

Facility Name & ID Number Heritage Health-Peru

0048090 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	129	Skilled (SNF)	129	47,085	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	129	TOTALS	129	47,085	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	17,426	6,405	4,948	28,779	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	17,426	6,405	4,948	28,779	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 61.12%

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 4,948

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.

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	197,875	13,554		211,429		211,429	9,091	220,520		1
2	Food Purchase		186,436		186,436		186,436	40	186,476		2
3	Housekeeping	35,290	29,501		64,791		64,791	5	64,796		3
4	Laundry	85,355	8,229		93,584		93,584		93,584		4
5	Heat and Other Utilities			106,887	106,887		106,887	1,996	108,883		5
6	Maintenance	113,620	57,517	53,833	224,970		224,970	19,734	244,704		6
7	Other (specify):*										7
8	TOTAL General Services	432,140	295,237	160,720	888,097		888,097	30,866	918,963		8
	B. Health Care and Programs										
9	Medical Director			6,000	6,000		6,000		6,000		9
10	Nursing and Medical Records	1,739,180	119,990	23,150	1,882,320		1,882,320	3,522	1,885,842		10
10a	Therapy		379,568	535,452	915,020	(394,896)	520,124		520,124		10a
11	Activities	114,101	1,027		115,128		115,128		115,128		11
12	Social Services	34,793		2,206	36,999		36,999		36,999		12
13	CNA Training							761	761		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,888,074	500,585	566,808	2,955,467	(394,896)	2,560,571	4,283	2,564,854		16
	C. General Administration										
17	Administrative	117,078			117,078		117,078		117,078		17
18	Directors Fees										18
19	Professional Services			256,794	256,794		256,794	(231,457)	25,337		19
20	Dues, Fees, Subscriptions & Promotions			120,271	120,271	(70,628)	49,643	(14,912)	34,731		20
21	Clerical & General Office Expenses	192,631	18,372	14,189	225,192		225,192	377,133	602,325		21
22	Employee Benefits & Payroll Taxes			574,649	574,649		574,649	57,223	631,872		22
23	Inservice Training & Education			7,320	7,320		7,320	765	8,085		23
24	Travel and Seminar			4,356	4,356		4,356	(2,357)	1,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			60,253	60,253		60,253	14,291	74,544		26
27	Other (specify):*										27
28	TOTAL General Administration	309,709	18,372	1,037,832	1,365,913	(70,628)	1,295,285	200,686	1,495,971		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,629,923	814,194	1,765,360	5,209,477	(465,524)	4,743,953	235,835	4,979,788		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-Peru

#0048090

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							332,735	332,735			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			24,686	24,686		24,686	136,231	160,917			32
33	Real Estate Taxes							47,738	47,738			33
34	Rent-Facility & Grounds			565,020	565,020		565,020	(556,485)	8,535			34
35	Rent-Equipment & Vehicles			15,508	15,508		15,508	6,072	21,580			35
36	Other (specify):*											36
37	TOTAL Ownership			605,214	605,214		605,214	(33,709)	571,505			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops			13,987	13,987		13,987		13,987			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee							70,628	70,628			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			13,987	13,987	465,524	479,511	(35,638)	443,873			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,629,923	814,194	2,384,561	5,828,678		5,828,678	166,488	5,995,166			45

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

Facility Name & ID Number Heritage Health-Peru

0048090

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	(29,512)			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	(364)			17
18	Fines and Penalties				18
19	Entertainment	(11,400)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(5,288)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(27,804)			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)	\$ (74,368)		\$	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)	240,856		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 240,856		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 166,488		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-Peru

ID# 0048090

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		(364)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(5,288)	19	22
23				23
24		0	27	24
25		(27,804)	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		(33,456)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Peru# 0048090

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	9,091	0	0	0	0	0	0	0	0	9,091	1
2	Food Purchase	0	0	40	0	0	0	0	0	0	0	0	40	2
3	Housekeeping	0	0	5	0	0	0	0	0	0	0	0	5	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,996	0	0	0	0	0	0	0	0	1,996	5
6	Maintenance	0	0	19,734	0	0	0	0	0	0	0	0	19,734	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	30,866	0	30,866	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	3,522	0	0	0	0	0	0	0	0	3,522	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	761	0	0	0	0	0	0	0	0	761	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	4,283	0	4,283	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	(5,288)	(251,506)	25,337	0	0	0	0	0	0	0	0	(231,457)	19
20	Fees, Subscriptions & Promotions	(28,168)	0	13,256	0	0	0	0	0	0	0	0	(14,912)	20
21	Clerical & General Office Expenses	0	0	377,133	0	0	0	0	0	0	0	0	377,133	21
22	Employee Benefits & Payroll Taxes	0	0	57,223	0	0	0	0	0	0	0	0	57,223	22
23	Inservice Training & Education	0	0	765	0	0	0	0	0	0	0	0	765	23
24	Travel and Seminar	(11,400)	0	9,043	0	0	0	0	0	0	0	0	(2,357)	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	14,291	0	0	0	0	0	0	0	0	14,291	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(44,856)	(251,506)	497,048	0	200,686	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(44,856)	(251,506)	532,197	0	235,835	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Peru# 0048090

