

Facility Name & ID Number Heritage Health-Normal

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	17,744	20,612	4,339	42,695	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	17,744	20,612	4,339	42,695	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.21%

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 4,339

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: _____ Fiscal Year: _____

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

Facility Name & ID Number

Heritage Health-Normal

0048082

Report Period Beginning:

01/01/14

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	459,414	27,544		486,958		486,958	8,264	495,222		1
2	Food Purchase		314,805		314,805		314,805	98	314,903		2
3	Housekeeping	188,374	52,656		241,030		241,030		241,030		3
4	Laundry	117,126	24,227		141,353		141,353		141,353		4
5	Heat and Other Utilities			154,718	154,718		154,718	2,254	156,972		5
6	Maintenance	106,675	134,902	108,247	349,824		349,824	28,157	377,981		6
7	Other (specify):*										7
8	TOTAL General Services	871,589	554,134	262,965	1,688,688		1,688,688	38,773	1,727,461		8
	B. Health Care and Programs										
9	Medical Director			9,600	9,600		9,600		9,600		9
10	Nursing and Medical Records	2,956,833	200,511	15,645	3,172,989		3,172,989	479	3,173,468		10
10a	Therapy		803,252	832,106	1,635,358	(846,774)	788,584		788,584		10a
11	Activities	113,021	1,537		114,558		114,558		114,558		11
12	Social Services	100,274		4,574	104,848		104,848		104,848		12
13	CNA Training	9,395	2,274		11,669		11,669	1,390	13,059		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,179,523	1,007,574	861,925	5,049,022	(846,774)	4,202,248	1,869	4,204,117		16
	C. General Administration										
17	Administrative	86,121			86,121		86,121		86,121		17
18	Directors Fees										18
19	Professional Services			427,171	427,171		427,171	(391,974)	35,197		19
20	Dues, Fees, Subscriptions & Promotions			198,319	198,319	(88,695)	109,624	(71,959)	37,665		20
21	Clerical & General Office Expenses	411,673	30,511	14,048	456,232		456,232	506,881	963,113		21
22	Employee Benefits & Payroll Taxes			940,566	940,566		940,566	83,427	1,023,993		22
23	Inservice Training & Education			15,547	15,547		15,547	2,477	18,024		23
24	Travel and Seminar			6,268	6,268		6,268	(1,269)	4,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			91,307	91,307		91,307	18,674	109,981		26
27	Other (specify):*			24,371	24,371		24,371	(24,000)	371		27
28	TOTAL General Administration	497,794	30,511	1,717,597	2,245,902	(88,695)	2,157,207	122,257	2,279,464		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,548,906	1,592,219	2,842,487	8,983,612	(935,469)	8,048,143	162,899	8,211,042		29

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

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

Facility Name & ID Number

Heritage Health-Normal

#0048082

Report Period Beginning:

01/01/14

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							500,815	500,815			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			34,208	34,208		34,208	141,526	175,734			32
33	Real Estate Taxes							101,933	101,933			33
34	Rent-Facility & Grounds			718,320	718,320		718,320	(707,900)	10,420			34
35	Rent-Equipment & Vehicles			20,403	20,403		20,403	13,183	33,586			35
36	Other (specify):*											36
37	TOTAL Ownership			772,931	772,931		772,931	49,557	822,488			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers						846,774	846,774	(100,493)	746,281		39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee						88,695	88,695	88,695			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers						935,469	935,469	(100,493)	834,976		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,548,906	1,592,219	3,615,418	9,756,543		9,756,543	111,963	9,868,506			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-Normal

0048082

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	(19,398)			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	(3,690)			17
18	Fines and Penalties				18
19	Entertainment	(14,402)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,154)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(24,000)			24
25	Fund Raising, Advertising and Promotional	(81,633)			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)	\$ (147,277)		\$	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)	259,240		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 259,240		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 111,963		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Heritage Health-Normal

ID# 0048082

Report Period Beginning: 01/01/14

Ending: 12/31/14

Sch. V Line Reference

NON-ALLOWABLE EXPENSES

Amount

Reference

1		\$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15		0	33	15
16			24	16
17		(3,690)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(4,154)	19	22
23				23
24		(24,000)	27	24
25		(81,633)	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		(113,477)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Normal# 0048082

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	8,264	0	0	0	0	0	0	0	0	8,264	1
2	Food Purchase	0	0	98	0	0	0	0	0	0	0	0	98	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	2,254	0	0	0	0	0	0	0	0	2,254	5
6	Maintenance	0	0	28,157	0	0	0	0	0	0	0	0	28,157	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	38,773	0	0	0	0	0	0	0	0	38,773	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	479	0	0	0	0	0	0	0	0	479	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	1,390	0	0	0	0	0	0	0	0	1,390	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	1,869	0	0	0	0	0	0	0	0	1,869	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	(4,154)	(421,080)	33,260	0	0	0	0	0	0	0	0	(391,974)	19
20	Fees, Subscriptions & Promotions	(85,323)	0	13,364	0	0	0	0	0	0	0	0	(71,959)	20
21	Clerical & General Office Expenses	0	0	506,881	0	0	0	0	0	0	0	0	506,881	21
22	Employee Benefits & Payroll Taxes	0	0	83,427	0	0	0	0	0	0	0	0	83,427	22
23	Inservice Training & Education	0	0	2,477	0	0	0	0	0	0	0	0	2,477	23
24	Travel and Seminar	(14,402)	0	13,133	0	0	0	0	0	0	0	0	(1,269)	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	18,674	0	0	0	0	0	0	0	0	18,674	26
27	Other (specify):*	(24,000)	0	0	0	0	0	0	0	0	0	0	(24,000)	27
28	TOTAL General Administration	(127,879)	(421,080)	671,216	0	0	0	0	0	0	0	0	122,257	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(127,879)	(421,080)	711,858	0	0	0	0	0	0	0	0	162,899	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Normal# 0048082

