

		FOR BHF USE					

LL1

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.

I. IDPH License ID Number: 0048884

Facility Name: Heritage Health-Pana

Address: 1000 E Sixth St Rd Pana 62557
Number City Zip Code

County: Christian

Telephone Number: (217) 324-2153 Fax # ()

HFS ID Number:

Date of Initial License for Current Owners: 07/2007

Type of Ownership:

☐ VOLUNTARY,NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☐ "Sub-S" Corp.
☒ Limited Liability Co.
☐ Trust
☐ Other
☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

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

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

Officer or
Administrator
of Provider

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

Paid
Preparer

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

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

Facility Name & ID Number Heritage Health-Pana# 0048884 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	<u>151</u>	Skilled (SNF)	<u>151</u>	<u>55,266</u>	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	<u>151</u>	TOTALS	<u>151</u>	<u>55,266</u>	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	<u>25,851</u>	<u>8,014</u>	<u>7,113</u>	<u>40,978</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>25,851</u>	<u>8,014</u>	<u>7,113</u>	<u>40,978</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 74.15%

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 7,113Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRAUAL ☒ 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.

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
		1	2	3	4	5	6	7	8	9	10	
	A. General Services											
1	Dietary	271,371	18,102		289,473		289,473	9,358	298,831			1
2	Food Purchase		292,219		292,219		292,219	69	292,288			2
3	Housekeeping	109,240	32,665		141,905		141,905		141,905			3
4	Laundry	63,357	21,613		84,970		84,970		84,970			4
5	Heat and Other Utilities			116,614	116,614		116,614	2,232	118,846			5
6	Maintenance	94,047	66,376	44,395	204,818		204,818	23,041	227,859			6
7	Other (specify):*											7
8	TOTAL General Services	538,015	430,975	161,009	1,129,999		1,129,999	34,700	1,164,699			8
	B. Health Care and Programs											
9	Medical Director			8,400	8,400		8,400	3,920	12,320			9
10	Nursing and Medical Records	2,155,336	140,879	21,947	2,318,162		2,318,162	2	2,318,164			10
10a	Therapy		562,714	914,344	1,477,058	(646,312)	830,746	98,151	928,897			10a
11	Activities	52,565	924		53,489		53,489		53,489			11
12	Social Services	47,818		3,306	51,124		51,124		51,124			12
13	CNA Training							1,562	1,562			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,255,719	704,517	947,997	3,908,233	(646,312)	3,261,921	103,635	3,365,556			16
	C. General Administration											
17	Administrative	101,294			101,294		101,294		101,294			17
18	Directors Fees											18
19	Professional Services			320,773	320,773		320,773	(295,986)	24,787			19
20	Dues, Fees, Subscriptions & Promotions			108,155	108,155	(83,448)	24,707	(1,643)	23,064			20
21	Clerical & General Office Expenses	191,655	21,398	10,756	223,809		223,809	425,083	648,892			21
22	Employee Benefits & Payroll Taxes			701,127	701,127		701,127	60,350	761,477			22
23	Inservice Training & Education			8,052	8,052		8,052	(6,053)	1,999			23
24	Travel and Seminar			3,186	3,186		3,186	(1,187)	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			61,928	61,928		61,928	16,451	78,379			26
27	Other (specify):*			24,179	24,179		24,179	(24,000)	179			27
28	TOTAL General Administration	292,949	21,398	1,238,156	1,552,503	(83,448)	1,469,055	173,015	1,642,070			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,086,683	1,156,890	2,347,162	6,590,735	(729,760)	5,860,975	311,350	6,172,325			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.

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					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation							326,731	326,731			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			40,187	40,187		40,187	246,223	286,410			32
33	Real Estate Taxes							67,600	67,600			33
34	Rent-Facility & Grounds			661,380	661,380		661,380	(651,826)	9,554			34
35	Rent-Equipment & Vehicles			20,020	20,020		20,020	1,474	21,494			35
36	Other (specify):*											36
37	TOTAL Ownership			721,587	721,587		721,587	(9,798)	711,789			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					646,312	646,312		646,312			39
40	Barber and Beauty Shops		3,289	18,375	21,664		21,664		21,664			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					83,448	83,448		83,448			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		3,289	18,375	21,664	729,760	751,424		751,424			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,086,683	1,160,179	3,087,124	7,333,986		7,333,986	301,552	7,635,538			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

		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	(9,542)			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)	(6,053)			16
17	Non-Care Related Fees	(845)			17
18	Fines and Penalties				18
19	Entertainment	(6,848)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,035)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(24,000)			24
25	Fund Raising, Advertising and Promotional	(12,084)			25
	Income Taxes and Illinois Personal				
26	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)	\$ (62,407)		\$	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	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)	363,959		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 363,959		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 301,552		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

