FOR BHF USE

LL1

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

I. IDPH License ID Number: 0048124

Facility Name: Heritage Health-El Paso

Address: 555 E Clay (Number) El Paso (City) 61738 (Zip Code)

County: Woodford

Telephone Number: (309) 527-6240 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: 07/2006

Type of Ownership:

	VOLUNTARY,NON-PROFIT	x	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		x	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Craig Ater **Telephone Number:** (309) 823-7135
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/12 to 12/31/12 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) Craig Ater
(Title) Exec VP & CFO

Paid Preparer

(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Heritage Health-El Paso # 0048124 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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	65	Skilled (SNF)	65	23,790	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	65	TOTALS	65	23,790	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	8,931	9,919	1,126	19,976	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	8,931	9,919	1,126	19,976	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.97%

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 [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

I. On what date did you start providing long term care at this location?
Date started 07/2006

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [x]

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified _____ and days of care provided 1,126

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL [x] 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-El Paso # 0048124 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 Salary/Wage	Supplies	Other	Total	Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	206,190	21,166		227,356		227,356	4,028	231,384			1
2	Food Purchase		170,245		170,245		170,245	29	170,274			2
3	Housekeeping	55,579	18,046		73,625		73,625		73,625			3
4	Laundry	56,791	11,478		68,269		68,269		68,269			4
5	Heat and Other Utilities			61,994	61,994		61,994	961	62,955			5
6	Maintenance	57,388	59,273	47,888	164,549		164,549	9,918	174,467			6
7	Other (specify):*											7
8	**TOTAL General Services**	375,948	280,208	109,882	766,038		766,038	14,936	780,974			8
	B. Health Care and Programs											
9	Medical Director			7,560	7,560		7,560	1,688	9,248			9
10	Nursing and Medical Records	1,163,821	68,769	9,637	1,242,227		1,242,227	1	1,242,228			10
10a	Therapy		171,176	293,329	464,505	(183,232)	281,273	51,513	332,786			10a
11	Activities	114,957	3,491		118,448		118,448		118,448			11
12	Social Services	31,219	308	1,096	32,623		32,623		32,623			12
13	CNA Training	1,207	1,488		2,695		2,695	672	3,367			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,311,204	245,232	311,622	1,868,058	(183,232)	1,684,826	53,874	1,738,700			16
	C. General Administration											
17	Administrative	65,750			65,750		65,750		65,750			17
18	Directors Fees											18
19	Professional Services			170,308	170,308		170,308	(159,638)	10,670			19
20	Dues, Fees, Subscriptions & Promotions			73,550	73,550	(35,685)	37,865	(22,686)	15,179			20
21	Clerical & General Office Expenses	105,872	18,707	8,999	133,578		133,578	182,983	316,561			21
22	Employee Benefits & Payroll Taxes			436,352	436,352		436,352	25,978	462,330			22
23	Inservice Training & Education			4,576	4,576		4,576	(2,577)	1,999			23
24	Travel and Seminar			950	950		950	1,049	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			37,204	37,204		37,204	7,081	44,285			26
27	Other (specify):*			1,512	1,512		1,512	(1,000)	512			27
28	**TOTAL General Administration**	171,622	18,707	733,451	923,780	(35,685)	888,095	31,190	919,285			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,858,774	544,147	1,154,955	3,557,876	(218,917)	3,338,959	100,000	3,438,959			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-El Paso #0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation							207,456	207,456			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			15,780	15,780		15,780	31,136	46,916			32
33	Real Estate Taxes							79,607	79,607			33
34	Rent-Facility & Grounds			284,700	284,700		284,700	(280,587)	4,113			34
35	Rent-Equipment & Vehicles			7,851	7,851		7,851	635	8,486			35
36	Other (specify):*											36
37	**TOTAL Ownership**			308,331	308,331		308,331	38,247	346,578			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					183,232	183,232		183,232			39
40	Barber and Beauty Shops			7,693	7,693		7,693		7,693			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					35,685	35,685		35,685			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			7,693	7,693	218,917	226,610		226,610			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,858,774	544,147	1,470,979	3,873,900		3,873,900	138,247	4,012,147			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-El Paso # 0048124 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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(1,119)			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)	(2,577)			16
17	Non-Care Related Fees	(312)			17
18	Fines and Penalties				18
19	Entertainment	(1,388)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(700)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(1,000)			24
25	Fund Raising, Advertising and Promotional	(27,232)			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)**	$ (34,328)		$	30

BHF USE ONLY								
48		49		50		51		52

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 Amount	2 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)	172,575		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 172,575		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 138,247		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 Yes	2 No	3 Amount	4 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

STATE OF ILLINOIS **Page 5A**

Heritage Health-El Paso

ID# 0048124

Report Period Beginning: 01/01/12

Ending: 12/31/12

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line 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		(312)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(700)	19	22
23				23
24		(1,000)	27	24
25		(27,232)	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**	(29,244)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-El Paso **#** 0048124 **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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	4,028	0	0	0	0	0	0	0	0	4,028	1
2	Food Purchase	0	0	29	0	0	0	0	0	0	0	0	29	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	961	0	0	0	0	0	0	0	0	961	5
6	Maintenance	0	0	9,918	0	0	0	0	0	0	0	0	9,918	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	14,936	0	0	0	0	0	0	0	0	14,936	8
	B. Health Care and Programs													
9	Medical Director	0	0	1,688	0	0	0	0	0	0	0	0	1,688	9
10	Nursing and Medical Records	0	0	1	0	0	0	0	0	0	0	0	1	10
10a	Therapy	0	51,513	0	0	0	0	0	0	0	0	0	51,513	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	672	0	0	0	0	0	0	0	0	672	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	51,513	2,361	0	0	0	0	0	0	0	0	53,874	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	(700)	(169,608)	10,670	0	0	0	0	0	0	0	0	(159,638)	19
20	Fees, Subscriptions & Promotions	(27,544)	0	4,858	0	0	0	0	0	0	0	0	(22,686)	20
21	Clerical & General Office Expenses	0	0	182,983	0	0	0	0	0	0	0	0	182,983	21
22	Employee Benefits & Payroll Taxes	0	0	25,978	0	0	0	0	0	0	0	0	25,978	22
23	Inservice Training & Education	(2,577)	0	0	0	0	0	0	0	0	0	0	(2,577)	23
24	Travel and Seminar	(1,388)	0	2,437	0	0	0	0	0	0	0	0	1,049	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	7,081	0	0	0	0	0	0	0	0	7,081	26
27	Other (specify):*	(1,000)	0	0	0	0	0	0	0	0	0	0	(1,000)	27
28	**TOTAL General Administration**	(33,209)	(169,608)	234,007	0	0	0	0	0	0	0	0	31,190	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(33,209)	(118,095)	251,304	0	0	0	0	0	0	0	0	100,000	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-El Paso # 0048124 **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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	196,460	0	10,996	0	0	0	0	0	0	0	207,456	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,119)	32,002	0	253	0	0	0	0	0	0	0	31,136	32
33	Real Estate Taxes	0	79,579	0	28	0	0	0	0	0	0	0	79,607	33
34	Rent-Facility & Grounds	0	(284,700)	0	4,113	0	0	0	0	0	0	0	(280,587)	34
35	Rent-Equipment & Vehicles	0	0	0	635	0	0	0	0	0	0	0	635	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(1,119)	23,341	0	16,025	0	0	0	0	0	0	0	38,247	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
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(34,328)	(94,754)	251,304	16,025	0	0	0	0	0	0	0	138,247	45

