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: 0048124

Facility Name: Heritage Health El Paso

Address: 555 E Clay (Number) El Paso (City) 61738 (Zip Code)

County: Woodford

Telephone Number: (309) 527-6240 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: July 2006

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 El Paso # 0048124 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 _____

	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	65	Skilled (SNF)	65	23,790	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	65	TOTALS	65	23,790	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	12,669	5,734	665	19,068	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,669	5,734	665	19,068	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.15%

D. How many bed-hold days during this year were paid by the Department?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? 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 7/2006

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 665

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 El Paso # 0048124 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	201,389	13,938		215,327		215,327	3,400	218,727			1
2	Food Purchase		124,642		124,642		124,642		124,642			2
3	Housekeeping	51,509	15,162		66,671		66,671	24	66,695			3
4	Laundry	59,003	6,623		65,626		65,626		65,626			4
5	Heat and Other Utilities			64,532	64,532		64,532	1,057	65,589			5
6	Maintenance	54,769	37,011	68,084	159,864		159,864	14,227	174,091			6
7	Other (specify):*											7
8	TOTAL General Services	366,670	197,376	132,616	696,662		696,662	18,708	715,370			8
	B. Health Care and Programs											
9	Medical Director			11,988	11,988		11,988		11,988			9
10	Nursing and Medical Records	1,220,304	69,326	7,964	1,297,594		1,297,594	(12,241)	1,285,353			10
10a	Therapy		324,310	11,636	335,946	(335,703)	243		243			10a
11	Activities	55,988	4,180		60,168		60,168		60,168			11
12	Social Services	37,072		3,512	40,584		40,584		40,584			12
13	CNA Training							838	838			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,313,364	397,816	35,100	1,746,280	(335,703)	1,410,577	(11,403)	1,399,174			16
	C. General Administration											
17	Administrative	72,500			72,500		72,500		72,500			17
18	Directors Fees											18
19	Professional Services			185,475	185,475		185,475	(170,607)	14,868			19
20	Dues, Fees, Subscriptions & Promotions			178,325	178,325	(152,945)	25,380	(8,751)	16,629			20
21	Clerical & General Office Expenses	129,273	14,429	7,628	151,330		151,330	198,556	349,886			21
22	Employee Benefits & Payroll Taxes			324,624	324,624		324,624	26,796	351,420			22
23	Inservice Training & Education			5,024	5,024		5,024	821	5,845			23
24	Travel and Seminar			7,039	7,039		7,039	(2,040)	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			33,217	33,217		33,217	11,241	44,458			26
27	Other (specify):* Lost items-residents			93,179	93,179		93,179	(93,136)	43			27
28	TOTAL General Administration	201,773	14,429	834,511	1,050,713	(152,945)	897,768	(37,120)	860,648			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,881,807	609,621	1,002,227	3,493,655	(488,648)	3,005,007	(29,815)	2,975,192			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 El Paso #0048124 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							203,953	203,953			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			29,514	29,514		29,514	17,444	46,958			32
33	Real Estate Taxes							69,163	69,163			33
34	Rent-Facility & Grounds			284,700	284,700		284,700	(280,685)	4,015			34
35	Rent-Equipment & Vehicles			14,084	14,084		14,084	6,052	20,136			35
36	Other (specify):*											36
37	**TOTAL Ownership**			328,298	328,298		328,298	15,927	344,225			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			331,467	331,467	335,703	667,170	(55,367)	611,803			39
40	Barber and Beauty Shops			7,906	7,906		7,906		7,906			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					152,945	152,945		152,945			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			339,373	339,373	488,648	828,021	(55,367)	772,654			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,881,807	609,621	1,669,898	4,161,326		4,161,326	(69,255)	4,092,071			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 El Paso # 0048124 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	(48)			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	(6,282)			19
20	Contributions	(86)			20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(12,377)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(93,050)			24
25	Fund Raising, Advertising and Promotional	(15,240)			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)**	$ (127,083)		$	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)	57,828		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 57,828		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (69,255)		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 El Paso