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	467,686	0	33,129	0	0	0	0	0	0	0	500,815	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(19,398)	160,966	0	(42)	0	0	0	0	0	0	0	141,526	32
33	Real Estate Taxes	0	101,933	0	0	0	0	0	0	0	0	0	101,933	33
34	Rent-Facility & Grounds	0	(718,320)	0	10,420	0	0	0	0	0	0	0	(707,900)	34
35	Rent-Equipment & Vehicles	0	0	0	13,183	0	0	0	0	0	0	0	13,183	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(19,398)	12,265	0	56,690	0	49,557	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	(100,493)	0	0	0	0	0	0	0	0	0	(100,493)	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	(100,493)	0	0	0	0	0	0	0	0	0	(100,493)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(147,277)	(509,308)	711,858	56,690	0	0	0	0	0	0	0	111,963	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>Attached-Following This Page</u>		<u>Heritage Operations Group</u>	<u>Bloomington</u>	<u>Mgmt</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>(100,493)</u>	<u>(100,493)</u>	2
3	V							3
4	V	<u>19 Adjustment for Related Organization</u>	<u>421,080</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(421,080)</u>	4
5	V							5
6	V	<u>34 Adjustment for Related Organization</u>	<u>718,320</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>		<u>(718,320)</u>	6
7	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>101,933</u>	<u>101,933</u>	7
8	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>156,193</u>	<u>156,193</u>	8
9	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>467,686</u>	<u>467,686</u>	9
10	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>4,773</u>	<u>4,773</u>	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,139,400			\$ 630,092	\$ * (509,308)	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.		\$	\$ 8,264	15
16	V	2 Food Purchase					98	16
17	V	3 Housekeeping					0	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					2,254	19
20	V	6 Maintenance					28,157	20
21	V	7 Other					0	21
22	V	9 Medical Director					0	22
23	V	10 Nursing & Medical Records					479	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					1,390	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					33,260	31
32	V	20 Fees, Subscription, Promotions					13,364	32
33	V	21 Clerical & General Office Expenses					506,881	33
34	V	22 Employee Benefits & Payroll Taxes					83,427	34
35	V	23 Inservice Training & Education					2,477	35
36	V	24 Travel and Seminar					13,133	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					18,674	38
39	Total		\$			\$	0	\$ * 711,858 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						33,129	16	
17	V	31 Amortization of Pre-Op & Org						0	17	
18	V	32 Interest						(42)	18	
19	V	33 Real Estate Taxes						0	19	
20	V	34 Rent-Facility & Grounds						10,420	20	
21	V	35 Rent-Equipment & Vehicles						13,183	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	\$ *	56,690	39

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

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

0048082

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	164	\$ 8,264	1
2	2	Food Purchase	Beds	2,666	25	1,596	0	164	98	2
3	3	Housekeeping	Beds	2,666	25	0	0	164	0	3
4	4	Laundry	Beds	2,666	25	0	0	164	0	4
5	5	Heat & Other Utilities	Beds	2,666	25	36,640	0	164	2,254	5
6	6	Maintenance	Beds	2,666	25	457,729	82,589	164	28,157	6
7	7	Other	Beds	2,666	25	0	0	164	0	7
8	9	Medical Director	Beds	2,666	25	0	0	164	0	8
9	10	Nursing & Medical Records	Beds	2,666	25	7,786	5,734	164	479	9
10	11	Activities	Beds	2,666	25	0	0	164	0	10
11	12	Social Service	Beds	2,666	25	0	0	164	0	11
12	13	Nurse Aide Training	Beds	2,666	25	22,595	21,764	164	1,390	12
13	14	Program Transportation	Beds	2,666	25	0	0	164	0	13
14	15	Other	Beds	2,666	25	0	0	164	0	14
15	17	Administrative	Beds	2,666	25	0	0	164	0	15
16	18	Directors Fees	Beds	2,666	25	0	0	164	0	16
17	19	Professional Services	Beds	2,666	25	540,681	0	164	33,260	17
18	20	Fees, Subscription, Promotions	Beds	2,666	25	217,245	0	164	13,364	18
19	21	Clerical & General Office Expens	Beds	2,666	25	8,239,911	7,726,747	164	506,881	19
20	22	Employee Benefits & Payroll Tax	Beds	2,666	25	1,356,202	0	164	83,427	20
21	23	Inservice Training & Education	Beds	2,666	25	40,260	0	164	2,477	21
22	24	Travel and Seminar	Beds	2,666	25	213,494	0	164	13,133	22
23	25	Other Admin. Staff Transportatio	Beds	2,666	25	0	0	164	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,666	25	303,574	0	164	18,674	24
25	TOTALS					\$ 11,572,055	\$ 7,971,176		\$ 711,858	25

