

Facility Name & ID Number Heritage Health-Bloomington

0048157 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	111	Skilled (SNF)	111	40,626	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	111	TOTALS	111	40,626	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	14,159	8,230	6,057	28,446	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,159	8,230	6,057	28,446	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.02%

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? _____

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 6,057

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: _____ Fiscal Year: _____

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

Facility Name & ID Number

Heritage Health-Bloomington

0048157

Report Period Beginning:

01/01/12

Ending:

12/31/12

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	277,212	21,901		299,113		299,113	6,879	305,992		1
2	Food Purchase		190,981		190,981		190,981	50	191,031		2
3	Housekeeping	112,967	33,559		146,526		146,526		146,526		3
4	Laundry	70,920	17,860		88,780		88,780		88,780		4
5	Heat and Other Utilities			103,905	103,905		103,905	1,641	105,546		5
6	Maintenance	118,599	56,421	72,859	247,879		247,879	16,937	264,816		6
7	Other (specify):*										7
8	TOTAL General Services	579,698	320,722	176,764	1,077,184		1,077,184	25,507	1,102,691		8
	B. Health Care and Programs										
9	Medical Director			15,476	15,476		15,476	2,882	18,358		9
10	Nursing and Medical Records	1,864,751	145,151	16,732	2,026,634		2,026,634	1	2,026,635		10
10a	Therapy		497,749	846,243	1,343,992	(546,433)	797,559	(13,560)	783,999		10a
11	Activities	68,144	2,151		70,295		70,295		70,295		11
12	Social Services	59,747		3,083	62,830		62,830		62,830		12
13	CNA Training	757	2,238		2,995		2,995	1,148	4,143		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,993,399	647,289	881,534	3,522,222	(546,433)	2,975,789	(9,529)	2,966,260		16
	C. General Administration										
17	Administrative	78,841			78,841		78,841		78,841		17
18	Directors Fees										18
19	Professional Services			272,431	272,431		272,431	(243,736)	28,695		19
20	Dues, Fees, Subscriptions & Promotions			155,084	155,084	(60,939)	94,145	(58,551)	35,594		20
21	Clerical & General Office Expenses	251,175	38,312	24,870	314,357		314,357	312,479	626,836		21
22	Employee Benefits & Payroll Taxes			623,889	623,889		623,889	44,363	668,252		22
23	Inservice Training & Education			6,148	6,148		6,148	(4,149)	1,999		23
24	Travel and Seminar			2,530	2,530		2,530	(531)	1,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			71,312	71,312		71,312	12,093	83,405		26
27	Other (specify):*			8,135	8,135		8,135	(8,000)	135		27
28	TOTAL General Administration	330,016	38,312	1,164,399	1,532,727	(60,939)	1,471,788	53,968	1,525,756		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,903,113	1,006,323	2,222,697	6,132,133	(607,372)	5,524,761	69,946	5,594,707		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.

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							575,091	575,091			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			26,962	26,962		26,962	167,988	194,950			32
33	Real Estate Taxes							81,067	81,067			33
34	Rent-Facility & Grounds			486,180	486,180		486,180	(483,462)	2,718			34
35	Rent-Equipment & Vehicles			11,897	11,897		11,897	1,084	12,981			35
36	Other (specify):*											36
37	TOTAL Ownership			525,039	525,039		525,039	341,768	866,807			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers						546,433	546,433	546,433			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee						60,939	60,939	60,939			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers						607,372	607,372	607,372			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,903,113	1,006,323	2,747,736	6,657,172		6,657,172	411,714	7,068,886			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-Bloomington

0048157

Report Period Beginning: 01/01/12

Ending: 12/31/12

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	(4,305)			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	(4,641)			10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(4,149)			16
17	Non-Care Related Fees	(528)			17
18	Fines and Penalties				18
19	Entertainment	(4,692)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	5,237			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(8,000)			24
25	Fund Raising, Advertising and Promotional	(66,320)			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)	\$ (87,398)		\$	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)	499,112		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 499,112		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 411,714		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-Bloomington

ID# 0048157

Report Period Beginning: 01/01/12

Ending: 12/31/12

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1		\$		1
2				2
3				3
4				4
5		0	35	5
6		0	34	6
7				7
8				8
9		0	30	9
10			32	10
11				11
12				12
13		0	2	13
14			32	14
15		0	33	15
16			24	16
17		(528)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		5,237	19	22
23				23
24		(8,000)	27	24
25		(66,320)	20	25
26				26
27				27
28				28
29			33	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		(69,611)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Bloomington# 0048157

Report Period Beginning:

01/01/12

Ending:

12/31/12

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	6,879	0	0	0	0	0	0	0	0	6,879	1
2	Food Purchase	0	0	50	0	0	0	0	0	0	0	0	50	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,641	0	0	0	0	0	0	0	0	1,641	5
6	Maintenance	0	0	16,937	0	0	0	0	0	0	0	0	16,937	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	25,507	0	0	0	0	0	0	0	0	25,507	8
	B. Health Care and Programs													
9	Medical Director	0	0	2,882	0	0	0	0	0	0	0	0	2,882	9
10	Nursing and Medical Records	0	0	1	0	0	0	0	0	0	0	0	1	10
10a	Therapy	0	(13,560)	0	0	0	0	0	0	0	0	0	(13,560)	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	1,148	0	0	0	0	0	0	0	0	1,148	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	(13,560)	4,031	0	0	0	0	0	0	0	0	(9,529)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	5,237	(267,194)	18,221	0	0	0	0	0	0	0	0	(243,736)	19
20	Fees, Subscriptions & Promotions	(66,848)	0	8,297	0	0	0	0	0	0	0	0	(58,551)	20
21	Clerical & General Office Expenses	0	0	312,479	0	0	0	0	0	0	0	0	312,479	21
22	Employee Benefits & Payroll Taxes	0	0	44,363	0	0	0	0	0	0	0	0	44,363	22
23	Inservice Training & Education	(4,149)	0	0	0	0	0	0	0	0	0	0	(4,149)	23
24	Travel and Seminar	(4,692)	0	4,161	0	0	0	0	0	0	0	0	(531)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	12,093	0	0	0	0	0	0	0	0	12,093	26
27	Other (specify):*	(8,000)	0	0	0	0	0	0	0	0	0	0	(8,000)	27
28	TOTAL General Administration	(78,452)	(267,194)	399,614	0	0	0	0	0	0	0	0	53,968	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(78,452)	(280,754)	429,152	0	0	0	0	0	0	0	0	69,946	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Bloomington# 0048157

