FOR BHF USE

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2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2013)

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.

I. IDPH License ID Number: 0048843

Facility Name: Heritage Health-Beardstown

Address: 8306 St Lukes Drive (Number) Beardstown (City) 62618 (Zip Code)

County: Cass

Telephone Number: (217) 323-4055 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: July 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: Dave Underwood **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 01/01/13 to 12/31/13 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) David M. Underwood
(Title) Sr. 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-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	79	Skilled (SNF)	79	28,835	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	79	TOTALS	79	28,835	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	15,184	8,686	2,199	26,069	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,184	8,686	2,199	26,069	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.41%

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)
SLF

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

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 July 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 2,199

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL	MODIFIED CASH*	CASH*
[x]	[ ]	[ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: _____ Fiscal Year: _____

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

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	214,932	9,395		224,327		224,327	5,567	229,894			1
2	Food Purchase		234,026		234,026		234,026	24	234,050			2
3	Housekeeping	96,108	20,491		116,599		116,599	3	116,602			3
4	Laundry	67,170	9,062		76,232		76,232		76,232			4
5	Heat and Other Utilities			211,717	211,717		211,717	1,222	212,939			5
6	Maintenance	66,162	87,365	55,491	209,018		209,018	12,085	221,103			6
7	Other (specify):*											7
8	TOTAL General Services	444,372	360,339	267,208	1,071,919		1,071,919	18,901	1,090,820			8
	B. Health Care and Programs											
9	Medical Director			3,000	3,000		3,000		3,000			9
10	Nursing and Medical Records	1,345,716	99,816	9,813	1,455,345		1,455,345	2,157	1,457,502			10
10a	Therapy		415,820	375,218	791,038	(442,452)	348,586		348,586			10a
11	Activities	57,084	8,600		65,684		65,684		65,684			11
12	Social Services	36,631		3,253	39,884		39,884		39,884			12
13	CNA Training							466	466			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,439,431	524,236	391,284	2,354,951	(442,452)	1,912,499	2,623	1,915,122			16
	C. General Administration											
17	Administrative	69,548			69,548		69,548		69,548			17
18	Directors Fees											18
19	Professional Services			229,384	229,384		229,384	(213,867)	15,517			19
20	Dues, Fees, Subscriptions & Promotions			97,646	97,646	(43,253)	54,393	(7,549)	46,844			20
21	Clerical & General Office Expenses	143,703	16,582	12,805	173,090		173,090	230,957	404,047			21
22	Employee Benefits & Payroll Taxes			450,699	450,699		450,699	35,043	485,742			22
23	Inservice Training & Education			7,610	7,610		7,610	469	8,079			23
24	Travel and Seminar			6,020	6,020		6,020	(4,021)	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			47,919	47,919		47,919	8,752	56,671			26
27	Other (specify):*			603	603		603		603			27
28	TOTAL General Administration	213,251	16,582	852,686	1,082,519	(43,253)	1,039,266	49,784	1,089,050			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,097,054	901,157	1,511,178	4,509,389	(485,705)	4,023,684	71,308	4,094,992			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-Beardstown #0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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							245,616	245,616			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			22,155	22,155		22,155	87,757	109,912			32
33	Real Estate Taxes							40,926	40,926			33
34	Rent-Facility & Grounds			459,900	459,900		459,900	(509,853)	(49,953)			34
35	Rent-Equipment & Vehicles			1,276	1,276		1,276	3,719	4,995			35
36	Other (specify):*											36
37	TOTAL Ownership			483,331	483,331		483,331	(131,835)	351,496			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					442,452	442,452	62,544	504,996			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					60,939	60,939		60,939			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers					503,391	503,391	62,544	565,935			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,097,054	901,157	1,994,509	4,992,720	17,686	5,010,406	2,017	5,012,423			45

THE TOTAL FOR COLUMN 5 MUST BE ZERO,PLEASE CORRECT

***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-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	(55,180)			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	(25,215)			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)				16
17	Non-Care Related Fees	(964)			17
18	Fines and Penalties				18
19	Entertainment	(9,559)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,611)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(14,703)			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)**	$ (107,232)		$	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)	109,249		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 109,249		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 2,017		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-Beardstown

ID# **0048843**

Report Period Beginning: **01/01/13**

Ending: **12/31/13**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
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		0	33	15
16			24	16
17		(964)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(1,611)	19	22
23				23
24		0	27	24
25		(14,703)	20	25
26				26
27				27
28				28
29				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**	(17,278)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Beardstown **#** 0048843 **Report Period Beginning:** 01/01/13 **Ending:** 12/31/13