ID# 0048124

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		(86)	27	20
21				21
22		(12,377)	19	22
23				23
24		(93,050)	27	24
25		(15,240)	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**	(120,753)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health El Paso # 0048124 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 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	3,400	0	0	0	0	0	0	0	0	3,400	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	24	0	0	0	0	0	0	0	0	24	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,057	0	0	0	0	0	0	0	0	1,057	5
6	Maintenance	0	0	14,227	0	0	0	0	0	0	0	0	14,227	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	18,708	0	0	0	0	0	0	0	0	18,708	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	(12,450)	209	0	0	0	0	0	0	0	0	(12,241)	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	838	0	0	0	0	0	0	0	0	838	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	(12,450)	1,047	0	0	0	0	0	0	0	0	(11,403)	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	(12,377)	(171,266)	13,036	0	0	0	0	0	0	0	0	(170,607)	19
20	Fees, Subscriptions & Promotions	(15,240)	0	6,489	0	0	0	0	0	0	0	0	(8,751)	20
21	Clerical & General Office Expenses	0	0	198,556	0	0	0	0	0	0	0	0	198,556	21
22	Employee Benefits & Payroll Taxes	0	0	26,796	0	0	0	0	0	0	0	0	26,796	22
23	Inservice Training & Education	0	0	821	0	0	0	0	0	0	0	0	821	23
24	Travel and Seminar	(6,282)	0	4,242	0	0	0	0	0	0	0	0	(2,040)	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	11,241	0	0	0	0	0	0	0	0	11,241	26
27	Other (specify):*	(93,136)	0	0	0	0	0	0	0	0	0	0	(93,136)	27
28	**TOTAL General Administration**	(127,035)	(171,266)	261,181	0	0	0	0	0	0	0	0	(37,120)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(127,035)	(183,716)	280,936	0	0	0	0	0	0	0	0	(29,815)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health El Paso # 0048124 **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	185,466	0	18,487	0	0	0	0	0	0	0	203,953	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(48)	17,294	0	198	0	0	0	0	0	0	0	17,444	32
33	Real Estate Taxes	0	69,163	0	0	0	0	0	0	0	0	0	69,163	33
34	Rent-Facility & Grounds	0	(284,700)	0	4,015	0	0	0	0	0	0	0	(280,685)	34
35	Rent-Equipment & Vehicles	0	0	0	6,052	0	0	0	0	0	0	0	6,052	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(48)	(12,777)	0	28,752	0	0	0	0	0	0	0	15,927	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	(55,367)	0	0	0	0	0	0	0	0	0	(55,367)	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	(55,367)	0	0	0	0	0	0	0	0	0	(55,367)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(127,083)	(251,860)	280,936	28,752	0	0	0	0	0	0	0	(69,255)	45

Facility Name & ID Number Heritage Health El Paso # 0048124 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%	$ (12,450)	$ (12,450)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy	0.00%			2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy	0.00%	(55,367)	(55,367)	3
4	V	19	Adjustment for Related Organization	171,266	Heritage Operations Group, LLC	0.00%		(171,266)	4
5	V								5
6	V	34	Adjustment for Related Organization	284,700	Heritage Manor Real Estate, LLC	0.00%		(284,700)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		69,163	69,163	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		15,581	15,581	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		185,466	185,466	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		1,713	1,713	10
11	V								11
12	V								12
13	V								13
14	Total			$ 455,966			$ 204,106	$ * (251,860)	14

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

Facility Name & ID Number Heritage Health El Paso # 0048124 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		$	$ 3,400	15
16	V	2	Food Purchase					0	16
17	V	3	Housekeeping					24	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					1,057	19
20	V	6	Maintenance					14,227	20
21	V	7	Other					0	21
22	V	9	Medical Director					0	22
23	V	10	Nursing & Medical Records					209	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					838	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					13,036	31
32	V	20	Fees, Subscription, Promotions					6,489	32
33	V	21	Clerical & General Office Expenses					198,556	33
34	V	22	Employee Benefits & Payroll Taxes					26,796	34
35	V	23	Inservice Training & Education					821	35
36	V	24	Travel and Seminar					4,242	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					11,241	38
39	Total			$			$ 0	$ * 280,936	39

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

Facility Name & ID Number Heritage Health El Paso # 0048124 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					18,487	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					198	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					4,015	20
21	V	35	Rent-Equipment & Vehicles					6,052	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	$ * 28,752	39

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

Facility Name & ID Number Heritage Health El Paso # 0048124 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 El Paso # 0048124 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	65	$ 3,400	1
2	2	Food Purchase	Beds	2,571	26	0	0	65	0	2
3	3	Housekeeping	Beds	2,571	26	965	0	65	24	3
4	4	Laundry	Beds	2,571	26	0	0	65	0	4
5	5	Heat & Other Utilities	Beds	2,571	26	41,789	0	65	1,057	5
6	6	Maintenance	Beds	2,571	26	562,719	88,582	65	14,227	6
7	7	Other	Beds	2,571	26	0	0	65	0	7
8	9	Medical Director	Beds	2,571	26	0	0	65	0	8
9	10	Nursing & Medical Records	Beds	2,571	26	8,251	9,150	65	209	9
10	11	Activities	Beds	2,571	26	0	0	65	0	10
11	12	Social Service	Beds	2,571	26	0	0	65	0	11
12	13	Nurse Aide Training	Beds	2,571	26	33,130	26,566	65	838	12
13	14	Program Transportation	Beds	2,571	26	0	0	65	0	13
14	15	Other	Beds	2,571	26	0	0	65	0	14
15	17	Administrative	Beds	2,571	26	0	0	65	0	15
16	18	Directors Fees	Beds	2,571	26	0	0	65	0	16
17	19	Professional Services	Beds	2,571	26	515,620	0	65	13,036	17
18	20	Fees, Subscription, Promotions	Beds	2,571	26	256,684	0	65	6,489	18
19	21	Clerical & General Office Expense	Beds	2,571	26	7,853,640	7,408,797	65	198,556	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,571	26	1,059,901	0	65	26,796	20
21	23	Inservice Training & Education	Beds	2,571	26	32,489	0	65	821	21
22	24	Travel and Seminar	Beds	2,571	26	167,777	0	65	4,242	22
23	25	Other Admin. Staff Transportatio	Beds	2,571	26	0	0	65	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,571	26	444,625	0	65	11,241	24
25	TOTALS					$ 11,112,081	$ 7,666,930		$ 280,936	25