Report Period Beginning:

01/01/12 Ending:

12/31/12

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	556,314	0	18,777	0	0	0	0	0	0	0	575,091	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,641)	172,197	0	432	0	0	0	0	0	0	0	167,988	32
33	Real Estate Taxes	0	81,020	0	47	0	0	0	0	0	0	0	81,067	33
34	Rent-Facility & Grounds	(4,305)	(486,180)	0	7,023	0	0	0	0	0	0	0	(483,462)	34
35	Rent-Equipment & Vehicles	0	0	0	1,084	0	0	0	0	0	0	0	1,084	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(8,946)	323,351	0	27,363	0	0	0	0	0	0	0	341,768	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	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(87,398)	42,597	429,152	27,363	0	0	0	0	0	0	0	411,714	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
<u>Heritage Enterprises, Inc.</u>	<u>100</u>	<u>See Pg 25</u>				

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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>10a Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>(13,560)</u>	<u>(13,560)</u>	2
3	V							3
4	V	<u>19 Adjustment for Related Organization</u>	<u>267,194</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(267,194)</u>	4
5	V							5
6	V	<u>34 Adjustment for Related Organization</u>	<u>486,180</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>		<u>(486,180)</u>	6
7	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>81,020</u>	<u>81,020</u>	7
8	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>166,414</u>	<u>166,414</u>	8
9	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>556,314</u>	<u>556,314</u>	9
10	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>5,783</u>	<u>5,783</u>	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 753,374			\$ 795,971	\$ * 42,597	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.		\$	\$ 6,879	15
16	V	2 Food Purchase					50	16
17	V	3 Housekeeping					0	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					1,641	19
20	V	6 Maintenance					16,937	20
21	V	7 Other					0	21
22	V	9 Medical Director					2,882	22
23	V	10 Nursing & Medical Records					1	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					1,148	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					18,221	31
32	V	20 Fees, Subscription, Promotions					8,297	32
33	V	21 Clerical & General Office Expenses					312,479	33
34	V	22 Employee Benefits & Payroll Taxes					44,363	34
35	V	23 Inservice Training & Education					0	35
36	V	24 Travel and Seminar					4,161	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					12,093	38
39	Total		\$			\$	0	\$ * 429,152 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						18,777	16	
17	V	31 Amortization of Pre-Op & Org						0	17	
18	V	32 Interest						432	18	
19	V	33 Real Estate Taxes						47	19	
20	V	34 Rent-Facility & Grounds						7,023	20	
21	V	35 Rent-Equipment & Vehicles						1,084	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	\$ *	27,363	39

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

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Heritage Health-Bloomington # 0048157 Report Period Beginning: 01/01/12 Ending: 12/31/12

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Heritage Enterprises Inc.	Member		100.00					\$ 0	0	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-Bloomington

0048157

Report Period Beginning:

01/01/12

Ending: 12/31/12

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	2,735	26	\$ 169,500	\$ 168,827	111	\$ 6,879	1
2	2	Food Purchase	Beds	2,735	26	1,241	0	111	50	2
3	3	Housekeeping	Beds	2,735	26	0	0	111	0	3
4	4	Laundry	Beds	2,735	26	0	0	111	0	4
5	5	Heat & Other Utilities	Beds	2,735	26	40,426	0	111	1,641	5
6	6	Maintenance	Beds	2,735	26	417,328	78,403	111	16,937	6
7	7	Other	Beds	2,735	26	0	0	111	0	7
8	9	Medical Director	Beds	2,735	26	71,007	0	111	2,882	8
9	10	Nursing & Medical Records	Beds	2,735	26	33	70,119	111	1	9
10	11	Activities	Beds	2,735	26	0	0	111	0	10
11	12	Social Service	Beds	2,735	26	0	0	111	0	11
12	13	Nurse Aide Training	Beds	2,735	26	28,290	22,496	111	1,148	12
13	14	Program Transportation	Beds	2,735	26	0	0	111	0	13
14	15	Other	Beds	2,735	26	0	0	111	0	14
15	17	Administrative	Beds	2,735	26	0	0	111	0	15
16	18	Directors Fees	Beds	2,735	26	0	0	111	0	16
17	19	Professional Services	Beds	2,735	26	448,954	0	111	18,221	17
18	20	Fees, Subscription, Promotions	Beds	2,735	26	204,427	0	111	8,297	18
19	21	Clerical & General Office Expens	Beds	2,735	26	7,699,360	7,229,609	111	312,479	19
20	22	Employee Benefits & Payroll Tax	Beds	2,735	26	1,093,087	0	111	44,363	20
21	23	Inservice Training & Education	Beds	2,735	26	0	0	111	0	21
22	24	Travel and Seminar	Beds	2,735	26	102,532	0	111	4,161	22
23	25	Other Admin. Staff Transportatio	Beds	2,735	26	0	0	111	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,735	26	297,962	0	111	12,093	24
25	TOTALS					\$ 10,574,147	\$ 7,569,454		\$ 429,152	25

Facility Name & ID Number Heritage Health-Bloomington

0048157

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization

Heritage Operations Group

Street Address

box 3188

City / State / Zip Code

Bloomington, IL 61701

Phone Number

()

Fax Number

()

