

Facility Name & ID Number Heritage Health-Carlinville

0048850 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	108	Skilled (SNF)	108	39,420	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	108	TOTALS	108	39,420	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	13,627	10,582	2,160	26,369	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,627	10,582	2,160	26,369	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.89%

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 2007

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

YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified _____ and days of care provided 2,160

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: _____ Fiscal Year: _____

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

Facility Name & ID Number

Heritage Health-Carlinville

0048850

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	205,220	8,651		213,871		213,871	5,442	219,313		1
2	Food Purchase		177,159		177,159		177,159	65	177,224		2
3	Housekeeping	103,198	33,048		136,246		136,246		136,246		3
4	Laundry	61,830	13,318		75,148		75,148		75,148		4
5	Heat and Other Utilities			110,186	110,186		110,186	1,484	111,670		5
6	Maintenance	61,238	57,491	55,217	173,946		173,946	18,543	192,489		6
7	Other (specify):*										7
8	TOTAL General Services	431,486	289,667	165,403	886,556		886,556	25,534	912,090		8
	B. Health Care and Programs										
9	Medical Director			8,950	8,950		8,950		8,950		9
10	Nursing and Medical Records	1,289,251	83,856	11,061	1,384,168		1,384,168	315	1,384,483		10
10a	Therapy		316,425	328,675	645,100	(322,091)	323,009		323,009		10a
11	Activities	72,303	1,525		73,828		73,828		73,828		11
12	Social Services	30,761		3,236	33,997		33,997		33,997		12
13	CNA Training							915	915		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,392,315	401,806	351,922	2,146,043	(322,091)	1,823,952	1,230	1,825,182		16
	C. General Administration										
17	Administrative	67,500			67,500		67,500		67,500		17
18	Directors Fees										18
19	Professional Services			201,363	201,363		201,363	(178,124)	23,239		19
20	Dues, Fees, Subscriptions & Promotions			89,397	89,397	(59,130)	30,267	(9,894)	20,373		20
21	Clerical & General Office Expenses	153,861	17,143	10,846	181,850		181,850	333,800	515,650		21
22	Employee Benefits & Payroll Taxes			522,191	522,191		522,191	54,940	577,131		22
23	Inservice Training & Education			6,043	6,043		6,043	1,631	7,674		23
24	Travel and Seminar			5,844	5,844		5,844	(845)	4,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			65,260	65,260		65,260	12,298	77,558		26
27	Other (specify):*			32,050	32,050		32,050	(32,000)	50		27
28	TOTAL General Administration	221,361	17,143	932,994	1,171,498	(59,130)	1,112,368	181,806	1,294,174		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,045,162	708,616	1,450,319	4,204,097	(381,221)	3,822,876	208,570	4,031,446		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-Carlinville

#0048850

Report Period Beginning:

01/01/14

Ending:

12/31/14

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							198,157	198,157			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			22,528	22,528		22,528	30,862	53,390			32
33	Real Estate Taxes							33,716	33,716			33
34	Rent-Facility & Grounds			473,040	473,040		473,040	(466,178)	6,862			34
35	Rent-Equipment & Vehicles			7,189	7,189		7,189	8,682	15,871			35
36	Other (specify):*											36
37	TOTAL Ownership			502,757	502,757		502,757	(194,761)	307,996			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers						322,091	322,091	7,143	329,234		39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee						59,130	59,130	59,130			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers						381,221	381,221	7,143	388,364		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,045,162	708,616	1,953,076	4,706,854		4,706,854	20,952	4,727,806			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-Carlinville

0048850

Report Period Beginning: 01/01/14

Ending: 12/31/14

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(11,493)			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	(2,950)			17
18	Fines and Penalties				18
19	Entertainment	(9,494)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(5,379)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(32,000)			24
25	Fund Raising, Advertising and Promotional	(15,745)			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)	\$ (77,061)		\$	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)	98,013		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 98,013		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 20,952		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-Carlinville

ID# 0048850

Report Period Beginning: 01/01/14

Ending: 12/31/14

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		(2,950)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(5,379)	19	22
23				23
24		(32,000)	27	24
25		(15,745)	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		(56,074)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Carlinville# 0048850

Report Period Beginning:

01/01/14

Ending:

12/31/14

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	5,442	0	0	0	0	0	0	0	0	5,442	1
2	Food Purchase	0	0	65	0	0	0	0	0	0	0	0	65	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,484	0	0	0	0	0	0	0	0	1,484	5
6	Maintenance	0	0	18,543	0	0	0	0	0	0	0	0	18,543	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	25,534	0	0	0	0	0	0	0	0	25,534	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	315	0	0	0	0	0	0	0	0	315	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	915	0	0	0	0	0	0	0	0	915	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	1,230	0	0	0	0	0	0	0	0	1,230	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	(5,379)	(194,648)	21,903	0	0	0	0	0	0	0	0	(178,124)	19
20	Fees, Subscriptions & Promotions	(18,695)	0	8,801	0	0	0	0	0	0	0	0	(9,894)	20
21	Clerical & General Office Expenses	0	0	333,800	0	0	0	0	0	0	0	0	333,800	21
22	Employee Benefits & Payroll Taxes	0	0	54,940	0	0	0	0	0	0	0	0	54,940	22
23	Inservice Training & Education	0	0	1,631	0	0	0	0	0	0	0	0	1,631	23
24	Travel and Seminar	(9,494)	0	8,649	0	0	0	0	0	0	0	0	(845)	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	12,298	0	0	0	0	0	0	0	0	12,298	26
27	Other (specify):*	(32,000)	0	0	0	0	0	0	0	0	0	0	(32,000)	27
28	TOTAL General Administration	(65,568)	(194,648)	442,022	0	0	0	0	0	0	0	0	181,806	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(65,568)	(194,648)	468,786	0	0	0	0	0	0	0	0	208,570	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Carlinville# 0048850

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	176,340	0	21,817	0	0	0	0	0	0	0	198,157	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(11,493)	42,383	0	(28)	0	0	0	0	0	0	0	30,862	32
33	Real Estate Taxes	0	33,716	0	0	0	0	0	0	0	0	0	33,716	33
34	Rent-Facility & Grounds	0	(473,040)	0	6,862	0	0	0	0	0	0	0	(466,178)	34
35	Rent-Equipment & Vehicles	0	0	0	8,682	0	0	0	0	0	0	0	8,682	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(11,493)	(220,601)	0	37,333	0	(194,761)	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	7,143	0	0	0	0	0	0	0	0	0	7,143	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	7,143	0	0	0	0	0	0	0	0	0	7,143	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(77,061)	(408,106)	468,786	37,333	0	20,952	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>Attachment-See Following Page</u>		<u>Heritage Operations Group</u>	<u>Bloomington</u>	<u>Mgmt Svcs</u>
				<u>Green Tree Pharmacy</u>	<u>Minonk</u>	<u>Pharmacy</u>

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V		\$			\$		1
2	V	<u>39 Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>7,143</u>	<u>7,143</u>	2
3	V							3
4	V	<u>19 Adjustment for Related Organization</u>	<u>194,648</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(194,648)</u>	4
5	V							5
6	V	<u>34 Adjustment for Related Organization</u>	<u>473,040</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>		<u>(473,040)</u>	6
7	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>33,716</u>	<u>33,716</u>	7
8	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>37,610</u>	<u>37,610</u>	8
9	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>176,340</u>	<u>176,340</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		\$ 667,688			\$ 259,582	\$ * (408,106)	14

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$	Heritage Enterprises, Inc.		\$	\$	5,442 15
16	V	2 Food Purchase						65 16
17	V	3 Housekeeping						0 17
18	V	4 Laundry						0 18
19	V	5 Heat & Other Utilities						1,484 19
20	V	6 Maintenance						18,543 20
21	V	7 Other						0 21
22	V	9 Medical Director						0 22
23	V	10 Nursing & Medical Records						315 23
24	V	11 Activities						0 24
25	V	12 Social Service						0 25
26	V	13 Nurse Aide Training						915 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						21,903 31
32	V	20 Fees, Subscription, Promotions						8,801 32
33	V	21 Clerical & General Office Expenses						333,800 33
34	V	22 Employee Benefits & Payroll Taxes						54,940 34
35	V	23 Inservice Training & Education						1,631 35
36	V	24 Travel and Seminar						8,649 36
37	V	25 Other Admin. Staff Transportation						0 37
38	V	26 Insurance-Prop.Liab.Malpract						12,298 38
39	Total		\$			\$	0	\$ * 468,786 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.		\$	0	15
16	V	30 Depreciation					21,817	16
17	V	31 Amortization of Pre-Op & Org					0	17
18	V	32 Interest					(28)	18
19	V	33 Real Estate Taxes					0	19
20	V	34 Rent-Facility & Grounds					6,862	20
21	V	35 Rent-Equipment & Vehicles					8,682	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	\$ * 37,333 39

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

Facility Name & ID Number Heritage Health-Carlinville # 0048850 Report Period Beginning: 01/01/14 Ending: 12/31/14

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.	Sole 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-Carlinville

0048850

Report Period Beginning:

01/01/14

Ending: 12/31/14

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	2,666	25	\$ 134,342	\$ 134,342	108	\$ 5,442	1
2	2	Food Purchase	Beds	2,666	25	1,596	0	108	65	2
3	3	Housekeeping	Beds	2,666	25	0	0	108	0	3
4	4	Laundry	Beds	2,666	25	0	0	108	0	4
5	5	Heat & Other Utilities	Beds	2,666	25	36,640	0	108	1,484	5
6	6	Maintenance	Beds	2,666	25	457,729	82,589	108	18,543	6
7	7	Other	Beds	2,666	25	0	0	108	0	7
8	9	Medical Director	Beds	2,666	25	0	0	108	0	8
9	10	Nursing & Medical Records	Beds	2,666	25	7,786	5,734	108	315	9
10	11	Activities	Beds	2,666	25	0	0	108	0	10
11	12	Social Service	Beds	2,666	25	0	0	108	0	11
12	13	Nurse Aide Training	Beds	2,666	25	22,595	21,764	108	915	12
13	14	Program Transportation	Beds	2,666	25	0	0	108	0	13
14	15	Other	Beds	2,666	25	0	0	108	0	14
15	17	Administrative	Beds	2,666	25	0	0	108	0	15
16	18	Directors Fees	Beds	2,666	25	0	0	108	0	16
17	19	Professional Services	Beds	2,666	25	540,681	0	108	21,903	17
18	20	Fees, Subscription, Promotions	Beds	2,666	25	217,245	0	108	8,801	18
19	21	Clerical & General Office Expens	Beds	2,666	25	8,239,911	7,726,747	108	333,800	19
20	22	Employee Benefits & Payroll Tax	Beds	2,666	25	1,356,202	0	108	54,940	20
21	23	Inservice Training & Education	Beds	2,666	25	40,260	0	108	1,631	21
22	24	Travel and Seminar	Beds	2,666	25	213,494	0	108	8,649	22
23	25	Other Admin. Staff Transportatio	Beds	2,666	25	0	0	108	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,666	25	303,574	0	108	12,298	24
25	TOTALS					\$ 11,572,055	\$ 7,971,176		\$ 468,786	25

Facility Name & ID Number Heritage Health-Carlinville

0048850

Report Period Beginning:

01/01/14

Ending: 12/31/14

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 See PG 3
 Street Address _____
 City / State / Zip Code _____
 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	2,666	25	\$	108	\$	1
2	30	Depreciation	Beds	2,666	25	538,548	108	21,817	2
3	31	Amortization of Pre-Op & Org	Beds	2,666	25		108		3
4	32	Interest	Beds	2,666	25	(682)	108	(28)	4
5	33	Real Estate Taxes	Beds	2,666	25		108		5
6	34	Rent-Facility & Grounds	Beds	2,666	25	169,393	108	6,862	6
7	35	Rent-Equipment & Vehicles	Beds	2,666	25	214,306	108	8,682	7
8	36	Other	Beds	2,666	25		108		8
9	38	Medically Nec Transportation	Beds	2,666	25		108		9
10	39	Ancillary Service Centers	Beds	2,666	25		108		10
11	40	Barber and Beauty Shops	Beds	2,666	25		108		11
12	41	Coffee and Gift Shops	Beds	2,666	25		108		12
13	42	Other	Beds	2,666	25		108		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				\$ 921,565	\$		\$ 37,333	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	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			\$	\$		\$ 37,610	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						22,528	6									
7											7									
8											8									
9	TOTAL Facility Related					\$	\$			\$ 64,911	9									
B. Non-Facility Related*																				
10	Interest Income									(11,493)	10									
11											11									
12	Allocated Corporate									(28)	12									
13											13									
14	TOTAL Non-Facility Related					\$	\$			\$ (11,521)	14									
15	TOTALS (line 9+line14)					\$	\$			\$ 53,390	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 2013 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.)		\$	33,716		2														
3. Under or (over) accrual (line 2 minus line 1).		\$	33,716		3														
4. Real Estate Tax accrual used for 2014 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.		\$	33,716		7														
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2009	_____	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2013 \$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td>16</td> </tr> </table>		FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2013 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
FOR BHF USE ONLY																			
13	FROM R. E. TAX STATEMENT FOR 2013 \$	13																	
14	PLUS APPEAL COST FROM LINE 5 \$	14																	
15	LESS REFUND FROM LINE 6 \$	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																	
	2010	_____	9																
	2011	32,778	10																
	2012	33,430	11																
	2013	33,716	12																

NOTES:

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

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health-Carlinville COUNTY Macoupin

FACILITY IDPH LICENSE NUMBER 0048850

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 2013 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 2013.

	(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>1200026402</u>	_____	\$ <u>33,716.32</u>	\$ <u>33,716.32</u>
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <u><u>33,716.32</u></u>	\$ <u><u>33,716.32</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 x 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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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

Facility Name & ID Number 1

0048850 Report Period Beginning:

01/01/14 Ending:

12/31/14

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: _____ B. General Construction Type: Exterior Brick Frame Wood Number of Stories _____

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>32,017</u>	1
2					2
3	TOTALS			\$ <u>32,017</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	108			\$ 3,265,145	\$		\$	\$	\$
5									
6									
7									
8									
Improvement Type**									
9	Heritage Manor Sign		1996	2,176					
10	Architect Fees		1996	2,387					
11	Laundry Room Electrical Repair		1996	3,019					
12									
13									
14	Special Care Unit -- Remodel		1997	30,884					
15									
16	Remodel-- Alzheimer Wing		1998	78,813					
17	A/C Unit		1998	950					
18	Life Safety Improvements		1998	7,351					
19	Shower Room Remodel		1998	2,811					
20	Roof Replacement		1998	92,246					
21									
22	Door Alarm		1999	2,317					
23	Smoke Damperer		1999	498					
24	Water System		1999	8,115					
25	Interior Painting--Material and Labor		1999	6,892					
26	Shower Room Remodel		1999	2,453					
27	Water Heater		1999	4,253					
28									
29									
30									
31									
32									
33	C/O Allocation				21,817		21,817		
34	Book Depreciation				146,321		146,321		
35									
36									