Facility Name & ID Number Heritage Health El Paso # 0048124 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 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	2,571	26	$	$	65	$	1
2	30	Depreciation	Beds	2,571	26	731,247		65	18,487	2
3	31	Amortization of Pre-Op & Org	Beds	2,571	26			65		3
4	32	Interest	Beds	2,571	26	7,851		65	198	4
5	33	Real Estate Taxes	Beds	2,571	26			65		5
6	34	Rent-Facility & Grounds	Beds	2,571	26	158,824		65	4,015	6
7	35	Rent-Equipment & Vehicles	Beds	2,571	26	239,379		65	6,052	7
8	36	Other	Beds	2,571	26			65		8
9	38	Medically Nec Transportation	Beds	2,571	26			65		9
10	39	Ancillary Service Centers	Beds	2,571	26			65		10
11	40	Barber and Beauty Shops	Beds	2,571	26			65		11
12	41	Coffee and Gift Shops	Beds	2,571	26			65		12
13	42	Other	Beds	2,571	26			65		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	$		$ 28,752	25

Facility Name & ID Number Heritage Health El Paso # 0048124 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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Bank of America		x	Mortgage			$	$			$ 15,581	1
2	Bank of America		x	Loan Fee Amortization							1,713	2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		x	Working Capital							29,514	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 46,808	9
	B. Non-Facility Related*											
10	Interest Income										(48)	10
11												11
12	Allocated Corporate										198	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 150	14
15	TOTALS (line 9+line14)						$	$			$ 46,958	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 El Paso **#** 0048124 **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.)	$	69,163	2
3. Under or (over) accrual (line 2 minus line 1).	$	69,163	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.	$	69,163	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2011	79,579	8
2012	74,113	9
2013	74,956	10
2014	68,084	11
2015	69,163	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 El Paso COUNTY Woodford

FACILITY IDPH LICENSE NUMBER 0048124

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.	16-08-207-008		$ 66,115.36	$ 66,115.00
2.	16-08-206-018		$ 3,047.84	$ 3,048.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 69,163.20	$ 69,163.00

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 El Paso # 0048124 Report Period Beginning: 01/01/16 Ending: 12/31/16

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 20,550 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				$ 100,000	1
2					2
3	TOTALS			$ 100,000	3

Facility Name & ID Number Heritage Health El Paso # 0048124 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	65				$ 988,669	$		$	$	$	4
5					702,618						5
6											6
7											7
8											8
	Improvement Type**										
9	1987 Improvements			1987	12,921						9
10	1989 Improvements			1989	2,285						10
11	1989 Improvements			1989							11
12	1990 Improvements			1990	28,354						12
13	1991 Improvements			1991	405						13
14	1992 Improvements			1992							14
15	1993 Improvements			1993	37,061						15
16	1994 Improvements			1994	7,004						16
17	1995 Improvements			1995	3,992						17
18	A/C Frames			1996	3,695						18
19	Dinning Room A/C & Heat Unit			1996	12,007						19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33	C/O Allocation					18,487		18,487			33
34	Book Depreciation					134,447		134,447			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 El Paso # 0048124 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	Alarm Wiring	1997	$ 1,733	$		$	$	$	37
38	Access Doors	1997	1,075						38
39	Sinks and Faicets	1997	2,738						39
40	Walk in Cooler	1997	1,500						40
41	Motor--Boiler	1997	1,634						41
42									42
43	Kitchen Outlets and Kitchenette Addition	1998	4,389						43
44									44
45	Sprinkler Replacement	1999	4,569						45
46	Air conditioning Units	1999	6,820						46
47									47
48	Carpet Dayroom	2000	1,796						48
49									49
50	Air Handler-- Dinning Room	2001	5,490						50
51	Code Alert	2001	3,833						51
52	Condensing Unit	2001	2,565						52
53	A/C Unit	2001	701						53
54	Walk-in Cooler	2001	12,696						54
55									55
56	Walk in cooler	2002	1,650						56
57	Compressor	2002	4,178						57
58	A/C Unit	2002	1,159						58
59	Exterior Door	2002	2,603						59
60	A/C Unit	2002	5,901						60
61	Heat/Cool Unit	2002	2,154						61
62	Furnace	2002	1,975						62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,870,170	$ 152,934		$ 152,934	$	$	70

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

Facility Name & ID Number Heritage Health El Paso # 0048124 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		$ 1,870,170	$ 152,934		$ 152,934	$	$	1
2	Floor Coverings	2003	37,896						2
3	Dampers	2003	1,660						3
4	Fencing	2003	1,656						4
5	A/C unit	2003	1,738						5
6	Furnace	2003	2,450						6
7	Capital Report Adj	2003	(6,094)						7
8	A/C unit	2004	524						8
9	Garbage Disposal	2004	951						9
10	Water Heater	2004	3,252						10
11									11
12	Ansul System Upgrade	2005	800						12
13	A/C unit	2005	2,140						13
14	Remodel new resident room	2005	26,097						14
15	Exterior Remodel	2005	5,048						15
16	Air handler	2005	2,670						16
17	Water Service	2005	6,247						17
18	Capital Report Adj	2005	(11,592)						18
19	Nurse Call	2006	3,017						19
20	Sidewalk	2006	1,824						20
21	Roof repair	2006	10,751						21
22	Door Alarm	2006	13,522						22
23	A/C unit	2006	2,087						23
24	Furnace	2006	18,500						24
25	Parking Lot sealer	2006	2,353						25
26	Window Replacement	2006	60,015						26
27	Dinning room --paint and remodel	2006	8,217						27
28	Water valve	2006	2,701						28
29	Two Bed expansion -- material/labor	2006	24,784						29
30	Capital Report Adj	2006	(8,980)						30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,084,404	$ 152,934		$ 152,934	$	$	34

