FOR BHF USE

LL1

2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2017)

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: 41699

Facility Name: Heritage Manor Springfield LLC

Address: 900 N. Rutledge (Number) Springfield (City) 62702 (Zip Code)

County: Sangamon

Telephone Number: (217) 789-0930 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: 1996

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: David M Underwood **Telephone Number:** 309823-7135
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 1/1/2017 to 12/31/2017 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 Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	178	Skilled (SNF)	178	64,970	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	178	TOTALS	178	64,970	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	24,198	14,645	4,828	43,671	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	24,198	14,645	4,828	43,671	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.22%

D. How many bed reserve days during this year were paid by the Department?
0 (Do not include bed reserve 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 1996

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 178 and days of care provided 4,828

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 Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	406,917	41,377		448,294		448,294	7,004	455,298			1
2	Food Purchase		388,299		388,299		388,299		388,299			2
3	Housekeeping	226,882	61,733		288,615		288,615	10	288,625			3
4	Laundry	116,690	16,428		133,118		133,118	1	133,119			4
5	Heat and Other Utilities			184,038	184,038		184,038	2,694	186,732			5
6	Maintenance	156,947	112,885	160,015	429,847		429,847	41,092	470,939			6
7	Other (specify):*											7
8	TOTAL General Services	907,436	620,722	344,053	1,872,211		1,872,211	50,801	1,923,012			8
	B. Health Care and Programs											
9	Medical Director			109,000	109,000		109,000		109,000			9
10	Nursing and Medical Records	3,378,059	312,912	261,230	3,952,201		3,952,201	(42,992)	3,909,209			10
10a	Therapy		1,781,495	23,050	1,804,545	(1,804,519)	26		26			10a
11	Activities	104,285	911		105,196		105,196		105,196			11
12	Social Services	97,595		3,738	101,333		101,333		101,333			12
13	CNA Training							1,933	1,933			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,579,939	2,095,318	397,018	6,072,275	(1,804,519)	4,267,756	(41,059)	4,226,697			16
	C. General Administration											
17	Administrative	101,000			101,000		101,000		101,000			17
18	Directors Fees											18
19	Professional Services			466,828	466,828		466,828	(398,587)	68,241			19
20	Dues, Fees, Subscriptions & Promotions			424,476	424,476	(316,406)	108,070	(50,654)	57,416			20
21	Clerical & General Office Expenses	536,565	42,189	50,309	629,063		629,063	645,451	1,274,514			21
22	Employee Benefits & Payroll Taxes			868,497	868,497		868,497	87,272	955,769			22
23	Inservice Training & Education			3,751	3,751		3,751	1,248	4,999			23
24	Travel and Seminar			4,257	4,257		4,257	742	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			72,751	72,751		72,751	21,054	93,805			26
27	Other (specify):* Lost resident items			65,297	65,297		65,297	(62,450)	2,847			27
28	TOTAL General Administration	637,565	42,189	1,956,166	2,635,920	(316,406)	2,319,514	244,076	2,563,590			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,124,940	2,758,229	2,697,237	10,580,406	(2,120,925)	8,459,481	253,818	8,713,299			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 Manor Springfield LLC #41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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			514,664	514,664		514,664	53,054	567,718			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			182,998	182,998		182,998	(13,123)	169,875			32
33	Real Estate Taxes			124,499	124,499		124,499		124,499			33
34	Rent-Facility & Grounds							10,733	10,733			34
35	Rent-Equipment & Vehicles			33,769	33,769		33,769	13,713	47,482			35
36	Other (specify):*											36
37	**TOTAL Ownership**			855,930	855,930		855,930	64,377	920,307			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			1,525,447	1,525,447	1,804,519	3,329,966	(824,601)	2,505,365			39
40	Barber and Beauty Shops			10,218	10,218		10,218		10,218			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					316,406	316,406		316,406			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			1,535,665	1,535,665	2,120,925	3,656,590	(824,601)	2,831,989			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,124,940	2,758,229	5,088,832	12,972,001		12,972,001	(506,406)	12,465,595			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 Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	(16,209)			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	(1,615)			17
18	Fines and Penalties				18
19	Entertainment	(13,899)			19
20	Contributions	(1,250)			20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(23,580)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(61,200)			24
25	Fund Raising, Advertising and Promotional	(65,197)			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)**	$ (182,950)		$	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)	(323,456)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (323,456)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (506,406)		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 Manor Springfield LLC

