

		FOR BHF USE					

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

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.

<p>I. IDPH License ID Number: <u>0048876</u></p> <p>Facility Name: <u>Heritage Health-Staunton</u></p> <p>Address: <u>215 W Pennsylvania Ave</u> <u>Staunton</u> <u>62088</u> <small>Number City Zip Code</small></p> <p>County: <u>Macoupin</u></p> <p>Telephone Number: <u>(618) 635-5577</u> Fax # ()</p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>07/2007</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____ </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Craig Ater</u> Telephone Number: <u>(309) 823-7135</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/12</u> to <u>12/31/12</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;"> (Signed) _____ (Type or Print Name) <u>Craig Ater</u> (Title) <u>Exec VP & CFO</u> </td> </tr> <tr> <td style="width:15%; padding: 5px;">Paid Preparer</td> <td style="padding: 5px;"> (Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) _____ Fax # () _____ </td> </tr> </table> <p align="right"> 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 </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Craig Ater</u> (Title) <u>Exec VP & CFO</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) _____ Fax # () _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Craig Ater</u> (Title) <u>Exec VP & CFO</u>							
Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) _____ Fax # () _____							

Facility Name & ID Number Heritage Health-Staunton

0048876 Report Period Beginning: 01/01/12 Ending: 12/31/12

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	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 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	15,992	8,332	2,951	27,275	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,992	8,332	2,951	27,275	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.27%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

none

F. Does the facility maintain a daily midnight census? _____

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 07/2007

J. Was the facility purchased or leased after January 1, 1978?

YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified _____ and days of care provided 2,951

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: _____ Fiscal Year: _____

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

Facility Name & ID Number

Heritage Health-Staunton

0048876

Report Period Beginning:

01/01/12

Ending:

12/31/12

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	175,382	9,468		184,850		184,850	6,135	190,985		1
2	Food Purchase		170,709		170,709		170,709	45	170,754		2
3	Housekeeping	118,662	23,842		142,504		142,504		142,504		3
4	Laundry	55,053	21,913		76,966		76,966		76,966		4
5	Heat and Other Utilities			117,366	117,366		117,366	1,463	118,829		5
6	Maintenance	56,362	38,169	43,041	137,572		137,572	15,106	152,678		6
7	Other (specify):*										7
8	TOTAL General Services	405,459	264,101	160,407	829,967		829,967	22,749	852,716		8
	B. Health Care and Programs										
9	Medical Director			12,550	12,550		12,550	2,570	15,120		9
10	Nursing and Medical Records	1,326,189	84,960	37,668	1,448,817		1,448,817	1	1,448,818		10
10a	Therapy		281,148	449,024	730,172	(307,093)	423,079	91,587	514,666		10a
11	Activities	100,012	5,054		105,066		105,066		105,066		11
12	Social Services	34,591		1,234	35,825		35,825		35,825		12
13	CNA Training	1,403	848		2,251		2,251	1,024	3,275		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,462,195	372,010	500,476	2,334,681	(307,093)	2,027,588	95,182	2,122,770		16
	C. General Administration										
17	Administrative	93,114			93,114		93,114		93,114		17
18	Directors Fees										18
19	Professional Services			208,214	208,214		208,214	(191,963)	16,251		19
20	Dues, Fees, Subscriptions & Promotions			80,616	80,616	(54,351)	26,265	(6,296)	19,969		20
21	Clerical & General Office Expenses	72,814	23,838	7,204	103,856		103,856	278,697	382,553		21
22	Employee Benefits & Payroll Taxes			462,189	462,189		462,189	39,567	501,756		22
23	Inservice Training & Education			3,485	3,485		3,485	(1,486)	1,999		23
24	Travel and Seminar			3,963	3,963		3,963	(1,964)	1,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			45,590	45,590		45,590	10,785	56,375		26
27	Other (specify):*			300	300		300		300		27
28	TOTAL General Administration	165,928	23,838	811,561	1,001,327	(54,351)	946,976	127,340	1,074,316		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,033,582	659,949	1,472,444	4,165,975	(361,444)	3,804,531	245,271	4,049,802		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-Staunton

#0048876

Report Period Beginning:

01/01/12

Ending:

12/31/12

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation							182,944	182,944			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			24,067	24,067		24,067	204,950	229,017			32
33	Real Estate Taxes							30,655	30,655			33
34	Rent-Facility & Grounds			433,620	433,620		433,620	(427,356)	6,264			34
35	Rent-Equipment & Vehicles			13,409	13,409		13,409	967	14,376			35
36	Other (specify):*											36
37	TOTAL Ownership			471,096	471,096		471,096	(7,840)	463,256			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					307,093	307,093		307,093			39
40	Barber and Beauty Shops		314	9,191	9,505		9,505		9,505			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		314	9,191	9,505	361,444	370,949		370,949			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,033,582	660,263	1,952,731	4,646,576		4,646,576	237,431	4,884,007			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-Staunton

0048876

Report Period Beginning: 01/01/12

Ending: 12/31/12

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	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	(2,250)			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)	(1,486)			16
17	Non-Care Related Fees	(695)			17
18	Fines and Penalties				18
19	Entertainment	(5,675)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,644)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(13,001)			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)	\$ (25,751)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	263,182		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 263,182		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ 237,431		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Heritage Health-Staunton

ID# 0048876

Report Period Beginning: 01/01/12

Ending: 12/31/12

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1		\$		1
2				2
3				3
4				4
5		0	35	5
6		0	34	6
7				7
8				8
9		0	30	9
10			32	10
11				11
12				12
13		0	2	13
14			32	14
15		0	33	15
16			24	16
17		(695)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(2,644)	19	22
23				23
24		0	27	24
25		(13,001)	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		(16,340)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Staunton# 0048876

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	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	91,587	0	0	0	0	0	0	0	0	0	91,587	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	91,587	3,595	0	0	0	0	0	0	0	0	95,182	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	(2,644)	(205,570)	16,251	0	0	0	0	0	0	0	0	(191,963)	19
20	Fees, Subscriptions & Promotions	(13,696)	0	7,400	0	0	0	0	0	0	0	0	(6,296)	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	(1,486)	0	0	0	0	0	0	0	0	0	0	(1,486)	23
24	Travel and Seminar	(5,675)	0	3,711	0	0	0	0	0	0	0	0	(1,964)	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	(23,501)	(205,570)	356,411	0	0	0	0	0	0	0	0	127,340	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(23,501)	(113,983)	382,755	0	0	0	0	0	0	0	0	245,271	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Staunton

0048876

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	166,197	0	16,747	0	0	0	0	0	0	0	182,944	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,250)	206,814	0	386	0	0	0	0	0	0	0	204,950	32
33	Real Estate Taxes	0	30,613	0	42	0	0	0	0	0	0	0	30,655	33
34	Rent-Facility & Grounds	0	(433,620)	0	6,264	0	0	0	0	0	0	0	(427,356)	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	(2,250)	(29,996)	0	24,406	0	0	0	0	0	0	0	(7,840)	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)	(25,751)	(143,979)	382,755	24,406	0	0	0	0	0	0	0	237,431	45

VII. RELATED PARTIES

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

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

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

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

1 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)	
	V		\$			\$		1
	V	<u>10a Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>91,587</u>	<u>91,587</u>	2
	V							3
	V	<u>19 Adjustment for Related Organization</u>	<u>205,570</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(205,570)</u>	4
	V							5
	V	<u>34 Adjustment for Related Organization</u>	<u>433,620</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>		<u>(433,620)</u>	6
	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>30,613</u>	<u>30,613</u>	7
	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>202,041</u>	<u>202,041</u>	8
	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>166,197</u>	<u>166,197</u>	9
	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>4,773</u>	<u>4,773</u>	10
	V							11
	V							12
	V							13
	Total		\$ 639,190			\$ 495,211	\$ * (143,979)	14

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

Facility Name & ID Number Heritage Health-Staunton# 0048876Report Period Beginning: 01/01/12Ending: 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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:			
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
15	V	1 Dietary	\$	Heritage Enterprises, Inc.		\$	\$	6,135	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.

