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: 0051276

Facility Name: Heritage Health-LaSalle

Address: 1445 Chartres St (Number) LaSalle (City) 61301 (Zip Code)

County: LaSalle

Telephone Number: Fax # ( )

HFS ID Number:

Date of Initial License for Current Owners: Jan 1, 2011

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-LaSalle # 0051276 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	101	Skilled (SNF)	101	36,966	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	101	TOTALS	101	36,966	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	23,703	4,872	2,369	30,944	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	23,703	4,872	2,369	30,944	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.71%

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 Jan 1, 2011

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 2,369

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-LaSalle # 0051276 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	199,123	16,116		215,239		215,239	6,259	221,498			1
2	Food Purchase		174,626		174,626		174,626	46	174,672			2
3	Housekeeping	81,719	21,989		103,708		103,708		103,708			3
4	Laundry	54,133	10,219		64,352		64,352		64,352			4
5	Heat and Other Utilities			105,768	105,768		105,768	1,493	107,261			5
6	Maintenance	83,606	26,938	63,090	173,634		173,634	15,411	189,045			6
7	Other (specify):*											7
8	**TOTAL General Services**	418,581	249,888	168,858	837,327		837,327	23,209	860,536			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000	2,622	26,622			9
10	Nursing and Medical Records	1,517,600	83,245	13,028	1,613,873		1,613,873	1	1,613,874			10
10a	Therapy		272,619	265,378	537,997	(280,539)	257,458	8,500	265,958			10a
11	Activities	83,250	2,024		85,274		85,274		85,274			11
12	Social Services	25,386		3,406	28,792		28,792		28,792			12
13	CNA Training							1,045	1,045			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,626,236	357,888	305,812	2,289,936	(280,539)	2,009,397	12,168	2,021,565			16
	C. General Administration											
17	Administrative	88,163			88,163		88,163		88,163			17
18	Directors Fees											18
19	Professional Services			217,204	217,204		217,204	(200,625)	16,579			19
20	Dues, Fees, Subscriptions & Promotions			88,703	88,703	(55,449)	33,254	(13,401)	19,853			20
21	Clerical & General Office Expenses	188,284	17,570	11,173	217,027		217,027	284,327	501,354			21
22	Employee Benefits & Payroll Taxes			469,214	469,214		469,214	40,366	509,580			22
23	Inservice Training & Education			3,611	3,611		3,611	(1,612)	1,999			23
24	Travel and Seminar			2,042	2,042		2,042	(43)	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			39,355	39,355		39,355	11,003	50,358			26
27	Other (specify):*			14,000	14,000		14,000	(14,000)				27
28	**TOTAL General Administration**	276,447	17,570	845,302	1,139,319	(55,449)	1,083,870	106,015	1,189,885			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,321,264	625,346	1,319,972	4,266,582	(335,988)	3,930,594	141,392	4,071,986			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-LaSalle #0051276 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			16,641	16,641		16,641	17,085	33,726			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			24,805	24,805		24,805	358	25,163			32
33	Real Estate Taxes			66,098	66,098		66,098	43	66,141			33
34	Rent-Facility & Grounds			353,172	353,172		353,172	6,390	359,562			34
35	Rent-Equipment & Vehicles			8,010	8,010		8,010	986	8,996			35
36	Other (specify):*											36
37	TOTAL Ownership			468,726	468,726		468,726	24,862	493,588			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					280,539	280,539		280,539			39
40	Barber and Beauty Shops		15	(2,216)	(2,201)		(2,201)		(2,201)			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					55,449	55,449		55,449			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		15	(2,216)	(2,201)	335,988	333,787		333,787			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,321,264	625,361	1,786,482	4,733,107		4,733,107	166,254	4,899,361			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-LaSalle # 0051276 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	(35)			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)	(1,612)			16
17	Non-Care Related Fees	(530)			17
18	Fines and Penalties				18
19	Entertainment	(3,829)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(8,567)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(14,000)			24
25	Fund Raising, Advertising and Promotional	(20,420)			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)**	$ (48,993)		$	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)	215,247		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 215,247		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 166,254		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-LaSalle

