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: 0048090

Facility Name: Heritage Health Peru

Address: 1301 21st Street (Number) Peru (City) 61354 (Zip Code)

County: LaSalle

Telephone Number: (815) 223-4901 **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 Peru # 0048090 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	129	Skilled (SNF)	127	46,650	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	129	TOTALS	127	46,650	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	26,544	6,415	5,051	38,010	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	26,544	6,415	5,051	38,010	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.48%

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 5,051

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 Peru # 0048090 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	246,439	15,074		261,513		261,513	6,643	268,156			1
2	Food Purchase		241,284		241,284		241,284		241,284			2
3	Housekeeping	60,495	41,723		102,218		102,218	48	102,266			3
4	Laundry	104,264	9,266		113,530		113,530		113,530			4
5	Heat and Other Utilities			113,703	113,703		113,703	2,064	115,767			5
6	Maintenance	129,027	72,705	99,833	301,565		301,565	27,797	329,362			6
7	Other (specify):*											7
8	TOTAL General Services	540,225	380,052	213,536	1,133,813		1,133,813	36,552	1,170,365			8
	B. Health Care and Programs											
9	Medical Director			31,995	31,995		31,995		31,995			9
10	Nursing and Medical Records	2,767,511	208,656	8,986	2,985,153		2,985,153	(27,090)	2,958,063			10
10a	Therapy		764,793	59,806	824,599	(824,445)	154		154			10a
11	Activities	152,023	1,117		153,140		153,140		153,140			11
12	Social Services	52,815		3,675	56,490		56,490		56,490			12
13	CNA Training							1,637	1,637			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,972,349	974,566	104,462	4,051,377	(824,445)	3,226,932	(25,453)	3,201,479			16
	C. General Administration											
17	Administrative	89,847			89,847		89,847		89,847			17
18	Directors Fees											18
19	Professional Services			387,869	387,869		387,869	(360,473)	27,396			19
20	Dues, Fees, Subscriptions & Promotions			303,062	303,062	(246,485)	56,577	(29,019)	27,558			20
21	Clerical & General Office Expenses	349,462	19,773	27,512	396,747		396,747	387,947	784,694			21
22	Employee Benefits & Payroll Taxes			685,591	685,591		685,591	52,356	737,947			22
23	Inservice Training & Education			6,621	6,621		6,621	1,605	8,226			23
24	Travel and Seminar			7,672	7,672		7,672	(2,673)	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			55,905	55,905		55,905	21,963	77,868			26
27	Other (specify):*			155,633	155,633		155,633	(155,633)				27
28	TOTAL General Administration	439,309	19,773	1,629,865	2,088,947	(246,485)	1,842,462	(83,927)	1,758,535			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,951,883	1,374,391	1,947,863	7,274,137	(1,070,930)	6,203,207	(72,828)	6,130,379			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 Peru #0048090 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							342,752	342,752			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			61,850	61,850		61,850	106,666	168,516			32
33	Real Estate Taxes							50,571	50,571			33
34	Rent-Facility & Grounds			565,020	565,020		565,020	(557,175)	7,845			34
35	Rent-Equipment & Vehicles			18,126	18,126		18,126	11,825	29,951			35
36	Other (specify):*											36
37	**TOTAL Ownership**			644,996	644,996		644,996	(45,361)	599,635			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			844,975	844,975	824,445	1,669,420	(193,133)	1,476,287			39
40	Barber and Beauty Shops			1,286	1,286		1,286		1,286			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					246,485	246,485		246,485			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			846,261	846,261	1,070,930	1,917,191	(193,133)	1,724,058			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,951,883	1,374,391	3,439,120	8,765,394		8,765,394	(311,322)	8,454,072			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 Peru # 0048090 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	(1,732)			10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(10,961)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(13,673)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(155,633)			24
25	Fund Raising, Advertising and Promotional	(41,698)			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)**	$ (223,697)		$	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)	(87,625)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (87,625)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (311,322)		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 Peru

ID# 0048090

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		(13,673)	19	22
23				23
24		(155,633)	27	24
25		(41,698)	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**	(211,004)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health Peru # 0048090 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	6,643	0	0	0	0	0	0	0	0	6,643	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	48	0	0	0	0	0	0	0	0	48	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,064	0	0	0	0	0	0	0	0	2,064	5
6	Maintenance	0	0	27,797	0	0	0	0	0	0	0	0	27,797	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	36,552	0	0	0	0	0	0	0	0	36,552	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	(27,498)	408	0	0	0	0	0	0	0	0	(27,090)	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	1,637	0	0	0	0	0	0	0	0	1,637	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	(27,498)	2,045	0	0	0	0	0	0	0	0	(25,453)	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	(13,673)	(372,270)	25,470	0	0	0	0	0	0	0	0	(360,473)	19
20	Fees, Subscriptions & Promotions	(41,698)	0	12,679	0	0	0	0	0	0	0	0	(29,019)	20
21	Clerical & General Office Expenses	0	0	387,947	0	0	0	0	0	0	0	0	387,947	21
22	Employee Benefits & Payroll Taxes	0	0	52,356	0	0	0	0	0	0	0	0	52,356	22
23	Inservice Training & Education	0	0	1,605	0	0	0	0	0	0	0	0	1,605	23
24	Travel and Seminar	(10,961)	0	8,288	0	0	0	0	0	0	0	0	(2,673)	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	21,963	0	0	0	0	0	0	0	0	21,963	26
27	Other (specify):*	(155,633)	0	0	0	0	0	0	0	0	0	0	(155,633)	27
28	**TOTAL General Administration**	(221,965)	(372,270)	510,308	0	0	0	0	0	0	0	0	(83,927)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(221,965)	(399,768)	548,905	0	0	0	0	0	0	0	0	(72,828)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health Peru **#** 0048090 **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	306,631	0	36,121	0	0	0	0	0	0	0	342,752	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,732)	108,010	0	388	0	0	0	0	0	0	0	106,666	32
33	Real Estate Taxes	0	50,571	0	0	0	0	0	0	0	0	0	50,571	33
34	Rent-Facility & Grounds	0	(565,020)	0	7,845	0	0	0	0	0	0	0	(557,175)	34
35	Rent-Equipment & Vehicles	0	0	0	11,825	0	0	0	0	0	0	0	11,825	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(1,732)	(99,808)	0	56,179	0	0	0	0	0	0	0	(45,361)	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	(193,133)	0	0	0	0	0	0	0	0	0	(193,133)	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	(193,133)	0	0	0	0	0	0	0	0	0	(193,133)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(223,697)	(692,709)	548,905	56,179	0	0	0	0	0	0	0	(311,322)	45