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	308,531	0	24,204	0	0	0	0	0	0	0	332,735	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(29,512)	165,193	0	550	0	0	0	0	0	0	0	136,231	32
33	Real Estate Taxes	0	47,738	0	0	0	0	0	0	0	0	0	47,738	33
34	Rent-Facility & Grounds	0	(565,020)	0	8,535	0	0	0	0	0	0	0	(556,485)	34
35	Rent-Equipment & Vehicles	0	0	0	6,072	0	0	0	0	0	0	0	6,072	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(29,512)	(43,558)	0	39,361	0	(33,709)	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	(35,638)	0	0	0	0	0	0	0	0	0	(35,638)	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	(35,638)	0	0	0	0	0	0	0	0	0	(35,638)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(74,368)	(330,702)	532,197	39,361	0	166,488	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>(35,638)</u>	<u>(35,638)</u>	2
	V							3
	V	<u>19 Adjustment for Related Organization</u>	<u>251,506</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(251,506)</u>	4
	V							5
	V	<u>34 Adjustment for Related Organization</u>	<u>565,020</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>		<u>(565,020)</u>	6
	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>47,738</u>	<u>47,738</u>	7
	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>160,420</u>	<u>160,420</u>	8
	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>308,531</u>	<u>308,531</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		\$ 816,526			\$ 485,824	\$ * (330,702)	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.		\$	\$ 9,091	15
16	V	2 Food Purchase					40	16
17	V	3 Housekeeping					5	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					1,996	19
20	V	6 Maintenance					19,734	20
21	V	7 Other					0	21
22	V	9 Medical Director					0	22
23	V	10 Nursing & Medical Records					3,522	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					761	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					25,337	31
32	V	20 Fees, Subscription, Promotions					13,256	32
33	V	21 Clerical & General Office Expenses					377,133	33
34	V	22 Employee Benefits & Payroll Taxes					57,223	34
35	V	23 Inservice Training & Education					765	35
36	V	24 Travel and Seminar					9,043	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					14,291	38
39	Total		\$			\$	0	\$ * 532,197 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					24,204	16
17	V	31 Amortization of Pre-Op & Org					0	17
18	V	32 Interest					550	18
19	V	33 Real Estate Taxes					0	19
20	V	34 Rent-Facility & Grounds					8,535	20
21	V	35 Rent-Equipment & Vehicles					6,072	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	\$ * 39,361 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-Peru

0048090

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	129	\$ 9,091	1
2	2	Food Purchase	Beds	2,604	24	798	0	129	40	2
3	3	Housekeeping	Beds	2,604	24	106	0	129	5	3
4	4	Laundry	Beds	2,604	24	0	0	129	0	4
5	5	Heat & Other Utilities	Beds	2,604	24	40,282	0	129	1,996	5
6	6	Maintenance	Beds	2,604	24	398,350	84,311	129	19,734	6
7	7	Other	Beds	2,604	24	0	0	129	0	7
8	9	Medical Director	Beds	2,604	24	0	0	129	0	8
9	10	Nursing & Medical Records	Beds	2,604	24	71,096	69,815	129	3,522	9
10	11	Activities	Beds	2,604	24	0	0	129	0	10
11	12	Social Service	Beds	2,604	24	0	0	129	0	11
12	13	Nurse Aide Training	Beds	2,604	24	15,364	15,279	129	761	12
13	14	Program Transportation	Beds	2,604	24	0	0	129	0	13
14	15	Other	Beds	2,604	24	0	0	129	0	14
15	17	Administrative	Beds	2,604	24	0	0	129	0	15
16	18	Directors Fees	Beds	2,604	24	0	0	129	0	16
17	19	Professional Services	Beds	2,604	24	511,456	0	129	25,337	17
18	20	Fees, Subscription, Promotions	Beds	2,604	24	267,591	0	129	13,256	18
19	21	Clerical & General Office Expens	Beds	2,604	24	7,612,820	7,140,260	129	377,133	19
20	22	Employee Benefits & Payroll Tax	Beds	2,604	24	1,155,097	0	129	57,223	20
21	23	Inservice Training & Education	Beds	2,604	24	15,452	0	129	765	21
22	24	Travel and Seminar	Beds	2,604	24	182,552	0	129	9,043	22
23	25	Other Admin. Staff Transportatio	Beds	2,604	24	0	0	129	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,604	24	288,473	0	129	14,291	24
25	TOTALS					\$ 10,742,945	\$ 7,492,771		\$ 532,197	25

