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: 0048108

Facility Name: Heritage Health-Mendota

Address: 1201 First Ave (Number) Mendota (City) 61342 (Zip Code)

County: LaSalle

Telephone Number: (815) 539-6745 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: 07/2007

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-Mendota # 0048108 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	99	Skilled (SNF)	99	36,234	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	99	TOTALS	99	36,234	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	13,860	6,687	2,870	23,417	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,860	6,687	2,870	23,417	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.63%

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 07/2007

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 2,870

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-Mendota # 0048108 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	188,768	16,040		204,808		204,808	6,135	210,943			1
2	Food Purchase		175,121		175,121		175,121	45	175,166			2
3	Housekeeping	71,938	28,488		100,426		100,426		100,426			3
4	Laundry	65,249	14,111		79,360		79,360		79,360			4
5	Heat and Other Utilities			69,463	69,463		69,463	1,463	70,926			5
6	Maintenance	62,620	41,351	48,668	152,639		152,639	15,106	167,745			6
7	Other (specify):*											7
8	TOTAL General Services	388,575	275,111	118,131	781,817		781,817	22,749	804,566			8
	B. Health Care and Programs											
9	Medical Director			8,400	8,400		8,400	2,570	10,970			9
10	Nursing and Medical Records	1,584,341	105,665	10,503	1,700,509		1,700,509	1	1,700,510			10
10a	Therapy		264,197	383,203	647,400	(292,636)	354,764	80,528	435,292			10a
11	Activities	60,853	3,543		64,396		64,396		64,396			11
12	Social Services	33,964	11	3,441	37,416		37,416		37,416			12
13	CNA Training		1,140		1,140		1,140	1,024	2,164			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,679,158	374,556	405,547	2,459,261	(292,636)	2,166,625	84,123	2,250,748			16
	C. General Administration											
17	Administrative	83,256			83,256		83,256		83,256			17
18	Directors Fees											18
19	Professional Services			189,345	189,345		189,345	(173,094)	16,251			19
20	Dues, Fees, Subscriptions & Promotions			92,355	92,355	(54,351)	38,004	(21,160)	16,844			20
21	Clerical & General Office Expenses	144,841	20,890	10,997	176,728		176,728	278,697	455,425			21
22	Employee Benefits & Payroll Taxes			484,205	484,205		484,205	39,567	523,772			22
23	Inservice Training & Education			3,095	3,095		3,095	(1,096)	1,999			23
24	Travel and Seminar			2,850	2,850		2,850	(851)	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			40,770	40,770		40,770	10,785	51,555			26
27	Other (specify):*											27
28	TOTAL General Administration	228,097	20,890	823,617	1,072,604	(54,351)	1,018,253	132,848	1,151,101			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,295,830	670,557	1,347,295	4,313,682	(346,987)	3,966,695	239,720	4,206,415			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-Mendota #0048108 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							155,919	155,919			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			24,067	24,067		24,067	78,832	102,899			32
33	Real Estate Taxes							46,369	46,369			33
34	Rent-Facility & Grounds			433,620	433,620		433,620	(428,279)	5,341			34
35	Rent-Equipment & Vehicles			3,437	3,437		3,437	967	4,404			35
36	Other (specify):*											36
37	**TOTAL Ownership**			461,124	461,124		461,124	(146,192)	314,932			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					292,636	292,636		292,636			39
40	Barber and Beauty Shops		465	7,790	8,255		8,255		8,255			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					54,351	54,351		54,351			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		465	7,790	8,255	346,987	355,242		355,242			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,295,830	671,022	1,816,209	4,783,061		4,783,061	93,528	4,876,589			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-Mendota # 0048108 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	(923)			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	(256)			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)	(1,096)			16
17	Non-Care Related Fees	(955)			17
18	Fines and Penalties				18
19	Entertainment	(4,562)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,732)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(27,605)			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)**	$ (39,129)		$	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)	132,657		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 132,657		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 93,528		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-Mendota

ID# 0048108

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		(955)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(3,732)	19	22
23				23
24		0	27	24
25		(27,605)	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**	(32,292)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Mendota **#** 0048108 **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	6,135	0	0	0	0	0	0	0	0	6,135	1
2	Food Purchase	0	0	45	0	0	0	0	0	0	0	0	45	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	1,463	0	0	0	0	0	0	0	0	1,463	5
6	Maintenance	0	0	15,106	0	0	0	0	0	0	0	0	15,106	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	22,749	0	0	0	0	0	0	0	0	22,749	8
	B. Health Care and Programs													
9	Medical Director	0	0	2,570	0	0	0	0	0	0	0	0	2,570	9
10	Nursing and Medical Records	0	0	1	0	0	0	0	0	0	0	0	1	10
10a	Therapy	0	80,528	0	0	0	0	0	0	0	0	0	80,528	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	1,024	0	0	0	0	0	0	0	0	1,024	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	80,528	3,595	0	0	0	0	0	0	0	0	84,123	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	(3,732)	(185,613)	16,251	0	0	0	0	0	0	0	0	(173,094)	19
20	Fees, Subscriptions & Promotions	(28,560)	0	7,400	0	0	0	0	0	0	0	0	(21,160)	20
21	Clerical & General Office Expenses	0	0	278,697	0	0	0	0	0	0	0	0	278,697	21
22	Employee Benefits & Payroll Taxes	0	0	39,567	0	0	0	0	0	0	0	0	39,567	22
23	Inservice Training & Education	(1,096)	0	0	0	0	0	0	0	0	0	0	(1,096)	23
24	Travel and Seminar	(4,562)	0	3,711	0	0	0	0	0	0	0	0	(851)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	10,785	0	0	0	0	0	0	0	0	10,785	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(37,950)	(185,613)	356,411	0	0	0	0	0	0	0	0	132,848	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(37,950)	(105,085)	382,755	0	0	0	0	0	0	0	0	239,720	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Mendota # 0048108 **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 D. Ownership	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)	
30	Depreciation	0	139,172	0	16,747	0	0	0	0	0	0	0	155,919	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(256)	78,702	0	386	0	0	0	0	0	0	0	78,832	32
33	Real Estate Taxes	0	46,327	0	42	0	0	0	0	0	0	0	46,369	33
34	Rent-Facility & Grounds	(923)	(433,620)	0	6,264	0	0	0	0	0	0	0	(428,279)	34
35	Rent-Equipment & Vehicles	0	0	0	967	0	0	0	0	0	0	0	967	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(1,179)	(169,419)	0	24,406	0	0	0	0	0	0	0	(146,192)	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)**	(39,129)	(274,504)	382,755	24,406	0	0	0	0	0	0	0	93,528	45