Facility Name & ID Number Heritage Health Peru # 0048090 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. ☐ YES ☐ NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	10	Adjustment for Related Organiza	$	GreenTree Pharmacy	0.00%	$ (27,498)	$ (27,498)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy	0.00%			2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy	0.00%	(193,133)	(193,133)	3
4	V	19	Adjustment for Related Organization	372,270	Heritage Operations Group, LLC	0.00%		(372,270)	4
5	V								5
6	V	34	Adjustment for Related Organization	565,020	Heritage Manor Real Estate, LLC	0.00%		(565,020)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		50,571	50,571	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		103,382	103,382	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		306,631	306,631	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		4,628	4,628	10
11	V								11
12	V								12
13	V								13
14	Total			$ 937,290			$ 244,581	$ * (692,709)	14

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

Facility Name & ID Number Heritage Health Peru # 0048090 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		$	$ 6,643	15
16	V	2	Food Purchase					0	16
17	V	3	Housekeeping					48	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					2,064	19
20	V	6	Maintenance					27,797	20
21	V	7	Other					0	21
22	V	9	Medical Director					0	22
23	V	10	Nursing & Medical Records					408	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					1,637	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					25,470	31
32	V	20	Fees, Subscription, Promotions					12,679	32
33	V	21	Clerical & General Office Expenses					387,947	33
34	V	22	Employee Benefits & Payroll Taxes					52,356	34
35	V	23	Inservice Training & Education					1,605	35
36	V	24	Travel and Seminar					8,288	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					21,963	38
39	Total			$			$ 0	$ * 548,905	39

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

Facility Name & ID Number Heritage Health Peru # 0048090 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		$	$ 0	15
16	V	30	Depreciation					36,121	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					388	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					7,845	20
21	V	35	Rent-Equipment & Vehicles					11,825	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	$ * 56,179	39

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

Facility Name & ID Number Heritage Health Peru # 0048090 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 Peru # 0048090 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	127	$ 6,643	1
2	2	Food Purchase	Beds	2,571	26	0	0	127	0	2
3	3	Housekeeping	Beds	2,571	26	965	0	127	48	3
4	4	Laundry	Beds	2,571	26	0	0	127	0	4
5	5	Heat & Other Utilities	Beds	2,571	26	41,789	0	127	2,064	5
6	6	Maintenance	Beds	2,571	26	562,719	88,582	127	27,797	6
7	7	Other	Beds	2,571	26	0	0	127	0	7
8	9	Medical Director	Beds	2,571	26	0	0	127	0	8
9	10	Nursing & Medical Records	Beds	2,571	26	8,251	9,150	127	408	9
10	11	Activities	Beds	2,571	26	0	0	127	0	10
11	12	Social Service	Beds	2,571	26	0	0	127	0	11
12	13	Nurse Aide Training	Beds	2,571	26	33,130	26,566	127	1,637	12
13	14	Program Transportation	Beds	2,571	26	0	0	127	0	13
14	15	Other	Beds	2,571	26	0	0	127	0	14
15	17	Administrative	Beds	2,571	26	0	0	127	0	15
16	18	Directors Fees	Beds	2,571	26	0	0	127	0	16
17	19	Professional Services	Beds	2,571	26	515,620	0	127	25,470	17
18	20	Fees, Subscription, Promotions	Beds	2,571	26	256,684	0	127	12,679	18
19	21	Clerical & General Office Expense	Beds	2,571	26	7,853,640	7,408,797	127	387,947	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,571	26	1,059,901	0	127	52,356	20
21	23	Inservice Training & Education	Beds	2,571	26	32,489	0	127	1,605	21
22	24	Travel and Seminar	Beds	2,571	26	167,777	0	127	8,288	22
23	25	Other Admin. Staff Transportatio	Beds	2,571	26	0	0	127	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,571	26	444,625	0	127	21,963	24
25	TOTALS					$ 11,112,081	$ 7,666,930		$ 548,905	25

Facility Name & ID Number Heritage Health Peru # 0048090 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	$	$	127	$	1
2	30	Depreciation	Beds	2,571	26	731,247		127	36,121	2
3	31	Amortization of Pre-Op & Org	Beds	2,571	26			127		3
4	32	Interest	Beds	2,571	26	7,851		127	388	4
5	33	Real Estate Taxes	Beds	2,571	26			127		5
6	34	Rent-Facility & Grounds	Beds	2,571	26	158,824		127	7,845	6
7	35	Rent-Equipment & Vehicles	Beds	2,571	26	239,379		127	11,825	7
8	36	Other	Beds	2,571	26			127		8
9	38	Medically Nec Transportation	Beds	2,571	26			127		9
10	39	Ancillary Service Centers	Beds	2,571	26			127		10
11	40	Barber and Beauty Shops	Beds	2,571	26			127		11
12	41	Coffee and Gift Shops	Beds	2,571	26			127		12
13	42	Other	Beds	2,571	26			127		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	$		$ 56,179	25

Facility Name & ID Number Heritage Health Peru # 0048090 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			$	$			$ 103,382	1
2	Bank of America		x	Loan Fee Amortization							4,628	2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		x	Working Capital							61,850	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 169,860	9
	B. Non-Facility Related*											
10	Interest Income										(1,732)	10
11												11
12	Allocated Corporate										388	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (1,344)	14
15	TOTALS (line 9+line14)						$	$			$ 168,516	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 Peru # 0048090 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.)	$	50,571	2
3. Under or (over) accrual (line 2 minus line 1).	$	50,571	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.	$	50,571	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2011	46,774	8
	2012	47,738	9
	2013	48,642	10
	2014	49,486	11
	2015	50,571	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 Peru COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 0048090

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.	17-09-312-013		$ 2,480.96	$ 2,481.00
2.	17-09-312-014		$ 48,090.42	$ 48,090.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 50,571.38	$ 50,571.00

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 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 Peru # 0048090 Report Period Beginning: 01/01/16 Ending: 12/31/16

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 36,520 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				$ 50,000	1
2					2
3	TOTALS			$ 50,000	3