Facility Name & ID Number Heritage Health-Peru

0048090

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	\$	\$	129	\$	1
2	30	Depreciation	Beds	2,604	24	488,578	129	24,204		2
3	31	Amortization of Pre-Op & Org	Beds	2,604	24		129			3
4	32	Interest	Beds	2,604	24	11,093	129	550		4
5	33	Real Estate Taxes	Beds	2,604	24		129			5
6	34	Rent-Facility & Grounds	Beds	2,604	24	172,279	129	8,535		6
7	35	Rent-Equipment & Vehicles	Beds	2,604	24	122,579	129	6,072		7
8	36	Other	Beds	2,604	24		129			8
9	38	Medically Nec Transportation	Beds	2,604	24		129			9
10	39	Ancillary Service Centers	Beds	2,604	24		129			10
11	40	Barber and Beauty Shops	Beds	2,604	24		129			11
12	41	Coffee and Gift Shops	Beds	2,604	24		129			12
13	42	Other	Beds	2,604	24		129			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	\$		\$ 39,361	25

Facility Name & ID Number

Heritage Health-Peru

0048090

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	11						
		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			\$	\$			\$ 160,420	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							24,686	6						
7												7						
8												8						
9	TOTAL Facility Related						\$	\$			\$ 189,879	9						
B. Non-Facility Related*																		
10	Interest Income										(29,512)	10						
11												11						
12	Allocated Corporate										550	12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (28,962)	14						
15	TOTALS (line 9+line14)						\$	\$			\$ 160,917	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.)		\$	47,738		2	
3. Under or (over) accrual (line 2 minus line 1).		\$	47,738		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.		\$	47,738		7	
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2008	_____	8	FOR BHF USE ONLY		
	2009	_____	9			
	2010	_____	10			
	2011	46,774	11			
	2012	47,738	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-Peru COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 0048090

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>1709312014</u>	_____	\$ 45,396.00	\$ 45,396.00
2.	<u>1709312013</u>	_____	\$ 2,342.00	\$ 2,342.00
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <u>47,738.00</u>	\$ <u>47,738.00</u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,183 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>50,000</u>	1
2					2
3	TOTALS			\$ <u>50,000</u>	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Accumulated Depreciation
4	129			\$ 391,963	\$		\$	\$
5				325,293				
6				153,474				
7				677,402				
8								
Improvement Type**								
9	1978 Improvements	1979		6,059				
10	1979 Improvements	1980		9,952				
11	1980 Improvements	1981		28,648				
12	1981 Improvements	1982		8,175				
13	1982 Improvements	1983		39,938				
14	1983 Improvements	1985		13,985				
15	1984 Improvements	1986		19,793				
16	1985 Improvements	1987		550				
17	1986 Improvements	1988		22,120				
18	1988 Improvements	1989		19,053				
19	1989 Improvements	1990		25,453				
20	1990 Improvements	1991		12,118				
21	1991 Improvements	1992		19,157				
22	1992 Improvements	1993		87,224				
23	1993 Improvements	1994		43,270				
24	1994 Improvements	1995		16,885				
25	1995 Improvements	1996		8,377				
26	WATER SOFTNER	1996		4,550				
27	AIR CONDITIONER	1996		97				
28	LANDSCAPING							
29								
30	INTERIOR REMODEL							
31								
32								
33	C/O Allocation				24,204		24,204	
34	Book Depreciation				218,661		218,661	
35								
36								

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Interior Rehab---	1997	\$ 292,864	\$		\$	\$	\$	37
38	Parking Lot Sealer	1997	3,100						38
39	Commercial Disposal	1997	877						39
40									40
41	Water Heater	1998	4,308						41
42	A/C Repair	1998	6,457						42
43	Heater Repair	1998	954						43
44	Laundry Room Remodel	1998	1,450						44
45	Interior Rehab	1998	7,466						45
46									46
47	GFI Outlets	1999	3,420						47
48	Water Meter	1999	1,854						48
49	Roof Replacements	1999	80,498						49
50									50
51	Water Main Break Repair	2000	5,272						51
52	Door Monitor System	2000	9,852						52
53	Patio Improvements	2000	1,310						53
54									54
55	Lennox Condenser	2001	4,527						55
56	Water Heater	2001	3,708						56
57	Sewer Repair	2001	932						57
58									58
59	Sewer Repair	2002	1,267						59
60	Water Heater	2002	4,340						60
61	Ceiling Tiles	2002	110						61
62	Seal Parking Lot	2002	3,100						62
63	Door Lock	2002	1,370						63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,372,572	\$ 242,865		\$ 242,865	\$	\$	70

