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: 0048108

Facility Name: Heritage Health Mendota

Address: 1201 First Avenue (Number) Mendota (City) 61342 (Zip Code)

County: LaSalle

Telephone Number: (815) 539-6745 **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 Mendota # 0048108 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	99	Skilled (SNF)	85	32,286	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	99	TOTALS	85	32,286	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	12,223	10,599	2,232	25,054	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,223	10,599	2,232	25,054	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.60%

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 7/2007

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

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified and days of care provided 2,232

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 Mendota # 0048108 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	184,353	18,787		203,140		203,140	4,446	207,586			1
2	Food Purchase		174,724		174,724		174,724		174,724			2
3	Housekeeping	32,084	23,386		55,470		55,470	32	55,502			3
4	Laundry	72,822	11,109		83,931		83,931		83,931			4
5	Heat and Other Utilities			75,254	75,254		75,254	1,382	76,636			5
6	Maintenance	66,336	41,099	65,183	172,618		172,618	18,604	191,222			6
7	Other (specify):*											7
8	TOTAL General Services	355,595	269,105	140,437	765,137		765,137	24,464	789,601			8
	B. Health Care and Programs											
9	Medical Director			11,789	11,789		11,789		11,789			9
10	Nursing and Medical Records	1,748,225	126,272	7,038	1,881,535		1,881,535	(13,912)	1,867,623			10
10a	Therapy		626,478	35,374	661,852	(661,259)	593		593			10a
11	Activities	68,901	4,193		73,094		73,094		73,094			11
12	Social Services	39,980		3,788	43,768		43,768		43,768			12
13	CNA Training							1,095	1,095			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	1,857,106	756,943	57,989	2,672,038	(661,259)	2,010,779	(12,817)	1,997,962			16
	C. General Administration											
17	Administrative	87,000			87,000		87,000		87,000			17
18	Directors Fees											18
19	Professional Services			264,418	264,418		264,418	(242,843)	21,575			19
20	Dues, Fees, Subscriptions & Promotions			217,471	217,471	(183,444)	34,027	(6,804)	27,223			20
21	Clerical & General Office Expenses	137,399	16,211	13,040	166,650		166,650	259,650	426,300			21
22	Employee Benefits & Payroll Taxes			403,601	403,601		403,601	35,041	438,642			22
23	Inservice Training & Education			6,480	6,480		6,480	1,074	7,554			23
24	Travel and Seminar			5,184	5,184		5,184	(185)	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			37,528	37,528		37,528	14,700	52,228			26
27	Other (specify):*			103,264	103,264		103,264	(103,264)				27
28	TOTAL General Administration	224,399	16,211	1,050,986	1,291,596	(183,444)	1,108,152	(42,631)	1,065,521			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,437,100	1,042,259	1,249,412	4,728,771	(844,703)	3,884,068	(30,984)	3,853,084			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 Mendota #0048108 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	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation							116,541	116,541			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			40,854	40,854		40,854	46,554	87,408			32
33	Real Estate Taxes							51,857	51,857			33
34	Rent-Facility & Grounds			433,620	433,620		433,620	(429,107)	4,513			34
35	Rent-Equipment & Vehicles			12,242	12,242		12,242	7,914	20,156			35
36	Other (specify):*											36
37	**TOTAL Ownership**			486,716	486,716		486,716	(206,241)	280,475			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			613,463	613,463	661,259	1,274,722	(182,849)	1,091,873			39
40	Barber and Beauty Shops		854	7,037	7,891		7,891		7,891			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					183,444	183,444		183,444			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		854	620,500	621,354	844,703	1,466,057	(182,849)	1,283,208			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,437,100	1,043,113	2,356,628	5,836,841		5,836,841	(420,074)	5,416,767			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 Mendota # 0048108 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	(738)			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	(942)			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	(5,732)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,101)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(103,264)			24
25	Fund Raising, Advertising and Promotional	(15,290)			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)**	$ (128,067)		$	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)	(292,007)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (292,007)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (420,074)		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 Mendota

ID# 0048108

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		(2,101)	19	22
23				23
24		(103,264)	27	24
25		(15,290)	20	25
26				26
27		(738)	34	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**	(121,393)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health Mendota # 0048108 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	4,446	0	0	0	0	0	0	0	0	4,446	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	32	0	0	0	0	0	0	0	0	32	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,382	0	0	0	0	0	0	0	0	1,382	5
6	Maintenance	0	0	18,604	0	0	0	0	0	0	0	0	18,604	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	24,464	0	0	0	0	0	0	0	0	24,464	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	(14,185)	273	0	0	0	0	0	0	0	0	(13,912)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	1,095	0	0	0	0	0	0	0	0	1,095	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	(14,185)	1,368	0	0	0	0	0	0	0	0	(12,817)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,101)	(257,789)	17,047	0	0	0	0	0	0	0	0	(242,843)	19
20	Fees, Subscriptions & Promotions	(15,290)	0	8,486	0	0	0	0	0	0	0	0	(6,804)	20
21	Clerical & General Office Expenses	0	0	259,650	0	0	0	0	0	0	0	0	259,650	21
22	Employee Benefits & Payroll Taxes	0	0	35,041	0	0	0	0	0	0	0	0	35,041	22
23	Inservice Training & Education	0	0	1,074	0	0	0	0	0	0	0	0	1,074	23
24	Travel and Seminar	(5,732)	0	5,547	0	0	0	0	0	0	0	0	(185)	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	14,700	0	0	0	0	0	0	0	0	14,700	26
27	Other (specify):*	(103,264)	0	0	0	0	0	0	0	0	0	0	(103,264)	27
28	**TOTAL General Administration**	(126,387)	(257,789)	341,545	0	0	0	0	0	0	0	0	(42,631)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(126,387)	(271,974)	367,377	0	0	0	0	0	0	0	0	(30,984)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health Mendota **#** 0048108 **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	92,365	0	24,176	0	0	0	0	0	0	0	116,541	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(942)	47,236	0	260	0	0	0	0	0	0	0	46,554	32
33	Real Estate Taxes	0	51,857	0	0	0	0	0	0	0	0	0	51,857	33
34	Rent-Facility & Grounds	(738)	(433,620)	0	5,251	0	0	0	0	0	0	0	(429,107)	34
35	Rent-Equipment & Vehicles	0	0	0	7,914	0	0	0	0	0	0	0	7,914	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(1,680)	(242,162)	0	37,601	0	0	0	0	0	0	0	(206,241)	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	(182,849)	0	0	0	0	0	0	0	0	0	(182,849)	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	(182,849)	0	0	0	0	0	0	0	0	0	(182,849)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(128,067)	(696,985)	367,377	37,601	0	0	0	0	0	0	0	(420,074)	45