Heritage Health-Pana

Report Period Beginning: ID# 0048884
Ending: 01/01/12
12/31/12

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1		\$		1
2				2
3				3
4				4
5		0	35	5
6		0	34	6
7				7
8				8
9		0	30	9
10			32	10
11				11
12				12
13		0	2	13
14			32	14
15		0	33	15
16			24	16
17		(845)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(3,035)	19	22
23				23
24		(24,000)	27	24
25		(12,084)	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	(39,964)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Pana # 0048884 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	9,358	0	0	0	0	0	0	0	0	9,358	1
2	Food Purchase	0	0	69	0	0	0	0	0	0	0	0	69	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	2,232	0	0	0	0	0	0	0	0	2,232	5
6	Maintenance	0	0	23,041	0	0	0	0	0	0	0	0	23,041	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	34,700	0	0	0	0	0	0	0	0	34,700	8
	B. Health Care and Programs													
9	Medical Director	0	0	3,920	0	0	0	0	0	0	0	0	3,920	9
10	Nursing and Medical Records	0	0	2	0	0	0	0	0	0	0	0	2	10
10a	Therapy	0	98,151	0	0	0	0	0	0	0	0	0	98,151	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	1,562	0	0	0	0	0	0	0	0	1,562	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	98,151	5,484	0	0	0	0	0	0	0	0	103,635	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,035)	(317,738)	24,787	0	0	0	0	0	0	0	0	(295,986)	19
20	Fees, Subscriptions & Promotions	(12,929)	0	11,286	0	0	0	0	0	0	0	0	(1,643)	20
21	Clerical & General Office Expenses	0	0	425,083	0	0	0	0	0	0	0	0	425,083	21
22	Employee Benefits & Payroll Taxes	0	0	60,350	0	0	0	0	0	0	0	0	60,350	22
23	Inservice Training & Education	(6,053)	0	0	0	0	0	0	0	0	0	0	(6,053)	23
24	Travel and Seminar	(6,848)	0	5,661	0	0	0	0	0	0	0	0	(1,187)	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	16,451	0	0	0	0	0	0	0	0	16,451	26
27	Other (specify):*	(24,000)	0	0	0	0	0	0	0	0	0	0	(24,000)	27
28	TOTAL General Administration	(52,865)	(317,738)	543,618	0	0	0	0	0	0	0	0	173,015	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(52,865)	(219,587)	583,802	0	0	0	0	0	0	0	0	311,350	29

Summary B

12/31/12

												SUMMARY
Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS
D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)
Depreciation	0	301,187	0	25,544	0	0	0	0	0	0	0	326,731
Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0
Interest	(9,542)	255,177	0	588	0	0	0	0	0	0	0	246,223
Real Estate Taxes	0	67,536	0	64	0	0	0	0	0	0	0	67,600
Rent-Facility & Grounds	0	(661,380)	0	9,554	0	0	0	0	0	0	0	(651,826)
Rent-Equipment & Vehicles	0	0	0	1,474	0	0	0	0	0	0	0	1,474
Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL Ownership	(9,542)	(37,480)	0	37,224	0	0	0	0	0	0	0	(9,798)
Ancillary Expense												
E. Special Cost Centers												
Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0
Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0
Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0
Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0
Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0
Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL COST (sum of lines 29, 37 & 44)	(62,407)	(257,067)	583,802	37,224	0	0	0	0	0	0	0	301,552

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$		1
2	V	10a	Adjustment for Related Organization		GreenTree Pharmacy	0.00%	98,151	98,151	2
3	V								3
4	V	19	Adjustment for Related Organization	317,738	Heritage Operations Group, LLC	0.00%		(317,738)	4
5	V								5
6	V	34	Adjustment for Related Organization	661,380	Heritage Manor Real Estate, LLC	0.00%		(661,380)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		67,536	67,536	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		250,404	250,404	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		301,187	301,187	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			\$ 979,118			\$ 722,051	\$ * (257,067)	14

* 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	1	Dietary	\$	Heritage Enterprises, Inc.		\$	\$ 9,358	15
16	V	2	Food Purchase					69	16
17	V	3	Housekeeping					0	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					2,232	19
20	V	6	Maintenance					23,041	20
21	V	7	Other					0	21
22	V	9	Medical Director					3,920	22
23	V	10	Nursing & Medical Records					2	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					1,562	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					24,787	31
32	V	20	Fees, Subscription, Promotions					11,286	32
33	V	21	Clerical & General Office Expenses					425,083	33
34	V	22	Employee Benefits & Payroll Taxes					60,350	34
35	V	23	Inservice Training & Education					0	35
36	V	24	Travel and Seminar					5,661	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					16,451	38
39	Total			\$			\$ 0	\$ * 583,802	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					25,544	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					588	18
19	V	33	Real Estate Taxes					64	19
20	V	34	Rent-Facility & Grounds					9,554	20
21	V	35	Rent-Equipment & Vehicles					1,474	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	\$ * 37,224	39