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:			
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
15	V	27 Other	\$	Heritage Enterprises, Inc.		\$	\$	0	15	
16	V	30 Depreciation						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-Staunton

0048876

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-Staunton # 0048876 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	9
					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-Staunton

0048876

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary	Beds	2,735	26	\$ 169,500	\$ 168,827	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 Tax	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-Staunton

0048876

Report Period Beginning:

01/01/12

Ending: 12/31/12

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization

Heritage Operations Group

Street Address

box 3188

City / State / Zip Code

Bloomington, IL 61701

Phone Number

()

Fax Number

()

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	27	Other	Beds	2,735	26	\$	\$	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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	Bank of America		x	Mortgage			\$	\$ 3,819,473			\$ 202,041	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						\$	\$ 3,819,473			\$ 230,881	9					
B. Non-Facility Related*																	
10	Interest Income										(2,250)	10					
11												11					
12	Allocated Corporate										386	12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$ (1,864)	14					
15	TOTALS (line 9+line14)						\$	\$ 3,819,473			\$ 229,017	15					

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

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.				
1. Real Estate Tax accrual used on 2011 report.		\$			1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	30,613		2	
3. Under or (over) accrual (line 2 minus line 1).		\$	30,613		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.		\$	30,613		7	
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2007	_____	8	FOR BHF USE ONLY		
	2008	_____	9			
	2009	_____	10			
	2010	_____	11			
	2011	30,613	12			
				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-Staunton COUNTY Macoupin

FACILITY IDPH LICENSE NUMBER 0048876

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2011.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>2429353003</u>	_____	\$ 29,461.00	\$ 30,613.00
2. <u>2429354002</u>	_____	\$ 156.00	\$ _____
3. <u>2429354003</u>	_____	\$ 285.00	\$ _____
4. <u>2429353002</u>	_____	\$ 711.00	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>30,613.00</u>	\$ <u>30,613.00</u>

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

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

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

Facility Name & ID Number Heritage Health-Staunton

0048876 Report Period Beginning:

01/01/12 Ending:

12/31/12

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 16,336 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

none

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$ <u>53,090</u>	1
2					2
3	TOTALS			\$ <u>53,090</u>	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	99			\$ 2,016,995	\$		\$	\$	4
5									5
6									6
7									7
8									8
Improvement Type**									
9	Laundry Room Central A/C		1996	2,869					9
10	Heritage Manor Sign		1996	1,948					10
11	Circulating Pump--Water System		1996	1,232					11
12									12
13	Roof								13
14	Window Replacement		1998	16,818					14
15	Boilers		1998	14,711					15
16			1998	32,278					16
17	Interior Painting--Materials and Labor		1999	7,875					17
18	Underground Storage Tank		1999	15,000					18
19	Plumbing ---Storage Tank		1999	1,032					19
20	Air conditioning Unit		1999	3,312					20
21	Mixing Valve--Water Heater		1999	4,269					21
22									22
23	Water Heater		2000	3,647					23
24	Water Softener		2000	3,271					24
25	Underground Storage Tank		2000						25
26									26
27	Cissell Dryer		2001						27
28	Water Heater		2001	2,967					28
29									29
30									30
31									31
32									32
33	C/O Allocation				16,747			(16,747)	33
34	Book Depreciation				122,066		122,066		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-Staunton

0048876

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Water Heater	2002	\$ 4,142	\$		\$	\$	\$	37
38	Boiler	2002	6,349						38
39	A/C Unit	2002	3,385						39
40	Storage Tank	2002	864						40
41									41
42	A/C Unit	2003	1,015						42
43	Nurses Call Station	2003	3,774						43
44	A/C Unit	2003	3,385						44
45									45
46	Exterior door	2004	4,634						46
47	Islandaire Units	2004	7,284						47
48	Roof	2004	70,680						48
49									49
50	Ansul System	2005	2,170						50
51	Roof	2005	129,178						51
52	Furnance	2005	1,395						52
53	A/C Unit	2005	7,586						53
54	Energy Management	2005	13,035						54
55	Wall Repair	2005	1,212						55
56	Kitchen Storage	2005	8,791						56
57	Adjustment	2005	(1,090)						57
58	Fire Dampers	2006	2,798						58
59	Cable & Phone wiring	2006	8,477						59
60	Door replacement	2006	1,064						60
61	A/C Unit	2006	12,294						61
62	Driveway blacktop	2006	16,000						62
63	Exterior door	2006	60						63
64	Sanyo Unit	2006	1,830						64
65	Interior paint	2006	5,500						65
66	Adjustments	2006	(8,716)						66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,435,320	\$ 138,813		\$ 122,066	\$ (16,747)	\$	70

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

Facility Name & ID Number Heritage Health-Staunton

0048876

Report Period Beginning:

01/01/12

Ending:

12/31/12

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 2,435,320	\$ 138,813		\$ 122,066	\$ (16,747)	\$	1
2	Interior Rehab-- Paint, floors & Lighting	2007	194,007						2
3	Water Meter	2007	7,953						3
4	Exterior Doors	2007	4,725						4
5	Fire Alarm	2007	41,283						5
6	Boiler	2007	3,473						6
7	HVAC	2007	18,079						7
8	Water Heater	2007	5,508						8
9	Rooftop HVAC	2007	4,290						9
10	Exhaust Fan	2007	500						10
11	adjustments	2007	(15,002)						11
12	HVAC	2008	7,886						12
13	Boiler	2008	37,955						13
14	Nurse Call System	2008	77,001						14
15	Sprinkler System	2008	74,332						15
16									16
17	Flooring Replacement	2009	8,751						17
18									18
19	Conference room paint, flooring & labor	2010	9,876						19
20	Data equipment relocation	2010	10,197						20
21									21
22									22
23	PTAC units	2011	7,228						23
24	Water heater	2011	5,775						24
25	Landscapping	2011	3,200						25
26									26
27	Lighting Upgrade	2012	6,064						27
28	PTAC units	2012	3,742						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,952,143	\$ 138,813		\$ 122,066	\$ (16,747)	\$	34

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

Facility Name & ID Number Heritage Health-Staunton

0048876

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	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1		\$ 2,952,143	\$ 138,813		\$ 122,066	\$ (16,747)	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
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19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 2,952,143	\$ 138,813		\$ 122,066	\$ (16,747)	\$

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

Facility Name & ID Number Heritage Health-Staunton

0048876

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	3	4	5	6	7	8	9
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1		\$ 2,952,143	\$ 138,813		\$ 122,066	\$ (16,747)	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 2,952,143	\$ 138,813		\$ 122,066	\$ (16,747)	\$

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 520,206	\$ 44,131	\$ 44,131	\$		\$	71
72	Current Year Purchases	34,076						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 554,282	\$ 44,131	\$ 44,131	\$		\$	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)	\$ 3,559,515	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 182,944	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 166,197	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12. _____ /2013 \$ _____

13. _____ /2014 \$ _____

14. _____ /2015 \$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 13,409 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-Staunton # 0048876 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.)

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		848		848
3	Classroom Wages (a)				
4	Clinical Wages (b)		1,403		1,403
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 2,251	\$	\$ 2,251
10	SUM OF line 9, col. 1 and 2 (e)	\$	2,251		

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist		hrs	\$		\$	175,186	\$		\$	175,186	1
2	Licensed Speech and Language Development Therapist		hrs				66,408				66,408	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist		hrs				181,171		314		181,485	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy		# of prescripts						280,834		280,834	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):											12
13	Other (specify):						26,259				26,259	13
14	TOTAL			\$		\$	449,024	\$	281,148	\$	730,172	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-Staunton

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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	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 2,415	\$	1
2	Cash-Patient Deposits	11,335		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	985,250		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,524		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(331,821)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 684,703	\$	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)	\$ 684,703	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 175,531	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	11,335		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	221,113		30
31	Accrued Taxes Payable (excluding real estate taxes)	4,327		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Assessment Tax</u>	111,390		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 523,696	\$	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)	\$ 523,696	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 161,007	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 684,703	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (102,619)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (102,619)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	263,626	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)	\$ 263,626	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)	\$ 161,007	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1		
I. Revenue		Amount		
A. Inpatient Care				
1	Gross Revenue -- All Levels of Care	\$ 4,453,446	1	
2	Discounts and Allowances for all Levels	(1,568,966)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,884,480	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	1,474,315	6	
7	Oxygen		7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,474,315	8	
C. Other Operating Revenue				
9	Payments for Education		9	
10	Other Government Grants		10	
11	CNA Training Reimbursements		11	
12	Gift and Coffee Shop	1,022	12	
13	Barber and Beauty Care	12,391	13	
14	Non-Patient Meals		14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space		16	
17	Sale of Drugs	534,121	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory		19	
20	Radiology and X-Ray		20	
21	Other Medical Services	1,623	21	
22	Laundry		22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 549,157	23	
D. Non-Operating Revenue				
24	Contributions		24	
25	Interest and Other Investment Income***	2,250	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,250	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)	\$ 4,910,202	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	829,967	31	
32	Health Care	2,334,681	32	
33	General Administration	1,001,327	33	
B. Capital Expense				
34	Ownership	471,096	34	
C. Ancillary Expense				
35	Special Cost Centers	9,505	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)*	\$ 4,646,576	40	
41	Income before Income Taxes (line 30 minus line 40)**	263,626	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 263,626	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-Staunton