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	27	Other	Beds	2,735	26	\$	\$	111	\$	1
2	30	Depreciation	Beds	2,735	26	462,659		111	18,777	2
3	31	Amortization of Pre-Op & Org	Beds	2,735	26			111		3
4	32	Interest	Beds	2,735	26	10,650		111	432	4
5	33	Real Estate Taxes	Beds	2,735	26	1,164		111	47	5
6	34	Rent-Facility & Grounds	Beds	2,735	26	173,045		111	7,023	6
7	35	Rent-Equipment & Vehicles	Beds	2,735	26	26,702		111	1,084	7
8	36	Other	Beds	2,735	26			111		8
9	38	Medically Nec Transportation	Beds	2,735	26			111		9
10	39	Ancillary Service Centers	Beds	2,735	26			111		10
11	40	Barber and Beauty Shops	Beds	2,735	26			111		11
12	41	Coffee and Gift Shops	Beds	2,735	26			111		12
13	42	Other	Beds	2,735	26			111		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					\$ 674,220	\$		\$ 27,363	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Bank of America		x	Mortgage			\$	\$ 5,028,598		\$ 166,414	1									
2	Bank of America		x	Loan Fee Amort						5,783	2									
3											3									
4											4									
5											5									
Working Capital																				
6	Bank of America		xx	Working Capital						26,962	6									
7											7									
8											8									
9	TOTAL Facility Related						\$	\$ 5,028,598		\$ 199,159	9									
B. Non-Facility Related*																				
10	Interest Income									(4,641)	10									
11											11									
12	Allocated Corporate									432	12									
13											13									
14	TOTAL Non-Facility Related						\$	\$		\$ (4,209)	14									
15	TOTALS (line 9+line14)						\$	\$ 5,028,598		\$ 194,950	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																	
1. Real Estate Tax accrual used on 2011 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.)		\$	81,020		2														
3. Under or (over) accrual (line 2 minus line 1).		\$	81,020		3														
4. Real Estate Tax accrual used for 2012 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.		\$	81,020		7														
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2007	_____	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td style="text-align: center;">13</td> <td>FROM R. E. TAX STATEMENT FOR 2011 \$ _____</td> <td style="text-align: center;">13</td> </tr> <tr> <td style="text-align: center;">14</td> <td>PLUS APPEAL COST FROM LINE 5 \$ _____</td> <td style="text-align: center;">14</td> </tr> <tr> <td style="text-align: center;">15</td> <td>LESS REFUND FROM LINE 6 \$ _____</td> <td style="text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$ _____</td> <td style="text-align: center;">16</td> </tr> </table>		FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2011 \$ _____	13	14	PLUS APPEAL COST FROM LINE 5 \$ _____	14	15	LESS REFUND FROM LINE 6 \$ _____	15	16	AMOUNT TO USE FOR RATE CALCULATION \$ _____	16
FOR BHF USE ONLY																			
13	FROM R. E. TAX STATEMENT FOR 2011 \$ _____	13																	
14	PLUS APPEAL COST FROM LINE 5 \$ _____	14																	
15	LESS REFUND FROM LINE 6 \$ _____	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$ _____	16																	
	2008	_____	9																
	2009	_____	10																
	2010	_____	11																
	2011	81,020	12																

NOTES:

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

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health-Bloomington COUNTY McLean

FACILITY IDPH LICENSE NUMBER 0048157

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 2011 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 2011.

(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>2104227012</u>	_____	\$ 80,168.00	\$ 81,020.00
2. <u>2104227010</u>	_____	\$ 426.00	\$ _____
3. <u>2104227009</u>	_____	\$ 426.00	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>81,020.00</u>	\$ <u>81,020.00</u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,183 B. General Construction Type: Exterior brick Frame wood Number of Stories 1

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

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

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

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$ 116,576	1
2				138,502	2
3	TOTALS			\$ 255,078	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	111			\$ 560,548	\$		\$	\$	\$
5				221,147					
6									
7									
8									
Improvement Type**									
9	1978 Improvements	1978		14,607					
10	1979 Improvements	1979		95,460					
11	1980 Improvements	1980		75,591					
12	1981 Improvements	1981		11,544					
13	1982 Improvements	1982		9,256					
14	1983 Improvements	1983		13,130					
15	1984 Improvements	1984		7,215					
16	1985 Improvements	1985		45,885					
17	1986 Improvements	1986		13,469					
18	1988 Improvements	1988		83,109					
19	1989 Improvements	1989		2,439					
20	1990 Improvements	1990		30,676					
21	1991 Improvements	1991		4,207					
22	1992 Improvements	1992		1,208					
23	1993 Improvements	1993		97,303					
24	1994 Improvements	1994		29,638					
25	1995 Improvements	1995		121,304					
26	BOILER	1996		17,850					
27	EXHAUST HOOD	1996		1,075					
28	CODE ALERT	1996		1,852					
29	PHONE SYSTEM	1996		2,339					
30	INTERIOR REMODEL	1996		103,103					
31									
32									
33	C/O Allocation				18,777			(18,777)	
34	Book Depreciation				395,295		395,295		
35									
36									

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Interior Rehab--paint, wallpaper, remodel facility	1997	\$ 211,945	\$		\$	\$	\$	37
38	Remodel Physical Therapy	1997	43,069						38
39	Disposal Unit--Kitchen	1997	1,439						39
40	Code Alert System	1997	1,997						40
41	Kitchen Remodel	1997	766						41
42									42
43	Code Alert/Nurse Call System	1998	3,654						43
44	Kitchen Remodel	1998	4,166						44
45	Remodel Physical Therapy	1998	1,813						45
46	Addition--Materials	1998	13,431						46
47	Addition--Professional Fees	1998	109,885						47
48									48
49	Addition--Materials	1999	1,155,066						49
50	Addition--Professional Fees	1999	22,035						50
51	Steam Table Hood	1999	3,821						51
52	ALTA Survey	1999	2,434						52
53	Dish Washing Area	1999	4,083						53
54	Sewage Pump	1999	2,492						54
55	Parking Lot Pavement	1999	6,743						55
56									56
57	Dayroom Light Fixtures	2000	6,189						57
58	Door Kickplates	2000	2,991						58
59	Storm windows	2000	4,011						59
60	Addition--Materials	2000	12,770						60
61	Addition--Professional Fees	2000	5,893						61
62	Roof Repair	2000	5,510						62
63	Adj to Capital Report	2000	(2,383)						63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,187,775	\$ 414,072		\$ 395,295	\$ (18,777)	\$	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,187,775	\$ 414,072		\$ 395,295	\$ (18,777)	\$	1
2	Paging System	2001	2,456						2
3	Alarm Door/Lock	2001	1,950						3
4	Code Alert	2001	3,965						4
5	Electrical Wiring for A/C Unit	2001	1,805						5
6	Main Water Meter	2001	2,000						6
7	Valves Boiler Unit	2001	1,883						7
8									8
9	Smoke Detectors and Installation	2002	14,551						9
10	Mixing valve	2002	1,862						10
11	Main Corridor Rehab (Wallcovering)	2002	3,885						11
12	Floor Tile	2002	1,280						12
13	Kitchen	2002	957						13
14	Roof Repair	2002	5,283						14
15									15
16	Smoke Detectors and Installation	2003	5,970						16
17	Roof Replacement	2003	111,250						17
18	Sprinklers	2003	31,119						18
19	Parking Lot	2003	3,862						19
20	Ceramic Tile	2003	1,315						20
21	Compressor	2003	3,898						21
22	Wallpaper	2003	857						22
23	Maglock Keypad	2003	2,762						23
24	ANSUL Fire Surpression	2003	1,450						24
25	Fire Escape Remodel	2003	2,003						25
26	Adj to Capital Report	2003	(14,958)						26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,379,180	\$ 414,072		\$ 395,295	\$ (18,777)	\$	34