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

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

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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Heritage Enterprises Inc.	Member		100.00					\$ 0	0	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Heritage Health-Pana# 0048884

Report Period Beginning:

01/01/12Ending: 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 ☐

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

Name of Related Organization

Heritage Operations Group

Street Address

box 3188

City / State / Zip Code

Bloomington, IL 61701

Phone Number

()

Fax Number

()

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Beds	2,735	26	\$ 169,500	\$ 168,827	151	\$ 9,358	1
2	2	Food Purchase	Beds	2,735	26	1,241	0	151	69	2
3	3	Housekeeping	Beds	2,735	26	0	0	151	0	3
4	4	Laundry	Beds	2,735	26	0	0	151	0	4
5	5	Heat & Other Utilities	Beds	2,735	26	40,426	0	151	2,232	5
6	6	Maintenance	Beds	2,735	26	417,328	78,403	151	23,041	6
7	7	Other	Beds	2,735	26	0	0	151	0	7
8	9	Medical Director	Beds	2,735	26	71,007	0	151	3,920	8
9	10	Nursing & Medical Records	Beds	2,735	26	33	70,119	151	2	9
10	11	Activities	Beds	2,735	26	0	0	151	0	10
11	12	Social Service	Beds	2,735	26	0	0	151	0	11
12	13	Nurse Aide Training	Beds	2,735	26	28,290	22,496	151	1,562	12
13	14	Program Transportation	Beds	2,735	26	0	0	151	0	13
14	15	Other	Beds	2,735	26	0	0	151	0	14
15	17	Administrative	Beds	2,735	26	0	0	151	0	15
16	18	Directors Fees	Beds	2,735	26	0	0	151	0	16
17	19	Professional Services	Beds	2,735	26	448,954	0	151	24,787	17
18	20	Fees, Subscription, Promotions	Beds	2,735	26	204,427	0	151	11,286	18
19	21	Clerical & General Office Expenses	Beds	2,735	26	7,699,360	7,229,609	151	425,083	19
20	22	Employee Benefits & Payroll Taxes	Beds	2,735	26	1,093,087	0	151	60,350	20
21	23	Inservice Training & Education	Beds	2,735	26	0	0	151	0	21
22	24	Travel and Seminar	Beds	2,735	26	102,532	0	151	5,661	22
23	25	Other Admin. Staff Transportation	Beds	2,735	26	0	0	151	0	23
24	26	Insurance-Prop.Liab.Malpractice	Beds	2,735	26	297,962	0	151	16,451	24
25	TOTALS					\$ 10,574,147	\$ 7,569,454		\$ 583,802	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		2		3		4	5	6		7	8	9	10	
	Name of Lender	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			\$	4,729,302			\$	250,404	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								40,187	6	
7													7	
8													8	
9	TOTAL Facility Related						\$	4,729,302			\$	295,364	9	
	B. Non-Facility Related*													
10	Interest Income											(9,542)	10	
11													11	
12	Allocated Corporate											588	12	
13													13	
14	TOTAL Non-Facility Related						\$				\$	(8,954)	14	
15	TOTALS (line 9+line14)						\$	4,729,302			\$	286,410	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.)		\$	67,536	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	67,536	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.		\$	67,536	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2007		8	
		2008		9	
		2009		10	
		2010		11	
		2011	67,536	12	
				13	FOR BHF USE ONLY
				13	FROM R. E. TAX STATEMENT FOR 2011 \$ 13
				14	PLUS APPEAL COST FROM LINE 5 \$ 14
				15	LESS REFUND FROM LINE 6 \$ 15
				16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Heritage Health-Pana