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

Facility Name & ID Number Heritage Health-Peru

0048090

Report Period Beginning:

01/01/13

Ending:

12/31/13

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,372,572	\$ 242,865		\$ 242,865	\$	\$	1
2	Compressor	2003	844						2
3	Shower Room Remodel	2003	4,916						3
4	Back Flow Valve	2003	1,241						4
5	Parking Lot	2003	3,100						5
6	Generator	2003	2,749						6
7	Compressor	2003	939						7
8									8
9									9
10									10
11	Wallguards	2004	22,275						11
12									12
13	Carpet		7,174						13
14									14
15	Ansul System	2005	1,685						15
16	Heat Exchanger	2005	1,800						16
17	Wall hvac	2005	959						17
18	Wallguards	2005	2,313						18
19	A/C condensing unit	2005	4,078						19
20	Exterior Door	2005	17,485						20
21	Solarium	2005	3,812						21
22	Lennox	2005	5,950						22
23	Shower Room Remodel	2005	5,588						23
24	Window Replacement	2005	55,419						24
25	Parking Lot Sealer	2005	3,940						25
26	Disposal	2005	1,303						26
27	Courtyard Door	2005	1,354						27
28	various adjustments	2005	(22,516)						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,498,980	\$ 242,865		\$ 242,865	\$	\$	34

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

Facility Name & ID Number Heritage Health-Peru

0048090

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		\$ 2,498,980	\$ 242,865		\$ 242,865	\$	\$	1
2	Code Alert	2006	7,226						2
3	Windows	2006	876						3
4	Exterior Door	2006	2,620						4
5	Chimney	2006	6,250						5
6	Boiler	2006	3,002						6
7	Garbage Disposal	2006	1,072						7
8	Sprinklers	2006	34,076						8
9	Heat Pump	2006	1,073						9
10	2006 adj	2006	(918)						10
11	Sprinkler System	2007	189,741						11
12	Water Heater	2007	11,400						12
13	Sewer	2007	3,394						13
14	HVAC	2007	70,422						14
15	Gazebo	2007	4,750						15
16	PTAC Unit	2007	2,720						16
17	Wander Guard	2007	3,129						17
18	2007 adj	2007	(12,899)						18
19	Condensor	2007	14,138						19
20	2008 adj	2008	(8,200)						20
21	Water Main	2008	30,831						21
22	Resident Room Plumbing	2008	12,661						22
23	Parking Lot Repairs	2008	5,221						23
24	Water Softener	2008	9,748						24
25	Water Heater	2008	9,120						25
26	Nurse Call & Phone system	2009	217,290						26
27	Water Pipe	2009	16,750						27
28	Condensing Unit	2009	3,334						28
29									29
30	Plumbing	2009	4,295						30
31	Concrete Ramp	2009	3,150						31
32	Water Heater	2009	6,750						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,152,002	\$ 242,865		\$ 242,865	\$	\$	34

