FOR BHF USE

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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: 0048850

Facility Name: Heritage Health Carlinville

Address: 1200 University Ave (Number) Carlinville (City) 62626 (Zip Code)

County: Macoupin

Telephone Number: (217) 854-4433 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: July 2007

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Dave Underwood **Telephone Number:** 309 823-7135
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/16 to 12/31/16 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 Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 3/25/16

	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	108	Skilled (SNF)	95	35,862	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	108	TOTALS	95	35,862	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	14,269	13,366	2,927	30,562	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	14,269	13,366	2,927	30,562	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.22%

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 July 2007

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

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified and days of care provided 2,927

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

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

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 Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	199,871	10,344		210,215		210,215	4,970	215,185			1
2	Food Purchase		202,083		202,083		202,083		202,083			2
3	Housekeeping	111,153	30,809		141,962		141,962	36	141,998			3
4	Laundry	65,752	15,748		81,500		81,500		81,500			4
5	Heat and Other Utilities			118,368	118,368		118,368	1,544	119,912			5
6	Maintenance	65,714	52,096	64,191	182,001		182,001	20,793	202,794			6
7	Other (specify):*											7
8	TOTAL General Services	442,490	311,080	182,559	936,129		936,129	27,343	963,472			8
	B. Health Care and Programs											
9	Medical Director			14,500	14,500		14,500		14,500			9
10	Nursing and Medical Records	1,425,953	82,546	6,150	1,514,649		1,514,649	(16,241)	1,498,408			10
10a	Therapy		375,940	9,174	385,114	(384,582)	532		532			10a
11	Activities	75,719	1,541		77,260		77,260		77,260			11
12	Social Services	35,934		4,028	39,962		39,962		39,962			12
13	CNA Training							1,224	1,224			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,537,606	460,027	33,852	2,031,485	(384,582)	1,646,903	(15,017)	1,631,886			16
	C. General Administration											
17	Administrative	68,850			68,850		68,850		68,850			17
18	Directors Fees											18
19	Professional Services			267,251	267,251		267,251	(242,476)	24,775			19
20	Dues, Fees, Subscriptions & Promotions			246,396	246,396	(218,824)	27,572	1,721	29,293			20
21	Clerical & General Office Expenses	154,085	14,426	12,815	181,326		181,326	290,197	471,523			21
22	Employee Benefits & Payroll Taxes			416,057	416,057		416,057	39,164	455,221			22
23	Inservice Training & Education			5,890	5,890		5,890	1,200	7,090			23
24	Travel and Seminar			3,671	3,671		3,671	1,328	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			54,150	54,150		54,150	16,429	70,579			26
27	Other (specify):*			90,736	90,736		90,736	(90,736)				27
28	TOTAL General Administration	222,935	14,426	1,096,966	1,334,327	(218,824)	1,115,503	16,827	1,132,330			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,203,031	785,533	1,313,377	4,301,941	(603,406)	3,698,535	29,153	3,727,688			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 Carlinville #0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation							190,738	190,738			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			44,828	44,828		44,828	29,706	74,534			32
33	Real Estate Taxes							34,678	34,678			33
34	Rent-Facility & Grounds			473,040	473,040		473,040	(467,171)	5,869			34
35	Rent-Equipment & Vehicles			6,381	6,381		6,381	8,845	15,226			35
36	Other (specify):*											36
37	**TOTAL Ownership**			524,249	524,249		524,249	(203,204)	321,045			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			593,188	593,188	384,582	977,770	(71,956)	905,814			39
40	Barber and Beauty Shops			297	297		297		297			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					218,824	218,824		218,824			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			593,485	593,485	603,406	1,196,891	(71,956)	1,124,935			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,203,031	785,533	2,431,111	5,419,675		5,419,675	(246,007)	5,173,668			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 Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	(129)			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				17
18	Fines and Penalties				18
19	Entertainment	(4,871)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(10,211)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(90,736)			24
25	Fund Raising, Advertising and Promotional	(7,764)			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)**	$ (113,711)		$	30

BHF USE ONLY								
48		49		50		51		52	

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(132,296)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (132,296)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (246,007)		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

Heritage Health Carlinville

ID# 0048850

Report Period Beginning: 01/01/16

Ending: 12/31/16

	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		0	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(10,211)	19	22
23				23
24		(90,736)	27	24
25		(7,764)	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	(108,711)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	4,970	0	0	0	0	0	0	0	0	4,970	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	36	0	0	0	0	0	0	0	0	36	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,544	0	0	0	0	0	0	0	0	1,544	5
6	Maintenance	0	0	20,793	0	0	0	0	0	0	0	0	20,793	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	27,343	0	0	0	0	0	0	0	0	27,343	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	(16,546)	305	0	0	0	0	0	0	0	0	(16,241)	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	1,224	0	0	0	0	0	0	0	0	1,224	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	(16,546)	1,529	0	0	0	0	0	0	0	0	(15,017)	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	(10,211)	(251,317)	19,052	0	0	0	0	0	0	0	0	(242,476)	19
20	Fees, Subscriptions & Promotions	(7,764)	0	9,485	0	0	0	0	0	0	0	0	1,721	20
21	Clerical & General Office Expenses	0	0	290,197	0	0	0	0	0	0	0	0	290,197	21
22	Employee Benefits & Payroll Taxes	0	0	39,164	0	0	0	0	0	0	0	0	39,164	22
23	Inservice Training & Education	0	0	1,200	0	0	0	0	0	0	0	0	1,200	23
24	Travel and Seminar	(4,871)	0	6,199	0	0	0	0	0	0	0	0	1,328	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	16,429	0	0	0	0	0	0	0	0	16,429	26
27	Other (specify):*	(90,736)	0	0	0	0	0	0	0	0	0	0	(90,736)	27
28	TOTAL General Administration	(113,582)	(251,317)	381,726	0	0	0	0	0	0	0	0	16,827	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(113,582)	(267,863)	410,598	0	0	0	0	0	0	0	0	29,153	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health Carlinville # 0048850 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