ID# **0051276**

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		(530)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(8,567)	19	22
23				23
24		(14,000)	27	24
25		(20,420)	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**	(43,517)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-LaSalle **#** 0051276 **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	6,259	0	0	0	0	0	0	0	0	6,259	1
2	Food Purchase	0	0	46	0	0	0	0	0	0	0	0	46	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	1,493	0	0	0	0	0	0	0	0	1,493	5
6	Maintenance	0	0	15,411	0	0	0	0	0	0	0	0	15,411	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	23,209	0	0	0	0	0	0	0	0	23,209	8
	B. Health Care and Programs													
9	Medical Director	0	0	2,622	0	0	0	0	0	0	0	0	2,622	9
10	Nursing and Medical Records	0	0	1	0	0	0	0	0	0	0	0	1	10
10a	Therapy	0	8,500	0	0	0	0	0	0	0	0	0	8,500	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	1,045	0	0	0	0	0	0	0	0	1,045	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	8,500	3,668	0	0	0	0	0	0	0	0	12,168	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	(8,567)	(208,637)	16,579	0	0	0	0	0	0	0	0	(200,625)	19
20	Fees, Subscriptions & Promotions	(20,950)	0	7,549	0	0	0	0	0	0	0	0	(13,401)	20
21	Clerical & General Office Expenses	0	0	284,327	0	0	0	0	0	0	0	0	284,327	21
22	Employee Benefits & Payroll Taxes	0	0	40,366	0	0	0	0	0	0	0	0	40,366	22
23	Inservice Training & Education	(1,612)	0	0	0	0	0	0	0	0	0	0	(1,612)	23
24	Travel and Seminar	(3,829)	0	3,786	0	0	0	0	0	0	0	0	(43)	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	11,003	0	0	0	0	0	0	0	0	11,003	26
27	Other (specify):*	(14,000)	0	0	0	0	0	0	0	0	0	0	(14,000)	27
28	**TOTAL General Administration**	(48,958)	(208,637)	363,610	0	0	0	0	0	0	0	0	106,015	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(48,958)	(200,137)	390,487	0	0	0	0	0	0	0	0	141,392	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-LaSalle # 0051276 **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	0	0	17,085	0	0	0	0	0	0	0	17,085	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(35)	0	0	393	0	0	0	0	0	0	0	358	32
33	Real Estate Taxes	0	0	0	43	0	0	0	0	0	0	0	43	33
34	Rent-Facility & Grounds	0	0	0	6,390	0	0	0	0	0	0	0	6,390	34
35	Rent-Equipment & Vehicles	0	0	0	986	0	0	0	0	0	0	0	986	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(35)	0	0	24,897	0	0	0	0	0	0	0	24,862	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)	(48,993)	(200,137)	390,487	24,897	0	0	0	0	0	0	0	166,254	45

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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%	8,500	8,500	2
3	V								3
4	V	19	Adjustment for Related Organization	208,637	Heritage Operations Group, LLC	0.00%		(208,637)	4
5	V								5
6	V	34	Adjustment for Related Organization		Heritage Manor Real Estate, LLC	0.00%			6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC				7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC				8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC				9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC				10
11	V								11
12	V								12
13	V								13
14	Total			$ 208,637			$ 8,500	$ * (200,137)	14

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

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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.		$	$ 6,259	15
16	V	2	Food Purchase					46	16
17	V	3	Housekeeping					0	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					1,493	19
20	V	6	Maintenance					15,411	20
21	V	7	Other					0	21
22	V	9	Medical Director					2,622	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					1,045	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					16,579	31
32	V	20	Fees, Subscription, Promotions					7,549	32
33	V	21	Clerical & General Office Expenses					284,327	33
34	V	22	Employee Benefits & Payroll Taxes					40,366	34
35	V	23	Inservice Training & Education					0	35
36	V	24	Travel and Seminar					3,786	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					11,003	38
39	Total			$			$ 0	$ * 390,487	39

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

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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					17,085	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					393	18
19	V	33	Real Estate Taxes					43	19
20	V	34	Rent-Facility & Grounds					6,390	20
21	V	35	Rent-Equipment & Vehicles					986	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	$ * 24,897	39

