

Facility Name & ID Number Heritage Health Beardstown

0048843 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	79	Skilled (SNF)	79	28,835	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	79	TOTALS	79	28,835	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	14,042	6,398	2,605	23,045	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,042	6,398	2,605	23,045	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.92%

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 / /

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 2,605

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 Beardstown

0048843

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	208,743	5,210		213,953		213,953	4,214	218,167		1
2	Food Purchase		222,389		222,389		222,389	24	222,413		2
3	Housekeeping	81,930	26,141		108,071		108,071	30	108,101		3
4	Laundry	61,222	14,120		75,342		75,342		75,342		4
5	Heat and Other Utilities			219,076	219,076		219,076	1,094	220,170		5
6	Maintenance	96,732	65,472	64,066	226,270		226,270	12,892	239,162		6
7	Other (specify):*										7
8	TOTAL General Services	448,627	333,332	283,142	1,065,101		1,065,101	18,254	1,083,355		8
	B. Health Care and Programs										
9	Medical Director			3,000	3,000		3,000		3,000		9
10	Nursing and Medical Records	1,322,542	108,001	19,618	1,450,161		1,450,161	(11,772)	1,438,389		10
10a	Therapy		448,013	472,859	920,872	(474,349)	446,523		446,523		10a
11	Activities	57,172	5,486		62,658		62,658		62,658		11
12	Social Services	29,899		4,159	34,058		34,058		34,058		12
13	CNA Training							750	750		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,409,613	561,500	499,636	2,470,749	(474,349)	1,996,400	(11,022)	1,985,378		16
	C. General Administration										
17	Administrative	76,500			76,500		76,500		76,500		17
18	Directors Fees										18
19	Professional Services			241,208	241,208		241,208	(224,162)	17,046		19
20	Dues, Fees, Subscriptions & Promotions			104,242	104,242	(43,253)	60,989	(14,094)	46,895		20
21	Clerical & General Office Expenses	142,987	18,610	18,388	179,985		179,985	252,201	432,186		21
22	Employee Benefits & Payroll Taxes			523,772	523,772		523,772	37,662	561,434		22
23	Inservice Training & Education			7,807	7,807		7,807	553	8,360		23
24	Travel and Seminar			5,627	5,627		5,627	(628)	4,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			49,548	49,548		49,548	10,908	60,456		26
27	Other (specify):* Lost resident items			14,914	14,914		14,914	(14,900)	14		27
28	TOTAL General Administration	219,487	18,610	965,506	1,203,603	(43,253)	1,160,350	47,540	1,207,890		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,077,727	913,442	1,748,284	4,739,453	(517,602)	4,221,851	54,772	4,276,623		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 Beardstown

#0048843

Report Period Beginning:

01/01/15

Ending:

12/31/15

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							261,841	261,841			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			26,580	26,580		26,580	102,894	129,474			32
33	Real Estate Taxes							43,776	43,776			33
34	Rent-Facility & Grounds			459,900	459,900		459,900	(517,298)	(57,398)			34
35	Rent-Equipment & Vehicles			5,232	5,232		5,232	6,292	11,524			35
36	Other (specify):*											36
37	TOTAL Ownership			491,712	491,712		491,712	(102,495)	389,217			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					474,349	474,349	30,086	504,435			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					43,253	43,253		43,253			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers					517,602	517,602	30,086	547,688			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,077,727	913,442	2,239,996	5,231,165		5,231,165	(17,637)	5,213,528			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 Beardstown

0048843

Report Period Beginning:

01/01/15

Ending:

12/31/15

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-	BHF USE	
			ence	ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(61,913)			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	(1,129)			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				17
18	Fines and Penalties				18
19	Entertainment	(5,883)			19
20	Contributions	(500)			20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,558)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(14,400)			24
25	Fund Raising, Advertising and Promotional	(19,933)			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)	\$ (105,316)		\$	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)	87,679		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 87,679		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (17,637)		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 Beardstown

ID# 0048843

Report Period Beginning: 01/01/15

Ending: 12/31/15

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		0	20	17
18				18
19			24	19
20		(500)	27	20
21				21
22		(1,558)	19	22
23				23
24		(14,400)	27	24
25		(19,933)	20	25
26				26
27		0	22	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		(36,391)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health Beardstown# 0048843

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	4,214	0	0	0	0	0	0	0	0	4,214	1
2	Food Purchase	0	0	24	0	0	0	0	0	0	0	0	24	2
3	Housekeeping	0	0	30	0	0	0	0	0	0	0	0	30	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,094	0	0	0	0	0	0	0	0	1,094	5
6	Maintenance	0	0	12,892	0	0	0	0	0	0	0	0	12,892	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	18,254	0	18,254	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	(12,269)	497	0	0	0	0	0	0	0	0	(11,772)	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	750	0	0	0	0	0	0	0	0	750	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	(12,269)	1,247	0	(11,022)	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	(1,558)	(237,737)	15,133	0	0	0	0	0	0	0	0	(224,162)	19
20	Fees, Subscriptions & Promotions	(19,933)	0	5,839	0	0	0	0	0	0	0	0	(14,094)	20
21	Clerical & General Office Expenses	0	0	252,201	0	0	0	0	0	0	0	0	252,201	21
22	Employee Benefits & Payroll Taxes	0	0	37,662	0	0	0	0	0	0	0	0	37,662	22
23	Inservice Training & Education	0	(240)	793	0	0	0	0	0	0	0	0	553	23
24	Travel and Seminar	(5,883)	0	5,255	0	0	0	0	0	0	0	0	(628)	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	10,908	0	0	0	0	0	0	0	0	10,908	26
27	Other (specify):*	(14,900)	0	0	0	0	0	0	0	0	0	0	(14,900)	27
28	TOTAL General Administration	(42,274)	(237,977)	327,791	0	47,540	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(42,274)	(250,246)	347,292	0	54,772	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health Beardstown