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Report Period Beginning:

01/01/12

Ending:

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,801	2,024	\$ 60,770	\$ 30.02	1
2	Assistant Director of Nursing		0			2
3	Registered Nurses	7,545	8,282	210,372	25.40	3
4	Licensed Practical Nurses	17,167	18,179	387,883	21.34	4
5	CNAs & Orderlies	52,136	56,029	619,569	11.06	5
6	CNA Trainees	140	140	1,403	10.02	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,812	1,942	47,595	24.51	8
9	Activity Director					9
10	Activity Assistants	6,865	7,791	100,012	12.84	10
11	Social Service Workers	1,713	1,909	34,591	18.12	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	15,043	16,078	175,382	10.91	15
16	Dishwashers					16
17	Maintenance Workers	3,004	3,283	56,362	17.17	17
18	Housekeepers	10,115	11,019	118,662	10.77	18
19	Laundry	5,728	6,242	55,053	8.82	19
20	Administrator	1,950	2,080	93,114	44.77	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,526	3,841	72,814	18.96	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)	128,545	138,839	\$ 2,033,582 *	\$ 14.65	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$ 0		35
36	Medical Director	12,550		36
37	Medical Records Consultant	1,031		37
38	Nurse Consultant			38
39	Pharmacist Consultant	8,840		39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant			44
45	Social Service Consultant	1,234		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 23,655		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ 0		50
51	Licensed Practical Nurses	0		51
52	Certified Nurse Assistants/Aides	27,040		52
53	TOTAL (lines 50 - 52)	\$ 27,040		53

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

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

Facility Name & ID Number Heritage Health-Staunton

0048876

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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. \$ 362
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? _____
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? _____ If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 100%
d. Have vehicle usage logs been maintained? yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? yes
Firm Name: Sulaski & Webb
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.

Account Number	Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg Adjustment Line #	Amount
1009	PETTY CASH	2,415				1,009	1,009 PETTY C 2,415
1010	CASH IN BANK					1,100	1,100 ACCTS R 985,250
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. FOR UNCOLLECTIBI
1100	ACCOUNTS RECEIVABLE	985,250				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 17,524
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	17,524				1,310	1,310 SUPPLIES INVENTORY
1220	OTHER PREPAID EXPENSES					1,320	1,320 LINEN INVENTORY
1300	FOOD INVENTORY					1,409	1,409 LAND 0
1310	SUPPLIES INVENTORY					1,450	1,450 FURNITU 0
1409	LAND	0				1,460	0
1450	FURNITURE & EQUIPMENT	0				1,475	1,475 CODE AI 0
1460	ACCUM DEPR-FURN & EQU	0				1,490	1,490 ACCUM] 0
1475	BUILDING & IMPROVEMEN	0				1,530	1,530 RESIDEN 11,335
1490	ACCUM DEPR-BUILDING	0				1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	11,335				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0				1,850	1,850 INTERCC (331,821)
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (175,531)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-331,821				2,100	2,100 ACCRUE (92,895)
2010	ACCOUNTS PAYABLE	-175,531				2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-92,895				2,110	2,110 ACCRUE (128,218)
2110	ACCRUED VACATION PAY	-128,218				2,120	2,120 U.C. TAXES PAYABLE

