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: 0048918

Facility Name: Heritage Health Jacksonville

Address: 873 Grove Street (Number) Jacksonville (City) 62650 (Zip Code)

County: Morgan

Telephone Number: 217-479-3400 **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 Jacksonville # 0048918 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	185	Skilled (SNF)	175	64,890	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	24	Sheltered Care (SC)	23	8,502	5
6		ICF/DD 16 or Less			6
7	209	TOTALS	198	73,392	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	25,651	19,676	7,391	52,718	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC	1,077	2,406	0	3,483	12
13	DD 16 OR LESS					13
14	TOTALS	26,728	22,082	7,391	56,201	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.58%

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 7,391

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 Jacksonville # 0048918 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	499,423	19,212		518,635		518,635	10,358	528,993			1
2	Food Purchase		414,344		414,344		414,344		414,344			2
3	Housekeeping	230,338	42,629		272,967		272,967	74	273,041			3
4	Laundry	120,455	18,769		139,224		139,224		139,224			4
5	Heat and Other Utilities			248,690	248,690		248,690	3,218	251,908			5
6	Maintenance	136,622	164,456	120,743	421,821		421,821	43,337	465,158			6
7	Other (specify):*											7
8	TOTAL General Services	986,838	659,410	369,433	2,015,681		2,015,681	56,987	2,072,668			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	3,492,938	711,066	15,382	4,219,386		4,219,386	(27,158)	4,192,228			10
10a	Therapy		653,572	31,416	684,988	(684,988)						10a
11	Activities	137,969	3,114		141,083		141,083		141,083			11
12	Social Services	81,397	2	5,704	87,103		87,103		87,103			12
13	CNA Training							2,551	2,551			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,712,304	1,367,754	64,502	5,144,560	(684,988)	4,459,572	(24,607)	4,434,965			16
	C. General Administration											
17	Administrative	106,755			106,755		106,755		106,755			17
18	Directors Fees											18
19	Professional Services			570,092	570,092		570,092	(523,727)	46,365			19
20	Dues, Fees, Subscriptions & Promotions			415,768	415,768	(376,167)	39,601	4,658	44,259			20
21	Clerical & General Office Expenses	358,374	29,381	34,468	422,223		422,223	604,831	1,027,054			21
22	Employee Benefits & Payroll Taxes			914,713	914,713		914,713	81,626	996,339			22
23	Inservice Training & Education			10,092	10,092		10,092	2,502	12,594			23
24	Travel and Seminar			2,957	2,957		2,957	2,042	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			95,587	95,587		95,587	34,242	129,829			26
27	Other (specify):* Lost resident items			34,305	34,305		34,305	(31,934)	2,371			27
28	TOTAL General Administration	465,129	29,381	2,077,982	2,572,492	(376,167)	2,196,325	174,240	2,370,565			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,164,271	2,056,545	2,511,917	9,732,733	(1,061,155)	8,671,578	206,620	8,878,198			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 Jacksonville #0048918 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							372,812	372,812			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			80,758	80,758		80,758	100,455	181,213			32
33	Real Estate Taxes							90,407	90,407			33
34	Rent-Facility & Grounds			1,038,060	1,038,060		1,038,060	(1,025,829)	12,231			34
35	Rent-Equipment & Vehicles			28,317	28,317		28,317	18,435	46,752			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,147,135	1,147,135		1,147,135	(443,720)	703,415			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			1,821,286	1,821,286	684,988	2,506,274	(287,328)	2,218,946			39
40	Barber and Beauty Shops		(163)	41,076	40,913		40,913		40,913			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					376,167	376,167		376,167			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		(163)	1,862,362	1,862,199	1,061,155	2,923,354	(287,328)	2,636,026			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,164,271	2,056,382	5,521,414	12,742,067		12,742,067	(524,428)	12,217,639			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 Jacksonville # 0048918 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	(2,970)			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	(10,879)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,287)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(31,934)			24
25	Fund Raising, Advertising and Promotional	(15,110)			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)**	$ (64,180)		$	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)	(460,248)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (460,248)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (524,428)		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 Jacksonville

