		FOR BHF USE					

LL1

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

I. IDPH License ID Number: 0051276

Facility Name: Heritage Health LaSalle

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

County: LaSalle

Telephone Number: (815)223-4700 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: Jan 2011

Type of Ownership:

	VOLUNTARY,NON-PROFIT	x	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		x	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Dave Underwood **Telephone Number:** 309823-7135
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 01/01/15 to 12/31/15 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) EVP & CFO

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

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

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	101	Skilled (SNF)	101	36,865	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	101	TOTALS	101	36,865	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	19,230	2,904	1,102	23,236	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	19,230	2,904	1,102	23,236	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 63.03%

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? 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 Jan 2011

J. Was the facility purchased or leased after January 1, 1978?
YES [x] Date Jan 2011 NO [ ]

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 1,102

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 LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY 9	10	
	A. General Services											
1	Dietary	190,560	12,369		202,929		202,929	5,388	208,317			1
2	Food Purchase		142,827		142,827		142,827	31	142,858			2
3	Housekeeping	39,179	23,271		62,450		62,450	39	62,489			3
4	Laundry	55,458	11,430		66,888		66,888		66,888			4
5	Heat and Other Utilities			80,699	80,699		80,699	1,399	82,098			5
6	Maintenance	92,256	25,883	71,309	189,448		189,448	16,482	205,930			6
7	Other (specify):*											7
8	**TOTAL General Services**	377,453	215,780	152,008	745,241		745,241	23,339	768,580			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	1,575,436	79,147	11,254	1,665,837		1,665,837	(13,848)	1,651,989			10
10a	Therapy		304,191	287,009	591,200	(310,591)	280,609		280,609			10a
11	Activities	87,689	4,405		92,094		92,094		92,094			11
12	Social Services	22,525		3,188	25,713		25,713		25,713			12
13	CNA Training							959	959			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,685,650	387,743	325,451	2,398,844	(310,591)	2,088,253	(12,889)	2,075,364			16
	C. General Administration											
17	Administrative	89,847			89,847		89,847		89,847			17
18	Directors Fees											18
19	Professional Services			186,429	186,429		186,429	(155,423)	31,006			19
20	Dues, Fees, Subscriptions & Promotions			97,980	97,980	(55,298)	42,682	(21,404)	21,278			20
21	Clerical & General Office Expenses	154,370	16,775	31,761	202,906		202,906	322,434	525,340			21
22	Employee Benefits & Payroll Taxes			459,242	459,242		459,242	48,150	507,392			22
23	Inservice Training & Education			5,093	5,093		5,093	1,014	6,107			23
24	Travel and Seminar			1,946	1,946		1,946	3,053	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			37,250	37,250		37,250	13,946	51,196			26
27	Other (specify):*			4,800	4,800		4,800	(4,800)				27
28	**TOTAL General Administration**	244,217	16,775	824,501	1,085,493	(55,298)	1,030,195	206,970	1,237,165			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,307,320	620,298	1,301,960	4,229,578	(365,889)	3,863,689	217,420	4,081,109			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Heritage Health LaSalle #0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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			55,422	55,422		55,422	19,805	75,227			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			33,977	33,977		33,977	(260)	33,717			32
33	Real Estate Taxes			77,086	77,086		77,086		77,086			33
34	Rent-Facility & Grounds			353,176	353,176		353,176	5,772	358,948			34
35	Rent-Equipment & Vehicles			8,680	8,680		8,680	8,044	16,724			35
36	Other (specify):*											36
37	**TOTAL Ownership**			528,341	528,341		528,341	33,361	561,702			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					310,591	310,591	13,587	324,178			39
40	Barber and Beauty Shops			(2,077)	(2,077)		(2,077)		(2,077)			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					55,298	55,298		55,298			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			(2,077)	(2,077)	365,889	363,812	13,587	377,399			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,307,320	620,298	1,828,224	4,755,842		4,755,842	264,368	5,020,210			45

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

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(198)			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	(4,238)			17
18	Fines and Penalties				18
19	Entertainment	(3,666)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,224)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(4,800)			24
25	Fund Raising, Advertising and Promotional	(24,630)			25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (39,756)		$	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)	304,124		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 304,124		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 264,368		37

