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: 0048082

Facility Name: Heritage Health Normal

Address: 509 N Adelaide (Number) Normal (City) 61761 (Zip Code)

County: McLean

Telephone Number: (309) 452-7468 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: July 2006

Type of Ownership:

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

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/16 to 12/31/16 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed)
(Date)
(Type or Print Name) David M Underwood
(Title) EVP & CFO

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

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

Facility Name & ID Number Heritage Health Normal # 0048082 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	164	Skilled (SNF)	141	53,538	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	164	TOTALS	141	53,538	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	15,674	22,443	3,324	41,441	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,674	22,443	3,324	41,441	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.40%

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

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

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

I. On what date did you start providing long term care at this location?
Date started 7/2006

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

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified and days of care provided 3,324

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 Normal # 0048082 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	437,981	21,664		459,645		459,645	7,376	467,021			1
2	Food Purchase		291,815		291,815		291,815		291,815			2
3	Housekeeping	209,303	49,994		259,297		259,297	53	259,350			3
4	Laundry	94,435	27,146		121,581		121,581		121,581			4
5	Heat and Other Utilities			136,943	136,943		136,943	2,292	139,235			5
6	Maintenance	112,213	186,353	102,932	401,498		401,498	30,861	432,359			6
7	Other (specify):*											7
8	TOTAL General Services	853,932	576,972	239,875	1,670,779		1,670,779	40,582	1,711,361			8
	B. Health Care and Programs											
9	Medical Director			14,624	14,624		14,624		14,624			9
10	Nursing and Medical Records	3,182,098	221,241	108,313	3,511,652		3,511,652	(20,934)	3,490,718			10
10a	Therapy		987,717	62,235	1,049,952	(1,046,307)	3,645		3,645			10a
11	Activities	102,060	6,563		108,623		108,623		108,623			11
12	Social Services	77,320		2,555	79,875		79,875		79,875			12
13	CNA Training							1,817	1,817			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,361,478	1,215,521	187,727	4,764,726	(1,046,307)	3,718,419	(19,117)	3,699,302			16
	C. General Administration											
17	Administrative	100,000			100,000		100,000		100,000			17
18	Directors Fees											18
19	Professional Services			463,749	463,749		463,749	(413,964)	49,785			19
20	Dues, Fees, Subscriptions & Promotions			359,810	359,810	(313,158)	46,652	(12,954)	33,698			20
21	Clerical & General Office Expenses	454,243	26,397	13,724	494,364		494,364	430,713	925,077			21
22	Employee Benefits & Payroll Taxes			841,466	841,466		841,466	58,128	899,594			22
23	Inservice Training & Education			16,284	16,284		16,284	1,782	18,066			23
24	Travel and Seminar			11,992	11,992		11,992	(6,993)	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			77,286	77,286		77,286	24,384	101,670			26
27	Other (specify):* Lost resident items			170,392	170,392		170,392	(168,634)	1,758			27
28	TOTAL General Administration	554,243	26,397	1,954,703	2,535,343	(313,158)	2,222,185	(87,538)	2,134,647			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,769,653	1,818,890	2,382,305	8,970,848	(1,359,465)	7,611,383	(66,073)	7,545,310			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 Normal #0048082 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							506,793	506,793			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			67,017	67,017		67,017	112,989	180,006			32
33	Real Estate Taxes							103,841	103,841			33
34	Rent-Facility & Grounds			718,320	718,320		718,320	(709,610)	8,710			34
35	Rent-Equipment & Vehicles			33,142	33,142		33,142	13,128	46,270			35
36	Other (specify):*											36
37	**TOTAL Ownership**			818,479	818,479		818,479	27,141	845,620			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			866,442	866,442	1,046,307	1,912,749	(268,800)	1,643,949			39
40	Barber and Beauty Shops			31,928	31,928		31,928		31,928			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					313,158	313,158		313,158			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			898,370	898,370	1,359,465	2,257,835	(268,800)	1,989,035			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,769,653	1,818,890	4,099,154	10,687,697		10,687,697	(307,732)	10,379,965			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 Normal # 0048082 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	(331)			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	(16,194)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,221)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(168,634)			24
25	Fund Raising, Advertising and Promotional	(27,031)			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)**	$ (215,411)		$	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)	(92,321)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (92,321)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (307,732)		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 Normal

ID# 0048082

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		(3,221)	19	22
23				23
24		(168,634)	27	24
25		(27,031)	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**	(198,886)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health Normal # 0048082 Report Period Beginning: 01/01/16 Ending: 12/31/16

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	7,376	0	0	0	0	0	0	0	0	7,376	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	53	0	0	0	0	0	0	0	0	53	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,292	0	0	0	0	0	0	0	0	2,292	5
6	Maintenance	0	0	30,861	0	0	0	0	0	0	0	0	30,861	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	40,582	0	0	0	0	0	0	0	0	40,582	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	(21,387)	453	0	0	0	0	0	0	0	0	(20,934)	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	1,817	0	0	0	0	0	0	0	0	1,817	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	(21,387)	2,270	0	0	0	0	0	0	0	0	(19,117)	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	(3,221)	(439,021)	28,278	0	0	0	0	0	0	0	0	(413,964)	19
20	Fees, Subscriptions & Promotions	(27,031)	0	14,077	0	0	0	0	0	0	0	0	(12,954)	20
21	Clerical & General Office Expenses	0	0	430,713	0	0	0	0	0	0	0	0	430,713	21
22	Employee Benefits & Payroll Taxes	0	0	58,128	0	0	0	0	0	0	0	0	58,128	22
23	Inservice Training & Education	0	0	1,782	0	0	0	0	0	0	0	0	1,782	23
24	Travel and Seminar	(16,194)	0	9,201	0	0	0	0	0	0	0	0	(6,993)	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	24,384	0	0	0	0	0	0	0	0	24,384	26
27	Other (specify):*	(168,634)	0	0	0	0	0	0	0	0	0	0	(168,634)	27
28	TOTAL General Administration	(215,080)	(439,021)	566,563	0	0	0	0	0	0	0	0	(87,538)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(215,080)	(460,408)	609,415	0	0	0	0	0	0	0	0	(66,073)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health Normal **#** 0048082 **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	466,690	0	40,103	0	0	0	0	0	0	0	506,793	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(331)	112,889	0	431	0	0	0	0	0	0	0	112,989	32
33	Real Estate Taxes	0	103,841	0	0	0	0	0	0	0	0	0	103,841	33
34	Rent-Facility & Grounds	0	(718,320)	0	8,710	0	0	0	0	0	0	0	(709,610)	34
35	Rent-Equipment & Vehicles	0	0	0	13,128	0	0	0	0	0	0	0	13,128	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(331)	(34,900)	0	62,372	0	0	0	0	0	0	0	27,141	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	(268,800)	0	0	0	0	0	0	0	0	0	(268,800)	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	(268,800)	0	0	0	0	0	0	0	0	0	(268,800)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(215,411)	(764,108)	609,415	62,372	0	0	0	0	0	0	0	(307,732)	45