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

Facility Name & ID Number Heritage Health-Bloomington

0048157

Report Period Beginning:

01/01/12

Ending:

12/31/12

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 3,379,180	\$ 414,072		\$ 395,295	\$ (18,777)	\$	1
2	Sewage Pump	2004	3,823						2
3	Nurses Station A/C	2004	1,478						3
4	Fire Alarm	2004	2,825						4
5	Sealcoat Parking Lot	2004	1,646						5
6	Storm Windows	2004	645						6
7	Window A/C (8)	2004	6,030						7
8	Ceiling Repairs	2004	4,011						8
9									9
10	Delayed Egress Latches	2005	12,431						10
11	Mixing valve	2005	1,360						11
12	Paint ceiling	2005	596						12
13	A/C	2005	2,153						13
14	Sidewalk	2005	2,100						14
15									15
16	Plumbing	2006	6,791						16
17	A/C -- Thru wall units	2006	6,900						17
18	Exterior Painting	2006	11,650						18
19	Compressor	2006	5,015						19
20	Condensing Unit	2006	4,902						20
21	Insinkerator	2006	2,350						21
22	Water Softener	2006	27,469						22
23	Basement De-watering	2006	3,750						23
24	Paint Kitchen	2006	1,820						24
25	Repair building	2006	1,199						25
26	Landscaping	2006	1,335						26
27	Pump Motor	2006	1,072						27
28	Mixing valve	2006	2,884						28
29	Adj to Capital Report	2006	(722)						29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,494,693	\$ 414,072		\$ 395,295	\$ (18,777)	\$	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 3,494,693	\$ 414,072		\$ 395,295	\$ (18,777)	\$	1
2	Resident Rooms Remodel -- Paint and flooring	2007	13,957						2
3	Sprinkler	2007	1,152						3
4	Compressor	2007	4,006						4
5	Condensor	2007	2,250						5
6	Water Heater	2007	7,359						6
7	Therapy Room Remodel-- Paint & Flooring	2007	2,527						7
8	Window treatments	2007	583						8
9	Cooler	2007	642						9
10	Boiler	2007	4,803						10
11	Adj to Capital Report	2007	(8,178)						11
12	Heat/Cool Units	2008	5,420						12
13	Replace Fire Escape	2008	13,577						13
14	Schematic Design (Architect Fees) Facility Renovation	2008	26,038						14
15	Water Heater --Backflow	2008	4,926						15
16	Fire Alarm	2008	63,563						16
17	Water Heater	2008	6,057						17
18	Adj to Capital Report	2008	(19,981)						18
19	HVAC Unit	2009	7,035						19
20	Compressor	2009	4,658						20
21	HVAC Renovation: Boilers, ducts, hvac units & labor	2009	360,549						21
22	Windows	2009	148,790						22
23									23
24	HVAC Renovation: Boilers, ducts, hvac units & labor	2010	15,355						24
25	Architect, engineering fees	2010	87,978						25
26	trane compressor	2010	6,255						26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,254,014	\$ 414,072		\$ 395,295	\$ (18,777)	\$	34

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

Facility Name & ID Number Heritage Health-Bloomington

0048157

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 4,254,014	\$ 414,072		\$ 395,295	\$ (18,777)	\$	1
2									2
3	<u>Signage</u>	2011	9,969						3
4									4
5	<u>PT Addition 2010 & 2011 - Contracted Total</u>	2011	1,604,828						5
6	<u>PT Addition 2010 & 2011 - Capitalized Interest</u>	2011	7,278						6
7	<u>Renovation 2010 & 2011 - Contracted Total</u>	2011	2,381,723						7
8	<u>Renovation 2010 & 2011 - Capitalized Interest</u>	2011	15,565						8
9	<u>Renovation 2010 & 2011 - Third Party Costs:</u>								9
10	<u>Architect</u>	2011	44,486						10
11	<u>Asbestos</u>	2011	99,441						11
12	<u>Construction Certificate Consultant</u>	2011	6,150						12
13	<u>Elevator</u>	2011	4,000						13
14	<u>Engineer</u>	2011	9,238						14
15	<u>Landscaping</u>	2011	17,814						15
16	<u>Legal/Plan Review</u>	2011	12,720						16
17	<u>Plumbing</u>	2011	10,340						17
18	<u>Signage, Electric,HVAC & Supplies</u>	2011	4,352						18
19	<u>Sitework</u>	2011	3,795						19
20	<u>Technology</u>	2011	321,596						20
21	<u>Window Coverings</u>	2011	5,295						21
22									22
23	<u>PT Addition (Additional Costs) - Signage</u>	2012	2,213						23
24	<u>Renovation (Additional Costs)</u>								24
25	<u>Architect</u>	2012	749						25
26	<u>Asbestos</u>	2012	16,910						26
27	<u>Landscaping</u>	2012	70,935						27
28	<u>Plumbing</u>	2012	1,325						28
29	<u>Signage, Electric,HVAC & Supplies</u>	2012	6,275						29
30	<u>Technology</u>	2012	60,097						30
31	<u>Window Coverings</u>	2012	27,483						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,998,591	\$ 414,072		\$ 395,295	\$ (18,777)	\$	34