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

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
Heritage Enterprises, Inc.	100	See Pg 25				

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			$			$	$	1
2	V	10a	Adjustment for Related Organization		GreenTree Pharmacy	0.00%	51,513	51,513	2
3	V								3
4	V	19	Adjustment for Related Organization	169,608	Heritage Operations Group, LLC	0.00%		(169,608)	4
5	V								5
6	V	34	Adjustment for Related Organization	284,700	Heritage Manor Real Estate, LLC	0.00%		(284,700)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		79,579	79,579	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		27,229	27,229	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		196,460	196,460	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		4,773	4,773	10
11	V								11
12	V								12
13	V								13
14	Total			$ 454,308			$ 359,554	$ * (94,754)	14

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

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 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)	
15	V	1	Dietary	$	Heritage Enterprises, Inc.		$	$ 4,028	15
16	V	2	Food Purchase					29	16
17	V	3	Housekeeping					0	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					961	19
20	V	6	Maintenance					9,918	20
21	V	7	Other					0	21
22	V	9	Medical Director					1,688	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					672	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					10,670	31
32	V	20	Fees, Subscription, Promotions					4,858	32
33	V	21	Clerical & General Office Expenses					182,983	33
34	V	22	Employee Benefits & Payroll Taxes					25,978	34
35	V	23	Inservice Training & Education					0	35
36	V	24	Travel and Seminar					2,437	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					7,081	38
39	Total			$			$ 0	$ * 251,304	39

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

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 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)	
15	V	27	Other	$	Heritage Enterprises, Inc.		$	$ 0	15
16	V	30	Depreciation					10,996	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					253	18
19	V	33	Real Estate Taxes					28	19
20	V	34	Rent-Facility & Grounds					4,113	20
21	V	35	Rent-Equipment & Vehicles					635	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	$ * 16,025	39

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

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

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-El Paso # 0048124 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	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
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-El Paso # 0048124 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 [x] NO [ ]

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

Name of Related Organization: Heritage Operations Group
Street Address: box 3188
City / State / Zip Code: Bloomington, Il 61701
Phone Number: ( )
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Beds	2,735	26	$ 169,500	$ 168,827	65	$ 4,028	1
2	2	Food Purchase	Beds	2,735	26	1,241	0	65	29	2
3	3	Housekeeping	Beds	2,735	26	0	0	65	0	3
4	4	Laundry	Beds	2,735	26	0	0	65	0	4
5	5	Heat & Other Utilities	Beds	2,735	26	40,426	0	65	961	5
6	6	Maintenance	Beds	2,735	26	417,328	78,403	65	9,918	6
7	7	Other	Beds	2,735	26	0	0	65	0	7
8	9	Medical Director	Beds	2,735	26	71,007	0	65	1,688	8
9	10	Nursing & Medical Records	Beds	2,735	26	33	70,119	65	1	9
10	11	Activities	Beds	2,735	26	0	0	65	0	10
11	12	Social Service	Beds	2,735	26	0	0	65	0	11
12	13	Nurse Aide Training	Beds	2,735	26	28,290	22,496	65	672	12
13	14	Program Transportation	Beds	2,735	26	0	0	65	0	13
14	15	Other	Beds	2,735	26	0	0	65	0	14
15	17	Administrative	Beds	2,735	26	0	0	65	0	15
16	18	Directors Fees	Beds	2,735	26	0	0	65	0	16
17	19	Professional Services	Beds	2,735	26	448,954	0	65	10,670	17
18	20	Fees, Subscription, Promotions	Beds	2,735	26	204,427	0	65	4,858	18
19	21	Clerical & General Office Expens	Beds	2,735	26	7,699,360	7,229,609	65	182,983	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,735	26	1,093,087	0	65	25,978	20
21	23	Inservice Training & Education	Beds	2,735	26	0	0	65	0	21
22	24	Travel and Seminar	Beds	2,735	26	102,532	0	65	2,437	22
23	25	Other Admin. Staff Transportatio	Beds	2,735	26	0	0	65	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,735	26	297,962	0	65	7,081	24
25	TOTALS					$ 10,574,147	$ 7,569,454		$ 251,304	25

Facility Name & ID Number Heritage Health-El Paso # 0048124 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 [x] NO [ ]

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

Name of Related Organization: Heritage Operations Group
Street Address: box 3188
City / State / Zip Code: Bloomington, Il 61701
Phone Number: ( )
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,735	26	$	$	65	$	1
2	30	Depreciation	Beds	2,735	26	462,659		65	10,996	2
3	31	Amortization of Pre-Op & Org	Beds	2,735	26			65		3
4	32	Interest	Beds	2,735	26	10,650		65	253	4
5	33	Real Estate Taxes	Beds	2,735	26	1,164		65	28	5
6	34	Rent-Facility & Grounds	Beds	2,735	26	173,045		65	4,113	6
7	35	Rent-Equipment & Vehicles	Beds	2,735	26	26,702		65	635	7
8	36	Other	Beds	2,735	26			65		8
9	38	Medically Nec Transportation	Beds	2,735	26			65		9
10	39	Ancillary Service Centers	Beds	2,735	26			65		10
11	40	Barber and Beauty Shops	Beds	2,735	26			65		11
12	41	Coffee and Gift Shops	Beds	2,735	26			65		12
13	42	Other	Beds	2,735	26			65		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	$		$ 16,025	25