ID# 41699

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

	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				15
16				16
17				17
18				18
19				19
20				20
21				21
22		(23,580)	19	22
23				23
24		(61,200)	27	24
25		(65,197)	20	25
26				26
27		(1,250)	27	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**	(151,227)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor Springfield LLC **#** 41699 **Report Period Beginning:** 1/1/2017 **Ending:** 12/31/2017

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	7,004	0	0	0	0	0	0	0	0	7,004	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	10	0	0	0	0	0	0	0	0	10	3
4	Laundry	0	0	1	0	0	0	0	0	0	0	0	1	4
5	Heat and Other Utilities	0	0	2,694	0	0	0	0	0	0	0	0	2,694	5
6	Maintenance	0	0	41,092	0	0	0	0	0	0	0	0	41,092	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	50,801	0	0	0	0	0	0	0	0	50,801	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	(43,651)	659	0	0	0	0	0	0	0	0	(42,992)	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	1,933	0	0	0	0	0	0	0	0	1,933	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	(43,651)	2,592	0	0	0	0	0	0	0	0	(41,059)	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	(23,580)	(404,716)	29,709	0	0	0	0	0	0	0	0	(398,587)	19
20	Fees, Subscriptions & Promotions	(65,197)	0	14,543	0	0	0	0	0	0	0	0	(50,654)	20
21	Clerical & General Office Expenses	0	0	645,451	0	0	0	0	0	0	0	0	645,451	21
22	Employee Benefits & Payroll Taxes	0	0	87,272	0	0	0	0	0	0	0	0	87,272	22
23	Inservice Training & Education	(1,615)	(136)	2,999	0	0	0	0	0	0	0	0	1,248	23
24	Travel and Seminar	(13,899)	0	14,641	0	0	0	0	0	0	0	0	742	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	21,054	0	0	0	0	0	0	0	0	21,054	26
27	Other (specify):*	(62,450)	0	0	0	0	0	0	0	0	0	0	(62,450)	27
28	**TOTAL General Administration**	(166,741)	(404,852)	815,669	0	0	0	0	0	0	0	0	244,076	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(166,741)	(448,503)	869,062	0	0	0	0	0	0	0	0	253,818	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 **Report Period Beginning:** 1/1/2017 **Ending:** 12/31/2017

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	0	0	53,054	0	0	0	0	0	0	0	53,054	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(16,209)	0	0	3,086	0	0	0	0	0	0	0	(13,123)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	10,733	0	0	0	0	0	0	0	10,733	34
35	Rent-Equipment & Vehicles	0	0	0	13,713	0	0	0	0	0	0	0	13,713	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(16,209)	0	0	80,586	0	0	0	0	0	0	0	64,377	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	(824,601)	0	0	0	0	0	0	0	0	0	(824,601)	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	(824,601)	0	0	0	0	0	0	0	0	0	(824,601)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(182,950)	(1,273,104)	869,062	80,586	0	0	0	0	0	0	0	(506,406)	45

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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		$ (43,651)	$ (43,651)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy		(136)	(136)	2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy		(824,601)	(824,601)	3
4	V	19	Adjustment for Related Organization	404,716	Heritage Operations Group, LLC			(404,716)	4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 404,716			$ (868,388)	$ * (1,273,104)	14

