FOR BHF USE

LL1

2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

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	xx	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		xx	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 1/1/2018 to 12/31/2018 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: 1/1/2018 Ending: 12/31/2018

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	29,500	9,540	7,973	47,013	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	29,500	9,540	7,973	47,013	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.36%

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 7,973

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: 1/1/2018 Ending: 12/31/2018

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	464,307	30,852	9,333	504,492		504,492	7,184	511,676			1
2	Food Purchase		398,995		398,995		398,995	94	399,089			2
3	Housekeeping	239,320	55,125		294,445		294,445		294,445			3
4	Laundry	137,619	9,212		146,831		146,831	8	146,839			4
5	Heat and Other Utilities			184,373	184,373		184,373	2,608	186,981			5
6	Maintenance	160,424	69,493	187,710	417,627		417,627	39,430	457,057			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,001,670	563,677	381,416	1,946,763		1,946,763	49,324	1,996,087			8
	B. Health Care and Programs											
9	Medical Director			111,936	111,936		111,936		111,936			9
10	Nursing and Medical Records	3,755,959	454,983	737,922	4,948,864		4,948,864	(59,656)	4,889,208			10
10a	Therapy		1,219,496	69,683	1,289,179	(1,289,179)						10a
11	Activities	117,899	1,607		119,506		119,506		119,506			11
12	Social Services	102,929		3,470	106,399		106,399		106,399			12
13	CNA Training							2,064	2,064			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	3,976,787	1,676,086	923,011	6,575,884	(1,289,179)	5,286,705	(57,592)	5,229,113			16
	C. General Administration											
17	Administrative	94,172			94,172		94,172		94,172			17
18	Directors Fees											18
19	Professional Services			468,926	468,926		468,926	(409,508)	59,418			19
20	Dues, Fees, Subscriptions & Promotions			394,729	394,729	(328,819)	65,910	(23,894)	42,016			20
21	Clerical & General Office Expenses	627,268	47,286	56,760	731,314		731,314	631,123	1,362,437			21
22	Employee Benefits & Payroll Taxes			1,057,948	1,057,948		1,057,948	82,319	1,140,267			22
23	Inservice Training & Education			5,034	5,034		5,034	(35)	4,999			23
24	Travel and Seminar			2,785	2,785		2,785	2,214	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			78,925	78,925		78,925	44,393	123,318			26
27	Other (specify):* **Lost items - residents**			93,128	93,128		93,128	(91,759)	1,369			27
28	**TOTAL General Administration**	721,440	47,286	2,158,235	2,926,961	(328,819)	2,598,142	234,853	2,832,995			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	5,699,897	2,287,049	3,462,662	11,449,608	(1,617,998)	9,831,610	226,585	10,058,195			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: 1/1/2018 Ending: 12/31/2018

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			920,538	920,538		920,538	50,242	970,780			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			345,759	345,759		345,759	(54,726)	291,033			32
33	Real Estate Taxes			161,091	161,091		161,091		161,091			33
34	Rent-Facility & Grounds							10,918	10,918			34
35	Rent-Equipment & Vehicles			28,924	28,924		28,924	11,055	39,979			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,456,312	1,456,312		1,456,312	17,489	1,473,801			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			1,514,835	1,514,835	1,289,179	2,804,014	(186,140)	2,617,874			39
40	Barber and Beauty Shops			5,494	5,494		5,494		5,494			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					328,819	328,819		328,819			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			1,520,329	1,520,329	1,617,998	3,138,327	(186,140)	2,952,187			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,699,897	2,287,049	6,439,303	14,426,249		14,426,249	57,934	14,484,183			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: 1/1/2018 Ending: 12/31/2018

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	(54,726)			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	(2,839)			17
18	Fines and Penalties	(1,759)			18
19	Entertainment	(11,028)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(35,249)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(90,000)			24
25	Fund Raising, Advertising and Promotional	(41,083)			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)**	$ (236,684)		$	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)	294,618		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 294,618		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 57,934		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: 1/1/2018