Facility Name & ID Number Heritage Health Normal # 0048082 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%	$ (21,387)	$ (21,387)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy	0.00%			2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy	0.00%	(268,800)	(268,800)	3
4	V	19	Adjustment for Related Organization	439,021	Heritage Operations Group, LLC	0.00%		(439,021)	4
5	V								5
6	V	34	Adjustment for Related Organization	718,320	Heritage Manor Real Estate, LLC	0.00%		(718,320)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		103,841	103,841	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		107,531	107,531	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		466,690	466,690	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		5,358	5,358	10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,157,341			$ 393,233	$ * (764,108)	14

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

Facility Name & ID Number Heritage Health Normal # 0048082 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		$	$ 7,376	15
16	V	2	Food Purchase					0	16
17	V	3	Housekeeping					53	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					2,292	19
20	V	6	Maintenance					30,861	20
21	V	7	Other					0	21
22	V	9	Medical Director					0	22
23	V	10	Nursing & Medical Records					453	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					1,817	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					28,278	31
32	V	20	Fees, Subscription, Promotions					14,077	32
33	V	21	Clerical & General Office Expenses					430,713	33
34	V	22	Employee Benefits & Payroll Taxes					58,128	34
35	V	23	Inservice Training & Education					1,782	35
36	V	24	Travel and Seminar					9,201	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					24,384	38
39	Total			$			$ 0	$ * 609,415	39

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

Facility Name & ID Number Heritage Health Normal # 0048082 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					40,103	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					431	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					8,710	20
21	V	35	Rent-Equipment & Vehicles					13,128	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	$ * 62,372	39

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

Facility Name & ID Number Heritage Health Normal # 0048082 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 Normal # 0048082 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	141	$ 7,376	1
2	2	Food Purchase	Beds	2,571	26	0	0	141	0	2
3	3	Housekeeping	Beds	2,571	26	965	0	141	53	3
4	4	Laundry	Beds	2,571	26	0	0	141	0	4
5	5	Heat & Other Utilities	Beds	2,571	26	41,789	0	141	2,292	5
6	6	Maintenance	Beds	2,571	26	562,719	88,582	141	30,861	6
7	7	Other	Beds	2,571	26	0	0	141	0	7
8	9	Medical Director	Beds	2,571	26	0	0	141	0	8
9	10	Nursing & Medical Records	Beds	2,571	26	8,251	9,150	141	453	9
10	11	Activities	Beds	2,571	26	0	0	141	0	10
11	12	Social Service	Beds	2,571	26	0	0	141	0	11
12	13	Nurse Aide Training	Beds	2,571	26	33,130	26,566	141	1,817	12
13	14	Program Transportation	Beds	2,571	26	0	0	141	0	13
14	15	Other	Beds	2,571	26	0	0	141	0	14
15	17	Administrative	Beds	2,571	26	0	0	141	0	15
16	18	Directors Fees	Beds	2,571	26	0	0	141	0	16
17	19	Professional Services	Beds	2,571	26	515,620	0	141	28,278	17
18	20	Fees, Subscription, Promotions	Beds	2,571	26	256,684	0	141	14,077	18
19	21	Clerical & General Office Expense	Beds	2,571	26	7,853,640	7,408,797	141	430,713	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,571	26	1,059,901	0	141	58,128	20
21	23	Inservice Training & Education	Beds	2,571	26	32,489	0	141	1,782	21
22	24	Travel and Seminar	Beds	2,571	26	167,777	0	141	9,201	22
23	25	Other Admin. Staff Transportatio	Beds	2,571	26	0	0	141	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,571	26	444,625	0	141	24,384	24
25	TOTALS					$ 11,112,081	$ 7,666,930		$ 609,415	25

Facility Name & ID Number Heritage Health Normal # 0048082 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	$	$	141	$	1
2	30	Depreciation	Beds	2,571	26	731,247		141	40,103	2
3	31	Amortization of Pre-Op & Org	Beds	2,571	26			141		3
4	32	Interest	Beds	2,571	26	7,851		141	431	4
5	33	Real Estate Taxes	Beds	2,571	26			141		5
6	34	Rent-Facility & Grounds	Beds	2,571	26	158,824		141	8,710	6
7	35	Rent-Equipment & Vehicles	Beds	2,571	26	239,379		141	13,128	7
8	36	Other	Beds	2,571	26			141		8
9	38	Medically Nec Transportation	Beds	2,571	26			141		9
10	39	Ancillary Service Centers	Beds	2,571	26			141		10
11	40	Barber and Beauty Shops	Beds	2,571	26			141		11
12	41	Coffee and Gift Shops	Beds	2,571	26			141		12
13	42	Other	Beds	2,571	26			141		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	$		$ 62,372	25

Facility Name & ID Number Heritage Health Normal # 0048082 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			$	$			$ 107,531	1
2	Bank of America		x	Loan Fee Amortization							5,358	2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		x	Working Capital							67,017	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 179,906	9
	B. Non-Facility Related*											
10	Interest Income										(331)	10
11												11
12	Allocated Corporate										431	12
13												13
14	TOTAL Non-Facility Related						$	$			$ 100	14
15	TOTALS (line 9+line14)						$	$			$ 180,006	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 Normal # 0048082 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.)		$ 103,841	2
3. Under or (over) accrual (line 2 minus line 1).		$ 103,841	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.		$ 103,841	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2011	96,778	8
	2012	98,494	9
	2013	101,933	10
	2014	102,557	11
	2015	103,841	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 Normal COUNTY McLean

FACILITY IDPH LICENSE NUMBER 0048082

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.	14-29-227-016		$ 142,985.46	$ 103,841.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 142,985.46	$ 103,841.00

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 Normal # 0048082 Report Period Beginning: 01/01/16 Ending: 12/31/16

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,164 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).