0048843

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	246,350	0	15,491	0	0	0	0	0	0	0	261,841	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,129)	104,072	0	(49)	0	0	0	0	0	0	0	102,894	32
33	Real Estate Taxes	0	43,776	0	0	0	0	0	0	0	0	0	43,776	33
34	Rent-Facility & Grounds	(61,913)	(459,900)	0	4,515	0	0	0	0	0	0	0	(517,298)	34
35	Rent-Equipment & Vehicles	0	0	0	6,292	0	0	0	0	0	0	0	6,292	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(63,042)	(65,702)	0	26,249	0	(102,495)	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	30,086	0	0	0	0	0	0	0	0	0	30,086	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	30,086	0	0	0	0	0	0	0	0	0	30,086	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(105,316)	(285,862)	347,292	26,249	0	(17,637)	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. Services</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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	<u>10 Adjustment for Related Organization</u>	\$	<u>GreenTree Pharmacy</u>	<u>0.00%</u>	\$ <u>(12,269)</u>	\$ <u>(12,269)</u>	1
2	V	<u>23 Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>(240)</u>	<u>(240)</u>	2
3	V	<u>39 Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>30,086</u>	<u>30,086</u>	3
4	V	<u>19 Adjustment for Related Organization</u>	<u>237,737</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(237,737)</u>	4
5	V							5
6	V	<u>34 Adjustment for Related Organization</u>	<u>459,900</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>		<u>(459,900)</u>	6
7	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>43,776</u>	<u>43,776</u>	7
8	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>99,299</u>	<u>99,299</u>	8
9	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>246,350</u>	<u>246,350</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		\$ <u>697,637</u>			\$ <u>411,775</u>	\$ * <u>(285,862)</u>	14

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

Facility Name & ID Number Heritage Health Beardstown

0048843

Report Period Beginning: 01/01/15

Ending: 12/31/15

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.		\$	\$	4,214	15	
16	V	2 Food Purchase						24	16	
17	V	3 Housekeeping						30	17	
18	V	4 Laundry						0	18	
19	V	5 Heat & Other Utilities						1,094	19	
20	V	6 Maintenance						12,892	20	
21	V	7 Other						0	21	
22	V	9 Medical Director						0	22	
23	V	10 Nursing & Medical Records						497	23	
24	V	11 Activities						0	24	
25	V	12 Social Service						0	25	
26	V	13 Nurse Aide Training						750	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						15,133	31	
32	V	20 Fees, Subscription, Promotions						5,839	32	
33	V	21 Clerical & General Office Expenses						252,201	33	
34	V	22 Employee Benefits & Payroll Taxes						37,662	34	
35	V	23 Inservice Training & Education						793	35	
36	V	24 Travel and Seminar						5,255	36	
37	V	25 Other Admin. Staff Transportation						0	37	
38	V	26 Insurance-Prop.Liab.Malpract						10,908	38	
39	Total		\$			\$	0	\$ *	347,292	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						15,491	16	
17	V	31 Amortization of Pre-Op & Org						0	17	
18	V	32 Interest						(49)	18	
19	V	33 Real Estate Taxes						0	19	
20	V	34 Rent-Facility & Grounds						4,515	20	
21	V	35 Rent-Equipment & Vehicles						6,292	21	
22	V	36 Other						0	22	
23	V	38 Medically Nec Transportation						0	23	
24	V	39 Ancillary Service Centers						0	24	
25	V	40 Barber and Beauty Shops						0	25	
26	V	41 Coffee and Gift Shops						0	26	
27	V	42 Other						0	27	
28	V								28	
29	V								29	
30	V								30	
31	V								31	
32	V								32	
33	V								33	
34	V								34	
35	V								35	
36	V								36	
37	V								37	
38	V								38	
39	Total		\$			\$	0	\$ *	26,249	39

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

Facility Name & ID Number Heritage Health Beardstown # 0048843 Report Period Beginning: 01/01/15 Ending: 12/31/15

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 Beardstown

0048843

Report Period Beginning:

01/01/15

Ending: 12/31/15

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	2,835	27	\$ 151,240	\$ 150,308	79	\$ 4,214	1
2	2	Food Purchase	Beds	2,835	27	878	0	79	24	2
3	3	Housekeeping	Beds	2,835	27	1,094	0	79	30	3
4	4	Laundry	Beds	2,835	27	0	0	79	0	4
5	5	Heat & Other Utilities	Beds	2,835	27	39,264	0	79	1,094	5
6	6	Maintenance	Beds	2,835	27	462,630	80,387	79	12,892	6
7	7	Other	Beds	2,835	27	0	0	79	0	7
8	9	Medical Director	Beds	2,835	27	0	0	79	0	8
9	10	Nursing & Medical Records	Beds	2,835	27	17,825	16,766	79	497	9
10	11	Activities	Beds	2,835	27	0	0	79	0	10
11	12	Social Service	Beds	2,835	27	0	0	79	0	11
12	13	Nurse Aide Training	Beds	2,835	27	26,928	26,075	79	750	12
13	14	Program Transportation	Beds	2,835	27	0	0	79	0	13
14	15	Other	Beds	2,835	27	0	0	79	0	14
15	17	Administrative	Beds	2,835	27	0	0	79	0	15
16	18	Directors Fees	Beds	2,835	27	0	0	79	0	16
17	19	Professional Services	Beds	2,835	27	543,062	0	79	15,133	17
18	20	Fees, Subscription, Promotions	Beds	2,835	27	209,523	0	79	5,839	18
19	21	Clerical & General Office Expens	Beds	2,835	27	9,050,509	8,564,147	79	252,201	19
20	22	Employee Benefits & Payroll Tax	Beds	2,835	27	1,351,528	0	79	37,662	20
21	23	Inservice Training & Education	Beds	2,835	27	28,468	0	79	793	21
22	24	Travel and Seminar	Beds	2,835	27	188,595	0	79	5,255	22
23	25	Other Admin. Staff Transportatio	Beds	2,835	27	0	0	79	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,835	27	391,443	0	79	10,908	24
25	TOTALS					\$ 12,462,987	\$ 8,837,683		\$ 347,292	25

Facility Name & ID Number Heritage Health Beardstown

0048843

Report Period Beginning:

01/01/15

Ending: 12/31/15

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	2,835	27	\$	\$	79	\$	1
2	30	Depreciation	Beds	2,835	27	555,915	79	15,491		2
3	31	Amortization of Pre-Op & Org	Beds	2,835	27		79			3
4	32	Interest	Beds	2,835	27	(1,746)	79	(49)		4
5	33	Real Estate Taxes	Beds	2,835	27		79			5
6	34	Rent-Facility & Grounds	Beds	2,835	27	162,022	79	4,515		6
7	35	Rent-Equipment & Vehicles	Beds	2,835	27	225,798	79	6,292		7
8	36	Other	Beds	2,835	27		79			8
9	38	Medically Nec Transportation	Beds	2,835	27		79			9
10	39	Ancillary Service Centers	Beds	2,835	27		79			10
11	40	Barber and Beauty Shops	Beds	2,835	27		79			11
12	41	Coffee and Gift Shops	Beds	2,835	27		79			12
13	42	Other	Beds	2,835	27		79			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					\$ 941,989	\$		\$ 26,249	25

Facility Name & ID Number

Heritage Health Beardstown

0048843

Report Period Beginning:

01/01/15

Ending:

12/31/15

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			\$	\$			\$ 99,299	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							26,580	6					
7													7					
8													8					
9		TOTAL Facility Related					\$	\$				\$ 130,652	9					
		B. Non-Facility Related*																
10		Interest Income										(1,129)	10					
11													11					
12		Allocated Corporate										(49)	12					
13													13					
14		TOTAL Non-Facility Related					\$	\$				\$ (1,178)	14					
15		TOTALS (line 9+line14)					\$	\$				\$ 129,474	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.)

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health Beardstown COUNTY Cass

FACILITY IDPH LICENSE NUMBER 48843

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 2014 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 2014.

	(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>03-011-012-01</u>	_____	\$ <u>5,797.24</u>	\$ <u>5,797.24</u>
2.	<u>03-011-012-00</u>	_____	\$ <u>37,978.34</u>	\$ <u>37,978.34</u>
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <u><u>43,775.58</u></u>	\$ <u><u>43,775.58</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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 Heritage Health Beardstown

0048843 Report Period Beginning:

01/01/15 Ending:

12/31/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,200 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).
Evergreen Place SLF - 26 Apartments