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

Facility Name & ID Number Heritage Health El Paso # 0048124 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		$ 2,084,404	$ 152,934		$ 152,934	$	$	1
2	Dining room --paint and remodel	2007	14,189						2
3	Window Replacement	2007	20,175						3
4	Doors	2007	899						4
5	Flood Light	2007	837						5
6	Sprinkler heads	2007	1,314						6
7	Smoke Wall	2007	1,974						7
8	Air Handler	2007	5,690						8
9	A/C	2007	5,959						9
10	Freidrich A/C	2007	2,348						10
11	Parking Lot resurface	2007	1,200						11
12	Dishroom Flooring	2007	290						12
13	Capital Report Adj	2007	(9,437)						13
14	HVAC Units	2008	2,338						14
15	Nurse Call & Phone system w/ Cabling	2008	153,984						15
16	Kitchen Flooring	2008	11,403						16
17	Wireless equipment for Nurse Call	2008	9,874						17
18	Capital Report Adj	2008	(2,832)						18
19	Plumbing Waste Line	2009	4,754						19
20	Parking Lot resurface	2009	25,727						20
21	Capital Report Adj	2009	(9,648)						21
22	Water Heater	2010	6,600						22
23	Exterior Door	2010	3,549						23
24									24
25	Facility Remodel: New Flooring, paint, fixtures & labor	2011	351,840						25
26	Front entrace awning	2011	2,730						26
27	Generator	2011	41,838						27
28	Suction Line	2011	5,057						28
29	Water Softener	2011	4,990						29
30	Sign	2011	6,995						30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,749,041	$ 152,934		$ 152,934	$	$	34

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

Facility Name & ID Number Heritage Health El Paso # 0048124 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		$ 2,749,041	$ 152,934		$ 152,934	$	$	1
2									2
3	Lighting Retrofit	2013	4,000						3
4	A/C Unit	2013	3,819						4
5	Boiler Replacements	2013	38,363						5
6									6
7	Replace Garage Roof	2014	5,700						7
8	Parking Lot Seal and Fill	2014	11,500						8
9	Install New Walk In Cooler	2014	6,482						9
10									10
11	Replacement of split systems - kitchen, east and west	2015	31,796						11
12	dining rooms								12
13									13
14	Roof repairs - patching and regraveling	2016	8,259						14
15	Shower room - demolish existing floor and replace with new tile	2016	6,274						15
16	Powerwash and paint exterior wood framing	2016	4,355						16
17	Split system replacement for nurses station	2016	8,850						17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,878,439	$ 152,934		$ 152,934	$	$	34

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

Facility Name & ID Number Heritage Health El Paso # 0048124 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	$ 978,570	$ 51,019	$ 51,019	$		$	71
72	Current Year Purchases	2,634						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 981,204	$ 51,019	$ 51,019	$		$	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		2009 Turtletop Bus	2008	$ 61,815	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$ 61,815	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 4,021,458	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 203,953	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 203,953	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 El Paso # 0048124 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: $ 14,084 Description: Copiers and televisions
(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 El Paso # 0048124 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 El Paso # 0048124 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	$		$ 160,120	$		$ 160,120	1
2	Licensed Speech and Language Development Therapist		hrs			30,326			30,326	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			141,021	243		141,264	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				324,067		324,067	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					11,636			11,636	13
14	TOTAL			$		$ 343,103	$ 324,310		$ 667,413	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 El Paso **#** 0048124 **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	$ 5,898	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	766,325		3
4	Supply Inventory (priced at)	17,657		4
5	Short-Term Investments			5
6	Prepaid Insurance	19,130		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(1,017,325)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (208,315)	$	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)**	$ (208,315)	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 73,182	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	167,012		30
31	Accrued Taxes Payable (excluding real estate taxes)	1,869		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	17,597		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 259,660	$	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)**	$ 259,660	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (467,975)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ (208,315)	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health El Paso # 0048124 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**	$ (439,604)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (439,604)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(28,371)	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)**	$ (28,371)	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)**	$ (467,975)	24 *

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

Facility Name & ID Number Heritage Health El Paso # 0048124 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	$ 3,513,494	1
2	Discounts and Allowances for all Levels	(1,044,055)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,469,439	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,043,813	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,043,813	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	174	12
13	Barber and Beauty Care	8,775	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	610,535	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	171	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 619,655	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	48	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 48	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)**	$ 4,132,955	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	696,662	31
32	Health Care	1,746,280	32
33	General Administration	1,050,713	33
	B. Capital Expense		
34	Ownership	328,298	34
	C. Ancillary Expense		
35	Special Cost Centers	339,373	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)***	$ 4,161,326	40
41	**Income before Income Taxes (line 30 minus line 40)****	(28,371)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (28,371)	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 El Paso # 0048124 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	1,920	2,021	$ 70,203	$ 34.74	1
2	Assistant Director of Nursing			(60)		2
3	Registered Nurses	7,459	7,852	269,172	34.28	3
4	Licensed Practical Nurses	6,585	6,932	189,557	27.35	4
5	CNAs & Orderlies	38,753	40,793	627,169	15.37	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,802	1,897	64,263	33.88	8
9	Activity Director					9
10	Activity Assistants	4,247	4,470	55,988	12.53	10
11	Social Service Workers	1,870	1,968	37,072	18.84	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	14,512	15,276	201,389	13.18	15
16	Dishwashers					16
17	Maintenance Workers	2,754	2,899	54,769	18.89	17
18	Housekeepers	4,491	4,727	51,509	10.90	18
19	Laundry	4,512	4,749	59,003	12.42	19
20	Administrator	1,984	2,088	72,500	34.72	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,969	5,230	129,273	24.72	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)	95,858	100,902	$ 1,881,807 *	$ 18.65	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 0		35
36	Medical Director		11,988		36
37	Medical Records Consultant		1,739		37
38	Nurse Consultant				38
39	Pharmacist Consultant		3,509		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		3,512		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 20,748		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 0		50
51	Licensed Practical Nurses		639		51
52	Certified Nurse Assistants/Aides		0		52
53	TOTAL (lines 50 - 52)		$ 639		53