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

Facility Name & ID Number Heritage Health-Peru

0048090

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		\$ 3,152,002	\$ 242,865		\$ 242,865	\$	\$	1
2	The following items relate to the rehab of all wings, resident rooms and central								2
3	common area spaces performed by DS Renovations, LLC								3
4	General Conditions & Demolition	2009	89,600						4
5	Carpentry & Millwork	2009	251,225						5
6	Acoustical Ceiling & Flooring	2009	150,757						6
7	Painting	2009	56,514						7
8	Plumbing	2009	30,679						8
9	Electrical	2009	88,804						9
10	HVAC	2009	43,648						10
11	Overhead & Profit	2009	31,594						11
12									12
13	Environmental & Engineering	2009	12,958						13
14									14
15	Exhaust Fan	2010	12,795						15
16	Landscaping	2010	31,701						16
17	Parking Lot	2010	46,950						17
18	DS Renovations, LLC								18
19	General Conditions & Demolition	2010	41,507						19
20	Carpentry & Millwork	2010	77,921						20
21	Acoustical Ceiling & Flooring	2010	29,947						21
22	Painting	2010	75,786						22
23	Plumbing	2010	27,465						23
24	Electrical	2010	42,154						24
25	HVAC	2010	21,347						25
26	Overhead & Profit	2010	16,506						26
27	Contingency & change orders	2010	45,238						27
28									28
29	Interior Design - Renovation Project	2010	6,000						29
30	Plaster/window/shelving (PMSI Construction)	2010	19,170						30
31	Asbestos Abatement	2010	189,525						31
32	Direct supply Window treatments, bed spreads	2010	38,949						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,630,742	\$ 242,865		\$ 242,865	\$	\$	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		\$ 4,630,742	\$ 242,865		\$ 242,865	\$	\$	1
2									2
3	Exterior Lights	2011	7,955						3
4	In-sink-erator	2010	2,675						4
5	Air Handler	2011	20,385						5
6	Sign	2011	2,600						6
7	Fire Alarm	2011	8,665						7
8									8
9	Fire Alarm	2012	2,600						9
10	Sprinkler Head	2012	3,464						10
11	Lighting Retrofit	2012	3,255						11
12	Boilers	2012	8,190						12
13									13
14	Condensing Unit	2013	28,841						14
15	Roof Replacement	2013	152,428						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)		\$ 4,871,800	\$ 242,865		\$ 242,865	\$	\$	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	\$ 1,585,192	\$ 89,870	\$ 89,870	\$		\$	71
72	Current Year Purchases	19,139						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,604,331	\$ 89,870	\$ 89,870	\$		\$	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)	\$ 6,526,131	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 332,735	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 332,735	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: \$ 15,508 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.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist		hrs	\$			\$ 244,922	\$		\$ 244,922	1
2	Licensed Speech and Language Development Therapist		hrs				6,726			6,726	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist		hrs				268,101	375		268,476	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					379,193		379,193	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify):						15,703			15,703	13
14	TOTAL			\$			\$ 535,452	\$ 379,568		\$ 915,020	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-Peru

0048090

Report Period Beginning: 01/01/13

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

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

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 32,796	\$	1
2	Cash-Patient Deposits	19,583		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	920,932		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,693		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(347,334)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 646,670	\$	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)	\$ 646,670	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 211,221	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	19,583		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	228,945		30
31	Accrued Taxes Payable (excluding real estate taxes)	6,446		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>	71,798		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 537,993	\$	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)	\$ 537,993	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 108,677	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 646,670	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 71,514	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 71,514	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	37,163	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)	\$ 37,163	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)	\$ 108,677	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	\$ 5,433,652	1	
2	Discounts and Allowances for all Levels	(2,220,985)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,212,667	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	1,891,949	6	
7	Oxygen		7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,891,949	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	(21)	12	
13	Barber and Beauty Care	17,331	13	
14	Non-Patient Meals		14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space		16	
17	Sale of Drugs	717,263	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory		19	
20	Radiology and X-Ray		20	
21	Other Medical Services		21	
22	Laundry		22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 734,573	23	
D. Non-Operating Revenue				
24	Contributions		24	
25	Interest and Other Investment Income***	29,512	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 29,512	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28		(2,860)	28	
28a			28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (2,860)	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,865,841	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	888,097	31	
32	Health Care	2,955,467	32	
33	General Administration	1,365,913	33	
B. Capital Expense				
34	Ownership	605,214	34	
C. Ancillary Expense				
35	Special Cost Centers	13,987	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)*	\$ 5,828,678	40	
41	Income before Income Taxes (line 30 minus line 40)**	37,163	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 37,163	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-Peru