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

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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		$	$ 7,004	15
16	V	2	Food Purchase					0	16
17	V	3	Housekeeping					10	17
18	V	4	Laundry					1	18
19	V	5	Heat & Other Utilities					2,694	19
20	V	6	Maintenance					41,092	20
21	V	7	Other					0	21
22	V	9	Medical Director					0	22
23	V	10	Nursing & Medical Records					659	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					1,933	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					29,709	31
32	V	20	Fees, Subscription, Promotions					14,543	32
33	V	21	Clerical & General Office Expenses					645,451	33
34	V	22	Employee Benefits & Payroll Taxes					87,272	34
35	V	23	Inservice Training & Education					2,999	35
36	V	24	Travel and Seminar					14,641	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					21,054	38
39	Total			$			$ 0	$ * 869,062	39

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

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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					53,054	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					3,086	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					10,733	20
21	V	35	Rent-Equipment & Vehicles					13,713	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	$ * 80,586	39

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

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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.			50.00					$		1
2	Memorial Health Ventures			50.00							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 Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 2/31/2017

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	2,578	26	$ 101,433	$ 109,431	178	$ 7,004	1
2	2	Food Purchase	Beds	2,578	26	0	0	178	0	2
3	3	Housekeeping	Beds	2,578	26	145	0	178	10	3
4	4	Laundry	Beds	2,578	26	16	0	178	1	4
5	5	Heat & Other Utilities	Beds	2,578	26	39,021	0	178	2,694	5
6	6	Maintenance	Beds	2,578	26	595,139	73,623	178	41,092	6
7	7	Other	Beds	2,578	26	0	0	178	0	7
8	9	Medical Director	Beds	2,578	26	0	0	178	0	8
9	10	Nursing & Medical Records	Beds	2,578	26	9,542	8,241	178	659	9
10	11	Activities	Beds	2,578	26	0	0	178	0	10
11	12	Social Service	Beds	2,578	26	0	0	178	0	11
12	13	Nurse Aide Training	Beds	2,578	26	27,991	27,014	178	1,933	12
13	14	Program Transportation	Beds	2,578	26	0	0	178	0	13
14	15	Other	Beds	2,578	26	0	0	178	0	14
15	17	Administrative	Beds	2,578	26	0	0	178	0	15
16	18	Directors Fees	Beds	2,578	26	0	0	178	0	16
17	19	Professional Services	Beds	2,578	26	430,283	0	178	29,709	17
18	20	Fees, Subscription, Promotions	Beds	2,578	26	210,633	0	178	14,543	18
19	21	Clerical & General Office Expense	Beds	2,578	26	9,348,167	8,831,995	178	645,451	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,578	26	1,263,974	0	178	87,272	20
21	23	Inservice Training & Education	Beds	2,578	26	43,441	0	178	2,999	21
22	24	Travel and Seminar	Beds	2,578	26	212,053	0	178	14,641	22
23	25	Other Admin. Staff Transportatio	Beds	2,578	26	0	0	178	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,578	26	304,925	0	178	21,054	24
25	TOTALS					$ 12,586,763	$ 9,050,304		$ 869,062	25

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 2/31/2017

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [x] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Heritage Operations Group
Street Address: Box 3188
City / State / Zip Code: Bloomington, IL 61701
Phone Number: ( )
Fax Number: ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,578	26	$	$	178	$	1
2	30	Depreciation	Beds	2,578	26	768,393		178	53,054	2
3	31	Amortization of Pre-Op & Org	Beds	2,578	26			178		3
4	32	Interest	Beds	2,578	26	44,696		178	3,086	4
5	33	Real Estate Taxes	Beds	2,578	26			178		5
6	34	Rent-Facility & Grounds	Beds	2,578	26	155,453		178	10,733	6
7	35	Rent-Equipment & Vehicles	Beds	2,578	26	198,602		178	13,713	7
8	36	Other	Beds	2,578	26			178		8
9	38	Medically Nec Transportation	Beds	2,578	26			178		9
10	39	Ancillary Service Centers	Beds	2,578	26			178		10
11	40	Barber and Beauty Shops	Beds	2,578	26			178		11
12	41	Coffee and Gift Shops	Beds	2,578	26			178		12
13	42	Other	Beds	2,578	26			178		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					$ 1,167,144	$		$ 80,586	25