Facility Name & ID Number Heritage Health El Paso # 0048124 Report Period Beginning: 01/01/16 Ending: 12/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Teri Edens			$ 72,500
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 72,500

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	$ 171,266
ADP	Payroll Tax Processing	1,224
Tango Inc	ACA Compliance	608
Legal adj to Zero		12,377
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 185,475

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 27,324
Unemployment Compensation Insurance	21,014
FICA Taxes	143,958
Employee Health Insurance	103,428
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	28,900
Central Office Allocation	26,796
TOTAL (agree to Schedule V, line 22, col.8)	$ 351,420

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	5,217
Health Care Worker Background Check	
(Indicate # of checks performed)	1,365
PR	7,784
Dues & Subscriptions	5,335
License & Fees	1,079
Central Office Allocation	6,489
Less: Public Relations Expense	(7,784)
Non-allowable advertising	(2,856)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 16,629

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	2,514
	1,617
Seminar Expense	2,908
	(2,040)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,999

**See instructions.

Facility Name & ID Number Heritage Health El Paso # 0048124 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 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. $ **152,945**
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? **Yes** Indicate the amount. $ **7,762**

(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	5,898								1,009	1,009	CASH	5,898
1010			CASH IN BANK									1,100	1,100	ACCTS RI	951,435
1040			CASH IN BANK-PAYROLL									1,101	1,101	ALLOW. I	(185,110)
1100			ACCOUNTS RECEIVABLE	766,325								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	19,130
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	19,130								1,310	1,310	SUPPLIES	17,657
1220			OTHER PREPAID EXPENSES									1,320	1,320	LINEN INVENTORY	
1300			FOOD INVENTORY									1,409	1,409	LAND	0
1310			SUPPLIES INVENTORY	17,657								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	0
1490			ACCUM DEPR-BUILDING	0								1,550	1,550	LOAN FE	0
1530			RESIDENT FUNDS	0								1,551	1,551	LOAN FEES ADDED	
1550			LOAN FEES	0								1,850	1,850	INTERCO	(1,017,325)
1560			REAL ESTATE TAX ESCROW									2,010	2,010	ACCOUN	(73,182)
1575			REIMBURSABLE PURCHASES									2,100	2,095	BONUSES PAYABLE	
1850			INTRACOMPANY	-1,017,325								2,100	2,100	ACCRUEI	(76,042)
2010			ACCOUNTS PAYABLE	-73,182								2,100	2,100	PR CLEARING-BENEFITS	
2095			BONUSES PAYABLE									2,100	2,100	PR CLEARING-LABOR	
2100			ACCRUED PAYROLL	-76,042								2,110	2,110	ACCRUEI	(90,970)
2110			ACCRUED VACATION PAY	-90,970								2,120	2,120	U.C. TAX	0
2120			UC TAXES PAYABLE									2,125	2,125	FICA TAX	(1,869)
2125			FICA TAX PAYABLE	-1,869	-1,869							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	(17,597)
2300			ACCRUED INTEREST PAYAI	0								2,350	2,350	REAL EST	0
2310			SALES TAX PAYABLE									2,385			0
2320			IPA PAYMENTS PAYABLE	-17,597								2,400	2,400	CURRENT PORTION OF LT DEBT	
2350			REAL ESTATE TAX PAYABL	0								2,512	2,512	DUE TO F	0
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	439,604
2460			INCOME TAXES PAYABLE											net income	28,371
2512			DUE TO RESIDENTS	0											
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	439,604											
2970			PROFIT/LOSS FOR PERIOD	28,371											
3007.1			PATIENT DAYS-PRIVATE	5,734								3,007	3,007	PATIENT DA	5,734