0048090

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	1,860	2,024	\$ 67,234	\$ 33.22	1
2	Assistant Director of Nursing	2,021	2,512	60,854	24.23	2
3	Registered Nurses	16,003	17,349	438,797	25.29	3
4	Licensed Practical Nurses	12,486	13,620	303,497	22.28	4
5	CNAs & Orderlies	60,238	63,596	723,058	11.37	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,874	7,505	145,740	19.42	8
9	Activity Director					9
10	Activity Assistants	6,816	7,469	114,101	15.28	10
11	Social Service Workers	1,662	1,812	34,793	19.20	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,876	17,043	197,875	11.61	15
16	Dishwashers					16
17	Maintenance Workers	6,854	7,605	113,620	14.94	17
18	Housekeepers	3,564	3,772	35,290	9.36	18
19	Laundry	8,634	9,204	85,355	9.27	19
20	Administrator	1,900	2,080	117,078	56.29	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,146	10,042	192,631	19.18	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)	153,934	165,633	\$ 2,629,923 *	\$ 15.88	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	6,000		36
37	Medical Records Consultant	6,933		37
38	Nurse Consultant			38
39	Pharmacist Consultant	7,740		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	2,206		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 22,879		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. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
<u>Caroline Daughtery</u>			\$ <u>117,078</u>	Workers' Compensation Insurance	\$ <u>56,730</u>	IDPH License Fee	\$	
				Unemployment Compensation Insurance	<u>49,723</u>	Advertising: Employee Recruitment	<u>4,084</u>	
				FICA Taxes	<u>201,189</u>	Health Care Worker Background Check (Indicate # of checks performed _____)	<u>3,575</u>	
				Employee Health Insurance	<u>241,363</u>	<u>Patient Background Checks</u>		
				Employee Meals			<u>8,303</u>	
				Illinois Municipal Retirement Fund (IMRF)*				
				<u>Other Benefits</u>	<u>25,644</u>	<u>Dues & Subscriptions</u>	<u>9,214</u>	
				<u>Central Office Allocation</u>	<u>57,223</u>	<u>License & Fees</u>	<u>4,966</u>	
						<u>Central Office Allocation</u>	<u>13,256</u>	
						Less: <u>Public Relations Expense</u>	<u>(8,303)</u>	
						<u>Non-allowable advertising</u>	<u>(364)</u>	
						<u>Yellow page advertising</u>	<u>()</u>	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ <u>117,078</u>	TOTAL (agree to Schedule V, line 22, col.8)	\$ <u>631,872</u>	TOTAL (agree to Sch. V, line 20, col. 8)	\$ <u>34,731</u>	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
								<u>3,353</u>
								<u>0</u>
							Seminar Expense	<u>1,003</u>
								<u>(2,357)</u>
							Entertainment Expense	<u>()</u>
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ <u>1,999</u>
C. Professional Services								
Vendor/Payee	Type		Amount					
<u>Heritage Operations Group</u>	<u>Mgt</u>		\$ <u>251,506</u>					
<u>Legal adj to Zero</u>			<u>5,288</u>					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ <u>256,794</u>					

* Attach copy of IMRF notifications

**See instructions.

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-Peru# 0048090

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. \$ 70,628
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 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? _____ If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 100%
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 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	32,796				1,009	1,009 PETTY C 32,796
1010	CASH IN BANK					1,100	1,100 ACCTS R 920,932
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. FOR UNCOLLECTIBI
1100	ACCOUNTS RECEIVABLE	920,932				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 20,693
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	20,693				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 19,583
1490	ACCUM DEPR-BUILDING	0				1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	19,583				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0				1,850	1,850 INTERCC (347,334)
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (211,221)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-347,334				2,100	2,100 ACCRUE (76,753)
2010	ACCOUNTS PAYABLE	-211,221				2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-76,753				2,110	2,110 ACCRUE (152,192)
2110	ACCRUED VACATION PAY	-152,192				2,120	2,120 U.C. TAXES PAYABLE

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(6,446)	
2125	FICA TAX PAYABLE	-6,446	-6,446	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	(71,798)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-71,798		2,400	2,400 CURRENT PORTION OF LT DE		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO I	(19,583)	
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 RETAINI	(71,514)	
2460	INCOME TAXES PAYABLE				net incom	(37,163)	
2512	DUE TO RESIDENTS	-19,583					
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	-71,514					
2970	PROFIT/LOSS FOR PERIOD	-37,163					
3007.1	PATIENT DAYS-PRIVATE	6,405					3,007