ID# 0048918

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		(3,287)	19	22
23				23
24		(31,934)	27	24
25		(15,110)	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	(50,331)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health Jacksonville # 0048918 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	10,358	0	0	0	0	0	0	0	0	10,358	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	74	0	0	0	0	0	0	0	0	74	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	3,218	0	0	0	0	0	0	0	0	3,218	5
6	Maintenance	0	0	43,337	0	0	0	0	0	0	0	0	43,337	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	56,987	0	0	0	0	0	0	0	0	56,987	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	(27,793)	635	0	0	0	0	0	0	0	0	(27,158)	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	2,551	0	0	0	0	0	0	0	0	2,551	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	(27,793)	3,186	0	0	0	0	0	0	0	0	(24,607)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,287)	(560,149)	39,709	0	0	0	0	0	0	0	0	(523,727)	19
20	Fees, Subscriptions & Promotions	(15,110)	0	19,768	0	0	0	0	0	0	0	0	4,658	20
21	Clerical & General Office Expenses	0	0	604,831	0	0	0	0	0	0	0	0	604,831	21
22	Employee Benefits & Payroll Taxes	0	0	81,626	0	0	0	0	0	0	0	0	81,626	22
23	Inservice Training & Education	0	0	2,502	0	0	0	0	0	0	0	0	2,502	23
24	Travel and Seminar	(10,879)	0	12,921	0	0	0	0	0	0	0	0	2,042	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	34,242	0	0	0	0	0	0	0	0	34,242	26
27	Other (specify):*	(31,934)	0	0	0	0	0	0	0	0	0	0	(31,934)	27
28	**TOTAL General Administration**	(61,210)	(560,149)	795,599	0	0	0	0	0	0	0	0	174,240	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(61,210)	(587,942)	855,772	0	0	0	0	0	0	0	0	206,620	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health Jacksonville # 0048918 **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	316,497	0	56,315	0	0	0	0	0	0	0	372,812	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(2,970)	102,820	0	605	0	0	0	0	0	0	0	100,455	32
33	Real Estate Taxes	0	90,407	0	0	0	0	0	0	0	0	0	90,407	33
34	Rent-Facility & Grounds	0	(1,038,060)	0	12,231	0	0	0	0	0	0	0	(1,025,829)	34
35	Rent-Equipment & Vehicles	0	0	0	18,435	0	0	0	0	0	0	0	18,435	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(2,970)	(528,336)	0	87,586	0	0	0	0	0	0	0	(443,720)	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	(287,328)	0	0	0	0	0	0	0	0	0	(287,328)	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	(287,328)	0	0	0	0	0	0	0	0	0	(287,328)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(64,180)	(1,403,606)	855,772	87,586	0	0	0	0	0	0	0	(524,428)	45

Facility Name & ID Number Heritage Health Jacksonville # 0048918 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%	$ (27,793)	$ (27,793)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy	0.00%			2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy	0.00%	(287,328)	(287,328)	3
4	V	19	Adjustment for Related Organization	560,149	Heritage Operations Group, LLC	0.00%		(560,149)	4
5	V								5
6	V	34	Adjustment for Related Organization	1,038,060	Heritage Manor Real Estate, LLC	0.00%		(1,038,060)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		90,407	90,407	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		98,397	98,397	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		316,497	316,497	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		4,423	4,423	10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,598,209			$ 194,603	$ * (1,403,606)	14

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 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		$	$ 10,358	15
16	V	2	Food Purchase					0	16
17	V	3	Housekeeping					74	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					3,218	19
20	V	6	Maintenance					43,337	20
21	V	7	Other					0	21
22	V	9	Medical Director					0	22
23	V	10	Nursing & Medical Records					635	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					2,551	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					39,709	31
32	V	20	Fees, Subscription, Promotions					19,768	32
33	V	21	Clerical & General Office Expenses					604,831	33
34	V	22	Employee Benefits & Payroll Taxes					81,626	34
35	V	23	Inservice Training & Education					2,502	35
36	V	24	Travel and Seminar					12,921	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					34,242	38
39	Total			$			$ 0	$ * 855,772	39

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 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					56,315	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					605	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					12,231	20
21	V	35	Rent-Equipment & Vehicles					18,435	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	$ * 87,586	39

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 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 Jacksonville # 0048918 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	198	$ 10,358	1
2	2	Food Purchase	Beds	2,571	26	0	0	198	0	2
3	3	Housekeeping	Beds	2,571	26	965	0	198	74	3
4	4	Laundry	Beds	2,571	26	0	0	198	0	4
5	5	Heat & Other Utilities	Beds	2,571	26	41,789	0	198	3,218	5
6	6	Maintenance	Beds	2,571	26	562,719	88,582	198	43,337	6
7	7	Other	Beds	2,571	26	0	0	198	0	7
8	9	Medical Director	Beds	2,571	26	0	0	198	0	8
9	10	Nursing & Medical Records	Beds	2,571	26	8,251	9,150	198	635	9
10	11	Activities	Beds	2,571	26	0	0	198	0	10
11	12	Social Service	Beds	2,571	26	0	0	198	0	11
12	13	Nurse Aide Training	Beds	2,571	26	33,130	26,566	198	2,551	12
13	14	Program Transportation	Beds	2,571	26	0	0	198	0	13
14	15	Other	Beds	2,571	26	0	0	198	0	14
15	17	Administrative	Beds	2,571	26	0	0	198	0	15
16	18	Directors Fees	Beds	2,571	26	0	0	198	0	16
17	19	Professional Services	Beds	2,571	26	515,620	0	198	39,709	17
18	20	Fees, Subscription, Promotions	Beds	2,571	26	256,684	0	198	19,768	18
19	21	Clerical & General Office Expense	Beds	2,571	26	7,853,640	7,408,797	198	604,831	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,571	26	1,059,901	0	198	81,626	20
21	23	Inservice Training & Education	Beds	2,571	26	32,489	0	198	2,502	21
22	24	Travel and Seminar	Beds	2,571	26	167,777	0	198	12,921	22
23	25	Other Admin. Staff Transportatio	Beds	2,571	26	0	0	198	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,571	26	444,625	0	198	34,242	24
25	TOTALS					$ 11,112,081	$ 7,666,930		$ 855,772	25