Adelaide Apts - Independent Living - No shared services but real estate taxes shown on same bill

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				$ 181,333	1
2					2
3	TOTALS			$ 181,333	3

Facility Name & ID Number Heritage Health Normal # 0048082 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	141				$ 1,860,193	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	1979 Improvements			1979	66,917						9
10	1980 Improvements			1980	48,089						10
11	1981 Improvements			1981	17,747						11
12	1982 Improvements			1982	18,009						12
13	1983 Improvements			1983	19,892						13
14	1984 Improvements			1984	25,484						14
15	1985 Improvements			1985	531,851						15
16	1986 Improvements			1986	82,460						16
17	1987 Improvements			1987	17,447						17
18	1988 Improvements			1988	133,532						18
19	1989 Improvements			1989	39,555						19
20	1990 Improvements			1990	18,557						20
21	1991 Improvements			1991	5,776						21
22	1992 Improvements			1992	8,016						22
23	1993 Improvements			1993	188,048						23
24	1994 Improvements			1994	187,325						24
25	1995 Improvements			1995	10,664						25
26	A/C Basement Laundry			1996	6,741						26
27	Asphalt Repair			1996	21,401						27
28	Remodel/Painting			1996	1,912						28
29	Fire Alarm Repair/Replace			1996	8,069						29
30	Kitchen Floor/Backsplash			1996	1,395						30
31											31
32											32
33	C/O Allocation					40,103		40,103			33
34	Book Depreciation					358,410		358,410			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 Normal # 0048082 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	Tubes--Boiler	1997	$ 12,279	$		$	$	$	37
38	Smoke Damper	1997	2,508						38
39	Perimeter Alarm	1997	3,364						39
40	Door Alarm	1997	3,909						40
41	Parking Lot Lights	1997	1,221						41
42	Fire Door	1997	2,146						42
43									43
44	Asbestos Removel	1998	985						44
45	Fire Daper	1998	4,589						45
46	Plumbing Maintenance	1998	3,285						46
47	HVAC Repairs	1998	2,139						47
48	Boiler Retubed	1998	5,720						48
49	Remodel Resident Rooms and Halls-materials	1998	739,117						49
50	Remodel Resident Rooms and Halls- Labor	1998	4,323						50
51	Remodel Resident Rooms and Halls-Professional Fees	1998	38,935						51
52									52
53	Moving Furnature Expense	1998	6,398						53
54	Computer Room Work	1998	896						54
55	Alzheimers Addition-Materials	1998	876,511						55
56	Alzheimers Addition-Labor	1998	516						56
57	Alzheimers Addition-Professional Fees	1998	162,266						57
58	Ventalation System-Materials	1998	54,231						58
59	Ventalation System-Professional Fees	1998	33,010						59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,277,428	$ 398,513		$ 398,513	$	$	70

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

Facility Name & ID Number Heritage Health Normal # 0048082 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		$ 5,277,428	$ 398,513		$ 398,513	$	$	1
2	Alzheimers Addition-Materials	1999	1,913,384						2
3	Alzheimers Addition-Labor	1999	16,393						3
4	Alzheimers Addition-Professional Fees	1999	43,955						4
5	Ventalation System-Materials	1999	2,591						5
6	Remodel Resident Rooms--Materials	1999	96,197						6
7	Remodel Resident Rooms--Professional Fees	1999	350						7
8	Patio Replacement	1999	3,700						8
9	WAN Room Renovation	1999	3,230						9
10	ALTA Survey	1999	5,488						10
11	PANIC Hardware	1999	1,941						11
12	Roof Work	1999	4,844						12
13	Boiler Replacement	1999	11,219						13
14	Garage Door	1999	985						14
15	West End Renovations-Labor	1999	2,184						15
16	Assisted Living Professional Fees	1999	1,843						16
17									17
18	West Wing Outlets	2000	8,485						18
19	Alzheimer Unit Flooring	2000	5,631						19
20	Accordian Door and Installation	2000	9,600						20
21	Air conditioning Units (2)	2000	1,240						21
22	Exterior Door Replacement	2000	6,095						22
23	Air conditioner -- Dishroom	2000	12,041						23
24	HVAC temp Control	2000	16,220						24
25	Mop sink and faucet (2)	2000	3,377						25
26	Clinical Sink	2000	847						26
27	Eye Wash Stations	2000	2,566						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,451,834	$ 398,513		$ 398,513	$	$	34

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

Facility Name & ID Number Heritage Health Normal # 0048082 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		$ 7,451,834	$ 398,513		$ 398,513	$	$	1
2	West End Renovations-Labor	2000	9,940						2
3	West End Renovations-material	2000	7,991						3
4	Capital Report Adjustments	2000	(2,985)						4
5	Boiler Repair	2001	7,921						5
6	Code Alert	2001	6,248						6
7	Painting & Wallpaper Hallway	2001	2,714						7
8	Condenser	2001	3,203						8
9	Fire System Repair	2001	2,269						9
10	Sign	2001	3,266						10
11	Water Heater	2001	4,797						11
12									12
13	Smoke Detector	2002	2,000						13
14	Fence	2002	2,400						14
15	Mixing Valve	2002	2,000						15
16	Bathroom Repairs	2002	10,179						16
17	Sprinkler System	2002	1,019						17
18	Computer Cable	2002	1,076						18
19	Boiler Pump	2002	5,000						19
20	A/C Unit	2002	2,750						20
21	Administrator Office Remodel	2002	4,534						21
22	Fire System Repair	2002	1,234						22
23	A/C Repair	2002	3,535						23
24	Flag & Flag Pole	2002	600						24
25	Elevator Repairs	2002	6,862						25
26	Code Alert	2002	975						26
27	Exhaust Fan	2002	1,350						27
28	Capital Report Adjustments	2002	(3,184)						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,539,528	$ 398,513		$ 398,513	$	$	34