Facility Name & ID Number Heritage Health Mendota # 0048108 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%	$ (14,185)	$ (14,185)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy	0.00%			2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy	0.00%	(182,849)	(182,849)	3
4	V	19	Adjustment for Related Organization	257,789	Heritage Operations Group, LLC	0.00%		(257,789)	4
5	V								5
6	V	34	Adjustment for Related Organization	433,620	Heritage Manor Real Estate, LLC	0.00%		(433,620)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		51,857	51,857	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		44,563	44,563	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		92,365	92,365	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		2,673	2,673	10
11	V								11
12	V								12
13	V								13
14	Total			$ 691,409			$ (5,576)	$ * (696,985)	14

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

Facility Name & ID Number Heritage Health Mendota # 0048108 Report Period Beginning: 01/01/16 Ending: 12/31/16

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$	Heritage Operations Group LLC		$	$ 4,446	15
16	V	2	Food Purchase					0	16
17	V	3	Housekeeping					32	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					1,382	19
20	V	6	Maintenance					18,604	20
21	V	7	Other					0	21
22	V	9	Medical Director					0	22
23	V	10	Nursing & Medical Records					273	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					1,095	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					17,047	31
32	V	20	Fees, Subscription, Promotions					8,486	32
33	V	21	Clerical & General Office Expenses					259,650	33
34	V	22	Employee Benefits & Payroll Taxes					35,041	34
35	V	23	Inservice Training & Education					1,074	35
36	V	24	Travel and Seminar					5,547	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					14,700	38
39	Total			$			$ 0	$ * 367,377	39

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

Facility Name & ID Number Heritage Health Mendota # 0048108 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					24,176	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					260	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					5,251	20
21	V	35	Rent-Equipment & Vehicles					7,914	21
22	V	36	Other					0	22
23	V	38	Medically Nec Transportation					0	23
24	V	39	Ancillary Service Centers					0	24
25	V	40	Barber and Beauty Shops					0	25
26	V	41	Coffee and Gift Shops					0	26
27	V	42	Other					0	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ * 37,601	39

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

Facility Name & ID Number Heritage Health Mendota # 0048108 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 Mendota # 0048108 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	85	$ 4,446	1
2	2	Food Purchase	Beds	2,571	26	0	0	85	0	2
3	3	Housekeeping	Beds	2,571	26	965	0	85	32	3
4	4	Laundry	Beds	2,571	26	0	0	85	0	4
5	5	Heat & Other Utilities	Beds	2,571	26	41,789	0	85	1,382	5
6	6	Maintenance	Beds	2,571	26	562,719	88,582	85	18,604	6
7	7	Other	Beds	2,571	26	0	0	85	0	7
8	9	Medical Director	Beds	2,571	26	0	0	85	0	8
9	10	Nursing & Medical Records	Beds	2,571	26	8,251	9,150	85	273	9
10	11	Activities	Beds	2,571	26	0	0	85	0	10
11	12	Social Service	Beds	2,571	26	0	0	85	0	11
12	13	Nurse Aide Training	Beds	2,571	26	33,130	26,566	85	1,095	12
13	14	Program Transportation	Beds	2,571	26	0	0	85	0	13
14	15	Other	Beds	2,571	26	0	0	85	0	14
15	17	Administrative	Beds	2,571	26	0	0	85	0	15
16	18	Directors Fees	Beds	2,571	26	0	0	85	0	16
17	19	Professional Services	Beds	2,571	26	515,620	0	85	17,047	17
18	20	Fees, Subscription, Promotions	Beds	2,571	26	256,684	0	85	8,486	18
19	21	Clerical & General Office Expense	Beds	2,571	26	7,853,640	7,408,797	85	259,650	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,571	26	1,059,901	0	85	35,041	20
21	23	Inservice Training & Education	Beds	2,571	26	32,489	0	85	1,074	21
22	24	Travel and Seminar	Beds	2,571	26	167,777	0	85	5,547	22
23	25	Other Admin. Staff Transportatio	Beds	2,571	26	0	0	85	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,571	26	444,625	0	85	14,700	24
25	TOTALS					$ 11,112,081	$ 7,666,930		$ 367,377	25