Facility Name & ID Number Heritage Health Jacksonville # 0048918 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	$	$	198	$	1
2	30	Depreciation	Beds	2,571	26	731,247		198	56,315	2
3	31	Amortization of Pre-Op & Org	Beds	2,571	26			198		3
4	32	Interest	Beds	2,571	26	7,851		198	605	4
5	33	Real Estate Taxes	Beds	2,571	26			198		5
6	34	Rent-Facility & Grounds	Beds	2,571	26	158,824		198	12,231	6
7	35	Rent-Equipment & Vehicles	Beds	2,571	26	239,379		198	18,435	7
8	36	Other	Beds	2,571	26			198		8
9	38	Medically Nec Transportation	Beds	2,571	26			198		9
10	39	Ancillary Service Centers	Beds	2,571	26			198		10
11	40	Barber and Beauty Shops	Beds	2,571	26			198		11
12	41	Coffee and Gift Shops	Beds	2,571	26			198		12
13	42	Other	Beds	2,571	26			198		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	$		$ 87,586	25

Facility Name & ID Number Heritage Health Jacksonville # 0048918 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			$	$			$ 98,397	1
2	Bank of America		x	Loan Fee Amortization							4,423	2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		x	Working Capital							80,758	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 183,578	9
	B. Non-Facility Related*											
10	Interest Income										(2,970)	10
11												11
12	Allocated Corporate										605	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (2,365)	14
15	TOTALS (line 9+line14)						$	$			$ 181,213	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 Jacksonville # 0048918 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.)	$	90,407	2
3. Under or (over) accrual (line 2 minus line 1).	$	90,407	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.	$	90,407	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2011	90,521	8
	2012	90,561	9
	2013	93,709	10
	2014	96,706	11
	2015	90,407	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 Jacksonville COUNTY Morgan

FACILITY IDPH LICENSE NUMBER 0048918

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.	0920308003		$ 118,955.60	$ 90,407.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 118,955.60	$ 90,407.00

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? x YES NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 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 Jacksonville # 0048918 Report Period Beginning: 01/01/16 Ending: 12/31/16

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,102 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 2

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).

Apartments/cottages located on adjacent property. Costs are separated with exception of real estate tax bill.
Allocation has been made and is shown in a separate schedule to this report.

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 Jacksonville # 0048918 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	198				$ 3,295,725	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Facility Sign			2005	1,050						9
10	Dietary cabinets			2005	5,864						10
11	Ansul system			2005	1,600						11
12	Heat detectors			2005	1,777						12
13	Door system			2005	17,554						13
14	A/C units			2005	10,456						14
15											15
16	Computer wiring			2005	1,280						16
17	A/C compressor			2005	2,849						17
18	Shelter care remodel-- paint, flooring, wallpaper			2006	225,040						18
19	landscapping			2006	2,262						19
20	Boiler			2006	2,580						20
21	Heat/cool units			2006	9,517						21
22	Fire alarm			2006	2,097						22
23	Roof			2006	145,352						23
24	Door system			2006	414						24
25	Mixing Valve			2006	5,060						25
26	Hutton Hall remodel (Shelter Care) -- Window treatments, painting			2006	31,147						26
27	sump pump			2006	2,001						27
28	2006 audit adjustment			2006	(78,685)						28
29											29
30											30
31											31
32											32
33	C/O Allocation					56,315		56,315			33
34	Book Depreciation					259,661		259,661			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 Jacksonville # 0048918 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	Backflow preventer	2007	$ 3,501	$		$	$	$	37
38	Shower/faucet	2007	875						38
39	Air Handler	2007	5,215						39
40	HVAC	2007	20,152						40
41	Tree removal	2007	9,491						41
42	Valance	2007	581						42
43	Younkin corridor remodel -- paint	2007	16,420						43
44	Trane compressor	2007	2,841						44
45	Elevator	2007	68,750						45
46	Parking lot	2007	10,570						46
47	Aufit Adjustment	2007	(38,621)						47
48									48
49									49
50									50
51									51
52	Nurse Call System	2008	286,152						52
53	Mechanical systems	2008	12,996						53
54	Condensing Unit	2008	17,965						54
55	Laundry plumbing	2008	12,671						55
56	Heat / Cool units	2008	24,201						56
57	Fire Panel	2008	7,378						57
58	Water Heater	2008	5,272						58
59	Kitchen Air Handler	2008	26,187						59
60	Condensing Unit	2008	4,069						60
61	Wireless Phone system	2008	41,983						61
62	Cables-nurse call	2008	21,185						62
63	Resident Phones	2008	10,081						63
64	Audit Adjustment	2008	2,254						64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 4,257,109	$ 315,976		$ 315,976	$	$	70

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 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		$ 4,257,109	$ 315,976		$ 315,976	$	$	1
2	Compressor	2009	2,516						2
3	Condensing Unit	2009	16,946						3
4	Boiler Replacement	2009	10,434						4
5	Roof	2009	8,393						5
6	HVAC units	2009	5,735						6
7	Firewall	2009	6,951						7
8	HVAC units	2009	5,106						8
9	Laundry plumbing	2009	7,351						9
10	Sewer ejector	2009	5,189						10
11	Dinning room paint, flooring & labor	2009	55,148						11
12	Cabling	2009	10,874						12
13	Laundry plumbing	2009	7,015						13
14									14
15	Roof Repair	2010	10,654						15
16	heat/cool units	2010	11,449						16
17	Driveway sealant	2010	3,800						17
18	Wanderguard	2010	3,099						18
19	Furnace	2010	4,095						19
20	Carpet	2010	3,523						20
21	Dinning room paint, flooring & labor	2010	53,752						21
22	Boiler Replacement	2010	25,619						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)		$ 4,514,758	$ 315,976		$ 315,976	$	$	34