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				\$ 25,000	1
2					2
3	TOTALS			\$ 25,000	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	79			\$ 1,380,636	\$		\$	\$
5								
6								
7								
8								
Improvement Type**								
9	Remodel facility--Materials & Labor		1997	272,458				
10								
11	Nurse Call System		1997	1,500				
12								
13	Remodel facility--Materials & Labor		1998	85,772				
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27	Door Alarm System		2000	2,727				
28	A/C Compressor		2000	2,984				
29	Compressor -- Walk-in Freezer		2000	2,586				
30	Water Heater		2000	2,804				
31								
32								
33	C/O Allocation				15,491		15,491	
34	Book Depreciation				198,539		198,539	
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	Recirculating Pump	2001	\$ 889	\$		\$	\$	\$	37
38	West entrance Door	2001	1,700						38
39									39
40	Door	2002	2,840						40
41	a/c unit	2002	15,900						41
42	Shower room Wall	2002	1,200						42
43	Cmpressor	2002	13,348						43
44									44
45	Sewer Relocation	2002	2,011						45
46									46
47	Sewer Relocation	2003	2,206						47
48	a/c units	2003	10,170						48
49									49
50	Disposer	2003	1,454						50
51	A/C Unit	2003	5,786						51
52	Rebuild Generator	2003	4,276						52
53									53
54	Exterior doors	2004	3,212						54
55	Shower room Remodel	2004	9,028						55
56	Landscapping	2004	3,030						56
57	Canopy	2004	570						57
58	Door	2004	1,068						58
59	A/C Unit	2004	7,326						59
60	Heat/Cool Units	2004	6,960						60
61	Carpet	2004	911						61
62	Compressor	2004	2,949						62
63	Chiller	2004	1,970						63
64	Drier Core	2004	953						64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,851,224	\$ 214,030		\$ 214,030	\$	\$	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		\$ 1,851,224	\$ 214,030		\$ 214,030	\$	\$	1
2	Shower Remodel	2005	7,273						2
3	Ansul System	2005	2,540						3
4									4
5									5
6	Interior rehab -- Labor and Materials	2005	28,299						6
7	Delayed Egress Magnet	2005	2,092						7
8	Panic Door Hardware	2005	2,125						8
9	Roof repair	2005	3,702						9
10									10
11									11
12	Door opener	2006	2,445						12
13	Wanderguard system	2006	2,267						13
14	Hot water heater	2006	13,771						14
15	Sidewalk	2006	4,928						15
16									16
17	Hvac	2006	17,853						17
18									18
19	Alarm system	2006	6,568						19
20	Generater regulator	2006	1,727						20
21	Awning	2006	4,264						21
22	Closet door	2006	2,722						22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,953,800	\$ 214,030		\$ 214,030	\$	\$	34

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

Facility Name & ID Number Heritage Health Beardstown

0048843

Report Period Beginning:

01/01/15

Ending:

12/31/15

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,953,800	\$ 214,030		\$ 214,030	\$	\$	1
2	<u>HVAC</u>	2007	9,672						2
3	<u>Chiller</u>	2007	2,603						3
4									4
5	Post 6/30/07 capital review								5
6	<u>Landscaping</u>	2007	28,000						6
7	<u>Water Heater</u>	2007	21,682						7
8	<u>Rooftop A/C</u>	2007	205						8
9	<u>Blinds</u>	2007	845						9
10	<u>Roof fans</u>	2007	3,457						10
11	<u>A/C</u>	2007	12,487						11
12	<u>Doors</u>	2007	3,358						12
13	<u>Generator</u>	2007	39,004						13
14	<u>Wall Heater</u>	2007	3,384						14
15	<u>Circulating pump</u>	2007	896						15
16	<u>Roof</u>	2007	141,801						16
17	<u>Capital report Adj</u>	2007	(216,315)						17
18	<u>HVAC Rooftop Unit</u>	2008	148,000						18
19	<u>Water Heater</u>	2008	14,252						19
20	<u>Heater Replacement</u>	2008	4,008						20
21	<u>Resident Room Remodel-- Painting, Lighting</u>	2008	75,015						21
22	<u>Hot Water Heater</u>	2008	6,621						22
23	<u>HVAC Units</u>	2008	19,280						23
24	<u>Electric Heater</u>	2008	5,195						24
25	<u>Capital report Adj</u>	2008	(50,625)						25
26	<u>Elevator</u>	2009	9,873						26
27	<u>Mixing valve</u>	2009	3,715						27
28	<u>Room painting</u>	2009	6,065						28
29	<u>Comdensor</u>	2009	5,260						29
30	<u>Lights</u>	2009	4,055						30
31	<u>Parking Lot</u>	2009	83,790						31
32	<u>Flooring</u>	2009	18,770						32
33	<u>Nurse Call System</u>	2009	107,659						33
34	TOTAL (lines 1 thru 33)		\$ 2,465,812	\$ 214,030		\$ 214,030	\$	\$	34

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

Facility Name & ID Number Heritage Health Beardstown

0048843

Report Period Beginning:

01/01/15

Ending:

12/31/15

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		\$ 2,465,812	\$ 214,030		\$ 214,030	\$	\$	1
2	Capital Report Adj	2009	(16,907)						2
3	Electric reheats	2010	2,953						3
4	HVAC units	2010	15,119						4
5	Insulation	2010	34,950						5
6	Parking Lot	2010	23,462						6
7	Nurse Call System	2010	183,517						7
8									8
9	Sprinkler	2011	83,201						9
10	Roof	2011	133,678						10
11	Heat/cool Units	2011	19,980						11
12	water tank	2011	7,503						12
13	Heat Panel	2011	5,003						13
14	sign	2011	14,000						14
15									15
16	Roof Replacement	2012	19,770						16
17	Water Heater	2012	13,243						17
18									18
19	Lighting	2012	22,130						19
20									20
21	Compressor Replacements	2013	10,494						21
22	Elevator Door Restrictor	2013							22
23	Replace Heat Controls	2013	4,940						23
24	Sprinkler System Installation	2013							24
25	Duct Heater Replacement	2013							25
26									26
27	Elevator Door Restrictor-Final Payment	2014							27
28	Replace Dishwasher	2014							28
29	Roof Replacement	2014	173,569						29
30	Rebuild Fan Motor	2014							30
31	Chiller Replacement	2014							31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,216,417	\$ 214,030		\$ 214,030	\$	\$	34