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	5,567	0	0	0	0	0	0	0	0	5,567	1
2	Food Purchase	0	0	24	0	0	0	0	0	0	0	0	24	2
3	Housekeeping	0	0	3	0	0	0	0	0	0	0	0	3	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,222	0	0	0	0	0	0	0	0	1,222	5
6	Maintenance	0	0	12,085	0	0	0	0	0	0	0	0	12,085	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	18,901	0	0	0	0	0	0	0	0	18,901	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	2,157	0	0	0	0	0	0	0	0	2,157	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	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	466	0	0	0	0	0	0	0	0	466	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	0	2,623	0	0	0	0	0	0	0	0	2,623	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	(1,611)	(227,773)	15,517	0	0	0	0	0	0	0	0	(213,867)	19
20	Fees, Subscriptions & Promotions	(15,667)	0	8,118	0	0	0	0	0	0	0	0	(7,549)	20
21	Clerical & General Office Expenses	0	0	230,957	0	0	0	0	0	0	0	0	230,957	21
22	Employee Benefits & Payroll Taxes	0	0	35,043	0	0	0	0	0	0	0	0	35,043	22
23	Inservice Training & Education	0	0	469	0	0	0	0	0	0	0	0	469	23
24	Travel and Seminar	(9,559)	0	5,538	0	0	0	0	0	0	0	0	(4,021)	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	8,752	0	0	0	0	0	0	0	0	8,752	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(26,837)	(227,773)	304,394	0	0	0	0	0	0	0	0	49,784	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(26,837)	(227,773)	325,918	0	0	0	0	0	0	0	0	71,308	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Beardstown # 0048843 **Report Period Beginning:** 01/01/13 **Ending:** 12/31/13

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	230,794	0	14,822	0	0	0	0	0	0	0	245,616	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(25,215)	112,635	0	337	0	0	0	0	0	0	0	87,757	32
33	Real Estate Taxes	0	40,926	0	0	0	0	0	0	0	0	0	40,926	33
34	Rent-Facility & Grounds	(55,180)	(459,900)	0	5,227	0	0	0	0	0	0	0	(509,853)	34
35	Rent-Equipment & Vehicles	0	0	0	3,719	0	0	0	0	0	0	0	3,719	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(80,395)	(75,545)	0	24,105	0	0	0	0	0	0	0	(131,835)	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	62,544	0	0	0	0	0	0	0	0	0	62,544	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	62,544	0	0	0	0	0	0	0	0	0	62,544	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(107,232)	(240,774)	325,918	24,105	0	0	0	0	0	0	0	2,017	45

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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. [x] 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	39	Adjustment for Related Organization		GreenTree Pharmacy	0.00%	62,544	62,544	2
3	V								3
4	V	19	Adjustment for Related Organization	227,773	Heritage Operations Group, LLC	0.00%		(227,773)	4
5	V								5
6	V	34	Adjustment for Related Organization	459,900	Heritage Manor Real Estate, LLC	0.00%		(459,900)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		40,926	40,926	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		107,862	107,862	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		230,794	230,794	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			$ 687,673			$ 446,899	$ * (240,774)	14

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

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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. [x] 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.		$	$ 5,567	15
16	V	2	Food Purchase					24	16
17	V	3	Housekeeping					3	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					1,222	19
20	V	6	Maintenance					12,085	20
21	V	7	Other					0	21
22	V	9	Medical Director					0	22
23	V	10	Nursing & Medical Records					2,157	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					466	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					15,517	31
32	V	20	Fees, Subscription, Promotions					8,118	32
33	V	21	Clerical & General Office Expenses					230,957	33
34	V	22	Employee Benefits & Payroll Taxes					35,043	34
35	V	23	Inservice Training & Education					469	35
36	V	24	Travel and Seminar					5,538	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					8,752	38
39	Total			$			$ 0	$ * 325,918	39

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

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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. [x] 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.		$	$	15
16	V	30	Depreciation					14,822	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					337	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					5,227	20
21	V	35	Rent-Equipment & Vehicles					3,719	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	$ * 24,105	39

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

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Heritage Enterprises Inc.	Member		100.00					$		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-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	2,604	24	$ 183,508	$ 183,106	79	$ 5,567	1
2	2	Food Purchase	Beds	2,604	24	798	0	79	24	2
3	3	Housekeeping	Beds	2,604	24	106	0	79	3	3
4	4	Laundry	Beds	2,604	24	0	0	79	0	4
5	5	Heat & Other Utilities	Beds	2,604	24	40,282	0	79	1,222	5
6	6	Maintenance	Beds	2,604	24	398,350	84,311	79	12,085	6
7	7	Other	Beds	2,604	24	0	0	79	0	7
8	9	Medical Director	Beds	2,604	24	0	0	79	0	8
9	10	Nursing & Medical Records	Beds	2,604	24	71,096	69,815	79	2,157	9
10	11	Activities	Beds	2,604	24	0	0	79	0	10
11	12	Social Service	Beds	2,604	24	0	0	79	0	11
12	13	Nurse Aide Training	Beds	2,604	24	15,364	15,279	79	466	12
13	14	Program Transportation	Beds	2,604	24	0	0	79	0	13
14	15	Other	Beds	2,604	24	0	0	79	0	14
15	17	Administrative	Beds	2,604	24	0	0	79	0	15
16	18	Directors Fees	Beds	2,604	24	0	0	79	0	16
17	19	Professional Services	Beds	2,604	24	511,456	0	79	15,517	17
18	20	Fees, Subscription, Promotions	Beds	2,604	24	267,591	0	79	8,118	18
19	21	Clerical & General Office Expens	Beds	2,604	24	7,612,820	7,140,260	79	230,957	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,604	24	1,155,097	0	79	35,043	20
21	23	Inservice Training & Education	Beds	2,604	24	15,452	0	79	469	21
22	24	Travel and Seminar	Beds	2,604	24	182,552	0	79	5,538	22
23	25	Other Admin. Staff Transportatio	Beds	2,604	24	0	0	79	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,604	24	288,473	0	79	8,752	24
25	TOTALS					$ 10,742,945	$ 7,492,771		$ 325,918	25