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 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		$ 4,514,758	$ 315,976		$ 315,976	$	$	1
2									2
3	Islandaire stystem	2011	8,122						3
4	PTAC units	2011	21,011						4
5	44 windows	2011	73,900						5
6	roof	2011	8,393						6
7	boiler	2011	19,466						7
8	sign	2011	12,169						8
9	Technology system	2011	22,503						9
10	walk-in cooler	2011	9,893						10
11	furnace	2011	7,952						11
12	Sprinkler system	2011	27,872						12
13									13
14	Technology system	2012	6,347						14
15	Physical Therapy room rehab : Paint, floors labor	2012	164,844						15
16	Boiler	2012	4,397						16
17	Compressor	2012	3,299						17
18	Nurse Call System	2012	15,854						18
19	Condensing Unit	2012	8,079						19
20	Flooring	2012	3,818						20
21									21
22	Lighting Retrofit	2013	7,286						22
23	Elevator Floor Replacement	2013	7,682						23
24	Elevator Door Restrictors	2013	16,400						24
25	PTAC units	2013	12,195						25
26	Roof Replacement	2013	53,982						26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,030,222	$ 315,976		$ 315,976	$	$	34

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 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		$ 5,030,222	$ 315,976		$ 315,976	$	$	1
2	Furnace Replacement-Dining Room System	2014	7,036						2
3	Cabling and Electrical - Point of Care Kiosks	2014	10,201						3
4	Install (18) PTAC Units	2014	25,140						4
5	Install New Compressor	2014	7,270						5
6	Replaced Furnace, Condensor, and Humidifier	2014	5,048						6
7	Replaced Water Heater	2014	10,494						7
8	Replace Kitchen Door	2014	3,942						8
9	Install Improvements to (4) Passenger Elevators	2014	26,423						9
10									10
11									11
12	Upgraded 7.5 ton and 10 ton compressors	2015	9,419						12
13	Installed new oil pump on 30 ton comprssor	2015	5,082						13
14	Replaced sewer pipe	2015	2,924						14
15									15
16	Replace control switch panel in kitchen	2016	3,192						16
17	Install (2) new boilers to replace existing Kewanee boiler	2016	14,646						17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,161,039	$ 315,976		$ 315,976	$	$	34

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 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	$ 1,453,304	$ 50,874	$ 50,874	$		$	71
72	Current Year Purchases	5,600						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,458,904	$ 50,874	$ 50,874	$		$	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		2014 Dodge Grand Caravan	2014	$ 41,736	$ 5,962	$ 5,962	$		$	76
77										77
78										78
79										79
80	TOTALS			$ 41,736	$ 5,962	$ 5,962	$		$	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)	$ 6,761,679	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 372,812	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 372,812	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 Jacksonville # 0048918 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: $ 28,317 Description: Televisions and office equipment
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	None		$	$	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 Jacksonville # 0048918 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.

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	$		$ 807,975	$		$ 807,975	1
2	Licensed Speech and Language Development Therapist		hrs			177,254			177,254	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			836,057	0		836,057	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				653,572		653,572	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					31,416			31,416	13
14	TOTAL			$		$ 1,852,702	$ 653,572		$ 2,506,274	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 Jacksonville **#** 0048918 **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	$ 17,168	$	1
2	Cash-Patient Deposits	8,773		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,372,343		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	53,226		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(3,068,275)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (616,765)	$	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)**	$ (616,765)	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 460,103	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	8,773		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	434,569		30
31	Accrued Taxes Payable (excluding real estate taxes)	8,783		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	62,276		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 974,504	$	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)**	$ 974,504	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,591,269)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ (616,765)	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health Jacksonville # 0048918 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**	$ (2,120,853)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (2,120,853)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	529,584	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)**	$ 529,584	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)**	$ (1,591,269)	24 *

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 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	$ 10,718,158	1
2	Discounts and Allowances for all Levels	(5,913,505)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,804,653	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,720,330	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 5,720,330	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	1,657	12
13	Barber and Beauty Care	39,440	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,160,257	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	58,370	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 2,259,724	23
	D. Non-Operating Revenue		
24	Contributions	483,974	24
25	Interest and Other Investment Income***	2,970	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 486,944	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)**	$ 13,271,651	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,015,681	31
32	Health Care	5,144,560	32
33	General Administration	2,572,492	33
	B. Capital Expense		
34	Ownership	1,147,135	34
	C. Ancillary Expense		
35	Special Cost Centers	1,862,199	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)***	$ 12,742,067	40
41	**Income before Income Taxes (line 30 minus line 40)****	529,584	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 529,584	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 Jacksonville # 0048918 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	1,710	1,801	$ 68,668	$ 38.13	1
2	Assistant Director of Nursing	1,824	1,920	51,092	26.61	2
3	Registered Nurses	21,476	22,606	665,455	29.44	3
4	Licensed Practical Nurses	30,115	31,700	763,661	24.09	4
5	CNAs & Orderlies	124,718	131,282	1,875,817	14.29	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,544	3,732	68,245	18.29	8
9	Activity Director					9
10	Activity Assistants	9,789	10,304	137,969	13.39	10
11	Social Service Workers	3,453	3,635	81,397	22.39	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	39,719	41,810	499,423	11.95	15
16	Dishwashers					16
17	Maintenance Workers	8,166	8,596	136,622	15.89	17
18	Housekeepers	20,191	21,254	230,338	10.84	18
19	Laundry	10,563	11,091	120,455	10.86	19
20	Administrator	1,984	2,088	106,755	51.13	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	15,313	16,119	358,374	22.23	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)	292,565	307,938	$ 5,164,271 *	$ 16.77	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		12,000		36
37	Medical Records Consultant		1,680		37
38	Nurse Consultant				38
39	Pharmacist Consultant		10,109		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		5,704		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 29,493		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 2,248		50
51	Licensed Practical Nurses		1,345		51
52	Certified Nurse Assistants/Aides		0		52
53	TOTAL (lines 50 - 52)		$ 3,593		53