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

Facility Name & ID Number Heritage Health-Bloomington

0048157

Report Period Beginning:

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Ending:

12/31/12

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 8,998,591	\$ 414,072		\$ 395,295	\$ (18,777)		1
2									2
3	Nurse Master Console	2012	5,031						3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,003,622	\$ 414,072		\$ 395,295	\$ (18,777)		34

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

Facility Name & ID Number Heritage Health-Bloomington

0048157

Report Period Beginning:

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Ending:

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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	\$ 2,070,468	\$ 161,019	\$ 161,019	\$		\$	71
72	Current Year Purchases	107,466						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 2,177,934	\$ 161,019	\$ 161,019	\$		\$	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,436,634	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 575,091	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 556,314	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (18,777)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. _____ /2013 \$ _____

13. _____ /2014 \$ _____

14. _____ /2015 \$ _____

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: \$ 11,897 Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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		2,238		2,238
3	Classroom Wages (a)				
4	Clinical Wages (b)		757		757
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 2,995	\$	\$ 2,995
10	SUM OF line 9, col. 1 and 2 (e)	\$	2,995		

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	\$		\$ 302,630	\$		\$ 302,630	1
2	Licensed Speech and Language Development Therapist		hrs			83,020			83,020	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			410,718	1,191		411,909	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				496,558		496,558	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					49,875			49,875	13
14	TOTAL			\$		\$ 846,243	\$ 497,749		\$ 1,343,992	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-Bloomington

0048157

Report Period Beginning: 01/01/12

Ending:

12/31/12

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12 (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	\$ 400	\$	1
2	Cash-Patient Deposits	16,742		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,000,227		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	25,152		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(2,257,887)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ (1,215,366)	\$	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)	\$ (1,215,366)	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 302,355	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	16,742		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	222,148		30
31	Accrued Taxes Payable (excluding real estate taxes)	7,071		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Assessment Tax</u>	99,401		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 647,717	\$	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)	\$ 647,717	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,863,083)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ (1,215,366)	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,911,960)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,911,960)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	48,877	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)	\$ 48,877	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)	\$ (1,863,083)	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	\$ 6,026,836	1	
2	Discounts and Allowances for all Levels	(3,069,076)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,957,760	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	2,794,715	6	
7	Oxygen		7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,794,715	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	1,282	12	
13	Barber and Beauty Care	2,496	13	
14	Non-Patient Meals		14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space	4,305	16	
17	Sale of Drugs	933,970	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory		19	
20	Radiology and X-Ray		20	
21	Other Medical Services	6,880	21	
22	Laundry		22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 948,933	23	
D. Non-Operating Revenue				
24	Contributions		24	
25	Interest and Other Investment Income***	4,641	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,641	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)	\$ 6,706,049	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	1,077,184	31	
32	Health Care	3,522,222	32	
33	General Administration	1,532,727	33	
B. Capital Expense				
34	Ownership	525,039	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)*	\$ 6,657,172	40	
41	Income before Income Taxes (line 30 minus line 40)**	48,877	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 48,877	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-Bloomington

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Report Period Beginning:

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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	1,788	2,040	\$ 65,081	\$ 31.90	1
2	Assistant Director of Nursing	2,000	2,096	60,472	28.85	2
3	Registered Nurses	17,016	17,726	489,907	27.64	3
4	Licensed Practical Nurses	17,985	19,295	431,341	22.36	4
5	CNAs & Orderlies	62,365	66,237	779,229	11.76	5
6	CNA Trainees	75	75	757	10.09	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,963	2,104	38,721	18.40	8
9	Activity Director					9
10	Activity Assistants	5,719	6,089	68,144	11.19	10
11	Social Service Workers	3,707	3,858	59,747	15.49	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	23,071	24,985	277,212	11.10	15
16	Dishwashers					16
17	Maintenance Workers	7,819	8,345	118,599	14.21	17
18	Housekeepers	10,031	11,028	112,967	10.24	18
19	Laundry	5,944	6,525	70,920	10.87	19
20	Administrator	1,950	2,080	78,841	37.90	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,830	10,726	251,175	23.42	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)	171,263	183,209	\$ 2,903,113 *	\$ 15.85	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	15,476		36
37	Medical Records Consultant	1,630		37
38	Nurse Consultant			38
39	Pharmacist Consultant	6,660		39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant	3,083		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 26,849		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	0	\$ 0	50
51	Licensed Practical Nurses	82	2,876	51
52	Certified Nurse Assistants/Aides	0	0	52
53	TOTAL (lines 50 - 52)	82	\$ 2,876	53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
<u>Susan Holyfield</u>			\$ <u>78,841</u>	Workers' Compensation Insurance	\$ <u>89,608</u>	IDPH License Fee	\$ <u>0</u>	
				Unemployment Compensation Insurance	<u>62,589</u>	Advertising: Employee Recruitment	<u>11,476</u>	
				FICA Taxes	<u>222,088</u>	Health Care Worker Background Check (Indicate # of checks performed _____)	<u>3,396</u>	
				Employee Health Insurance	<u>190,684</u>	<u>Patient Background Checks</u>		
				Employee Meals				
				Illinois Municipal Retirement Fund (IMRF)*	<u>0</u>		<u>33,547</u>	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ <u>78,841</u>	<u>Other Benefits</u>	<u>58,920</u>	<u>Dues & Subscriptions</u>	<u>7,788</u>	
				<u>Central Office Allocation</u>	<u>44,363</u>	<u>License & Fees</u>	<u>5,165</u>	
						<u>Central Office Allocation</u>	<u>8,297</u>	
						Less: Public Relations Expense	<u>(33,547)</u>	
						Non-allowable advertising	<u>(528)</u>	
						Yellow page advertising	<u>()</u>	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ <u>668,252</u>	TOTAL (agree to Sch. V, line 20, col. 8)	\$ <u>35,594</u>	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$ _____			\$ _____	Out-of-State Travel	\$ _____
			\$ _____			\$ _____		\$ _____
			\$ _____			\$ _____	In-State Travel	<u>1,740</u>
			\$ _____			\$ _____		<u>7</u>
			\$ _____			\$ _____	Seminar Expense	<u>783</u>
			\$ _____			\$ _____		<u>(531)</u>
			\$ _____			\$ _____	Entertainment Expense	<u>()</u>
			\$ _____			\$ _____		<u>()</u>
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ _____	TOTAL		\$ _____	TOTAL (agree to Sch. V, line 24, col. 8)	\$ <u>1,999</u>
C. Professional Services								
Vendor/Payee	Type		Amount					
<u>Heritage Operations Group</u>	<u>Mgt</u>		\$ <u>272,431</u>					
			<u>0</u>					
<u>Various Legal</u>			<u>5,237</u>					
<u>Legal adj to Zero</u>			<u>(5,237)</u>					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ <u>272,431</u>					