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	2,604	24	$	$	79	$	1
2	30	Depreciation	Beds	2,604	24	488,578		79	14,822	2
3	31	Amortization of Pre-Op & Org	Beds	2,604	24			79		3
4	32	Interest	Beds	2,604	24	11,093		79	337	4
5	33	Real Estate Taxes	Beds	2,604	24			79		5
6	34	Rent-Facility & Grounds	Beds	2,604	24	172,279		79	5,227	6
7	35	Rent-Equipment & Vehicles	Beds	2,604	24	122,579		79	3,719	7
8	36	Other	Beds	2,604	24			79		8
9	38	Medically Nec Transportation	Beds	2,604	24			79		9
10	39	Ancillary Service Centers	Beds	2,604	24			79		10
11	40	Barber and Beauty Shops	Beds	2,604	24			79		11
12	41	Coffee and Gift Shops	Beds	2,604	24			79		12
13	42	Other	Beds	2,604	24			79		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					$ 794,529	$		$ 24,105	25

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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			$	$			$ 107,862	1
2	Bank of America		x	Loan Fee Amortization							4,773	2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		x	Working Capital							22,155	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 134,790	9
	B. Non-Facility Related*											
10	Interest Income										(25,215)	10
11												11
12	Allocated Corporate										337	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (24,878)	14
15	TOTALS (line 9+line14)						$	$			$ 109,912	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-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2012 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.)		$ 40,926	2
3. Under or (over) accrual (line 2 minus line 1).		$ 40,926	3
4. Real Estate Tax accrual used for 2013 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.		$ 40,926	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2008		8
2009		9
2010		10
2011	40,275	11
2012	40,926	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2012	$	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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health-Beardstown COUNTY Cass

FACILITY IDPH LICENSE NUMBER 0048843

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 2012 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 2012.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	0301101200		$ 35,506.00	$ 35,506.00
2.	0301101201		$ 5,420.00	$ 5,420.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 40,926.00	$ 40,926.00

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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 24,196 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).

Evergreen Place SLF - 26 Apartments

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				$ 25,000	1
2					2
3	TOTALS			$ 25,000	3

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	79				$ 1,380,636	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Remodel faciltiy--Materials & Labor			1997	272,458						9
10											10
11	Nurse Call System			1997	1,500						11
12											12
13	Remodel faciltiy--Materials & Labor			1998	85,772						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	Door Alarm System			2000	2,727						27
28	A/C Compressor			2000	2,984						28
29	Compressor -- Walk-in Freezer			2000	2,586						29
30	Water Heater			2000	2,804						30
31											31
32											32
33	C/O Allocation					14,822		14,822			33
34	Book Depreciation					175,112		175,112			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-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	Recirculating Pump	2001	$ 889	$		$	$	$	37
38	West entrance Door	2001	1,700						38
39									39
40	Door	2002	2,840						40
41	a/c unit	2002	15,900						41
42	Shower room Wall	2002	1,200						42
43	Cpmpressor	2002	13,348						43
44									44
45	Sewer Relocation	2002	2,011						45
46									46
47	Sewer Relocation	2003	2,206						47
48	a/c units	2003	10,170						48
49									49
50	Disposer	2003	1,454						50
51	A/C Unit	2003	5,786						51
52	Rebuild Generator	2003	4,276						52
53									53
54	Exterior doors	2004	3,212						54
55	Shower room Remodel	2004	9,028						55
56	Landscapping	2004	3,030						56
57	Canopy	2004	570						57
58	Door	2004	1,068						58
59	A/C Unit	2004	7,326						59
60	Heat/Cool Units	2004	6,960						60
61	Carpet	2004	911						61
62	Compressor	2004	2,949						62
63	Chiller	2004	1,970						63
64	Drier Core	2004	953						64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,851,224	$ 189,934		$ 189,934	$	$	70

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

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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		$ 1,851,224	$ 189,934		$ 189,934	$	$	1
2	Shower Remodel	2005	7,273						2
3	Ansul System	2005	2,540						3
4									4
5									5
6	Interior rehab -- Labor and Materials	2005	28,299						6
7	Delayed Egress Magnet	2005	2,092						7
8	Panic Door Hardware	2005	2,125						8
9	Roof repair	2005	3,702						9
10									10
11									11
12	Door opener	2006	2,445						12
13	Wanderguard system	2006	2,267						13
14	Hot water heater	2006	13,771						14
15	Sidewalk	2006	4,928						15
16									16
17	Hvac	2006	17,853						17
18									18
19	Alarm system	2006	6,568						19
20	Gererator regulator	2006	1,727						20
21	Awning	2006	4,264						21
22	Closet door	2006	2,722						22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,953,800	$ 189,934		$ 189,934	$	$	34