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

Facility Name & ID Number Heritage Health Normal # 0048082 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		$ 7,539,528	$ 398,513		$ 398,513	$	$	1
2	Fire System	2003	8,614						2
3	Flag Pole	2003							3
4	Security Door	2003	5,990						4
5	A/C Unit	2003	1,580						5
6	Condensing Unit	2003	1,137						6
7	Compressor	2003	2,067						7
8	Sewage Ejection	2003	17,028						8
9	A/C Unit	2003	1,628						9
10									10
11	Sewage Ejection	2004	12,312						11
12	A/C Unit	2004	1,175						12
13	Water Softener	2004	18,667						13
14	Exterior Referbish	2004	2,202						14
15	Boiler	2004	16,060						15
16									16
17	Boiler	2005	388						17
18	Nurses Station	2005	8,146						18
19	Smoke Detectors	2005	3,884						19
20	Windows	2005	6,146						20
21	Tempering Valve	2005	2,510						21
22	Sewage Ejection	2005	1,310						22
23	Ansul System	2005	2,320						23
24	Accelerator	2005	1,548						24
25	A/C Unit	2005	2,550						25
26	A/C Unit	2005	1,275						26
27	Sidewalk Replacement	2005	21,297						27
28	Capital Report Adjustment	2005	(22,995)						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,656,367	$ 398,513		$ 398,513	$	$	34

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

Facility Name & ID Number Heritage Health Normal # 0048082 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 12D, Carried Forward		$ 7,656,367	$ 398,513		$ 398,513	$	$	1
2									2
3	A/C Unit	2006	5,900						3
4									4
5									5
6	Capital Report Adj	2007	(16,473)						6
7	Interior Door	2007	425						7
8	Generator	2007	16,165						8
9	Mixing valve	2007	1,955						9
10	Water pipe	2007	2,350						10
11	Water Heater	2007	27,451						11
12	Window	2007	906						12
13	AC Condensing Unit	2007	2,345						13
14	Flooring	2007	775						14
15									15
16	Handrails	2008	2,904						16
17	Grinder Pump	2008	2,566						17
18	Exterior Panting	2008	13,372						18
19	Dining Room Windows	2008	8,150						19
20	Dining Room Roof	2008	78,218						20
21	Driveway Improvements	2008	4,400						21
22	boiler	2008	5,680						22
23	Duct Replacement	2008	16,973						23
24	Carpet	2008	54,088						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)		$ 7,884,517	$ 398,513		$ 398,513	$	$	34

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

Facility Name & ID Number Heritage Health Normal # 0048082 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 12E, Carried Forward		$ 7,884,517	$ 398,513		$ 398,513	$	$	1
2	Capital Report Adj	2009	(33,138)						2
3	Fire Alarm	2009	4,458						3
4	Air Handler	2009	7,544						4
5	Landscaping	2009	31,059						5
6	Sprinkler	2009	29,630						6
7	Gutter	2009	3,800						7
8	Dinning room windows	2009	2,280						8
9	Dinning room roof	2009	17,408						9
10	Parking lot surface	2009	87,268						10
11	Boiler	2009	7,625						11
12	Parapet Walls	2009	11,000						12
13	Water Main	2009	6,130						13
14	Nurse Call & Phone system	2009	297,156						14
15									15
16	Retaining wall	2010	21,000						16
17	Air Handler	2010	38,790						17
18	Carpet - Legacy care wing	2010	52,529						18
19	water Meter	2010	5,855						19
20									20
21	West Nurse's Station	2011	35,324						21
22	Sprinkler system	2011	295,806						22
23	Sewer pipe	2011	6,561						23
24	Air Compressor	2011	7,313						24
25	Flooring repair	2011	5,580						25
26	Air Handler	2011	21,534						26
27	Sign	2011	8,500						27
28	Dry pendent sprinkler	2011	48,620						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,904,149	$ 398,513		$ 398,513	$	$	34

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

Facility Name & ID Number Heritage Health Normal # 0048082 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 12F, Carried Forward		$ 8,904,149	$ 398,513		$ 398,513	$	$	1
2									2
3	Water Heater	2012	6,600						3
4	Dry Pendant Sprinkler	2012	6,300						4
5	Loading Dock	2012	5,140						5
6	Condensing Unit	2012	6,505						6
7	Disposer	2012	3,131						7
8	Roof	2012	131,830						8
9	Parking Lot	2012	32,607						9
10	Lighting Upgrade	2012	1,439						10
11	Air Handler	2012	12,456						11
12	East Wing Heat Line	2012	8,347						12
13	Heat Pump	2012	3,337						13
14									14
15	Facility Remodel	2013	733,810						15
16	Parking Lot Addition	2013	19,834						16
17	Smoke Detectors	2013	5,567						17
18	Boiler Adjustments	2013	3,515						18
19	Pneumatic Adjsutment - Radiator	2013	5,212						19
20	Elevator Door Restrictor	2013	3,150						20
21									21
22	Sanitary Line Repair	2014	5,470						22
23	Completion of 2013 Facility Remodel - final carpeting								23
24	plumbing and flooring upgrades to all patient rooms	2014	360,614						24
25									25
26	Retube boiler	2015	15,200						26
27	New flooring - soiled utility room	2015	6,472						27
28	Compressor replacement	2015	3,861						28
29	Replacement split system for laundry room	2015	6,725						29
30	Replaced failed LCD annunciator	2015	3,910						30
31									31
32									32
33									33
34	**TOTAL (lines 1 thru 33)**		$ 10,295,181	$ 398,513		$ 398,513	$	$	34

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

Facility Name & ID Number Heritage Health Normal # 0048082 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 12G, Carried Forward		$ 10,295,181	$ 398,513		$ 398,513	$	$	1
2									2
3	Install new air compressor	2016	3,082						3
4	Upgrade elevator - installation of new alarms, lights	2016	10,330						4
5	pit ladder and phone								5
6	EIFS repairs to front car port and north side of building	2016	7,850						6
7									7
8									8
9									9
10									10
11									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)		$ 10,316,443	$ 398,513		$ 398,513	$	$	34