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(4,327)	
2125	FICA TAX PAYABLE	-4,327	-4,327	2,130	2,130 FEDERAL W/H TAX PAYABLE		
2130	FIT PAYABLE			2,140	2,140 STATE W/H TAX PAYABLE		
2140	STATE W/H PAYABLE		0	2,152	2,152 WORKERS COMP ACCRUAL		
2145	EARNED INCOME CREDIT			2,225	2,225 EMPLOYEE INSURANCE RE		
2150	UC FED CREDIT REDUCTION			2,230	2,230 PAYROLL SAVINGS		
2230	PAYROLL SAVINGS			2,235	2,240 UNITED FUND		
2235	IRA W/HOLDINGS			2,240	2,246 GROUP INSURANCE - CAFETI		
2240	UNITED WAY			2,246	2,250 401K W/H		
2245	GROUP INSURANCE PAYABLE			2,250			
2246	GROUP INSURANCE PAYABLE-CAFETERIA			2,260	2,260 WAGE GARNISHMENT		
2260	WAGE GARNISHMENTS			2,300	2,300 ACCRUE	0	
2280	MISC PAYROLL DEDUCTIONS			2,320	2,320 IPA PAYI	(111,390)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-111,390		2,400	2,400 CURRENT PORTION OF LT DE		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO I	(11,335)	
2385	ACTIVITY FUND	0		2,600	2,600 LASALLI	0	
2390	SECURITY DEPOSITS	0		2,600			
2391	VOLUNTEER FUND			2,625	2,625 LASALLE CONSTR. LOAN #2		
2393	HEART FUND/BAZAAR			2,625			
2395	DEFERRED INC EMP & MEM			2,695	2,695 CURRENT PORTION OF LT DE		
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINE	102,619	
2460	INCOME TAXES PAYABLE					net incom	(263,626)
2512	DUE TO RESIDENTS	-11,335					
2600	MORTGAGE PAYABLE	0					
2650	EQUIPMENT LOAN PAYABLE					balance	<u>0</u>
2695	CURRENT PORTION LT DEBT						
2696	DEFERRED INCOME TAXES						
2710	COMMON STOCK						
2720	RETAINED EARNINGS	102,619					
2970	PROFIT/LOSS FOR PERIOD	-263,626					
3007.1	PATIENT DAYS-PRIVATE	8,332					3,007

3007.2	PATIENT DAYS-IPA	15,992						3,007
3007.3	PATIENT DAYS-MEDICARE	2,951						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 &	-4,422,074	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	-28,727	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	-534,121	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-1,474,315	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	1,568,966	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	-12,391		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	0		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	-1,022		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-2,645		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	-1,623		0	0	0	0		4,110
3600	21 MISC INCOME	0		0	0	0	0		4,111
4110	GENERAL & ADMINISTRATIVE WAGES	69,399	72,814	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	93,114	93,114	17	1	0	0		4,120
4115	VACATION & SICK - G&A	3,415		21	1	0	0		4,125
4120 4475	EMPLOYEE BENEFITS	15,267	462,189	22	3	0	0		4,130
4125	EMPLOYEE HEPETITIS VACATION	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLORSHIP	8,334		21	1	0	0		4,250
4135	EMPLOYEE SCHOLORSHIP	3,488		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250 4255	OFFICE SUPPLIES	23,838	23,838	21	2	0	0		4,275
4260	TELEPHONE	7,204	7,204	21	3	0	0		4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	3,485	3,485	23	3	16	-1,486 **		4,280
4280	GENERAL TRAVEL	3,595	3,963	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	33		24	3	19	0		4,285
4285	EDUCATION & SEMINAR	335		24	3	19	-5,675 ***		4,289
4290	HELP WANTED ADVERTISING	3,857	80,616	20	3	0	0	-54,351	4,290
4291	PROMOTIONAL ADVERTISING	5,419		20	3	25	-5,419		4,291
4292	PUBLIC RELATIONS	7,582		20	3	25	-7,582		4,292
4300	LICENSES & FEES	55,257		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	7,011		20	3	17	-695		4,310
4320	CONTRIBUTIONS	300		27	3	20	0		4,320
4350	PROFESSIONAL FEES	2,644	208,214	19	3	22	-2,644		4,350
4355	MEDICAL DIRECTOR	12,550	12,550	9	3	0	0		4,355
4360	UTILIZATION REVIEW	0		10	3	0	0		4,362
4361	OTHER PHYSICIAN FEES			39	3	0	0		4,363