Facility Name & ID Number Heritage Health Peru # 0048090 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	127				$ 391,963	$		$	$	$	4
5					325,293						5
6					153,474						6
7					677,402						7
8											8
	Improvement Type**										
9	1978 Improvements				6,059						9
10	1979 Improvements			1979	9,952						10
11	1980 Improvements			1980	28,648						11
12	1981 Improvements			1981	8,175						12
13	1982 Improvements			1982	39,938						13
14	1983 Improvements			1983	13,985						14
15	1984 Improvements			1985	19,793						15
16	1985 Improvements			1986	550						16
17	1986 Improvements			1987	22,120						17
18	1988 Improvements			1988	19,053						18
19	1989 Improvements			1989	25,453						19
20	1990 Improvements			1990	12,118						20
21	1991 Improvements			1991	19,157						21
22	1992 Improvements			1992	87,224						22
23	1993 Improvements			1993	43,270						23
24	1994 Improvements			1994	16,885						24
25	1995 Improvements			1995	8,377						25
26	WATER SOFTNER			1996	4,550						26
27	AIR CONDITIONER			1996	97						27
28											28
29											29
30											30
31											31
32											32
33	C/O Allocation					36,121		36,121			33
34	Book Depreciation					229,025		229,025			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 Peru # 0048090 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	Interior Rehab---	1997	$ 292,864	$		$	$	$	37
38	Parking Lot Sealer	1997	3,100						38
39	Commercial Disposal	1997	877						39
40									40
41	Water Heater	1998	4,308						41
42	A/C Repair	1998	6,457						42
43	Heater Repair	1998	954						43
44	Laundry Room Remodel	1998	1,450						44
45	Interior Rehab	1998	7,466						45
46									46
47	GFI Outlets	1999	3,420						47
48	Water Meter	1999	1,854						48
49	Roof Replacements	1999	80,498						49
50									50
51	Water Main Break Repair	2000	5,272						51
52	Door Monitor System	2000	9,852						52
53	Patio Improvements	2000	1,310						53
54									54
55	Lennox Condenser	2001	4,527						55
56	Water Heater	2001	3,708						56
57	Sewer Repair	2001	932						57
58									58
59	Sewer Repair	2002	1,267						59
60	Water Heater	2002	4,340						60
61	Ceiling Tiles	2002	110						61
62	Seal Parking Lot	2002	3,100						62
63	Door Lock	2002	1,370						63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,372,572	$ 265,146		$ 265,146	$	$	70

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

Facility Name & ID Number Heritage Health Peru # 0048090 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		$ 2,372,572	$ 265,146		$ 265,146	$	$	1
2	Compressor	2003	844						2
3	Shower Room Remodel	2003	4,916						3
4	Back Flow Valve	2003	1,241						4
5	Parking Lot	2003	3,100						5
6	Generator	2003	2,749						6
7	Compressor	2003	939						7
8									8
9									9
10									10
11	Wallguards	2004	22,275						11
12									12
13	Carpet		7,174						13
14									14
15	Ansul System	2005	1,685						15
16	Heat Exchanger	2005	1,800						16
17	Wall hvac	2005	959						17
18	Wallguards	2005	2,313						18
19	A/C condensing unit	2005	4,078						19
20	Exterior Door	2005	17,485						20
21	Solarium	2005	3,812						21
22	Lennox	2005	5,950						22
23	Shower Room Remodel	2005	5,588						23
24	Window Replacement	2005	55,419						24
25	Parking Lot Sealer	2005	3,940						25
26	Disposal	2005	1,303						26
27	Courtyard Door	2005	1,354						27
28	various adjustments	2005	(22,516)						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,498,980	$ 265,146		$ 265,146	$	$	34

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

Facility Name & ID Number Heritage Health Peru # 0048090 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		$ 2,498,980	$ 265,146		$ 265,146	$	$	1
2	Code Alert	2006	7,226						2
3	Windows	2006	876						3
4	Exterior Door	2006	2,620						4
5	Chimney	2006	6,250						5
6	Boiler	2006	3,002						6
7	Garbage Disposal	2006	1,072						7
8	Sprinklers	2006	34,076						8
9	Heat Pump	2006	1,073						9
10	2006 adj	2006	(918)						10
11	Sprinkler System	2007	189,741						11
12	Water Heater	2007	11,400						12
13	Sewer	2007	3,394						13
14	HVAC	2007	70,422						14
15	Gazebo	2007	4,750						15
16	PTAC Unit	2007	2,720						16
17	Wander Guard	2007	3,129						17
18	2007 adj	2007	(12,899)						18
19	Condensor	2007	14,138						19
20	2008 adj	2008	(8,200)						20
21	Water Main	2008	30,831						21
22	Resident Room Plumbing	2008	12,661						22
23	Parking Lot Repairs	2008	5,221						23
24	Water Softener	2008	9,748						24
25	Water Heater	2008	9,120						25
26	Nurse Call & Phone system	2009	217,290						26
27	Water Pipe	2009	16,750						27
28	Condensing Unit	2009	3,334						28
29									29
30	Plumbing	2009	4,295						30
31	Concrete Ramp	2009	3,150						31
32	Water Heater	2009	6,750						32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,152,002	$ 265,146		$ 265,146	$	$	34

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

Facility Name & ID Number Heritage Health Peru # 0048090 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		$ 3,152,002	$ 265,146		$ 265,146	$	$	1
2	The following items relate to the rehab of all wings, resident rooms and central								2
3	common area spaces performed by DS Renovations, LLC								3
4	General Conditions & Demolition	2009	89,600						4
5	Carpentry & Millwork	2009	251,225						5
6	Acoustical Ceiling & Flooring	2009	150,757						6
7	Painting	2009	56,514						7
8	Plumbing	2009	30,679						8
9	Electrical	2009	88,804						9
10	HVAC	2009	43,648						10
11	Overhead & Profit	2009	31,594						11
12									12
13	Environmental & Engineering	2009	12,958						13
14									14
15	Exhaust Fan	2010	12,795						15
16	Landscaping	2010	31,701						16
17	Parking Lot	2010	46,950						17
18	DS Renovations, LLC								18
19	General Conditions & Demolition	2010	41,507						19
20	Carpentry & Millwork	2010	77,921						20
21	Acoustical Ceiling & Flooring	2010	29,947						21
22	Painting	2010	75,786						22
23	Plumbing	2010	27,465						23
24	Electrical	2010	42,154						24
25	HVAC	2010	21,347						25
26	Overhead & Profit	2010	16,506						26
27	Contingency & change orders	2010	45,238						27
28									28
29	Interior Design - Renovation Project	2010	6,000						29
30	Plaster/window/shelving (PMSI Construction)	2010	19,170						30
31	Asbestos Abatement	2010	189,525						31
32	Direct supply Window treatments, bed spreads	2010	38,949						32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,630,742	$ 265,146		$ 265,146	$	$	34