Facility Name & ID Number Heritage Health-Mendota # 0048108 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%	80,528	80,528	2
3	V								3
4	V	19	Adjustment for Related Organization	185,613	Heritage Operations Group, LLC	0.00%		(185,613)	4
5	V								5
6	V	34	Adjustment for Related Organization	433,620	Heritage Manor Real Estate, LLC	0.00%		(433,620)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		46,327	46,327	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		73,929	73,929	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		139,172	139,172	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			$ 619,233			$ 344,729	$ * (274,504)	14

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

Facility Name & ID Number Heritage Health-Mendota # 0048108 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.		$	$ 6,135	15
16	V	2	Food Purchase					45	16
17	V	3	Housekeeping					0	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					1,463	19
20	V	6	Maintenance					15,106	20
21	V	7	Other					0	21
22	V	9	Medical Director					2,570	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					1,024	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					16,251	31
32	V	20	Fees, Subscription, Promotions					7,400	32
33	V	21	Clerical & General Office Expenses					278,697	33
34	V	22	Employee Benefits & Payroll Taxes					39,567	34
35	V	23	Inservice Training & Education					0	35
36	V	24	Travel and Seminar					3,711	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					10,785	38
39	Total			$			$ 0	$ * 382,755	39

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

Facility Name & ID Number Heritage Health-Mendota # 0048108 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					16,747	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					386	18
19	V	33	Real Estate Taxes					42	19
20	V	34	Rent-Facility & Grounds					6,264	20
21	V	35	Rent-Equipment & Vehicles					967	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	$ * 24,406	39

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

Facility Name & ID Number Heritage Health-Mendota # 0048108 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-Mendota # 0048108 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-Mendota # 0048108 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	99	$ 6,135	1
2	2	Food Purchase	Beds	2,735	26	1,241	0	99	45	2
3	3	Housekeeping	Beds	2,735	26	0	0	99	0	3
4	4	Laundry	Beds	2,735	26	0	0	99	0	4
5	5	Heat & Other Utilities	Beds	2,735	26	40,426	0	99	1,463	5
6	6	Maintenance	Beds	2,735	26	417,328	78,403	99	15,106	6
7	7	Other	Beds	2,735	26	0	0	99	0	7
8	9	Medical Director	Beds	2,735	26	71,007	0	99	2,570	8
9	10	Nursing & Medical Records	Beds	2,735	26	33	70,119	99	1	9
10	11	Activities	Beds	2,735	26	0	0	99	0	10
11	12	Social Service	Beds	2,735	26	0	0	99	0	11
12	13	Nurse Aide Training	Beds	2,735	26	28,290	22,496	99	1,024	12
13	14	Program Transportation	Beds	2,735	26	0	0	99	0	13
14	15	Other	Beds	2,735	26	0	0	99	0	14
15	17	Administrative	Beds	2,735	26	0	0	99	0	15
16	18	Directors Fees	Beds	2,735	26	0	0	99	0	16
17	19	Professional Services	Beds	2,735	26	448,954	0	99	16,251	17
18	20	Fees, Subscription, Promotions	Beds	2,735	26	204,427	0	99	7,400	18
19	21	Clerical & General Office Expens	Beds	2,735	26	7,699,360	7,229,609	99	278,697	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,735	26	1,093,087	0	99	39,567	20
21	23	Inservice Training & Education	Beds	2,735	26	0	0	99	0	21
22	24	Travel and Seminar	Beds	2,735	26	102,532	0	99	3,711	22
23	25	Other Admin. Staff Transportatio	Beds	2,735	26	0	0	99	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,735	26	297,962	0	99	10,785	24
25	TOTALS					$ 10,574,147	$ 7,569,454		$ 382,755	25

Facility Name & ID Number Heritage Health-Mendota # 0048108 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	$	$	99	$	1
2	30	Depreciation	Beds	2,735	26	462,659		99	16,747	2
3	31	Amortization of Pre-Op & Org	Beds	2,735	26			99		3
4	32	Interest	Beds	2,735	26	10,650		99	386	4
5	33	Real Estate Taxes	Beds	2,735	26	1,164		99	42	5
6	34	Rent-Facility & Grounds	Beds	2,735	26	173,045		99	6,264	6
7	35	Rent-Equipment & Vehicles	Beds	2,735	26	26,702		99	967	7
8	36	Other	Beds	2,735	26			99		8
9	38	Medically Nec Transportation	Beds	2,735	26			99		9
10	39	Ancillary Service Centers	Beds	2,735	26			99		10
11	40	Barber and Beauty Shops	Beds	2,735	26			99		11
12	41	Coffee and Gift Shops	Beds	2,735	26			99		12
13	42	Other	Beds	2,735	26			99		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	$		$ 24,406	25