Facility Name & ID Number Heritage Health Mendota # 0048108 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	$	$	85	$	1
2	30	Depreciation	Beds	2,571	26	731,247		85	24,176	2
3	31	Amortization of Pre-Op & Org	Beds	2,571	26			85		3
4	32	Interest	Beds	2,571	26	7,851		85	260	4
5	33	Real Estate Taxes	Beds	2,571	26			85		5
6	34	Rent-Facility & Grounds	Beds	2,571	26	158,824		85	5,251	6
7	35	Rent-Equipment & Vehicles	Beds	2,571	26	239,379		85	7,914	7
8	36	Other	Beds	2,571	26			85		8
9	38	Medically Nec Transportation	Beds	2,571	26			85		9
10	39	Ancillary Service Centers	Beds	2,571	26			85		10
11	40	Barber and Beauty Shops	Beds	2,571	26			85		11
12	41	Coffee and Gift Shops	Beds	2,571	26			85		12
13	42	Other	Beds	2,571	26			85		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	$		$ 37,601	25

Facility Name & ID Number Heritage Health Mendota # 0048108 Report Period Beginning: 01/01/16 Ending: 12/31/16

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Bank of America		x	Mortgage			$	$			$ 44,563	1
2	Bank of America		x	Loan Fee Amortization							2,673	2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		x	Working Capital							40,854	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 88,090	9
	B. Non-Facility Related*											
10	Interest Income										(942)	10
11												11
12	Allocated Corporate										260	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (682)	14
15	TOTALS (line 9+line14)						$	$			$ 87,408	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 Mendota # 0048108 **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.)	$	51,857	2
3. Under or (over) accrual (line 2 minus line 1).	$	51,857	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.	$	51,857	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2011	46,327	8
2012	46,607	9
2013	48,223	10
2014	50,379	11
2015	51,857	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 Mendota COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 0048108

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.	01-34-100-020		$ 51,857.04	$ 51,857.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 51,857.04	$ 51,857.00

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 Mendota # 0048108 Report Period Beginning: 01/01/16 Ending: 12/31/16

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 26,580 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				$ 26,150	1
2					2
3	TOTALS			$ 26,150	3

Facility Name & ID Number Heritage Health Mendota # 0048108 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	85				$ 697,500	$		$	$	$	4
5					408,657						5
6											6
7											7
8											8
	Improvement Type**										
9	1980 Improvements			1980	8,150						9
10	1981 Improvements			1981	20,492						10
11	1982 Improvements			1982	9,185						11
12	1983 Improvements			1983	5,682						12
13	1984 Improvements			1984	11,488						13
14	1985 Improvements			1985	7,710						14
15	1986 Improvements			1986	2,255						15
16	1987 Improvements			1987	9,037						16
17	1988 Improvements			1988	21,297						17
18	1989 Improvements			1989	4,653						18
19	1990 Improvements			1990	36,595						19
20	1991 Improvements			1991							20
21	1992 Improvements			1992	10,646						21
22	1993 Improvements			1993	62,261						22
23	1994 Improvements			1994	10,869						23
24	1995 Improvements			1995	18,523						24
25	Exterior Door			1996	2,563						25
26	Shower Tile			1996	806						26
27	Kitchen Heat/Cool Unit			1996	14,062						27
28	Resident Room Painting			1996	2,067						28
29											29
30											30
31											31
32											32
33	C/O Allocation					24,176		24,176			33
34	Book Depreciation					71,127		71,127			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 Mendota # 0048108 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	Garbage Disposal	1997	$ 2,030	$		$	$	$	37
38	Generator	1997	39,380						38
39	Parking Lot Asphalt	1997	2,210						39
40	Shower	1997	701						40
41									41
42	Kitchen Drain	1998	3,245						42
43	Walk in Cooler Repair	1998	2,215						43
44	A/C Unit	1998	1,615						44
45	Landscaping	1998	4,696						45
46									46
47	Door Alarm System	1999	11,750						47
48	Air Conditioning Condensing Unit	1999	1,027						48
49	Water Softener	1999	4,493						49
50									50
51	Air conditioner (3)	2000	2,221						51
52	Sprinklers	2000	1,864						52
53	Resident Room Doors (45)	2000	1,724						53
54	Facility Remodel -- Materials	2000	410,365						54
55	Facility Remodel -- Labor	2000	4,030						55
56	Facility Remodel -- Professional Fees	2000	23,932						56
57	Facility Remodel -- Interior Design	2000	36,998						57
58	Water Softener	2000	4,713						58
59									59
60	Parking Spaces	2001	1,452						60
61	Water Heater	2001	2,847						61
62									62
63	Water Heater	2002	3,816						63
64	Wood door	2002	677						64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,932,499	$ 95,303		$ 95,303	$	$	70