* Attach copy of IMRF notifications

**See instructions.

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

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

Facility Name & ID Number Heritage Health-Bloomington# 0048157Report Period Beginning: 01/01/12Ending: 12/31/12**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? no
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. Illinois Health Care Association
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 7 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? _____
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. \$ 60,939
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? yes Indicate the amount. \$ 1,602
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? _____
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? _____ If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 100%
d. Have vehicle usage logs been maintained? yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? yes
Firm Name: Sulaski & Webb
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.

Account Number	Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg Adjustment Line #	Amount
1009	PETTY CASH	400				1,009	1,009 PETTY C 400
1010	CASH IN BANK					1,100	1,100 ACCTS R 1,000,227
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. FOR UNCOLLECTIBI
1100	ACCOUNTS RECEIVABLE	1,000,227				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 25,152
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	25,152				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 16,742
1490	ACCUM DEPR-BUILDING	0				1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	16,742				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0				1,850	1,850 INTERCC (2,257,887)
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (302,355)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-2,257,887				2,100	2,100 ACCRUE (78,418)
2010	ACCOUNTS PAYABLE	-302,355				2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-78,418				2,110	2,110 ACCRUE (143,730)
2110	ACCRUED VACATION PAY	-143,730				2,120	2,120 U.C. TAXES PAYABLE

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(7,071)	
2125	FICA TAX PAYABLE	-7,071	-7,071	2,130	2,130 FEDERAL W/H TAX PAYABLE		
2130	FIT PAYABLE			2,140	2,140 STATE W/H TAX PAYABLE		
2140	STATE W/H PAYABLE		0	2,152	2,152 WORKERS COMP ACCRUAL		
2145	EARNED INCOME CREDIT			2,225	2,225 EMPLOYEE INSURANCE RE		
2150	UC FED CREDIT REDUCTION			2,230	2,230 PAYROLL SAVINGS		
2230	PAYROLL SAVINGS			2,235	2,240 UNITED FUND		
2235	IRA W/HOLDINGS			2,240	2,246 GROUP INSURANCE - CAFETI		
2240	UNITED WAY			2,246	2,250 401K W/H		
2245	GROUP INSURANCE PAYABLE			2,250			
2246	GROUP INSURANCE PAYABLE-CAFETERIA			2,260	2,260 WAGE GARNISHMENT		
2260	WAGE GARNISHMENTS			2,300	2,300 ACCRUE	0	
2280	MISC PAYROLL DEDUCTIONS			2,320	2,320 IPA PAYI	(99,401)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-99,401		2,400	2,400 CURRENT PORTION OF LT DE		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO I	(16,742)	
2385	ACTIVITY FUND	0		2,600	2,600 LASALLI	0	
2390	SECURITY DEPOSITS	0		2,600			
2391	VOLUNTEER FUND			2,625	2,625 LASALLE CONSTR. LOAN #2		
2393	HEART FUND/BAZAAR			2,625			
2395	DEFERRED INC EMP & MEM			2,695	2,695 CURRENT PORTION OF LT DE		
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINED	1,911,960	
2460	INCOME TAXES PAYABLE					net income	(48,877)
2512	DUE TO RESIDENTS	-16,742					
2600	MORTGAGE PAYABLE	0				balance	<u>0</u>
2650	EQUIPMENT LOAN PAYABLE						
2695	CURRENT PORTION LT DEBT						
2696	DEFERRED INCOME TAXES						
2710	COMMON STOCK						
2720	RETAINED EARNINGS	1,911,960					
2970	PROFIT/LOSS FOR PERIOD	-48,877					
3007.1	PATIENT DAYS-PRIVATE	8,230					3,007