Facility Name & ID Number Heritage Health-Mendota # 0048108 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			$	$ 1,375,836			$ 73,929	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							24,067	6
7												7
8												8
9	TOTAL Facility Related						$	$ 1,375,836			$ 102,769	9
	B. Non-Facility Related*											
10	Interest Income										(256)	10
11												11
12	Allocated Corporate										386	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 130	14
15	TOTALS (line 9+line14)						$	$ 1,375,836			$ 102,899	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-Mendota **#** 0048108 **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.)		$ 46,327	2
3. Under or (over) accrual (line 2 minus line 1).		$ 46,327	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.		$ 46,327	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2007		8
2008		9
2009		10
2010		11
2011	46,327	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-Mendota COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 0048108

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.	0134100020		$ 46,327.00	$ 46,327.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 46,327.00	$ 46,327.00

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-Mendota # 0048108 Report Period Beginning: 01/01/12 Ending: 12/31/12

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 22,055 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				$ 26,150	1
2					2
3	TOTALS			$ 26,150	3

Facility Name & ID Number Heritage Health-Mendota # 0048108 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	99				$ 697,500	$		$	$	$	4
5					408,657						5
6											6
7											7
8											8
	Improvement Type**										
9	1980 Improvements			1980	8,150						9
10	1981 Improvements			1981	20,492						10
11	1982 Improvements			1982	9,185						11
12	1983 Improvements			1983	5,682						12
13	1984 Improvements			1984	11,488						13
14	1985 Improvements			1985	7,710						14
15	1986 Improvements			1986	2,255						15
16	1987 Improvements			1987	9,037						16
17	1988 Improvements			1988	21,297						17
18	1989 Improvements			1989	4,653						18
19	1990 Improvements			1990	36,595						19
20	1991 Improvements			1991							20
21	1992 Improvements			1992	10,646						21
22	1993 Improvements			1993	62,261						22
23	1994 Improvements			1994	10,869						23
24	1995 Improvements			1995	18,523						24
25	Exterior Door			1996	2,563						25
26	Shower Tile			1996	806						26
27	Kitchen Heat/Cool Unit			1996	14,062						27
28	Resident Room Painting			1996	2,067						28
29											29
30											30
31											31
32											32
33	C/O Allocation					16,747			(16,747)		33
34	Book Depreciation					103,594		103,594			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-Mendota # 0048108 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	Garbage Disposal	1997	$ 2,030	$		$	$	$	37
38	Generator	1997	39,380						38
39	Parking Lot Asphalt	1997	2,210						39
40	Shower	1997	701						40
41									41
42	Kitchen Drain	1998	3,245						42
43	Walk in Cooler Repair	1998	2,215						43
44	A/C Unit	1998	1,615						44
45	Landscaping	1998	4,696						45
46									46
47	Door Alarm System	1999	11,750						47
48	Air Conditioning Condensing Unit	1999	1,027						48
49	Water Softener	1999	4,493						49
50									50
51	Air conditioner (3)	2000	2,221						51
52	Sprinklers	2000	1,864						52
53	Resident Room Doors (45)	2000	1,724						53
54	Facility Remodel -- Materials	2000	410,365						54
55	Facility Remodel -- Labor	2000	4,030						55
56	Facility Remodel -- Professional Fees	2000	23,932						56
57	Facility Remodel -- Interior Design	2000	36,998						57
58	Water Softener	2000	4,713						58
59									59
60	Parking Spaces	2001	1,452						60
61	Water Heater	2001	2,847						61
62									62
63	Water Heater	2002	3,816						63
64	Wood door	2002	677						64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,932,499	$ 120,341		$ 103,594	$ (16,747)	$	70

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

Facility Name & ID Number Heritage Health-Mendota # 0048108 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		$ 1,932,499	$ 120,341		$ 103,594	$ (16,747)	$	1
2	Furnace	2003	2,491						2
3	A/C Unit	2003	3,083						3
4	Condensing Unit	2003	1,353						4
5									5
6	Heat/Cool Unit	2004	2,498						6
7	Disposal	2004	989						7
8	Garage Repairs	2004	4,866						8
9	Compressor	2004	1,805						9
10	Emergency Outlets	2004	1,565						10
11	Furnace	2004	6,280						11
12									12
13	Exterior Door	2005	3,161						13
14	Holding Tank	2005	3,897						14
15	Smoke Detector	2005	1,919						15
16	A/C Unit	2005	4,248						16
17	Parking Lot	2005	68,313						17
18	Dumpster Pad	2005	1,547						18
19	Sidewalks	2005	7,850						19
20									20
21	Floor -- entry way	2006	19,178						21
22	Shower rehab	2006	6,246						22
23	Phone system	2006	1,836						23
24	A/C Unit	2006	2,201						24
25	Compressor	2006	1,642						25
26	Remodel TLC unit -- paint, wallpaper	2006	6,126						26
27	Parking Lot	2006	3,633						27
28	Roof	2006	148,938						28
29	Valance	2006	581						29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,238,745	$ 120,341		$ 103,594	$ (16,747)	$	34