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

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

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

STATE OF ILLINOIS **Page 5A**

Heritage Health LaSalle

ID# **0051276**

Report Period Beginning: **01/01/15**

Ending: **12/31/15**

	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		(4,238)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(2,224)	19	22
23				23
24		(4,800)	27	24
25		(24,630)	20	25
26				26
27		0	22	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**	(35,892)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health LaSalle **#** 0051276 **Report Period Beginning:** 01/01/15 **Ending:** 12/31/15

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	5,388	0	0	0	0	0	0	0	0	5,388	1
2	Food Purchase	0	0	31	0	0	0	0	0	0	0	0	31	2
3	Housekeeping	0	0	39	0	0	0	0	0	0	0	0	39	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,399	0	0	0	0	0	0	0	0	1,399	5
6	Maintenance	0	0	16,482	0	0	0	0	0	0	0	0	16,482	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	23,339	0	0	0	0	0	0	0	0	23,339	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	(14,483)	635	0	0	0	0	0	0	0	0	(13,848)	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	959	0	0	0	0	0	0	0	0	959	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	(14,483)	1,594	0	0	0	0	0	0	0	0	(12,889)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,224)	(172,546)	19,347	0	0	0	0	0	0	0	0	(155,423)	19
20	Fees, Subscriptions & Promotions	(28,868)	0	7,464	0	0	0	0	0	0	0	0	(21,404)	20
21	Clerical & General Office Expenses	0	0	322,434	0	0	0	0	0	0	0	0	322,434	21
22	Employee Benefits & Payroll Taxes	0	0	48,150	0	0	0	0	0	0	0	0	48,150	22
23	Inservice Training & Education	0	0	1,014	0	0	0	0	0	0	0	0	1,014	23
24	Travel and Seminar	(3,666)	0	6,719	0	0	0	0	0	0	0	0	3,053	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	13,946	0	0	0	0	0	0	0	0	13,946	26
27	Other (specify):*	(4,800)	0	0	0	0	0	0	0	0	0	0	(4,800)	27
28	**TOTAL General Administration**	(39,558)	(172,546)	419,074	0	0	0	0	0	0	0	0	206,970	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(39,558)	(187,029)	444,007	0	0	0	0	0	0	0	0	217,420	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health LaSalle **#** 0051276 **Report Period Beginning:** 01/01/15 **Ending:** 12/31/15

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	0	0	19,805	0	0	0	0	0	0	0	19,805	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(198)	0	0	(62)	0	0	0	0	0	0	0	(260)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	5,772	0	0	0	0	0	0	0	5,772	34
35	Rent-Equipment & Vehicles	0	0	0	8,044	0	0	0	0	0	0	0	8,044	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(198)	0	0	33,559	0	0	0	0	0	0	0	33,361	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	13,587	0	0	0	0	0	0	0	0	0	13,587	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	13,587	0	0	0	0	0	0	0	0	0	13,587	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(39,756)	(173,442)	444,007	33,559	0	0	0	0	0	0	0	264,368	45

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	Attached Following This Page		Heritage Operations G	Bloomington	Mgmt. Services
				Green Tree Pharmacy	Minonk	Pharmacy

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	10	Adjustment for Related Organiza	$	GreenTree Pharmacy	0.00%	$ (14,483)	$ (14,483)	1
2	V	39	Adjustment for Related Organization		GreenTree Pharmacy	0.00%	13,587	13,587	2
3	V								3
4	V	19	Adjustment for Related Organization	172,546	Heritage Operations Group, LLC	0.00%		(172,546)	4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 172,546			$ (896)	$ * (173,442)	14

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

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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.		$	$ 5,388	15
16	V	2	Food Purchase					31	16
17	V	3	Housekeeping					39	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					1,399	19
20	V	6	Maintenance					16,482	20
21	V	7	Other					0	21
22	V	9	Medical Director					0	22
23	V	10	Nursing & Medical Records					635	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					959	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					19,347	31
32	V	20	Fees, Subscription, Promotions					7,464	32
33	V	21	Clerical & General Office Expenses					322,434	33
34	V	22	Employee Benefits & Payroll Taxes					48,150	34
35	V	23	Inservice Training & Education					1,014	35
36	V	24	Travel and Seminar					6,719	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					13,946	38
39	Total			$			$ 0	$ * 444,007	39