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

Facility Name & ID Number Heritage Health Mendota # 0048108 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		$ 1,932,499	$ 95,303		$ 95,303	$	$	1
2	Furnace	2003	2,491						2
3	A/C Unit	2003	3,083						3
4	Condensing Unit	2003	1,353						4
5									5
6	Heat/Cool Unit	2004	2,498						6
7	Disposal	2004	989						7
8	Garage Repairs	2004	4,866						8
9	Compressor	2004	1,805						9
10	Emergency Outlets	2004	1,565						10
11	Furnace	2004	6,280						11
12									12
13	Exterior Door	2005	3,161						13
14	Holding Tank	2005	3,897						14
15	Smoke Detector	2005	1,919						15
16	A/C Unit	2005	4,248						16
17	Parking Lot	2005	68,313						17
18	Dumpster Pad	2005	1,547						18
19	Sidewalks	2005	7,850						19
20									20
21	Floor -- entry way	2006	19,178						21
22	Shower rehab	2006	6,246						22
23	Phone system	2006	1,836						23
24	A/C Unit	2006	2,201						24
25	Compressor	2006	1,642						25
26	Remodel TLC unit -- paint, wallpaper	2006	6,126						26
27	Parking Lot	2006	3,633						27
28	Roof	2006	148,938						28
29	Valance	2006	581						29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,238,745	$ 95,303		$ 95,303	$	$	34

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

Facility Name & ID Number Heritage Health Mendota # 0048108 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		$ 2,238,745	$ 95,303		$ 95,303	$	$	1
2									2
3	Metal Roof	2007	49,988						3
4	Door Alarm	2007	2,986						4
5	HVAC	2007	3,370						5
6	Sprinkler system	2007	101,380						6
7	Wander Alarm	2007	8,092						7
8	fire Alarm	2007	42,223						8
9	Water Heater	2007	3,820						9
10	Grab Bars	2007	4,193						10
11									11
12	Heat/Cool Units	2008	2,713						12
13									13
14	Water Heater	2009	6,340						14
15	Sidewalks	2009	35,988						15
16	Furnace	2009	4,190						16
17									17
18	Shower Room Tile	2010	20,608						18
19	Landscaping	2010	6,702						19
20									20
21									21
22	Furnace	2011	3,513						22
23									23
24	Physical Therapy Room -- Replace Flooring	2012	7,887						24
25	Lighting Upgrade	2012	2,699						25
26	Cpmpressor	2012	3,588						26
27									27
28	WiFI Cabling	2013	7,382						28
29	Air Units	2013	2,582						29
30	Storage Tank Installation	2013	5,830						30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,564,819	$ 95,303		$ 95,303	$	$	34

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

Facility Name & ID Number Heritage Health Mendota # 0048108 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		$ 2,564,819	$ 95,303		$ 95,303	$	$	1
2									2
3	Install Ductless Split System-Server Room	2014	5,420						3
4	Install 6 "Thru Wall" AC Units	2014	3,815						4
5	Boiler Replacement	2014	6,100						5
6	Parking Lot Fill, Seal and Stripe	2014	4,910						6
7									7
8	Installed (5) PTAC units	2015	3,321						8
9									9
10	Install 100AMP emergency panel for dining room	2016	4,500						10
11	Install new shower room floor and attach new water lines	2016	13,884						11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,606,769	$ 95,303		$ 95,303	$	$	34

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

Facility Name & ID Number Heritage Health Mendota # 0048108 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	$ 997,754	$ 21,238	$ 21,238	$		$	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 997,754	$ 21,238	$ 21,238	$		$	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 3,630,673	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 116,541	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 116,541	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 Mendota # 0048108 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: $ 12,242 Description: Televisions and copiers
(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 Mendota # 0048108 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 Mendota

STATE OF ILLINOIS
0048108 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	$		$ 275,703	$		$ 275,703	1
2	Licensed Speech and Language Development Therapist		hrs			38,289			38,289	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			299,471	593		300,064	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				625,885		625,885	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					35,374			35,374	13
14	TOTAL			$		$ 648,837	$ 626,478		$ 1,275,315	14

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

Facility Name & ID Number Heritage Health Mendota **#** 0048108 **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	$ 780	$	1
2	Cash-Patient Deposits	4,185		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,432,883		3
4	Supply Inventory (priced at)	28,826		4
5	Short-Term Investments			5
6	Prepaid Insurance	25,354		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(2,084,592)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (592,564)	$	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)**	$ (592,564)	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 147,396	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,185		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	196,754		30
31	Accrued Taxes Payable (excluding real estate taxes)	3,355		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	23,825		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 375,515	$	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)**	$ 375,515	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (968,079)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ (592,564)	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health Mendota # 0048108 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**	$ (1,282,147)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (1,282,147)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	314,068	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)**	$ 314,068	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)**	$ (968,079)	24 *

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

Facility Name & ID Number Heritage Health Mendota # 0048108 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 5,229,941	1
2	Discounts and Allowances for all Levels	(2,159,994)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,069,947	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,011,560	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,011,560	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		12
13	Barber and Beauty Care	8,722	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	738	16
17	Sale of Drugs	1,057,326	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,674	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,068,460	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	942	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 942	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,150,909	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	765,137	31
32	Health Care	2,672,038	32
33	General Administration	1,291,596	33
	B. Capital Expense		
34	Ownership	486,716	34
	C. Ancillary Expense		
35	Special Cost Centers	621,354	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,836,841	40
41	**Income before Income Taxes (line 30 minus line 40)****	314,068	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 314,068	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 Mendota # 0048108 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	1,824	1,920	$ 71,554	$ 37.27	1
2	Assistant Director of Nursing	1,733	1,824	61,591	33.77	2
3	Registered Nurses	9,203	9,687	342,710	35.38	3
4	Licensed Practical Nurses	13,416	14,122	423,958	30.02	4
5	CNAs & Orderlies	51,043	53,730	848,236	15.79	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides			176		8
9	Activity Director					9
10	Activity Assistants	4,627	4,871	68,901	14.15	10
11	Social Service Workers	1,739	1,831	39,980	21.84	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	14,245	14,995	184,353	12.29	15
16	Dishwashers					16
17	Maintenance Workers	3,345	3,521	66,336	18.84	17
18	Housekeepers	3,009	3,167	32,084	10.13	18
19	Laundry	5,331	5,612	72,822	12.98	19
20	Administrator	1,984	2,088	87,000	41.67	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,201	5,475	137,399	25.10	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)	116,700	122,843	$ 2,437,100 *	$ 19.84	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		11,789		36
37	Medical Records Consultant		2,402		37
38	Nurse Consultant				38
39	Pharmacist Consultant		4,543		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		3,788		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 22,522		49