3007.2			PATIENT DAYS-IPA	12,669								3,007	3,007	PATIENT DA	12,669
3007.3			PATIENT DAYS-MEDICARE	665								3,007	3,007	PATIENT DA	665
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 &	-3,486,729		0	0	0	0			3,007			
3015		1	PRIVATE ASSESSMENT TAX INCOME			0	0	0	0			3,010	3,010	BASIC CHAR	(3,486,729)
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			117,260
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	(15,222)
3080		1	NURSING SUPPLIES-PRIVAT	-15,222		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	(610,535)
3100		17	DRUGS	-610,535		0	0	0	0			3,101			0
3101		17	DRUGS-OTHER									3,110	3,110	PHYSICAL TI	(1,043,813)
3110		6	PT-PRIVATE	-1,043,813		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	117,260								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	1,044,055		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	1,029,911
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 SH(	(8,775)
3530		13	BEAUTY SHOP	-8,775		0	0	0	0			3,560			0
3560		12	ACTIVITY FUND INCOME	0		0	0	0	0			3,570	3,570		(174)
3570		12	VENDING INCOME/EXPENSI	-174		0	0	0	0			3,590	3,590	EQUIPMENT	(11,543)
3580		12	MANAGEMENT FEES			0	0	0	0			3,595	3,595	RESIDENT TI	(50)
3590		1	EQUIPMENT RENTAL	-11,543		0	0	0	0			3,600	3,600	MISC INCOM	(121)
3595		21	RESIDENT TRANSPORTATIC	-50		0	0	0	0			4,110	4,110	G&A WAGES	117,232
3600		21	MISC INCOME	-121		0	0	0	0			4,111	4,111	ADMINISTR/	72,500
4110			GENERAL & ADMINIST WA(	117,232	129,273	21	1	17	0			4,115	4,115	G&A PTO & I	12,041
4111			ADMINISTRATOR WAGES	72,500	72,500	17	1	0	0			4,120	4,120	EMPLOYEE I	16,158
4115			VACATION & SICK - G&A	12,041		21	1	0	0			4,121			
4120	4475		EMPLOYEE BENEFITS	16,211	324,624	22	3	0	0			4,130	4,130	EMPLOYEE !	8,472
4125			EMPLOYEE HEPETITIS VAC(	0		22	3	0	0			4,135	4,135	EMPLOYEE !	4,217
4130			EMPLOYEE SCHOLORSHIP \	8,472	117,260	21	1	0	0			4,250	4,250	OFFICE SUPI	2,804
4135			EMPLOYEE SCHOLORSHIP (	4,217		23	3	0	0			4,255	4,255	POSTAGE	2,403
4220			DIRECTORS FEES	0	0	18	3	0	0			4,260	4,260	TELEPHONE	7,628
4250	4255		OFFICE SUPPLIES	14,429	14,429	21	2	0	0			4,275	4,275	TRAINING &	5,024
4260			TELEPHONE	7,628	7,628	21	3	0	0			4,276			
4275			TRAINING & EMPLOYEE DE	5,024	5,024	23	3	16	0	**		4,280	4,280	GENERAL TF	2,514
4280			GENERAL TRAVEL	2,514	7,039	24	3	16	0			4,281	4,281	MEAL EXPEI	1,617
4281			MEAL EXPENSE FOR TRAVE	1,617		24	3	19	0			4,285	4,285	EDUCATION	2,908
4285			EDUCATION & SEMINAR	2,908		24	3	19	-6,282	***		4,289	4,289	MEETINGS E	0
4290			HELP WANTED ADVERTISIN	5,217	61,065	20	3	0	0		-35,685	4,290	4,290	HELP WANTI	5,217
4291			PROMOTIONAL ADVERTISII	4,600		20	3	25	-4,600			4,291	4,291	PROMOTION	4,600
4292			PUBLIC RELATIONS	7,784		20	3	25	-7,784			4,292	4,292	PUBLIC REL/	7,784
4300			LICENSES & FEES	36,764		20	3	17	0			4,300	4,300	LICENSE & F	36,764
4310			DUES & SUBSCRIPTIONS	5,335		20	3	17	-2,856			4,310	4,310	DUES & SUB	5,335
4320			CONTRIBUTIONS	86		27	3	20	-86			4,320	4,320	CONTRIBUTI	86
4350			PROFESSIONAL FEES	14,209	185,475	19	3	22	-12,377			4,350	4,350	PROFESSION	14,209
4355			MEDICAL DIRECTOR	11,988	11,988	9	3	0	0			4,355	4,355	MEDICAL DI	11,988
4360			UTILIZATION REVIEW	0		10	3	0	0			4,362			1,739
4361			OTHER PHYSICIAN FEES			39	3	0	0			4,363			3,509
4362			MEDICAL RECORDS CONSU	1,739		10	3	0	0			4,364	4,364	SOCIAL SER'	3,512
4363			PHARMACIST FEES	3,509		10	3	0	0			4,370	4,370	TV RENTAL	9,079
4364			SOC SERV/ACT CONSULT	3,512	3,512	12	3	0	0			4,383	4,383	BACKGROUI	1,365
4370			TV RENTAL	9,079		35	3	5	0			4,390	4,390	OTHER TAXI	0
4380			INCOME TAXES		93,179	27	3	26	0			4,400	4,400	PAYROLL T/	157,447
4383			BACKGROUND CHECKS	1,365		20	3	26	0			4,401	4,401	PAYROLL T/	7,525