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 01/01/16 Ending: 12/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Michael Schneider			$ 106,755
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 106,755

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	$ 560,148
ADP	Payroll tax processing	1,559
Tango Inc	ACA compliance	1,123
Chamlin Associates	Engineering inspections	3,975
Legal adj to Zero		3,287
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 570,092

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 94,137
Unemployment Compensation Insurance	51,151
FICA Taxes	395,067
Employee Health Insurance	353,136
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	21,222
Central Office Allocation	81,626
TOTAL (agree to Schedule V, line 22, col.8)	$ 996,339

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	6,331
Health Care Worker Background Check	
(Indicate # of checks performed)	4,647
PR	5,248
Dues & Subscriptions	17,732
License & Fees	3,143
Central Office Allocation	19,768
Less: Public Relations Expense	(5,248)
Non-allowable advertising	(7,362)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 44,259

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	1,962
	0
Seminar Expense	995
	2,042
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 Jacksonville # 0048918 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. $ **376,167**
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. $ **5,540**

(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?
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	17,168							1,009	1,009	CASH	17,168
1010		CASH IN BANK								1,100	1,100	ACCTS RI	2,486,736
1040		CASH IN BANK-PAYROLL								1,101	1,101	ALLOW. I	(114,393)
1100		ACCOUNTS RECEIVABLE	2,372,343							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	53,226
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	53,226							1,310	1,310	SUPPLIES	0
1220		OTHER PREPAID EXPENSES								1,320	1,320	LINEN INVENTORY	
1300		FOOD INVENTORY								1,409	1,409	LAND	0
1310		SUPPLIES INVENTORY	0							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	8,773
1490		ACCUM DEPR-BUILDING	0							1,550	1,550	LOAN FE	0
1530		RESIDENT FUNDS	8,773							1,551	1,551	LOAN FEES ADDED	
1550		LOAN FEES	0							1,850	1,850	INTERCO	(3,068,275)
1560		REAL ESTATE TAX ESCROW								2,010	2,010	ACCOUN	(460,103)
1575		REIMBURSABLE PURCHASES								2,100	2,095	BONUSES PAYABLE	
1850		INTRACOMPANY	-3,068,275							2,100	2,100	ACCRUEI	(110,088)
2010		ACCOUNTS PAYABLE	-460,103							2,100	2,100	PR CLEARING-BENEFITS	
2095		BONUSES PAYABLE								2,100	2,100	PR CLEARING-LABOR	
2100		ACCRUED PAYROLL	-110,088							2,110	2,110	ACCRUEI	(324,481)
2110		ACCRUED VACATION PAY	-324,481							2,120	2,120	U.C. TAX	0
2120		UC TAXES PAYABLE								2,125	2,125	FICA TAX	(8,783)
2125		FICA TAX PAYABLE	-8,783	-8,783						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	(62,276)
2300		ACCRUED INTEREST PAYAI	0							2,350	2,350	REAL EST	0
2310		SALES TAX PAYABLE								2,385			0
2320		IPA PAYMENTS PAYABLE	-62,276							2,400	2,400	CURRENT PORTION OF LT DEBT	
2350		REAL ESTATE TAX PAYABL	0							2,512	2,512	DUE TO F	(8,773)
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	2,120,853
2460		INCOME TAXES PAYABLE										net income	(529,584)
2512		DUE TO RESIDENTS	-8,773										
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	2,120,853										
2970		PROFIT/LOSS FOR PERIOD	-529,584										
3007.1		PATIENT DAYS-PRIVATE	19,676							3,007	3,007	PATIENT DA	19,676
3007.2		PATIENT DAYS-IPA	25,651							3,007	3,007	PATIENT DA	25,651