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

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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.		$	$ 0	15
16	V	30	Depreciation					19,805	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					(62)	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					5,772	20
21	V	35	Rent-Equipment & Vehicles					8,044	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	$ * 33,559	39

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

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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.	Sole 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 LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	2,835	27	$ 151,240	$ 150,308	101	$ 5,388	1
2	2	Food Purchase	Beds	2,835	27	878	0	101	31	2
3	3	Housekeeping	Beds	2,835	27	1,094	0	101	39	3
4	4	Laundry	Beds	2,835	27	0	0	101	0	4
5	5	Heat & Other Utilities	Beds	2,835	27	39,264	0	101	1,399	5
6	6	Maintenance	Beds	2,835	27	462,630	80,387	101	16,482	6
7	7	Other	Beds	2,835	27	0	0	101	0	7
8	9	Medical Director	Beds	2,835	27	0	0	101	0	8
9	10	Nursing & Medical Records	Beds	2,835	27	17,825	16,766	101	635	9
10	11	Activities	Beds	2,835	27	0	0	101	0	10
11	12	Social Service	Beds	2,835	27	0	0	101	0	11
12	13	Nurse Aide Training	Beds	2,835	27	26,928	26,075	101	959	12
13	14	Program Transportation	Beds	2,835	27	0	0	101	0	13
14	15	Other	Beds	2,835	27	0	0	101	0	14
15	17	Administrative	Beds	2,835	27	0	0	101	0	15
16	18	Directors Fees	Beds	2,835	27	0	0	101	0	16
17	19	Professional Services	Beds	2,835	27	543,062	0	101	19,347	17
18	20	Fees, Subscription, Promotions	Beds	2,835	27	209,523	0	101	7,464	18
19	21	Clerical & General Office Expens	Beds	2,835	27	9,050,509	8,564,147	101	322,434	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,835	27	1,351,528	0	101	48,150	20
21	23	Inservice Training & Education	Beds	2,835	27	28,468	0	101	1,014	21
22	24	Travel and Seminar	Beds	2,835	27	188,595	0	101	6,719	22
23	25	Other Admin. Staff Transportatio	Beds	2,835	27	0	0	101	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,835	27	391,443	0	101	13,946	24
25	TOTALS					$ 12,462,987	$ 8,837,683		$ 444,007	25

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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 See Pg 8
Street Address
City / State / Zip Code
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	2,835	27	$	$	101	$	1
2	30	Depreciation	Beds	2,835	27	555,915		101	19,805	2
3	31	Amortization of Pre-Op & Org	Beds	2,835	27			101		3
4	32	Interest	Beds	2,835	27	(1,746)		101	(62)	4
5	33	Real Estate Taxes	Beds	2,835	27			101		5
6	34	Rent-Facility & Grounds	Beds	2,835	27	162,022		101	5,772	6
7	35	Rent-Equipment & Vehicles	Beds	2,835	27	225,798		101	8,044	7
8	36	Other	Beds	2,835	27			101		8
9	38	Medically Nec Transportation	Beds	2,835	27			101		9
10	39	Ancillary Service Centers	Beds	2,835	27			101		10
11	40	Barber and Beauty Shops	Beds	2,835	27			101		11
12	41	Coffee and Gift Shops	Beds	2,835	27			101		12
13	42	Other	Beds	2,835	27			101		13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 941,989	$		$ 33,559	25

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		x	Working Capital							33,977	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 33,977	9
	B. Non-Facility Related*											
10	Interest Income										(198)	10
11												11
12	Allocated Corporate										(62)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (260)	14
15	TOTALS (line 9+line14)						$	$			$ 33,717	15

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

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

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

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2014 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 73,118	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.)		$ 73,270	2
3. Under or (over) accrual (line 2 minus line 1).		$ 152	3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 76,934	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.		$ 77,086	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2010	68,442	8
	2011	65,629	9
	2012	67,460	10
	2013	69,636	11
	2014	73,270	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2014	$	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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health LaSalle COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 45740

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 2014 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 2014.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	1709461000		$ 73,270.34	$ 73,270.34
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 73,270.34	$ 73,270.34

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 x _____ 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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 31,274 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. [x] (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? [x] (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 [x] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$	1
2					2
3	TOTALS			$	3