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Health-Carlinville

0048850

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	Water Softener	2000	\$ 3,802	\$		\$	\$	\$	37
38	Shower room Remodel ---Material and Labor	2000	3,608						38
39	A/C Rooftop Unit	2000	12,490						39
40	Pipe --Hallway Floor	2000	1,920						40
41									41
42	Electric Heater	2001	4,700						42
43									43
44	A/C Rooftop Unit-(remove)	2002	(12,490)						44
45	Heat / Cool Unit	2002	8,969						45
46	Floor Coverings	2002	6,638						46
47	Roof top unit	2002	4,995						47
48	Roof top unit	2002	2,918						48
49									49
50	Floor coverings	2003	10,318						50
51	Resurface parking lot	2003	25,786						51
52	A/C unit	2003	11,167						52
53	Dishwasher	2003	3,880						53
54	Boiler	2003	1,978						54
55	Backflow unit	2003	740						55
56	Heat / Cool Unit	2003	5,607						56
57									57
58	Hot Water Pump	2004	750						58
59	Heat / Cool Unit	2004	4,485						59
60	Booster Heater	2004	2,261						60
61	Door Closer	2004	578						61
62	A/C Unit	2004	1,101						62
63	Roof top unit	2004	3,504						63
64	Electric Heater	2004	13,454						64
65	Secure Care System	2004	3,053						65
66	Ansul System	2004	1,685						66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,638,207	\$ 168,138		\$ 168,138	\$	\$	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		\$ 3,638,207	\$ 168,138		\$ 168,138	\$	\$	1
2	Window Replacement	2005	371						2
3	HVAC	2005	10,165						3
4	Rooftop A/C	2005	8,997						4
5	Water Storage Tank	2005	4,456						5
6	Rooftop Heater	2005	3,425						6
7									7
8	Sidewalk	2006	630						8
9	Parking Lot Sealer	2006	2,385						9
10	Window Replacement	2006	1,638						10
11	Resident room remodel -- paint, wall coverings	2006	3,390						11
12	Smoke detectors	2006	1,644						12
13									13
14	Resident room remodel -- paint, wall coverings	2007	4,207						14
15	Corridor Rehab -- Paint/Wallpaper	2007	22,058						15
16	HVAC	2007	9,819						16
17	Fire Alarm	2007	2,900						17
18	Rosedale Corridor Rehab-- Paint/ Wallpaper	2007	4,041						18
19	Sprinkler System	2007	3,398						19
20									20
21									21
22	Rosedale Resident room Rehab -- Paint/Wallpaper	2007	26,384						22
23	Rooftop A/C	2007	4,417						23
24	Kitchen Repairs	2007	1,550						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)		\$ 3,754,082	\$ 168,138		\$ 168,138	\$	\$	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 3,754,082	\$ 168,138		\$ 168,138	\$	\$	1
2	PTAC Units	2008	7,980						2
3	Nurse call/Phone System	2008	157,428						3
4	Kitchen Water Heater	2008	2,600						4
5	Rosedale wing room remodel-- paint/flooring	2008	15,673						5
6	Kitchen plumbing	2008	3,130						6
7	Sprinkler	2008	5,972						7
8	Legacy Unit Remodel--paint/flooring	2008	37,068						8
9	Fire Alarm	2008	47,279						9
10									10
11	Sewer Line	2009	6,355						11
12	Therapy Renovation: paint, electrical, flooring	2009	76,398						12
13	Kitchen pipe	2009	2,700						13
14	Shower	2009	5,080						14
15	Door Alarms	2009	42,322						15
16	Nurse call/Phone System	2009	35,992						16
17	Fire Alarm	2009	15,451						17
18									18
19	Concrete Work & Install Curtains -- therapy room	2010	3,904						19
20	PTAC Units	2010	3,530						20
21	Flooring/Installation Shower room floor	2010	20,394						21
22									22
23	Electric Heat/Cool unit	2011	5,500						23
24	500 gallon grease trap	2011	3,300						24
25	Parking Lot seal	2011	9,481						25
26	Kitchen Exhaust hood	2011	5,500						26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,267,119	\$ 168,138		\$ 168,138	\$	\$	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 12C, Carried Forward								
2		\$ 4,267,119	\$ 168,138		\$ 168,138	\$	\$		1
3	Kitchen Rehab - Flooring	2013	19,580						2
4	Lighting Retrofit	2013	7,269						3
5	A/C Units	2013	2,592						4
6	Walk in Cooler- Freezer	2013	25,216						5
7	Install Dry Sidewalls in Therapy	2013	3,200						6
8									7
9	Walk in Cooler- Freezer - Final Installment	2014	5,791						8
10	Door Closures	2014	3,483						9
11	Rooftop AC System Install	2014	8,950						10
12	Install Split System	2014	7,609						11
13	Parking Lot Fill, Seal and Stripe	2014	6,939						12
14	Replace Boiler and Water Tank	2014	9,928						13
15									14
16									15
17									16
18									17
19									18
20									19
21									20
22									21
23									22
24									23
25									24
26									25
27									26
28									27
29									28
30									29
31									30
32									31
33									32
34	TOTAL (lines 1 thru 33)		\$ 4,367,676	\$ 168,138		\$ 168,138	\$	\$	33