3007.3		PATIENT DAYS-MEDICARE	7,391							3,007	3,007	PATIENT DA	7,391
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 &	-10,645,105		0	0	0	0		3,007			
3015	1	PRIVATE ASSESSMENT TAX INCOME			0	0	0	0		3,010	3,010	BASIC CHAR	(10,645,105)
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			278,832
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	(62,579)
3080	1	NURSING SUPPLIES-PRIVAT	-62,579		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	(2,160,257)
3100	17	DRUGS	-2,160,257		0	0	0	0		3,101			0
3101	17	DRUGS-OTHER								3,110	3,110	PHYSICAL T	(5,720,330)
3110	6	PT-PRIVATE	-5,720,330		0	0	0	0		3,111			0
3111	6	PT-IPA			0	0	0	0		3,112	3,112	PHYSICAL T	0
3112	6	PT-MEDICARE PART A			0	0	0	0		3,113	3,113	PHYSICAL T	0
3113	6	PT-MEDICARE PART B			0	0	0	0		3,140	3,140	LABORATORY INCOME	
3130	1	PUBLIC AID ASSESSMENT II	278,832							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	5,913,505		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	5,730,135
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	(39,440)
3530	13	BEAUTY SHOP	-39,440		0	0	0	0		3,560			(100)
3560	12	ACTIVITY FUND INCOME	-100		0	0	0	0		3,570	3,570		(1,557)
3570	12	VENDING INCOME/EXPENSI	-1,557		0	0	0	0		3,590	3,590	EQUIPMENT	(10,474)
3580	12	MANAGEMENT FEES			0	0	0	0		3,595	3,595	RESIDENT T	(58,370)
3590	1	EQUIPMENT RENTAL	-10,474		0	0	0	0		3,600	3,600	MISC INCOM	0
3595	21	RESIDENT TRANSPORTATIC	-58,370		0	0	0	0		4,110	4,110	G&A WAGES	330,142
3600	21	MISC INCOME	0		0	0	0	0		4,111	4,111	ADMINISTR/	106,755
4110		GENERAL & ADMINIST WA(	330,142	358,374	21	1	17	0		4,115	4,115	G&A PTO & I	28,232
4111		ADMINISTRATOR WAGES	106,755	106,755	17	1	0	0		4,120	4,120	EMPLOYEE I	20,932
4115		VACATION & SICK - G&A	28,232		21	1	0	0		4,121			
4120 4475		EMPLOYEE BENEFITS	20,978	914,713	22	3	0	0		4,130	4,130	EMPLOYEE S	36
4125		EMPLOYEE HEPETITIS VAC(	0		22	3	0	0		4,135	4,135	EMPLOYEE S	208
4130		EMPLOYEE SCHOLORSHIP V	36	278,832	21	1	0	0		4,250	4,250	OFFICE SUPI	15,720
4135		EMPLOYEE SCHOLORSHIP (	208		23	3	0	0		4,255	4,255	POSTAGE	2,180
4220		DIRECTORS FEES	0	0	18	3	0	0		4,260	4,260	TELEPHONE	34,468
4250 4255		OFFICE SUPPLIES	29,286	29,381	21	2	0	0		4,275	4,275	TRAINING &	10,092
4260		TELEPHONE	34,468	34,468	21	3	0	0		4,276			(25)
4275		TRAINING & EMPLOYEE DE	10,092	10,092	23	3	16	0 **		4,280	4,280	GENERAL TI	1,962
4280		GENERAL TRAVEL	1,962	2,957	24	3	16	0		4,281	4,281	MEAL EXPEI	0
4281		MEAL EXPENSE FOR TRAVE	0		24	3	19	0		4,285	4,285	EDUCATION	995
4285		EDUCATION & SEMINAR	995		24	3	19	-10,879 ***		4,289	4,289	MEETINGS E	0
4290		HELP WANTED ADVERTISIN	6,331	136,936	20	3	0	0	-97,335	4,290	4,290	HELP WANT	6,331
4291		PROMOTIONAL ADVERTISI	2,500		20	3	25	-2,500		4,291	4,291	PROMOTION	2,500
4292		PUBLIC RELATIONS	5,248		20	3	25	-5,248		4,292	4,292	PUBLIC REL	5,248
4300		LICENSES & FEES	100,478		20	3	17	0		4,300	4,300	LICENSE & F	100,478
4310		DUES & SUBSCRIPTIONS	17,732		20	3	17	-7,362		4,310	4,310	DUES & SUB	17,732
4320		CONTRIBUTIONS	0		27	3	20	0		4,320	4,320	CONTRIBUTI	0
4350		PROFESSIONAL FEES	9,943	570,092	19	3	22	-3,287		4,350	4,350	PROFESSION	9,943
4355		MEDICAL DIRECTOR	12,000	12,000	9	3	0	0		4,355	4,355	MEDICAL DI	12,000
4360		UTILIZATION REVIEW	0		10	3	0	0		4,362			1,680
4361		OTHER PHYSICIAN FEES			39	3	0	0		4,363			10,109
4362		MEDICAL RECORDS CONSU	1,680		10	3	0	0		4,364	4,364	SOCIAL SER'	5,704
4363		PHARMACIST FEES	10,109		10	3	0	0		4,370	4,370	TV RENTAL	22,872
4364		SOC SERV/ACT CONSULT	5,704	5,704	12	3	0	0		4,383	4,383	BACKGROUI	4,647
4370		TV RENTAL	22,872		35	3	5	0		4,390	4,390	OTHER TAXI	0
4380		INCOME TAXES		34,305	27	3	26	0		4,400	4,400	PAYROLL T/	435,137