C. CONTRACT NURSES

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

Facility Name & ID Number Heritage Health Mendota # 0048108 Report Period Beginning: 01/01/16 Ending: 12/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Michelle Hansen			$ 87,000
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 87,000

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	$ 257,789
ADP	Payroll Tax Processing	1,245
Tango Inc	ACA Compliance	658
Chamlin Associates	Engineering survey	2,625
Legal adj to Zero		2,101
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 264,418

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 23,678
Unemployment Compensation Insurance	24,934
FICA Taxes	186,438
Employee Health Insurance	153,498
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	15,053
Central Office Allocation	35,041
TOTAL (agree to Schedule V, line 22, col.8)	$ 438,642

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	12,413
Health Care Worker Background Check	
(Indicate # of checks performed)	1,891
PR	7,057
Dues & Subscriptions	6,988
License & Fees	1,104
Central Office Allocation	8,486
Less: Public Relations Expense	(7,057)
Non-allowable advertising	(3,659)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 27,223

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	4,364
	30
Seminar Expense	790
Central Office Allocation	(185)
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 Mendota # 0048108 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. $ **183,444**
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. $ **710**

(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	780							1,009	1,009	CASH	780
1010		CASH IN BANK								1,100	1,100	ACCTS RI	1,589,544
1040		CASH IN BANK-PAYROLL								1,101	1,101	ALLOW. I	(156,661)
1100		ACCOUNTS RECEIVABLE	1,432,883							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	25,354
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	25,354							1,310	1,310	SUPPLIES	28,826
1220		OTHER PREPAID EXPENSES								1,320	1,320	LINEN INVENTORY	
1300		FOOD INVENTORY								1,409	1,409	LAND	0
1310		SUPPLIES INVENTORY	28,826							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	4,185
1490		ACCUM DEPR-BUILDING	0							1,550	1,550	LOAN FE	0
1530		RESIDENT FUNDS	4,185							1,551	1,551	LOAN FEES ADDED	
1550		LOAN FEES	0							1,850	1,850	INTERCO	(2,084,592)
1560		REAL ESTATE TAX ESCROW								2,010	2,010	ACCOUN	(147,396)
1575		REIMBURSABLE PURCHASES								2,100	2,095	BONUSES PAYABLE	
1850		INTRACOMPANY	-2,084,592							2,100	2,100	ACCRUEI	(50,090)
2010		ACCOUNTS PAYABLE	-147,396							2,100	2,100	PR CLEARING-BENEFITS	
2095		BONUSES PAYABLE								2,100	2,100	PR CLEARING-LABOR	
2100		ACCRUED PAYROLL	-50,090							2,110	2,110	ACCRUEI	(146,664)
2110		ACCRUED VACATION PAY	-146,664							2,120	2,120	U.C. TAX	0
2120		UC TAXES PAYABLE								2,125	2,125	FICA TAX	(3,355)
2125		FICA TAX PAYABLE	-3,355	-3,355						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	(23,825)
2300		ACCRUED INTEREST PAYAI	0							2,350	2,350	REAL EST	0
2310		SALES TAX PAYABLE								2,385			0
2320		IPA PAYMENTS PAYABLE	-23,825							2,400	2,400	CURRENT PORTION OF LT DEBT	
2350		REAL ESTATE TAX PAYABL	0							2,512	2,512	DUE TO F	(4,185)
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	1,282,147
2460		INCOME TAXES PAYABLE										net income	(314,068)
2512		DUE TO RESIDENTS	-4,185										
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	1,282,147										
2970		PROFIT/LOSS FOR PERIOD	-314,068										
3007.1		PATIENT DAYS-PRIVATE	10,599							3,007	3,007	PATIENT DA	10,599