4362	MEDICAL RECORDS CONSI	1,031		10	3	0	0	4,364
4363	PHARMACIST FEES	8,840		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	1,234	1,234	12	3	0	0	4,383
4370	TV RENTAL	8,432		35	3	5	0	4,390
4380	INCOME TAXES		300	27	3	26	0	4,400
4383	BACKGROUND CHECKS	1,490		20	3	26	0	4,401
4400	PAYROLL TAXES	190,391		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	9,132		22	3	0	0	4,420
4410	GROUP INSURANCE	194,278		22	3	0	0	4,430
4420	LIABILITY INSURANCE	45,590	45,590	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	41,299		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	205,570		19	3	34	0 **	4,460
4460	BAD DEBTS	0		27	3	24	0	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	0	0	33	3	0	0	4,486
4600	LEASED EQUIPMENT	4,977	13,409	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	53,202	56,362	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	3,160		6	1	0	0	4,510
5130	ELECTRIC	44,486	117,366	5	3	0	0	4,600
5131	NATURAL GAS	26,943		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	45,937		5	3	0	0	5,130
5134	TRASH COLLECTION	12,163	43,041	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	7,497	38,169	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	30,672		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	30,878		6	3	0	0	5,140
5210	DIETARY WAGES	167,070	175,382	1	1	0	0	5,160
5220	DIETARY SICK & VAC	8,312		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	171,071	170,709	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	2,704	9,468	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	1,661		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	5,103		1	2	0	0	5,260
5295	MEAL CREDIT	-362		2	2	0	0	5,270
5310	LAUNDRY WAGES	53,199	55,053	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	1,854		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	14,069	21,913	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	7,844		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	111,933	118,662	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	6,729		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	2,767	23,842	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	21,075		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,326,189	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	191,548		10	1	0	0	6,020
6030	DON WAGES	60,770		10	1	0	0	6,030
6035	ADON	0		10	1	0	0	6,035
6040	RN SICK & VACATION	18,824		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	377,543		10	1	0	0	6,120
6120	LPN WAGES-NON MEDICAL	0		10	1	0	0	6,140
6130	LPN WAGES OTHER			10	1	0	0	6,220
6140	LPN SICK & VACATION	10,340		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	598,863		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	20,706		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	27,040		10	3	0	0	6,270
6250	NURSE AIDE TRAINING W/	1,403	1,403	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	848	848	13	2	0	0	6,290
6260	NURSE AIDE TRAINING RE	0		0	0	0	0	6,295
6270	REHAB WAGES	45,853		10	1	0	0	6,390
6275	REHAB SICK & VAC	1,742		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	21,177	84,960	10	2	0	0	7,281
6295	NURSING SUPPLIES	56,337		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	7,446		10	2	0	0	7,391
6490	NURSING OTHER	757	37,668	10	3	0	0	7,393
7280	DRUG PURCHASES	115,208	281,148	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	165,626		39	2			7,540
7380	LABORATORY SERVICES	26,259	449,024	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	93,471	100,012	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	6,541		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	5,054	5,054	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	181,171		39	3	0	0 ***	7,890
7660	PT SUPPLIES	314		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	31,187	34,591	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	3,404		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0	8,130
7740	OT FEE	175,186		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	66,408		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	9,191	9,191	40	3	0	0	
7890	BEAUTY SHOP SUPPLIES	314	314	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	-2,250	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	60,773
9510	INTEREST INCOME	-2,250		32	0	10	0	
9520	MISC NON-OPERATING INC	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		4,644,326	4,646,576					
			2,250					

GRAND TOTALS

-263,626
(NET INCOME)

-25,751

0

FACILITY NAME:

FACILITY ID:

0

FACILITY UNITS:

89

BALANCE SHEET TOTAL

0

G/L

RECAP CENSUS

PP	8,332	8,332
IPA	15,992	15,992
medicare	2,951	2,951
		27,275

IPA BEDHOLDS 0

PP BEDHOLDS 0

PP CONVERS 0

LES

3

FUND

ERIA

EBT

EBT

3,007 PATIENT

8,332

HFS 3745 (N-4-99)