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Bank of America		x	Mortgage			$	$ 489,461			$ 27,229	1
2	Bank of America		x	Loan Fee Amort							4,773	2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		xx	Working Capital							15,780	6
7												7
8												8
9	TOTAL Facility Related						$	$ 489,461			$ 47,782	9
	B. Non-Facility Related*											
10	Interest Income										(1,119)	10
11												11
12	Allocated Corporate										253	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (866)	14
15	TOTALS (line 9+line14)						$	$ 489,461			$ 46,916	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.)**

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2011 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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.)		$ 79,579	2
3. Under or (over) accrual (line 2 minus line 1).		$ 79,579	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.		$ 79,579	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2007		8
	2008		9
	2009		10
	2010		11
	2011	79,579	12

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

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-El Paso COUNTY Woodford

FACILITY IDPH LICENSE NUMBER 0048124

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) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	1608207008		$ 79,579.00	$ 79,579.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 79,579.00	$ 79,579.00

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.

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 8,500 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [x] (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 [x] (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 [x] 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$ 22,678	1
2					2
3	TOTALS			$ 22,678	3

Facility Name & ID Number Heritage Health-El Paso # 0048124 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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	65				$ 988,669	$		$	$	$	4
5					702,618						5
6											6
7											7
8											8
	Improvement Type**										
9	1987 Improvements			1987	12,921						9
10	1989 Improvements			1989	2,285						10
11	1989 Improvements			1989							11
12	1990 Improvements			1990	28,354						12
13	1991 Improvements			1991	405						13
14	1992 Improvements			1992							14
15	1993 Improvements			1993	37,061						15
16	1994 Improvements			1994	7,004						16
17	1995 Improvements			1995	3,992						17
18	A/C Frames			1996	3,695						18
19	Dinning Room A/C & Heat Unit			1996	12,007						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	C/O Allocation					10,996			(10,996)		33
34	Book Depreciation										34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Health-El Paso # 0048124 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Alarm Wiring	1997	$ 1,733	$		$	$	$	37
38	Access Doors	1997	1,075						38
39	Sinks and Faicets	1997	2,738						39
40	Walk in Cooler	1997	1,500						40
41	Motor--Boiler	1997	1,634						41
42									42
43	Kitchen Outlets and Kitchenette Addition	1998	4,389						43
44									44
45	Sprinkler Replacement	1999	4,569						45
46	Air conditioning Units	1999	6,820						46
47									47
48	Carpet Dayroom	2000	1,796						48
49									49
50	Air Handler-- Dinning Room	2001	5,490						50
51	Code Alert	2001	3,833						51
52	Condensing Unit	2001	2,565						52
53	A/C Unit	2001	701						53
54	Walk-in Cooler	2001	12,696						54
55									55
56	Walk in cooler	2002	1,650						56
57	Compressor	2002	4,178						57
58	A/C Unit	2002	1,159						58
59	Exterior Door	2002	2,603						59
60	A/C Unit	2002	5,901						60
61	Heat/Cool Unit	2002	2,154						61
62	Furnace	2002	1,975						62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,870,170	$ 10,996		$	$ (10,996)	$	70

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

Facility Name & ID Number Heritage Health-El Paso # 0048124 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 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 12A, Carried Forward		$ 1,870,170	$ 10,996		$	$ (10,996)	$	1
2	Floor Coverings	2003	37,896						2
3	Dampers	2003	1,660						3
4	Fencing	2003	1,656						4
5	A/C unit	2003	1,738						5
6	Furnace	2003	2,450						6
7	Capital Report Adj	2003	(6,094)						7
8	A/C unit	2004	524						8
9	Garbage Disposal	2004	951						9
10	Water Heater	2004	3,252						10
11									11
12	Ansul System Upgrade	2005	800						12
13	A/C unit	2005	2,140						13
14	Remodel new resident room	2005	26,097						14
15	Exterior Remodel	2005	5,048						15
16	Air handler	2005	2,670						16
17	Water Service	2005	6,247						17
18	Capital Report Adj	2005	(11,592)						18
19	Nurse Call	2006	3,017						19
20	Sidewalk	2006	1,824						20
21	Roof repair	2006	10,751						21
22	Door Alarm	2006	13,522						22
23	A/C unit	2006	2,087						23
24	Furnace	2006	18,500						24
25	Parking Lot sealer	2006	2,353						25
26	Window Replacement	2006	60,015						26
27	Dinning room --paint and remodel	2006	8,217						27
28	Water valve	2006	2,701						28
29	Two Bed expansion -- material/labor	2006	24,784						29
30	Capital Report Adj	2006	(8,980)						30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,084,404	$ 10,996		$	$ (10,996)	$	34

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

Facility Name & ID Number Heritage Health-El Paso # 0048124 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 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 12B, Carried Forward		$ 2,084,404	$ 10,996		$	$ (10,996)	$	1
2	Dinning room --paint and remodel	2007	14,189						2
3	Window Replacement	2007	20,175						3
4	Doors	2007	899						4
5	Flood Light	2007	837						5
6	Sprinkler heads	2007	1,314						6
7	Smoke Wall	2007	1,974						7
8	Air Handler	2007	5,690						8
9	A/C	2007	5,959						9
10	Freidrich A/C	2007	2,348						10
11	Parking Lot resurface	2007	1,200						11
12	Dishroom Flooring	2007	290						12
13	Capital Report Adj	2007	(9,437)						13
14	HVAC Units	2008	2,338						14
15	Nurse Call & Phone system w/ Cabling	2008	153,984						15
16	Kitchen Flooring	2008	11,403						16
17	Wireless equipment for Nurse Call	2008	9,874						17
18	Capital Report Adj	2008	(2,832)						18
19	Plumbing Waste Line	2009	4,754						19
20	Parking Lot resurface	2009	25,727						20
21	Capital Report Adj	2009	(9,648)						21
22	Water Heater	2010	6,600						22
23	Exterior Door	2010	3,549						23
24									24
25	Facility Remodel: New Flooring, paint, fixtures & labor	2011	351,840						25
26	Front entrace awning	2011	2,730						26
27	Generator	2011	41,838						27
28	Suction Line	2011	5,057						28
29	Water Softener	2011	4,990						29
30	Sign	2011	6,995						30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,749,041	$ 10,996		$	$ (10,996)	$	34