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

Facility Name & ID Number Heritage Health Normal # 0048082 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	$ 1,975,491	$ 104,794	$ 104,794	$		$	71
72	Current Year Purchases	29,967						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 2,005,458	$ 104,794	$ 104,794	$		$	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		2009 Ford Van	2009	$ 36,604	$ 3,486	$ 3,486	$		$	76
77										77
78										78
79										79
80	TOTALS			$ 36,604	$ 3,486	$ 3,486	$		$	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)	$ 12,539,838	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 506,793	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 506,793	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 Normal # 0048082 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: $ 33,142 Description: Bariatric beds, 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 Normal # 0048082 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 Normal # 0048082 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	$		$ 373,164	$		$ 373,164	1
2	Licensed Speech and Language Development Therapist		hrs			131,421			131,421	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			361,857	3,645		365,502	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				984,072		984,072	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					62,235			62,235	13
14	TOTAL			$		$ 928,677	$ 987,717		$ 1,916,394	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 Normal **#** 0048082 **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	$ 300	$	1
2	Cash-Patient Deposits	11,055		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,518,065		3
4	Supply Inventory (priced at)	18,784		4
5	Short-Term Investments			5
6	Prepaid Insurance	48,387		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(900,225)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 696,366	$	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)**	$ 696,366	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 385,724	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	11,055		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	365,698		30
31	Accrued Taxes Payable (excluding real estate taxes)	10,639		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	38,466		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 811,582	$	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)**	$ 811,582	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (115,216)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 696,366	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health Normal # 0048082 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**	$ (9,995)	1
2	Restatements (describe):		2
3	**Reclassification - 2015 Year End Balance**	61,306	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 51,311	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(166,527)	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)**	$ (166,527)	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)**	$ (115,216)	24 *

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

Facility Name & ID Number Heritage Health Normal # 0048082 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	$ 9,334,921	1
2	Discounts and Allowances for all Levels	(3,475,386)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,859,535	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,750,982	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,750,982	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	39,373	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,872,093	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(1,144)	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,910,322	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	331	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 331	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)**	$ 10,521,170	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,670,779	31
32	Health Care	4,764,726	32
33	General Administration	2,535,343	33
	B. Capital Expense		
34	Ownership	818,479	34
	C. Ancillary Expense		
35	Special Cost Centers	898,370	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)***	$ 10,687,697	40
41	**Income before Income Taxes (line 30 minus line 40)****	(166,527)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (166,527)	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 Normal # 0048082 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	1,782	1,876	$ 72,886	$ 38.85	1
2	Assistant Director of Nursing	3,414	3,595	112,096	31.18	2
3	Registered Nurses	12,215	12,858	453,016	35.23	3
4	Licensed Practical Nurses	33,533	35,298	923,530	26.16	4
5	CNAs & Orderlies	101,135	106,458	1,570,161	14.75	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,174	3,341	50,409	15.09	8
9	Activity Director					9
10	Activity Assistants	7,708	8,114	102,060	12.58	10
11	Social Service Workers	3,878	4,082	77,320	18.94	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	35,533	37,403	437,981	11.71	15
16	Dishwashers					16
17	Maintenance Workers	6,815	7,174	112,213	15.64	17
18	Housekeepers	17,989	18,936	209,303	11.05	18
19	Laundry	8,015	8,437	94,435	11.19	19
20	Administrator	1,984	2,088	100,000	47.89	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,578	18,503	454,243	24.55	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)	254,753	268,163	$ 4,769,653 *	$ 17.79	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 0		35
36	Medical Director		14,624		36
37	Medical Records Consultant		1,840		37
38	Nurse Consultant				38
39	Pharmacist Consultant		7,720		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		2,555		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 26,739		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 65,690		50
51	Licensed Practical Nurses		9,864		51
52	Certified Nurse Assistants/Aides		18,949		52
53	TOTAL (lines 50 - 52)		$ 94,503		53

Facility Name & ID Number Heritage Health Normal # 0048082 Report Period Beginning: 01/01/16 Ending: 12/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Dianne Cochran			$ 100,000
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 100,000

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	Mgmt	$ 439,021
ADP	Payroll Tax Processing	1,561
Tango Inc.	ACA Compliance	1,145
Lewis Yockey & Brown	ALTA Survey Review	18,801
Legal adj to Zero		3,221
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 463,749

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 78,218
Unemployment Compensation Insurance	48,292
FICA Taxes	364,878
Employee Health Insurance	273,163
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	76,915
Central Office Allocation	58,128
TOTAL (agree to Schedule V, line 22, col.8)	$ 899,594

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	5,587
Health Care Worker Background Check	
(Indicate # of checks performed)	4,682
PR	13,490
Dues & Subscriptions	14,135
License & Fees	1,176
Central Office Allocation	14,077
Less: Public Relations Expense	(13,490)
Non-allowable advertising	(5,959)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 33,698

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	9,148
	93
Seminar Expense	2,751
Central Office Allocation	(6,993)
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 Normal # 0048082 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. $ **313,158**
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. $ **22,274**