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	163,718	0	27,020	0	0	0	0	0	0	0	190,738	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(129)	29,545	0	290	0	0	0	0	0	0	0	29,706	32
33	Real Estate Taxes	0	34,678	0	0	0	0	0	0	0	0	0	34,678	33
34	Rent-Facility & Grounds	0	(473,040)	0	5,869	0	0	0	0	0	0	0	(467,171)	34
35	Rent-Equipment & Vehicles	0	0	0	8,845	0	0	0	0	0	0	0	8,845	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(129)	(245,099)	0	42,024	0	0	0	0	0	0	0	(203,204)	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	(71,956)	0	0	0	0	0	0	0	0	0	(71,956)	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	(71,956)	0	0	0	0	0	0	0	0	0	(71,956)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(113,711)	(584,918)	410,598	42,024	0	0	0	0	0	0	0	(246,007)	45

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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%	$ (16,546)	$ (16,546)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy	0.00%			2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy	0.00%	(71,956)	(71,956)	3
4	V	19	Adjustment for Related Organization	251,317	Heritage Operations Group, LLC	0.00%		(251,317)	4
5	V								5
6	V	34	Adjustment for Related Organization	473,040	Heritage Manor Real Estate, LLC	0.00%		(473,040)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		34,678	34,678	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		27,437	27,437	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		163,718	163,718	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		2,108	2,108	10
11	V								11
12	V								12
13	V								13
14	Total			$ 724,357			$ 139,439	$ * (584,918)	14

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

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 Operations Group LLC		$	$ 4,970	15
16	V	2	Food Purchase					0	16
17	V	3	Housekeeping					36	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					1,544	19
20	V	6	Maintenance					20,793	20
21	V	7	Other					0	21
22	V	9	Medical Director					0	22
23	V	10	Nursing & Medical Records					305	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					1,224	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					19,052	31
32	V	20	Fees, Subscription, Promotions					9,485	32
33	V	21	Clerical & General Office Expenses					290,197	33
34	V	22	Employee Benefits & Payroll Taxes					39,164	34
35	V	23	Inservice Training & Education					1,200	35
36	V	24	Travel and Seminar					6,199	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					16,429	38
39	Total			$			$ 0	$ * 410,598	39

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

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 Operations Group LLC		$	$ 0	15
16	V	30	Depreciation					27,020	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					290	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					5,869	20
21	V	35	Rent-Equipment & Vehicles					8,845	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	$ * 42,024	39

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

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	2,571	26	$ 134,491	$ 133,835	95	$ 4,970	1
2	2	Food Purchase	Beds	2,571	26	0	0	95	0	2
3	3	Housekeeping	Beds	2,571	26	965	0	95	36	3
4	4	Laundry	Beds	2,571	26	0	0	95	0	4
5	5	Heat & Other Utilities	Beds	2,571	26	41,789	0	95	1,544	5
6	6	Maintenance	Beds	2,571	26	562,719	88,582	95	20,793	6
7	7	Other	Beds	2,571	26	0	0	95	0	7
8	9	Medical Director	Beds	2,571	26	0	0	95	0	8
9	10	Nursing & Medical Records	Beds	2,571	26	8,251	9,150	95	305	9
10	11	Activities	Beds	2,571	26	0	0	95	0	10
11	12	Social Service	Beds	2,571	26	0	0	95	0	11
12	13	Nurse Aide Training	Beds	2,571	26	33,130	26,566	95	1,224	12
13	14	Program Transportation	Beds	2,571	26	0	0	95	0	13
14	15	Other	Beds	2,571	26	0	0	95	0	14
15	17	Administrative	Beds	2,571	26	0	0	95	0	15
16	18	Directors Fees	Beds	2,571	26	0	0	95	0	16
17	19	Professional Services	Beds	2,571	26	515,620	0	95	19,052	17
18	20	Fees, Subscription, Promotions	Beds	2,571	26	256,684	0	95	9,485	18
19	21	Clerical & General Office Expense	Beds	2,571	26	7,853,640	7,408,797	95	290,197	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,571	26	1,059,901	0	95	39,164	20
21	23	Inservice Training & Education	Beds	2,571	26	32,489	0	95	1,200	21
22	24	Travel and Seminar	Beds	2,571	26	167,777	0	95	6,199	22
23	25	Other Admin. Staff Transportatio	Beds	2,571	26	0	0	95	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,571	26	444,625	0	95	16,429	24
25	TOTALS					$ 11,112,081	$ 7,666,930		$ 410,598	25

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,571	26	$	$	95	$	1
2	30	Depreciation	Beds	2,571	26	731,247		95	27,020	2
3	31	Amortization of Pre-Op & Org	Beds	2,571	26			95		3
4	32	Interest	Beds	2,571	26	7,851		95	290	4
5	33	Real Estate Taxes	Beds	2,571	26			95		5
6	34	Rent-Facility & Grounds	Beds	2,571	26	158,824		95	5,869	6
7	35	Rent-Equipment & Vehicles	Beds	2,571	26	239,379		95	8,845	7
8	36	Other	Beds	2,571	26			95		8
9	38	Medically Nec Transportation	Beds	2,571	26			95		9
10	39	Ancillary Service Centers	Beds	2,571	26			95		10
11	40	Barber and Beauty Shops	Beds	2,571	26			95		11
12	41	Coffee and Gift Shops	Beds	2,571	26			95		12
13	42	Other	Beds	2,571	26			95		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					$ 1,137,301	$		$ 42,024	25