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

Facility Name & ID Number Heritage Health-El Paso # 0048124 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 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 12C, Carried Forward		$ 2,749,041	$ 10,996		$	$ (10,996)	$	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
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,749,041	$ 10,996		$	$ (10,996)	$	34

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

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	$ 912,751	$ 196,460	$ 196,460	$		$	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 912,751	$ 196,460	$ 196,460	$		$	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)	$ 3,684,470	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 207,456	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 196,460	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (10,996)	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-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

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: *

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	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 7,851 Description:
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   ☐ YES
   ☐ NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - COMMUNITY COLLEGE ☐
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies		1,488		1,488
3	Classroom Wages (a)				
4	Clinical Wages (b)		1,207		1,207
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$ 2,695	$	$ 2,695
10	SUM OF line 9, col. 1 and 2 (e)	$ 2,695			

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.

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$		$ 140,986	$		$ 140,986	1
2	Licensed Speech and Language Development Therapist		hrs			13,308			13,308	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			125,502	1,477		126,979	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				169,699		169,699	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					13,533			13,533	13
14	TOTAL			$		$ 293,329	$ 171,176		$ 464,505	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.

STATE OF ILLINOIS

Facility Name & ID Number Heritage Health-El Paso # 0048124 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	$ 1,162	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	622,423		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	25,192		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(445,556)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 203,221	$	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)**	$ 203,221	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 135,918	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	167,838		30
31	Accrued Taxes Payable (excluding real estate taxes)	4,157		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	Assessment Tax	87,929		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 395,842	$	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)**	$ 395,842	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (192,621)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 203,221	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ (168,050)	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (168,050)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(24,571)	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)**	$ (24,571)	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)**	$ (192,621)	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 3,429,522	1
2	Discounts and Allowances for all Levels	(790,357)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,639,165	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	879,206	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 879,206	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	707	12
13	Barber and Beauty Care	8,341	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	320,791	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 329,839	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,119	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,119	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)**	$ 3,849,329	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	766,038	31
32	Health Care	1,868,058	32
33	General Administration	923,780	33
	B. Capital Expense		
34	Ownership	308,331	34
	C. Ancillary Expense		
35	Special Cost Centers	7,693	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)***	$ 3,873,900	40
41	**Income before Income Taxes (line 30 minus line 40)****	(24,571)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (24,571)	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-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,894	2,032	$ 61,480	$ 30.26	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	7,746	8,255	241,340	29.24	3
4	Licensed Practical Nurses	10,717	11,840	300,069	25.34	4
5	CNAs & Orderlies	40,894	44,224	560,932	12.68	5
6	CNA Trainees	100	100	1,207	12.07	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides			0		8
9	Activity Director					9
10	Activity Assistants	8,639	9,343	114,957	12.30	10
11	Social Service Workers	1,841	2,009	31,219	15.54	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,528	16,871	206,190	12.22	15
16	Dishwashers					16
17	Maintenance Workers	3,857	3,981	57,388	14.42	17
18	Housekeepers	4,993	5,561	55,579	9.99	18
19	Laundry	5,186	5,435	56,791	10.45	19
20	Administrator	1,950	2,080	65,750	31.61	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,576	6,033	105,872	17.55	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)	108,921	117,764	$ 1,858,774 *	$ 15.78	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 0		35
36	Medical Director		7,560		36
37	Medical Records Consultant		2,302		37
38	Nurse Consultant				38
39	Pharmacist Consultant		3,900		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		1,096		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 14,858		49

C. CONTRACT NURSES

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

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Diane Green			$ 65,750
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 65,750

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Heritage Operations Group	Mgt	$ 169,608
		0
		0
Legal adj to Zero		700
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 170,308

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 44,480
Unemployment Compensation Insurance	37,546
FICA Taxes	142,196
Employee Health Insurance	193,510
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
	0
Other Benefits	18,620
Central Office Allocation	25,978
TOTAL (agree to Schedule V, line 22, col.8)	$ 462,330

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 0
Advertising: Employee Recruitment	3,372
Health Care Worker Background Check	
(Indicate # of checks performed)	838
Patient Background Checks	
	16,601
Dues & Subscriptions	5,275
License & Fees	1,148
Central Office Allocation	4,858
Less: Public Relations Expense	(16,601)
Non-allowable advertising	(312)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 15,179

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	319
	0
Seminar Expense	631
	1,049
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,999

**See instructions.

Facility Name & ID Number Heritage Health-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Amount of Expense Amortized Per Year								
					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-El Paso # 0048124 Report Period Beginning: 01/01/12 Ending: 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. $ **35,685**
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. $ **11,387**