COUNTY

Christian

FACILITY IDPH LICENSE NUMBER

0048884

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</u> <u>Applicable to</u> <u>Nursing Home</u>
1.	<u>11252222301400</u>	<u></u>	\$ <u>66,831.00</u>	\$ <u>67,536.00</u>
2.	<u>11252222301300</u>	<u></u>	\$ <u>705.00</u>	\$ <u></u>
3.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
4.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS			\$ <u><u>67,536.00</u></u>	\$ <u><u>67,536.00</u></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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:	17,284	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				\$ 51,055	1
2					2
3	TOTALS			\$ 51,055	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	151				\$ 3,943,054	\$		\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	Smoke Detectors		1997		1,113					9
10										10
11	Seal BlackTop/Parking Lot		1996		2,680					11
12	Heritage Manor Sign		1996		2,192					12
13	Laundry Room Central A/C		1996		3,019					13
14										14
15	Generator Repair		1998		1,559					15
16	Roof		1998		26,420					16
17										17
18	roof		1999		113,936					18
19										19
20	Heat / Cool Unit		2000		1,170					20
21	Roof Repair Walkway		2000		1,715					21
22										22
23										23
24	Tile Floor		2001		1,646					24
25	Heat/Cool Unit		2001		1,180					25
26										26
27	Day Room Carpet		2002		1,225					27
28	Hot Water Heater		2002		2,224					28
29	Sewar repair		2002		1,965					29
30										30
31										31
32										32
33	C/O Allocation					25,544			(25,544)	33
34	Book Depreciation					219,088		219,088		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

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	Sealcoat Parking Lot	2003	\$ 3,338	\$		\$	\$	\$	37
38	A/C unit	2003	1,153						38
39									39
40	Carpeting	2003	5,655						40
41	Ansul System	2003	1,803						41
42									42
43	Booster Heater	2004	1,151						43
44	Energy Mgt System	2004	12,890						44
45	Exterior Doors	2004	1,247						45
46	Heat/Cool Units	2004	7,372						46
47	Drive way repairs	2004	1,765						47
48	Carpeting	2004	13,652						48
49	Sewer Replacement	2004	2,847						49
50									50
51	Heat/Cool Units	2005	13,286						51
52	Unerfloor Ductwork	2005	1,100						52
53	Sidewalks	2005	9,208						53
54	Roof	2005	4,161						54
55									55
56	Sewer Replacement	2006	13,522						56
57	A/C unit	2006	5,660						57
58	Resident Room Carpet	2006	11,370						58
59	Parking Lot Resurface	2006	47,908						59
60	Remodel Dinning Room	2006	4,854						60
61	Fire Alarm Panel	2006	531						61
62	Capital Report Adj	2006	(5,385)						62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 4,264,186	\$ 244,632		\$ 219,088	\$ (25,544)	\$	70

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

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		\$ 4,264,186	\$ 244,632		\$ 219,088	\$ (25,544)		1
2	Fire alarm	2007	44,843						2
3	HVAC	2007	12,000						3
4	Secire Care System	2007	9,092						4
5	Carpet	2007	13,896						5
6	Roof	2007	16,120						6
7									7
8									8
9	A/C Units	2008	7,182						9
10	Remodel Medicare Rooms - Paint	2008	5,392						10
11	Plumbing	2008	6,634						11
12	Parking Lot Resurface	2008	48,871						12
13	Roof	2008	4,492						13
14	Water Heater	2008	4,275						14
15									15
16									16
17	Water Heater	2009	9,128						17
18	Nurse Call & phone system	2009	279,962						18
19									19
20									20
21									21
22	General Conditions & Demolition	2009	77,349						22
23	Carpentry & Millwork	2009	248,504						23
24	Acoustical Ceiling & Flooring	2009	71,696						24
25	Painting	2009	93,983						25
26	Plumbing	2009	42,683						26
27	Electrical	2009	50,534						27
28	Design and layout	2009	30,556						28
29	Project Materials	2009	145,671						29
30	Telephone cables, ceiling tile & kick plates	2009	8,500						30
31	Nurse Station Modifications	2009	3,410						31
32	Ceiling tiles	2009	3,923						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,502,882	\$ 244,632		\$ 219,088	\$ (25,544)		34

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

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		\$ 5,502,882	\$ 244,632		\$ 219,088	\$ (25,544)		1
2									2
3	Light fixtures	2009	3,179						3
4									4
5									5
6									6
7	Soft Goods, asbestos removal and materials	2010	217,391						7
8	4 ton trane unit	2010	10,684						8
9	gutters	2010	15,000						9
10									10
11	Generator	2011	16,655						11
12	Rooftop A/C	2011	17,993						12
13	Laundry building roof	2011	3,905						13
14									14
15	Generator	2012	41,991						15
16	Sprinkler system	2012	134,928						16
17	Nurse Call System	2012	4,742						17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,969,350	\$ 244,632		\$ 219,088	\$ (25,544)		34

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

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		\$ 5,969,350	\$ 244,632		\$ 219,088	\$ (25,544)		1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,969,350	\$ 244,632		\$ 219,088	\$ (25,544)		34

**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	\$1,003,822	\$82,099	\$82,099	\$		\$	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$1,003,822	\$82,099	\$82,099	\$		\$	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)	\$7,024,227	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$326,731	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$301,187	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(25,544)	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

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: \$20,020
- 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

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	\$

* 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.