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	101				$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Water Heater			2011	9,850						9
10	Kitchen Drain Line			2011	8,681						10
11	Generator			2011	9,025						11
12	Walk-in cooler condensor			2011	4,877						12
13											13
14	Generator			2012	41,925						14
15	Sprinkler Heads			2012	15,610						15
16	Water Softener			2012	9,361						16
17	Lighting Upgrade			2012	5,362						17
18											18
19	Roof Replacement			2013	299,826						19
20											20
21	Door Alarm Replacement			2014	9,449						21
22	Resurface Parking Lot			2014	57,952						22
23	Install New Water Heater			2014	12,820						23
24	Replace Windows, Soffits and Sills			2014	127,214						24
25											25
26	New condenser unit for walk-in freezer			2015	9,485						26
27											27
28											28
29											29
30											30
31											31
32											32
33	C/O Allocation					19,805		19,805			33
34	Book Depreciation					41,113		41,113			34
35											35
36											36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 621,437	$ 60,918		$ 60,918	$	$	70

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

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	$ 79,715	$ 14,309	$ 14,309	$		$	71
72	Current Year Purchases	73,962						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 153,677	$ 14,309	$ 14,309	$		$	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)	$ 775,114	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 75,227	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 75,227	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 LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: LPRE Holdings, LLC
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. [ ] 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:			1-1-2011	$ 353,176	5	5	3
4	Additions							4
5								5
6								6
7	TOTAL				$ 353,176 **			7

8. List separately any amortization of lease expense included on page 4, line 34. 0
   This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: [x] YES [ ] NO Terms: $3,650,000 *

10. Effective dates of current rental agreement:
    Beginning 1-1-2016
    Ending 12-31-2020

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

	Fiscal Year Ending	Annual Rent
12.	/2016	$ 353,172
13.	/2017	$ 353,172
14.	/2018	$ 353,172

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

15. Is Movable equipment rental included in building rental? [ ] YES [x] NO
16. Rental Amount for movable equipment: $ 8,680 Description: Televisons and office equipment
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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 LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	$		$ 128,999	$		$ 128,999	1
2	Licensed Speech and Language Development Therapist		hrs			1,605			1,605	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			149,956	49		150,005	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				304,142		304,142	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					6,449			6,449	13
14	TOTAL			$		$ 287,009	$ 304,191		$ 591,200	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15 (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	$ 986	$	1
2	Cash-Patient Deposits	15,843		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	782,013		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,900		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(2,626,112)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (1,819,370)	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	635,343		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	153,677		16
17	Accumulated Depreciation (book methods)	(142,491)		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)**	$ 646,529	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ (1,172,841)	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 191,334	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,843		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	220,052		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,232		31
32	Accrued Real Estate Taxes(Sch.IX-B)	76,934		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Bed Tax	22,963		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 529,358	$	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)**	$ 529,358	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,702,199)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ (1,172,841)	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health LaSalle **#** 0051276 **Report Period Beginning:** 01/01/15 **Ending:** 12/31/15

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ (949,719)	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (949,719)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(752,480)	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)**	$ (752,480)	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)**	$ (1,702,199)	24	*

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

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	$ 3,511,505	1
2	Discounts and Allowances for all Levels	(957,748)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,553,757	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	888,268	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 888,268	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	2,044	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	559,095	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 561,139	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	198	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 198	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 4,003,362	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	745,241	31
32	Health Care	2,398,844	32
33	General Administration	1,085,493	33
	B. Capital Expense		
34	Ownership	528,341	34
	C. Ancillary Expense		
35	Special Cost Centers	(2,077)	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)***	$ 4,755,842	40
41	**Income before Income Taxes (line 30 minus line 40)****	(752,480)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (752,480)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

******Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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	1,771	1,864	$ 66,371	$ 35.61	1
2	Assistant Director of Nursing	1,820	1,916	55,487	28.96	2
3	Registered Nurses	11,777	12,397	372,403	30.04	3
4	Licensed Practical Nurses	11,797	12,418	311,474	25.08	4
5	CNAs & Orderlies	48,374	50,920	707,088	13.89	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,848	1,945	62,613	32.19	8
9	Activity Director					9
10	Activity Assistants	5,569	5,862	87,689	14.96	10
11	Social Service Workers	1,468	1,545	22,525	14.58	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	13,017	13,703	190,560	13.91	15
16	Dishwashers					16
17	Maintenance Workers	5,458	5,745	92,256	16.06	17
18	Housekeepers	3,861	4,064	39,179	9.64	18
19	Laundry	5,406	5,690	55,458	9.75	19
20	Administrator	1,976	2,080	89,847	43.20	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,082	5,349	154,370	28.86	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)	119,224	125,498	$ 2,307,320 *	$ 18.39	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 0		35
36	Medical Director		24,000		36
37	Medical Records Consultant		6,936		37
38	Nurse Consultant				38
39	Pharmacist Consultant		4,187		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		3,188		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 38,311		49

C. CONTRACT NURSES

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

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Lori Walsh			$ 89,847
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 89,847

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	$ 172,576
ADP	Payroll tax processing	1,078
Consova Corp	HR consulting	299
Valerie Kretchmer	Planning consultant	10,252
Legal adj to Zero		2,224
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 186,429

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 38,808
Unemployment Compensation Insurance	27,326
FICA Taxes	176,510
Employee Health Insurance	203,066
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	13,532
Central Office Allocation	48,150
TOTAL (agree to Schedule V, line 22, col.8)	$ 507,392

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	2,552
Health Care Worker Background Check	
(Indicate # of checks performed)	1,487
Patient Background Checks	
PR	6,287
Dues & Subscriptions	8,925
License & Fees	5,088
Central Office Allocation	7,464
Less: Public Relations Expense	(6,287)
Non-allowable advertising	(4,238)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 21,278

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	1,646
	0
Seminar Expense	300
	3,053
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,999

**See instructions.

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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

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

Facility Name & ID Number Heritage Health LaSalle # 0051276 Report Period Beginning: 01/01/15 Ending: 12/31/15

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. **HCCI**

(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? **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. $ **55,298**
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. $ **0** Has any meal income been offset against related costs? **No** Indicate the amount. $ **0**

(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? **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. $ **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 of Schedule V? **Yes**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **None claimed**
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	986						1,009	1,009	PETTY C	986
1010	CASH IN BANK							1,100	1,100	ACCTS R	924,297
1040	CASH IN BANK-PAYROLL							1,101	1,101	ALLOW.	(142,284)
1100	ACCOUNTS RECEIVABLE	782,013						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	7,900
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	7,900						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	153,677
1409	LAND	0						1,460			(55,265)
1450	FURNITURE & EQUIPMENT	153,677						1,475	1,475	CODE AI	635,343
1460	ACCUM DEPR-FURN & EQU	-55,265						1,490	1,490	ACCUM I	(87,226)
1475	BUILDING & IMPROVEMEN	635,343						1,530	1,530	RESIDEN	15,843
1490	ACCUM DEPR-BUILDING	-87,226						1,550	1,550	LOAN FE	0
1530	RESIDENT FUNDS	15,843						1,551	1,551	LOAN FEES ADDED	
1550	LOAN FEES	0						1,850	1,850	INTERCC	(2,626,112)
1560	REAL ESTATE TAX ESCROW							2,010	2,010	ACCOUN	(191,334)
1575	REIMBURSABLE PURCHASES							2,100	2,095	BONUSES PAYABLE	
1850	INTRACOMPANY	-2,626,112						2,100	2,100	ACCRUE	(80,015)
2010	ACCOUNTS PAYABLE	-191,334						2,100	2,100	PR CLEARING-BENEFITS	
2095	BONUSES PAYABLE							2,100	2,100	PR CLEARING-LABOR	
2100	ACCRUED PAYROLL	-80,015						2,110	2,110	ACCRUE	(140,037)
2110	ACCRUED VACATION PAY	-140,037						2,120	2,120	U.C. TAX	0

2120	UC TAXES PAYABLE		
2125	FICA TAX PAYABLE	-2,232	-2,232
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	-22,963	
2350	REAL ESTATE TAX PAYAB	-76,934	
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	-15,843	
2600	MORTGAGE PAYABLE	0	
2650	EQUIPMENT LOAN PAYABLE		
2695	CURRENT PORTION LT DEBT		
2696	DEFERRED INCOME TAXES		
2710	COMMON STOCK		
2720	RETAINED EARNINGS	949,719	
2970	PROFIT/LOSS FOR PERIOD	752,480	
3007.1	PATIENT DAYS-PRIVATE	2,904	