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

Facility Name & ID Number Heritage Health-Mendota # 0048108 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		$ 2,238,745	$ 120,341		$ 103,594	$ (16,747)	$	1
2									2
3	Metal Roof	2007	49,988						3
4	Door Alarm	2007	2,986						4
5	HVAC	2007	3,370						5
6	Sprinkler system	2007	101,380						6
7	Wander Alarm	2007	8,092						7
8	fire Alarm	2007	42,223						8
9	Water Heater	2007	3,820						9
10	Grab Bars	2007	4,193						10
11									11
12	Heat/Cool Units	2008	2,713						12
13									13
14	Water Heater	2009	6,340						14
15	Sidewalks	2009	35,988						15
16	Furnace	2009	4,190						16
17									17
18	Shower Room Tile	2010	20,608						18
19	Landscaping	2010	6,702						19
20									20
21									21
22	Furnace	2011	3,513						22
23									23
24	Physical Therapy Room -- Replace Flooring	2012	7,887						24
25	Lighting Upgrade	2012	3,269						25
26	Cpmpressor	2012	3,588						26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,549,595	$ 120,341		$ 103,594	$ (16,747)	$	34

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

Facility Name & ID Number Heritage Health-Mendota # 0048108 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		$ 2,549,595	$ 120,341		$ 103,594	$ (16,747)	$	1
2									2
3									3
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,549,595	$ 120,341		$ 103,594	$ (16,747)	$	34

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

Facility Name & ID Number Heritage Health-Mendota # 0048108 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	$ 925,197	$ 35,578	$ 35,578	$		$	71
72	Current Year Purchases	26,046						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 951,243	$ 35,578	$ 35,578	$		$	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)	$ 3,526,988	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 155,919	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 139,172	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (16,747)	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-Mendota # 0048108 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: $ 3,437 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-Mendota # 0048108 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.

Facility Name & ID Number Heritage Health-Mendota # 0048108 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		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	$		$ 153,651	$		$ 153,651	1
2	Licensed Speech and Language Development Therapist		hrs			14,165			14,165	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			186,773	175		186,948	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				264,022		264,022	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					28,614			28,614	13
14	TOTAL			$		$ 383,203	$ 264,197		$ 647,400	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-Mendota # 0048108 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	$ 392	$	1
2	Cash-Patient Deposits	11,091		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	776,784		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	33,142		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(1,290,193)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (468,784)	$	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)**	$ (468,784)	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 147,859	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	11,091		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	236,922		30
31	Accrued Taxes Payable (excluding real estate taxes)	3,653		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	91,614		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 491,139	$	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)**	$ 491,139	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (959,923)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ (468,784)	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health-Mendota # 0048108 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**	$ (430,813)	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (430,813)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(529,110)	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)**	$ (529,110)	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)**	$ (959,923)	24	*

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

Facility Name & ID Number Heritage Health-Mendota # 0048108 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	$ 3,901,109	1
2	Discounts and Allowances for all Levels	(1,521,100)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,380,009	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,377,402	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,377,402	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	2,102	12
13	Barber and Beauty Care	10,959	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	923	16
17	Sale of Drugs	482,338	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(38)	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 496,284	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	256	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 256	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)**	$ 4,253,951	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	781,817	31
32	Health Care	2,459,261	32
33	General Administration	1,072,604	33
	B. Capital Expense		
34	Ownership	461,124	34
	C. Ancillary Expense		
35	Special Cost Centers	8,255	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)***	$ 4,783,061	40
41	**Income before Income Taxes (line 30 minus line 40)****	(529,110)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (529,110)	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-Mendota # 0048108 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	1,788	2,032	$ 64,560	$ 31.77	1
2	Assistant Director of Nursing	1,784	2,024	59,474	29.38	2
3	Registered Nurses	9,976	10,556	310,302	29.40	3
4	Licensed Practical Nurses	13,437	14,963	322,361	21.54	4
5	CNAs & Orderlies	60,385	64,823	808,128	12.47	5
6	CNA Trainees			0		6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	970	1,199	19,516	16.28	8
9	Activity Director					9
10	Activity Assistants	4,852	5,128	60,853	11.87	10
11	Social Service Workers	1,752	1,956	33,964	17.36	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,069	17,111	188,768	11.03	15
16	Dishwashers					16
17	Maintenance Workers	3,603	3,987	62,620	15.71	17
18	Housekeepers	6,600	7,113	71,938	10.11	18
19	Laundry	5,025	5,871	65,249	11.11	19
20	Administrator	1,950	2,080	83,256	40.03	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,232	7,099	144,841	20.40	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)	134,423	145,942	$ 2,295,830 *	$ 15.73	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		8,400		36
37	Medical Records Consultant		492		37
38	Nurse Consultant				38
39	Pharmacist Consultant		5,940		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		3,441		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 18,273		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	94	3,292		51
52	Certified Nurse Assistants/Aides	0	0		52
53	TOTAL (lines 50 - 52)	94	$ 3,292		53

Facility Name & ID Number Heritage Health-Mendota # 0048108 Report Period Beginning: 01/01/12 Ending: 12/31/12

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Catherine McDowell			$ 83,256
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 83,256

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	$ 185,613
		0
		0
Legal adj to Zero		3,732
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 189,345