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

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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		$ 1,953,800	$ 189,934		$ 189,934	$	$	1
2	HVAC	2007	9,672						2
3	Chiller	2007	2,603						3
4									4
5	Post 6/30/07 capital review								5
6	Landscaping	2007	28,000						6
7	Water Heater	2007	21,682						7
8	Rooftop A/C	2007	205						8
9	Blinds	2007	845						9
10	Roof fans	2007	3,457						10
11	A/C	2007	12,487						11
12	Doors	2007	3,358						12
13	Generator	2007	39,004						13
14	Wall Heater	2007	3,384						14
15	Circulating pump	2007	896						15
16	Roof	2007	141,801						16
17	Capital report Adj	2007	(216,315)						17
18	HVAC Rooftop Unit	2008	148,000						18
19	Water Heater	2008	14,252						19
20	Heater Replacement	2008	4,008						20
21	Resident Room Remodel-- Painting, Lighting	2008	75,015						21
22	Hot Water Heater	2008	6,621						22
23	HVAC Units	2008	19,280						23
24	Electric Heater	2008	5,195						24
25	Capital report Adj	2008	(50,625)						25
26	Elevator	2009	9,873						26
27	Mixing valve	2009	3,715						27
28	Room painting	2009	6,065						28
29	Comdensor	2009	5,260						29
30	Lights	2009	4,055						30
31	Parking Lot	2009	83,790						31
32	Flooring	2009	18,770						32
33	Nurse Call System	2009	107,659						33
34	TOTAL (lines 1 thru 33)		$ 2,465,812	$ 189,934		$ 189,934	$	$	34

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

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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		$ 2,465,812	$ 189,934		$ 189,934	$	$	1
2	Capital Report Adj	2009	(16,907)						2
3	Electric reheats	2010	4,647						3
4	HVAC units	2010	15,119						4
5	Insulation	2010	34,950						5
6	Parking Lot	2010	23,462						6
7	Nurse Call System	2010	183,517						7
8									8
9	Sprinkler	2011	63,196						9
10	Roof	2011	133,678						10
11	Heat/cool Units	2011	19,980						11
12	water tank	2011	7,503						12
13	Heat Panel	2011	5,003						13
14	sign	2011	22,000						14
15									15
16	Roof Replacement	2012	19,770						16
17	Water Heater	2012	13,243						17
18	Compressor	2012	14,538						18
19	Lighting	2012	22,130						19
20									20
21	Compressor Replacements	2013	10,494						21
22	Elevator Door Restrictor	2013	3,150						22
23	Replace Heat Controls	2013	4,940						23
24	Sprinkler System Installation	2013	20,005						24
25	Duct Heater Replacement	2013	3,341						25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,073,571	$ 189,934		$ 189,934	$	$	34

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

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	$ 996,317	$ 55,682	$ 55,682	$		$	71
72	Current Year Purchases	15,936						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,012,253	$ 55,682	$ 55,682	$		$	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)	$ 4,110,824	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 245,616	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 245,616	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	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-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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.	/2014	$
13.	/2015	$
14.	/2016	$

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: $ 1,276 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-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	$		$ 147,332	$		$ 147,332	1
2	Licensed Speech and Language Development Therapist		hrs			45,883			45,883	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			155,371	0		155,371	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				415,820		415,820	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					26,632			26,632	13
14	TOTAL			$		$ 375,218	$ 415,820		$ 791,038	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-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13 (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	$ 957	$	1
2	Cash-Patient Deposits	15,458		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	637,104		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	36,550		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(960,856)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (270,787)	$	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)**	$ (270,787)	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 177,678	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,458		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	251,847		30
31	Accrued Taxes Payable (excluding real estate taxes)	3,153		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	71,031		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 519,167	$	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)**	$ 519,167	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (789,954)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ (270,787)	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (886,102)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (886,102)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	96,148	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)**	$ 96,148	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)**	$ (789,954)	24 *

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

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	$ 3,966,403	1
2	Discounts and Allowances for all Levels	(1,349,549)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,616,854	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,134,595	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,134,595	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	3,815	12
13	Barber and Beauty Care	1,426	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	55,180	16
17	Sale of Drugs	810,661	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	13,385	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 884,467	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	25,215	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 25,215	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	SLF	427,737	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 427,737	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,088,868	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,071,919	31
32	Health Care	2,354,951	32
33	General Administration	1,082,519	33
	B. Capital Expense		
34	Ownership	483,331	34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,992,720	40
41	**Income before Income Taxes (line 30 minus line 40)****	96,148	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 96,148	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-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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	1,810	1,974	$ 57,320	$ 29.04	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	9,702	10,139	258,299	25.48	3
4	Licensed Practical Nurses	15,356	16,439	342,609	20.84	4
5	CNAs & Orderlies	61,014	65,878	636,630	9.66	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,046	2,214	50,858	22.97	8
9	Activity Director					9
10	Activity Assistants	4,044	4,226	57,084	13.51	10
11	Social Service Workers	1,826	2,087	36,631	17.55	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	17,915	19,325	214,932	11.12	15
16	Dishwashers					16
17	Maintenance Workers	4,039	4,435	66,162	14.92	17
18	Housekeepers	8,443	9,239	96,108	10.40	18
19	Laundry	5,110	5,415	67,170	12.40	19
20	Administrator	1,900	2,080	69,548	33.44	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,311	10,182	143,703	14.11	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)	142,516	153,633	$ 2,097,054 *	$ 13.65	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		3,000		36
37	Medical Records Consultant		1,496		37
38	Nurse Consultant				38
39	Pharmacist Consultant		6,300		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		3,253		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 14,049		49