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

Facility Name & ID Number Heritage Health-Carlinville

0048850

Report Period Beginning:

01/01/14

Ending:

12/31/14

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1		\$ 4,367,676	\$ 168,138		\$ 168,138	\$	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
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19							
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21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 4,367,676	\$ 168,138		\$ 168,138	\$	\$

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

Facility Name & ID Number Heritage Health-Carlinville

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1		\$ 4,367,676	\$ 168,138		\$ 168,138	\$	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 4,367,676	\$ 168,138		\$ 168,138	\$	\$

**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	\$ 723,318	\$ 30,019	\$ 30,019	\$		\$	71
72	Current Year Purchases	9,775						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 733,093	\$ 30,019	\$ 30,019	\$		\$	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)	\$ 5,132,786	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 198,157	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 198,157	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: None

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. _____ /2015 \$ _____

13. _____ /2016 \$ _____

14. _____ /2017 \$ _____

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: \$ 7,189 Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Heritage Health-Carlinville # 0048850 Report Period Beginning: 01/01/14 Ending: 12/31/14
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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$ 153,214	\$		\$ 153,214	1
2	Licensed Speech and Language Development Therapist		hrs			18,806			18,806	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			150,476	513		150,989	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				315,912		315,912	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					6,179			6,179	13
14	TOTAL			\$		\$ 328,675	\$ 316,425		\$ 645,100	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-Carlinville

0048850

Report Period Beginning: 01/01/14

Ending:

12/31/14

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/14 (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	\$ 584	\$	1
2	Cash-Patient Deposits	10,764		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	705,946		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	24,219		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(2,834,043)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ (2,092,530)	\$	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)	\$ (2,092,530)	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 166,705	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,764		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	205,827		30
31	Accrued Taxes Payable (excluding real estate taxes)	4,539		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>	61,592		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 449,427	\$	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)	\$ 449,427	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,541,957)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ (2,092,530)	\$	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,383,316)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,383,316)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(158,641)	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)	\$ (158,641)	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)	\$ (2,541,957)	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	\$ 4,076,407	1
2	Discounts and Allowances for all Levels	(1,283,753)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,792,654	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,113,983	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,113,983	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	584	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	597,714	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	31,785	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 630,083	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	11,493	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 11,493	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)	\$ 4,548,213	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	886,556	31
32	Health Care	2,146,043	32
33	General Administration	1,171,498	33
B. Capital Expense			
34	Ownership	502,757	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)*	\$ 4,706,854	40
41	Income before Income Taxes (line 30 minus line 40)**	(158,641)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (158,641)	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-Carlinville

0048850

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	2,008	2,080	\$ 57,885	\$ 27.83	1
2	Assistant Director of Nursing		0			2
3	Registered Nurses	5,336	5,738	137,385	23.94	3
4	Licensed Practical Nurses	11,279	12,128	268,178	22.11	4
5	CNAs & Orderlies	61,388	66,009	741,272	11.23	5
6	CNA Trainees			0		6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,637	3,911	84,531	21.61	8
9	Activity Director					9
10	Activity Assistants	5,185	5,575	72,303	12.97	10
11	Social Service Workers	2,003	2,154	30,761	14.28	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	18,785	20,199	205,220	10.16	15
16	Dishwashers					16
17	Maintenance Workers	4,287	4,610	61,238	13.28	17
18	Housekeepers	10,577	11,373	103,198	9.07	18
19	Laundry	5,553	5,971	61,830	10.36	19
20	Administrator	1,872	2,080	67,500	32.45	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,897	7,415	153,861	20.75	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)	138,807	149,243	\$ 2,045,162 *	\$ 13.70	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	8,950		36
37	Medical Records Consultant	4,231		37
38	Nurse Consultant			38
39	Pharmacist Consultant	6,480		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	3,236		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 22,897		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$		50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	\$		53

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Heritage Health-Carlinville

0048850

Report Period Beginning:

01/01/14

Ending:

12/31/14

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. HCCI
- (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 Years
- (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. \$ 59,130
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. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 3,817
- (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? 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) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. None Claimed
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 Line #	Sch 5 pg Col #	Sch 6 pg Line #	Adjustment Amount		
1009	PETTY CASH	584						1,009	1,009 PETTY CASH 584
1010	CASH IN BANK							1,100	1,100 ACCTS R 705,946
1040	CASH IN BANK-PAYROLL							1,101	1,101 ALLOW. FOR UNCOLLECTIBLE
1100	ACCOUNTS RECEIVABLE	705,946						1,110	1,110 ACCTS RECEIV-M/C
1110	MEDICARE RECEIVABLES							1,125	1,125 ACCTS RECEIV-IPA
1125	IPA INCOME RECEIVABLE							1,135	1,135 ACCTS RECEIV-IC
1130	MEDICARE COST REPORT							1,140	1,140 UNAPPLIED CASH RECEIPTS
1135	ACCOUNTS RECEIVABLE-IC							1,145	1,145 A/R SUSPENSE-REFUNDS
1140	UNAPPLIED CASH RECEIPTS							1,200	1,200 PREPAID 24,219
1145	A/R SUSPENSE-REFUNDS							1,220	1,220 OTHER PREPAID EXPENSES
1190	ACCRUED INTEREST REC							1,300	1,300 DIETARY INVENTORY
1200	PREPAID INSURANCE	24,219						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 AL 0
1460	ACCUM DEPR-FURN & EQUIP	0						1,490	1,490 ACCUM I 0
1475	BUILDING & IMPROVEMENTS	0						1,530	1,530 RESIDEN 10,764
1490	ACCUM DEPR-BUILDING	0						1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	10,764						1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0						1,850	1,850 INTERCO (2,834,043)
1560	REAL ESTATE TAX ESCROW							2,010	2,010 ACCOUN (166,705)
1575	REIMBURSABLE PURCHASES							2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-2,834,043						2,100	2,100 ACCRUEI (99,826)
2010	ACCOUNTS PAYABLE	-166,705						2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE							2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-99,826						2,110	2,110 ACCRUEI (106,001)
2110	ACCRUED VACATION PAY	-106,001						2,120	2,120 U.C. TAX 0

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(4,539)	
2125	FICA TAX PAYABLE	-4,539	-4,539	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 REFU		
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 - CAFETER		
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 GA		
2260	WAGE GARNISHMENTS			2,300	2,300 ACCRUEI	0	
2280	MISC PAYROLL DEDUCTIONS			2,320	2,320 IPA PAYM	(61,592)	
2300	ACCRUED INTEREST PAYABLE	0		2,350	2,350 REAL EST	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-61,592		2,400	2,400 CURRENT PORTION OF LT DEB		
2350	REAL ESTATE TAX PAYABLE	0		2,512	2,512 DUE TO F	(10,764)	
2385	ACTIVITY FUND	0		2,600	2,600 LASALLE	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 DEB		
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINE	2,383,316	
2460	INCOME TAXES PAYABLE					net income	158,641
2512	DUE TO RESIDENTS	-10,764					
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	2,383,316					
2970	PROFIT/LOSS FOR PERIOD	158,641					
3007.1	PATIENT DAYS-PRIVATE	10,582					3,007