4383		BACKGROUND CHECKS	4,647		20	3	26	0		4,401	4,401	PAYROLL T/	11,081
4400		PAYROLL TAXES	435,137		22	3	0	0		4,410	4,410	GROUP INSU	353,136
4401		PAYROLL TAXES ADMINIST	11,081		22	3	0	0		4,420	4,420	LIABILITY IN	95,587
4410		GROUP INSURANCE	353,136		22	3	0	0		4,430	4,430	WORKMAN'S	91,800
4420		LIABILITY INSURANCE	95,587	95,587	26	3	0	0		4,435	4,435	W/C-FIRST A	293
4425		INSURANCE-OWNERS			22	3	21	0		4,436	4,436	DRUG TESTI	2,069
4430		WORKMENS COMP INSURAI	94,137		22	3	0	0		4,450	4,450	MANAGEME	560,149
4450		CENTRAL OFFICE FEES	560,149		19	3	34	0 **		4,460	4,460	BAD DEBTS	31,934
4460		BAD DEBTS	31,934		27	3	24	-31,934		4,461	4,461	BAD DEBTS	183,370
4470		LOST ITEMS-RESIDENTS	2,371		27	3	0			4,470	4,470	LOST ITEMS-	2,371
4490		MISCELLANEOUS	0		27	3	0	0		4,475	4,475	UNIFORM EX	46
4510		REAL ESTATE TAXES	0	0	33	3	0	0		4,486	4,486	M.I.S. Softwar	59,008
4600		LEASED EQUIPMENT	5,445	28,317	35	3	16	0		4,490	4,490	MISC EXPEN	(104)
5110		MAINTENANCE SALARIES	123,031	136,622	6	1	0	0		4,496	4,496	MISC. M.I.S. I	11,386
5120		MAINTENANCE SICK & VAC	13,591		6	1	0	0		4,510	4,510	REAL ESTAT	0
5130		ELECTRIC	150,667	248,690	5	3	0	0		4,600	4,600	LEASED EQU	5,445
5131		NATURAL GAS	43,274		5	3	0	0		5,110	5,110	MAINTENAN	123,031
5132		HEATING & DEISEL OIL			5	3	0	0		5,120	5,120	MAINTENAN	13,591
5133		WATER & SEWER	54,749		5	3	0	0		5,130	5,130	ELECTRIC	150,667
5134		TRASH COLLECTION	23,837	120,743	6	3	0	0		5,131	5,131	NATURAL G.	43,274
5140		PROPERTY PLANT REPLACI	21,075	164,456	6	2	0	0		5,133	5,133	WATER & SE	54,749
5160		GENERAL REPAIR & MAINT	143,381		6	2	0	0		5,134	5,134	TRASH COLI	23,837
5165		MAINTENANCE CONTRACT	96,906		6	3	0	0		5,140	5,140	PROP/PLANT	21,075
5210		DIETARY WAGES	460,098	499,423	1	1	0	0		5,160	5,160	GENERAL RI	143,381
5220		DIETARY SICK & VAC	39,325		1	1	0	0		5,165	5,165	MAINTENAN	37,898
5240		SALES TAX			2	3	13	0		5,210	5,210	DIETARY W/	460,098
5248		FOOD PURCHASES	419,884	414,344	2	2	0	0		5,220	5,220	DIETARY PT	39,325
5250		SUPPLIES-DISHWASHING	7,660	19,212	1	2	0	0		5,248	5,248	FOOD PURCI	419,988
5260		DIETARY REPLACEMENT	2,079		1	2	0	0		5,250	5,250	SUPPLIES DI	7,660
5270		KITCHEN SUPPLIES-PAPER	9,473		1	2	0	0		5,260	5,260	REPLACEME	2,079
5295		MEAL CREDIT	-5,540		2	2	0	0		5,270	5,270	KITCHEN SU	9,473
5310		LAUNDRY WAGES	111,191	120,455	4	1	0	0		5,295	5,295	MEAL INCOI	(5,540)
5340		LAUNDRY SICK & VAC	9,264		4	1	0	0		5,310	5,310	LAUNDRY W	111,191
5370		LAUNDRY REPLACEMENT	8,293	18,769	4	2	0	0		5,340	5,340	LAUNDRY P	9,264
5380		LAUNDRY REIMBURSEMENT			4	3	0	0		5,370	5,370	REPLACEME	8,293
5390		LAUNDRY SUPPLIES	10,476		4	2	0	0		5,380			0
5410		HOUSEKEEPING WAGES	211,956	230,338	3	1	0	0		5,390	5,390	SUPPLIES	10,476
5440		HOUSEKEEPING SICK & VA(	18,382		3	1	0	0		5,410	5,410	HOUSEKEEP	211,956
5480		HOUSEKEEPING SUPPLIES	42,629	42,629	3	2	0	0		5,440	5,440	HOUSEKEEP	18,382
5490		HOUSEKEEPING SUPPLIES-F	0		3	2	0	0		5,480	5,480	SUPPLIES-CI	42,629
6010		RN WAGES-MEDICARE		3,492,938	10	1	0	0		5,490	5,490	SUPPLIES-H(	0
6020		RN WAGES-NON MEDICARE	605,472		10	1	0	0		6,020	6,020	RN WAGES	605,472
6030		DON WAGES	68,668		10	1	0	0		6,030	6,030	DON WAGES	68,668
6035		ADON	51,092		10	1	0	0		6,035	6,035	ADON WAGE	51,092
6040		RN SICK & VACATION	59,983		10	1	0	0		6,040	6,040	RN PTO & RE	59,983
6110		LPN WAGES-MEDICARE	702,285		10	1	0	0		6,120	6,120	LPN WAGES	702,285
6120		LPN WAGES-NON MEDICAR	0		10	1	0	0		6,140	6,140	LPN PTO & R	61,376
6130		LPN WAGES OTHER			10	1	0	0		6,220	6,220	AIDES WAGI	1,744,409
6140		LPN SICK & VACATION	61,376		10	1	0	0		6,240	6,240	AIDES PTO &	131,408
6210		AIDE WAGES-MEDICARE			10	1	0	0		6,245			2,248
6220		AIDE WAGES-NON MEDICAI	1,744,409		10	1	0	0		6,246			1,345