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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 Springfield		x	Mortgage			$	$ 7,156,853			$ 182,998	1
2	Bank of Springfield		x	Loan Fee Amortization								2
3												3
4												4
5												5
	Working Capital											
6	Bank of Springfield		x	Working Capital				1,300,000				6
7												7
8												8
9	TOTAL Facility Related						$	$ 8,456,853			$ 182,998	9
	B. Non-Facility Related*											
10	Interest Income										(16,209)	10
11												11
12	Allocated Corporate										3,086	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (13,123)	14
15	TOTALS (line 9+line14)						$	$ 8,456,853			$ 169,875	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 Manor Springfield LLC # 41699 **Report Period Beginning:** 1/1/2017 **Ending:** 12/31/2017

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2016 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$	128,152	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.)	$	123,244	2
3. Under or (over) accrual (line 2 minus line 1).	$	(4,908)	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)	$	129,407	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.	$	124,499	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2012	125,712	8
	2013	117,539	9
	2014	120,222	10
	2015	122,050	11
	2016	123,244	12

Accrual = 2016 taxes paid in 2017 * 1.05

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2016	$	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.

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Manor Springfield LLC COUNTY Sangamon

FACILITY IDPH LICENSE NUMBER 41699

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 2016 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 2016.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	14280277027		$ 123,244.44	$ 123,244.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 123,244.44	$ 123,244.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

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

C. **Tax Bills**

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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 Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 64,520 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 4

C. Does the Operating Entity? [x] (a) Own the Facility [ ] (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? [x] (a) Own the Equipment [ ] (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			1985	$ 200,000	1
2			1996	430,000	2
3	TOTALS			$ 630,000	3

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	178				$ 1,900,000	$		$	$	$	4
5					1,648,258						5
6											6
7											7
8											8
	Improvement Type**										
9	1985 Improvements			1985	26,076						9
10	1986 Improvements			1986	216,545						10
11	1987 Improvements			1987	593,121						11
12	1988 Improvements			1988	29,321						12
13	1989 Improvements			1989	1,095						13
14	1990 Improvements			1990	939						14
15	1991 Improvements			1991	32,022						15
16	1992 Improvements			1992	32,593						16
17	1993 Improvements			1993	105,986						17
18	1994 Improvements			1994	59,542						18
19	1995 Improvements			1995	36,126						19
20	Laundry Chute			1996	4,926						20
21	Door Alarm			1996	8,533						21
22	Garbage Disposal			1996	1,113						22
23	Elevator			1996	11,439						23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33	C/O Allocation					53,054		53,054			33
34	Book Depreciation					433,200		433,200			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 Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	Vent Shaft	1997	$ 6,267	$		$	$	$	37
38	Fire Dampers	1997	510						38
39	Computer Cabling	1997	14,518						39
40	Rehab Therapy Room	1997	7,391						40
41	Air Conditioner--Chiller	1997	47,954						41
42	Remodel First Floor	1997	27,570						42
43									43
44	Landscape	1998	2,410						44
45	Vent Work	1998	7,018						45
46	Asphalt Ramp	1998	850						46
47	Room Remodel	1998	1,142						47
48									48
49	Code Alert	1999	7,829						49
50	Wall Paper	1999	704						50
51	Remodel Office Interior	1999	1,248						51
52	Elevator Repair	1999	2,697						52
53	Carpet	1999	1,097						53
54									54
55	Shed Yardmate	2000	522						55
56	A/C Rooftop Unit	2000	2,937						56
57	Sewerline Repair	2000	1,482						57
58									58
59	Facility Renovation--Materials	2001	745,911						59
60	Facility Renovation--Labor	2001	1,463						60
61	Facility Renovation--Interior Design	2001	69,313						61
62	Fire Alarm System	2001	8,718						62
63	Sewer Line Repair	2001	1,787						63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 5,668,973	$ 486,254		$ 486,254	$	$	70