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

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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-LaSalle # 0051276 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	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		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-LaSalle # 0051276 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	101	$ 6,259	1
2	2	Food Purchase	Beds	2,735	26	1,241	0	101	46	2
3	3	Housekeeping	Beds	2,735	26	0	0	101	0	3
4	4	Laundry	Beds	2,735	26	0	0	101	0	4
5	5	Heat & Other Utilities	Beds	2,735	26	40,426	0	101	1,493	5
6	6	Maintenance	Beds	2,735	26	417,328	78,403	101	15,411	6
7	7	Other	Beds	2,735	26	0	0	101	0	7
8	9	Medical Director	Beds	2,735	26	71,007	0	101	2,622	8
9	10	Nursing & Medical Records	Beds	2,735	26	33	70,119	101	1	9
10	11	Activities	Beds	2,735	26	0	0	101	0	10
11	12	Social Service	Beds	2,735	26	0	0	101	0	11
12	13	Nurse Aide Training	Beds	2,735	26	28,290	22,496	101	1,045	12
13	14	Program Transportation	Beds	2,735	26	0	0	101	0	13
14	15	Other	Beds	2,735	26	0	0	101	0	14
15	17	Administrative	Beds	2,735	26	0	0	101	0	15
16	18	Directors Fees	Beds	2,735	26	0	0	101	0	16
17	19	Professional Services	Beds	2,735	26	448,954	0	101	16,579	17
18	20	Fees, Subscription, Promotions	Beds	2,735	26	204,427	0	101	7,549	18
19	21	Clerical & General Office Expens	Beds	2,735	26	7,699,360	7,229,609	101	284,327	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,735	26	1,093,087	0	101	40,366	20
21	23	Inservice Training & Education	Beds	2,735	26	0	0	101	0	21
22	24	Travel and Seminar	Beds	2,735	26	102,532	0	101	3,786	22
23	25	Other Admin. Staff Transportatio	Beds	2,735	26	0	0	101	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,735	26	297,962	0	101	11,003	24
25	TOTALS					$ 10,574,147	$ 7,569,454		$ 390,487	25

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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	$	$	101	$	1
2	30	Depreciation	Beds	2,735	26	462,659		101	17,085	2
3	31	Amortization of Pre-Op & Org	Beds	2,735	26			101		3
4	32	Interest	Beds	2,735	26	10,650		101	393	4
5	33	Real Estate Taxes	Beds	2,735	26	1,164		101	43	5
6	34	Rent-Facility & Grounds	Beds	2,735	26	173,045		101	6,390	6
7	35	Rent-Equipment & Vehicles	Beds	2,735	26	26,702		101	986	7
8	36	Other	Beds	2,735	26			101		8
9	38	Medically Nec Transportation	Beds	2,735	26			101		9
10	39	Ancillary Service Centers	Beds	2,735	26			101		10
11	40	Barber and Beauty Shops	Beds	2,735	26			101		11
12	41	Coffee and Gift Shops	Beds	2,735	26			101		12
13	42	Other	Beds	2,735	26			101		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	$		$ 24,897	25

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6			xx	Working Capital							24,805	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 24,805	9
	B. Non-Facility Related*											
10	Interest Income										(35)	10
11												11
12	Allocated Corporate										393	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 358	14
15	TOTALS (line 9+line14)						$	$			$ 25,163	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-LaSalle # 0051276 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.**	$ 68,442	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.)		$ 65,629	2
3. Under or (over) accrual (line 2 minus line 1).		$ (2,813)	3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 68,911	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.		$ 66,098	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2007		8
	2008		9
	2009		10
	2010		11
	2011	68,442	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-LaSalle COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 0051276

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.	1709461000		$ 65,629.00	$ 65,629.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 65,629.00	$ 65,629.00

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-LaSalle # 0051276 Report Period Beginning: 01/01/12 Ending: 12/31/12

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 20,000 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				$	1
2					2
3	TOTALS			$	3

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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	101				$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Water Heater			2011	9,850						9
10	Kitchen Drain Line			2011	8,681						10
11	Generator			2011	9,025						11
12	Walk-in cooler condensor			2011	4,877						12
13											13
14	Generator			2012	41,925						14
15	Sprinkler Heads			2012	15,610						15
16	Water Softener			2012	9,361						16
17	Lighting Upgrade			2012	6,888						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	C/O Allocation					17,085			(17,085)		33
34	Book Depreciation					5,715		5,715			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-LaSalle # 0051276 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			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 106,217	$ 22,800		$ 5,715	$ (17,085)	$	70

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

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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		$ 106,217	$ 22,800		$ 5,715	$ (17,085)	$	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)		$ 106,217	$ 22,800		$ 5,715	$ (17,085)	$	34

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

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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		$ 106,217	$ 22,800		$ 5,715	$ (17,085)	$	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)		$ 106,217	$ 22,800		$ 5,715	$ (17,085)	$	34

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

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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		$ 106,217	$ 22,800		$ 5,715	$ (17,085)	$	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)		$ 106,217	$ 22,800		$ 5,715	$ (17,085)	$	34