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

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

		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)	\$			

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.)

12345678										
	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	\$		\$ 324,385	\$		\$ 324,385	1
2	Licensed Speech and Language Development Therapist		hrs			150,516			150,516	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			355,271	574		355,845	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				562,140		562,140	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					84,172			84,172	13
14	TOTAL			\$		\$ 914,344	\$ 562,714		\$ 1,477,058	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.

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	\$ 560	\$	1
2	Cash-Patient Deposits	9,027		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,990,542		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,635		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(1,074,336)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 944,428	\$	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)	\$ 944,428	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 253,739	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	9,027		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	331,375		30
31	Accrued Taxes Payable (excluding real estate taxes)	7,673		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	156,296		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 758,110	\$	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)	\$ 758,110	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 186,318	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 944,428	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (509,715)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (509,715)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	696,033	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)	\$ 696,033	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)	\$ 186,318	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Heritage Health-Pana# 0048884Report Period Beginning: 01/01/12Ending: 12/31/12

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

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

	1		2
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 7,293,474	1
2	Discounts and Allowances for all Levels	(3,755,521)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,537,953	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,377,509	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,377,509	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	3,644	12
13	Barber and Beauty Care	22,458	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,059,928	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	18,985	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,105,015	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	9,542	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,542	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)	\$ 8,030,019	30

	1		2
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,129,999	31
32	Health Care	3,908,233	32
33	General Administration	1,552,503	33
	B. Capital Expense		
34	Ownership	721,587	34
	C. Ancillary Expense		
35	Special Cost Centers	21,664	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)*	\$ 7,333,986	40
41	Income before Income Taxes (line 30 minus line 40)**	696,033	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 696,033	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.

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	1,929	2,024	\$ 74,177	\$ 36.65	1
2	Assistant Director of Nursing	3,165	3,437	75,114	21.85	2
3	Registered Nurses	6,783	7,786	189,605	24.35	3
4	Licensed Practical Nurses	20,353	22,214	438,166	19.72	4
5	CNAs & Orderlies	110,299	119,469	1,333,522	11.16	5
6	CNA Trainees			0		6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,595	3,171	44,752	14.11	8
9	Activity Director					9
10	Activity Assistants	3,905	4,390	52,565	11.97	10
11	Social Service Workers	3,306	3,754	47,818	12.74	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	21,441	23,551	271,371	11.52	15
16	Dishwashers					16
17	Maintenance Workers	3,977	4,593	94,047	20.48	17
18	Housekeepers	10,199	10,703	109,240	10.21	18
19	Laundry	5,663	6,463	63,357	9.80	19
20	Administrator	1,950	2,080	101,294	48.70	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,671	10,718	191,655	17.88	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)	205,236	224,353	\$ 3,086,683 *	\$ 13.76	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		8,400		36
37	Medical Records Consultant		12,000		37
38	Nurse Consultant				38
39	Pharmacist Consultant		9,060		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant		3,306		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 32,766		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	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-Pana		STATE OF ILLINOIS		# 0048884		Report Period Beginning:		01/01/12		Page 21		Ending:		12/31/12	
XIX. SUPPORT SCHEDULES																	
A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions									
Name		Function		Ownership %		Amount		Description		Amount		Description		Amount			
Nancy Prior						\$ 101,294		Workers' Compensation Insurance		\$ 76,654		IDPH License Fee		\$ 0			
								Unemployment Compensation Insurance		75,296		Advertising: Employee Recruitment		0			
								FICA Taxes		236,131		Health Care Worker Background Check					
								Employee Health Insurance		265,096		(Indicate # of checks performed)		2,301			
								Employee Meals				Patient Background Checks					
								Illinois Municipal Retirement Fund (IMRF)*									
										0				9,185			
TOTAL (agree to Schedule V, line 17, col. 1)								Other Benefits		47,950		Dues & Subscriptions		9,591			
(List each licensed administrator separately.)						\$ 101,294		Central Office Allocation		60,350		License & Fees		731			
B. Administrative - Other												Central Office Allocation				11,286	
Description						Amount						Less: Public Relations Expense		(9,185)			
						\$						Non-allowable advertising		(845)			
												Yellow page advertising		()			
TOTAL (agree to Schedule V, line 17, col. 3)						\$		TOTAL (agree to Schedule V, line 22, col.8)		\$ 761,477		TOTAL (agree to Sch. V, line 20, col. 8)		\$ 23,064			
(Attach a copy of any management service agreement)																	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**									
Vendor/Payee		Type				Amount		Description		Line #		Amount		Description		Amount	
Heritage Operations Group		Mgt				\$ 317,738						\$		Out-of-State Travel		\$	
						0											
						0											
														In-State Travel			
																2,063	
																0	
														Seminar Expense		1,123	
																(1,187)	
Legal adj to Zero						3,035								Entertainment Expense		()	
														(agree to Sch. V, line 24, col. 8)			
TOTAL (agree to Schedule V, line 19, column 3)						\$ 320,773		TOTAL		\$		TOTAL				\$ 1,999	
(If total legal fees exceed \$5,000, attach copy of invoices.)																	
* Attach copy of IMRF notifications																	
**See instructions.																	