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 46,586
Unemployment Compensation Insurance	47,500
FICA Taxes	175,631
Employee Health Insurance	200,271
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
	0
Other Benefits	14,217
Central Office Allocation	39,567
TOTAL (agree to Schedule V, line 22, col.8)	$ 523,772

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 0
Advertising: Employee Recruitment	1,491
Health Care Worker Background Check	
(Indicate # of checks performed)	1,260
Patient Background Checks	
	7,530
Dues & Subscriptions	6,596
License & Fees	1,052
Central Office Allocation	7,400
Less: Public Relations Expense	(7,530)
Non-allowable advertising	(955)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 16,844

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	2,542
	36
Seminar Expense	272
	(851)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,999

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heritage Health-Mendota # 0048108 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-Mendota # 0048108 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. $ **54,351**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **no** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **yes** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **yes** Indicate the amount. $ **1,494**

(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	392						1,009	1,009 PETTY CASH
1010	CASH IN BANK							1,100	1,100 ACCTS RECEIV-PRIVATE
1040	CASH IN BANK-PAYROLL							1,101	1,101 ALLOW. FOR UNCOLLECTIBLES
1100	ACCOUNTS RECEIVABLE	776,784						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 INSURANCE
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	33,142						1,310	1,310 SUPPLIES INVENTORY
1220	OTHER PREPAID EXPENSES							1,320	1,320 LINEN INVENTORY
1300	FOOD INVENTORY							1,409	1,409 LAND
1310	SUPPLIES INVENTORY							1,450	1,450 FURNITURE & EQUIPMENT
1409	LAND	0						1,460	
1450	FURNITURE & EQUIPMENT	0						1,475	1,475 CODE ALERT MONITOR SYSTEM
1460	ACCUM DEPR-FURN & EQU	0						1,490	1,490 ACCUM DEPR-BUILDING
1475	BUILDING & IMPROVEMEN	0						1,530	1,530 RESIDENT FUNDS
1490	ACCUM DEPR-BUILDING	0						1,550	1,550 LOAN FEES
1530	RESIDENT FUNDS	11,091						1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0						1,850	1,850 INTERCOMPANY
1560	REAL ESTATE TAX ESCROW							2,010	2,010 ACCOUNTS PAYABLE
1575	REIMBURSABLE PURCHASES							2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-1,290,193						2,100	2,100 ACCRUED PAYROLL
2010	ACCOUNTS PAYABLE	-147,859						2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE							2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-98,574						2,110	2,110 ACCRUED PTO PAY
2110	ACCRUED VACATION PAY	-138,348						2,120	2,120 U.C. TAXES PAYABLE

2120	UC TAXES PAYABLE		
2125	FICA TAX PAYABLE	-3,653	-3,653
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	-91,614	
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	-11,091	
2600	MORTGAGE PAYABLE	0	
2650	EQUIPMENT LOAN PAYABLE		
2695	CURRENT PORTION LT DEBT		
2696	DEFERRED INCOME TAXES		
2710	COMMON STOCK		
2720	RETAINED EARNINGS	430,813	
2970	PROFIT/LOSS FOR PERIOD	529,110	
3007.1	PATIENT DAYS-PRIVATE	6,687	

2,125	2,125	FICA TAXES PAYABLE
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 REFUND
2,230	2,230	PAYROLL SAVINGS
2,235	2,240	UNITED FUND
2,240	2,246	GROUP INSURANCE - CAFETERIA
2,246	2,250	401K W/H
2,250		
2,260	2,260	WAGE GARNISHMENT
2,300	2,300	ACCRUED INTEREST PAYABLE
2,320	2,320	IPA PAYMENTS PAYABLE
2,350	2,350	REAL ESTATE TAXES PAYABLE
2,385		
2,400	2,400	CURRENT PORTION OF LT DEBT
2,512	2,512	DUE TO RESIDENTS
2,600	2,600	LASALLE BANK #1
2,600		
2,625	2,625	LASALLE CONSTR. LOAN #2
2,625		
2,695	2,695	CURRENT PORTION OF LT DEBT
2,720	2,720	RETAINED EARNINGS
		net income
		balance