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

Facility Name & ID Number Heritage Health Beardstown

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								
2			\$ 3,216,417	\$ 214,030		\$ 214,030	\$	\$	1
3	2015	22,500							2
4	2015	10,026							3
5	2015	2,537							4
6	2015	4,805							5
7	2015	8,740							6
8									7
9									8
10									9
11									10
12									11
13									12
14									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)								
			\$ 3,265,025	\$ 214,030		\$ 214,030	\$	\$	33
									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	\$ 1,024,046	\$ 47,811	\$ 47,811	\$		\$	71
72	Current Year Purchases	10,219						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,034,265	\$ 47,811	\$ 47,811	\$		\$	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)	\$ 4,324,290	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 261,841	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 261,841	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 Beardstown

0048843

Report Period Beginning: 01/01/15

Ending: 12/31/15

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. _____ /2016 \$ _____

13. _____ /2017 \$ _____

14. _____ /2018 \$ _____

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: \$ 5,232 Description: Televisions and office equipment

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			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	\$		\$ 177,509	\$		\$ 177,509	1
2	Licensed Speech and Language Development Therapist		hrs			93,592			93,592	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			173,474	1,948		175,422	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				446,065		446,065	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					28,284			28,284	13
14	TOTAL			\$		\$ 472,859	\$ 448,013		\$ 920,872	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 Beardstown

0048843

Report Period Beginning: 01/01/15

Ending:

12/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15 (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	\$ 2,782	\$	1
2	Cash-Patient Deposits	13,430		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,000,664		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	38,320		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(1,221,102)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ (165,906)	\$	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)	\$ (165,906)	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 317,843	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,430		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	166,628		30
31	Accrued Taxes Payable (excluding real estate taxes)	5,154		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>	21,612		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 524,667	\$	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)	\$ 524,667	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (690,573)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ (165,906)	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (772,721)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (772,721)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	82,148	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)	\$ 82,148	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)	\$ (690,573)	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	\$ 4,067,548	1
2	Discounts and Allowances for all Levels	(1,682,946)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,384,602	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,470,645	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,470,645	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	511	12
13	Barber and Beauty Care	905	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	61,913	16
17	Sale of Drugs	855,679	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	19,763	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 938,771	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,129	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,129	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	SLF	518,166	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 518,166	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,313,313	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,065,101	31
32	Health Care	2,470,749	32
33	General Administration	1,203,603	33
B. Capital Expense			
34	Ownership	491,712	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)*	\$ 5,231,165	40
41	Income before Income Taxes (line 30 minus line 40)**	82,148	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 82,148	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 Beardstown

0048843

Report Period Beginning:

01/01/15

Ending:

12/31/15

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	1,569	1,652	\$ 47,979	\$ 29.04	1
2	Assistant Director of Nursing	386	406	11,889	29.28	2
3	Registered Nurses	7,150	7,526	208,638	27.72	3
4	Licensed Practical Nurses	16,466	17,333	385,541	22.24	4
5	CNAs & Orderlies	54,360	57,221	615,314	10.75	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,970	2,074	53,181	25.64	8
9	Activity Director					9
10	Activity Assistants	3,693	3,887	57,172	14.71	10
11	Social Service Workers	1,739	1,830	29,899	16.34	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	17,576	18,501	208,743	11.28	15
16	Dishwashers					16
17	Maintenance Workers	5,278	5,556	96,732	17.41	17
18	Housekeepers	7,110	7,484	81,930	10.95	18
19	Laundry	4,482	4,718	61,222	12.98	19
20	Administrator	1,976	2,080	76,500	36.78	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,369	9,862	142,987	14.50	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)	133,124	140,130	\$ 2,077,727 *	\$ 14.83	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$ 0		35
36	Medical Director	3,000		36
37	Medical Records Consultant	1,440		37
38	Nurse Consultant			38
39	Pharmacist Consultant	4,218		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	4,159		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 12,817		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	
Lori Moon	Administrator		\$ 76,500	Workers' Compensation Insurance	\$ 44,590	IDPH License Fee	\$	
				Unemployment Compensation Insurance	42,699	Advertising: Employee Recruitment	6,668	
				FICA Taxes	158,946	Health Care Worker Background Check (Indicate # of checks performed _____)	1,045	
				Employee Health Insurance	255,239	Patient Background Checks		
				Employee Meals		PR	7,455	
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	9,136	
						License & Fees	27,690	
				Other Benefits	22,298	Central Office Allocation	5,839	
				Central Office Allocation	37,662	Less: Public Relations Expense	(7,455)	
						Non-allowable advertising	(3,483)	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 76,500				\$ 561,434			\$ 46,895	
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	
								2,761
								133
							Seminar Expense	2,733
								(628)
							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	Mgt	\$ 237,754						
ADP	Payroll tax processing	1,067						
Consova Corp	HR consulting	299						
McKee Environmental	Consulting	530						
Legal adj to Zero		1,558						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)								
\$ 241,208								