3007.2	PATIENT DAYS-IPA	17,426						3,007
3007.3	PATIENT DAYS-MEDICARE	4,948						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 &	-5,377,568	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	-51,815	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	-717,263	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-1,891,949	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	2,220,985	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	-17,331		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	0		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	21		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-4,269		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	0		0	0	0	0		4,110
3600	21 MISC INCOME	0		0	0	0	0		4,111
4110	GENERAL & ADMINISTRATIVE WAGES	181,988	192,631	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	117,078	117,078	17	1	0	0		4,120
4115	VACATION & SICK - G&A	10,643		21	1	0	0		4,125
4120 4475	EMPLOYEE BENEFITS	18,009	574,649	22	3	0	0		4,130
4125	EMPLOYEE HEPETITIS VACATION	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLORSHIP	5,499		21	1	0	0		4,250
4135	EMPLOYEE SCHOLORSHIP	2,136		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250 4255	OFFICE SUPPLIES	18,372	18,372	21	2	0	0		4,275
4260	TELEPHONE	14,189	14,189	21	3	0	0 **		4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	7,320	7,320	23	3	16	0		4,280
4280	GENERAL TRAVEL	3,353	4,356	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	0		24	3	19	0 ***		4,285
4285	EDUCATION & SEMINAR	1,003		24	3	19	-11,400		4,289
4290	HELP WANTED ADVERTISING	4,084	120,271	20	3	0	0 -70,628		4,290
4291	PROMOTIONAL ADVERTISING	19,501		20	3	25	-19,501		4,291
4292	PUBLIC RELATIONS	8,303		20	3	25	-8,303		4,292
4300	LICENSES & FEES	75,594		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	9,214		20	3	17	-364		4,310
4320	CONTRIBUTIONS	0		27	3	20	0		4,320
4350	PROFESSIONAL FEES	5,288	256,794	19	3	22	-5,288		4,350
4355	MEDICAL DIRECTOR	6,000	6,000	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	6,933		10	3	0	0	4,364
4363	PHARMACIST FEES	7,740		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	2,206	2,206	12	3	0	0	4,383
4370	TV RENTAL	11,779		35	3	5	0	4,390
4380	INCOME TAXES		0	27	3	26	0	4,400
4383	BACKGROUND CHECKS	3,575		20	3	26	0	4,401
4400	PAYROLL TAXES	238,973		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	11,939		22	3	0	0	4,420
4410	GROUP INSURANCE	241,363		22	3	0	0	4,430
4420	LIABILITY INSURANCE	60,253	60,253	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	56,730		22	3	0	0 **	4,450
4450	CENTRAL OFFICE FEES	251,506		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	3,729	15,508	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	105,704	113,620	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	7,916		6	1	0	0	4,510
5130	ELECTRIC	55,236	106,887	5	3	0	0	4,600
5131	NATURAL GAS	32,680		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	18,971		5	3	0	0	5,130
5134	TRASH COLLECTION	17,889	53,833	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	20,396	57,517	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	37,121		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	35,944		6	3	0	0	5,140
5210	DIETARY WAGES	185,340	197,875	1	1	0	0	5,160
5220	DIETARY SICK & VAC	12,535		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	186,436	186,436	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	3,065	13,554	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	1,879		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	8,610		1	2	0	0	5,260
5295	MEAL CREDIT	0		2	2	0	0	5,270
5310	LAUNDRY WAGES	80,111	85,355	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	5,244		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	2,743	8,229	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	5,486		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	34,537	35,290	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	753		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	12,978	29,501	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	16,523		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,739,180	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	396,566		10	1	0	0	6,020
6030	DON WAGES	67,234		10	1	0	0	6,030
6035	ADON	60,854		10	1	0	0	6,035
6040	RN SICK & VACATION	42,231		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	281,889		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	21,608		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	682,684		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	40,374		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	132,440		10	1	0	0	6,390
6275	REHAB SICK & VAC	13,300		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	94,069	119,990	10	2	0	0	7,281
6295	NURSING SUPPLIES	25,579		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	342		10	2	0	0	7,391
6490	NURSING OTHER	8,477	23,150	10	3	0	0 ***	7,393
7280	DRUG PURCHASES	197,528	379,568	39	2	0	0	7,510
7281	DRUG PURCHASES-OTHER	181,665		39	2			7,540
7380	LABORATORY SERVICES	15,703	535,452	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	104,264	114,101	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	9,837		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	1,027	1,027	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	268,101		39	3	0	0	7,890
7660	PT SUPPLIES	375		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	31,958	34,793	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	2,835		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0 ***	8,130
7740	OT FEE	244,922		39	3	0	0	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0 ***	9,510
7770	SPEECH THERAPY FEE	6,726		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	13,987	13,987	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	565,020	565,020	34	3	0	0	

8120	INTEREST EXPENSE	24,686	24,686	32	3	14	-29,512
8130	DEPRECIATION	0	0	30	3	9	0
8150	LOAN FEE AMORTIZATION	0		32	3	0	0
9510	INTEREST INCOME	-29,512		32	0	10	0
9520	MISC NON-OPERATING INC	0		0	0	0	0
9700	INCOME TAXES	2,860		0	0	0	0
		5,802,026	5,828,678				
			26,652				

GRAND TOTALS -37,163 -74,368
(NET INCOME)

0

FACILITY NAME:

FACILITY ID: 0

FACILITY UNITS: 129

BALANCE SHEET TOTAL 0

G/L

RECAP CENSUS

PP 6,405

6,405

IPA 17,426

17,426

medicare 4,948

4,948

28,779

IPA BEDHOLDS 0

PP BEDHOLDS 0

PP CONVERS 0

LES

3

FUND

ERIA

EBT

EBT

3,007 PATIENT

6,405

HFS 3745 (N-4-99)