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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			$	$			$ 27,437	1
2	Bank of America		x	Loan Fee Amortization							2,108	2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		x	Working Capital							44,828	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 74,373	9
	B. Non-Facility Related*											
10	Interest Income										(129)	10
11												11
12	Allocated Corporate										290	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 161	14
15	TOTALS (line 9+line14)						$	$			$ 74,534	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None 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 Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	34,678	2
3. Under or (over) accrual (line 2 minus line 1).	$	34,678	3
4. Real Estate Tax accrual used for 2016 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.	$	34,678	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2011	32,778	8
2012	33,430	9
2013	33,716	10
2014	34,371	11
2015	34,678	12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2015	$	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.**

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health Carlinville COUNTY Macoupin

FACILITY IDPH LICENSE NUMBER 0048850

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 2015 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 2015.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	1200026402		$ 34,678.40	$ 34,678.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 34,678.40	$ 34,678.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES 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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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 Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,320 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [x] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [x] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

None

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

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

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$ 32,017	1
2					2
3	TOTALS			$ 32,017	3

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	95				$ 3,265,145	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Heritage Manor Sign			1996	2,176						9
10	Architect Fees			1996	2,387						10
11	Laundry Room Electrical Repair			1996	3,019						11
12											12
13											13
14	Special Care Unit -- Remodel			1997	30,884						14
15											15
16	Remodel-- Alzheimer Wing			1998	78,813						16
17	A/C Unit			1998	950						17
18	Life Safety Improvements			1998	7,351						18
19	Shower Room Remodel			1998	2,811						19
20	Roof Replacement			1998	92,246						20
21											21
22	Door Alarm			1999	2,317						22
23	Smoke Damperer			1999	498						23
24	Water System			1999	8,115						24
25	Interior Painting--Material and Labor			1999	6,892						25
26	Shower Room Remodel			1999	2,453						26
27	Water Heater			1999	4,253						27
28											28
29											29
30											30
31											31
32											32
33	C/O Allocation					27,020		27,020			33
34	Book Depreciation					146,806		146,806			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 Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	Water Softener	2000	$ 3,802	$		$	$	$	37
38	Shower room Remodel ---Material and Labor	2000	3,608						38
39	A/C Rooftop Unit	2000	12,490						39
40	Pipe --Hallway Floor	2000	1,920						40
41									41
42	Electric Heater	2001	4,700						42
43									43
44	A/C Rooftop Unit-(remove)	2002	(12,490)						44
45	Heat / Cool Unit	2002	8,969						45
46	Floor Coverings	2002	6,638						46
47	Roof top unit	2002	4,995						47
48	Roof top unit	2002	2,918						48
49									49
50	Floor coverings	2003	10,318						50
51	Resurface parking lot	2003	25,786						51
52	A/C unit	2003	11,167						52
53	Dishwasher	2003	3,880						53
54	Boiler	2003	1,978						54
55	Backflow unit	2003	740						55
56	Heat / Cool Unit	2003	5,607						56
57									57
58	Hot Water Pump	2004	750						58
59	Heat / Cool Unit	2004	4,485						59
60	Booster Heater	2004	2,261						60
61	Door Closer	2004	578						61
62	A/C Unit	2004	1,101						62
63	Roof top unit	2004	3,504						63
64	Electric Heater	2004	13,454						64
65	Secure Care System	2004	3,053						65
66	Ansul System	2004	1,685						66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 3,638,207	$ 173,826		$ 173,826	$	$	70

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

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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		$ 3,638,207	$ 173,826		$ 173,826	$	$	1
2	Window Replacement	2005	371						2
3	HVAC	2005	10,165						3
4	Rooftop A/C	2005	8,997						4
5	Water Storage Tank	2005	4,456						5
6	Rooftop Heater	2005	3,425						6
7									7
8	Sidewalk	2006	630						8
9	Parking Lot Sealer	2006	2,385						9
10	Window Replacement	2006	1,638						10
11	Resident room remodel -- paint, wall coverings	2006	3,390						11
12	Smoke detectors	2006	1,644						12
13									13
14	Resident room remodel -- paint, wall coverings	2007	4,207						14
15	Corridor Rehab -- Paint/Wallpaper	2007	22,058						15
16	HVAC	2007	9,819						16
17	Fire Alarm	2007	2,900						17
18	Rosedale Corridor Rehab-- Paint/ Wallpaper	2007	4,041						18
19	Sprinkler System	2007	3,398						19
20									20
21									21
22	Rosedale Resident room Rehab -- Paint/Wallpaper	2007	26,384						22
23	Rooftop A/C	2007	4,417						23
24	Kitchen Repairs	2007	1,550						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)		$ 3,754,082	$ 173,826		$ 173,826	$	$	34

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

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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		$ 3,754,082	$ 173,826		$ 173,826	$	$	1
2	PTAC Units	2008	7,980						2
3	Nurse call/Phone System	2008	157,428						3
4	Kitchen Water Heater	2008	2,600						4
5	Rosedale wing room remodel-- paint/flooring	2008	15,673						5
6	Kitchen plumbing	2008	3,130						6
7	Sprinkler	2008	5,972						7
8	Legacy Unit Remodel--paint/flooring	2008	37,068						8
9	Fire Alarm	2008	47,279						9
10									10
11	Sewer Line	2009	6,355						11
12	Therapy Renovation: paint, electrical, flooring	2009	76,398						12
13	Kitchen pipe	2009	2,700						13
14	Shower	2009	5,080						14
15	Door Alarms	2009	42,322						15
16	Nurse call/Phone System	2009	35,992						16
17	Fire Alarm	2009	15,451						17
18									18
19	Concrete Work & Install Curtins -- therapy room	2010	3,904						19
20	PTAC Units	2010	3,530						20
21	Flooring/Installation Shower room floor	2010	20,394						21
22									22
23	Electric Heat/Cool unit	2011	5,500						23
24	500 gallon grease trap	2011	3,300						24
25	Parking Lot seal	2011	9,481						25
26	Kitchen Exhaust hood	2011	5,500						26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,267,119	$ 173,826		$ 173,826	$	$	34