* 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 Beardstown

0048843

Report Period Beginning:

01/01/15

Ending:

12/31/15

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. \$ 43,253
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. \$ 2,985
- (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 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg Adjustment Line #	Amount
1009	PETTY CASH	2,782				1,009	1,009 PETTY C 2,782
1010	CASH IN BANK					1,100	1,100 ACCTS R 1,058,884
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. (58,220)
1100	ACCOUNTS RECEIVABLE	1,000,664				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 38,320
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	38,320				1,310	1,310 SUPPLIES INVENTORY
1220	OTHER PREPAID EXPENSES					1,320	1,320 LINEN INVENTORY
1300	FOOD INVENTORY					1,409	1,409 LAND 0
1310	SUPPLIES INVENTORY					1,450	1,450 FURNITU 0
1409	LAND	0				1,460	0
1450	FURNITURE & EQUIPMENT	0				1,475	1,475 CODE AI 0
1460	ACCUM DEPR-FURN & EQU	0				1,490	1,490 ACCUM] 0
1475	BUILDING & IMPROVEMEN	0				1,530	1,530 RESIDEN 13,430
1490	ACCUM DEPR-BUILDING	0				1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	13,430				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0				1,850	1,850 INTERCC (1,221,102)
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (317,843)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-1,221,102				2,100	2,100 ACCRUE (30,768)
2010	ACCOUNTS PAYABLE	-317,843				2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-30,768				2,110	2,110 ACCRUE (135,860)
2110	ACCRUED VACATION PAY	-135,860				2,120	2,120 U.C. TAX 0

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(5,154)	
2125	FICA TAX PAYABLE	-5,154	-5,154	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 REF		
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 - CAFETE		
2240	UNITED WAY			2,246	2,250 401K W/F		
2245	GROUP INSURANCE PAYABLE			2,250			
2246	GROUP INSURANCE PAYABLE-CAFETERIA			2,260	2,260 WAGE G.		
2260	WAGE GARNISHMENTS			2,300	2,300 ACCRUE	0	
2280	MISC PAYROLL DEDUCTIONS			2,320	2,320 IPA PAYM	(21,612)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-21,612		2,400	2,400 CURRENT PORTION OF LT DEB		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO 1	(13,430)	
2385	ACTIVITY FUND	0		2,600	2,600 LASALLI	0	
2390	SECURITY DEPOSITS	0		2,600			
2391	VOLUNTEER FUND			2,625	2,625 LASALLE CONSTR. LOAN #2		
2393	HEART FUND/BAZAAR			2,625			
2395	DEFERRED INC EMP & MEM			2,695	2,695 CURRENT PORTION OF LT DEB		
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINED	772,721	
2460	INCOME TAXES PAYABLE				net income	(82,148)	
2512	DUE TO RESIDENTS	-13,430					
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	772,721					
2970	PROFIT/LOSS FOR PERIOD	-82,148					
3007.1	PATIENT DAYS-PRIVATE	6,398					3,007

3007.2	PATIENT DAYS-IPA	14,042						3,007
3007.3	PATIENT DAYS-MEDICARE	2,605						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 &	-4,050,564	0	0	0	0		3,007
3015	1 PRIVATE ASSESSMENT TAX INCOME		0	0	0	0		3,010
3020	1 BASIC CHARGE-IPA	0	0	0	0	0		3,020
3030	1 BASIC CHARGE-MEDICARI	0	0	0	0	0		3,030
3035	4 DAY CARE/HOME CARE		0	0	0	0		3,040
3040	1 LIGHT NURSING CARE	0	0	0	0	0		3,050
3050	1 MEDIUM NURSING CARE		0	0	0	0		3,060
3060	1 HEAVY NURSING CARE		0	0	0	0		3,061
3061	1 SKILLED NURSING CARE							3,080
3080	1 NURSING SUPPLIES-PRIVA	-15,889	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	-855,679	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-1,470,645	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	1,682,946	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	-61,913		6	0	6	-61,913		3,530
3530	13 BEAUTY SHOP	-905		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	0		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	-511		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-1,095		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	-19,763		0	0	0	0		4,110
3600	21 MISC INCOME	0		0	0	0	0		4,111
4110	GENERAL & ADMINISTRATIVE WAGES	130,924	142,987	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	76,500	76,500	17	1	0	0		4,120
4115	VACATION & SICK - G&A	12,063		21	1	0	0		4,121
4120 4475	EMPLOYEE BENEFITS	14,866	523,772	22	3	0	0		4,130
4125	EMPLOYEE HEPETITIS VACATION	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLARSHIP	136		21	1	0	0		4,250
4135	EMPLOYEE SCHOLARSHIP	7,296		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250 4255	OFFICE SUPPLIES	18,610	18,610	21	2	0	0		4,275
4260	TELEPHONE	18,388	18,388	21	3	0	0		4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	7,807	7,807	23	3	16	0 **		4,280
4280	GENERAL TRAVEL	2,761	5,627	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	133		24	3	19	0		4,285
4285	EDUCATION & SEMINAR	2,733		24	3	19	-5,883 ***		4,289
4290	HELP WANTED ADVERTISING	6,668	104,242	20	3	0	0 -43,253		4,290
4291	PROMOTIONAL ADVERTISING	8,995		20	3	25	-8,995		4,291
4292	PUBLIC RELATIONS	7,455		20	3	25	-7,455		4,292
4300	LICENSES & FEES	70,943		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	9,136		20	3	17	-3,483		4,310
4320	CONTRIBUTIONS	500		27	3	20	-500		4,320
4350	PROFESSIONAL FEES	3,471	241,208	19	3	22	-1,558		4,350
4355	MEDICAL DIRECTOR	3,000	3,000	9	3	0	0		4,355
4360	UTILIZATION REVIEW	0		10	3	0	0		4,362
4361	OTHER PHYSICIAN FEES			39	3	0	0		4,363