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

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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		$ 5,668,973	$ 486,254		$ 486,254	$	$	1
2	Landscape Design	2002	500						2
3	Freezer Compressor	2002	3,834						3
4	Smoke Detectors	2002	2,560						4
5	Facility Renovation--Materials	2002	186,172						5
6	Facility Renovation--Labor	2002	3,561						6
7	Facility Renovation--Interior Design	2002	15,497						7
8	Phone System	2002	2,064						8
9									9
10	Door Security	2003	2,597						10
11									11
12	Door Replacement	2003	1,216						12
13									13
14									14
15	Shower Room Remodel	2003	14,285						15
16	Hallway carpet	2003	3,889						16
17	Boiler Door	2003	854						17
18									18
19	Shower Room Remodel	2004	36,919						19
20	Elevator Repair	2004	74,457						20
21	Condensing Unit	2004	7,204						21
22	Privacy Door	2004	1,226						22
23									23
24	Controller board	2005	2,460						24
25	Wall Railing	2005	2,837						25
26	A/C Protection	2005	1,318						26
27	Compressor	2005	10,800						27
28	Chiller	2005	2,305						28
29	Rooftop Compressor	2005	4,676						29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,050,204	$ 486,254		$ 486,254	$	$	34

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

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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		$ 6,050,204	$ 486,254		$ 486,254	$	$	1
2	Sprinkler system	2006	250,656						2
3	Door Alarm	2006	2,940						3
4	Stair Treads	2006	12,497						4
5	Roof	2006	2,219						5
6	Fire door	2006	6,154						6
7									7
8	HVAC Controls								8
9		2007	12,375						9
10	Sprinkler system	2007							10
11	Circulating pump	2007	12,140						11
12		2007	2,693						12
13	Walk-in freezer	2007							13
14	Fire Alarm	2007	24,013						14
15	Exit Lighting	2007							15
16		2007							16
17	HVAC								17
18		2007	18,080						18
19	Window treatments	2007							19
20		2007	3,431						20
21	Beauty Shop sink,vanity, painting								21
22		2008	1,597						22
23									23
24	HVAC								24
25	Elevator	2009	11,480						25
26	Boiler	2009	53,743						26
27	Asphalt	2009	2,914						27
28		2009	9,138						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 6,476,274	$ 486,254		$ 486,254	$	$	34

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

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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		$ 6,476,274	$ 486,254		$ 486,254	$	$	1
2									2
3	Elevator	2010	71,294						3
4	Water storage tank	2010	16,211						4
5	paging system	2010	2,642						5
6	water heater	2010	13,740						6
7	dinning room window	2010	49,757						7
8	fire rated metal	2010	3,921						8
9	Aggregate column	2010	34,550						9
10	boiler	2010	3,255						10
11									11
12	100 gallon water heater	2011	8,958						12
13	Chiller	2011	11,556						13
14	Door & Installation	2011	4,361						14
15	Chiller Fan	2011	3,792						15
16	Smoke detector	2011	3,935						16
17	Sign	2011	3,250						17
18									18
19	Lighting upgrade	2012	17,773						19
20	Nurse Call	2012	5,107						20
21									21
22	Nurse Call System Install- Second Floor	2013	13,536						22
23	Extended Care Wing ALC Controls Installation	2013	25,930						23
24	Fire Alarm CPU Replacement	2013	2,761						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)		$ 6,772,603	$ 486,254		$ 486,254	$	$	34