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

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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		$ 4,267,119	$ 173,826		$ 173,826	$	$	1
2									2
3	Kitchen Rehab - Flooring	2013	19,580						3
4	Lighting Retrofit	2013	7,269						4
5	A/C Units	2013	2,592						5
6	Walk in Cooler- Freezer	2013	25,216						6
7	Install Dry Sidewalls in Therapy	2013	3,200						7
8									8
9	Walk in Cooler- Freezer - Final Installment	2014	5,791						9
10	Door Closures	2014	3,483						10
11	Rooftop AC System Install	2014	8,950						11
12	Install Split System	2014	7,609						12
13	Parking Lot Fill, Seal and Stripe	2014	6,939						13
14	Replace Boiler and Water Tank	2014	9,928						14
15									15
16	Replace (6) PTAC units	2015	6,004						16
17	Repalce roof top refrigeration unit over dining room	2015	9,808						17
18	Repalcement of exhaust fans 1-5	2015	6,777						18
19									19
20	No 2016 Improvements								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)		$ 4,390,265	$ 173,826		$ 173,826	$	$	34

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

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	$ 764,459	$ 16,912	$ 16,912	$		$	71
72	Current Year Purchases	11,623						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 776,082	$ 16,912	$ 16,912	$		$	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)	$ 5,198,364	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 190,738	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 190,738	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 Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: None

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

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

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

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2017	$
13.	/2018	$
14.	/2019	$

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: $ 6,381 Description: Televisions and office machines
(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 Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	$		$ 323,141	$		$ 323,141	1
2	Licensed Speech and Language Development Therapist		hrs			13,955			13,955	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			256,092	532		256,624	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				375,408		375,408	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					9,174			9,174	13
14	TOTAL			$		$ 602,362	$ 375,940		$ 978,302	14

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

STATE OF ILLINOIS

Facility Name & ID Number Heritage Health Carlinville **#** 0048850 **Report Period Beginning:** 01/01/16 **Ending:** 12/31/16

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/16 **(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	$ 7,807	$	1
2	Cash-Patient Deposits	17,193		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,352,620		3
4	Supply Inventory (priced at)	13,118		4
5	Short-Term Investments			5
6	Prepaid Insurance	27,227		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(2,726,713)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (1,308,748)	$	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)**	$ (1,308,748)	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 149,437	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	17,193		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	261,747		30
31	Accrued Taxes Payable (excluding real estate taxes)	3,760		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	Bed Tax	29,069		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 461,206	$	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)**	$ 461,206	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,769,954)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ (1,308,748)	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (2,354,981)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (2,354,981)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	585,027	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)**	$ 585,027	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)**	$ (1,769,954)	24 *

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

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	$ 5,407,751	1
2	Discounts and Allowances for all Levels	(1,919,500)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,488,251	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,755,108	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,755,108	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	737	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	735,931	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	24,546	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 761,214	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	129	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 129	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)**	$ 6,004,702	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	936,129	31
32	Health Care	2,031,485	32
33	General Administration	1,334,327	33
	B. Capital Expense		
34	Ownership	524,249	34
	C. Ancillary Expense		
35	Special Cost Centers	593,485	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)***	$ 5,419,675	40
41	**Income before Income Taxes (line 30 minus line 40)****	585,027	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 585,027	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 Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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	1,364	1,436	$ 43,672	$ 30.41	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	4,054	4,267	122,909	28.80	3
4	Licensed Practical Nurses	16,173	17,024	409,256	24.04	4
5	CNAs & Orderlies	58,572	61,655	763,975	12.39	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,467	3,650	86,141	23.60	8
9	Activity Director					9
10	Activity Assistants	4,989	5,252	75,719	14.42	10
11	Social Service Workers	1,841	1,938	35,934	18.54	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	17,371	18,285	199,871	10.93	15
16	Dishwashers					16
17	Maintenance Workers	4,321	4,549	65,714	14.45	17
18	Housekeepers	10,269	10,810	111,153	10.28	18
19	Laundry	6,010	6,326	65,752	10.39	19
20	Administrator	1,984	2,088	68,850	32.97	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,595	6,942	154,085	22.20	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)	137,010	144,222	$ 2,203,031 *	$ 15.28	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		14,500		36
37	Medical Records Consultant		590		37
38	Nurse Consultant				38
39	Pharmacist Consultant		5,516		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		4,028		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 24,634		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 Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Donna Weeks			$ 68,850
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 68,850

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 services	$ 251,317
ADP	Payroll Tax Processing	1,248
Tango Inc	ACA Compliance	675
McKee Environmental	Inspection	920
MPRO	Records consulting	2,880
Legal adj to Zero		10,211
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 267,251

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 42,579
Unemployment Compensation Insurance	26,883
FICA Taxes	168,532
Employee Health Insurance	166,647
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	11,416
Central Office Allocation	39,164
TOTAL (agree to Schedule V, line 22, col.8)	$ 455,221

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	7,074
Health Care Worker Background Check	
(Indicate # of checks performed)	1,326
PR	3,662
Dues & Subscriptions	10,129
License & Fees	5,152
Central Office Allocation	9,485
Less: Public Relations Expense	(3,662)
Non-allowable advertising	(3,873)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 29,293

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	2,663
	113
Seminar Expense	895
	1,328
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,999

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heritage Health Carlinville # 0048850 Report Period Beginning: 01/01/16 Ending: 12/31/16

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 politica
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 fo
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 Departmen
during this cost report period. $ **218,824**
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 tc
the Department, in addition to the daily rate, been properly classifiec
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 fo
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? **Yes** Indicate the amount. $ **1,191**