4362	MEDICAL RECORDS CONSI	1,440		10	3	0	0	4,364
4363	PHARMACIST FEES	4,218		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	4,159	4,159	12	3	0	0	4,383
4370	TV RENTAL	-438		35	3	5	0	4,390
4380	INCOME TAXES		14,914	27	3	26	0	4,400
4383	BACKGROUND CHECKS	1,045		20	3	26	0	4,401
4400	PAYROLL TAXES	193,704		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	7,941		22	3	0	0	4,420
4410	GROUP INSURANCE	255,239		22	3	0	0	4,430
4420	LIABILITY INSURANCE	49,548	49,548	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	44,590		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	237,737		19	3	34	0 **	4,460
4460	BAD DEBTS	14,400		27	3	24	-14,400	4,461
4470	LOST ITEMS-RESIDENTS	14		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	5,670	5,232	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	89,667	96,732	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	7,065		6	1	0	0	4,510
5130	ELECTRIC	190,189	219,076	5	3	0	0	4,600
5131	NATURAL GAS	0		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	28,887		5	3	0	0	5,130
5134	TRASH COLLECTION	11,527	64,066	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	8,395	65,472	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	57,077		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	52,539		6	3	0	0	5,140
5210	DIETARY WAGES	194,618	208,743	1	1	0	0	5,160
5220	DIETARY SICK & VAC	14,125		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	225,374	222,389	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	2,004	5,210	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	1,018		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	2,188		1	2	0	0	5,260
5295	MEAL CREDIT	-2,985		2	2	0	0	5,270
5310	LAUNDRY WAGES	57,550	61,222	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	3,672		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	9,497	14,120	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	4,623		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	74,598	81,930	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	7,332		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	26,102	26,141	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	39		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,322,542	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	182,739		10	1	0	0	6,020
6030	DON WAGES	47,979		10	1	0	0	6,030
6035	ADON	11,889		10	1	0	0	6,035
6040	RN SICK & VACATION	25,899		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	359,724		10	1	0	0	6,120
6120	LPN WAGES-NON MEDICAL	0		10	1	0	0	6,140
6130	LPN WAGES OTHER			10	1	0	0	6,220
6140	LPN SICK & VACATION	25,817		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	566,723		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	48,591		10	1	0	0	6,250
6245	CONTRACT NURSES-RN	0		10	3	0	0	6,255
6246	CONTRACT NURSES-LPN	12,200		10	3	0	0	6,260
6247	CONTRACT NURSES-AIDES	1,353		10	3	0	0	6,270
6250	NURSE AIDE TRAINING W/	0	0	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	0	0	13	2	0	0	6,290
6260	NURSE AIDE TRAINING RE	0		0	0	0	0	6,295
6270	REHAB WAGES	48,438		10	1	0	0	6,390
6275	REHAB SICK & VAC	4,743		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	16,864	108,001	10	2	0	0	7,281
6295	NURSING SUPPLIES	88,152		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	2,985		10	2	0	0	7,391
6490	NURSING OTHER	407	19,618	10	3	0	0	7,393
7280	DRUG PURCHASES	107,334	448,013	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	338,731		39	2			7,540
7380	LABORATORY SERVICES	28,284	472,859	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	53,280	57,172	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	3,892		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	5,486	5,486	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	173,474		39	3	0	0 ***	7,890
7660	PT SUPPLIES	1,948		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	28,030	29,899	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	1,869		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0	8,130
7740	OT FEE	177,509		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	93,592		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	459,900	459,900	34	3	0	0	

8120	INTEREST EXPENSE	26,580	26,580	32	3	14	-1,129	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-1,129		32	0	10	0	
9520	MISC NON-OPERATING INC	-518,166		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		4,711,870	5,231,165					
			519,295					

GRAND TOTALS -82,148 -105,316
(NET INCOME)