Facility Name & ID Number Heritage Health-Normal

0048082

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 8
 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	\$	164	\$	1
2	30	Depreciation	Beds	2,666	25	538,548	164	33,129	2
3	31	Amortization of Pre-Op & Org	Beds	2,666	25		164		3
4	32	Interest	Beds	2,666	25	(682)	164	(42)	4
5	33	Real Estate Taxes	Beds	2,666	25		164		5
6	34	Rent-Facility & Grounds	Beds	2,666	25	169,393	164	10,420	6
7	35	Rent-Equipment & Vehicles	Beds	2,666	25	214,306	164	13,183	7
8	36	Other	Beds	2,666	25		164		8
9	38	Medically Nec Transportation	Beds	2,666	25		164		9
10	39	Ancillary Service Centers	Beds	2,666	25		164		10
11	40	Barber and Beauty Shops	Beds	2,666	25		164		11
12	41	Coffee and Gift Shops	Beds	2,666	25		164		12
13	42	Other	Beds	2,666	25		164		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	\$	\$ 56,690	25

Facility Name & ID Number

Heritage Health-Normal

0048082

Report Period Beginning:

01/01/14

Ending:

12/31/14

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	Bank of America		x	Mortgage			\$	\$			\$ 156,193						
2	Bank of America		x	Loan Fee Amortization							4,773						
3																	
4																	
5																	
Working Capital																	
6	Bank of America		x	Working Capital							34,208						
7																	
8																	
9	TOTAL Facility Related						\$	\$			\$ 195,174						
B. Non-Facility Related*																	
10	Interest Income										(19,398)						
11																	
12	Allocated Corporate										(42)						
13																	
14	TOTAL Non-Facility Related						\$	\$			\$ (19,440)						
15	TOTALS (line 9+line14)						\$	\$			\$ 175,734						

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.)		\$	101,933		2	
3. Under or (over) accrual (line 2 minus line 1).		\$	101,933		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.		\$	101,933		7	
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2009	_____	8	FOR BHF USE ONLY		
	2010	_____	9			
	2011	96,778	10			
	2012	98,494	11			
	2013	101,933	12			
				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

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-Normal COUNTY McLean

FACILITY IDPH LICENSE NUMBER 0048082

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 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>1429227016</u>	_____	\$ <u>140,357.62</u>	\$ <u>101,933.00</u>
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <u><u>140,357.62</u></u>	\$ <u><u>101,933.00</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? x 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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,164 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Adelaide Apts - Independent Living - No shared services but real estate taxes shown on same bill

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$ <u>60,687</u>	1
2					2
3	TOTALS			\$ <u>60,687</u>	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Accumulated Depreciation
4	162			\$ 1,860,193	\$		\$	\$
5								
6								
7								
8								
Improvement Type**								
9	1979 Improvements	1979		66,917				
10	1980 Improvements	1980		48,089				
11	1981 Improvements	1981		17,747				
12	1982 Improvements	1982		18,009				
13	1983 Improvements	1983		19,892				
14	1984 Improvements	1984		25,484				
15	1985 Improvements	1985		531,851				
16	1986 Improvements	1986		82,460				
17	1987 Improvements	1987		17,447				
18	1988 Improvements	1988		133,532				
19	1989 Improvements	1989		39,555				
20	1990 Improvements	1990		18,557				
21	1991 Improvements	1991		5,776				
22	1992 Improvements	1992		8,016				
23	1993 Improvements	1993		188,048				
24	1994 Improvements	1994		187,325				
25	1995 Improvements	1995		10,664				
26	A/C Basement Laundry	1996		6,741				
27	Asphalt Repair	1996		21,401				
28	Remodel/Painting	1996		1,912				
29	Fire Alarm Repair/Replace	1996		8,069				
30	Kitchen Floor/Backsplash	1996		1,395				
31								
32								
33	C/O Allocation				33,129		33,129	
34	Book Depreciation				361,921		361,921	
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	Tubes--Boiler	1997	\$ 12,279	\$		\$	\$	\$	37
38	Smoke Damper	1997	2,508						38
39	Perimeter Alarm	1997	3,364						39
40	Door Alarm	1997	3,909						40
41	Parking Lot Lights	1997	1,221						41
42	Fire Door	1997	2,146						42
43									43
44	Asbestos Removal	1998	985						44
45	Fire Daper	1998	4,589						45
46	Plumbing Maintenance	1998	3,285						46
47	HVAC Repairs	1998	2,139						47
48	Boiler Retubed	1998	5,720						48
49	Remodel Resident Rooms and Halls-materials	1998	739,117						49
50	Remodel Resident Rooms and Halls- Labor	1998	4,323						50
51	Remodel Resident Rooms and Halls-Professional Fees	1998	38,935						51
52									52
53	Moving Furnature Expense	1998	6,398						53
54	Computer Room Work	1998	896						54
55	Alzheimers Addition-Materials	1998	876,511						55
56	Alzheimers Addition-Labor	1998	516						56
57	Alzheimers Addition-Professional Fees	1998	162,266						57
58	Ventalation System-Materials	1998	54,231						58
59	Ventalation System-Professional Fees	1998	33,010						59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,277,428	\$ 395,050		\$ 395,050	\$	\$	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,277,428	\$ 395,050		\$ 395,050	\$	\$	1
2	Alzheimers Addition-Materials	1999	1,913,384						2
3	Alzheimers Addition-Labor	1999	16,393						3
4	Alzheimers Addition-Professional Fees	1999	43,955						4
5	Ventalation System-Materials	1999	2,591						5
6	Remodel Resident Rooms--Materials	1999	96,197						6
7	Remodel Resident Rooms--Professional Fees	1999	350						7
8	Patio Replacement	1999	3,700						8
9	WAN Room Renovation	1999	3,230						9
10	ALTA Survey	1999	5,488						10
11	PANIC Hardware	1999	1,941						11
12	Roof Work	1999	4,844						12
13	Boiler Replacement	1999	11,219						13
14	Garage Door	1999	985						14
15	West End Renovations-Labor	1999	2,184						15
16	Assisted Living Professional Fees	1999	1,843						16
17									17
18	West Wing Outlets	2000	8,485						18
19	Alzheimer Unit Flooring	2000	5,631						19
20	Accordion Door and Installation	2000	9,600						20
21	Air conditioning Units (2)	2000	1,240						21
22	Exterior Door Replacement	2000	6,095						22
23	Air conditioner -- Dishroom	2000	12,041						23
24	HVAC temp Control	2000	16,220						24
25	Mop sink and faucet (2)	2000	3,377						25
26	Clinical Sink	2000	847						26
27	Eye Wash Stations	2000	2,566						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,451,834	\$ 395,050		\$ 395,050	\$	\$	34