2,125	2,125	FICA TA	(2,232)
2,130	2,130	FEDERAL W/H TAX PAYABLE	
2,140	2,140	STATE W/H TAX PAYABLE	
2,152	2,152	WORKERS COMP ACCRUAL	
2,225	2,225	EMPLOYEEE INSURANCE REF	
2,230	2,230	PAYROLL SAVINGS	
2,235	2,240	UNITED FUND	
2,240	2,246	GROUP INSURANCE - CAFETE	
2,246	2,250	401K W/H	
2,250			
2,260	2,260	WAGE G	
2,300	2,300	ACCRUE	0
2,320	2,320	IPA PAYI	(22,963)
2,350	2,350	REAL ES	(76,934)
2,385			0
2,400	2,400	CURRENT PORTION OF LT DE	
2,512	2,512	DUE TO I	(15,843)
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 DE	
2,720	2,720	RETAINE	949,719
		net incom	752,480
		balance	0

3,007

3007.2		PATIENT DAYS-IPA	19,230					3,007
3007.3		PATIENT DAYS-MEDICARE	1,102					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 &	-3,492,230	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	-19,561	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	-559,095	0	0	0	0	3,101
3101	17	DRUGS-OTHER						3,110
3110	6	PT-PRIVATE	-888,268	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	957,748	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	0		0	0	0	0			3,560
3560		12	ACTIVITY FUND INCOME	-161		0	0	0	0			3,570
3570		12	VENDING INCOME/EXPENS	-1,883		0	0	0	0			3,590
3580		12	MANAGEMENT FEES			0	0	0	0			3,595
3590		1	EQUIPMENT RENTAL	286		0	0	0	0			3,600
3595		21	RESIDENT TRANSPORTATI	0		0	0	0	0			4,110
3600		21	MISC INCOME	0		0	0	0	0			4,111
4110			GENERAL & ADMINIST WA	140,634	154,370	21	1	17	0			4,115
4111			ADMINISTRATOR WAGES	89,847	89,847	17	1	0	0			4,120
4115			VACATION & SICK - G&A	13,736		21	1	0	0			4,121
4120	4475		EMPLOYEE BENEFITS	8,004	459,242	22	3	0	0			4,130
4125			EMPLOYEE HEPETITIS VAC	0		22	3	0	0			4,135
4130			EMPLOYEE SCHOLARSHIP	5,247		21	1	0	0			4,250
4135			EMPLOYEE SCHOLARSHIP	281		23	3	0	0			4,255
4220			DIRECTORS FEES	0	0	18	3	0	0			4,260
4250	4255		OFFICE SUPPLIES	16,775	16,775	21	2	0	0			4,275
4260			TELEPHONE	31,761	31,761	21	3	0	0			4,276
4275			TRAINING & EMPLOYEE D	5,093	5,093	23	3	16	0	**		4,280
4280			GENERAL TRAVEL	1,646	1,946	24	3	16	0			4,281
4281			MEAL EXPENSE FOR TRAV	0		24	3	19	0			4,285
4285			EDUCATION & SEMINAR	300		24	3	19	-3,666	***		4,289
4290			HELP WANTED ADVERTISI	2,552	97,980	20	3	0	0	-55,298		4,290
4291			PROMOTIONAL ADVERTIS	18,343		20	3	25	-18,343			4,291
4292			PUBLIC RELATIONS	6,287		20	3	25	-6,287			4,292
4300			LICENSES & FEES	60,386		20	3	17	0			4,300
4310			DUES & SUBSCRIPTIONS	8,925		20	3	17	-4,238			4,310
4320			CONTRIBUTIONS	0		27	3	20	0			4,320
4350			PROFESSIONAL FEES	13,883	186,429	19	3	22	-2,224			4,350
4355			MEDICAL DIRECTOR	24,000	24,000	9	3	0	0			4,355
4360			UTILIZATION REVIEW	0		10	3	0	0			4,362
4361			OTHER PHYSICIAN FEES			39	3	0	0			4,363