(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 Line #	Adjustment Amount
1009	PETTY CASH	1,162					
1010	CASH IN BANK						
1040	CASH IN BANK-PAYROLL						
1100	ACCOUNTS RECEIVABLE	622,423					
1110	MEDICARE RECEIVABLES						
1125	IPA INCOME RECEIVABLE						
1130	MEDICARE COST REPORT						
1135	ACCOUNTS RECEIVABLE-IC						
1140	UNAPPLIED CASH RECEIPTS						
1145	A/R SUSPENSE-REFUNDS						
1190	ACCRUED INTEREST REC						
1200	PREPAID INSURANCE	25,192					
1220	OTHER PREPAID EXPENSES						
1300	FOOD INVENTORY						
1310	SUPPLIES INVENTORY						
1409	LAND	0					
1450	FURNITURE & EQUIPMENT	0					
1460	ACCUM DEPR-FURN & EQU	0					
1475	BUILDING & IMPROVEMEN	0					
1490	ACCUM DEPR-BUILDING	0					
1530	RESIDENT FUNDS	0					
1550	LOAN FEES	0					
1560	REAL ESTATE TAX ESCROW						
1575	REIMBURSABLE PURCHASES						
1850	INTRACOMPANY	-445,556					
2010	ACCOUNTS PAYABLE	-135,918					
2095	BONUSES PAYABLE						
2100	ACCRUED PAYROLL	-47,799					
2110	ACCRUED VACATION PAY	-120,039					
1,009	1,009 PETTY CASH	1,162					
1,100	1,100 ACCTS RECEIV-PRIV	622,423					
1,101	1,101 ALLOW. FOR UNCOLLECTIBLES						
1,110	1,110 ACCTS RECEIV-M/C						
1,125	1,125 ACCTS RECEIV-IPA						
1,135	1,135 ACCTS RECEIV-IC						
1,140	1,140 UNAPPLIED CASH RECEIPTS						
1,145	1,145 A/R SUSPENSE-REFUNDS						
1,200	1,200 PREPAID INSURANC	25,192					
1,220	1,220 OTHER PREPAID EXPENSES						
1,300	1,300 DIETARY INVENTORY						
1,310	1,310 SUPPLIES INVENTORY						
1,320	1,320 LINEN INVENTORY						
1,409	1,409 LAND	0					
1,450	1,450 FURNITURE & EQUI	0					
1,460		0					
1,475	1,475 CODE ALERT MONIT	0					
1,490	1,490 ACCUM DEPR-BUILI	0					
1,530	1,530 RESIDENT FUNDS	0					
1,550	1,550 LOAN FEES	0					
1,551	1,551 LOAN FEES ADDED						
1,850	1,850 INTERCOMPANY	(445,556)					
2,010	2,010 ACCOUNTS PAYABI	(135,918)					
2,100	2,095 BONUSES PAYABLE						
2,100	2,100 ACCRUED PAYROLI	(47,799)					
2,100	2,100 PR CLEARING-BENEFITS						
2,100	2,100 PR CLEARING-LABOR						
2,110	2,110 ACCRUED PTO PAY	(120,039)					
2,120	2,120 U.C. TAXES PAYABLE						

2120	UC TAXES PAYABLE		
2125	FICA TAX PAYABLE	-4,157	-4,157
2130	FIT PAYABLE		
2140	STATE W/H PAYABLE		0
2145	EARNED INCOME CREDIT		
2150	UC FED CREDIT REDUCTION		
2230	PAYROLL SAVINGS		
2235	IRA W/HOLDINGS		
2240	UNITED WAY		
2245	GROUP INSURANCE PAYABLE		
2246	GROUP INSURANCE PAYABLE-CAFETERIA		
2260	WAGE GARNISHMENTS		
2280	MISC PAYROLL DEDUCTIONS		
2300	ACCRUED INTEREST PAYA	0	
2310	SALES TAX PAYABLE		
2320	IPA PAYMENTS PAYABLE	-87,929	
2350	REAL ESTATE TAX PAYAB	0	
2385	ACTIVITY FUND	0	
2390	SECURITY DEPOSITS	0	
2391	VOLUNTEER FUND		
2393	HEART FUND/BAZAAR		
2395	DEFERRED INC EMP & MEM		
2400	CURRENT PORTION LT DEBT		
2460	INCOME TAXES PAYABLE		
2512	DUE TO RESIDENTS	0	
2600	MORTGAGE PAYABLE	0	
2650	EQUIPMENT LOAN PAYABLE		
2695	CURRENT PORTION LT DEBT		
2696	DEFERRED INCOME TAXES		
2710	COMMON STOCK		
2720	RETAINED EARNINGS	168,050	
2970	PROFIT/LOSS FOR PERIOD	24,571	
3007.1	PATIENT DAYS-PRIVATE	9,919	

2,125	2,125	FICA TAXES PAYAB	(4,157)
2,130	2,130	FEDERAL W/H TAX PAYABLE	
2,140	2,140	STATE W/H TAX PAYABLE	
2,152	2,152	WORKERS COMP ACCRUAL	
2,225	2,225	EMPLOYEEE INSURANCE REFU	
2,230	2,230	PAYROLL SAVINGS	
2,235	2,240	UNITED FUND	
2,240	2,246	GROUP INSURANCE - CAFETER	
2,246	2,250	401K W/H	
2,250			
2,260	2,260	WAGE GARNISHMENT	
2,300	2,300	ACCRUED INTERES	0
2,320	2,320	IPA PAYMENTS PAY	(87,929)
2,350	2,350	REAL ESTATE TAXE	0
2,385			0
2,400	2,400	CURRENT PORTION OF LT DEB	
2,512	2,512	DUE TO RESIDENTS	0
2,600	2,600	LASALLE BANK #1	0
2,600			
2,625	2,625	LASALLE CONSTR. LOAN #2	
2,625			
2,695	2,695	CURRENT PORTION OF LT DEB	
2,720	2,720	RETAINED EARNIN(	168,050
		net income	24,571
		balance	0

3007.2		PATIENT DAYS-IPA	8,931				
3007.3		PATIENT DAYS-MEDICARE	1,126				
3007.4		PATIENT DAYS-CONVERSION					
3007.5		PATIENT DAYS-LICENSED					
3007.6		PATIENT DAYS-TOTAL					
3010	1	BASIC CHARGE-PRIVATE &	-3,399,640	0	0	0	0
3015	1	PRIVATE ASSESSMENT TAX INCOME		0	0	0	0
3020	1	BASIC CHARGE-IPA	0	0	0	0	0
3030	1	BASIC CHARGE-MEDICARE	0	0	0	0	0
3035	4	DAY CARE/HOME CARE		0	0	0	0
3040	1	LIGHT NURSING CARE	0	0	0	0	0
3050	1	MEDIUM NURSING CARE		0	0	0	0
3060	1	HEAVY NURSING CARE		0	0	0	0
3061	1	SKILLED NURSING CARE					
3080	1	NURSING SUPPLIES-PRIVA	-25,006	0	0	0	0
3081	1	NURSING SUPPLIES-IPA		0	0	0	0
3082	1	NURSING SUPPLIES MED PT A		0	0	0	0
3083	1	NURSING SUPPLIES MED PT B					
3100	17	DRUGS	-320,791	0	0	0	0
3101	17	DRUGS-OTHER					
3110	6	PT-PRIVATE	-879,206	0	0	0	0
3111	6	PT-IPA		0	0	0	0
3112	6	PT-MEDICARE PART A		0	0	0	0
3113	6	PT-MEDICARE PART B		0	0	0	0
3130	1	PUBLIC AID ASSESSMENT INC					
3140	19	LABORATORY INCOME		0	0	0	0
3150	6	SPEECH/OT-PRIVATE		0	0	0	0
3151	6	SPEECH/OT-IPA		0	0	0	0
3152	6	SPEECH/OT-MED PART A		0	0	0	0
3153	6	SPEECH/OT MED PART B					
3410	2	IPA DISCOUNTS	790,357	0	0	0	0
3411	2	MEDICAID PART B DISCOUNT		0	0	0	0
3420	2	MEDICARE DISCOUNTS		0	0	0	0