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

Facility Name & ID Number Heritage Health Peru # 0048090 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		$ 4,630,742	$ 265,146		$ 265,146	$	$	1
2									2
3	Exterior Lights	2011	7,955						3
4	In-sink-erator	2010	2,675						4
5	Air Handler	2011	20,385						5
6	Sign	2011	2,600						6
7	Fire Alarm	2011	8,665						7
8									8
9	Fire Alarm	2012	2,600						9
10	Sprinkler Head	2012	3,464						10
11	Lighting Retrofit	2012	3,255						11
12	Boilers	2012	8,190						12
13									13
14	Condensing Unit	2013	28,841						14
15	Roof Replacement	2013	152,428						15
16									16
17	Purchase New Air Compressor	2014	2,850						17
18	New Water Heater	2014	7,980						18
19	Parking Lot Resurfacing	2014	4,687						19
20	Replace Boiler	2014	16,814						20
21	Replace Condenser	2014	3,092						21
22	Wiring and Cabling for Point of Care Kiosks	2014	12,437						22
23									23
24	Circuit and wire installation for wall mounted heaters	2015	5,820						24
25	New air condensing unit - middle hallway	2015	4,628						25
26	New air handler (5 ton) - entry way	2015	5,387						26
27	Replace sewer line	2015	37,614						27
28	Radiator replacement	2015	3,624						28
29	Install 100 gallon water heater	2015	7,980						29
30	Replace sewer pipe and foundation wall	2015	6,580						30
31	Cabling - 30 Cat 6 to data room	2015	15,610						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 5,006,903	$ 265,146		$ 265,146	$	$	34

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

Facility Name & ID Number Heritage Health Peru # 0048090 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		$ 5,006,903	$ 265,146		$ 265,146	$	$	1
2									2
3	Install hot water storage tank	2016	10,291						3
4	Replace fire alarm wiring	2016	3,984						4
5	Repair sewer and concrete walkway	2016	9,798						5
6									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)		$ 5,030,976	$ 265,146		$ 265,146	$	$	34

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

Facility Name & ID Number Heritage Health Peru # 0048090 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	$ 1,658,150	$ 77,606	$ 77,606	$		$	71
72	Current Year Purchases	12,172						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,670,322	$ 77,606	$ 77,606	$		$	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)	$ 6,751,298	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 342,752	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 342,752	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 Peru # 0048090 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: $ 18,126 Description: Televisions and office equipment
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	None		$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Heritage Health Peru # 0048090 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 Peru

STATE OF ILLINOIS
0048090 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	$		$ 377,345	$		$ 377,345	1
2	Licensed Speech and Language Development Therapist		hrs			60,237			60,237	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			407,393	154		407,547	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				764,639		764,639	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					59,806			59,806	13
14	TOTAL			$		$ 904,781	$ 764,793		$ 1,669,574	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 Peru **#** 0048090 **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	$ 766	$	1
2	Cash-Patient Deposits	23,885		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,451,200		3
4	Supply Inventory (priced at)	13,787		4
5	Short-Term Investments			5
6	Prepaid Insurance	36,298		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(1,964,612)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 561,324	$	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)**	$ 561,324	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 196,031	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	23,885		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	410,313		30
31	Accrued Taxes Payable (excluding real estate taxes)	3,712		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	33,901		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 667,842	$	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)**	$ 667,842	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (106,518)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 561,324	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health Peru # 0048090 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**	$ (147,920)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (147,920)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	41,402	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)**	$ 41,402	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)**	$ (106,518)	24 *

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

Facility Name & ID Number Heritage Health Peru # 0048090 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	$ 7,959,534	1
2	Discounts and Allowances for all Levels	(3,480,511)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,479,023	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,843,562	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,843,562	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	945	12
13	Barber and Beauty Care	2,046	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,479,488	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,482,479	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,732	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,732	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)**	$ 8,806,796	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,133,813	31
32	Health Care	4,051,377	32
33	General Administration	2,088,947	33
	B. Capital Expense		
34	Ownership	644,996	34
	C. Ancillary Expense		
35	Special Cost Centers	846,261	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)***	$ 8,765,394	40
41	**Income before Income Taxes (line 30 minus line 40)****	41,402	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 41,402	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 Peru # 0048090 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	1,758	1,850	$ 71,952	$ 38.89	1
2	Assistant Director of Nursing	1,809	1,904	60,460	31.75	2
3	Registered Nurses	26,143	27,519	854,141	31.04	3
4	Licensed Practical Nurses	14,191	14,938	393,154	26.32	4
5	CNAs & Orderlies	83,943	88,361	1,321,571	14.96	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,033	2,140	66,233	30.95	8
9	Activity Director					9
10	Activity Assistants	8,044	8,467	152,023	17.95	10
11	Social Service Workers	2,513	2,645	52,815	19.97	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	18,283	19,245	246,439	12.81	15
16	Dishwashers					16
17	Maintenance Workers	7,084	7,457	129,027	17.30	17
18	Housekeepers	4,763	5,014	60,495	12.07	18
19	Laundry	9,554	10,057	104,264	10.37	19
20	Administrator	1,984	2,088	89,847	43.03	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,818	12,440	349,462	28.09	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)	193,920	204,125	$ 3,951,883 *	$ 19.36	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		31,995		36
37	Medical Records Consultant		957		37
38	Nurse Consultant				38
39	Pharmacist Consultant		6,810		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		3,675		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 43,437		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 164		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		$ 164		53

Facility Name & ID Number Heritage Health Peru # 0048090 Report Period Beginning: 01/01/16 Ending: 12/31/16

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Lori Walsh			$ 89,847
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 89,847

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	$ 372,270
ADP	Payroll Tax Processing	1,301
Tango	ACA Consulting	625
Benchmark Psychiatric	Consulting	299
Legal adj to Zero		13,374
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 387,869

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 89,599
Unemployment Compensation Insurance	39,382
FICA Taxes	302,319
Employee Health Insurance	213,227
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	41,064
Central Office Allocation	52,356
TOTAL (agree to Schedule V, line 22, col.8)	$ 737,947

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	3,018
Health Care Worker Background Check	
(Indicate # of checks performed)	3,209
PR	12,871
Dues & Subscriptions	10,204
License & Fees	3,032
Central Office Allocation	12,679
Less: Public Relations Expense	(12,871)
Non-allowable advertising	(4,584)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 27,558

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	5,534
	0
Seminar Expense	2,138
Central Office Allocation	(2,673)
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 Peru # 0048090 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 Yrs**