(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 fo
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
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	7,807								1,009	1,009	CASH	7,807
1010			CASH IN BANK									1,100	1,100	ACCTS RI	1,480,628
1040			CASH IN BANK-PAYROLL									1,101	1,101	ALLOW. I	(128,008)
1100			ACCOUNTS RECEIVABLE	1,352,620								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	27,227
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	27,227								1,310	1,310	SUPPLIES	13,118
1220			OTHER PREPAID EXPENSES									1,320	1,320	LINEN INVENTORY	
1300			FOOD INVENTORY									1,409	1,409	LAND	0
1310			SUPPLIES INVENTORY	13,118								1,450	1,450	FURNITU	0
1409			LAND	0								1,460			0
1450			FURNITURE & EQUIPMENT	0								1,475	1,475	BUILDIN	0
1460			ACCUM DEPR-FURN & EQUI	0								1,490	1,490	ACCUM I	0
1475			BUILDING & IMPROVEMENT	0								1,530	1,530	RESIDEN	17,193
1490			ACCUM DEPR-BUILDING	0								1,550	1,550	LOAN FE	0
1530			RESIDENT FUNDS	17,193								1,551	1,551	LOAN FEES ADDED	
1550			LOAN FEES	0								1,850	1,850	INTERCO	(2,726,713)
1560			REAL ESTATE TAX ESCROW									2,010	2,010	ACCOUN	(149,437)
1575			REIMBURSABLE PURCHASES									2,100	2,095	BONUSES PAYABLE	
1850			INTRACOMPANY	-2,726,713								2,100	2,100	ACCRUEI	(133,999)
2010			ACCOUNTS PAYABLE	-149,437								2,100	2,100	PR CLEARING-BENEFITS	
2095			BONUSES PAYABLE									2,100	2,100	PR CLEARING-LABOR	
2100			ACCRUED PAYROLL	-133,999								2,110	2,110	ACCRUEI	(127,748)
2110			ACCRUED VACATION PAY	-127,748								2,120	2,120	U.C. TAX	0
2120			UC TAXES PAYABLE									2,125	2,125	FICA TAX	(3,760)
2125			FICA TAX PAYABLE	-3,760	-3,760							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	EMPLOYEEE INSURANCE REFUND	
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 G/	0
2260			WAGE GARNISHMENTS									2,300	2,300	ACCRUEI	0
2280			MISC PAYROLL DEDUCTIONS									2,320	2,320	IPA PAYM	(29,069)
2300			ACCRUED INTEREST PAYAI	0								2,350	2,350	REAL EST	0
2310			SALES TAX PAYABLE									2,385			0
2320			IPA PAYMENTS PAYABLE	-29,069								2,400	2,400	CURRENT PORTION OF LT DEBT	
2350			REAL ESTATE TAX PAYABL	0								2,512	2,512	DUE TO F	(17,193)
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	RETAINE	2,354,981
2460			INCOME TAXES PAYABLE											net income	(585,027)
2512			DUE TO RESIDENTS	-17,193											
2600			MORTGAGE PAYABLE	0											
2650			EQUIPMENT LOAN PAYABLE											balance	0
2695			CURRENT PORTION LT DEBT												
2696			DEFERRED INCOME TAXES												
2710			COMMON STOCK												
2720			RETAINED EARNINGS	2,354,981											
2970			PROFIT/LOSS FOR PERIOD	-585,027											
3007.1			PATIENT DAYS-PRIVATE	13,366								3,007	3,007	PATIENT DA	13,366
3007.2			PATIENT DAYS-IPA	14,269								3,007	3,007	PATIENT DA	14,269
3007.3			PATIENT DAYS-MEDICARE	2,927								3,007	3,007	PATIENT DA	2,927
3007.4			PATIENT DAYS-CONVERSION									3,007			0
3007.5			PATIENT DAYS-LICENSED									3,007			
3007.6			PATIENT DAYS-TOTAL									3,007			
3010		1	BASIC CHARGE-PRIVATE &	-5,368,707		0	0	0	0			3,007			
3015		1	PRIVATE ASSESSMENT TAX INCOME			0	0	0	0			3,010	3,010	BASIC CHAR	(5,368,707)
3020		1	BASIC CHARGE-IPA	0		0	0	0	0			3,020	3,020	BASIC CHAR	0
3030		1	BASIC CHARGE-MEDICARE	0		0	0	0	0			3,030	3,030	BASIC CHAR	0
3035		4	DAY CARE/HOME CARE			0	0	0	0			3,040			165,031
3040		1	LIGHT NURSING CARE			0	0	0	0			3,050			0
3050		1	MEDIUM NURSING CARE			0	0	0	0			3,060			0
3060		1	HEAVY NURSING CARE			0	0	0	0			3,061			0
3061		1	SKILLED NURSING CARE									3,080	3,080	NURSING SU	(29,596)
3080		1	NURSING SUPPLIES-PRIVAT	-29,596		0	0	0	0			3,081	3,081	NURSING SU	0
3081		1	NURSING SUPPLIES-IPA			0	0	0	0			3,082	3,082	NURSING SU	0
3082		1	NURSING SUPPLIES MED PT A			0	0	0	0			3,083	3,083	NURSING SU	0