3440		36	ASSESSMENT TAX EXPENSE			42	3	0	0	
3520		16	RENT INCOME	0		6	0	6	0	
3530		13	BEAUTY SHOP	-8,341		0	0	0	0	
3560		12	ACTIVITY FUND INCOME	-513		0	0	0	0	
3570		12	VENDING INCOME/EXPENS	-194		0	0	0	0	
3580		12	MANAGEMENT FEES			0	0	0	0	
3590		1	EQUIPMENT RENTAL	-4,876		0	0	0	0	
3595		21	RESIDENT TRANSPORTATI	0		0	0	0	0	
3600		21	MISC INCOME	0		0	0	0	0	
4110			GENERAL & ADMINIST WA	100,349	105,872	21	1	17	0	
4111			ADMINISTRATOR WAGES	65,750	65,750	17	1	0	0	
4115			VACATION & SICK - G&A	5,523		21	1	0	0	
4120	4475		EMPLOYEE BENEFITS	12,388	436,352	22	3	0	0	
4125			EMPLOYEE HEPETITIS VAC	0		22	3	0	0	
4130			EMPLOYEE SCHOLORSHIP	4,150		21	1	0	0	
4135			EMPLOYEE SCHOLORSHIP	2,082		23	3	0	0	
4220			DIRECTORS FEES	0	0	18	3	0	0	
4250	4255		OFFICE SUPPLIES	18,707	18,707	21	2	0	0	
4260			TELEPHONE	8,999	8,999	21	3	0	0	
4275			TRAINING & EMPLOYEE D	4,576	4,576	23	3	16	-2,577	**
4280			GENERAL TRAVEL	319	950	24	3	16	0	
4281			MEAL EXPENSE FOR TRAV	0		24	3	19	0	
4285			EDUCATION & SEMINAR	631		24	3	19	-1,388	***
4290			HELP WANTED ADVERTISI	3,372	73,550	20	3	0	0	-35,685
4291			PROMOTIONAL ADVERTIS	10,631		20	3	25	-10,631	
4292			PUBLIC RELATIONS	16,601		20	3	25	-16,601	
4300			LICENSES & FEES	36,833		20	3	17	0	
4310			DUES & SUBSCRIPTIONS	5,275		20	3	17	-312	
4320			CONTRIBUTIONS	512		27	3	20	0	
4350			PROFESSIONAL FEES	700	170,308	19	3	22	-700	
4355			MEDICAL DIRECTOR	7,560	7,560	9	3	0	0	
4360			UTILIZATION REVIEW	0		10	3	0	0	
4361			OTHER PHYSICIAN FEES			39	3	0	0	

4362	MEDICAL RECORDS CONSI	2,302		10	3	0	0	
4363	PHARMACIST FEES	3,900		10	3	0	0	
4364	SOC SERV/ACT CONSULT	1,096	1,096	12	3	0	0	
4370	TV RENTAL	6,982		35	3	5	0	
4380	INCOME TAXES		1,512	27	3	26	0	
4383	BACKGROUND CHECKS	838		20	3	26	0	
4400	PAYROLL TAXES	172,917		22	3	0	0	
4401	PAYROLL TAXES ADMINIS	6,825		22	3	0	0	
4410	GROUP INSURANCE	193,510		22	3	0	0	
4420	LIABILITY INSURANCE	37,204	37,204	26	3	0	0	
4425	INSURANCE-OWNERS			22	3	21	0	
4430	WORKMENS COMP INSURA	44,480		22	3	0	0	
4450	CENTRAL OFFICE FEES	169,608		19	3	34	0	**
4460	BAD DEBTS	1,000		27	3	24	-1,000	
4470	LOST ITEMS-RESIDENTS	0		27	3	0		
4490	MISCELLANEOUS	0		27	3	0	0	
4510	REAL ESTATE TAXES	0	0	33	3	0	0	
4600	LEASED EQUIPMENT	869	7,851	35	3	16	0	
5110	MAINTENANCE SALARIES	55,236	57,388	6	1	0	0	
5120	MAINTENANCE SICK & VA	2,152		6	1	0	0	
5130	ELECTRIC	36,013	61,994	5	3	0	0	
5131	NATURAL GAS	10,746		5	3	0	0	
5132	HEATING & DEISEL OIL			5	3	0	0	
5133	WATER & SEWER	15,235		5	3	0	0	
5134	TRASH COLLECTION	12,967	47,888	6	3	0	0	
5140	PROPERTY PLANT REPLAC	29,150	59,273	6	2	0	0	
5160	GENERAL REPAIR & MAIN	30,123		6	2	0	0	
5165	MAINTENANCE CONTRAC	34,921		6	3	0	0	
5210	DIETARY WAGES	198,142	206,190	1	1	0	0	
5220	DIETARY SICK & VAC	8,048		1	1	0	0	
5240	SALES TAX			2	3	13	0	
5248	FOOD PURCHASES	181,632	170,245	2	2	0	0	
5250	SUPPLIES-DISHWASHING	1,597	21,166	1	2	0	0	