3007.2	PATIENT DAYS-IPA	14,159						3,007
3007.3	PATIENT DAYS-MEDICARE	6,057						3,007
3007.4	PATIENT DAYS-CONVERSION							3,007
3007.5	PATIENT DAYS-LICENSED							3,007
3007.6	PATIENT DAYS-TOTAL							3,007
3010	1 BASIC CHARGE-PRIVATE &	-5,935,623	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	-90,175	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	-933,970	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-2,794,715	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	3,069,076	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	-4,305		6	0	6	-4,305	3,530
3530	13 BEAUTY SHOP	-2,496		0	0	0	0	3,560
3560	12 ACTIVITY FUND INCOME	0		0	0	0	0	3,570
3570	12 VENDING INCOME/EXPENSE	-1,282		0	0	0	0	3,590
3580	12 MANAGEMENT FEES			0	0	0	0	3,595
3590	1 EQUIPMENT RENTAL	-1,038		0	0	0	0	3,600
3595	21 RESIDENT TRANSPORTATION	-6,880		0	0	0	0	4,110
3600	21 MISC INCOME	0		0	0	0	0	4,111
4110	GENERAL & ADMINISTRATIVE WAGES	237,168	251,175	21	1	17	0	4,115
4111	ADMINISTRATOR WAGES	78,841	78,841	17	1	0	0	4,120
4115	VACATION & SICK - G&A	14,007		21	1	0	0	4,125
4120 4475	EMPLOYEE BENEFITS	20,419	623,889	22	3	0	0	4,130
4125	EMPLOYEE HOLIDAY VACATION	0		22	3	0	0	4,135
4130	EMPLOYEE SCHOLARSHIP	20,113		21	1	0	0	4,250
4135	EMPLOYEE SCHOLARSHIP	18,388		23	3	0	0	4,255
4220	DIRECTORS FEES	0	0	18	3	0	0	4,260
4250 4255	OFFICE SUPPLIES	38,312	38,312	21	2	0	0	4,275
4260	TELEPHONE	24,870	24,870	21	3	0	0	4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	6,148	6,148	23	3	16	-4,149 **	4,280
4280	GENERAL TRAVEL	1,740	2,530	24	3	16	0	4,281
4281	MEAL EXPENSE FOR TRAVEL	7		24	3	19	0	4,285
4285	EDUCATION & SEMINAR	783		24	3	19	-4,692 ***	4,289
4290	HELP WANTED ADVERTISING	11,476	155,084	20	3	0	0	4,290
4291	PROMOTIONAL ADVERTISING	32,773		20	3	25	-32,773	4,291
4292	PUBLIC RELATIONS	33,547		20	3	25	-33,547	4,292
4300	LICENSES & FEES	66,104		20	3	17	0	4,300
4310	DUES & SUBSCRIPTIONS	7,788		20	3	17	-528	4,310
4320	CONTRIBUTIONS	0		27	3	20	0	4,320
4350	PROFESSIONAL FEES	5,237	272,431	19	3	22	5,237	4,350
4355	MEDICAL DIRECTOR	15,476	15,476	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	1,630		10	3	0	0	4,364
4363	PHARMACIST FEES	6,660		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	3,083	3,083	12	3	0	0	4,383
4370	TV RENTAL	9,432		35	3	5	0	4,390
4380	INCOME TAXES		8,135	27	3	26	0	4,400
4383	BACKGROUND CHECKS	3,396		20	3	26	0	4,401
4400	PAYROLL TAXES	276,695		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	7,982		22	3	0	0	4,420
4410	GROUP INSURANCE	190,684		22	3	0	0	4,430
4420	LIABILITY INSURANCE	71,312	71,312	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	89,608		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	267,194		19	3	34	0 **	4,460
4460	BAD DEBTS	8,000		27	3	24	-8,000	4,461
4470	LOST ITEMS-RESIDENTS	135		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	2,465	11,897	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	112,332	118,599	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	6,267		6	1	0	0	4,510
5130	ELECTRIC	49,826	103,905	5	3	0	0	4,600
5131	NATURAL GAS	24,219		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	29,860		5	3	0	0	5,130
5134	TRASH COLLECTION	13,555	72,859	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	21,817	56,421	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	34,604		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	59,304		6	3	0	0	5,140
5210	DIETARY WAGES	270,447	277,212	1	1	0	0	5,160
5220	DIETARY SICK & VAC	6,765		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	192,583	190,981	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	3,788	21,901	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	8,229		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	9,884		1	2	0	0	5,260
5295	MEAL CREDIT	-1,602		2	2	0	0	5,270
5310	LAUNDRY WAGES	66,142	70,920	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	4,778		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	12,691	17,860	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	5,169		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	109,815	112,967	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	3,152		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	10,236	33,559	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	23,323		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,864,751	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	477,944		10	1	0	0	6,020
6030	DON WAGES	65,081		10	1	0	0	6,030
6035	ADON	60,472		10	1	0	0	6,035
6040	RN SICK & VACATION	11,963		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	418,747		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	12,594		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	757,092		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	22,137		10	1	0	0	6,250
6245	CONTRACT NURSES-RN	0		10	3	0	0	6,255
6246	CONTRACT NURSES-LPN	2,876		10	3	0	0	6,260
6247	CONTRACT NURSES-AIDES	0		10	3	0	0	6,270
6250	NURSE AIDE TRAINING WA	757	757	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	2,238	2,238	13	2	0	0	6,290
6260	NURSE AIDE TRAINING RE	0		0	0	0	0	6,295
6270	REHAB WAGES	35,944		10	1	0	0	6,390
6275	REHAB SICK & VAC	2,777		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	136,993	145,151	10	2	0	0	7,281
6295	NURSING SUPPLIES	4,164		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	3,994		10	2	0	0	7,391
6490	NURSING OTHER	5,566	16,732	10	3	0	0	7,393
7280	DRUG PURCHASES	363,514	497,749	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	133,044		39	2			7,540
7380	LABORATORY SERVICES	49,875	846,243	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	66,219	68,144	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	1,925		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	2,151	2,151	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	410,718		39	3	0	0 ***	7,890
7660	PT SUPPLIES	1,191		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	57,903	59,747	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	1,844		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0	8,130
7740	OT FEE	302,630		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	83,020		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	486,180	486,180	34	3	0	0	

8120	INTEREST EXPENSE	26,962	26,962	32	3	14	-4,641	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	60,773
9510	INTEREST INCOME	-4,641		32	0	10	0	
9520	MISC NON-OPERATING INC	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		6,652,531	6,657,172					
			4,641					

GRAND TOTALS

-48,877
(NET INCOME)