3083		1	NURSING SUPPLIES MED PT B									3,100	3,100	DRUGS-MED	(735,931)
3100		17	DRUGS	-735,931		0	0	0	0			3,101			0
3101		17	DRUGS-OTHER									3,110	3,110	PHYSICAL TI	(1,755,108)
3110		6	PT-PRIVATE	-1,755,108		0	0	0	0			3,111			0
3111		6	PT-IPA			0	0	0	0			3,112	3,112	PHYSICAL TI	0
3112		6	PT-MEDICARE PART A			0	0	0	0			3,113	3,113	PHYSICAL TI	0
3113		6	PT-MEDICARE PART B			0	0	0	0			3,140	3,140	LABORATORY INCOME	
3130		1	PUBLIC AID ASSESSMENT II	165,031								3,150			0
3140		19	LABORATORY INCOME			0	0	0	0			3,151			
3150		6	SPEECH/OT-PRIVATE			0	0	0	0			3,152	3,152	ST/OT THER/	0
3151		6	SPEECH/OT-IPA			0	0	0	0			3,153	3,153	ST/OT THER/	0
3152		6	SPEECH/OT-MED PART A			0	0	0	0			3,160	3,185	REHAB/ISOLATION/OTHER CHG	
3153		6	SPEECH/OT MED PART B									3,410	3,410	IPA/OTHER I	0
3410		2	IPA DISCOUNTS	1,919,500		0	0	0	0			3,411	3,411	MEDICARE F	0
3411		2	MEDICAID PART B DISCOUNT			0	0	0	0			3,420	3,420	MEDICARE I	1,845,701
3420		2	MEDICARE DISCOUNTS			0	0	0	0			3,500			
3440		36	ASSESSMENT TAX EXPENSE			42	3	0	0			3,520	3,520	RENT INCOM	0
3520		16	RENT INCOME	0		6	0	6	0			3,530	3,530	BEAUTY SHO	0
3530		13	BEAUTY SHOP	0		0	0	0	0			3,560			(300)
3560		12	ACTIVITY FUND INCOME	-300		0	0	0	0			3,570	3,570		(437)
3570		12	VENDING INCOME/EXPENSI	-437		0	0	0	0			3,590	3,590	EQUIPMENT	(9,448)
3580		12	MANAGEMENT FEES			0	0	0	0			3,595	3,595	RESIDENT TI	(24,369)
3590		1	EQUIPMENT RENTAL	-9,448		0	0	0	0			3,600	3,600	MISC INCOM	(177)
3595		21	RESIDENT TRANSPORTATIO	-24,369		0	0	0	0			4,110	4,110	G&A WAGES	138,286
3600		21	MISC INCOME	-177		0	0	0	0			4,111	4,111	ADMINISTRA	68,850
4110			GENERAL & ADMINIST WA(	138,286	154,085	21	1	17	0			4,115	4,115	G&A PTO & I	15,799
4111			ADMINISTRATOR WAGES	68,850	68,850	17	1	0	0			4,120	4,120	EMPLOYEE I	10,692
4115			VACATION & SICK - G&A	15,799		21	1	0	0			4,121			
4120	4475		EMPLOYEE BENEFITS	11,416	416,057	22	3	0	0			4,130	4,130	EMPLOYEE !	0
4125			EMPLOYEE HEPETITIS VAC(	0		22	3	0	0			4,135	4,135	EMPLOYEE !	0
4130			EMPLOYEE SCHOLORSHIP V	0	165,031	21	1	0	0			4,250	4,250	OFFICE SUPI	3,943
4135			EMPLOYEE SCHOLORSHIP (	0		23	3	0	0			4,255	4,255	POSTAGE	2,622
4220			DIRECTORS FEES	0	0	18	3	0	0			4,260	4,260	TELEPHONE	12,815
4250	4255		OFFICE SUPPLIES	14,426	14,426	21	2	0	0			4,275	4,275	TRAINING &	5,890
4260			TELEPHONE	12,815	12,815	21	3	0	0			4,276			
4275			TRAINING & EMPLOYEE DE	5,890	5,890	23	3	16	0	**		4,280	4,280	GENERAL TF	2,663
4280			GENERAL TRAVEL	2,663	3,671	24	3	16	0			4,281	4,281	MEAL EXPEI	113
4281			MEAL EXPENSE FOR TRAVE	113		24	3	19	0			4,285	4,285	EDUCATION	895
4285			EDUCATION & SEMINAR	895		24	3	19	-4,871	***		4,289	4,289	MEETINGS E	0
4290			HELP WANTED ADVERTISIN	7,074	81,365	20	3	0	0		-53,793	4,290	4,290	HELP WANTI	7,074
4291			PROMOTIONAL ADVERTISII	229		20	3	25	-229			4,291	4,291	PROMOTION	229
4292			PUBLIC RELATIONS	3,662		20	3	25	-3,662			4,292	4,292	PUBLIC REL/	3,662
4300			LICENSES & FEES	58,945		20	3	17	0			4,300	4,300	LICENSE & F	58,945
4310			DUES & SUBSCRIPTIONS	10,129		20	3	17	-3,873			4,310	4,310	DUES & SUB	10,129
4320			CONTRIBUTIONS	0		27	3	20	0			4,320	4,320	CONTRIBUTI	0
4350			PROFESSIONAL FEES	15,934	267,251	19	3	22	-10,211			4,350	4,350	PROFESSION	15,934
4355			MEDICAL DIRECTOR	14,500	14,500	9	3	0	0			4,355	4,355	MEDICAL DI	14,500
4360			UTILIZATION REVIEW	0		10	3	0	0			4,362			590
4361			OTHER PHYSICIAN FEES			39	3	0	0			4,363			5,516
4362			MEDICAL RECORDS CONSU	590		10	3	0	0			4,364	4,364	SOCIAL SER'	4,028
4363			PHARMACIST FEES	5,516		10	3	0	0			4,370	4,370	TV RENTAL	2,480
4364			SOC SERV/ACT CONSULT	4,028	4,028	12	3	0	0			4,383	4,383	BACKGROUI	1,326
4370			TV RENTAL	2,480		35	3	5	0			4,390	4,390	OTHER TAXI	0
4380			INCOME TAXES		90,736	27	3	26	0			4,400	4,400	PAYROLL T/	188,268