C. CONTRACT NURSES

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

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Dennis Toohill			$ 69,548
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 69,548

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	$ 227,773
Legal adj to Zero		1,611
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 229,384

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 17,750
Unemployment Compensation Insurance	58,181
FICA Taxes	160,425
Employee Health Insurance	212,476
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	1,867
Central Office Allocation	35,043
TOTAL (agree to Schedule V, line 22, col.8)	$ 485,742

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

Description	Line #	Amount
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	1,245
Health Care Worker Background Check	
(Indicate # of checks performed)	972
Patient Background Checks	
	7,896
Dues & Subscriptions	9,362
License & Fees	28,111
Central Office Allocation	8,118
Less: Public Relations Expense	(7,896)
Non-allowable advertising	(964)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 46,844

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	4,319
	415
Seminar Expense	1,286
	(4,021)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,999

**See instructions.

Facility Name & ID Number Heritage Health-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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-Beardstown # 0048843 Report Period Beginning: 01/01/13 Ending: 12/31/13

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 Yrs.**

(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? **No**
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. $ **43,253**
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? **No** 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. $ Has any meal income been offset against related costs? Indicate the amount. $ **952**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** 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?
e. Are all vehicles stored at the nursing home during the night and all other times when not in use?
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
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. $ 0

(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 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	957					
1010	CASH IN BANK						
1040	CASH IN BANK-PAYROLL						
1100	ACCOUNTS RECEIVABLE	637,104					
1110	MEDICARE RECEIVABLES						
1125	IPA INCOME RECEIVABLE						
1130	MEDICARE COST REPORT						
1135	ACCOUNTS RECEIVABLE-IC						
1140	UNAPPLIED CASH RECEIPTS						
1145	A/R SUSPENSE-REFUNDS						
1190	ACCRUED INTEREST REC						
1200	PREPAID INSURANCE	36,550					
1220	OTHER PREPAID EXPENSES						
1300	FOOD INVENTORY						
1310	SUPPLIES INVENTORY						
1409	LAND	0					
1450	FURNITURE & EQUIPMENT	0					
1460	ACCUM DEPR-FURN & EQU	0					
1475	BUILDING & IMPROVEMEN	0					
1490	ACCUM DEPR-BUILDING	0					
1530	RESIDENT FUNDS	15,458					
1550	LOAN FEES	0					
1560	REAL ESTATE TAX ESCROW						
1575	REIMBURSABLE PURCHASES						
1850	INTRACOMPANY	-960,856					
2010	ACCOUNTS PAYABLE	-177,678					
2095	BONUSES PAYABLE						
2100	ACCRUED PAYROLL	-111,150					
2110	ACCRUED VACATION PAY	-140,697					
1,009	1,009 PETTY C	957					
1,100	1,100 ACCTS R	637,104					
1,101	1,101 ALLOW. FOR UNCOLLECTIBI						
1,110	1,110 ACCTS RECEIV-M/C						
1,125	1,125 ACCTS RECEIV-IPA						
1,135	1,135 ACCTS RECEIV-IC						
1,140	1,140 UNAPPLIED CASH RECEIPTS						
1,145	1,145 A/R SUSPENSE-REFUNDS						
1,200	1,200 PREPAID	36,550					
1,220	1,220 OTHER PREPAID EXPENSES						
1,300	1,300 DIETARY INVENTORY						
1,310	1,310 SUPPLIES INVENTORY						
1,320	1,320 LINEN INVENTORY						
1,409	1,409 LAND	0					
1,450	1,450 FURNITU	0					
1,460		0					
1,475	1,475 CODE AI	0					
1,490	1,490 ACCUM I	0					
1,530	1,530 RESIDEN	15,458					
1,550	1,550 LOAN FE	0					
1,551	1,551 LOAN FEES ADDED						
1,850	1,850 INTERCC	(960,856)					
2,010	2,010 ACCOUN	(177,678)					
2,100	2,095 BONUSES PAYABLE						
2,100	2,100 ACCRUE	(111,150)					
2,100	2,100 PR CLEARING-BENEFITS						
2,100	2,100 PR CLEARING-LABOR						
2,110	2,110 ACCRUE	(140,697)					
2,120	2,120 U.C. TAXES PAYABLE						