3007.2	PATIENT DAYS-IPA	13,627						3,007
3007.3	PATIENT DAYS-MEDICARE	2,160						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 & VA	-4,042,695	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-MEDICARE	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-PRIVATE	-30,151	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	-597,714	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-1,113,983	0	0	0	0		3,111
3111	6 PT-IPA		0	0	0	0		3,112
3112	6 PT-MEDICARE PART A		0	0	0	0		3,113
3113	6 PT-MEDICARE PART B		0	0	0	0		3,140
3130	1 PUBLIC AID ASSESSMENT INC							3,150
3140	19 LABORATORY INCOME		0	0	0	0		3,151
3150	6 SPEECH/OT-PRIVATE		0	0	0	0		3,152
3151	6 SPEECH/OT-IPA		0	0	0	0		3,153
3152	6 SPEECH/OT-MED PART A		0	0	0	0		3,160
3153	6 SPEECH/OT MED PART B							3,410
3410	2 IPA DISCOUNTS	1,283,753	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	0		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	0		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	-584		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-3,561		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	-31,785		0	0	0	0		4,110
3600	21 MISC INCOME	0		0	0	0	0		4,111
4110	GENERAL & ADMINIST WAGES	138,524	153,861	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	67,500	67,500	17	1	0	0		4,120
4115	VACATION & SICK - G&A	15,337		21	1	0	0		4,121
4120	4475 EMPLOYEE BENEFITS	10,020	522,191	22	3	0	0		4,130
4125	EMPLOYEE HEPETITIS VACCINE	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLORSHIP WAGE	0		21	1	0	0		4,250
4135	EMPLOYEE SCHOLORSHIP COST	0		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250	4255 OFFICE SUPPLIES	17,143	17,143	21	2	0	0		4,275
4260	TELEPHONE	10,846	10,846	21	3	0	0		4,276
4275	TRAINING & EMPLOYEE DEVL	6,043	6,043	23	3	16	0 **		4,280
4280	GENERAL TRAVEL	5,346	5,844	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	8		24	3	19	0		4,285
4285	EDUCATION & SEMINAR	490		24	3	19	-9,494 ***		4,289
4290	HELP WANTED ADVERTISING	181	89,397	20	3	0	0 -59,130		4,290
4291	PROMOTIONAL ADVERTISING	10,755		20	3	25	-10,755		4,291
4292	PUBLIC RELATIONS	4,990		20	3	25	-4,990		4,292
4300	LICENSES & FEES	64,242		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	7,862		20	3	17	-2,950		4,310
4320	CONTRIBUTIONS	50		27	3	20	0		4,320
4350	PROFESSIONAL FEES	6,715	201,363	19	3	22	-5,379		4,350
4355	MEDICAL DIRECTOR	8,950	8,950	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 CONSULT	4,231		10	3	0	0	4,364
4363	PHARMACIST FEES	6,480		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	3,236	3,236	12	3	0	0	4,383
4370	TV RENTAL	3,282		35	3	5	0	4,390
4380	INCOME TAXES		32,050	27	3	26	0	4,400
4383	BACKGROUND CHECKS	1,367		20	3	26	0	4,401
4400	PAYROLL TAXES	185,397		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIST	7,007		22	3	0	0	4,420
4410	GROUP INSURANCE	270,007		22	3	0	0	4,430
4420	LIABILITY INSURANCE	65,260	65,260	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSURANCE	49,760		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	194,648		19	3	34	0 **	4,460
4460	BAD DEBTS	32,000		27	3	24	-32,000	4,461
4470	LOST ITEMS-RESIDENTS	0		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	0	0	33	3	0	0	4,486
4600	LEASED EQUIPMENT	3,907	7,189	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	56,455	61,238	6	1	0	0	4,496
5120	MAINTENANCE SICK & VAC	4,783		6	1	0	0	4,510
5130	ELECTRIC	54,524	110,186	5	3	0	0	4,600
5131	NATURAL GAS	11,151		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	44,511		5	3	0	0	5,130
5134	TRASH COLLECTION	15,675	55,217	6	3	0	0	5,131
5140	PROPERTY PLANT REPLACEMNT	9,656	57,491	6	2	0	0	5,133
5160	GENERAL REPAIR & MAINT	47,835		6	2	0	0	5,134
5165	MAINTENANCE CONTRACTS	39,542		6	3	0	0	5,140
5210	DIETARY WAGES	191,797	205,220	1	1	0	0	5,160
5220	DIETARY SICK & VAC	13,423		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	180,976	177,159	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	2,709	8,651	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	699		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	5,243		1	2	0	0	5,260
5295	MEAL CREDIT	-3,817		2	2	0	0	5,270
5310	LAUNDRY WAGES	56,513	61,830	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	5,317		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	8,428	13,318	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	4,890		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	98,105	103,198	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	5,093		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	24,575	33,048	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-PPR	8,473		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,289,251	10	1	0	0	5,490
6020	RN WAGES-NON MEDICARE	126,993		10	1	0	0	6,020
6030	DON WAGES	57,885		10	1	0	0	6,030
6035	ADON	0		10	1	0	0	6,035
6040	RN SICK & VACATION	10,392		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	256,325		10	1	0	0	6,120
6120	LPN WAGES-NON MEDICARE	0		10	1	0	0	6,140
6130	LPN WAGES OTHER			10	1	0	0	6,220
6140	LPN SICK & VACATION	11,853		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICARE	692,622		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	48,650		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 WAGES	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 REIMB	0		0	0	0	0	6,295
6270	REHAB WAGES	78,145		10	1	0	0	6,390
6275	REHAB SICK & VAC	6,386		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	62,469	83,856	10	2	0	0	7,281
6295	NURSING SUPPLIES	20,318		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	1,069		10	2	0	0	7,391
6490	NURSING OTHER	350	11,061	10	3	0	0	7,393
7280	DRUG PURCHASES	100,563	316,425	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	215,349		39	2			7,540
7380	LABORATORY SERVICES	6,179	328,675	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	65,979	72,303	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	6,324		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	1,525	1,525	11	2	0	0	7,740
7595	ACTIVITIES FEES	0	0	11	3	0	0	7,750
7610	PT WAGES			39	1	0	0	7,770
7611	PT SICK & VACATION			39	1	0	0	7,820
7620	PT FEES	150,476		39	3	0	0 ***	7,890
7660	PT SUPPLIES	513		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	29,042	30,761	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & VAC	1,719		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSES	0	0	12	2	0	0	8,130
7740	OT FEE	153,214		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	18,806		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	473,040	473,040	34	3	0	0	

8120	INTEREST EXPENSE	22,528	22,528	32	3	14	-11,493	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-11,493		32	0	10	0	
9520	MISC NON-OPERATING INCOME	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	

4,695,361 4,706,854
11,493

GRAND TOTALS

158,641 -77,061
(NET INCOME)

0

FACILITY NAME:

FACILITY ID:

0

FACILITY UNITS:

89

BALANCE SHEET TOTAL

0

	G/L	RECAP CENSUS
PP	10,582	10,582
IPA	13,627	13,627
medic	2,160	2,160
		26,369

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3,007 PATIENT	13,627
3,007 PATIENT	2,160
	0
3,010 BASIC CI	(4,042,695)
3,020 BASIC CI	0
3,030 BASIC CI	0
	0
	0
	0
	0
3,080 NURSING	(30,151)
3,081 NURSING	0
3,082 NURSING	0
3,083 NURSING	0
3,100 DRUGS-M	(597,714)
	0
3,110 PHYSICIAN	(1,113,983)
	0
3,112 PHYSICIAN	0
3,113 PHYSICIAN	0
3,140 LABORATORY INCOME	0
	0
3,152 ST/OT TR	0
3,153 ST/OT TR	0
3,185 REHAB/ISOLATION/OTHER CHG	
3,410 IPA/OTHER	0
3,411 MEDICAL	0
3,420 MEDICAL	1,240,521

3,520 RENT INC	0
3,530 BEAUTY	0
	0
3,570 VENDING	(584)
3,590 EQUIPMI	(3,561)
3,595 RESIDEN	(31,785)
3,600 MISC INC	0
4,110 G&A WA	138,524
4,111 ADMINIS	67,500
4,115 G&A PTC	15,337
4,120 EMPLOY	9,888
4,130 EMPLOY	0
4,135 EMPLOY	0
4,250 OFFICE S	3,748
4,255 POSTAGI	3,218
4,260 TELEPHC	10,846
4,275 TRAININ	6,043
	0
4,280 GENERA	5,346
4,281 MEAL EX	8
4,285 EDUCAT	490
4,289 MEETING	0
4,290 HELP WA	181
4,291 PROMOT	10,755
4,292 PUBLIC I	4,990
4,300 LICENSE	64,242
4,310 DUES & S	7,862
4,320 CONTRIE	50
4,350 PROFESS	6,715
4,355 MEDICAL	8,950
	4,231
	6,480

4,364 SOCIAL S	3,236
4,370 TV RENT	3,282
4,383 BACKGR	1,367
4,390 OTHER T	0
4,400 PAYROL	185,397
4,401 PAYROL	7,007
4,410 GROUP I	270,007
4,420 LIABILIT	65,260
4,430 WORKM	48,481
4,435 W/C-FIRS	349
4,436 DRUG TE	930
4,450 MANAGI	194,648
4,460 BAD DEF	32,000
4,461 BAD DEF	43,232
4,470 LOST ITE	0
4,475 UNIFORM	132
4,486 SERVICE	23,877
4,490 MISC EX	472
4,496 MISC. M.	10,177
4,510 REAL ES	0
4,600 LEASED	3,907
5,110 MAINTEI	56,455
5,120 MAINTEI	4,783
5,130 ELECTRI	54,524
5,131 NATURA	11,151
5,133 WATER &	44,511
5,134 TRASH C	15,675
5,140 PROP/PL	9,656
5,160 GENERA	47,835
5,165 MAINTEI	15,665
5,210 DIETARY	191,797
5,220 DIETARY	13,423
5,248 FOOD PU	180,504

5,250 SUPPLIE	2,709
5,260 REPLACI	699
5,270 KITCHEN	5,243
5,295 MEAL IN	(3,817)
5,310 LAUNDR	56,513
5,340 LAUNDR	5,317
5,370 REPLACI	8,428
	0
5,390 SUPPLIE	4,890
5,410 HOUSEK	98,105
5,440 HOUSEK	5,093
5,480 SUPPLIE	24,575
5,490 SUPPLIE	8,473
6,020 RN WAG	126,993
6,030 DON WA	57,885
6,035 ADON W	0
6,040 RN PTO &	10,392
6,120 LPN WAG	256,325
6,140 LPN PTO	11,853
6,220 AIDES W	692,622
6,240 AIDES PT	48,650
6,245	0
	0
	0
	0
6,270 REHAB V	78,145
6,275 REHAB F	6,386
6,290 NURSINC	62,469
6,295 NURSINC	20,318
6,390 REPLACI	1,069
6,490 OTHER	350

7,280 DRUG PU	100,563
7,281 DRUG PU	215,349
7,380 LABORA	0
7,390 X-RAY S	6,179
	0
7,510 ACTIVIT	65,979
7,540 ACTIVIT	6,324
7,590 ACTIVIT	1,525
7,620 PHYSICA	150,476
7,660 P.T. SUPE	513
7,710 SOCIAL S	29,042
7,720 SOCIAL S	1,719
7,730 SOCIAL S	0
7,740 OCCUPA	153,214
7,770 SPEECH '	18,806
7,820 BEAUTIC	0
	0
	0
8,120 INTERES	0
	22,528
8,130 DEPRECI	0
	0
9,510 INTERES	(11,493)
9,520 MISC NO	0
4,220	0
8,100	473,040
9,702	0
5,230	0
	<u>158,641</u>

Expenses Fixed Assets