3007.2		PATIENT DAYS-IPA	13,860				
3007.3		PATIENT DAYS-MEDICARE	2,870				
3007.4		PATIENT DAYS-CONVERSION					
3007.5		PATIENT DAYS-LICENSED					
3007.6		PATIENT DAYS-TOTAL					
3010	1	BASIC CHARGE-PRIVATE &	-3,848,124	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	-43,642	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	-482,338	0	0	0	0
3101	17	DRUGS-OTHER					
3110	6	PT-PRIVATE	-1,377,402	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	1,521,100	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	-923		6	0	6	-923	
3530		13	BEAUTY SHOP	-10,959		0	0	0	0	
3560		12	ACTIVITY FUND INCOME	-2,430		0	0	0	0	
3570		12	VENDING INCOME/EXPENS	328		0	0	0	0	
3580		12	MANAGEMENT FEES			0	0	0	0	
3590		1	EQUIPMENT RENTAL	-9,343		0	0	0	0	
3595		21	RESIDENT TRANSPORTATI	38		0	0	0	0	
3600		21	MISC INCOME	0		0	0	0	0	
4110			GENERAL & ADMINIST WA	134,373	144,841	21	1	17	0	
4111			ADMINISTRATOR WAGES	83,256	83,256	17	1	0	0	
4115			VACATION & SICK - G&A	10,468		21	1	0	0	
4120	4475		EMPLOYEE BENEFITS	10,142	484,205	22	3	0	0	
4125			EMPLOYEE HEPETITIS VAC	0		22	3	0	0	
4130			EMPLOYEE SCHOLORSHIP	3,357		21	1	0	0	
4135			EMPLOYEE SCHOLORSHIP	718		23	3	0	0	
4220			DIRECTORS FEES	0	0	18	3	0	0	
4250	4255		OFFICE SUPPLIES	20,890	20,890	21	2	0	0	
4260			TELEPHONE	10,997	10,997	21	3	0	0	
4275			TRAINING & EMPLOYEE D	3,095	3,095	23	3	16	-1,096	**
4280			GENERAL TRAVEL	2,542	2,850	24	3	16	0	
4281			MEAL EXPENSE FOR TRAV	36		24	3	19	0	
4285			EDUCATION & SEMINAR	272		24	3	19	-4,562	***
4290			HELP WANTED ADVERTISI	1,491	92,355	20	3	0	0	-54,351
4291			PROMOTIONAL ADVERTIS	20,075		20	3	25	-20,075	
4292			PUBLIC RELATIONS	7,530		20	3	25	-7,530	
4300			LICENSES & FEES	55,403		20	3	17	0	
4310			DUES & SUBSCRIPTIONS	6,596		20	3	17	-955	
4320			CONTRIBUTIONS	0		27	3	20	0	
4350			PROFESSIONAL FEES	3,732	189,345	19	3	22	-3,732	
4355			MEDICAL DIRECTOR	8,400	8,400	9	3	0	0	
4360			UTILIZATION REVIEW	0		10	3	0	0	
4361			OTHER PHYSICIAN FEES			39	3	0	0	

4362	MEDICAL RECORDS CONSI	492		10	3	0	0	
4363	PHARMACIST FEES	5,940		10	3	0	0	
4364	SOC SERV/ACT CONSULT	3,441	3,441	12	3	0	0	
4370	TV RENTAL	2,873		35	3	5	0	
4380	INCOME TAXES		0	27	3	26	0	
4383	BACKGROUND CHECKS	1,260		20	3	26	0	
4400	PAYROLL TAXES	214,691		22	3	0	0	
4401	PAYROLL TAXES ADMINIS	8,440		22	3	0	0	
4410	GROUP INSURANCE	200,271		22	3	0	0	
4420	LIABILITY INSURANCE	40,770	40,770	26	3	0	0	
4425	INSURANCE-OWNERS			22	3	21	0	
4430	WORKMENS COMP INSURA	46,586		22	3	0	0	
4450	CENTRAL OFFICE FEES	185,613		19	3	34	0	**
4460	BAD DEBTS	0		27	3	24	0	
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	564	3,437	35	3	16	0	
5110	MAINTENANCE SALARIES	58,077	62,620	6	1	0	0	
5120	MAINTENANCE SICK & VA	4,543		6	1	0	0	
5130	ELECTRIC	36,000	69,463	5	3	0	0	
5131	NATURAL GAS	10,279		5	3	0	0	
5132	HEATING & DEISEL OIL			5	3	0	0	
5133	WATER & SEWER	23,184		5	3	0	0	
5134	TRASH COLLECTION	11,154	48,668	6	3	0	0	
5140	PROPERTY PLANT REPLAC	2,329	41,351	6	2	0	0	
5160	GENERAL REPAIR & MAIN	39,022		6	2	0	0	
5165	MAINTENANCE CONTRAC	37,514		6	3	0	0	
5210	DIETARY WAGES	181,216	188,768	1	1	0	0	
5220	DIETARY SICK & VAC	7,552		1	1	0	0	
5240	SALES TAX			2	3	13	0	
5248	FOOD PURCHASES	176,615	175,121	2	2	0	0	
5250	SUPPLIES-DISHWASHING	3,790	16,040	1	2	0	0	

5260	DIETARY REPLACEMENT	2,101		1	2	0	0
5270	KITCHEN SUPPLIES-PAPER	10,149		1	2	0	0
5295	MEAL CREDIT	-1,494		2	2	0	0
5310	LAUNDRY WAGES	59,979	65,249	4	1	0	0
5340	LAUNDRY SICK & VAC	5,270		4	1	0	0
5370	LAUNDRY REPLACEMENT	9,147	14,111	4	2	0	0
5380	LAUNDRY REIMBURSEMENT			4	3	0	0
5390	LAUNDRY SUPPLIES	4,964		4	2	0	0
5410	HOUSEKEEPING WAGES	68,419	71,938	3	1	0	0
5440	HOUSEKEEPING SICK & VA	3,519		3	1	0	0
5480	HOUSEKEEPING SUPPLIES	10,254	28,488	3	2	0	0
5490	HOUSEKEEPING SUPPLIES-	18,234		3	2	0	0
6010	RN WAGES-MEDICARE		1,584,341	10	1	0	0
6020	RN WAGES-NON MEDICAR	292,418		10	1	0	0
6030	DON WAGES	64,560		10	1	0	0
6035	ADON	59,474		10	1	0	0
6040	RN SICK & VACATION	17,884		10	1	0	0
6110	LPN WAGES-MEDICARE	309,943		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	12,418		10	1	0	0
6210	AIDE WAGES-MEDICARE			10	1	0	0
6220	AIDE WAGES-NON MEDIC	776,298		10	1	0	0
6230	WARD CLERKS			10	1	0	0
6240	AIDE VACATION & SICK	31,830		10	1	0	0
6245	CONTRACT NURSES-RN	0		10	3	0	0
6246	CONTRACT NURSES-LPN	3,292		10	3	0	0
6247	CONTRACT NURSES-AIDES	0		10	3	0	0
6250	NURSE AIDE TRAINING WA	0	0	13	1	0	0
6255	NURSE AID TRAINING EXP	1,140	1,140	13	2	0	0
6260	NURSE AIDE TRAINING RE	0		0	0	0	0
6270	REHAB WAGES	17,399		10	1	0	0
6275	REHAB SICK & VAC	2,117		10	1	0	0