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

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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		$ 6,772,603	$ 486,254		$ 486,254	$	$	1
2	Water Pipe Modification	2014	3,598						2
3	Exhaust Fan Replacement	2014	17,340						3
4	Landscaping - Memorial Gardens	2014	15,385						4
5	Hot Water Heater Replacement	2014	3,565						5
6	Gate Valve Replacement-Boiler	2014	2,928						6
7	Replace Existing Roof System	2014	293,339						7
8	Planning for 2015 Remodeling Project	2014							8
9	Architect Planning Fee								9
10	Furniture and Fixtures Design Fees								10
11	State Review of Plans								11
12									12
13	Replace boilers	2015	11,125						13
14	Install steel covering on kitchen hood	2015	3,494						14
15	Replace fire alarm control panel	2015	23,965						15
16									16
17	Replaced kitchen exhaust fan	2017	5,456						17
18	Replaced sump pump	2017	2,654						18
19									19
20	Facility wide modernization project consisting primarily of:	2017	8,350,161						20
21	Construction of 19 bed SNF based hospice unit								21
22	Replacement of interior finishes on Floors 2-4. This includes wall repair and painting,								22
23	new ceiling tile, improved cabinetry for nursing stations, new tile								23
24	for shower rooms and new tilets and lavatories.								24
25	Install exterior insulating finish system between window columns								25
26	Re-asphalt and stripe parking lots								26
27	Install entirely new HVAC system including new hot water boiler, cooling tower and heat pumps								27
28	Replace existing water lines and sewer waste lines								28
29	Replace entire fire alarm, nurse call and basic telephone systems								29
30	Replace (2) aging emergency generators with single unit having multiple transfer switches								30
31	Replace door alarm and elopment systems								31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 15,505,613	$ 486,254		$ 486,254	$	$	34

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

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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		$ 15,505,613	$ 486,254		$ 486,254	$	$	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									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)		$ 15,505,613	$ 486,254		$ 486,254	$	$	34

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

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	$ 1,784,262	$ 81,464	$ 81,464	$		$	71
72	Current Year Purchases	919,122						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 2,703,384	$ 81,464	$ 81,464	$		$	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		2008 Ford Van	2008	$ 38,949	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$ 38,949	$	$	$		$	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)	$ 18,877,946	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 567,718	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 567,718	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 Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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.	/2018	$
13.	/2019	$
14.	/2020	$

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: $ 33,769 Description: Oxygen cylinders and televisions
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

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

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

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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 Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	$		$ 817,684	$		$ 817,684	1
2	Licensed Speech and Language Development Therapist		hrs			122,378			122,378	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			585,385	26		585,411	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				1,781,469		1,781,469	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					23,050			23,050	13
14	TOTAL			$		$ 1,548,497	$ 1,781,495		$ 3,329,992	14

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

Facility Name & ID Number Heritage Manor Springfield LLC **#** 41699 **Report Period Beginning:** 1/1/2017 **Ending:** 12/31/2017

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2017 **(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	$ 217,201	$	1
2	Cash-Patient Deposits	31,516		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,540,764		3
4	Supply Inventory (priced at FIFO)	51,401		4
5	Short-Term Investments			5
6	Prepaid Insurance	8,400		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(41,557)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,807,725	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	857,251		13
14	Buildings, at Historical Cost	15,379,906		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,703,937		16
17	Accumulated Depreciation (book methods)	(7,291,499)		17
18	Deferred Charges	1,669,736		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): Investment in Regency	4,775,018		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 18,094,349	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 20,902,074	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,017,883	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	31,516		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	129,407		32
33	Accrued Interest Payable	28,038		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Bed Tax	37,215		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,244,059	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	8,456,853		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)**	$ 8,456,853	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 9,700,912	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 11,201,162	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 20,902,074	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Manor Springfield LLC **#** 41699 **Report Period Beginning:** 1/1/2017 **Ending:** 12/31/2017

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 11,306,480	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 11,306,480	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,336,318)	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)**	$ (1,336,318)	17
	B. Transfers (Itemize):		
18	**Investor Capital**	1,231,000	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 1,231,000	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 11,201,162	24 *