2120	UC TAXES PAYABLE		
2125	FICA TAX PAYABLE	-3,153	-3,153
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	-71,031	
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	-15,458	
2600	MORTGAGE PAYABLE	0	
2650	EQUIPMENT LOAN PAYABLE		
2695	CURRENT PORTION LT DEBT		
2696	DEFERRED INCOME TAXES		
2710	COMMON STOCK		
2720	RETAINED EARNINGS	886,102	
2970	PROFIT/LOSS FOR PERIOD	-96,148	
3007.1	PATIENT DAYS-PRIVATE	8,686	

2,125	2,125	FICA TA:	(3,153)
2,130	2,130	FEDERAL W/H TAX PAYABLI	
2,140	2,140	STATE W/H TAX PAYABLE	
2,152	2,152	WORKERS COMP ACCRUAL	
2,225	2,225	EMPLOYEEE INSURANCE RE:	
2,230	2,230	PAYROLL SAVINGS	
2,235	2,240	UNITED FUND	
2,240	2,246	GROUP INSURANCE - CAFETI	
2,246	2,250	401K W/H	
2,250			
2,260	2,260	WAGE GARNISHMENT	
2,300	2,300	ACCRUE	0
2,320	2,320	IPA PAYI	(71,031)
2,350	2,350	REAL ES	0
2,385			0
2,400	2,400	CURRENT PORTION OF LT DI	
2,512	2,512	DUE TO I	(15,458)
2,600	2,600	LASALLI	0
2,600			
2,625	2,625	LASALLE CONSTR. LOAN #2	
2,625			
2,695	2,695	CURRENT PORTION OF LT DI	
2,720	2,720	RETAINI	886,102
		net incom	(96,148)
		balance	0

3,007

3007.2		PATIENT DAYS-IPA	15,184					3,007
3007.3		PATIENT DAYS-MEDICARE	2,199					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 &	-3,950,438	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	-9,287	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	-810,661	0	0	0	0	3,101
3101	17	DRUGS-OTHER						3,110
3110	6	PT-PRIVATE	-1,134,595	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	1,349,549	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	-55,180		6	0	6	-55,180		3,530
3530		13	BEAUTY SHOP	-1,426		0	0	0	0		3,560
3560		12	ACTIVITY FUND INCOME	-2,696		0	0	0	0		3,570
3570		12	VENDING INCOME/EXPENS	-1,119		0	0	0	0		3,590
3580		12	MANAGEMENT FEES			0	0	0	0		3,595
3590		1	EQUIPMENT RENTAL	-6,678		0	0	0	0		3,600
3595		21	RESIDENT TRANSPORTATI	-13,385		0	0	0	0		4,110
3600		21	MISC INCOME	0		0	0	0	0		4,111
4110			GENERAL & ADMINIST WA	132,800	143,703	21	1	17	0		4,115
4111			ADMINISTRATOR WAGES	69,548	69,548	17	1	0	0		4,120
4115			VACATION & SICK - G&A	10,903		21	1	0	0		4,125
4120	4475		EMPLOYEE BENEFITS	10,018	450,699	22	3	0	0		4,130
4125			EMPLOYEE HEPETITIS VAC	0		22	3	0	0		4,135
4130			EMPLOYEE SCHOLORSHIP	1,012		21	1	0	0		4,250
4135			EMPLOYEE SCHOLORSHIP	-9,163		23	3	0	0		4,255
4220			DIRECTORS FEES	0	0	18	3	0	0		4,260
4250	4255		OFFICE SUPPLIES	16,582	16,582	21	2	0	0		4,275
4260			TELEPHONE	12,805	12,805	21	3	0	0	**	4,276
4275			TRAINING & EMPLOYEE D	7,610	7,610	23	3	16	0		4,280
4280			GENERAL TRAVEL	4,319	6,020	24	3	16	0		4,281
4281			MEAL EXPENSE FOR TRAV	415		24	3	19	0	***	4,285
4285			EDUCATION & SEMINAR	1,286		24	3	19	-9,559		4,289
4290			HELP WANTED ADVERTISI	1,245	97,646	20	3	0	0	-43,253	4,290
4291			PROMOTIONAL ADVERTIS	6,807		20	3	25	-6,807		4,291
4292			PUBLIC RELATIONS	7,896		20	3	25	-7,896		4,292
4300			LICENSES & FEES	71,364		20	3	17	0		4,300
4310			DUES & SUBSCRIPTIONS	9,362		20	3	17	-964		4,310
4320			CONTRIBUTIONS	277		27	3	20	0		4,320
4350			PROFESSIONAL FEES	1,611	229,384	19	3	22	-1,611		4,350
4355			MEDICAL DIRECTOR	3,000	3,000	9	3	0	0		4,355
4360			UTILIZATION REVIEW	0		10	3	0	0		4,362
4361			OTHER PHYSICIAN FEES			39	3	0	0		4,363