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		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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.

\$ 83,448

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.

\$ 4,263

(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 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	560				1,009		1,009	PETTY C	560
1010	CASH IN BANK					1,100		1,100	ACCTS R	1,990,542
1040	CASH IN BANK-PAYROLL					1,101		1,101	ALLOW. FOR UNCOLLECTIBI	
1100	ACCOUNTS RECEIVABLE	1,990,542				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	18,635
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	18,635				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 I	0
1475	BUILDING & IMPROVEMEN	0				1,530		1,530	RESIDEN	9,027
1490	ACCUM DEPR-BUILDING	0				1,550		1,550	LOAN FE	0
1530	RESIDENT FUNDS	9,027				1,551		1,551	LOAN FEES ADDED	
1550	LOAN FEES	0				1,850		1,850	INTERCC	(1,074,336)
1560	REAL ESTATE TAX ESCROW					2,010		2,010	ACCOUN	(253,739)
1575	REIMBURSABLE PURCHASES					2,100		2,095	BONUSES PAYABLE	
1850	INTRACOMPANY	-1,074,336				2,100		2,100	ACCRUE	(150,314)
2010	ACCOUNTS PAYABLE	-253,739				2,100		2,100	PR CLEARING-BENEFITS	
2095	BONUSES PAYABLE					2,100		2,100	PR CLEARING-LABOR	
2100	ACCRUED PAYROLL	-150,314				2,110		2,110	ACCRUE	(181,061)
2110	ACCRUED VACATION PAY	-181,061				2,120		2,120	U.C. TAXES PAYABLE	

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(7,673)	
2125	FICA TAX PAYABLE	-7,673	-7,673	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 - CAFETERIA		
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	(156,296)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-156,296		2,400	2,400 CURRENT PORTION OF LT DEBT		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO I	(9,027)	
2385	ACTIVITY FUND	0		2,600	2,600 LASALLE	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 DEBT		
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINED	509,715	
2460	INCOME TAXES PAYABLE					net income	(696,033)
2512	DUE TO RESIDENTS	-9,027					
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	509,715					
2970	PROFIT/LOSS FOR PERIOD	-696,033					
3007.1	PATIENT DAYS-PRIVATE	8,014					3,007