-87,398

0
FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

G/L RECAP CENSUS

PP 8,230 8,230
IPA 14,159 14,159
medicare 6,057 6,057
28,446

IPA BEDHOLDS 0
PP BEDHOLDS 0
PP CONVERS 0

LES

3

FUND

ERIA

EBT

EBT

3,007 PATIENT	14,159
3,007 PATIENT	6,057
	0

3,010 BASIC CI	(5,935,623)
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3,020 BASIC CI	0
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3,030 BASIC CI	0
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	0
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	0
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	0
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	0
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3,080 NURSING	(90,175)
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3,081 NURSING	0
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3,082 NURSING	0
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3,083 NURSING	0
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3,100 DRUGS-M	(933,970)
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	0
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3,110 PHYSICIAN	(2,794,715)
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	0
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3,112 PHYSICIAN	0
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3,113 PHYSICIAN	0
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3,140 LABORATORY INCOME	
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	0
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3,152 ST/OT TR	0
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3,153 ST/OT TR	0
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3,185 REHABILITATION/ISOLATION/OTHER CHG	
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3,410 IPA/OTHER	0
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3,411 MEDICAL	0
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3,420 MEDICAL	3,004,296
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3,520 RENT INC	(4,305)
3,530 BEAUTY	(2,496)
	0
3,570 VENDING	(1,282)
3,590 EQUIPMI	(1,038)
3,595 RESIDEN	(6,880)
3,600 MISC INC	0
4,110 G&A WA	237,168
4,111 ADMINIS	78,841
4,115 G&A PTC	14,007
4,120 EMPLOY	20,633
	0
4,130 EMPLOY	20,113
4,135 EMPLOY	18,388
4,250 OFFICE S	20,327
4,255 POSTAGI	5,107
4,260 TELEPHC	24,870
4,275 TRAININ	6,148
	(20)
4,280 GENERA	1,740
4,281 MEAL EX	7
4,285 EDUCAT	752
4,289 MEETING	31
4,290 HELP WA	11,476
4,291 PROMOT	32,773
4,292 PUBLIC I	33,547
4,300 LICENSE	66,104
4,310 DUES & S	7,788
4,320 CONTRIB	0
4,350 PROFESS	5,237
4,355 MEDICAL	15,476
	1,630
	6,660

4,364 SOCIAL S	3,083
4,370 TV RENT	9,432
4,383 BACKGR	3,396
4,390 OTHER T	0
4,400 PAYROL	276,695
4,401 PAYROL	7,982
4,410 GROUP I	190,684
4,420 LIABILIT	71,312
4,430 WORKM.	82,782
4,435 W/C-FIRS	5,248
4,436 DRUG TE	1,598
4,450 MANAGI	267,194
4,460 BAD DEF	8,000
4,461 BAD DEF	64,780
4,470 LOST ITE	135
4,475 UNIFORM	(214)
4,486 SERVICE	23,398
4,490 MISC EX	474
4,496 MISC. M.	12,878
4,510 REAL ES	0
4,600 LEASED	2,465
5,110 MAINTEI	112,332
5,120 MAINTEI	6,267
5,130 ELECTRI	49,826
5,131 NATURA	24,219
5,133 WATER &	29,860
5,134 TRASH C	13,555
5,140 PROP/PL	21,817
5,160 GENERA	34,604
5,165 MAINTEI	35,906
5,210 DIETARY	270,447
5,220 DIETARY	6,765
5,248 FOOD PU	192,109

5,250 SUPPLIE	3,788
5,260 REPLACI	8,229
5,270 KITCHEN	9,884
5,295 MEAL IN	(1,602)
5,310 LAUNDR	66,142
5,340 LAUNDR	4,778
5,370 REPLACI	12,691
	0
5,390 SUPPLIE	5,169
5,410 HOUSEK	109,815
5,440 HOUSEK	3,152
5,480 SUPPLIE	10,236
5,490 SUPPLIE	23,323
6,020 RN WAG	477,944
6,030 DON WA	65,081
6,035 ADON W	60,472
6,040 RN PTO	11,963
6,120 LPN WAG	418,747
6,140 LPN PTO	12,594
6,220 AIDES W	757,092
6,240 AIDES PT	22,137
	2,876
	757
	2,238
	0
6,270 REHAB V	35,944
6,275 REHAB F	2,777
6,290 NURSINC	136,993
6,295 NURSINC	4,164
6,390 REPLACI	3,994
6,490 OTHER	5,566

7,280 DRUG PU	363,514
7,281 DRUG PU	133,044
7,380 LABORA	40
7,390 X-RAY S	49,835
	0
7,510 ACTIVIT	66,219
7,540 ACTIVIT	1,925
7,590 ACTIVIT	2,151
7,620 PHYSICA	410,718
7,660 P.T. SUPE	1,191
7,710 SOCIAL S	57,903
7,720 SOCIAL S	1,844
7,730 SOCIAL S	0
7,740 OCCUPA	302,630
	0
7,770 SPEECH '	83,020
7,820 BEAUTIC	0
	0
	0
8,120 INTERES	0
	26,962
8,130 DEPRECI	0
	0
9,510 INTERES	(4,641)
9,520 MISC NO	0
4,220	0
8,100	486,180
9,702	0
5,230	0
	<u>(48,877)</u>

Expenses Fixed Assets

Related Parties
From Page 6

FACILITY	MEDICAID NUMBER	STATE LICENSE NUMBER
Owned SNFs		
Heritage Health - South, IL	20-5300302001	48843
Heritage Health - Blooming	20-3904134001	48157
Heritage Health - Carlinville	20-5508113001	48850
Heritage Health - Chillicothe	20-5412664001	48868
Heritage Health - Dwight, IL	20-5412784001	50492
Heritage Health - Elgin, IL	20-3902154001	48132
Heritage Health - El Paso, IL	20-3903447001	48124
Heritage Health - Gibson City	20-3902572001	48116
Heritage Health - Gillespie	20-5428620001	48892
Heritage Health - LaSalle, IL	27-3741988001	51276
Heritage Health - Litchfield	20-5508096001	48900
Heritage Health - Mendota	20-3904038001	48108
Heritage Health - Minonk, IL	20-3903980001	48058
Heritage Health - Mt. Sterling	20-3903543001	48041
Heritage Health - Mt. Zion	20-3903622001	48074
Heritage Health - Normal, IL	20-3903883001	48082
Heritage Health - Pana, IL	20-5508128001	48884
Heritage Health - Peru, IL	20-3902978001	48090
Heritage Health - Staunton	20-5437628001	48876
Heritage Health - Streator	20-3902216001	48066
Barton W. Stone Jackson	20-5298969002	48918
Danville Joint Ventures, IL	37-1357323001	42168
Heritage Health	37-1359387001	41699
Cotillion Ridge	37-1402726001	45138
Country Health	37-6064916001	7880
Mason City	37-1168043001	34256
St. Clara's Medical	37-6075710001	50724
Vonderlieth	37-0967671001	19976