(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. $ **246,485**
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. $ **133**

(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	766						
1010			CASH IN BANK							
1040			CASH IN BANK-PAYROLL							
1100			ACCOUNTS RECEIVABLE	2,451,200						
1110			MEDICARE RECEIVABLES							
1125			IPA INCOME RECEIVABLE							
1130			MEDICARE COST REPORT							
1135			ACCOUNTS RECEIVABLE-IC							
1140			UNAPPLIED CASH RECEIPTS							
1145			A/R SUSPENSE-REFUNDS							
1190			ACCRUED INTEREST REC							
1200			PREPAID INSURANCE	36,298						
1220			OTHER PREPAID EXPENSES							
1300			FOOD INVENTORY							
1310			SUPPLIES INVENTORY	13,787						
1409			LAND	0						
1450			FURNITURE & EQUIPMENT	0						
1460			ACCUM DEPR-FURN & EQUI	0						
1475			BUILDING & IMPROVEMEN	0						
1490			ACCUM DEPR-BUILDING	0						
1530			RESIDENT FUNDS	23,885						
1550			LOAN FEES	0						
1560			REAL ESTATE TAX ESCROW							
1575			REIMBURSABLE PURCHASES							
1850			INTRACOMPANY	-1,964,612						
2010			ACCOUNTS PAYABLE	-196,031						
2095			BONUSES PAYABLE							
2100			ACCRUED PAYROLL	-159,842						
2110			ACCRUED VACATION PAY	-250,471						
2120			UC TAXES PAYABLE							
2125			FICA TAX PAYABLE	-3,712	-3,712					
2130			FIT PAYABLE							
2140			STATE W/H PAYABLE		0					
2145			EARNED INCOME CREDIT							
2150			UC FED CREDIT REDUCTION							
2230			PAYROLL SAVINGS							
2235			IRA W/HOLDINGS							
2240			UNITED WAY							
2245			GROUP INSURANCE PAYABLE							
2246			GROUP INSURANCE PAYABLE-CAFETERIA							
2260			WAGE GARNISHMENTS							
2280			MISC PAYROLL DEDUCTIONS							
2300			ACCRUED INTEREST PAYAI	0						
2310			SALES TAX PAYABLE							
2320			IPA PAYMENTS PAYABLE	-33,901						
2350			REAL ESTATE TAX PAYABL	0						
2385			ACTIVITY FUND	0						
2390			SECURITY DEPOSITS	0						
2391			VOLUNTEER FUND							
2393			HEART FUND/BAZAAR							
2395			DEFERRED INC EMP & MEM							
2400			CURRENT PORTION LT DEBT							
2460			INCOME TAXES PAYABLE							
2512			DUE TO RESIDENTS	-23,885						
2600			MORTGAGE PAYABLE	0						
2650			EQUIPMENT LOAN PAYABLE							
2695			CURRENT PORTION LT DEBT							
2696			DEFERRED INCOME TAXES							
2710			COMMON STOCK							
2720			RETAINED EARNINGS	147,920						
2970			PROFIT/LOSS FOR PERIOD	-41,402						
3007.1			PATIENT DAYS-PRIVATE	6,415						
3007.2			PATIENT DAYS-IPA	26,544						
3007.3			PATIENT DAYS-MEDICARE	5,051						
3007.4			PATIENT DAYS-CONVERSION							
3007.5			PATIENT DAYS-LICENSED							
3007.6			PATIENT DAYS-TOTAL							
3010		1	BASIC CHARGE-PRIVATE &	-7,751,571		0	0	0	0	
3015		1	PRIVATE ASSESSMENT TAX INCOME			0	0	0	0	
3020		1	BASIC CHARGE-IPA	0		0	0	0	0	
3030		1	BASIC CHARGE-MEDICARE	0		0	0	0	0	
3035		4	DAY CARE/HOME CARE			0	0	0	0	
3040		1	LIGHT NURSING CARE			0	0	0	0	
3050		1	MEDIUM NURSING CARE			0	0	0	0	
3060		1	HEAVY NURSING CARE			0	0	0	0	
3061		1	SKILLED NURSING CARE							
3080		1	NURSING SUPPLIES-PRIVAT	-188,293		0	0	0	0	
3081		1	NURSING SUPPLIES-IPA			0	0	0	0	
3082		1	NURSING SUPPLIES MED PT A			0	0	0	0	
3083		1	NURSING SUPPLIES MED PT B							
3100		17	DRUGS	-1,479,488		0	0	0	0	
3101		17	DRUGS-OTHER							
3110		6	PT-PRIVATE	-2,843,562		0	0	0	0	
3111		6	PT-IPA			0	0	0	0	
3112		6	PT-MEDICARE PART A			0	0	0	0	
3113		6	PT-MEDICARE PART B			0	0	0	0	
3130		1	PUBLIC AID ASSESSMENT II	176,510						
3140		19	LABORATORY INCOME			0	0	0	0	
3150		6	SPEECH/OT-PRIVATE			0	0	0	0	
3151		6	SPEECH/OT-IPA			0	0	0	0	
3152		6	SPEECH/OT-MED PART A			0	0	0	0	
3153		6	SPEECH/OT MED PART B							
3410		2	IPA DISCOUNTS	3,480,511		0	0	0	0	
3411		2	MEDICAID PART B DISCOUNT			0	0	0	0	
3420		2	MEDICARE DISCOUNTS			0	0	0	0	
3440		36	ASSESSMENT TAX EXPENSE			42	3	0	0	
3520		16	RENT INCOME	0		6	0	6	0	
3530		13	BEAUTY SHOP	-2,046		0	0	0	0	
3560		12	ACTIVITY FUND INCOME	0		0	0	0	0	
3570		12	VENDING INCOME/EXPENSI	-945		0	0	0	0	
3580		12	MANAGEMENT FEES			0	0	0	0	
3590		1	EQUIPMENT RENTAL	-19,670		0	0	0	0	
3595		21	RESIDENT TRANSPORTATIC	0		0	0	0	0	
3600		21	MISC INCOME	0		0	0	0	0	
4110			GENERAL & ADMINIST WAC	305,952	349,462	21	1	17	0	
4111			ADMINISTRATOR WAGES	89,847	89,847	17	1	0	0	
4115			VACATION & SICK - G&A	43,510		21	1	0	0	
4120	4475		EMPLOYEE BENEFITS	19,631	685,591	22	3	0	0	
4125			EMPLOYEE HEPETITIS VAC	0		22	3	0	0	
4130			EMPLOYEE SCHOLORSHIP V	9,592	176,510	21	1	0	0	
4135			EMPLOYEE SCHOLORSHIP (	11,841		23	3	0	0	
4220			DIRECTORS FEES	0	0	18	3	0	0	
4250	4255		OFFICE SUPPLIES	19,773	19,773	21	2	0	0	
4260			TELEPHONE	27,512	27,512	21	3	0	0	
4275			TRAINING & EMPLOYEE DE	6,621	6,621	23	3	16	0 **	
4280			GENERAL TRAVEL	5,534	7,672	24	3	16	0	
4281			MEAL EXPENSE FOR TRAVE	0		24	3	19	0	
4285			EDUCATION & SEMINAR	2,138		24	3	19	-10,961 ***	
4290			HELP WANTED ADVERTISIN	3,018	126,552	20	3	0	0	-69,975
4291			PROMOTIONAL ADVERTISII	24,243		20	3	25	-24,243	
4292			PUBLIC RELATIONS	12,871		20	3	25	-12,871	
4300			LICENSES & FEES	73,007		20	3	17	0	