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

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 10,379,210	1
2	Discounts and Allowances for all Levels	(7,045,239)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,333,971	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,089,755	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 5,089,755	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	10,980	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	3,240,802	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(59,290)	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 3,192,492	23
	D. Non-Operating Revenue		
24	Contributions	2,861	24
25	Interest and Other Investment Income***	16,209	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 19,070	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Activity Fund income	395	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 395	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 11,635,683	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,872,211	31
32	Health Care	6,072,275	32
33	General Administration	2,635,920	33
	B. Capital Expense		
34	Ownership	855,930	34
	C. Ancillary Expense		
35	Special Cost Centers	1,535,665	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 12,972,001	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,336,318)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,336,318)	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 Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	1,850	1,947	$ 80,431	$ 41.31	1
2	Assistant Director of Nursing	6,011	6,328	176,658	27.92	2
3	Registered Nurses	18,369	19,336	624,737	32.31	3
4	Licensed Practical Nurses	36,817	38,754	919,956	23.74	4
5	CNAs & Orderlies	93,048	97,945	1,518,358	15.50	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,363	3,540	57,919	16.36	8
9	Activity Director					9
10	Activity Assistants	8,551	9,002	104,285	11.58	10
11	Social Service Workers	4,969	5,230	97,595	18.66	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	34,364	36,173	406,917	11.25	15
16	Dishwashers					16
17	Maintenance Workers	8,830	9,295	156,947	16.89	17
18	Housekeepers	18,453	19,424	226,882	11.68	18
19	Laundry	9,479	9,978	116,690	11.69	19
20	Administrator	1,816	1,912	101,000	52.82	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	21,408	22,535	536,565	23.81	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)	267,328	281,399	$ 5,124,940 *	$ 18.21	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		109,000		36
37	Medical Records Consultant		620		37
38	Nurse Consultant				38
39	Pharmacist Consultant		27,600		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		3,738		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 140,958		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 16,015		50
51	Licensed Practical Nurses		107,921		51
52	Certified Nurse Assistants/Aides		109,049		52
53	TOTAL (lines 50 - 52)		$ 232,985		53

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Dana Larsen			$ 101,000
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 101,000

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	Management	$ 407,998
Sulaski & Webb	Audit and tax	16,750
Senior Top Talent	Recruiting	17,000
McQuellon Consulting	Real estate tax review	1,500
Legal adj to Zero		23,580
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 466,828

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 136,529
Unemployment Compensation Insurance	42,971
FICA Taxes	392,058
Employee Health Insurance	260,973
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	35,966
Central Office Allocation	87,272
TOTAL (agree to Schedule V, line 22, col.8)	$ 955,769

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	25,543
Health Care Worker Background Check	
(Indicate # of checks performed)	4,865
Patient Background Checks	
PR	22,537
Dues & Subscriptions	15,695
License & Fees	1,882
Central Office Allocation	14,543
Less: Public Relations Expense	(22,537)
Non-allowable advertising	(5,112)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 57,416

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	1,804
	0
Seminar Expense	2,453
	742
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 Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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. $ **316,406**
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. $ **1,857**

(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

Heritage Manor - Springfield
IDPH ID# 41699
HFS Cost Report - December 31, 2017
Schedule V - Column 5 Reclassifications

1. Schedule V - Line 10a to Line 39 - Reclassifications

Line Item		
Purchased Drugs and Medications	$	1,781,469
Purchased Hospital Services		3,055
Purchased Laboratory Services		12,798
Purchased Radiology Services		7,197
Amount Reclassified to Line 39	$	1,804,519

2. Schedule V - Line 20 to Line 42 - Reclassification

Line Item		
Provider Participation Fee - $1.50	$	97,455
Provider Assessment Fee - $6.70		218,951
Amount Reclassified to Line 42		316,406