4362	MEDICAL RECORDS CONSI	6,936		10	3	0	0	4,364
4363	PHARMACIST FEES	4,187		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	3,188	3,188	12	3	0	0	4,383
4370	TV RENTAL	7,194		35	3	5	0	4,390
4380	INCOME TAXES		4,800	27	3	26	0	4,400
4383	BACKGROUND CHECKS	1,487		20	3	26	0	4,401
4400	PAYROLL TAXES	194,510		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	9,326		22	3	0	0	4,420
4410	GROUP INSURANCE	203,066		22	3	0	0	4,430
4420	LIABILITY INSURANCE	37,250	37,250	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSURA	38,808		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	172,546		19	3	34	0 **	4,460
4460	BAD DEBTS	4,800		27	3	24	-4,800	4,461
4470	LOST ITEMS-RESIDENTS	0		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	77,086	77,086	33	3	0	0	4,486
4600	LEASED EQUIPMENT	1,486	8,680	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	85,826	92,256	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	6,430		6	1	0	0	4,510
5130	ELECTRIC	25,770	80,699	5	3	0	0	4,600
5131	NATURAL GAS	14,270		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	40,659		5	3	0	0	5,130
5134	TRASH COLLECTION	20,931	71,309	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	5,663	25,883	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN	20,220		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC	50,378		6	3	0	0	5,140
5210	DIETARY WAGES	167,168	190,560	1	1	0	0	5,160
5220	DIETARY SICK & VAC	23,392		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	142,827	142,827	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	4,306	12,369	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	1,622		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	6,441		1	2	0	0	5,260
5295	MEAL CREDIT	0		2	2	0	0	5,270
5310	LAUNDRY WAGES	52,660	55,458	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	2,798		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	7,494	11,430	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	3,936		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	36,864	39,179	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VA	2,315		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	23,271	23,271	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	0		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,575,436	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	340,977		10	1	0	0	6,020
6030	DON WAGES	66,371		10	1	0	0	6,030
6035	ADON	55,487		10	1	0	0	6,035
6040	RN SICK & VACATION	31,426		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	290,520		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	20,954		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDIC	662,092		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	44,996		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	57,637		10	1	0	0	6,390
6275	REHAB SICK & VAC	4,976		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	13,244	79,147	10	2	0	0	7,281
6295	NURSING SUPPLIES	62,312		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	3,591		10	2	0	0	7,391
6490	NURSING OTHER	131	11,254	10	3	0	0	7,393
7280	DRUG PURCHASES	74,150	304,191	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	229,992		39	2			7,540
7380	LABORATORY SERVICES	6,449	287,009	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	80,701	87,689	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	6,988		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	4,405	4,405	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	149,956		39	3	0	0 ***	7,890
7660	PT SUPPLIES	49		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	20,706	22,525	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	1,819		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0	8,130
7740	OT FEE	128,999		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	1,605		39	3	0	0 ***	9,520
7800	BEAUTICIAN WAGES		0	40	1	0	0	9,530
7810	BEAUTICIAN SICK & VAC			40	1	0	0	
7820	BEAUTICIAN FEES	-2,077	-2,077	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	353,176	353,176	34	3	0	0	

8120	INTEREST EXPENSE	33,977	33,977	32	3	14	-198	
8130	DEPRECIATION	55,422	55,422	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-198		32	0	10	0	
9520	MISC NON-OPERATING INC	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		4,755,644	4,755,842					
			198					
GRAND TOTALS		752,480					-39,756	
		(NET INCOME)						
		0						

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	2,904	2,904
IPA	19,230	19,230
medicare	1,102	1,102
		23,236

UND

RIA

BT

BT

3,007 PATIENT 2,904

3,007	PATIENT	19,230
3,007	PATIENT	1,102
		0
3,010	BASIC CI	(3,492,230)
3,020	BASIC CI	0
3,030	BASIC CI	0
		0
		0
		0
		0
3,080	NURSINC	(19,561)
3,081	NURSINC	0
3,082	NURSINC	0
3,083	NURSINC	0
3,100	DRUGS-N	(559,095)
		0
3,110	PHYSICA	(888,268)
		0
3,112	PHYSICA	0
3,113	PHYSICA	0
3,140	LABORATORY INCOME	
		0
3,152	ST/OT TH	0
3,153	ST/OT TH	0
3,185	REHAB/ISOLATION/OTHER CHG	
3,410	IPA/OTH	0
3,411	MEDICA	0
3,420	MEDICA	901,003