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

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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	$ 76,480	$ 10,926	$ 10,926	$		$	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 76,480	$ 10,926	$ 10,926	$		$	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)	$ 182,697	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 33,726	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 16,641	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (17,085)	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-LaSalle # 0051276 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: LPRE Holdings, LLC
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. [x] 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:				$ 353,172			3
4	Additions							4
5								5
6								6
7	TOTAL				$ 353,172 **			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: [x] YES [ ] NO Terms: 3500000 *

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	$ 353,172
13.	/2014	$ 353,172
14.	/2015	$ 353,172

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: $ 8,010 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-LaSalle # 0051276 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				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	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	$		$ 118,877	$		$ 118,877	1
2	Licensed Speech and Language Development Therapist		hrs			8,830			8,830	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			129,751	0		129,751	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				272,619		272,619	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					7,920			7,920	13
14	TOTAL		$		$ 265,378		$ 272,619		$ 537,997	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-LaSalle # 0051276 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	$ 1,528	$	1
2	Cash-Patient Deposits	19,961		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,000,351		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	6,951		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(763,275)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 265,516	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	106,217		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	76,480		16
17	Accumulated Depreciation (book methods)	(25,448)		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)**	$ 157,249	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 422,765	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 121,549	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	19,961		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	174,545		30
31	Accrued Taxes Payable (excluding real estate taxes)	6,799		31
32	Accrued Real Estate Taxes(Sch.IX-B)	68,911		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Assessment Tax	130,171		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 521,936	$	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)**	$ 521,936	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (99,171)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 422,765	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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**	$ 92,834	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 92,834	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(192,005)	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)**	$ (192,005)	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)**	$ (99,171)	24 *

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

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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	$ 4,169,802	1
2	Discounts and Allowances for all Levels	(1,046,240)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,123,562	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	888,433	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 888,433	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	3,114	12
13	Barber and Beauty Care	1,566	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	524,373	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	19	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 529,072	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	35	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 35	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 4,541,102	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	837,327	31
32	Health Care	2,289,936	32
33	General Administration	1,139,319	33
	B. Capital Expense		
34	Ownership	468,726	34
	C. Ancillary Expense		
35	Special Cost Centers	(2,201)	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,733,107	40
41	**Income before Income Taxes (line 30 minus line 40)****	(192,005)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (192,005)	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-LaSalle # 0051276 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	1,923	2,024	$ 66,446	$ 32.83	1
2	Assistant Director of Nursing	1,360	1,527	40,205	26.33	2
3	Registered Nurses	10,614	11,223	281,529	25.09	3
4	Licensed Practical Nurses	15,258	16,033	360,866	22.51	4
5	CNAs & Orderlies	60,503	64,294	711,700	11.07	5
6	CNA Trainees			0		6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,980	2,126	56,854	26.74	8
9	Activity Director					9
10	Activity Assistants	6,444	6,820	83,250	12.21	10
11	Social Service Workers	1,792	2,000	25,386	12.69	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,745	16,550	199,123	12.03	15
16	Dishwashers					16
17	Maintenance Workers	5,638	6,133	83,606	13.63	17
18	Housekeepers	7,767	8,546	81,719	9.56	18
19	Laundry	5,565	5,796	54,133	9.34	19
20	Administrator	1,950	2,080	88,163	42.39	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,372	10,140	188,284	18.57	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)	145,911	155,292	$ 2,321,264 *	$ 14.95	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		24,000		36
37	Medical Records Consultant		6,919		37
38	Nurse Consultant				38
39	Pharmacist Consultant		6,060		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		3,406		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 40,385		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-LaSalle # 0051276 Report Period Beginning: 01/01/12 Ending: 12/31/12

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Lori Walsh			$ 88,163
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 88,163

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		$ 208,637
		0
		0
Legal adj to Zero		8,567
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 217,204

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 44,138
Unemployment Compensation Insurance	39,079
FICA Taxes	177,577
Employee Health Insurance	185,318
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
	0
Other Benefits	23,102
Central Office Allocation	40,366
TOTAL (agree to Schedule V, line 22, col.8)	$ 509,580

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	1,857
Health Care Worker Background Check	
(Indicate # of checks performed)	1,730
Patient Background Checks	
	7,675
Dues & Subscriptions	6,801
License & Fees	2,446
Central Office Allocation	7,549
Less: Public Relations Expense	(7,675)
Non-allowable advertising	(530)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 19,853

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	1,849
	0
Seminar Expense	193
	(43)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,999

**See instructions.

Facility Name & ID Number Heritage Health-LaSalle # 0051276 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-LaSalle # 0051276 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. $ **55,449**
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. $ **675**