3007.2	PATIENT DAYS-IPA	25,851						3,007
3007.3	PATIENT DAYS-MEDICARE	7,113						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 &	-7,225,099	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	-66,955	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	-1,059,928	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-3,377,509	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	3,755,521	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	-22,458		0	0	0	0	3,560
3560	12 ACTIVITY FUND INCOME	0		0	0	0	0	3,570
3570	12 VENDING INCOME/EXPENSE	-3,644		0	0	0	0	3,590
3580	12 MANAGEMENT FEES			0	0	0	0	3,595
3590	1 EQUIPMENT RENTAL	-1,420		0	0	0	0	3,600
3595	21 RESIDENT TRANSPORTATION	-18,705		0	0	0	0	4,110
3600	21 MISC INCOME	-280		0	0	0	0	4,111
4110	GENERAL & ADMINISTRATIVE WAGES	180,072	191,655	21	1	17	0	4,115
4111	ADMINISTRATOR WAGES	101,294	101,294	17	1	0	0	4,120
4115	VACATION & SICK - G&A	11,583		21	1	0	0	4,125
4120 4475	EMPLOYEE BENEFITS	16,846	701,127	22	3	0	0	4,130
4125	EMPLOYEE HEPETITIS VACATION	0		22	3	0	0	4,135
4130	EMPLOYEE SCHOLORSHIP	10,671		21	1	0	0	4,250
4135	EMPLOYEE SCHOLORSHIP	20,433		23	3	0	0	4,255
4220	DIRECTORS FEES	0	0	18	3	0	0	4,260
4250 4255	OFFICE SUPPLIES	21,398	21,398	21	2	0	0	4,275
4260	TELEPHONE	10,756	10,756	21	3	0	0	4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	8,052	8,052	23	3	16	-6,053 **	4,280
4280	GENERAL TRAVEL	2,063	3,186	24	3	16	0	4,281
4281	MEAL EXPENSE FOR TRAVEL	0		24	3	19	0	4,285
4285	EDUCATION & SEMINAR	1,123		24	3	19	-6,848 ***	4,289
4290	HELP WANTED ADVERTISING	0	108,155	20	3	0	0 -83,448	4,290
4291	PROMOTIONAL ADVERTISING	2,899		20	3	25	-2,899	4,291
4292	PUBLIC RELATIONS	9,185		20	3	25	-9,185	4,292
4300	LICENSES & FEES	84,179		20	3	17	0	4,300
4310	DUES & SUBSCRIPTIONS	9,591		20	3	17	-845	4,310
4320	CONTRIBUTIONS	0		27	3	20	0	4,320
4350	PROFESSIONAL FEES	3,035	320,773	19	3	22	-3,035	4,350
4355	MEDICAL DIRECTOR	8,400	8,400	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 CONSULT	12,000		10	3	0	0	4,364
4363	PHARMACIST FEES	9,060		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	3,306	3,306	12	3	0	0	4,383
4370	TV RENTAL	4,826		35	3	5	0	4,390
4380	INCOME TAXES		24,179	27	3	26	0	4,400
4383	BACKGROUND CHECKS	2,301		20	3	26	0	4,401
4400	PAYROLL TAXES	301,479		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	9,948		22	3	0	0	4,420
4410	GROUP INSURANCE	265,096		22	3	0	0	4,430
4420	LIABILITY INSURANCE	61,928	61,928	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	76,654		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	317,738		19	3	34	0 **	4,460
4460	BAD DEBTS	24,000		27	3	24	-24,000	4,461
4470	LOST ITEMS-RESIDENTS	179		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	15,194	20,020	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	86,939	94,047	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	7,108		6	1	0	0	4,510
5130	ELECTRIC	60,604	116,614	5	3	0	0	4,600
5131	NATURAL GAS	17,368		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	38,642		5	3	0	0	5,130
5134	TRASH COLLECTION	7,967	44,395	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	7,216	66,376	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN	59,160		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC	36,428		6	3	0	0	5,140
5210	DIETARY WAGES	256,508	271,371	1	1	0	0	5,160
5220	DIETARY SICK & VAC	14,863		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	296,482	292,219	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	3,705	18,102	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	2,549		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	11,848		1	2	0	0	5,260
5295	MEAL CREDIT	-4,263		2	2	0	0	5,270
5310	LAUNDRY WAGES	60,578	63,357	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	2,779		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	13,884	21,613	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	7,729		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	104,485	109,240	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	4,755		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	17,307	32,665	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	15,358		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		2,155,336	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	173,233		10	1	0	0	6,020
6030	DON WAGES	74,177		10	1	0	0	6,030
6035	ADON	75,114		10	1	0	0	6,035
6040	RN SICK & VACATION	16,372		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	420,105		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	18,061		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	1,271,777		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	61,745		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 W/	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	43,198		10	1	0	0	6,390
6275	REHAB SICK & VAC	1,554		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	105,699	140,879	10	2	0	0	7,281
6295	NURSING SUPPLIES	33,669		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	1,511		10	2	0	0	7,391
6490	NURSING OTHER	887	21,947	10	3	0	0	7,393
7280	DRUG PURCHASES	307,785	562,714	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	254,355		39	2			7,540
7380	LABORATORY SERVICES	84,172	914,344	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	49,580	52,565	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	2,985		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	924	924	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	355,271		39	3	0	0 ***	7,890
7660	PT SUPPLIES	574		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	44,709	47,818	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	3,109		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0	8,130
7740	OT FEE	324,385		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	150,516		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	18,375	18,375	40	3	0	0	
7890	BEAUTY SHOP SUPPLIES	3,289	3,289	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	661,380	661,380	34	3	0	0	

8120	INTEREST EXPENSE	40,187	40,187	32	3	14	-9,542	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	60,773
9510	INTEREST INCOME	-9,542		32	0	10	0	
9520	MISC NON-OPERATING INC	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		7,324,444	7,333,986					
			9,542					

GRAND TOTALS

-696,033

(NET INCOME)

-62,407

0

FACILITY NAME:

FACILITY ID:

0

FACILITY UNITS:

89

BALANCE SHEET TOTAL

0

	G/L	RECAP CENSUS
PP	8,014	8,014
IPA	25,851	25,851
medicare	7,113	7,113
		40,978
IPA BEDHOLDS	0	
PP BEDHOLDS	0	
PP CONVERS	0	