4310			DUES & SUBSCRIPTIONS	10,204		20	3	17	-4,584	
4320			CONTRIBUTIONS	0		27	3	20	0	
4350			PROFESSIONAL FEES	15,599	387,869	19	3	22	-13,673	
4355			MEDICAL DIRECTOR	31,995	31,995	9	3	0	0	
4360			UTILIZATION REVIEW	0		10	3	0	0	
4361			OTHER PHYSICIAN FEES			39	3	0	0	
4362			MEDICAL RECORDS CONSU	957		10	3	0	0	
4363			PHARMACIST FEES	6,810		10	3	0	0	
4364			SOC SERV/ACT CONSULT	3,675	3,675	12	3	0	0	
4370			TV RENTAL	10,725		35	3	5	0	
4380			INCOME TAXES		155,633	27	3	26	0	
4383			BACKGROUND CHECKS	3,209		20	3	26	0	
4400			PAYROLL TAXES	332,375		22	3	0	0	
4401			PAYROLL TAXES ADMINIST	9,326		22	3	0	0	
4410			GROUP INSURANCE	213,227		22	3	0	0	
4420			LIABILITY INSURANCE	55,905	55,905	26	3	0	0	
4425			INSURANCE-OWNERS			22	3	21	0	
4430			WORKMENS COMP INSURAI	89,599		22	3	0	0	
4450			CENTRAL OFFICE FEES	372,270		19	3	34	0 **	
4460			BAD DEBTS	155,633		27	3	24	-155,633	
4470			LOST ITEMS-RESIDENTS	0		27	3	0		
4490			MISCELLANEOUS	0		27	3	0	0	
4510			REAL ESTATE TAXES	0	0	33	3	0	0	
4600			LEASED EQUIPMENT	7,401	18,126	35	3	16	0	
5110			MAINTENANCE SALARIES	116,735	129,027	6	1	0	0	
5120			MAINTENANCE SICK & VAC	12,292		6	1	0	0	
5130			ELECTRIC	62,008	113,703	5	3	0	0	
5131			NATURAL GAS	27,835		5	3	0	0	
5132			HEATING & DEISEL OIL			5	3	0	0	
5133			WATER & SEWER	23,860		5	3	0	0	
5134			TRASH COLLECTION	33,893	99,833	6	3	0	0	
5140			PROPERTY PLANT REPLACI	13,913	72,705	6	2	0	0	
5160			GENERAL REPAIR & MAINT	58,792		6	2	0	0	
5165			MAINTENANCE CONTRACT	65,940		6	3	0	0	
5210			DIETARY WAGES	222,831	246,439	1	1	0	0	
5220			DIETARY SICK & VAC	23,608		1	1	0	0	
5240			SALES TAX			2	3	13	0	
5248			FOOD PURCHASES	241,417	241,284	2	2	0	0	
5250			SUPPLIES-DISHWASHING	3,195	15,074	1	2	0	0	
5260			DIETARY REPLACEMENT	926		1	2	0	0	
5270			KITCHEN SUPPLIES-PAPER	10,953		1	2	0	0	
5295			MEAL CREDIT	-133		2	2	0	0	
5310			LAUNDRY WAGES	95,557	104,264	4	1	0	0	
5340			LAUNDRY SICK & VAC	8,707		4	1	0	0	
5370			LAUNDRY REPLACEMENT	2,866	9,266	4	2	0	0	
5380			LAUNDRY REIMBURSEMENT			4	3	0	0	
5390			LAUNDRY SUPPLIES	6,400		4	2	0	0	
5410			HOUSEKEEPING WAGES	51,022	60,495	3	1	0	0	
5440			HOUSEKEEPING SICK & VAC	9,473		3	1	0	0	
5480			HOUSEKEEPING SUPPLIES	41,008	41,723	3	2	0	0	
5490			HOUSEKEEPING SUPPLIES-I	715		3	2	0	0	
6010			RN WAGES-MEDICARE		2,767,511	10	1	0	0	
6020			RN WAGES-NON MEDICARE	781,959		10	1	0	0	
6030			DON WAGES	71,952		10	1	0	0	
6035			ADON	60,460		10	1	0	0	
6040			RN SICK & VACATION	72,182		10	1	0	0	
6110			LPN WAGES-MEDICARE	357,423		10	1	0	0	
6120			LPN WAGES-NON MEDICAR	0		10	1	0	0	
6130			LPN WAGES OTHER			10	1	0	0	
6140			LPN SICK & VACATION	35,731		10	1	0	0	
6210			AIDE WAGES-MEDICARE			10	1	0	0	
6220			AIDE WAGES-NON MEDICAI	1,209,693		10	1	0	0	
6230			WARD CLERKS			10	1	0	0	
6240			AIDE VACATION & SICK	111,878		10	1	0	0	
6245			CONTRACT NURSES-RN	164		10	3	0	0	
6246			CONTRACT NURSES-LPN	0		10	3	0	0	
6247			CONTRACT NURSES-AIDES	0		10	3	0	0	
6250			NURSE AIDE TRAINING WAI	0	0	13	1	0	0	
6255			NURSE AID TRAINING EXP	0	0	13	2	0	0	
6260			NURSE AIDE TRAINING REII	0		0	0	0	0	
6270			REHAB WAGES	60,188		10	1	0	0	
6275			REHAB SICK & VAC	6,045		10	1	0	0	
6280			NURSING DEPT EDUCATION			23	3	0	0	
6290			NURSING SUPPLIES	132,712	208,656	10	2	0	0	
6295			NURSING SUPPLIES	70,906		10	2	0	0	
6390			REPLACEMENT-NURSING	5,038		10	2	0	0	
6490			NURSING OTHER	1,055	8,986	10	3	0	0	
7280			DRUG PURCHASES	312,670	764,793	39	2	0	0 ***	
7281			DRUG PURCHASES-OTHER	451,969		39	2			
7380			LABORATORY SERVICES	59,806	59,806	39	3	0	0	
7410			HOME HEALTH SALARY			39	1	0	0	
7440			HOME HEALTH SICK & VAC			39	1	0	0	
7450			HOME HEALTH EXPENSES			39	3	0	0	
7510			ACTIVITES WAGES	136,323	152,023	11	1	0	0	
7540			ACTIVITIES SICK & VAC	15,700		11	1	0	0	
7590			ACTIVITIES SUPPLIES	1,117	1,117	11	2	0	0	
7595			ACTIVITIES FEES	0	0	11	3	0	0	
7610			PT WAGES			39	1	0	0	
7611			PT SICK & VACATION			39	1	0	0	
7620			PT FEES	407,393	844,975	39	3	0	0 ***	
7660			PT SUPPLIES	154		39	2	0	0	
7710			SOCIAL SERVICE WAGES	47,311	52,815	12	1	0	0	
7720			SOCIAL SERVICE SICK & VA	5,504		12	1	0	0	
7730			SOCIAL SERVICE EXPENSES	0	0	12	2	0	0	
7740			OT FEE	377,345		39	3	0	0 ***	
7750			SOCIAL THERAPIST FEE	0	0	12	3	0	0	
7770			SPEECH THERAPY FEE	60,237		39	3	0	0 ***	
7800			BEAUTICIAN WAGES		0	40	1	0	0	
7810			BEAUTICIAN SICK & VAC			40	1	0	0	
7820			BEAUTICIAN FEES	1,286	1,286	40	3	0	0	
7890			BEAUTY SHOP SUPPLIES	0	0	40	2	0	0	
7910			VOLUNTEER COORDINATOR			21	1	0	0	
7940			VOL COORD SICK & VAC			21	1	0	0	
7960			VOL COORD SUPPLIES	0		21	2	0	0	
8100			RENT	565,020	565,020	34	3	0	0	
8120			INTEREST EXPENSE	61,850	61,850	32	3	14	-1,732	
8130			DEPRECIATION	0	0	30	3	9	0	
8150			LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510			INTEREST INCOME	-1,732		32	0	10	0	
9520			MISC NON-OPERATING INC	0		0	0	0	0	
9700			INCOME TAXES	0		0	0	0	0	
				8,587,152	8,765,394					
					178,242					
GRAND TOTALS				-41,402					-223,697	
				(NET INCOME)						
				0						