(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	1,528						1,009	1,009	PETTY C	1,528
1010	CASH IN BANK							1,100	1,100	ACCTS R	1,000,351
1040	CASH IN BANK-PAYROLL							1,101	1,101	ALLOW. FOR UNCOLLECTIBI	
1100	ACCOUNTS RECEIVABLE	1,000,351						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	6,951
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	6,951						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	76,480
1409	LAND	0						1,460			(18,834)
1450	FURNITURE & EQUIPMENT	76,480						1,475	1,475	CODE AI	106,217
1460	ACCUM DEPR-FURN & EQU	-18,834						1,490	1,490	ACCUM I	(6,614)
1475	BUILDING & IMPROVEMEN	106,217						1,530	1,530	RESIDEN	19,961
1490	ACCUM DEPR-BUILDING	-6,614						1,550	1,550	LOAN FE	0
1530	RESIDENT FUNDS	19,961						1,551	1,551	LOAN FEES ADDED	
1550	LOAN FEES	0						1,850	1,850	INTERCC	(763,275)
1560	REAL ESTATE TAX ESCROW							2,010	2,010	ACCOUN	(121,549)
1575	REIMBURSABLE PURCHASES							2,100	2,095	BONUSES PAYABLE	
1850	INTRACOMPANY	-763,275						2,100	2,100	ACCRUE	(59,124)
2010	ACCOUNTS PAYABLE	-121,549						2,100	2,100	PR CLEARING-BENEFITS	
2095	BONUSES PAYABLE							2,100	2,100	PR CLEARING-LABOR	
2100	ACCRUED PAYROLL	-59,124						2,110	2,110	ACCRUE	(115,421)
2110	ACCRUED VACATION PAY	-115,421						2,120	2,120	U.C. TAXES PAYABLE	

2120	UC TAXES PAYABLE		
2125	FICA TAX PAYABLE	-6,799	-6,799
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	-130,171	
2350	REAL ESTATE TAX PAYAB	-68,911	
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	-19,961	
2600	MORTGAGE PAYABLE	0	
2650	EQUIPMENT LOAN PAYABLE		
2695	CURRENT PORTION LT DEBT		
2696	DEFERRED INCOME TAXES		
2710	COMMON STOCK		
2720	RETAINED EARNINGS	-92,834	
2970	PROFIT/LOSS FOR PERIOD	192,005	
3007.1	PATIENT DAYS-PRIVATE	4,872	

2,125	2,125	FICA TA:	(6,799)
2,130	2,130	FEDERAL W/H TAX PAYABLI	
2,140	2,140	STATE W/H TAX PAYABLE	
2,152	2,152	WORKERS COMP ACCRUAL	
2,225	2,225	EMPLOYEEE INSURANCE RE:	
2,230	2,230	PAYROLL SAVINGS	
2,235	2,240	UNITED FUND	
2,240	2,246	GROUP INSURANCE - CAFETI	
2,246	2,250	401K W/H	
2,250			
2,260	2,260	WAGE GARNISHMENT	
2,300	2,300	ACCRUE	0
2,320	2,320	IPA PAYI	(130,171)
2,350	2,350	REAL ES	(68,911)
2,385			0
2,400	2,400	CURRENT PORTION OF LT DI	
2,512	2,512	DUE TO I	(19,961)
2,600	2,600	LASALLI	0
2,600			
2,625	2,625	LASALLE CONSTR. LOAN #2	
2,625			
2,695	2,695	CURRENT PORTION OF LT DI	
2,720	2,720	RETAINI	(92,834)
		net incom	192,005
		balance	0

3,007

3007.2		PATIENT DAYS-IPA	23,703					3,007
3007.3		PATIENT DAYS-MEDICARE	2,369					3,007
3007.4		PATIENT DAYS-CONVERSION						3,007
3007.5		PATIENT DAYS-LICENSED						3,007
3007.6		PATIENT DAYS-TOTAL						3,007
3010	1	BASIC CHARGE-PRIVATE &	-4,167,312	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	-1,465	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	-524,373	0	0	0	0	3,101
3101	17	DRUGS-OTHER						3,110
3110	6	PT-PRIVATE	-888,433	0	0	0	0	3,111
3111	6	PT-IPA		0	0	0	0	3,112
3112	6	PT-MEDICARE PART A		0	0	0	0	3,113
3113	6	PT-MEDICARE PART B		0	0	0	0	3,140
3130	1	PUBLIC AID ASSESSMENT INC						3,150
3140	19	LABORATORY INCOME		0	0	0	0	3,151
3150	6	SPEECH/OT-PRIVATE		0	0	0	0	3,152
3151	6	SPEECH/OT-IPA		0	0	0	0	3,153
3152	6	SPEECH/OT-MED PART A		0	0	0	0	3,160
3153	6	SPEECH/OT MED PART B						3,410
3410	2	IPA DISCOUNTS	1,046,240	0	0	0	0	3,411
3411	2	MEDICAID PART B DISCOUNT		0	0	0	0	3,420
3420	2	MEDICARE DISCOUNTS		0	0	0	0	3,500