IL478-2471

3,007 PATIENT	15,992
3,007 PATIENT	2,951
	0

3,010 BASIC CI	(4,422,074)
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3,020 BASIC CI	0
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3,030 BASIC CI	0
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	0
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	0
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	0
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	0
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3,080 NURSING	(28,727)
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3,081 NURSING	0
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3,082 NURSING	0
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3,083 NURSING	0
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3,100 DRUGS-M	(534,121)
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	0
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3,110 PHYSICIAN	(1,474,315)
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	0
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3,112 PHYSICIAN	0
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3,113 PHYSICIAN	0
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3,140 LABORATORY INCOME	
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	0
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3,152 ST/OT TR	0
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3,153 ST/OT TR	0
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3,185 REHABILITATION/ISOLATION/OTHER CHG	
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3,410 IPA/OTHER	0
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3,411 MEDICAL	0
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3,420 MEDICAL	1,504,880
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3,520 RENT INC	0
3,530 BEAUTY	(12,391)
	0
3,570 VENDING	(1,022)
3,590 EQUIPMI	(2,645)
3,595 RESIDEN	(1,623)
3,600 MISC INC	0
4,110 G&A WA	69,399
4,111 ADMINIS	93,114
4,115 G&A PTC	3,415
4,120 EMPLOY	13,984
	0
4,130 EMPLOY	8,334
4,135 EMPLOY	3,488
4,250 OFFICE S	7,744
4,255 POSTAGI	2,523
4,260 TELEPHC	7,204
4,275 TRAININ	3,485
	(70)
4,280 GENERA	3,595
4,281 MEAL EX	33
4,285 EDUCAT	335
4,289 MEETING	0
4,290 HELP WA	3,857
4,291 PROMOT	5,419
4,292 PUBLIC I	7,582
4,300 LICENSE	55,257
4,310 DUES & :	7,011
4,320 CONTRIE	300
4,350 PROFESS	2,644
4,355 MEDICAL	12,550
	1,031
	8,840

4,364 SOCIAL S	1,234
4,370 TV RENT	8,432
4,383 BACKGR	1,490
4,390 OTHER T	0
4,400 PAYROL	190,391
4,401 PAYROL	9,132
4,410 GROUP I	194,278
4,420 LIABILIT	45,590
4,430 WORKM	40,169
4,435 W/C-FIRS	0
4,436 DRUG TE	1,200
4,450 MANAGI	205,570
4,460 BAD DEF	0
4,461 BAD DEF	64,086
4,470 LOST ITE	0
4,475 UNIFORM	1,283
4,486 SERVICE	17,604
4,490 MISC EX	95
4,496 MISC. M.	13,571
4,510 REAL ES	0
4,600 LEASED	4,977
5,110 MAINTEI	53,202
5,120 MAINTEI	3,160
5,130 ELECTRI	44,486
5,131 NATURA	26,943
5,133 WATER &	45,937
5,134 TRASH C	12,163
5,140 PROP/PL	7,497
5,160 GENERA	30,672
5,165 MAINTEI	13,274
5,210 DIETARY	167,070
5,220 DIETARY	8,312
5,248 FOOD PU	170,976

5,250 SUPPLIE	2,704
5,260 REPLACI	1,661
5,270 KITCHEN	5,103
5,295 MEAL IN	(362)
5,310 LAUNDR	53,199
5,340 LAUNDR	1,854
5,370 REPLACI	14,069
	100
5,390 SUPPLIE	7,744
5,410 HOUSEK	111,933
5,440 HOUSEK	6,729
5,480 SUPPLIE	2,767
5,490 SUPPLIE	21,075
6,020 RN WAG	191,548
6,030 DON WA	60,770
6,035 ADON W	0
6,040 RN PTO &	18,824
6,120 LPN WAG	377,543
6,140 LPN PTO	10,340
6,220 AIDES W	598,863
6,240 AIDES PT	20,706
	0
	0
	27,040
	1,403
	848
	0
6,270 REHAB V	45,853
6,275 REHAB F	1,742
6,290 NURSINC	21,177
6,295 NURSINC	56,337
6,390 REPLACI	7,446
6,490 OTHER	757

7,280 DRUG PU	115,208
7,281 DRUG PU	165,626
7,380 LABORA	14,833
7,390 X-RAY S	7,838
	3,588
7,510 ACTIVIT	93,471
7,540 ACTIVIT	6,541
7,590 ACTIVIT	5,054
7,620 PHYSICA	181,171
7,660 P.T. SUPE	314
7,710 SOCIAL S	31,187
7,720 SOCIAL S	3,404
7,730 SOCIAL S	0
7,740 OCCUPA	175,186
	0
7,770 SPEECH '	66,408
7,820 BEAUTIC	9,191
	314
	0
8,120 INTERES	0
	24,067
8,130 DEPRECI	0
	0
9,510 INTERES	(2,250)
9,520 MISC NO	0
4,220	0
8,100	433,620
9,702	0
5,230	0
	<u>(263,626)</u>

Expenses Fixed Assets

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