5260	DIETARY REPLACEMENT	2,084		1	2	0	0
5270	KITCHEN SUPPLIES-PAPER	17,485		1	2	0	0
5295	MEAL CREDIT	-11,387		2	2	0	0
5310	LAUNDRY WAGES	54,283	56,791	4	1	0	0
5340	LAUNDRY SICK & VAC	2,508		4	1	0	0
5370	LAUNDRY REPLACEMENT	7,857	11,478	4	2	0	0
5380	LAUNDRY REIMBURSEMENT			4	3	0	0
5390	LAUNDRY SUPPLIES	3,621		4	2	0	0
5410	HOUSEKEEPING WAGES	52,822	55,579	3	1	0	0
5440	HOUSEKEEPING SICK & VA	2,757		3	1	0	0
5480	HOUSEKEEPING SUPPLIES	6,905	18,046	3	2	0	0
5490	HOUSEKEEPING SUPPLIES-	11,141		3	2	0	0
6010	RN WAGES-MEDICARE		1,163,821	10	1	0	0
6020	RN WAGES-NON MEDICAR	225,863		10	1	0	0
6030	DON WAGES	61,480		10	1	0	0
6035	ADON	0		10	1	0	0
6040	RN SICK & VACATION	15,477		10	1	0	0
6110	LPN WAGES-MEDICARE	283,696		10	1	0	0
6120	LPN WAGES-NON MEDICA	0		10	1	0	0
6130	LPN WAGES OTHER			10	1	0	0
6140	LPN SICK & VACATION	16,373		10	1	0	0
6210	AIDE WAGES-MEDICARE			10	1	0	0
6220	AIDE WAGES-NON MEDICA	536,055		10	1	0	0
6230	WARD CLERKS			10	1	0	0
6240	AIDE VACATION & SICK	24,877		10	1	0	0
6245	CONTRACT NURSES-RN	0		10	3	0	0
6246	CONTRACT NURSES-LPN	0		10	3	0	0
6247	CONTRACT NURSES-AIDES	0		10	3	0	0
6250	NURSE AIDE TRAINING WA	1,207	1,207	13	1	0	0
6255	NURSE AID TRAINING EXP	1,488	1,488	13	2	0	0
6260	NURSE AIDE TRAINING RE	0		0	0	0	0
6270	REHAB WAGES	0		10	1	0	0
6275	REHAB SICK & VAC	0		10	1	0	0

6280	NURSING DEPT EDUCATION			23	3	0	0	
6290	NURSING SUPPLIES	62,690	68,769	10	2	0	0	
6295	NURSING SUPPLIES	3,276		10	2	0	0	
6390	REPLACEMENT-NURSING	2,803		10	2	0	0	
6490	NURSING OTHER	3,435	9,637	10	3	0	0	
7280	DRUG PURCHASES	49,489	171,176	39	2	0	0	***
7281	DRUG PURCHASES-OTHER	120,210		39	2			
7380	LABORATORY SERVICES	13,533	293,329	39	3	0	0	
7410	HOME HEALTH SALARY			39	1	0	0	
7440	HOME HEALTH SICK & VAC			39	1	0	0	
7450	HOME HEALTH EXPENSES			39	3	0	0	
7510	ACTIVITES WAGES	107,260	114,957	11	1	0	0	
7540	ACTIVITIES SICK & VAC	7,697		11	1	0	0	
7590	ACTIVITIES SUPPLIES	3,491	3,491	11	2	0	0	
7595	ACTIVITIES FEES	0	0	11	3	0	0	
7610	PT WAGES			39	1	0	0	
7611	PT SICK & VACATION			39	1	0	0	
7620	PT FEES	125,502		39	3	0	0	***
7660	PT SUPPLIES	1,477		39	2	0	0	
7710	SOCIAL SERVICE WAGES	29,905	31,219	12	1	0	0	
7720	SOCIAL SERVICE SICK & V	1,314		12	1	0	0	
7730	SOCIAL SERVICE EXPENSE	308	308	12	2	0	0	
7740	OT FEE	140,986		39	3	0	0	***
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	
7770	SPEECH THERAPY FEE	13,308		39	3	0	0	***
7800	BEAUTICIAN WAGES		0	40	1	0	0	
7810	BEAUTICIAN SICK & VAC			40	1	0	0	
7820	BEAUTICIAN FEES	7,693	7,693	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	284,700	284,700	34	3	0	0	

8120	INTEREST EXPENSE	15,780	15,780	32	3	14	-1,119	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	60,773
9510	INTEREST INCOME	-1,119		32	0	10	0	
9520	MISC NON-OPERATING INC	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		3,872,781	3,873,900					
			1,119					
GRAND TOTALS		24,571					-34,328	
		(NET INCOME)						
		0						

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	9,919	9,919
IPA	8,931	8,931
medicare	1,126	1,126
		19,976

IPA BEDHOLDS 0
PP BEDHOLDS 0
PP CONVERS 0

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3,007 3,007 PATIENT 9,919

3,007	3,007	PATIENT	8,931
3,007	3,007	PATIENT	1,126
3,007			0
3,007			
3,007			
3,007			
3,010	3,010	BASIC CI	(3,399,640)
3,020	3,020	BASIC CI	0
3,030	3,030	BASIC CI	0
3,040			0
3,050			0
3,060			0
3,061			0
3,080	3,080	NURSING	(25,006)
3,081	3,081	NURSING	0
3,082	3,082	NURSING	0
3,083	3,083	NURSING	0
3,100	3,100	DRUGS-N	(320,791)
3,101			0
3,110	3,110	PHYSICA	(879,206)
3,111			0
3,112	3,112	PHYSICA	0
3,113	3,113	PHYSICA	0
3,140	3,140	LABORATORY INCOME	
3,150			0
3,151			
3,152	3,152	ST/OT TH	0
3,153	3,153	ST/OT TH	0
3,160	3,185	REHAB/ISOLATION/OTHER CHG	
3,410	3,410	IPA/OTH	0
3,411	3,411	MEDICA	0
3,420	3,420	MEDICA	770,882
3,500			