3440		36	ASSESSMENT TAX EXPENSE			42	3	0	0		3,520
3520		16	RENT INCOME	0		6	0	6	0		3,530
3530		13	BEAUTY SHOP	-1,566		0	0	0	0		3,560
3560		12	ACTIVITY FUND INCOME	0		0	0	0	0		3,570
3570		12	VENDING INCOME/EXPENS	-3,114		0	0	0	0		3,590
3580		12	MANAGEMENT FEES			0	0	0	0		3,595
3590		1	EQUIPMENT RENTAL	-1,025		0	0	0	0		3,600
3595		21	RESIDENT TRANSPORTATI	84		0	0	0	0		4,110
3600		21	MISC INCOME	-103		0	0	0	0		4,111
4110			GENERAL & ADMINIST WA	178,860	188,284	21	1	17	0		4,115
4111			ADMINISTRATOR WAGES	88,163	88,163	17	1	0	0		4,120
4115			VACATION & SICK - G&A	9,424		21	1	0	0		4,125
4120	4475		EMPLOYEE BENEFITS	15,585	469,214	22	3	0	0		4,130
4125			EMPLOYEE HEPETITIS VAC	0		22	3	0	0		4,135
4130			EMPLOYEE SCHOLORSHIP	4,163		21	1	0	0		4,250
4135			EMPLOYEE SCHOLORSHIP	3,354		23	3	0	0		4,255
4220			DIRECTORS FEES	0	0	18	3	0	0		4,260
4250	4255		OFFICE SUPPLIES	17,570	17,570	21	2	0	0		4,275
4260			TELEPHONE	11,173	11,173	21	3	0	0		4,276
4275			TRAINING & EMPLOYEE D	3,611	3,611	23	3	16	-1,612	**	4,280
4280			GENERAL TRAVEL	1,849	2,042	24	3	16	0		4,281
4281			MEAL EXPENSE FOR TRAV	0		24	3	19	0		4,285
4285			EDUCATION & SEMINAR	193		24	3	19	-3,829	***	4,289
4290			HELP WANTED ADVERTISI	1,857	88,703	20	3	0	0	-55,449	4,290
4291			PROMOTIONAL ADVERTIS	12,745		20	3	25	-12,745		4,291
4292			PUBLIC RELATIONS	7,675		20	3	25	-7,675		4,292
4300			LICENSES & FEES	57,895		20	3	17	0		4,300
4310			DUES & SUBSCRIPTIONS	6,801		20	3	17	-530		4,310
4320			CONTRIBUTIONS	0		27	3	20	0		4,320
4350			PROFESSIONAL FEES	8,567	217,204	19	3	22	-8,567		4,350
4355			MEDICAL DIRECTOR	24,000	24,000	9	3	0	0		4,355
4360			UTILIZATION REVIEW	0		10	3	0	0		4,362
4361			OTHER PHYSICIAN FEES			39	3	0	0		4,363