3007.2		PATIENT DAYS-IPA	12,223							3,007	3,007	PATIENT DA	12,223
3007.3		PATIENT DAYS-MEDICARE	2,232							3,007	3,007	PATIENT DA	2,232
3007.4		PATIENT DAYS-CONVERSION								3,007			0
3007.5		PATIENT DAYS-LICENSED								3,007			
3007.6		PATIENT DAYS-TOTAL								3,007			
3010	1	BASIC CHARGE-PRIVATE &	-5,185,240		0	0	0	0		3,007			
3015	1	PRIVATE ASSESSMENT TAX INCOME			0	0	0	0		3,010	3,010	BASIC CHAR	(5,185,240)
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			135,015
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	(36,047)
3080	1	NURSING SUPPLIES-PRIVAT	-36,047		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	(1,057,326)
3100	17	DRUGS	-1,057,326		0	0	0	0		3,101			0
3101	17	DRUGS-OTHER								3,110	3,110	PHYSICAL TI	(2,011,560)
3110	6	PT-PRIVATE	-2,011,560		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	135,015							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	2,159,994		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	2,109,329
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	(738)
3520	16	RENT INCOME	-738		6	0	6	-738		3,530	3,530	BEAUTY SHO	(8,722)
3530	13	BEAUTY SHOP	-8,722		0	0	0	0		3,560			(830)
3560	12	ACTIVITY FUND INCOME	-830		0	0	0	0		3,570	3,570		(165)
3570	12	VENDING INCOME/EXPENSI	-165		0	0	0	0		3,590	3,590	EQUIPMENT	(8,654)
3580	12	MANAGEMENT FEES			0	0	0	0		3,595	3,595	RESIDENT TI	(383)
3590	1	EQUIPMENT RENTAL	-8,654		0	0	0	0		3,600	3,600	MISC INCOM	(296)
3595	21	RESIDENT TRANSPORTATIC	-383		0	0	0	0		4,110	4,110	G&A WAGES	126,353
3600	21	MISC INCOME	-296		0	0	0	0		4,111	4,111	ADMINISTRA	87,000
4110		GENERAL & ADMINIST WA(	126,353	137,399	21	1	17	0		4,115	4,115	G&A PTO & I	11,046
4111		ADMINISTRATOR WAGES	87,000	87,000	17	1	0	0		4,120	4,120	EMPLOYEE I	10,108
4115		VACATION & SICK - G&A	11,046		21	1	0	0		4,121			
4120	4475	EMPLOYEE BENEFITS	8,568	403,601	22	3	0	0		4,130	4,130	EMPLOYEE S	3,583
4125		EMPLOYEE HEPETITIS VACI	0		22	3	0	0		4,135	4,135	EMPLOYEE S	2,902
4130		EMPLOYEE SCHOLORSHIP V	3,583	135,015	21	1	0	0		4,250	4,250	OFFICE SUPI	6,381
4135		EMPLOYEE SCHOLORSHIP C	2,902		23	3	0	0		4,255	4,255	POSTAGE	1,240
4220		DIRECTORS FEES	0	0	18	3	0	0		4,260	4,260	TELEPHONE	13,040
4250	4255	OFFICE SUPPLIES	16,211	16,211	21	2	0	0		4,275	4,275	TRAINING &	6,480
4260		TELEPHONE	13,040	13,040	21	3	0	0		4,276			(3)
4275		TRAINING & EMPLOYEE DE	6,480	6,480	23	3	16	0	**	4,280	4,280	GENERAL TF	4,364
4280		GENERAL TRAVEL	4,364	5,184	24	3	16	0		4,281	4,281	MEAL EXPEI	30
4281		MEAL EXPENSE FOR TRAVE	30		24	3	19	0		4,285	4,285	EDUCATION	790
4285		EDUCATION & SEMINAR	790		24	3	19	-5,732	***	4,289	4,289	MEETINGS E	0
4290		HELP WANTED ADVERTISIN	12,413	82,456	20	3	0	0	-48,429	4,290	4,290	HELP WANTI	12,413
4291		PROMOTIONAL ADVERTISII	4,574		20	3	25	-4,574		4,291	4,291	PROMOTION	4,574
4292		PUBLIC RELATIONS	7,057		20	3	25	-7,057		4,292	4,292	PUBLIC REL/	7,057
4300		LICENSES & FEES	49,533		20	3	17	0		4,300	4,300	LICENSE & F	49,533
4310		DUES & SUBSCRIPTIONS	6,988		20	3	17	-3,659		4,310	4,310	DUES & SUB	6,988
4320		CONTRIBUTIONS	0		27	3	20	0		4,320	4,320	CONTRIBUTI	0
4350		PROFESSIONAL FEES	6,629	264,418	19	3	22	-2,101		4,350	4,350	PROFESSION	6,629
4355		MEDICAL DIRECTOR	11,789	11,789	9	3	0	0		4,355	4,355	MEDICAL DI	11,789
4360		UTILIZATION REVIEW	0		10	3	0	0		4,362			2,402
4361		OTHER PHYSICIAN FEES			39	3	0	0		4,363			4,543
4362		MEDICAL RECORDS CONSU	2,402		10	3	0	0		4,364	4,364	SOCIAL SER'	3,788
4363		PHARMACIST FEES	4,543		10	3	0	0		4,370	4,370	TV RENTAL	7,283
4364		SOC SERV/ACT CONSULT	3,788	3,788	12	3	0	0		4,383	4,383	BACKGROUI	1,891
4370		TV RENTAL	7,283		35	3	5	0		4,390	4,390	OTHER TAXI	0