IL478-2471

3,007 PATIENT	17,426
3,007 PATIENT	4,948
	0

3,010 BASIC CH	(5,377,568)
3,020 BASIC CH	0
3,030 BASIC CH	0
	0
	0
	0
	0

3,080 NURSING	(51,815)
3,081 NURSING	0
3,082 NURSING	0
3,083 NURSING	0
3,100 DRUGS-M	(717,263)
	0

3,110 PHYSICAL	(1,891,949)
	0
3,112 PHYSICAL	0
3,113 PHYSICAL	0
3,140 LABORATORY INCOME	0

3,152 ST/OT TH	0
3,153 ST/OT TH	0
3,185 REHAB/ISOLATION/OTHER CHG	
3,410 IPA/OTHE	0
3,411 MEDICAR	0
3,420 MEDICAR	2,142,396

3,520 RENT INC	0
3,530 BEAUTY :	(17,331)
	0
3,570 VENDING	21
3,590 EQUIPME	(4,269)
3,595 RESIDENT	0
3,600 MISC INC	0
4,110 G&A WAC	181,988
4,111 ADMINIS'	117,078
4,115 G&A PTO	10,643
4,120 EMPLOYE	17,991
4,130 EMPLOYE	5,499
4,135 EMPLOYE	2,136
4,250 OFFICE SI	6,284
4,255 POSTAGE	3,423
4,260 TELEPHO	14,189
4,275 TRAINING	7,320
	0
4,280 GENERAL	3,353
4,281 MEAL EX	0
4,285 EDUCATI	1,003
4,289 MEETING	0
4,290 HELP WA	4,084
4,291 PROMOTI	19,501
4,292 PUBLIC R	8,303
4,300 LICENSE	75,594
4,310 DUES & S	9,214
4,320 CONTRIB	0
4,350 PROFESSI	5,288
4,355 MEDICAL	6,000
	6,933
	7,740

4,364 SOCIAL S	2,206
4,370 TV RENTL	11,779
4,383 BACKGR	3,575
4,390 OTHER T	2,860
4,400 PAYROLL	238,973
4,401 PAYROLL	11,939
4,410 GROUP IN	241,363
4,420 LIABILIT	60,253
4,430 WORKMA	55,227
4,435 W/C-FIRS	78
4,436 DRUG TE	1,425
4,450 MANAGE	251,506
4,460 BAD DEB'	0
4,461 BAD DEB'	78,589
4,470 LOST ITE	0
4,475 UNIFORM	18
4,486 SERVICE	22,372
4,490 MISC EXP	245
4,496 MISC. M.I	8,665
4,510 REAL EST	0
4,600 LEASED F	3,729
5,110 MAINTEN	105,704
5,120 MAINTEN	7,916
5,130 ELECTRIC	55,236
5,131 NATURAL	32,680
5,133 WATER &	18,971
5,134 TRASH CO	17,889
5,140 PROP/PLA	20,396
5,160 GENERAL	37,121
5,165 MAINTEN	13,572
5,210 DIETARY	185,340
5,220 DIETARY	12,535
5,248 FOOD PUI	186,191

5,250 SUPPLIES	3,065
5,260 REPLACE	1,879
5,270 KITCHEN	8,610
5,295 MEAL INC	0
5,310 LAUNDRY	80,111
5,340 LAUNDRY	5,244
5,370 REPLACE	2,743
	0
5,390 SUPPLIES	5,486
5,410 HOUSEKE	34,537
5,440 HOUSEKE	753
5,480 SUPPLIES	12,978
5,490 SUPPLIES	16,523
6,020 RN WAGE	396,566
6,030 DON WAG	67,234
6,035 ADON WA	60,854
6,040 RN PTO &	42,231
6,120 LPN WAG	281,889
6,140 LPN PTO	21,608
6,220 AIDES WA	682,684
6,240 AIDES PT	40,374
	0
	0
	0
	0
6,270 REHAB W	132,440
6,275 REHAB P	13,300
6,290 NURSING	94,069
6,295 NURSING	25,579
6,390 REPLACE	342
6,490 OTHER	8,477

7,280 DRUG PU	197,528
7,281 DRUG PU	181,665
7,380 LABORAT	11,168
7,390 X-RAY SE	1,362
	3,173
7,510 ACTIVITI	104,264
7,540 ACTIVITI	9,837
7,590 ACTIVITI	1,027
7,620 PHYSICAL	268,101
7,660 P.T. SUPP	375
7,710 SOCIAL S	31,958
7,720 SOCIAL S	2,835
7,730 SOCIAL S	0
7,740 OCCUPAT	244,922
7,770 SPEECH T	6,726
7,820 BEAUTIC	13,987
	0
	0
8,120 INTEREST	0
	24,686
8,130 DEPRECL	0
	0
9,510 INTEREST	(29,512)
9,520 MISC NOI	0
4,220	0
8,100	565,020
9,702	0
5,230	0
	<u>(37,163)</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