4362	MEDICAL RECORDS CONSI	6,919		10	3	0	0	4,364
4363	PHARMACIST FEES	6,060		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	3,406	3,406	12	3	0	0	4,383
4370	TV RENTAL	6,693		35	3	5	0	4,390
4380	INCOME TAXES		14,000	27	3	26	0	4,400
4383	BACKGROUND CHECKS	1,730		20	3	26	0	4,401
4400	PAYROLL TAXES	207,731		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	8,925		22	3	0	0	4,420
4410	GROUP INSURANCE	185,318		22	3	0	0	4,430
4420	LIABILITY INSURANCE	39,355	39,355	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSURA	44,138		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	208,637		19	3	34	0 **	4,460
4460	BAD DEBTS	14,000		27	3	24	-14,000	4,461
4470	LOST ITEMS-RESIDENTS	0		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	66,098	66,098	33	3	0	0	4,486
4600	LEASED EQUIPMENT	1,317	8,010	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	80,034	83,606	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	3,572		6	1	0	0	4,510
5130	ELECTRIC	36,225	105,768	5	3	0	0	4,600
5131	NATURAL GAS	21,299		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	48,244		5	3	0	0	5,130
5134	TRASH COLLECTION	26,597	63,090	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	5,662	26,938	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN	21,276		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC	36,493		6	3	0	0	5,140
5210	DIETARY WAGES	189,239	199,123	1	1	0	0	5,160
5220	DIETARY SICK & VAC	9,884		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	175,301	174,626	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	7,142	16,116	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	220		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	8,754		1	2	0	0	5,260
5295	MEAL CREDIT	-675		2	2	0	0	5,270
5310	LAUNDRY WAGES	51,930	54,133	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	2,203		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	2,372	10,219	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	7,847		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	78,577	81,719	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VA	3,142		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	13,257	21,989	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	8,732		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,517,600	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	269,239		10	1	0	0	6,020
6030	DON WAGES	66,446		10	1	0	0	6,030
6035	ADON	40,205		10	1	0	0	6,035
6040	RN SICK & VACATION	12,290		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	349,061		10	1	0	0	6,120
6120	LPN WAGES-NON MEDICA	0		10	1	0	0	6,140
6130	LPN WAGES OTHER			10	1	0	0	6,220
6140	LPN SICK & VACATION	11,805		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDIC	692,291		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	19,409		10	1	0	0	6,250
6245	CONTRACT NURSES-RN	0		10	3	0	0	6,255
6246	CONTRACT NURSES-LPN	0		10	3	0	0	6,260
6247	CONTRACT NURSES-AIDES	0		10	3	0	0	6,270
6250	NURSE AIDE TRAINING WA	0	0	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	0	0	13	2	0	0	6,290
6260	NURSE AIDE TRAINING RE	0		0	0	0	0	6,295
6270	REHAB WAGES	54,755		10	1	0	0	6,390
6275	REHAB SICK & VAC	2,099		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0		7,280
6290	NURSING SUPPLIES	4,210	83,245	10	2	0	0		7,281
6295	NURSING SUPPLIES	75,259		10	2	0	0		7,380
6390	REPLACEMENT-NURSING	3,776		10	2	0	0		7,391
6490	NURSING OTHER	49	13,028	10	3	0	0		7,393
7280	DRUG PURCHASES	86,495	272,619	39	2	0	0	***	7,510
7281	DRUG PURCHASES-OTHER	186,124		39	2				7,540
7380	LABORATORY SERVICES	7,920	265,378	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	78,904	83,250	11	1	0	0		7,720
7540	ACTIVITIES SICK & VAC	4,346		11	1	0	0		7,730
7590	ACTIVITIES SUPPLIES	2,024	2,024	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	129,751		39	3	0	0	***	7,890
7660	PT SUPPLIES	0		39	2	0	0		7,960
7710	SOCIAL SERVICE WAGES	24,239	25,386	12	1	0	0		8,120
7720	SOCIAL SERVICE SICK & V	1,147		12	1	0	0		8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0		8,130
7740	OT FEE	118,877		39	3	0	0	***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0		9,510
7770	SPEECH THERAPY FEE	8,830		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	-2,216	-2,216	40	3	0	0		
7890	BEAUTY SHOP SUPPLIES	15	15	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	353,172	353,172	34	3	0	0		

8120	INTEREST EXPENSE	24,805	24,805	32	3	14	-35	
8130	DEPRECIATION	16,641	16,641	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	60,773
9510	INTEREST INCOME	-35		32	0	10	0	
9520	MISC NON-OPERATING INC	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		4,733,072	4,733,107					
			35					
GRAND TOTALS		192,005					-48,993	
		(NET INCOME)						
		0						

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	4,872	4,872
IPA	23,703	23,703
medicare	2,369	2,369
		30,944

IPA BEDHOLDS 0
PP BEDHOLDS 0
PP CONVERS 0

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FUND

ERIA

EBT

EBT

3,007 PATIENT 4,872

3,007	PATIENT	23,703
3,007	PATIENT	2,369
		0
3,010	BASIC CI	(4,167,312)
3,020	BASIC CI	0
3,030	BASIC CI	0
		0
		0
		0
		0
3,080	NURSINC	(1,465)
3,081	NURSINC	0
3,082	NURSINC	0
3,083	NURSINC	0
3,100	DRUGS-N	(524,373)
		0
3,110	PHYSICA	(888,433)
		0
3,112	PHYSICA	0
3,113	PHYSICA	0
3,140	LABORATORY INCOME	
		0
3,152	ST/OT TH	0
3,153	ST/OT TH	0
3,185	REHAB/ISOLATION/OTHER CHG	
3,410	IPA/OTH	0
3,411	MEDICA	0
3,420	MEDICA	971,824