4400			PAYROLL TAXES	157,447		22	3	0	0			4,410	4,410	GROUP INSU	103,428
4401			PAYROLL TAXES ADMINIST	7,525		22	3	0	0			4,420	4,420	LIABILITY II	33,217
4410			GROUP INSURANCE	103,428		22	3	0	0			4,430	4,430	WORKMAN'S	26,322
4420			LIABILITY INSURANCE	33,217	33,217	26	3	0	0			4,435	4,435	W/C-FIRST A	0
4425			INSURANCE-OWNERS			22	3	21	0			4,436	4,436	DRUG TESTI	1,002
4430			WORKMENS COMP INSURAI	27,324		22	3	0	0			4,450	4,450	MANAGEME	171,266
4450			CENTRAL OFFICE FEES	171,266		19	3	34	0	**		4,460	4,460	BAD DEBTS	93,050
4460			BAD DEBTS	93,050		27	3	24	-93,050			4,461	4,461	BAD DEBTS	14,144
4470			LOST ITEMS-RESIDENTS	43		27	3	0				4,470	4,470	LOST ITEMS-	43
4490			MISCELLANEOUS	0		27	3	0	0			4,475	4,475	UNIFORM EX	53
4510			REAL ESTATE TAXES	0	0	33	3	0	0			4,486	4,486	M.I.S. Softwar	21,543
4600			LEASED EQUIPMENT	5,005	14,084	35	3	16	0			4,490	4,490	MISC EXPEN	495
5110			MAINTENANCE SALARIES	51,735	54,769	6	1	0	0			4,496	4,496	MISC. M.I.S. I	9,222
5120			MAINTENANCE SICK & VAC	3,034		6	1	0	0			4,510	4,510	REAL ESTAT	0
5130			ELECTRIC	34,785	64,532	5	3	0	0			4,600	4,600	LEASED EQU	5,005
5131			NATURAL GAS	8,715		5	3	0	0			5,110	5,110	MAINTENAN	51,735
5132			HEATING & DEISEL OIL			5	3	0	0			5,120	5,120	MAINTENAN	3,034
5133			WATER & SEWER	21,032		5	3	0	0			5,130	5,130	ELECTRIC	34,785
5134			TRASH COLLECTION	12,718	68,084	6	3	0	0			5,131	5,131	NATURAL G.	8,715
5140			PROPERTY PLANT REPLACI	14,527	37,011	6	2	0	0			5,133	5,133	WATER & SE	21,032
5160			GENERAL REPAIR & MAINT	22,484		6	2	0	0			5,134	5,134	TRASH COLI	12,718
5165			MAINTENANCE CONTRACT	55,366		6	3	0	0			5,140	5,140	PROP/PLANT	14,527
5210			DIETARY WAGES	188,507	201,389	1	1	0	0			5,160	5,160	GENERAL RI	22,484
5220			DIETARY SICK & VAC	12,882		1	1	0	0			5,165	5,165	MAINTENAN	33,823
5240			SALES TAX			2	3	13	0			5,210	5,210	DIETARY W/	188,507
5248			FOOD PURCHASES	132,404	124,642	2	2	0	0			5,220	5,220	DIETARY PT	12,882
5250			SUPPLIES-DISHWASHING	2,553	13,938	1	2	0	0			5,248	5,248	FOOD PURCI	131,909
5260			DIETARY REPLACEMENT	2,929		1	2	0	0			5,250	5,250	SUPPLIES DI	2,553
5270			KITCHEN SUPPLIES-PAPER	8,456		1	2	0	0			5,260	5,260	REPLACEME	2,929
5295			MEAL CREDIT	-7,762		2	2	0	0			5,270	5,270	KITCHEN SU	8,456
5310			LAUNDRY WAGES	54,783	59,003	4	1	0	0			5,295	5,295	MEAL INCOI	(7,762)
5340			LAUNDRY SICK & VAC	4,220		4	1	0	0			5,310	5,310	LAUNDRY W	54,783
5370			LAUNDRY REPLACEMENT	2,723	6,623	4	2	0	0			5,340	5,340	LAUNDRY P'	4,220
5380			LAUNDRY REIMBURSEMENT			4	3	0	0			5,370	5,370	REPLACEME	2,723
5390			LAUNDRY SUPPLIES	3,900		4	2	0	0			5,380			307
5410			HOUSEKEEPING WAGES	47,908	51,509	3	1	0	0			5,390	5,390	SUPPLIES	3,593
5440			HOUSEKEEPING SICK & VA(	3,601		3	1	0	0			5,410	5,410	HOUSEKEEP	47,908
5480			HOUSEKEEPING SUPPLIES	15,162	15,162	3	2	0	0			5,440	5,440	HOUSEKEEP	3,601
5490			HOUSEKEEPING SUPPLIES-I	0		3	2	0	0			5,480	5,480	SUPPLIES-CI	15,162
6010			RN WAGES-MEDICARE		1,220,304	10	1	0	0			5,490	5,490	SUPPLIES-H(	0
6020			RN WAGES-NON MEDICARE	257,368		10	1	0	0			6,020	6,020	RN WAGES	257,368
6030			DON WAGES	70,203		10	1	0	0			6,030	6,030	DON WAGES	70,203
6035			ADON	-60		10	1	0	0			6,035	6,035	ADON WAGI	(60)
6040			RN SICK & VACATION	11,804		10	1	0	0			6,040	6,040	RN PTO & RE	11,804
6110			LPN WAGES-MEDICARE	180,281		10	1	0	0			6,120	6,120	LPN WAGES	180,281
6120			LPN WAGES-NON MEDICAR	0		10	1	0	0			6,140	6,140	LPN PTO & R	9,276
6130			LPN WAGES OTHER			10	1	0	0			6,220	6,220	AIDES WAGI	589,721
6140			LPN SICK & VACATION	9,276		10	1	0	0			6,240	6,240	AIDES PTO &	37,448
6210			AIDE WAGES-MEDICARE			10	1	0	0			6,245			0