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

Facility Name & ID Number Heritage Health-Normal

0048082

Report Period Beginning:

01/01/14

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	
1	Totals from Page 12B, Carried Forward		\$ 7,451,834	\$ 395,050		\$ 395,050	\$	\$	1
2	West End Renovations-Labor	2000	9,940						2
3	West End Renovations-material	2000	7,991						3
4	Capital Report Adjustments	2000	(2,985)						4
5	Boiler Repair	2001	7,921						5
6	Code Alert	2001	6,248						6
7	Painting & Wallpaper Hallway	2001	2,714						7
8	Condenser	2001	3,203						8
9	Fire System Repair	2001	2,269						9
10	Sign	2001	3,266						10
11	Water Heater	2001	4,797						11
12									12
13	Smoke Detector	2002	2,000						13
14	Fence	2002	2,400						14
15	Mixing Valve	2002	2,000						15
16	Bathroom Repairs	2002	10,179						16
17	Sprinkler System	2002	1,019						17
18	Computer Cable	2002	1,076						18
19	Boiler Pump	2002	5,000						19
20	A/C Unit	2002	2,750						20
21	Administrator Office Remodel	2002	4,534						21
22	Fire System Repair	2002	1,234						22
23	A/C Repair	2002	3,535						23
24	Flag & Flag Pole	2002	600						24
25	Elevator Repairs	2002	6,862						25
26	Code Alert	2002	975						26
27	Exhaust Fan	2002	1,350						27
28	Capital Report Adjustments	2002	(3,184)						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,539,528	\$ 395,050		\$ 395,050	\$	\$	34

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

Facility Name & ID Number Heritage Health-Normal

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,539,528	\$ 395,050		\$ 395,050	\$	\$	1
2	Fire System								2
3	Flag Pole	2003	8,614						3
4	Security Door	2003							4
5	A/C Unit	2003	5,990						5
6	Condensing Unit	2003	1,580						6
7	Compressor	2003	1,137						7
8	Sewage Ejection	2003	2,067						8
9	A/C Unit	2003	17,028						9
10		2003	1,628						10
11	Sewage Ejection								11
12	A/C Unit	2004	12,312						12
13	Water Softener	2004	1,175						13
14	Exterior Referbish	2004	18,667						14
15	Boiler	2004	2,202						15
16		2004	16,060						16
17	Boiler								17
18	Nurses Station	2005	388						18
19	Smoke Detectors	2005	8,146						19
20	Windows	2005	3,884						20
21	Tempering Valve	2005	6,146						21
22	Sewage Ejection	2005	2,510						22
23	Ansul System	2005	1,310						23
24	Accelerator	2005	2,320						24
25	A/C Unit	2005	1,548						25
26	A/C Unit	2005	2,550						26
27	Sidewalk Replacement	2005	1,275						27
28	Capital Report Adjustment	2005	21,297						28
29		2005	(22,995)						29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,656,367	\$ 395,050		\$ 395,050	\$	\$	34

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

Facility Name & ID Number Heritage Health-Normal

0048082

Report Period Beginning:

01/01/14

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	
1	Totals from Page 12D, Carried Forward		\$ 7,656,367	\$ 395,050		\$ 395,050	\$	\$	1
2									2
3	A/C Unit	2006	5,900						3
4									4
5									5
6	Capital Report Adj	2007	(16,473)						6
7	Interior Door	2007	425						7
8	Generator	2007	16,165						8
9	Mixing valve	2007	1,955						9
10	Water pipe	2007	2,350						10
11	Water Heater	2007	27,451						11
12	Window	2007	906						12
13	AC Condensing Unit	2007	2,345						13
14	Flooring	2007	775						14
15									15
16	Handrails	2008	2,904						16
17	Grinder Pump	2008	2,566						17
18	Exterior Panting	2008	13,372						18
19	Dining Room Windows	2008	8,150						19
20	Dining Room Roof	2008	78,218						20
21	Driveway Improvements	2008	4,400						21
22	boiler	2008	5,680						22
23	Duct Replacement	2008	16,973						23
24	Carpet	2008	54,088						24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,884,517	\$ 395,050		\$ 395,050	\$	\$	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 12E, Carried Forward		\$ 7,884,517	\$ 395,050		\$ 395,050	\$	\$	1
2	Capital Report Adj	2009	(33,138)						2
3	Fire Alarm	2009	4,458						3
4	Air Handler	2009	7,544						4
5	Landscaping	2009	31,059						5
6	Sprinkler	2009	29,630						6
7	Gutter	2009	3,800						7
8	Dinning room windows	2009	2,280						8
9	Dinning room roof	2009	17,408						9
10	Parking lot surface	2009	87,268						10
11	Boiler	2009	7,625						11
12	Parapet Walls	2009	11,000						12
13	Water Main	2009	6,130						13
14	Nurse Call & Phone system	2009	297,156						14
15									15
16	Retaining wall	2010	21,000						16
17	Air Handler	2010	38,790						17
18	Carpet - Legacy care wing	2010	52,529						18
19	water Meter	2010	5,855						19
20									20
21	West Nurse's Station	2011	35,324						21
22	Sprinkler system	2011	295,806						22
23	Sewer pipe	2011	6,561						23
24	Air Compressor	2011	7,313						24
25	Flooring repair	2011	5,580						25
26	Air Handler	2011	21,534						26
27	Sign	2011	8,500						27
28	Dry pendent sprinkler	2011	48,620						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,904,149	\$ 395,050		\$ 395,050	\$	\$	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 8,904,149	\$ 395,050		\$ 395,050	\$	\$	1
2									2
3	Water Heater	2012	6,600						3
4	Dry Pendant Sprinkler	2012	6,300						4
5	Loading Dock	2012	5,140						5
6	Condensing Unit	2012	6,505						6
7	Disposer	2012	3,131						7
8	Roof	2012	131,830						8
9	Parking Lot	2012	32,607						9
10	Lighting Upgrade	2012	1,439						10
11	Air Handler	2012	12,456						11
12	East Wing Heat Line	2012	8,347						12
13	Heat Pump	2012	3,337						13
14									14
15	Facility Remodel	2013	733,810						15
16	Parking Lot Addition	2013	19,834						16
17	Smoke Detectors	2013	5,567						17
18	Boiler Adjustments	2013	3,515						18
19	Pneumatic Adjustment - Radiator	2013	5,212						19
20	Elevator Door Restrictor	2013	3,150						20
21									21
22	Sanitary Line Repair	2014	5,470						22
23	Completion of 2013 Facility Remodel - final carpeting								23
24	plumbing and flooring upgrades to all patient rooms	2014	360,614						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)		\$ 10,259,013	\$ 395,050		\$ 395,050	\$	\$	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	\$ 1,907,962	\$ 105,765	\$ 105,765	\$		\$	71
72	Current Year Purchases	40,297						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,948,259	\$ 105,765	\$ 105,765	\$		\$	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)	\$ 12,267,959	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 500,815	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 500,815	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.

Facility Name & ID Number

Heritage Health-Normal

0048082

Report Period Beginning: 01/01/14

Ending: 12/31/14

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. _____ /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: \$ 20,403 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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		2,274		2,274
3	Classroom Wages (a)				
4	Clinical Wages (b)		9,395		9,395
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 11,669	\$	\$ 11,669
10	SUM OF line 9, col. 1 and 2 (e)	\$	11,669		

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	\$			\$ 314,309	\$		\$ 314,309	1
2	Licensed Speech and Language Development Therapist		hrs				103,891			103,891	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist		hrs				369,031	1,353		370,384	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					801,899		801,899	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify):						44,875			44,875	13
14	TOTAL			\$			\$ 832,106	\$ 803,252		\$ 1,635,358	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Heritage Health-Normal

0048082

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	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 300	\$	1
2	Cash-Patient Deposits	15,616		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,334,354		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	35,266		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(893,826)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 491,710	\$	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)	\$ 491,710	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 402,094	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,616		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	490,341		30
31	Accrued Taxes Payable (excluding real estate taxes)	(41,400)		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>Bed Tax</u>	94,085		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 960,736	\$	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)	\$ 960,736	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (469,026)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 491,710	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (624,408)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (624,408)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	155,382	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)	\$ 155,382	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)	\$ (469,026)	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	\$ 8,759,170	1
2	Discounts and Allowances for all Levels	(3,096,158)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,663,012	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,759,515	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,759,515	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	1,360	12
13	Barber and Beauty Care	5,307	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,463,283	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	50	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,470,000	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	19,398	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 19,398	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)	\$ 9,911,925	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,688,688	31
32	Health Care	5,049,022	32
33	General Administration	2,245,902	33
B. Capital Expense			
34	Ownership	772,931	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee		36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,756,543	40
41	Income before Income Taxes (line 30 minus line 40)**	155,382	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 155,382	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Heritage Health-Normal

0048082

Report Period Beginning:

01/01/14

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	1,864	2,071	\$ 64,976	\$ 31.37	1
2	Assistant Director of Nursing	2,720	3,023	86,422	28.59	2
3	Registered Nurses	21,501	23,890	637,535	26.69	3
4	Licensed Practical Nurses	28,084	31,204	669,519	21.46	4
5	CNAs & Orderlies	114,324	127,027	1,431,465	11.27	5
6	CNA Trainees	1,174	1,174	9,395	8.00	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,223	4,692	66,916	14.26	8
9	Activity Director					9
10	Activity Assistants	10,053	11,170	113,021	10.12	10
11	Social Service Workers	5,736	6,373	100,274	15.73	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	39,677	44,086	459,414	10.42	15
16	Dishwashers					16
17	Maintenance Workers	8,599	9,553	106,675	11.17	17
18	Housekeepers	18,444	20,493	188,374	9.19	18
19	Laundry	10,341	11,490	117,126	10.19	19
20	Administrator	1,872	2,080	86,121	41.40	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,696	18,550	411,673	22.19	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)	285,308	316,876	\$ 4,548,906 *	\$ 14.36	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$ 0		35
36	Medical Director	9,600		36
37	Medical Records Consultant	1,871		37
38	Nurse Consultant			38
39	Pharmacist Consultant	9,840		39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant	4,574		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 25,885		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. 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	
Cindy Wegner			\$ 86,121	Workers' Compensation Insurance	\$ 70,698	IDPH License Fee	\$	
				Unemployment Compensation Insurance	92,029	Advertising: Employee Recruitment	11,905	
				FICA Taxes	347,991	Health Care Worker Background Check (Indicate # of checks performed _____)	3,219	
				Employee Health Insurance	370,694	Patient Background Checks		
				Employee Meals			16,796	
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	10,674	
						License & Fees	2,193	
				Other Benefits	59,154	Central Office Allocation	13,364	
				Central Office Allocation	83,427	Less: Public Relations Expense	(16,796)	
						Non-allowable advertising	(3,690)	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 86,121	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 1,023,993		\$ 37,665		
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	
								4,940
								6
							Seminar Expense	1,322
								(1,269)
							Entertainment Expense	()
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)	
							\$ 4,999	
C. Professional Services								
Vendor/Payee	Type	Amount						
Heritage Operations Group	Mgmt	\$ 422,342						
McKee Environmental	Consulting	675						
Legal adj to Zero		4,154						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 427,171					

* 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-Normal

0048082

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. \$ 88,695
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 37,223
- (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	300						1,009	1,009 PETTY CA 300
1010	CASH IN BANK							1,100	1,100 ACCTS R 1,334,354
1040	CASH IN BANK-PAYROLL							1,101	1,101 ALLOW. FOR UNCOLLECTIBLE
1100	ACCOUNTS RECEIVABLE	1,334,354						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 35,266
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	35,266						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	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 15,616
1490	ACCUM DEPR-BUILDING	0						1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	15,616						1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0						1,850	1,850 INTERCO (893,826)
1560	REAL ESTATE TAX ESCROW							2,010	2,010 ACCOUN (402,094)
1575	REIMBURSABLE PURCHASES							2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-893,826						2,100	2,100 ACCRUEI (246,192)
2010	ACCOUNTS PAYABLE	-402,094						2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE							2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-246,192						2,110	2,110 ACCRUEI (244,149)
2110	ACCRUED VACATION PAY	-244,149						2,120	2,120 U.C. TAX 0

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	41,400
2125	FICA TAX PAYABLE	41,400	41,400	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	(94,085)
2300	ACCRUED INTEREST PAYABLE	0		2,350	2,350 REAL EST	0
2310	SALES TAX PAYABLE			2,385		0
2320	IPA PAYMENTS PAYABLE	-94,085		2,400	2,400 CURRENT PORTION OF LT DEB	
2350	REAL ESTATE TAX PAYABLE	0		2,512	2,512 DUE TO F	(15,616)
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	624,408
2460	INCOME TAXES PAYABLE				net income	(155,382)
2512	DUE TO RESIDENTS	-15,616				
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	624,408				
2970	PROFIT/LOSS FOR PERIOD	-155,382				
3007.1	PATIENT DAYS-PRIVATE	20,612				3,007

3007.2	PATIENT DAYS-IPA	17,744						3,007
3007.3	PATIENT DAYS-MEDICARE	4,339						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	-8,704,135	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	-37,653	0	0	0	0		3,081
3081	1 NURSING SUPPLIES-IPA		0	0	0	0		3,082
3082	1 NURSING SUPPLIES MED PT A		0	0	0	0		3,083
3083	1 NURSING SUPPLIES MED PT B							3,100
3100	17 DRUGS	-1,463,283	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-2,759,515	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	3,096,158	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	-5,307		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	-1,360		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	0		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-17,382		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	-50		0	0	0	0		4,110
3600	21 MISC INCOME	0		0	0	0	0		4,111
4110	GENERAL & ADMINIST WAGES	389,056	411,673	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	86,121	86,121	17	1	0	0		4,120
4115	VACATION & SICK - G&A	22,617		21	1	0	0		4,121
4120	4475 EMPLOYEE BENEFITS	31,976	940,566	22	3	0	0		4,130
4125	EMPLOYEE HEPETITIS VACCINE	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLORSHIP WAGE	22,011		21	1	0	0		4,250
4135	EMPLOYEE SCHOLORSHIP COST	5,167		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250	4255 OFFICE SUPPLIES	30,511	30,511	21	2	0	0		4,275
4260	TELEPHONE	14,048	14,048	21	3	0	0		4,276
4275	TRAINING & EMPLOYEE DEVL	15,547	15,547	23	3	16	0 **		4,280
4280	GENERAL TRAVEL	4,940	6,268	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	6		24	3	19	0		4,285
4285	EDUCATION & SEMINAR	1,322		24	3	19	-14,402 ***		4,289
4290	HELP WANTED ADVERTISING	11,905	198,319	20	3	0	0 -88,695		4,290
4291	PROMOTIONAL ADVERTISING	64,837		20	3	25	-64,837		4,291
4292	PUBLIC RELATIONS	16,796		20	3	25	-16,796		4,292
4300	LICENSES & FEES	90,888		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	10,674		20	3	17	-3,690		4,310
4320	CONTRIBUTIONS	345		27	3	20	0		4,320
4350	PROFESSIONAL FEES	6,091	427,171	19	3	22	-4,154		4,350
4355	MEDICAL DIRECTOR	9,600	9,600	9	3	0	0		4,355
4360	UTILIZATION REVIEW	0		10	3	0	0		4,362
4361	OTHER PHYSICIAN FEES			39	3	0	0		4,363