6280	NURSING DEPT EDUCATION			23	3	0	0	
6290	NURSING SUPPLIES	87,864	105,665	10	2	0	0	
6295	NURSING SUPPLIES	11,828		10	2	0	0	
6390	REPLACEMENT-NURSING	5,973		10	2	0	0	
6490	NURSING OTHER	779	10,503	10	3	0	0	
7280	DRUG PURCHASES	129,264	264,197	39	2	0	0	***
7281	DRUG PURCHASES-OTHER	134,758		39	2			
7380	LABORATORY SERVICES	28,614	383,203	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	58,349	60,853	11	1	0	0	
7540	ACTIVITIES SICK & VAC	2,504		11	1	0	0	
7590	ACTIVITIES SUPPLIES	3,543	3,543	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	186,773		39	3	0	0	***
7660	PT SUPPLIES	175		39	2	0	0	
7710	SOCIAL SERVICE WAGES	30,399	33,964	12	1	0	0	
7720	SOCIAL SERVICE SICK & V	3,565		12	1	0	0	
7730	SOCIAL SERVICE EXPENSE	11	11	12	2	0	0	
7740	OT FEE	153,651		39	3	0	0	***
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	
7770	SPEECH THERAPY FEE	14,165		39	3	0	0	***
7800	BEAUTICIAN WAGES		0	40	1	0	0	
7810	BEAUTICIAN SICK & VAC			40	1	0	0	
7820	BEAUTICIAN FEES	7,790	7,790	40	3	0	0	
7890	BEAUTY SHOP SUPPLIES	465	465	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	433,620	433,620	34	3	0	0	

8120	INTEREST EXPENSE	24,067	24,067	32	3	14	-256	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	60,773
9510	INTEREST INCOME	-256		32	0	10	0	
9520	MISC NON-OPERATING INC	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		4,782,805	4,783,061					
			256					
GRAND TOTALS		529,110					-39,129	
		(NET INCOME)						
		0						

FACILITY NAME:	
FACILITY ID:	0
FACILITY UNITS:	89
BALANCE SHEET TOTAL	0

	G/L	RECAP CENSUS
PP	6,687	6,687
IPA	13,860	13,860
medicare	2,870	2,870
		23,417

IPA BEDHOLDS	0
PP BEDHOLDS	0
PP CONVERS	0

392
776,784

33,142

0
0
0
0
0
11,091
0

(1,290,193)
(147,859)

(98,574)

(138,348)

(3,653)

0
(91,614)
0
0

(11,091)
0

430,813
529,110

0

3,007 3,007 PATIENT DAYS-P 6,687

3,007	3,007	PATIENT DAYS-II	13,860
3,007	3,007	PATIENT DAYS-M	2,870
3,007			0
3,007			
3,007			
3,007			
3,010	3,010	BASIC CHARGE-I	(3,848,124)
3,020	3,020	BASIC CHARGE-I	0
3,030	3,030	BASIC CHARGE-M	0
3,040			0
3,050			0
3,060			0
3,061			0
3,080	3,080	NURSING SUPPL-	(43,642)
3,081	3,081	NURSING SUPPLI	0
3,082	3,082	NURSING SUPPLI	0
3,083	3,083	NURSING SUPPLI	0
3,100	3,100	DRUGS-MEDICAI	(482,338)
3,101			0
3,110	3,110	PHYSICAL THERA	(1,377,402)
3,111			0
3,112	3,112	PHYSICAL THERA	0
3,113	3,113	PHYSICAL THERA	0
3,140	3,140	LABORATORY INCOME	
3,150			0
3,151			
3,152	3,152	ST/OT THERAPY-	0
3,153	3,153	ST/OT THERAPY-	0
3,160	3,185	REHAB/ISOLATION/OTHER CHG	
3,410	3,410	IPA/OTHER DISC(	0
3,411	3,411	MEDICARE PT B-I	0
3,420	3,420	MEDICARE DISC(	1,445,655
3,500			

3,520	3,520	RENT INCOME	(923)
3,530	3,530	BEAUTY SHOP	(10,959)
3,560			(2,430)
3,570	3,570	VENDING INCOM	328
3,590	3,590	EQUIPMENT REN	(9,343)
3,595	3,595	RESIDENT TRANS	38
3,600	3,600	MISC INCOME	0
4,110	4,110	G&A WAGES	134,373
4,111	4,111	ADMINISTRATOF	83,256
4,115	4,115	G&A PTO & RESE	10,468
4,120	4,120	EMPLOYEE BENE	10,349
4,125			0
4,130	4,130	EMPLOYEE SCHC	3,357
4,135	4,135	EMPLOYEE SCHC	718
4,250	4,250	OFFICE SUPPLIES	4,583
4,255	4,255	POSTAGE	1,992
4,260	4,260	TELEPHONE	10,997
4,275	4,275	TRAINING & EMF	3,095
4,276			79
4,280	4,280	GENERAL TRAVE	2,542
4,281	4,281	MEAL EXPENSE I	36
4,285	4,285	EDUCATION/SEM	199
4,289	4,289	MEETINGS EXPEI	73
4,290	4,290	HELP WANTED A	1,491
4,291	4,291	PROMOTIONAL A	20,075
4,292	4,292	PUBLIC RELATIO	7,530
4,300	4,300	LICENSE & FEES	55,403
4,310	4,310	DUES & SUBSCRI	6,596
4,320	4,320	CONTRIBUTIONS	0
4,350	4,350	PROFESSIONAL F	3,732
4,355	4,355	MEDICAL DIRECT	8,400
4,362			492
4,363			5,940