6220			AIDE WAGES-NON MEDICAI	589,721		10	1	0	0			6,246			639
6230			WARD CLERKS			10	1	0	0			6,247			
6240			AIDE VACATION & SICK	37,448		10	1	0	0			6,250			0
6245			CONTRACT NURSES-RN	0		10	3	0	0			6,255			0
6246			CONTRACT NURSES-LPN	639		10	3	0	0			6,260			0
6247			CONTRACT NURSES-AIDES	0		10	3	0	0			6,270	6,270	REHAB WAG	58,715
6250			NURSE AIDE TRAINING WA(	0	0	13	1	0	0			6,275	6,275	REHAB PTO /	5,548
6255			NURSE AID TRAINING EXP	0	0	13	2	0	0			6,290	6,290	NURSING SU	61,475
6260			NURSE AIDE TRAINING REII	0		0	0	0	0			6,295	6,295	NURSING SU	4,612
6270			REHAB WAGES	58,715		10	1	0	0			6,390	6,390	REPLACEME	3,239
6275			REHAB SICK & VAC	5,548		10	1	0	0			6,490	6,490	OTHER	2,077
6280			NURSING DEPT EDUCATION			23	3	0	0			7,280	7,280	DRUG PURCI	74,241
6290			NURSING SUPPLIES	61,475	69,326	10	2	0	0			7,281	7,281	DRUG PURCI	249,826
6295			NURSING SUPPLIES	4,612		10	2	0	0			7,380	7,380	LABORATOI	3,661
6390			REPLACEMENT-NURSING	3,239		10	2	0	0			7,391	7,390	X-RAY SERV	7,975
6490			NURSING OTHER	2,077	7,964	10	3	0	0			7,393			
7280			DRUG PURCHASES	74,241	324,310	39	2	0	0	***		7,510	7,510	ACTIVITIES '	51,237
7281			DRUG PURCHASES-OTHER	249,826		39	2					7,540	7,540	ACTIVITIES I	4,751
7380			LABORATORY SERVICES	11,636	11,636	39	3	0	0			7,590	7,590	ACTIVITIES !	4,180
7410			HOME HEALTH SALARY			39	1	0	0			7,620	7,620	PHYSICAL TI	141,021
7440			HOME HEALTH SICK & VAC			39	1	0	0			7,660	7,660	P.T. SUPPLY	243
7450			HOME HEALTH EXPENSES			39	3	0	0			7,710	7,710	SOCIAL SER'	34,932
7510			ACTIVITES WAGES	51,237	55,988	11	1	0	0			7,720	7,720	SOCIAL SER'	2,140
7540			ACTIVITIES SICK & VAC	4,751		11	1	0	0			7,730	7,730	SOCIAL SERVICE-EXPENSES	
7590			ACTIVITIES SUPPLIES	4,180	4,180	11	2	0	0			7,740	7,740	OCCUPATIOI	160,120
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	30,326
7611			PT SICK & VACATION			39	1	0	0			7,820	7,820	BEAUTICIAN	7,906
7620			PT FEES	141,021	331,467	39	3	0	0	***		7,890			0
7660			PT SUPPLIES	243		39	2	0	0			7,960			0
7710			SOCIAL SERVICE WAGES	34,932	37,072	12	1	0	0			8,120	8,120	INTEREST	0
7720			SOCIAL SERVICE SICK & VA	2,140		12	1	0	0			8,125			29,514
7730			SOCIAL SERVICE EXPENSE!	0	0	12	2	0	0			8,130	8,130	DEPRECIATI	0
7740			OT FEE	160,120		39	3	0	0	***		8,150			0
7750			SOCIAL THERAPIST FEE	0	0	12	3	0	0			9,510	9,510	INTEREST IN	(48)
7770			SPEECH THERAPY FEE	30,326		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		284,700
7820			BEAUTICIAN FEES	7,906	7,906	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						28,371
7940			VOL COORD SICK & VAC			21	1	0	0						
7960			VOL COORD SUPPLIES	0		21	2	0	0						
8100			RENT	284,700	284,700	34	3	0	0					Expenses Fixed Assets	
8120			INTEREST EXPENSE	29,514	29,514	32	3	14	-48						0
8130			DEPRECIATION	0	0	30	3	9	0						
8150			LOAN FEE AMORTIZATION	0		32	3	0	0		0				
9510			INTEREST INCOME	-48		32	0	10	0						
9520			MISC NON-OPERATING INC(	0		0	0	0	0						
9700			INCOME TAXES	0		0	0	0	0						
				4,044,018	4,161,326										
					117,308										
GRAND TOTALS				28,371					-127,083						
				(NET INCOME)											
				0											

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

	G/L	RECAP CENSUS
PP	5,734	5,734
IPA	12,669	12,669
medicare	665	665
		19,068

Heritage Manor El Paso
HFS ID# 203903447001
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	(35,685)
Provider Assesment Fee - $6.07	Line 20, Col 3	(117,260)
		(152,945)
Provider Participation Fee	Line 42	152,945
Reclassification of Ancillary Services Cost		
Cost of Drugs Purchased	Line 10(a), Col 2	(324,067)
Cost of Lab & Radiology Services Purchased	Line 10(a), Col 3	(11,636)
		(335,703)
Ancillary Service Centers	Line 39	335,703