4362	MEDICAL RECORDS CONSULT	1,871		10	3	0	0	4,364
4363	PHARMACIST FEES	9,840		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	4,574	4,574	12	3	0	0	4,383
4370	TV RENTAL	16,124		35	3	5	0	4,390
4380	INCOME TAXES		24,371	27	3	26	0	4,400
4383	BACKGROUND CHECKS	3,219		20	3	26	0	4,401
4400	PAYROLL TAXES	431,081		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIST	8,939		22	3	0	0	4,420
4410	GROUP INSURANCE	370,694		22	3	0	0	4,430
4420	LIABILITY INSURANCE	91,307	91,307	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSURANCE	70,698		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	421,080		19	3	34	0 **	4,460
4460	BAD DEBTS	24,000		27	3	24	-24,000	4,461
4470	LOST ITEMS-RESIDENTS	26		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	0	0	33	3	0	0	4,486
4600	LEASED EQUIPMENT	4,279	20,403	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	96,549	106,675	6	1	0	0	4,496
5120	MAINTENANCE SICK & VAC	10,126		6	1	0	0	4,510
5130	ELECTRIC	63,949	154,718	5	3	0	0	4,600
5131	NATURAL GAS	52,935		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	37,834		5	3	0	0	5,130
5134	TRASH COLLECTION	25,521	108,247	6	3	0	0	5,131
5140	PROPERTY PLANT REPLACEMNT	55,097	134,902	6	2	0	0	5,133
5160	GENERAL REPAIR & MAINT	79,805		6	2	0	0	5,134
5165	MAINTENANCE CONTRACTS	82,726		6	3	0	0	5,140
5210	DIETARY WAGES	421,658	459,414	1	1	0	0	5,160
5220	DIETARY SICK & VAC	37,756		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	352,028	314,805	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	4,532	27,544	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	4,168		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	18,844		1	2	0	0	5,260
5295	MEAL CREDIT	-37,223		2	2	0	0	5,270
5310	LAUNDRY WAGES	107,529	117,126	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	9,597		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	13,038	24,227	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	11,189		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	173,593	188,374	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	14,781		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	43,715	52,656	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-PPR	8,941		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		2,956,833	10	1	0	0	5,490
6020	RN WAGES-NON MEDICARE	594,600		10	1	0	0	6,020
6030	DON WAGES	64,976		10	1	0	0	6,030
6035	ADON	86,422		10	1	0	0	6,035
6040	RN SICK & VACATION	42,935		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	624,418		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	45,101		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICARE	1,356,244		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	75,221		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	9,395	9,395	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	2,274	2,274	13	2	0	0	6,290
6260	NURSE AIDE TRAINING REIMB	0		0	0	0	0	6,295
6270	REHAB WAGES	60,651		10	1	0	0	6,390
6275	REHAB SICK & VAC	6,265		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	178,625	200,511	10	2	0	0	7,281
6295	NURSING SUPPLIES	21,120		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	766		10	2	0	0	7,391
6490	NURSING OTHER	3,934	15,645	10	3	0	0	7,393
7280	DRUG PURCHASES	374,023	803,252	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	427,876		39	2			7,540
7380	LABORATORY SERVICES	44,875	832,106	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	105,015	113,021	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	8,006		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	1,537	1,537	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	369,031		39	3	0	0 ***	7,890
7660	PT SUPPLIES	1,353		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	92,655	100,274	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & VAC	7,619		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSES	0	0	12	2	0	0	8,130
7740	OT FEE	314,309		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	103,891		39	3	0	0 ***	9,520
7800	BEAUTICIAN WAGES		0	40	1	0	0	9,530
7810	BEAUTICIAN SICK & VAC			40	1	0	0	
7820	BEAUTICIAN FEES	0	0	40	3	0	0	
7890	BEAUTY SHOP SUPPLIES	0	0	40	2	0	0	
7910	VOLUNTEER COORDINATOR			21	1	0	0	
7940	VOL COORD SICK & VAC			21	1	0	0	
7960	VOL COORD SUPPLIES	0		21	2	0	0	
8100	RENT	718,320	718,320	34	3	0	0	