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

1,009	1,009	CASH	766
1,100	1,100	ACCTS RI	2,695,967
1,101	1,101	ALLOW. I	(244,767)
1,110	1,110	ACCTS RECEIV-M/C	
1,125	1,125	ACCTS RECEIV-IPA	
1,135	1,135	ACCTS RECEIV-IC	
1,140	1,140	UNAPPLIED CASH RECEIPTS	
1,145	1,145	A/R SUSPENSE-REFUNDS	
1,200	1,200	PREPAID	36,298
1,220	1,220	OTHER PREPAID EXPENSES	
1,300	1,300	DIETARY INVENTORY	
1,310	1,310	SUPPLIES	13,787
1,320	1,320	LINEN INVENTORY	
1,409	1,409	LAND	0
1,450	1,450	FURNITU	0
1,460			0
1,475	1,475	BUILDIN	0
1,490	1,490	ACCUM I	0
1,530	1,530	RESIDEN	23,885
1,550	1,550	LOAN FE	0
1,551	1,551	LOAN FEES ADDED	
1,850	1,850	INTERCO	(1,964,612)
2,010	2,010	ACCOUN	(196,031)
2,100	2,095	BONUSES PAYABLE	
2,100	2,100	ACCRUEI	(159,842)
2,100	2,100	PR CLEARING-BENEFITS	
2,100	2,100	PR CLEARING-LABOR	
2,110	2,110	ACCRUEI	(250,471)
2,120	2,120	U.C. TAX	0
2,125	2,125	FICA TAX	(3,712)
2,130	2,130	FEDERAL W/H TAX PAYABLE	
2,140	2,140	STATE W/H TAX PAYABLE	
2,152	2,152	WORKERS COMP ACCRUAL	
2,225	2,225	EMPLOYEEE INSURANCE REFUND	
2,230	2,230	PAYROLL SAVINGS	
2,235	2,240	UNITED FUND	
2,240	2,246	GROUP INSURANCE - CAFETERIA	
2,246	2,250	401K W/H	
2,250			
2,260	2,260	WAGE GA	0
2,300	2,300	ACCRUEI	0
2,320	2,320	IPA PAYN	(33,901)
2,350	2,350	REAL ES	0
2,385			0
2,400	2,400	CURRENT PORTION OF LT DEBT	
2,512	2,512	DUE TO F	(23,885)
2,600	2,600	LASALLE	0
2,600			
2,625	2,625	LASALLE CONSTR. LOAN #2	
2,625			
2,695	2,695	CURRENT PORTION OF LT DEBT	
2,720	2,720	RETAINE	147,920
		net income	(41,402)
		balance	0