3,520	3,520	RENT IN(	0
3,530	3,530	BEAUTY	(8,341)
3,560			(513)
3,570	3,570	VENDIN(	(194)
3,590	3,590	EQUIPMI	(4,876)
3,595	3,595	RESIDEN	0
3,600	3,600	MISC IN(	0
4,110	4,110	G&A WA	100,349
4,111	4,111	ADMINIS	65,750
4,115	4,115	G&A PT(	5,523
4,120	4,120	EMPLOY	12,730
4,125			0
4,130	4,130	EMPLOY	4,150
4,135	4,135	EMPLOY	2,082
4,250	4,250	OFFICE S	8,770
4,255	4,255	POSTAG	1,025
4,260	4,260	TELEPH(	8,999
4,275	4,275	TRAININ	4,576
4,276			0
4,280	4,280	GENERA	319
4,281	4,281	MEAL E>	0
4,285	4,285	EDUCAT	631
4,289	4,289	MEETIN(	0
4,290	4,290	HELP W/	3,372
4,291	4,291	PROMOT	10,631
4,292	4,292	PUBLIC I	16,601
4,300	4,300	LICENSE	36,833
4,310	4,310	DUES & S	5,275
4,320	4,320	CONTRI	512
4,350	4,350	PROFESS	700
4,355	4,355	MEDICA	7,560
4,362			2,302
4,363			3,900

4,364	4,364	SOCIAL S	1,096
4,370	4,370	TV RENT	6,982
4,383	4,383	BACKGR	838
4,390	4,390	OTHER T	0
4,400	4,400	PAYROL	172,917
4,401	4,401	PAYROL	6,825
4,410	4,410	GROUP I	193,510
4,420	4,420	LIABILIT	37,204
4,430	4,430	WORKM.	42,597
4,435	4,435	W/C-FIRS	1,088
4,436	4,436	DRUG TE	795
4,450	4,450	MANAGI	169,608
4,460	4,460	BAD DEI	1,000
4,461	4,461	BAD DEI	19,475
4,470	4,470	LOST ITE	0
4,475	4,475	UNIFORM	(342)
4,486	4,486	SERVICE	14,260
4,490	4,490	MISC EX	1,300
4,496	4,496	MISC. M.	8,912
4,510	4,510	REAL ES	0
4,600	4,600	LEASED	869
5,110	5,110	MAINTEI	55,236
5,120	5,120	MAINTEI	2,152
5,130	5,130	ELECTRI	36,013
5,131	5,131	NATURA	10,746
5,133	5,133	WATER &	15,235
5,134	5,134	TRASH C	12,967
5,140	5,140	PROP/PL.	29,150
5,160	5,160	GENERA	30,123
5,165	5,165	MAINTEI	20,661
5,210	5,210	DIETARY	198,142
5,220	5,220	DIETARY	8,048
5,248	5,248	FOOD PU	180,332

5,250	5,250	SUPPLIE:	1,597
5,260	5,260	REPLACI	2,084
5,270	5,270	KITCHEI	17,485
5,295	5,295	MEAL IN	(11,387)
5,310	5,310	LAUNDR	54,283
5,340	5,340	LAUNDR	2,508
5,370	5,370	REPLACI	7,857
5,380			15
5,390	5,390	SUPPLIE:	3,606
5,410	5,410	HOUSEK	52,822
5,440	5,440	HOUSEK	2,757
5,480	5,480	SUPPLIE:	6,905
5,490	5,490	SUPPLIE:	11,141
6,020	6,020	RN WAG	225,863
6,030	6,030	DON WA	61,480
6,035	6,035	ADON W	0
6,040	6,040	RN PTO &	15,477
6,120	6,120	LPN WA(	283,696
6,140	6,140	LPN PTO	16,373
6,220	6,220	AIDES W	536,055
6,240	6,240	AIDES PT	24,877
6,245			
6,246			0
6,247			
6,250			1,207
6,255			1,488
6,260			0
6,270	6,270	REHAB V	0
6,275	6,275	REHAB P	0
6,290	6,290	NURSIN(	62,690
6,295	6,295	NURSIN(	3,276
6,390	6,390	REPLACI	2,803
6,490	6,490	OTHER	3,435

7,280	7,280	DRUG PU	49,489
7,281	7,281	DRUG PU	120,210
7,380	7,380	LABORA	3,908
7,391	7,390	X-RAY S	9,625
7,393			0
7,510	7,510	ACTIVIT	107,260
7,540	7,540	ACTIVIT	7,697
7,590	7,590	ACTIVIT	3,491
7,620	7,620	PHYSICA	125,502
7,660	7,660	P.T. SUPI	1,477
7,710	7,710	SOCIAL S	29,905
7,720	7,720	SOCIAL S	1,314
7,730	7,730	SOCIAL S	308
7,740	7,740	OCCUPA	140,986
7,750			0
7,770	7,770	SPEECH '	13,308
7,820	7,820	BEAUTIC	7,693
7,890			0
7,960			0
8,120	8,120	INTERES	0
8,125			15,780
8,130	8,130	DEPRECI	0
8,150			0
9,510	9,510	INTERES	(1,119)
9,520	9,520	MISC NO	0
9,530	4,220		0
	8,100		284,700
	9,702		0
	5,230		0
			24,571

Expenses Fixed Assets

FACILITY	MEDICAID NUMBER	STATE LICENSE NUMBER
Owned SNFs		
Heritage Health - South, L	20-5300302001	48843
Heritage Health - Bloomin	20-3904134001	48157
Heritage Health - Carlinvil	20-5508113001	48850
Heritage Health - Chillicot	20-5412664001	48868
Heritage Health - Dwight,	20-5412784001	50492
Heritage Health - Elgin, LL	20-3902154001	48132
Heritage Health - El Paso,	20-3903447001	48124
Heritage Health - Gibson C	20-3902572001	48116
Heritage Health - Gillespie	20-5428620001	48892
Heritage Health - LaSalle,	27-3741988001	51276
Heritage Health - Litchfiel	20-5508096001	48900
Heritage Health - Mendota	20-3904038001	48108
Heritage Health - Minonk,	20-3903980001	48058
Heritage Health - Mt. Sterl	20-3903543001	48041
Heritage Health - Mt. Zion	20-3903622001	48074
Heritage Health - Normal,	20-3903883001	48082
Heritage Health - Pana, LL	20-5508128001	48884
Heritage Health - Peru, LL	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, LL	37-1357323001	42168
Heritage Hea	37-1359387001	41699
Cotillion Ridg	37-1402726001	45138
Country Hea	37-6064916001	7880
Mason City A	37-1168043001	34256
St. Clara's M	37-6075710001	50724
Vonderlieth L	37-0967671001	19976