4362	MEDICAL RECORDS CONSI	1,496		10	3	0	0	4,364
4363	PHARMACIST FEES	6,300		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	3,253	3,253	12	3	0	0	4,383
4370	TV RENTAL	-1,979		35	3	5	0	4,390
4380	INCOME TAXES		603	27	3	26	0	4,400
4383	BACKGROUND CHECKS	972		20	3	26	0	4,401
4400	PAYROLL TAXES	211,511		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	7,095		22	3	0	0	4,420
4410	GROUP INSURANCE	212,476		22	3	0	0	4,430
4420	LIABILITY INSURANCE	47,919	47,919	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSURA	17,750		22	3	0	0 **	4,450
4450	CENTRAL OFFICE FEES	227,773		19	3	34	0	4,460
4460	BAD DEBTS	0		27	3	24	0	4,461
4470	LOST ITEMS-RESIDENTS	326		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	3,255	1,276	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	59,836	66,162	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	6,326		6	1	0	0	4,510
5130	ELECTRIC	201,492	211,717	5	3	0	0	4,600
5131	NATURAL GAS	0		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	10,225		5	3	0	0	5,130
5134	TRASH COLLECTION	11,546	55,491	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	31,047	87,365	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN	56,318		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC	43,945		6	3	0	0	5,140
5210	DIETARY WAGES	199,914	214,932	1	1	0	0	5,160
5220	DIETARY SICK & VAC	15,018		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	234,978	234,026	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	3,834	9,395	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	3,329		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	2,232		1	2	0	0	5,260
5295	MEAL CREDIT	-952		2	2	0	0	5,270
5310	LAUNDRY WAGES	64,063	67,170	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	3,107		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	2,111	9,062	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	6,951		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	89,856	96,108	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VA	6,252		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	451	20,491	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	20,040		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,345,716	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	241,174		10	1	0	0	6,020
6030	DON WAGES	57,320		10	1	0	0	6,030
6035	ADON	0		10	1	0	0	6,035
6040	RN SICK & VACATION	17,125		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	319,573		10	1	0	0	6,120
6120	LPN WAGES-NON MEDICA	0		10	1	0	0	6,140
6130	LPN WAGES OTHER			10	1	0	0	6,220
6140	LPN SICK & VACATION	23,036		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDIC	597,964		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	38,666		10	1	0	0	6,250
6245	CONTRACT NURSES-RN	0		10	3	0	0	6,255
6246	CONTRACT NURSES-LPN	0		10	3	0	0	6,260
6247	CONTRACT NURSES-AIDES	0		10	3	0	0	6,270
6250	NURSE AIDE TRAINING WA	0	0	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	0	0	13	2	0	0	6,290
6260	NURSE AIDE TRAINING RE	0		0	0	0	0	6,295
6270	REHAB WAGES	46,861		10	1	0	0	6,390
6275	REHAB SICK & VAC	3,997		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0		7,280
6290	NURSING SUPPLIES	4,722	99,816	10	2	0	0		7,281
6295	NURSING SUPPLIES	85,613		10	2	0	0		7,380
6390	REPLACEMENT-NURSING	9,481		10	2	0	0		7,391
6490	NURSING OTHER	2,017	9,813	10	3	0	0	***	7,393
7280	DRUG PURCHASES	82,462	415,820	39	2	0	0		7,510
7281	DRUG PURCHASES-OTHER	333,358		39	2				7,540
7380	LABORATORY SERVICES	26,632	375,218	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	53,474	57,084	11	1	0	0		7,720
7540	ACTIVITIES SICK & VAC	3,610		11	1	0	0		7,730
7590	ACTIVITIES SUPPLIES	8,600	8,600	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	155,371		39	3	0	0		7,890
7660	PT SUPPLIES	0		39	2	0	0		7,960
7710	SOCIAL SERVICE WAGES	34,958	36,631	12	1	0	0		8,120
7720	SOCIAL SERVICE SICK & V	1,673		12	1	0	0		8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0	***	8,130
7740	OT FEE	147,332		39	3	0	0		8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	***	9,510
7770	SPEECH THERAPY FEE	45,883		39	3	0	0		9,520
7800	BEAUTICIAN WAGES		0	40	1	0	0		9,530
7810	BEAUTICIAN SICK & VAC			40	1	0	0		
7820	BEAUTICIAN FEES	0	0	40	3	0	0		
7890	BEAUTY SHOP SUPPLIES	0	0	40	2	0	0		
7910	VOLUNTEER COORDINATOR			21	1	0	0		
7940	VOL COORD SICK & VAC			21	1	0	0		
7960	VOL COORD SUPPLIES	0		21	2	0	0		
8100	RENT	459,900	459,900	34	3	0	0		

8120	INTEREST EXPENSE	22,155	22,155	32	3	14	-25,215
8130	DEPRECIATION	0	0	30	3	9	0
8150	LOAN FEE AMORTIZATION	0		32	3	0	0
9510	INTEREST INCOME	-25,215		32	0	10	0
9520	MISC NON-OPERATING INC	-427,737		0	0	0	0
9700	INCOME TAXES	0		0	0	0	0
		4,539,768	4,992,720				
			452,952				
GRAND TOTALS		-96,148					-107,232
		(NET INCOME)					
		0					

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 79

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	8,686	8,686
IPA	15,184	15,184
medicare	2,199	2,199
		26,069