8120	INTEREST EXPENSE	34,208	34,208	32	3	14	-19,398	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-19,398		32	0	10	0	
9520	MISC NON-OPERATING INCOME	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		9,737,145	9,756,543					
			19,398					

GRAND TOTALS -155,382 -147,277
(NET INCOME)

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	20,612	20,612
IPA	17,744	17,744
medic	4,339	4,339
		42,695

S

JND

IA

T

T

3,007 PATIENT	17,744
3,007 PATIENT	4,339
	0
3,010 BASIC CI	(8,704,135)
3,020 BASIC CI	0
3,030 BASIC CI	0
	0
	0
	0
	0
3,080 NURSING	(37,653)
3,081 NURSING	0
3,082 NURSING	0
3,083 NURSING	0
3,100 DRUGS-M	(1,463,283)
	0
3,110 PHYSICA	(2,759,515)
	0
3,112 PHYSICA	0
3,113 PHYSICA	0
3,140 LABORATORY INCOME	
	0
3,152 ST/OT TF	0
3,153 ST/OT TF	0
3,185 REHAB/ISOLATION/OTHER CHG	
3,410 IPA/OTH	0
3,411 MEDICAL	0
3,420 MEDICAL	3,080,910

3,520 RENT INC	0
3,530 BEAUTY	(5,307)
	(1,360)
3,570 VENDING	0
3,590 EQUIPMI	(17,382)
3,595 RESIDEN	(50)
3,600 MISC INC	0
4,110 G&A WA	389,056
4,111 ADMINIS	86,121
4,115 G&A PTC	22,617
4,120 EMPLOY	27,843
4,130 EMPLOY	22,011
4,135 EMPLOY	5,167
4,250 OFFICE S	10,558
4,255 POSTAGI	7,129
4,260 TELEPHC	14,048
4,275 TRAININ	15,547
	0
4,280 GENERA	4,940
4,281 MEAL EX	6
4,285 EDUCAT	1,235
4,289 MEETING	87
4,290 HELP WA	11,905
4,291 PROMOT	64,837
4,292 PUBLIC I	16,796
4,300 LICENSE	90,888
4,310 DUES & :	10,674
4,320 CONTRIE	345
4,350 PROFESS	6,091
4,355 MEDICAL	9,600
	1,871
	9,840

4,364 SOCIAL S	4,574
4,370 TV RENT	16,124
4,383 BACKGR	3,219
4,390 OTHER T	0
4,400 PAYROL	431,081
4,401 PAYROL	8,939
4,410 GROUP I	370,694
4,420 LIABILIT	91,307
4,430 WORKM	67,216
4,435 W/C-FIRS	580
4,436 DRUG TE	2,902
4,450 MANAGI	421,080
4,460 BAD DEF	24,000
4,461 BAD DEF	15,248
4,470 LOST ITE	26
4,475 UNIFORM	4,133
4,486 SERVICE	34,448
4,490 MISC EX	123
4,496 MISC. M.	12,824
4,510 REAL ES	0
4,600 LEASED	4,279
5,110 MAINTEI	96,549
5,120 MAINTEI	10,126
5,130 ELECTRI	63,949
5,131 NATURA	52,935
5,133 WATER &	37,834
5,134 TRASH C	25,521
5,140 PROP/PL	55,097
5,160 GENERA	79,805
5,165 MAINTEI	48,278
5,210 DIETARY	421,658
5,220 DIETARY	37,756
5,248 FOOD PU	351,905

5,250 SUPPLIE	4,532
5,260 REPLACI	4,168
5,270 KITCHEN	18,844
5,295 MEAL IN	(37,223)
5,310 LAUNDR	107,529
5,340 LAUNDR	9,597
5,370 REPLACI	13,038
	0
5,390 SUPPLIE	11,189
5,410 HOUSEK	173,593
5,440 HOUSEK	14,781
5,480 SUPPLIE	43,715
5,490 SUPPLIE	8,941
6,020 RN WAG	594,600
6,030 DON WA	64,976
6,035 ADON W	86,422
6,040 RN PTO &	42,935
6,120 LPN WAG	624,418
6,140 LPN PTO	45,101
6,220 AIDES W	1,356,244
6,240 AIDES PT	75,221
6,245	0
	9,395
	2,274
	0
6,270 REHAB V	60,651
6,275 REHAB F	6,265
6,290 NURSINC	178,625
6,295 NURSINC	21,120
6,390 REPLACI	766
6,490 OTHER	3,934

7,280 DRUG PU	374,023
7,281 DRUG PU	427,876
7,380 LABORA	17,732
7,390 X-RAY S	27,143
	0
7,510 ACTIVIT	105,015
7,540 ACTIVIT	8,006
7,590 ACTIVIT	1,537
7,620 PHYSICA	369,031
7,660 P.T. SUPE	1,353
7,710 SOCIAL S	92,655
7,720 SOCIAL S	7,619
7,730 SOCIAL S	0
7,740 OCCUPA	314,309
7,770 SPEECH '	103,891
7,820 BEAUTIC	0
	0
	0
8,120 INTERES	0
	34,208
8,130 DEPRECI	0
	0
9,510 INTERES	(19,398)
9,520 MISC NO	0
4,220	0
8,100	718,320
9,702	0
5,230	0
	<u>(155,382)</u>

Expenses Fixed Assets