0
FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	6,398	6,398
IPA	14,042	14,042
medicare	2,605	2,605
		23,045

UND

RIA

BT

BT

3,007 PATIENT	14,042
3,007 PATIENT	2,605
	0

3,010 BASIC CI	(4,050,564)
3,020 BASIC CI	0
3,030 BASIC CI	0
	0
	0
	0
	0

3,080 NURSING	(15,889)
3,081 NURSING	0
3,082 NURSING	0
3,083 NURSING	0
3,100 DRUGS-M	(855,679)
	0

3,110 PHYSICIAN	(1,470,645)
	0

3,112 PHYSICIAN	0
3,113 PHYSICIAN	0

3,140 LABORATORY INCOME	0
-------------------------	---

3,152 ST/OT TR	0
3,153 ST/OT TR	0

3,185 REHABILITATION/ISOLATION/OTHER CHG

3,410 IPA/OTHER	0
-----------------	---

3,411 MEDICAL	0
---------------	---

3,420 MEDICAL	1,635,115
---------------	-----------

3,520 RENT INC	(61,913)
3,530 BEAUTY	(905)
	0
3,570 VENDING	(511)
3,590 EQUIPMI	(1,095)
3,595 RESIDEN	(19,763)
3,600 MISC INC	0
4,110 G&A WA	130,924
4,111 ADMINIS	76,500
4,115 G&A PTC	12,063
4,120 EMPLOY	14,851
4,130 EMPLOY	136
4,135 EMPLOY	7,296
4,250 OFFICE S	7,982
4,255 POSTAGI	1,572
4,260 TELEPHC	18,388
4,275 TRAININ	7,807
	0
4,280 GENERA	2,761
4,281 MEAL EX	133
4,285 EDUCAT	2,706
4,289 MEETING	27
4,290 HELP WA	6,668
4,291 PROMOT	8,995
4,292 PUBLIC I	7,455
4,300 LICENSE	70,943
4,310 DUES & :	9,136
4,320 CONTRIE	500
4,350 PROFESS	3,471
4,355 MEDICAL	3,000
	1,440
	4,218

4,364 SOCIAL S	4,159
4,370 TV RENT	(438)
4,383 BACKGR	1,045
4,390 OTHER TAXES	
4,400 PAYROL	193,704
4,401 PAYROL	7,941
4,410 GROUP I	255,239
4,420 LIABILIT	49,548
4,430 WORKM.	43,799
4,435 W/C-FIRST AID CLAIMS	
4,436 DRUG TE	791
4,450 MANAGI	237,737
4,460 BAD DEF	14,400
4,461 BAD DEF	47,831
4,470 LOST ITE	14
4,475 UNIFORM	15
4,486 SERVICE	28,161
4,490 MISC EX	864
4,496 MISC. M.	9,056
4,510 REAL ES	0
4,600 LEASED	5,670
5,110 MAINTEI	89,667
5,120 MAINTEI	7,065
5,130 ELECTRI	190,189
5,131 NATURAL GAS	
5,133 WATER &	28,887
5,134 TRASH C	11,527
5,140 PROP/PL	8,395
5,160 GENERA	57,077
5,165 MAINTEI	24,378
5,210 DIETARY	194,618
5,220 DIETARY	14,125
5,248 FOOD PU	224,510

5,250 SUPPLIE	2,004
5,260 REPLACI	1,018
5,270 KITCHEN	2,188
5,295 MEAL IN	(2,985)
5,310 LAUNDR	57,550
5,340 LAUNDR	3,672
5,370 REPLACI	9,497
	0
5,390 SUPPLIE	4,623
5,410 HOUSEK	74,598
5,440 HOUSEK	7,332
5,480 SUPPLIE	26,102
5,490 SUPPLIE	39
6,020 RN WAG	182,739
6,030 DON WA	47,979
6,035 ADON W	11,889
6,040 RN PTO &	25,899
6,120 LPN WAG	359,724
6,140 LPN PTO	25,817
6,220 AIDES W	566,723
6,240 AIDES PT	48,591
6,245	
	12,200
	1,353
	0
	0
	0
6,270 REHAB V	48,438
6,275 REHAB F	4,743
6,290 NURSINC	16,864
6,295 NURSINC	88,152
6,390 REPLACI	2,985
6,490 OTHER	407

7,280 DRUG PU	107,334
7,281 DRUG PU	338,731
7,380 LABORA	3,642
7,390 X-RAY S	24,642
	0
7,510 ACTIVIT	53,280
7,540 ACTIVIT	3,892
7,590 ACTIVIT	5,486
7,620 PHYSICA	173,474
7,660 P.T. SUPE	1,948
7,710 SOCIAL S	28,030
7,720 SOCIAL S	1,869
7,730 SOCIAL S	0
7,740 OCCUPA	177,509
7,770 SPEECH'	93,592
7,820 BEAUTIC	0
	0
	0
8,120 INTERES	0
	26,580
8,130 DEPRECI	0
	0
9,510 INTERES	(1,129)
9,520 MISC NO	0
4,220	0
8,100	459,900
9,702	(518,166)
5,230	0
	<u>(82,148)</u>

Expenses Fixed Assets