(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	300							1,009	1,009	CASH	300
1010			CASH IN BANK								1,100	1,100	ACCTS RI	1,769,199
1040			CASH IN BANK-PAYROLL								1,101	1,101	ALLOW. I	(251,134)
1100			ACCOUNTS RECEIVABLE	1,518,065							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	48,387
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	48,387							1,310	1,310	SUPPLIES	18,784
1220			OTHER PREPAID EXPENSES								1,320	1,320	LINEN INVENTORY	
1300			FOOD INVENTORY								1,409	1,409	LAND	0
1310			SUPPLIES INVENTORY	18,784							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	11,055
1490			ACCUM DEPR-BUILDING	0							1,550	1,550	LOAN FE	0
1530			RESIDENT FUNDS	11,055							1,551	1,551	LOAN FEES ADDED	
1550			LOAN FEES	0							1,850	1,850	INTERCO	(900,225)
1560			REAL ESTATE TAX ESCROW								2,010	2,010	ACCOUN	(385,724)
1575			REIMBURSABLE PURCHASES								2,100	2,095	BONUSES PAYABLE	
1850			INTRACOMPANY	-900,225							2,100	2,100	ACCRUEI	(101,681)
2010			ACCOUNTS PAYABLE	-385,724							2,100	2,100	PR CLEARING-BENEFITS	
2095			BONUSES PAYABLE								2,100	2,100	PR CLEARING-LABOR	
2100			ACCRUED PAYROLL	-101,681							2,110	2,110	ACCRUEI	(264,017)
2110			ACCRUED VACATION PAY	-264,017							2,120	2,120	U.C. TAX	0
2120			UC TAXES PAYABLE								2,125	2,125	FICA TAX	(10,639)
2125			FICA TAX PAYABLE	-10,639	-10,639						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 PAYI	(38,466)
2300			ACCRUED INTEREST PAYAI	0							2,350	2,350	REAL EST	0
2310			SALES TAX PAYABLE								2,385			0
2320			IPA PAYMENTS PAYABLE	-38,466							2,400	2,400	CURRENT PORTION OF LT DEBT	
2350			REAL ESTATE TAX PAYABL	0							2,512	2,512	DUE TO F	(11,055)
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	(51,311)
2460			INCOME TAXES PAYABLE										net income	166,527
2512			DUE TO RESIDENTS	-11,055										
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	-51,311										
2970			PROFIT/LOSS FOR PERIOD	166,527										
3007.1			PATIENT DAYS-PRIVATE	22,443							3,007	3,007	PATIENT DA	22,443
3007.2			PATIENT DAYS-IPA	15,674							3,007	3,007	PATIENT DA	15,674
3007.3			PATIENT DAYS-MEDICARE	3,324							3,007	3,007	PATIENT DA	3,324
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 &	-9,301,126		0	0	0	0		3,007			
3015		1	PRIVATE ASSESSMENT TAX INCOME			0	0	0	0		3,010	3,010	BASIC CHAR	(9,301,126)
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			232,851
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	(20,331)
3080		1	NURSING SUPPLIES-PRIVAT	-20,331		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	(1,872,093)
3100		17	DRUGS	-1,872,093		0	0	0	0		3,101			0
3101		17	DRUGS-OTHER								3,110	3,110	PHYSICAL TI	(2,750,982)
3110		6	PT-PRIVATE	-2,750,982		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	232,851							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	3,475,386		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	3,433,473
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	(39,373)
3530		13	BEAUTY SHOP	-39,373		0	0	0	0		3,560			0
3560		12	ACTIVITY FUND INCOME	0		0	0	0	0		3,570	3,570		
3570		12	VENDING INCOME/EXPENSI	0		0	0	0	0		3,590	3,590	EQUIPMENT	(13,464)
3580		12	MANAGEMENT FEES			0	0	0	0		3,595	3,595	RESIDENT TI	1,120
3590		1	EQUIPMENT RENTAL	-13,464		0	0	0	0		3,600	3,600	MISC INCOM	24
3595		21	RESIDENT TRANSPORTATIC	1,120		0	0	0	0		4,110	4,110	G&A WAGES	429,854
3600		21	MISC INCOME	24		0	0	0	0		4,111	4,111	ADMINISTRA	100,000
4110			GENERAL & ADMINIST WAG	429,854	454,243	21	1	17	0		4,115	4,115	G&A PTO & I	24,389
4111			ADMINISTRATOR WAGES	100,000	100,000	17	1	0	0		4,120	4,120	EMPLOYEE I	30,210
4115			VACATION & SICK - G&A	24,389		21	1	0	0		4,121			
4120	4475		EMPLOYEE BENEFITS	38,791	841,466	22	3	0	0		4,130	4,130	EMPLOYEE S	19,795
4125			EMPLOYEE HEPETITIS VAC	0		22	3	0	0		4,135	4,135	EMPLOYEE S	18,329
4130			EMPLOYEE SCHOLORSHIP V	19,795	232,851	21	1	0	0		4,250	4,250	OFFICE SUPI	11,488
4135			EMPLOYEE SCHOLORSHIP C	18,329		23	3	0	0		4,255	4,255	POSTAGE	2,538
4220			DIRECTORS FEES	0	0	18	3	0	0		4,260	4,260	TELEPHONE	13,724
4250	4255		OFFICE SUPPLIES	26,397	26,397	21	2	0	0		4,275	4,275	TRAINING &	16,284
4260			TELEPHONE	13,724	13,724	21	3	0	0		4,276			
4275			TRAINING & EMPLOYEE DE	16,284	16,284	23	3	16	0	**	4,280	4,280	GENERAL TI	9,148