4380		INCOME TAXES		103,264	27	3	26	0		4,400	4,400	PAYROLL T/	202,341
4383		BACKGROUND CHECKS	1,891		20	3	26	0		4,401	4,401	PAYROLL T/	9,031
4400		PAYROLL TAXES	202,341		22	3	0	0		4,410	4,410	GROUP INSU	153,498
4401		PAYROLL TAXES ADMINIST	9,031		22	3	0	0		4,420	4,420	LIABILITY IN	37,528
4410		GROUP INSURANCE	153,498		22	3	0	0		4,430	4,430	WORKMAN'S	22,210
4420		LIABILITY INSURANCE	37,528	37,528	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	1,471
4430		WORKMENS COMP INSURAI	23,678		22	3	0	0		4,450	4,450	MANAGEME	257,789
4450		CENTRAL OFFICE FEES	257,789		19	3	34	0	**	4,460	4,460	BAD DEBTS	103,264
4460		BAD DEBTS	103,264		27	3	24	-103,264		4,461	4,461	BAD DEBTS	50,665
4470		LOST ITEMS-RESIDENTS	0		27	3	0			4,470	4,470	LOST ITEMS-	0
4490		MISCELLANEOUS	0		27	3	0	0		4,475	4,475	UNIFORM EX	(1,540)
4510		REAL ESTATE TAXES	0	0	33	3	0	0		4,486	4,486	M.I.S. Softwar	26,817
4600		LEASED EQUIPMENT	4,959	12,242	35	3	16	0		4,490	4,490	MISC EXPEN	137
5110		MAINTENANCE SALARIES	60,006	66,336	6	1	0	0		4,496	4,496	MISC. M.I.S. I	8,590
5120		MAINTENANCE SICK & VAC	6,330		6	1	0	0		4,510	4,510	REAL ESTAT	0
5130		ELECTRIC	41,430	75,254	5	3	0	0		4,600	4,600	LEASED EQU	4,959
5131		NATURAL GAS	9,819		5	3	0	0		5,110	5,110	MAINTENAN	60,006
5132		HEATING & DEISEL OIL			5	3	0	0		5,120	5,120	MAINTENAN	6,330
5133		WATER & SEWER	24,005		5	3	0	0		5,130	5,130	ELECTRIC	41,430
5134		TRASH COLLECTION	13,347	65,183	6	3	0	0		5,131	5,131	NATURAL G.	9,819
5140		PROPERTY PLANT REPLACI	4,894	41,099	6	2	0	0		5,133	5,133	WATER & SE	24,005
5160		GENERAL REPAIR & MAINT	36,205		6	2	0	0		5,134	5,134	TRASH COLI	13,347
5165		MAINTENANCE CONTRACT	51,836		6	3	0	0		5,140	5,140	PROP/PLANT	4,894
5210		DIETARY WAGES	171,346	184,353	1	1	0	0		5,160	5,160	GENERAL RI	36,205
5220		DIETARY SICK & VAC	13,007		1	1	0	0		5,165	5,165	MAINTENAN	25,019
5240		SALES TAX			2	3	13	0		5,210	5,210	DIETARY W/	171,346
5248		FOOD PURCHASES	175,434	174,724	2	2	0	0		5,220	5,220	DIETARY PT	13,007
5250		SUPPLIES-DISHWASHING	3,399	18,787	1	2	0	0		5,248	5,248	FOOD PURCI	175,297
5260		DIETARY REPLACEMENT	7,456		1	2	0	0		5,250	5,250	SUPPLIES DI	3,399
5270		KITCHEN SUPPLIES-PAPER	7,932		1	2	0	0		5,260	5,260	REPLACEME	7,456
5295		MEAL CREDIT	-710		2	2	0	0		5,270	5,270	KITCHEN SU	7,932
5310		LAUNDRY WAGES	66,863	72,822	4	1	0	0		5,295	5,295	MEAL INCOI	(710)
5340		LAUNDRY SICK & VAC	5,959		4	1	0	0		5,310	5,310	LAUNDRY W	66,863
5370		LAUNDRY REPLACEMENT	6,363	11,109	4	2	0	0		5,340	5,340	LAUNDRY P	5,959
5380		LAUNDRY REIMBURSEMENT			4	3	0	0		5,370	5,370	REPLACEME	6,363
5390		LAUNDRY SUPPLIES	4,746		4	2	0	0		5,380			0
5410		HOUSEKEEPING WAGES	30,133	32,084	3	1	0	0		5,390	5,390	SUPPLIES	4,746
5440		HOUSEKEEPING SICK & VA(	1,951		3	1	0	0		5,410	5,410	HOUSEKEEP	30,133
5480		HOUSEKEEPING SUPPLIES	23,253	23,386	3	2	0	0		5,440	5,440	HOUSEKEEP	1,951
5490		HOUSEKEEPING SUPPLIES-F	133		3	2	0	0		5,480	5,480	SUPPLIES-CI	23,253
6010		RN WAGES-MEDICARE		1,748,225	10	1	0	0		5,490	5,490	SUPPLIES-H(	133
6020		RN WAGES-NON MEDICARE	298,160		10	1	0	0		6,020	6,020	RN WAGES	298,160
6030		DON WAGES	71,554		10	1	0	0		6,030	6,030	DON WAGES	71,554
6035		ADON	61,591		10	1	0	0		6,035	6,035	ADON WAGE	61,591
6040		RN SICK & VACATION	44,550		10	1	0	0		6,040	6,040	RN PTO & RE	44,550
6110		LPN WAGES-MEDICARE	372,429		10	1	0	0		6,120	6,120	LPN WAGES	372,429
6120		LPN WAGES-NON MEDICAR	0		10	1	0	0		6,140	6,140	LPN PTO & R	51,529
6130		LPN WAGES OTHER			10	1	0	0		6,220	6,220	AIDES WAGI	787,636
6140		LPN SICK & VACATION	51,529		10	1	0	0		6,240	6,240	AIDES PTO &	60,600
6210		AIDE WAGES-MEDICARE			10	1	0	0		6,245			0
