,139
4,289 MEETING	0
4,290 HELP WA	2,502
4,291 PROMOTI	56,239
4,292 PUBLIC R	21,681
4,300 LICENSE	95,517
4,310 DUES & S	10,248
4,320 CONTRIB	40
4,350 PROFESSI	3,471
4,355 MEDICAL	9,600
	1,876
	9,840

4,364 SOCIAL S	4,533
4,370 TV RENTL	14,181
4,383 BACKGR	2,401
4,390 OTHER T	0
4,400 PAYROLL	422,094
4,401 PAYROLL	8,180
4,410 GROUP IN	436,933
4,420 LIABILIT	90,388
4,430 WORKMA	96,818
4,435 W/C-FIRS	1,529
4,436 DRUG TE	3,483
4,450 MANAGE	366,474
4,460 BAD DEB'	0
4,461 BAD DEB'	22,402
4,470 LOST ITE	0
4,475 UNIFORM	5,133
4,486 SERVICE	30,378
4,490 MISC EXP	79
4,496 MISC. M.I	8,708
4,510 REAL EST	0
4,600 LEASED F	4,484
5,110 MAINTEN	130,386
5,120 MAINTEN	11,471
5,130 ELECTRIC	69,053
5,131 NATURAL	35,126
5,133 WATER &	38,737
5,134 TRASH CO	29,359
5,140 PROP/PLA	25,299
5,160 GENERAL	88,062
5,165 MAINTEN	42,098
5,210 DIETARY	438,239
5,220 DIETARY	35,661
5,248 FOOD PUI	337,802

5,250 SUPPLIES	4,210
5,260 REPLACE	4,005
5,270 KITCHEN	20,841
5,295 MEAL INC	(35,930)
5,310 LAUNDRY	122,171
5,340 LAUNDRY	8,256
5,370 REPLACE	15,487
	0
5,390 SUPPLIES	13,233
5,410 HOUSEKE	175,191
5,440 HOUSEKE	15,529
5,480 SUPPLIES	12,037
5,490 SUPPLIES	23,828
6,020 RN WAGE	523,407
6,030 DON WAG	62,841
6,035 ADON WA	88,862
6,040 RN PTO &	46,809
6,120 LPN WAG	562,810
6,140 LPN PTO	39,100
6,220 AIDES WA	1,320,186
6,240 AIDES PT	70,941
	0
	7,025
	1,329
	0
6,270 REHAB W	56,050
6,275 REHAB P	5,219
6,290 NURSING	168,576
6,295 NURSING	19,678
6,390 REPLACE	176
6,490 OTHER	3,877

7,280 DRUG PU	228,302
7,281 DRUG PU	392,558
7,380 LABORAT	9,239
7,390 X-RAY SE	6,515
	7,439
7,510 ACTIVITI	118,141
7,540 ACTIVITI	8,559
7,590 ACTIVITI	2,637
7,620 PHYSICAL	236,484
7,660 P.T. SUPP	2,272
7,710 SOCIAL S	91,724
7,720 SOCIAL S	7,196
7,730 SOCIAL S	0
7,740 OCCUPAT	284,952
7,770 SPEECH T	21,781
7,820 BEAUTIC	0
	0
	0
8,120 INTEREST	0
	34,392
8,130 DEPRECL	0
	0
9,510 INTEREST	(39,209)
9,520 MISC NOI	0
4,220	0
8,100	718,320
9,702	0
5,230	0
	<u>455,131</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 Jackson, IL	20-5298969002	48918
Danville Joint Ventures, IL	37-1357323001	42168
Heritage Health - Danville, IL	37-1359387001	41699
Cotillion Ridge, IL	37-1402726001	45138
Country Health - Danville, IL	37-6064916001	7880
Mason City Health, IL	37-1168043001	34256
St. Clara's Medical Center, IL	37-6075710001	50724
Vonderlieth Health, IL	37-0967671001	19976