LES

3

FUND

ERIA

EBT

EBT

3,007 PATIENT

8,014

3,007 PATIENT	25,851
3,007 PATIENT	7,113
	0

3,010 BASIC CI	(7,225,099)
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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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3,080 NURSING	(66,955)
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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	(1,059,928)
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	0
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3,110 PHYSICA	(3,377,509)
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	0
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3,112 PHYSICA	0
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3,113 PHYSICA	0
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3,140 LABORATORY INCOME	
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	0
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3,152 ST/OT TF	0
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3,153 ST/OT TF	0
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3,185 REHAB/ISOLATION/OTHER CHG	
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3,410 IPA/OTH	0
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3,411 MEDICAL	0
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3,420 MEDICAL	3,501,746
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3,520 RENT IN	0
3,530 BEAUTY	(22,458)
	0
3,570 VENDING	(3,644)
3,590 EQUIPM	(1,420)
3,595 RESIDEN	(18,705)
3,600 MISC INC	(280)
4,110 G&A WA	180,072
4,111 ADMINIS	101,294
4,115 G&A PTC	11,583
4,120 EMPLOY	15,318
	0
4,130 EMPLOY	10,671
4,135 EMPLOY	20,433
4,250 OFFICE S	9,377
4,255 POSTAGI	1,227
4,260 TELEPHC	10,756
4,275 TRAININ	8,052
	(53)
4,280 GENERA	2,063
4,281 MEAL EX	0
4,285 EDUCAT	1,123
4,289 MEETING	0
4,290 HELP WA	0
4,291 PROMOT	2,899
4,292 PUBLIC I	9,185
4,300 LICENSE	84,179
4,310 DUES & F	9,591
4,320 CONTRIB	0
4,350 PROFESS	3,035
4,355 MEDICAL	8,400
	12,000
	9,060

4,364 SOCIAL S	3,306
4,370 TV RENT	4,826
4,383 BACKGR	2,301
4,390 OTHER T	0
4,400 PAYROL	301,479
4,401 PAYROL	9,948
4,410 GROUP I	265,096
4,420 LIABILIT	61,928
4,430 WORKM	74,451
4,435 W/C-FIRS	461
4,436 DRUG TE	1,795
4,450 MANAGI	317,738
4,460 BAD DEF	24,000
4,461 BAD DEF	253,775
4,470 LOST ITE	179
4,475 UNIFORM	1,528
4,486 SERVICE	23,077
4,490 MISC EX	224
4,496 MISC. M.	10,794
4,510 REAL ES	0
4,600 LEASED	15,194
5,110 MAINTEN	86,939
5,120 MAINTEN	7,108
5,130 ELECTRI	60,604
5,131 NATURA	17,368
5,133 WATER &	38,642
5,134 TRASH C	7,967
5,140 PROP/PL	7,216
5,160 GENERA	59,160
5,165 MAINTEN	13,351
5,210 DIETARY	256,508
5,220 DIETARY	14,863
5,248 FOOD PU	296,258

5,250 SUPPLIES	3,705
5,260 REPLACEMENT	2,549
5,270 KITCHEN	11,848
5,295 MEAL IN	(4,263)
5,310 LAUNDRY	60,578
5,340 LAUNDRY	2,779
5,370 REPLACEMENT	13,884
	22
5,390 SUPPLIES	7,707
5,410 HOUSEKEEPING	104,485
5,440 HOUSEKEEPING	4,755
5,480 SUPPLIES	17,307
5,490 SUPPLIES	15,358
6,020 RN WAGES	173,233
6,030 DONOR WAGES	74,177
6,035 ADONOR WAGES	75,114
6,040 RN PTO & OVERTIME	16,372
6,120 LPN WAGES	420,105
6,140 LPN PTO	18,061
6,220 AIDES WAGES	1,271,777
6,240 AIDES PTO	61,745
	0
	0
	0
	0
	0
	0
6,270 REHAB V	43,198
6,275 REHAB P	1,554
6,290 NURSING	105,699
6,295 NURSING	33,669
6,390 REPLACEMENT	1,511
6,490 OTHER	887

7,280 DRUG PU	307,785
7,281 DRUG PU	254,355
7,380 LABORA	43,625
7,390 X-RAY S	7,994
	32,553
7,510 ACTIVIT	49,580
7,540 ACTIVIT	2,985
7,590 ACTIVIT	924
7,620 PHYSICA	355,271
7,660 P.T. SUP	574
7,710 SOCIAL S	44,709
7,720 SOCIAL S	3,109
7,730 SOCIAL S	0
7,740 OCCUPA	324,385
	0
7,770 SPEECH '	150,516
7,820 BEAUTIC	18,375
	3,289
	0
8,120 INTERES	0
	40,187
8,130 DEPRECI	0
	0
9,510 INTERES	(9,542)
9,520 MISC NO	0
4,220	0
8,100	661,380
9,702	0
5,230	0
	<u>(696,033)</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 Living Center, IL	37-0967671001	19976