3,520	RENT INCOME	
3,530	BEAUTY SHOP	
		(161)
3,570	VENDIN(	(1,883)
3,590	EQUIPMI	286
3,595	RESIDEN	0
3,600	MISC IN(	0
4,110	G&A WA	140,634
4,111	ADMINIS	89,847
4,115	G&A PT(	13,736
4,120	EMPLOY	8,020
4,130	EMPLOY	5,247
4,135	EMPLOY	281
4,250	OFFICE S	3,858
4,255	POSTAG	3,060
4,260	TELEPH(	31,761
4,275	TRAININ	5,093
4,280	GENERA	1,646
4,281	MEAL EXPENSE FOR T & E	
4,285	EDUCAT	300
4,289	MEETINGS EXPENSE	
4,290	HELP W/	2,552
4,291	PROMOT	18,343
4,292	PUBLIC I	6,287
4,300	LICENSE	60,386
4,310	DUES & S	8,925
4,320	CONTRIBUTIONS	
4,350	PROFESS	13,883
4,355	MEDICA	24,000
		6,936
		4,187

4,364	SOCIAL S	3,188
4,370	TV RENT	7,194
4,383	BACKGR	1,487
4,390	OTHER TAXES	
4,400	PAYROL	194,510
4,401	PAYROL	9,326
4,410	GROUP I	203,066
4,420	LIABILIT	37,250
4,430	WORKM	37,961
4,435	W/C-FIRS	47
4,436	DRUG TE	800
4,450	MANAGI	172,546
4,460	BAD DEI	4,800
4,461	BAD DEI	56,745
4,470	LOST ITI	0
4,475	UNIFORM	(16)
4,486	SERVICE	23,533
4,490	MISC EX	483
4,496	MISC. M.	9,857
4,510	REAL ES	77,086
4,600	LEASED	1,486
5,110	MAINTEI	85,826
5,120	MAINTEI	6,430
5,130	ELECTRI	25,770
5,131	NATURA	14,270
5,133	WATER &	40,659
5,134	TRASH C	20,931
5,140	PROP/PL	5,663
5,160	GENERA	20,220
5,165	MAINTEI	26,845
5,210	DIETARY	167,168
5,220	DIETARY	23,392
5,248	FOOD PU	142,344

5,250	SUPPLIE	4,306
5,260	REPLACI	1,622
5,270	KITCHEN	6,441
5,295	MEAL INCOME	
5,310	LAUNDR	52,660
5,340	LAUNDR	2,798
5,370	REPLACI	7,494
		0
5,390	SUPPLIE	3,936
5,410	HOUSEK	36,864
5,440	HOUSEK	2,315
5,480	SUPPLIE	23,271
5,490	SUPPLIES-HOUSEKEEPING	
6,020	RN WAG	340,977
6,030	DON WA	66,371
6,035	ADON W	55,487
6,040	RN PTO &	31,426
6,120	LPN WAG	290,520
6,140	LPN PTO	20,954
6,220	AIDES W	662,092
6,240	AIDES PT	44,996
6,245		
		0
		0
		0
6,270	REHAB V	57,637
6,275	REHAB P	4,976
6,290	NURSING	13,244
6,295	NURSING	62,312
6,390	REPLACI	3,591
6,490	OTHER	131

7,280	DRUG PU	74,150
7,281	DRUG PU	229,992
7,380	LABORA	2,803
7,390	X-RAY S	3,646
		0
7,510	ACTIVIT	80,701
7,540	ACTIVIT	6,988
7,590	ACTIVIT	4,405
7,620	PHYSICA	149,956
7,660	P.T. SUPI	49
7,710	SOCIAL S	20,706
7,720	SOCIAL S	1,819
7,730	SOCIAL SERVICE-EXPENSES	
7,740	OCCUPA	128,999
7,770	SPEECH	1,605
7,820	BEAUTIC	(2,077)
		0
		0
8,120	INTERES	0
		33,977
8,130	DEPRECI	55,422
		0
9,510	INTERES	(198)
9,520	MISC NO	0
4,220		0
8,100		353,176
9,702		0
5,230		0
		752,480

Expenses Fixed Assets

0