3,520	RENT IN(	0
3,530	BEAUTY	(1,566)
		0
3,570	VENDIN(	(3,114)
3,590	EQUIPMI	(1,025)
3,595	RESIDEN	84
3,600	MISC IN(	(103)
4,110	G&A WA	178,860
4,111	ADMINIS	88,163
4,115	G&A PT(	9,424
4,120	EMPLOY	15,536
		0
4,130	EMPLOY	4,163
4,135	EMPLOY	3,354
4,250	OFFICE S	6,900
4,255	POSTAG	2,380
4,260	TELEPH(	11,173
4,275	TRAININ	3,611
		100
4,280	GENERA	1,849
4,281	MEAL E)	0
4,285	EDUCAT	193
4,289	MEETIN(	0
4,290	HELP W/	1,857
4,291	PROMOT	12,745
4,292	PUBLIC I	7,675
4,300	LICENSE	57,895
4,310	DUES & S	6,801
4,320	CONTRI	0
4,350	PROFESS	8,567
4,355	MEDICA	24,000
		6,919
		6,060

4,364	SOCIAL S	3,406
4,370	TV RENT	6,693
4,383	BACKGR	1,730
4,390	OTHER T	0
4,400	PAYROL	207,731
4,401	PAYROL	8,925
4,410	GROUP I	185,318
4,420	LIABILIT	39,355
4,430	WORKM.	41,391
4,435	W/C-FIRS	0
4,436	DRUG TE	2,647
4,450	MANAGI	208,637
4,460	BAD DEI	14,000
4,461	BAD DEI	74,416
4,470	LOST ITI	0
4,475	UNIFORM	49
4,486	SERVICE	20,116
4,490	MISC EX	160
4,496	MISC. M.	8,290
4,510	REAL ES	66,098
4,600	LEASED	1,317
5,110	MAINTEI	80,034
5,120	MAINTEI	3,572
5,130	ELECTRI	36,225
5,131	NATURA	21,299
5,133	WATER &	48,244
5,134	TRASH C	26,597
5,140	PROP/PL.	5,662
5,160	GENERA	21,276
5,165	MAINTEI	16,377
5,210	DIETARY	189,239
5,220	DIETARY	9,884
5,248	FOOD PU	175,141

5,250	SUPPLIE	7,142
5,260	REPLACI	220
5,270	KITCHEN	8,754
5,295	MEAL IN	(675)
5,310	LAUNDR	51,930
5,340	LAUNDR	2,203
5,370	REPLACI	2,372
		1,310
5,390	SUPPLIE	6,537
5,410	HOUSEK	78,577
5,440	HOUSEK	3,142
5,480	SUPPLIE	13,257
5,490	SUPPLIE	8,732
6,020	RN WAG	269,239
6,030	DON WA	66,446
6,035	ADON W	40,205
6,040	RN PTO &	12,290
6,120	LPN WAG	349,061
6,140	LPN PTO	11,805
6,220	AIDES W	692,291
6,240	AIDES PT	19,409
		0
		0
		0
		0
		0
		0
6,270	REHAB V	54,755
6,275	REHAB P	2,099
6,290	NURSING	4,210
6,295	NURSING	75,259
6,390	REPLACI	3,776
6,490	OTHER	49

7,280	DRUG PU	86,495
7,281	DRUG PU	186,124
7,380	LABORA	4,336
7,390	X-RAY S	3,510
		74
7,510	ACTIVIT	78,904
7,540	ACTIVIT	4,346
7,590	ACTIVIT	2,024
7,620	PHYSICA	129,751
7,660	P.T. SUPI	0
7,710	SOCIAL S	24,239
7,720	SOCIAL S	1,147
7,730	SOCIAL S	0
7,740	OCCUPA	118,877
		0
7,770	SPEECH	8,830
7,820	BEAUTIC	(2,216)
		15
		0
8,120	INTERES	0
		24,805
8,130	DEPRECI	16,641
		0
9,510	INTERES	(35)
9,520	MISC NO	0
4,220		0
8,100		353,172
9,702		0
5,230		0
		192,005

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 - Chillicoth	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 - Litchfield	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