6220		AIDE WAGES-NON MEDICAI	787,636		10	1	0	0		6,246			
6230		WARD CLERKS			10	1	0	0		6,247			
6240		AIDE VACATION & SICK	60,600		10	1	0	0		6,250			0
6245		CONTRACT NURSES-RN	0		10	3	0	0		6,255			0
6246		CONTRACT NURSES-LPN	0		10	3	0	0		6,260			0
6247		CONTRACT NURSES-AIDES	0		10	3	0	0		6,270	6,270	REHAB WAG	0
6250		NURSE AIDE TRAINING WA(	0	0	13	1	0	0		6,275	6,275	REHAB PTO /	176
6255		NURSE AID TRAINING EXP	0	0	13	2	0	0		6,290	6,290	NURSING SU	42,170
6260		NURSE AIDE TRAINING REII	0		0	0	0	0		6,295	6,295	NURSING SU	83,269
6270		REHAB WAGES	0		10	1	0	0		6,390	6,390	REPLACEME	833
6275		REHAB SICK & VAC	176		10	1	0	0		6,490	6,490	OTHER	93
6280		NURSING DEPT EDUCATION			23	3	0	0		7,280	7,280	DRUG PURCI	245,088
6290		NURSING SUPPLIES	42,170	126,272	10	2	0	0		7,281	7,281	DRUG PURCI	380,797
6295		NURSING SUPPLIES	83,269		10	2	0	0		7,380	7,380	LABORATOI	29,474
6390		REPLACEMENT-NURSING	833		10	2	0	0		7,391	7,390	X-RAY SERV	5,900
6490		NURSING OTHER	93	7,038	10	3	0	0		7,393			
7280		DRUG PURCHASES	245,088	626,478	39	2	0	0	***	7,510	7,510	ACTIVITIES '	64,918
7281		DRUG PURCHASES-OTHER	380,797		39	2				7,540	7,540	ACTIVITIES I	3,983
7380		LABORATORY SERVICES	35,374	35,374	39	3	0	0		7,590	7,590	ACTIVITIES :	4,193
7410		HOME HEALTH SALARY			39	1	0	0		7,620	7,620	PHYSICAL TI	299,471
7440		HOME HEALTH SICK & VAC			39	1	0	0		7,660	7,660	P.T. SUPPLY	593
7450		HOME HEALTH EXPENSES			39	3	0	0		7,710	7,710	SOCIAL SER'	35,967
7510		ACTIVITES WAGES	64,918	68,901	11	1	0	0		7,720	7,720	SOCIAL SER'	4,013
7540		ACTIVITIES SICK & VAC	3,983		11	1	0	0		7,730	7,730	SOCIAL SERVICE-EXPENSES	
7590		ACTIVITIES SUPPLIES	4,193	4,193	11	2	0	0		7,740	7,740	OCCUPATIOI	275,703
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	38,289
7611		PT SICK & VACATION			39	1	0	0		7,820	7,820	BEAUTICIAN	7,037
7620		PT FEES	299,471	613,463	39	3	0	0	***	7,890			854
7660		PT SUPPLIES	593		39	2	0	0		7,960			0
7710		SOCIAL SERVICE WAGES	35,967	39,980	12	1	0	0		8,120	8,120	INTEREST	0
7720		SOCIAL SERVICE SICK & VA	4,013		12	1	0	0		8,125			40,854
7730		SOCIAL SERVICE EXPENSES	0	0	12	2	0	0		8,130	8,130	DEPRECIATI	0
7740		OT FEE	275,703		39	3	0	0	***	8,150			0
7750		SOCIAL THERAPIST FEE	0	0	12	3	0	0		9,510	9,510	INTEREST IN	(942)
7770		SPEECH THERAPY FEE	38,289		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		433,620
7820		BEAUTICIAN FEES	7,037	7,037	40	3	0	0			9,702		0
7890		BEAUTY SHOP SUPPLIES	854	854	40	2	0	0			5,230		0
7910		VOLUNTEER COORDINATOR			21	1	0	0					(314,068)
7940		VOL COORD SICK & VAC			21	1	0	0					
7960		VOL COORD SUPPLIES	0		21	2	0	0					
8100		RENT	433,620	433,620	34	3	0	0				Expenses Fixed Assets	
8120		INTEREST EXPENSE	40,854	40,854	32	3	14	-942					0
8130		DEPRECIATION	0	0	30	3	9	0					
8150		LOAN FEE AMORTIZATION	0		32	3	0	0	0				
9510		INTEREST INCOME	-942		32	0	10	0					
9520		MISC NON-OPERATING INC(	0		0	0	0	0					
9700		INCOME TAXES	0		0	0	0	0					
			5,700,884	5,836,841									
				135,957									
GRAND TOTALS			-314,068					-128,067					
			(NET INCOME)										
			0										

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	10,599	10,599
IPA	12,223	12,223
medicare	2,232	2,232
		25,054

Heritage Manor Mendota
HFS ID# 203904038001
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	(48,429)
Provider Assesment Fee - $6.07	Line 20, Col 3	(135,015)
		(183,444)
Provider Participation Fee	Line 42	183,444
Reclassification of Ancillary Services Cost		
Cost of Drugs Purchased	Line 10(a), Col 2	(625,885)
Cost of Lab & Radiology Services Purchased	Line 10(a), Col 3	(35,374)
		(661,259)
Ancillary Service Centers	Line 39	661,259