4280			GENERAL TRAVEL	9,148	11,992	24	3	16	0		4,281	4,281	MEAL EXPEI	93
4281			MEAL EXPENSE FOR TRAVE	93		24	3	19	0		4,285	4,285	EDUCATION	2,600
4285			EDUCATION & SEMINAR	2,751		24	3	19	-16,194	***	4,289	4,289	MEETINGS E	151
4290			HELP WANTED ADVERTISIN	5,587	126,959	20	3	0	0	-80,307	4,290	4,290	HELP WANT	5,587
4291			PROMOTIONAL ADVERTISI	7,582		20	3	25	-7,582		4,291	4,291	PROMOTION	7,582
4292			PUBLIC RELATIONS	13,490		20	3	25	-13,490		4,292	4,292	PUBLIC REL	13,490
4300			LICENSES & FEES	81,483		20	3	17	0		4,300	4,300	LICENSE & F	81,483
4310			DUES & SUBSCRIPTIONS	14,135		20	3	17	-5,959		4,310	4,310	DUES & SUB	14,135
4320			CONTRIBUTIONS	0		27	3	20	0		4,320	4,320	CONTRIBUTI	0
4350			PROFESSIONAL FEES	24,728	463,749	19	3	22	-3,221		4,350	4,350	PROFESSION	24,728
4355			MEDICAL DIRECTOR	14,624	14,624	9	3	0	0		4,355	4,355	MEDICAL DI	14,624
4360			UTILIZATION REVIEW	0		10	3	0	0		4,362			1,840
4361			OTHER PHYSICIAN FEES			39	3	0	0		4,363			7,720
4362			MEDICAL RECORDS CONSU	1,840		10	3	0	0		4,364	4,364	SOCIAL SER	2,555
4363			PHARMACIST FEES	7,720		10	3	0	0		4,370	4,370	TV RENTAL	19,296
4364			SOC SERV/ACT CONSULT	2,555	2,555	12	3	0	0		4,383	4,383	BACKGROUI	4,682
4370			TV RENTAL	19,296		35	3	5	0		4,390	4,390	OTHER TAXI	0
4380			INCOME TAXES		170,392	27	3	26	0		4,400	4,400	PAYROLL TA	402,790
4383			BACKGROUND CHECKS	4,682		20	3	26	0		4,401	4,401	PAYROLL TA	10,380
4400			PAYROLL TAXES	402,790		22	3	0	0		4,410	4,410	GROUP INSU	273,163
4401			PAYROLL TAXES ADMINIST	10,380		22	3	0	0		4,420	4,420	LIABILITY IN	77,286
4410			GROUP INSURANCE	273,163		22	3	0	0		4,430	4,430	WORKMAN'S	75,459
4420			LIABILITY INSURANCE	77,286	77,286	26	3	0	0		4,435	4,435	W/C-FIRST A	740
4425			INSURANCE-OWNERS			22	3	21	0		4,436	4,436	DRUG TESTI	2,019
4430			WORKMENS COMP INSURAI	78,218		22	3	0	0		4,450	4,450	MANAGEME	439,021
4450			CENTRAL OFFICE FEES	439,021		19	3	34	0	**	4,460	4,460	BAD DEBTS	168,634
4460			BAD DEBTS	168,634		27	3	24	-168,634		4,461	4,461	BAD DEBTS	41,913
4470			LOST ITEMS-RESIDENTS	1,758		27	3	0			4,470	4,470	LOST ITEMS-	1,758
4490			MISCELLANEOUS	0		27	3	0	0		4,475	4,475	UNIFORM EX	8,581
4510			REAL ESTATE TAXES	0	0	33	3	0	0		4,486	4,486	M.I.S. Softwar	48,201
4600			LEASED EQUIPMENT	13,846	33,142	35	3	16	0		4,490	4,490	MISC EXPEN	85
5110			MAINTENANCE SALARIES	102,662	112,213	6	1	0	0		4,496	4,496	MISC. M.I.S. I	12,371
5120			MAINTENANCE SICK & VAC	9,551		6	1	0	0		4,510	4,510	REAL ESTAT	0
5130			ELECTRIC	72,254	136,943	5	3	0	0		4,600	4,600	LEASED EQU	13,846
5131			NATURAL GAS	24,856		5	3	0	0		5,110	5,110	MAINTENAN	102,662
5132			HEATING & DEISEL OIL			5	3	0	0		5,120	5,120	MAINTENAN	9,551
5133			WATER & SEWER	39,833		5	3	0	0		5,130	5,130	ELECTRIC	72,254
5134			TRASH COLLECTION	20,939	102,932	6	3	0	0		5,131	5,131	NATURAL G.	24,856
5140			PROPERTY PLANT REPLACI	37,591	186,353	6	2	0	0		5,133	5,133	WATER & SE	39,833
5160			GENERAL REPAIR & MAINT	148,762		6	2	0	0		5,134	5,134	TRASH COLI	20,939
5165			MAINTENANCE CONTRACT	81,993		6	3	0	0		5,140	5,140	PROP/PLANT	37,591
5210			DIETARY WAGES	408,485	437,981	1	1	0	0		5,160	5,160	GENERAL RI	148,762
5220			DIETARY SICK & VAC	29,496		1	1	0	0		5,165	5,165	MAINTENAN	33,792
5240			SALES TAX			2	3	13	0		5,210	5,210	DIETARY W/	408,485
5248			FOOD PURCHASES	314,089	291,815	2	2	0	0		5,220	5,220	DIETARY PT	29,496
5250			SUPPLIES-DISHWASHING	3,486	21,664	1	2	0	0		5,248	5,248	FOOD PURCI	314,004
5260			DIETARY REPLACEMENT	6,629		1	2	0	0		5,250	5,250	SUPPLIES DI	3,486
5270			KITCHEN SUPPLIES-PAPER	11,549		1	2	0	0		5,260	5,260	REPLACEME	6,629
5295			MEAL CREDIT	-22,274		2	2	0	0		5,270	5,270	KITCHEN SU	11,549
5310			LAUNDRY WAGES	87,883	94,435	4	1	0	0		5,295	5,295	MEAL INCOM	(22,274)
5340			LAUNDRY SICK & VAC	6,552		4	1	0	0		5,310	5,310	LAUNDRY W	87,883
5370			LAUNDRY REPLACEMENT	15,732	27,146	4	2	0	0		5,340	5,340	LAUNDRY P	6,552
5380			LAUNDRY REIMBURSEMENT			4	3	0	0		5,370	5,370	REPLACEME	15,732
5390			LAUNDRY SUPPLIES	11,414		4	2	0	0		5,380			1,216
5410			HOUSEKEEPING WAGES	192,044	209,303	3	1	0	0		5,390	5,390	SUPPLIES	10,198
5440			HOUSEKEEPING SICK & VAC	17,259		3	1	0	0		5,410	5,410	HOUSEKEEP	192,044
5480			HOUSEKEEPING SUPPLIES	49,199	49,994	3	2	0	0		5,440	5,440	HOUSEKEEP	17,259
5490			HOUSEKEEPING SUPPLIES-I	795		3	2	0	0		5,480	5,480	SUPPLIES-CI	49,199
6010			RN WAGES-MEDICARE		3,182,098	10	1	0	0		5,490	5,490	SUPPLIES-HC	795