3,007	3,007	PATIENT DA	6,415
3,007	3,007	PATIENT DA	26,544
3,007	3,007	PATIENT DA	5,051
3,007			0
3,007			
3,007			
3,007			
3,010	3,010	BASIC CHAR	(7,751,571)
3,020	3,020	BASIC CHAR	0
3,030	3,030	BASIC CHAR	0
3,040			176,510
3,050			0
3,060			0
3,061			0
3,080	3,080	NURSING SU	(188,293)
3,081	3,081	NURSING SU	0
3,082	3,082	NURSING SU	0
3,083	3,083	NURSING SU	0
3,100	3,100	DRUGS-MED	(1,479,488)
3,101			0
3,110	3,110	PHYSICAL T	(2,843,562)
3,111			0
3,112	3,112	PHYSICAL T	0
3,113	3,113	PHYSICAL T	0
3,140	3,140	LABORATORY INCOME	
3,150			0
3,151			
3,152	3,152	ST/OT THER	0
3,153	3,153	ST/OT THER	0
3,160	3,185	REHAB/ISOLATION/OTHER CHG	
3,410	3,410	IPA/OTHER D	0
3,411	3,411	MEDICARE F	0
3,420	3,420	MEDICARE D	3,349,768
3,500			
3,520	3,520	RENT INCOM	0
3,530	3,530	BEAUTY SHO	(2,046)
3,560			0
3,570	3,570		(945)
3,590	3,590	EQUIPMENT	(19,670)
3,595	3,595	RESIDENT TI	0
3,600	3,600	MISC INCOM	0
4,110	4,110	G&A WAGES	305,952
4,111	4,111	ADMINISTRA	89,847
4,115	4,115	G&A PTO & I	43,510
4,120	4,120	EMPLOYEE I	19,190
4,121			
4,130	4,130	EMPLOYEE S	9,592
4,135	4,135	EMPLOYEE S	11,841
4,250	4,250	OFFICE SUPI	7,661
4,255	4,255	POSTAGE	2,212
4,260	4,260	TELEPHONE	27,512
4,275	4,275	TRAINING &	6,621
4,276			
4,280	4,280	GENERAL TF	5,534
4,281	4,281	MEAL EXPEI	0
4,285	4,285	EDUCATION	2,049
4,289	4,289	MEETINGS E	89
4,290	4,290	HELP WANTI	3,018
4,291	4,291	PROMOTION	24,243
4,292	4,292	PUBLIC REL	12,871
4,300	4,300	LICENSE & F	73,007
4,310	4,310	DUES & SUB	10,204
4,320	4,320	CONTRIBUTI	0
4,350	4,350	PROFESSION	15,599
4,355	4,355	MEDICAL DI	31,995
4,362			957
4,363			6,810
4,364	4,364	SOCIAL SER	3,675
4,370	4,370	TV RENTAL	10,725
4,383	4,383	BACKGROUI	3,209
4,390	4,390	OTHER TAXI	0
4,400	4,400	PAYROLL TA	332,375
4,401	4,401	PAYROLL TA	9,326
4,410	4,410	GROUP INSU	213,227
4,420	4,420	LIABILITY IN	55,905
4,430	4,430	WORKMANS	87,907
4,435	4,435	W/C-FIRST A	75
4,436	4,436	DRUG TESTI	1,617
4,450	4,450	MANAGEME	372,270
4,460	4,460	BAD DEBTS	155,633
4,461	4,461	BAD DEBTS	130,743
4,470	4,470	LOST ITEMS-	0
4,475	4,475	UNIFORM EX	441
4,486	4,486	M.I.S. Softwar	47,916
4,490	4,490	MISC EXPEN	993
4,496	4,496	MISC. M.I.S. I	9,900
4,510	4,510	REAL ESTAT	0
4,600	4,600	LEASED EQU	7,401
5,110	5,110	MAINTENAN	116,735
5,120	5,120	MAINTENAN	12,292
5,130	5,130	ELECTRIC	62,008
5,131	5,131	NATURAL G.	27,835
5,133	5,133	WATER & SE	23,860
5,134	5,134	TRASH COLI	33,893
5,140	5,140	PROP/PLANT	13,913
5,160	5,160	GENERAL RI	58,792
5,165	5,165	MAINTENAN	18,024
5,210	5,210	DIETARY WA	222,831
5,220	5,220	DIETARY PT	23,608
5,248	5,248	FOOD PURCI	240,424
5,250	5,250	SUPPLIES DI	3,195
5,260	5,260	REPLACEME	926
5,270	5,270	KITCHEN SU	10,953
5,295	5,295	MEAL INCOI	(133)
5,310	5,310	LAUNDRY W	95,557
5,340	5,340	LAUNDRY P	8,707
5,370	5,370	REPLACEME	2,866
5,380			0
5,390	5,390	SUPPLIES	6,400
5,410	5,410	HOUSEKEEP	51,022
5,440	5,440	HOUSEKEEP	9,473
5,480	5,480	SUPPLIES-CI	41,008
5,490	5,490	SUPPLIES-HO	715
6,020	6,020	RN WAGES	781,959
6,030	6,030	DON WAGES	71,952
6,035	6,035	ADON WAGE	60,460
6,040	6,040	RN PTO & RE	72,182
6,120	6,120	LPN WAGES	357,423
6,140	6,140	LPN PTO & R	35,731
6,220	6,220	AIDES WAGE	1,209,693
6,240	6,240	AIDES PTO &	111,878
6,245			164
6,246			
6,247			
6,250			0
6,255			0
6,260			0
6,270	6,270	REHAB WAG	60,188
6,275	6,275	REHAB PTO	6,045
6,290	6,290	NURSING SU	132,712
6,295	6,295	NURSING SU	70,906
6,390	6,390	REPLACEME	5,038
6,490	6,490	OTHER	1,055
7,280	7,280	DRUG PURCI	312,670
7,281	7,281	DRUG PURCI	451,969
7,380	7,380	LABORATOF	16,896
7,391	7,390	X-RAY SERV	42,910
7,393			
7,510	7,510	ACTIVITIES	136,323
7,540	7,540	ACTIVITIES I	15,700
7,590	7,590	ACTIVITIES	1,117
7,620	7,620	PHYSICAL T	407,393
7,660	7,660	P.T. SUPPLY	154
7,710	7,710	SOCIAL SER	47,311
7,720	7,720	SOCIAL SER	5,504
7,730	7,730	SOCIAL SERVICE-EXPENSES	
7,740	7,740	OCCUPATIO	377,345
7,750			0
7,770	7,770	SPEECH THE	60,237
7,820	7,820	BEAUTICIAN	1,286
7,890			0
7,960			0
8,120	8,120	INTEREST	0
8,125			61,850
8,130	8,130	DEPRECIATI	0
8,150			0
9,510	9,510	INTEREST IN	(1,732)
9,520	9,520	MISC NON-O	0
9,530	4,220		0
	8,100		565,020
	9,702		0
	5,230		0
			(41,402)

Expenses Fixed Assets
0

	G/L	RECAP CENSUS
PP	6,415	6,415
IPA	26,544	26,544
medicare	5,051	5,051
		38,010

Heritage Manor Peru
HFS ID# 203902978001
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	(69,975)
Provider Assesment Fee - $6.07	Line 20, Col 3	(176,510)
		(246,485)
Provider Participation Fee	Line 42	246,485
Reclassification of Ancillary Services Cost		
Cost of Drugs Purchased	Line 10(a), Col 2	(764,639)
Cost of Lab & Radiology Services Purchased	Line 10(a), Col 3	(59,806)
		(824,445)
Ancillary Service Centers	Line 39	824,445