4383			BACKGROUND CHECKS	1,326		20	3	26	0			4,401	4,401	PAYROLL T/	7,147
4400			PAYROLL TAXES	188,268		22	3	0	0			4,410	4,410	GROUP INSU	166,647
4401			PAYROLL TAXES ADMINISI	7,147		22	3	0	0			4,420	4,420	LIABILITY II	54,150
4410			GROUP INSURANCE	166,647		22	3	0	0			4,430	4,430	WORKMAN'S	40,947
4420			LIABILITY INSURANCE	54,150	54,150	26	3	0	0			4,435	4,435	W/C-FIRST A	234
4425			INSURANCE-OWNERS			22	3	21	0			4,436	4,436	DRUG TESTI	1,398
4430			WORKMENS COMP INSURAI	42,579		22	3	0	0			4,450	4,450	MANAGEME	251,317
4450			CENTRAL OFFICE FEES	251,317		19	3	34	0	**		4,460	4,460	BAD DEBTS	90,736
4460			BAD DEBTS	90,736		27	3	24	-90,736			4,461	4,461	BAD DEBTS	73,799
4470			LOST ITEMS-RESIDENTS	0		27	3	0				4,470	4,470	LOST ITEMS-	0
4490			MISCELLANEOUS	0		27	3	0	0			4,475	4,475	UNIFORM E)	724
4510			REAL ESTATE TAXES	0	0	33	3	0	0			4,486	4,486	M.I.S. Softwar	30,184
4600			LEASED EQUIPMENT	3,901	6,381	35	3	16	0			4,490	4,490	MISC EXPEN	558
5110			MAINTENANCE SALARIES	60,104	65,714	6	1	0	0			4,496	4,496	MISC. M.I.S. I	7,861
5120			MAINTENANCE SICK & VAC	5,610		6	1	0	0			4,510	4,510	REAL ESTAT	0
5130			ELECTRIC	62,167	118,368	5	3	0	0			4,600	4,600	LEASED EQU	3,901
5131			NATURAL GAS	7,417		5	3	0	0			5,110	5,110	MAINTENAN	60,104
5132			HEATING & DEISEL OIL			5	3	0	0			5,120	5,120	MAINTENAN	5,610
5133			WATER & SEWER	48,784		5	3	0	0			5,130	5,130	ELECTRIC	62,167
5134			TRASH COLLECTION	13,960	64,191	6	3	0	0			5,131	5,131	NATURAL G.	7,417
5140			PROPERTY PLANT REPLACI	5,516	52,096	6	2	0	0			5,133	5,133	WATER & SE	48,784
5160			GENERAL REPAIR & MAINT	46,580		6	2	0	0			5,134	5,134	TRASH COLI	13,960
5165			MAINTENANCE CONTRACT	50,231		6	3	0	0			5,140	5,140	PROP/PLANT	5,516
5210			DIETARY WAGES	184,734	199,871	1	1	0	0			5,160	5,160	GENERAL RI	46,580
5220			DIETARY SICK & VAC	15,137		1	1	0	0			5,165	5,165	MAINTENAN	20,047
5240			SALES TAX			2	3	13	0			5,210	5,210	DIETARY W/	184,734
5248			FOOD PURCHASES	203,274	202,083	2	2	0	0			5,220	5,220	DIETARY PT	15,137
5250			SUPPLIES-DISHWASHING	3,412	10,344	1	2	0	0			5,248	5,248	FOOD PURCI	202,716
5260			DIETARY REPLACEMENT	1,686		1	2	0	0			5,250	5,250	SUPPLIES DI	3,412
5270			KITCHEN SUPPLIES-PAPER	5,246		1	2	0	0			5,260	5,260	REPLACEME	1,686
5295			MEAL CREDIT	-1,191		2	2	0	0			5,270	5,270	KITCHEN SU	5,246
5310			LAUNDRY WAGES	62,285	65,752	4	1	0	0			5,295	5,295	MEAL INCOI	(1,191)
5340			LAUNDRY SICK & VAC	3,467		4	1	0	0			5,310	5,310	LAUNDRY W	62,285
5370			LAUNDRY REPLACEMENT	9,304	15,748	4	2	0	0			5,340	5,340	LAUNDRY P	3,467
5380			LAUNDRY REIMBURSEMENT			4	3	0	0			5,370	5,370	REPLACEME	9,304
5390			LAUNDRY SUPPLIES	6,444		4	2	0	0			5,380			854
5410			HOUSEKEEPING WAGES	103,870	111,153	3	1	0	0			5,390	5,390	SUPPLIES	5,590
5440			HOUSEKEEPING SICK & VA(	7,283		3	1	0	0			5,410	5,410	HOUSEKEEP	103,870
5480			HOUSEKEEPING SUPPLIES	30,837	30,809	3	2	0	0			5,440	5,440	HOUSEKEEP	7,283
5490			HOUSEKEEPING SUPPLIES-I	-28		3	2	0	0			5,480	5,480	SUPPLIES-CI	30,837
6010			RN WAGES-MEDICARE		1,425,953	10	1	0	0			5,490	5,490	SUPPLIES-H(	(28)
6020			RN WAGES-NON MEDICARE	109,869		10	1	0	0			6,020	6,020	RN WAGES	109,869
6030			DON WAGES	43,672		10	1	0	0			6,030	6,030	DON WAGES	43,672
6035			ADON	0		10	1	0	0			6,035	6,035	ADON WAGI	0
6040			RN SICK & VACATION	13,040		10	1	0	0			6,040	6,040	RN PTO & RI	13,040
6110			LPN WAGES-MEDICARE	386,345		10	1	0	0			6,120	6,120	LPN WAGES	386,345
6120			LPN WAGES-NON MEDICAR	0		10	1	0	0			6,140	6,140	LPN PTO & R	22,911
6130			LPN WAGES OTHER			10	1	0	0			6,220	6,220	AIDES WAGI	716,792
6140			LPN SICK & VACATION	22,911		10	1	0	0			6,240	6,240	AIDES PTO &	47,183
6210			AIDE WAGES-MEDICARE			10	1	0	0			6,245			0
6220			AIDE WAGES-NON MEDICAI	716,792		10	1	0	0			6,246			
6230			WARD CLERKS			10	1	0	0			6,247			
6240			AIDE VACATION & SICK	47,183		10	1	0	0			6,250			0
6245			CONTRACT NURSES-RN	0		10	3	0	0			6,255			0