6020			RN WAGES-NON MEDICARE	410,103		10	1	0	0		6,020	6,020	RN WAGES	410,103
6030			DON WAGES	72,886		10	1	0	0		6,030	6,030	DON WAGES	72,886
6035			ADON	112,096		10	1	0	0		6,035	6,035	ADON WAGE	112,096
6040			RN SICK & VACATION	42,913		10	1	0	0		6,040	6,040	RN PTO & RE	42,913
6110			LPN WAGES-MEDICARE	858,582		10	1	0	0		6,120	6,120	LPN WAGES	858,582
6120			LPN WAGES-NON MEDICAR	0		10	1	0	0		6,140	6,140	LPN PTO & R	64,948
6130			LPN WAGES OTHER			10	1	0	0		6,220	6,220	AIDES WAGI	1,477,747
6140			LPN SICK & VACATION	64,948		10	1	0	0		6,240	6,240	AIDES PTO &	92,414
6210			AIDE WAGES-MEDICARE			10	1	0	0		6,245			65,690
6220			AIDE WAGES-NON MEDICAI	1,477,747		10	1	0	0		6,246			9,864
6230			WARD CLERKS			10	1	0	0		6,247			18,949
6240			AIDE VACATION & SICK	92,414		10	1	0	0		6,250			0
6245			CONTRACT NURSES-RN	65,690		10	3	0	0		6,255			0
6246			CONTRACT NURSES-LPN	9,864		10	3	0	0		6,260			0
6247			CONTRACT NURSES-AIDES	18,949		10	3	0	0		6,270	6,270	REHAB WAG	45,814
6250			NURSE AIDE TRAINING WAG	0	0	13	1	0	0		6,275	6,275	REHAB PTO	4,595
6255			NURSE AID TRAINING EXP	0	0	13	2	0	0		6,290	6,290	NURSING SU	209,260
6260			NURSE AIDE TRAINING REI	0		0	0	0	0		6,295	6,295	NURSING SU	9,583
6270			REHAB WAGES	45,814		10	1	0	0		6,390	6,390	REPLACEME	2,398
6275			REHAB SICK & VAC	4,595		10	1	0	0		6,490	6,490	OTHER	4,250
6280			NURSING DEPT EDUCATION			23	3	0	0		7,280	7,280	DRUG PURCI	429,542
6290			NURSING SUPPLIES	209,260	221,241	10	2	0	0		7,281	7,281	DRUG PURCI	554,530
6295			NURSING SUPPLIES	9,583		10	2	0	0		7,380	7,380	LABORATOF	45,065
6390			REPLACEMENT-NURSING	2,398		10	2	0	0		7,391	7,390	X-RAY SERV	17,170
6490			NURSING OTHER	4,250	108,313	10	3	0	0		7,393			
7280			DRUG PURCHASES	429,542	987,717	39	2	0	0	***	7,510	7,510	ACTIVITIES	91,426
7281			DRUG PURCHASES-OTHER	554,530		39	2				7,540	7,540	ACTIVITIES I	10,634
7380			LABORATORY SERVICES	62,235	62,235	39	3	0	0		7,590	7,590	ACTIVITIES	6,563
7410			HOME HEALTH SALARY			39	1	0	0		7,620	7,620	PHYSICAL TI	361,857
7440			HOME HEALTH SICK & VAC			39	1	0	0		7,660	7,660	P.T. SUPPLY	3,645
7450			HOME HEALTH EXPENSES			39	3	0	0		7,710	7,710	SOCIAL SER	72,928
7510			ACTIVITES WAGES	91,426	102,060	11	1	0	0		7,720	7,720	SOCIAL SER	4,392
7540			ACTIVITIES SICK & VAC	10,634		11	1	0	0		7,730	7,730	SOCIAL SERVICE-EXPENSES	
7590			ACTIVITIES SUPPLIES	6,563	6,563	11	2	0	0		7,740	7,740	OCCUPATIO	373,164
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	131,421
7611			PT SICK & VACATION			39	1	0	0		7,820	7,820	BEAUTICIAN	31,928
7620			PT FEES	361,857	866,442	39	3	0	0	***	7,890			0
7660			PT SUPPLIES	3,645		39	2	0	0		7,960			0
7710			SOCIAL SERVICE WAGES	72,928	77,320	12	1	0	0		8,120	8,120	INTEREST	0
7720			SOCIAL SERVICE SICK & VA	4,392		12	1	0	0		8,125			67,017
7730			SOCIAL SERVICE EXPENSE	0	0	12	2	0	0		8,130	8,130	DEPRECIATI	0
7740			OT FEE	373,164		39	3	0	0	***	8,150			0
7750			SOCIAL THERAPIST FEE	0	0	12	3	0	0		9,510	9,510	INTEREST IN	(331)
7770			SPEECH THERAPY FEE	131,421		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		718,320
7820			BEAUTICIAN FEES	31,928	31,928	40	3	0	0			9,702		0
7890			BEAUTY SHOP SUPPLIES	0	0	40	2	0	0			5,230		0
7910			VOLUNTEER COORDINATOR			21	1	0	0					166,527
7940			VOL COORD SICK & VAC			21	1	0	0					
7960			VOL COORD SUPPLIES	0		21	2	0	0					
8100			RENT	718,320	718,320	34	3	0	0				Expenses Fixed Assets	
8120			INTEREST EXPENSE	67,017	67,017	32	3	14	-331					0
8130			DEPRECIATION	0	0	30	3	9	0					
8150			LOAN FEE AMORTIZATION	0		32	3	0	0	0				
9510			INTEREST INCOME	-331		32	0	10	0					
9520			MISC NON-OPERATING INC	0		0	0	0	0					
9700			INCOME TAXES	0		0	0	0	0					
				10,454,515	10,687,697									
					233,182									
GRAND TOTALS				166,527					-215,411					
				(NET INCOME)										
				0										

FACILITY NAME:

FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	22,443	22,443
IPA	15,674	15,674
medicare	3,324	3,324
		41,441

Heritage Manor Normal
HFS ID# 203903883001
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	(80,307)
Provider Assesment Fee - $6.07	Line 20, Col 3	(232,851)
		(313,158)
Provider Participation Fee	Line 42	313,158
Reclassification of Ancillary Services Cost		
Cost of Drugs Purchased	Line 10(a), Col 2	(984,072)
Cost of Lab & Radiology Services Purchased	Line 10(a), Col 3	(62,235)
		(1,046,307)
Ancillary Service Centers	Line 39	1,046,307