4,364	4,364	SOCIAL SERV/AC	3,441
4,370	4,370	TV RENTAL	2,873
4,383	4,383	BACKGROUND C	1,260
4,390	4,390	OTHER TAXES	0
4,400	4,400	PAYROLL TAXES	214,691
4,401	4,401	PAYROLL TAXES	8,440
4,410	4,410	GROUP INSURAN	200,271
4,420	4,420	LIABILITY INSUR	40,770
4,430	4,430	WORKMAN'S COI	45,590
4,435	4,435	W/C-FIRST AID C	0
4,436	4,436	DRUG TESTING M	917
4,450	4,450	MANAGEMENT F	185,613
4,460	4,460	BAD DEBTS	0
4,461	4,461	BAD DEBTS	75,445
4,470	4,470	LOST ITEMS-RES	0
4,475	4,475	UNIFORM EXP/PE	(207)
4,486	4,486	SERVICE CONTR/	16,916
4,490	4,490	MISC EXPENSE	185
4,496	4,496	MISC. M.I.S. EXPE	14,315
4,510	4,510	REAL ESTATE TA	0
4,600	4,600	LEASED EQUIPM	564
5,110	5,110	MAINTENANCE V	58,077
5,120	5,120	MAINTENANCE P	4,543
5,130	5,130	ELECTRIC	36,000
5,131	5,131	NATURAL GAS	10,279
5,133	5,133	WATER & SEWER	23,184
5,134	5,134	TRASH COLLECT	11,154
5,140	5,140	PROP/PLANT REP	2,329
5,160	5,160	GENERAL REPAII	39,022
5,165	5,165	MAINTENANCE C	20,598
5,210	5,210	DIETARY WAGES	181,216
5,220	5,220	DIETARY PTO & I	7,552
5,248	5,248	FOOD PURCHASE	176,430

5,250	5,250	SUPPLIES DISHW	3,790
5,260	5,260	REPLACEMENT-I	2,101
5,270	5,270	KITCHEN SUPPLI	10,149
5,295	5,295	MEAL INCOME	(1,494)
5,310	5,310	LAUNDRY WAGE	59,979
5,340	5,340	LAUNDRY PTO &	5,270
5,370	5,370	REPLACEMENT-I	9,147
5,380			0
5,390	5,390	SUPPLIES	4,964
5,410	5,410	HOUSEKEEPING '	68,419
5,440	5,440	HOUSEKEEPING I	3,519
5,480	5,480	SUPPLIES-CLEAN	10,254
5,490	5,490	SUPPLIES-HOUSE	18,234
6,020	6,020	RN WAGES	292,418
6,030	6,030	DON WAGES	64,560
6,035	6,035	ADON WAGES	59,474
6,040	6,040	RN PTO & RESER	17,884
6,120	6,120	LPN WAGES	309,943
6,140	6,140	LPN PTO & RESEI	12,418
6,220	6,220	AIDES WAGES	776,298
6,240	6,240	AIDES PTO & RES	31,830
6,245			
6,246			3,292
6,247			
6,250			0
6,255			1,140
6,260			0
6,270	6,270	REHAB WAGES	17,399
6,275	6,275	REHAB PTO & RE	2,117
6,290	6,290	NURSING SUPPLI	87,864
6,295	6,295	NURSING SUPPLI	11,828
6,390	6,390	REPLACEMENT-N	5,973
6,490	6,490	OTHER	779

7,280	7,280	DRUG PURCHASI	129,264
7,281	7,281	DRUG PURCHASI	134,758
7,380	7,380	LABORATORY SI	14,981
7,391	7,390	X-RAY SERVICES	3,052
7,393			10,581
7,510	7,510	ACTIVITIES WAG	58,349
7,540	7,540	ACTIVITIES PTO	2,504
7,590	7,590	ACTIVITIES SUPI	3,543
7,620	7,620	PHYSICAL THERA	186,773
7,660	7,660	P.T. SUPPLY - BIL	175
7,710	7,710	SOCIAL SERVICE	30,399
7,720	7,720	SOCIAL SERVICE	3,565
7,730	7,730	SOCIAL SERVICE	11
7,740	7,740	OCCUPATIONAL	153,651
7,750			0
7,770	7,770	SPEECH THERAP	14,165
7,820	7,820	BEAUTICIAN FEI	7,790
7,890			465
7,960			0
8,120	8,120	INTEREST	0
8,125			24,067
8,130	8,130	DEPRECIATION	0
8,150			0
9,510	9,510	INTEREST INCOM	(256)
9,520	9,520	MISC NON-OPERA	0
9,530	4,220		0
	8,100		433,620
	9,702		0
	5,230		0
			529,110

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 - Carlinvill	20-5508113001	48850
Heritage Health - Chillicoth	20-5412664001	48868
Heritage Health - Dwight, I	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 Jacksonv	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