6246			CONTRACT NURSES-LPN	0		10	3	0	0			6,260			0
6247			CONTRACT NURSES-AIDES	0		10	3	0	0			6,270	6,270	REHAB WAG	79,127
6250			NURSE AIDE TRAINING WA(	0	0	13	1	0	0			6,275	6,275	REHAB PTO /	7,014
6255			NURSE AID TRAINING EXP	0	0	13	2	0	0			6,290	6,290	NURSING SU	55,846
6260			NURSE AIDE TRAINING REII	0		0	0	0	0			6,295	6,295	NURSING SU	26,165
6270			REHAB WAGES	79,127		10	1	0	0			6,390	6,390	REPLACEME	535
6275			REHAB SICK & VAC	7,014		10	1	0	0			6,490	6,490	OTHER	44
6280			NURSING DEPT EDUCATION			23	3	0	0			7,280	7,280	DRUG PURCI	132,712
6290			NURSING SUPPLIES	55,846	82,546	10	2	0	0			7,281	7,281	DRUG PURCI	242,696
6295			NURSING SUPPLIES	26,165		10	2	0	0			7,380	7,380	LABORATOF	0
6390			REPLACEMENT-NURSING	535		10	2	0	0			7,391	7,390	X-RAY SERV	9,174
6490			NURSING OTHER	44	6,150	10	3	0	0			7,393			
7280			DRUG PURCHASES	132,712	375,940	39	2	0	0	***		7,510	7,510	ACTIVITIES '	69,578
7281			DRUG PURCHASES-OTHER	242,696		39	2					7,540	7,540	ACTIVITIES I	6,141
7380			LABORATORY SERVICES	9,174	9,174	39	3	0	0			7,590	7,590	ACTIVITIES :	1,541
7410			HOME HEALTH SALARY			39	1	0	0			7,620	7,620	PHYSICAL TI	256,092
7440			HOME HEALTH SICK & VAC			39	1	0	0			7,660	7,660	P.T. SUPPLY	532
7450			HOME HEALTH EXPENSES			39	3	0	0			7,710	7,710	SOCIAL SER'	33,731
7510			ACTIVITES WAGES	69,578	75,719	11	1	0	0			7,720	7,720	SOCIAL SER'	2,203
7540			ACTIVITIES SICK & VAC	6,141		11	1	0	0			7,730	7,730	SOCIAL SERVICE-EXPENSES	
7590			ACTIVITIES SUPPLIES	1,541	1,541	11	2	0	0			7,740	7,740	OCCUPATIOI	323,141
7595			ACTIVITIES FEES	0	0	11	3	0	0			7,750			0
7610			PT WAGES			39	1	0	0			7,770	7,770	SPEECH THE	13,955
7611			PT SICK & VACATION			39	1	0	0			7,820	7,820	BEAUTICIAN	297
7620			PT FEES	256,092	593,188	39	3	0	0	***		7,890			0
7660			PT SUPPLIES	532		39	2	0	0			7,960			0
7710			SOCIAL SERVICE WAGES	33,731	35,934	12	1	0	0			8,120	8,120	INTEREST	0
7720			SOCIAL SERVICE SICK & VA	2,203		12	1	0	0			8,125			44,828
7730			SOCIAL SERVICE EXPENSES	0	0	12	2	0	0			8,130	8,130	DEPRECIATI	0
7740			OT FEE	323,141		39	3	0	0	***		8,150			0
7750			SOCIAL THERAPIST FEE	0	0	12	3	0	0			9,510	9,510	INTEREST IN	(129)
7770			SPEECH THERAPY FEE	13,955		39	3	0	0	***		9,520	9,520	MISC NON-O	0
7800			BEAUTICIAN WAGES		0	40	1	0	0			9,530	4,220		0
7810			BEAUTICIAN SICK & VAC			40	1	0	0				8,100		473,040
7820			BEAUTICIAN FEES	297	297	40	3	0	0				9,702		0
7890			BEAUTY SHOP SUPPLIES	0	0	40	2	0	0				5,230		0
7910			VOLUNTEER COORDINATOR			21	1	0	0						(585,027)
7940			VOL COORD SICK & VAC			21	1	0	0						
7960			VOL COORD SUPPLIES	0		21	2	0	0						
8100			RENT	473,040	473,040	34	3	0	0					Expenses Fixed Assets	
8120			INTEREST EXPENSE	44,828	44,828	32	3	14	-129						0
8130			DEPRECIATION	0	0	30	3	9	0						
8150			LOAN FEE AMORTIZATION	0		32	3	0	0		0				
9510			INTEREST INCOME	-129		32	0	10	0						
9520			MISC NON-OPERATING INC(	0		0	0	0	0						
9700			INCOME TAXES	0		0	0	0	0						
				5,254,515	5,419,675										
					165,160										
GRAND TOTALS				-585,027					-113,711						
				(NET INCOME)											
				0											

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

	G/L	RECAP CENSUS
PP	13,366	13,366
IPA	14,269	14,269
medicare	2,927	2,927
		30,562

Heritage Manor Carlinville
HFS ID# 205508113001
HFS Cost Report - December 31, 2016
Schedule V - Column 5 Reclassifications

		Add (Subtract)
Reclassification of Provider Participation Fees		
Provider Participation Fee - $1.50	Line 20, Col 3	(53,793)
Provider Assesment Fee - $6.07	Line 20, Col 3	(165,031)
		(218,824)
Provider Participation Fee	Line 42	218,824
Reclassification of Ancillary Services Cost		
Cost of Drugs Purchased	Line 10(a), Col 2	(375,408)
Cost of Lab & Radiology Services Purchased	Line 10(a), Col 3	(9,174)
		(384,582)
Ancillary Service Centers	Line 39	384,582