6230		WARD CLERKS			10	1	0	0		6,247			
6240		AIDE VACATION & SICK	131,408		10	1	0	0		6,250			0
6245		CONTRACT NURSES-RN	2,248		10	3	0	0		6,255			0
6246		CONTRACT NURSES-LPN	1,345		10	3	0	0		6,260			0
6247		CONTRACT NURSES-AIDES	0		10	3	0	0		6,270	6,270	REHAB WAG	65,916
6250		NURSE AIDE TRAINING WA(	0	0	13	1	0	0		6,275	6,275	REHAB PTO /	2,329
6255		NURSE AID TRAINING EXP	0	0	13	2	0	0		6,290	6,290	NURSING SU	188,721
6260		NURSE AIDE TRAINING REI	0		0	0	0	0		6,295	6,295	NURSING SU	68,410
6270		REHAB WAGES	65,916		10	1	0	0		6,390	6,390	REPLACEME	0
6275		REHAB SICK & VAC	2,329		10	1	0	0		6,490	6,490	OTHER	0
6280		NURSING DEPT EDUCATION			23	3	0	0		7,280	7,280	DRUG PURCI	453,935
6290		NURSING SUPPLIES	188,721	711,066	10	2	0	0		7,281	7,281	DRUG PURCI	653,572
6295		NURSING SUPPLIES	68,410		10	2	0	0		7,380	7,380	LABORATOF	6,896
6390		REPLACEMENT-NURSING	453,935		10	2	0	0		7,391	7,390	X-RAY SERV	24,520
6490		NURSING OTHER	0	15,382	10	3	0	0		7,393			
7280		DRUG PURCHASES	653,572	653,572	39	2	0	0 ***		7,510	7,510	ACTIVITIES '	125,689
7281		DRUG PURCHASES-OTHER			39	2				7,540	7,540	ACTIVITIES I	12,280
7380		LABORATORY SERVICES	31,416	31,416	39	3	0	0		7,590	7,590	ACTIVITIES :	3,114
7410		HOME HEALTH SALARY			39	1	0	0		7,620	7,620	PHYSICAL T	836,057
7440		HOME HEALTH SICK & VAC			39	1	0	0		7,660	7,660	P.T. SUPPLY	0
7450		HOME HEALTH EXPENSES			39	3	0	0		7,710	7,710	SOCIAL SER'	74,494
7510		ACTIVITES WAGES	125,689	137,969	11	1	0	0		7,720	7,720	SOCIAL SER'	6,903
7540		ACTIVITIES SICK & VAC	12,280		11	1	0	0		7,730	7,730	SOCIAL SER'	2
7590		ACTIVITIES SUPPLIES	3,114	3,114	11	2	0	0		7,740	7,740	OCCUPATIOI	807,975
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	177,254
7611		PT SICK & VACATION			39	1	0	0		7,820	7,820	BEAUTICIAN	41,076
7620		PT FEES	836,057	1,821,286	39	3	0	0 ***		7,890			(163)
7660		PT SUPPLIES	0		39	2	0	0		7,960			95
7710		SOCIAL SERVICE WAGES	74,494	81,397	12	1	0	0		8,120	8,120	INTEREST	0
7720		SOCIAL SERVICE SICK & VA	6,903		12	1	0	0		8,125			80,758
7730		SOCIAL SERVICE EXPENSE	2	2	12	2	0	0		8,130	8,130	DEPRECIATI	0
7740		OT FEE	807,975		39	3	0	0 ***		8,150			0
7750		SOCIAL THERAPIST FEE	0	0	12	3	0	0		9,510	9,510	INTEREST IN	(2,970)
7770		SPEECH THERAPY FEE	177,254		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		1,038,060
7820		BEAUTICIAN FEES	41,076	41,076	40	3	0	0			9,702		(483,974)
7890		BEAUTY SHOP SUPPLIES	-163	-163	40	2	0	0			5,230		0
7910		VOLUNTEER COORDINATOR			21	1	0	0					(529,584)
7940		VOL COORD SICK & VAC			21	1	0	0					
7960		VOL COORD SUPPLIES	95		21	2	0	0					
8100		RENT	1,038,060	1,038,060	34	3	0	0				Expenses Fixed Assets	
8120		INTEREST EXPENSE	80,758	80,758	32	3	14	-2,970					0
8130		DEPRECIATION	0	0	30	3	9	0					
8150		LOAN FEE AMORTIZATION	0		32	3	0	0	0				
9510		INTEREST INCOME	-2,970		32	0	10	0					
9520		MISC NON-OPERATING INC(	-483,974		0	0	0	0					
9700		INCOME TAXES	0		0	0	0	0					
			11,976,291	12,742,067									
				765,776									
GRAND TOTALS			-529,584					-64,180					
			(NET INCOME)										
			0										

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	19,676	19,676
IPA	25,651	25,651
medicare	7,391	7,391
		52,718

Heritage Manor Jacksonville
HFS ID# 205298969001
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	(97,335)
Provider Assesment Fee - $6.07	Line 20, Col 3	(278,832)
		(376,167)
Provider Participation Fee	Line 42	376,167
Reclassification of Ancillary Services Cost		
Cost of Drugs Purchased	Line 10(a), Col 2	(653,572)
Cost of Lab & Radiology Services Purchased	Line 10(a), Col 3	(31,416)
		(684,988)
Ancillary Service Centers	Line 39	684,988