IPA BEDHOLDS	0
PP BEDHOLDS	0
PP CONVERS	0

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EBT

3,007 PATIENT 8,686

3,007	PATIENT	15,184
3,007	PATIENT	2,199
		0
3,010	BASIC CH	(3,950,438)
3,020	BASIC CH	0
3,030	BASIC CH	0
		0
		0
		0
		0
3,080	NURSING	(9,287)
3,081	NURSING	0
3,082	NURSING	0
3,083	NURSING	0
3,100	DRUGS-M	(810,661)
		0
3,110	PHYSICAL	(1,134,595)
		0
3,112	PHYSICAL	0
3,113	PHYSICAL	0
3,140	LABORATORY INCOME	
		0
3,152	ST/OT TH	0
3,153	ST/OT TH	0
3,185	REHAB/ISOLATION/OTHER CHG	
3,410	IPA/OTHE	0
3,411	MEDICAR	0
3,420	MEDICAR	1,304,936

3,520	RENT INC	(55,180)
3,530	BEAUTY S	(1,426)
		(2,696)
3,570	VENDING	(1,119)
3,590	EQUIPME	(6,678)
3,595	RESIDENT	(13,385)
3,600	MISC INC	0
4,110	G&A WAG	132,800
4,111	ADMINIST	69,548
4,115	G&A PTO	10,903
4,120	EMPLOYE	8,723
4,130	EMPLOYE	1,012
4,135	EMPLOYE	(9,163)
4,250	OFFICE SU	7,016
4,255	POSTAGE	3,070
4,260	TELEPHO	12,805
4,275	TRAININ(	7,610
		0
4,280	GENERAI	4,319
4,281	MEAL EX	415
4,285	EDUCATI	245
4,289	MEETING	1,041
4,290	HELP WA	1,245
4,291	PROMOTI	6,807
4,292	PUBLIC R	7,896
4,300	LICENSE	71,364
4,310	DUES & S	9,362
4,320	CONTRIB	277
4,350	PROFESSI	1,611
4,355	MEDICAL	3,000
		1,496
		6,300

4,364	SOCIAL S	3,253
4,370	TV RENT/	(1,979)
4,383	BACKGR(	972
4,390	OTHER T/	0
4,400	PAYROLL	211,511
4,401	PAYROLL	7,095
4,410	GROUP IN	212,476
4,420	LIABILIT'	47,919
4,430	WORKMA	14,731
4,435	W/C-FIRS'	2,304
4,436	DRUG TE:	715
4,450	MANAGE	227,773
4,460	BAD DEB'	0
4,461	BAD DEB'	44,613
4,470	LOST ITE:	326
4,475	UNIFORM	1,295
4,486	SERVICE	19,128
4,490	MISC EXP	105
4,496	MISC. M.I	6,496
4,510	REAL EST	0
4,600	LEASED E	3,255
5,110	MAINTEN	59,836
5,120	MAINTEN	6,326
5,130	ELECTRI(	201,492
5,131	NATURAL	0
5,133	WATER &	10,225
5,134	TRASH C(	11,546
5,140	PROP/PLA	31,047
5,160	GENERAL	56,318
5,165	MAINTEN	24,817
5,210	DIETARY	199,914
5,220	DIETARY	15,018
5,248	FOOD PU	234,873

5,250	SUPPLIES	3,834
5,260	REPLACE	3,329
5,270	KITCHEN	2,232
5,295	MEAL INC	(952)
5,310	LAUNDRY	64,063
5,340	LAUNDRY	3,107
5,370	REPLACE	2,111
		0
5,390	SUPPLIES	6,951
5,410	HOUSEKE	89,856
5,440	HOUSEKE	6,252
5,480	SUPPLIES	451
5,490	SUPPLIES	20,040
6,020	RN WAGE	241,174
6,030	DON WAC	57,320
6,035	ADON WA	0
6,040	RN PTO &	17,125
6,120	LPN WAG	319,573
6,140	LPN PTO	23,036
6,220	AIDES WA	597,964
6,240	AIDES PT	38,666
		0
		0
		0
		0
		0
6,270	REHAB W	46,861
6,275	REHAB PT	3,997
6,290	NURSING	4,722
6,295	NURSING	85,613
6,390	REPLACE	9,481
6,490	OTHER	2,017

7,280	DRUG PU	82,462
7,281	DRUG PU	333,358
7,380	LABORAT	3,837
7,390	X-RAY SE	2,105
		20,690
7,510	ACTIVITI	53,474
7,540	ACTIVITI	3,610
7,590	ACTIVITI	8,600
7,620	PHYSICAL	155,371
7,660	P.T. SUPP	0
7,710	SOCIAL S	34,958
7,720	SOCIAL S	1,673
7,730	SOCIAL S	0
7,740	OCCUPAT	147,332
7,770	SPEECH T	45,883
7,820	BEAUTIC	0
		0
		0
8,120	INTEREST	0
		22,155
8,130	DEPRECI	0
		0
9,510	INTEREST	(25,215)
9,520	MISC NOI	0
4,220		0
8,100		459,900
9,702		(427,737)
5,230		0
		(96,148)

Expenses Fixed Assets

Related Parties
From Page 6

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