Ending: 12/31/2018

	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		(1,759)	27	22
23		(35,249)	19	23
24		(90,000)	27	24
25		(41,083)	20	25
26		(11,028)	24	26
27		0	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	(179,119)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	7,184	0	0	0	0	0	0	0	0	7,184	1
2	Food Purchase	0	0	94	0	0	0	0	0	0	0	0	94	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	8	0	0	0	0	0	0	0	0	8	4
5	Heat and Other Utilities	0	0	2,608	0	0	0	0	0	0	0	0	2,608	5
6	Maintenance	0	0	39,430	0	0	0	0	0	0	0	0	39,430	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	49,324	0	0	0	0	0	0	0	0	49,324	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	(60,806)	1,150	0	0	0	0	0	0	0	0	(59,656)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	2,064	0	0	0	0	0	0	0	0	2,064	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	(60,806)	3,214	0	0	0	0	0	0	0	0	(57,592)	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	(35,249)	(404,716)	30,457	0	0	0	0	0	0	0	0	(409,508)	19
20	Fees, Subscriptions & Promotions	(41,083)	0	17,189	0	0	0	0	0	0	0	0	(23,894)	20
21	Clerical & General Office Expenses	0	0	631,123	0	0	0	0	0	0	0	0	631,123	21
22	Employee Benefits & Payroll Taxes	0	0	82,319	0	0	0	0	0	0	0	0	82,319	22
23	Inservice Training & Education	(2,839)	(288)	3,092	0	0	0	0	0	0	0	0	(35)	23
24	Travel and Seminar	(11,028)	0	13,242	0	0	0	0	0	0	0	0	2,214	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	44,393	0	0	0	0	0	0	0	0	44,393	26
27	Other (specify):*	(91,759)	0	0	0	0	0	0	0	0	0	0	(91,759)	27
28	**TOTAL General Administration**	(181,958)	(405,004)	821,815	0	0	0	0	0	0	0	0	234,853	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(181,958)	(465,810)	874,353	0	0	0	0	0	0	0	0	226,585	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Capital Expense D. Ownership	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)	
30	Depreciation	0	0	0	50,242	0	0	0	0	0	0	0	50,242	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(54,726)	0	0	0	0	0	0	0	0	0	0	(54,726)	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	10,918	0	0	0	0	0	0	0	10,918	34
35	Rent-Equipment & Vehicles	0	0	0	11,055	0	0	0	0	0	0	0	11,055	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(54,726)	0	0	72,215	0	0	0	0	0	0	0	17,489	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	(186,140)	0	0	0	0	0	0	0	0	0	(186,140)	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	(186,140)	0	0	0	0	0	0	0	0	0	(186,140)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(236,684)	(651,950)	874,353	72,215	0	0	0	0	0	0	0	57,934	45

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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.	50	Attached Following This Page		Heritage Operations G	Bloomington	Mgmt. Services
Memorial Health Ventures	50			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 Organizat	$	GreenTree Pharmacy		$ (60,806)	$ (60,806)	1
2	V	23	Adjustment for Related Organization		GreenTree Pharmacy		(288)	(288)	2
3	V	39	Adjustment for Related Organization		GreenTree Pharmacy		(186,140)	(186,140)	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			$ (247,234)	$ * (651,950)	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: 1/1/2018 Ending: 12/31/2018

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		$	$ 7,184	15
16	V	2	Food Purchase		Heritage Operations Group			94	16
17	V	3	Housekeeping		Heritage Operations Group			0	17
18	V	4	Laundry		Heritage Operations Group			8	18
19	V	5	Heat & Other Utilities		Heritage Operations Group			2,608	19
20	V	6	Maintenance		Heritage Operations Group			39,430	20
21	V	7	Other		Heritage Operations Group			0	21
22	V	9	Medical Director		Heritage Operations Group			0	22
23	V	10	Nursing & Medical Records		Heritage Operations Group			1,150	23
24	V	11	Activities		Heritage Operations Group			0	24
25	V	12	Social Service		Heritage Operations Group			0	25
26	V	13	Nurse Aide Training		Heritage Operations Group			2,064	26
27	V	14	Program Transportation		Heritage Operations Group			0	27
28	V	15	Other		Heritage Operations Group			0	28
29	V	17	Administrative		Heritage Operations Group			0	29
30	V	18	Directors Fees		Heritage Operations Group			0	30
31	V	19	Professional Services		Heritage Operations Group			30,457	31
32	V	20	Fees, Subscription, Promotions		Heritage Operations Group			17,189	32
33	V	21	Clerical & General Office Expenses		Heritage Operations Group			631,123	33
34	V	22	Employee Benefits & Payroll Taxes		Heritage Operations Group			82,319	34
35	V	23	Inservice Training & Education		Heritage Operations Group			3,092	35
36	V	24	Travel and Seminar		Heritage Operations Group			13,242	36
37	V	25	Other Admin. Staff Transportation		Heritage Operations Group			0	37
38	V	26	Insurance-Prop.Liab.Malpract		Heritage Operations Group			44,393	38
39	Total			$			$ 0	$ * 874,353	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: 1/1/2018 Ending: 12/31/2018

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		Heritage Operations Group			50,242	16
17	V	31	Amortization of Pre-Op & Org		Heritage Operations Group			0	17
18	V	32	Interest		Heritage Operations Group			0	18
19	V	33	Real Estate Taxes		Heritage Operations Group			0	19
20	V	34	Rent-Facility & Grounds		Heritage Operations Group			10,918	20
21	V	35	Rent-Equipment & Vehicles		Heritage Operations Group			11,055	21
22	V	36	Other		Heritage Operations Group			0	22
23	V	38	Medically Nec Transportation		Heritage Operations Group			0	23
24	V	39	Ancillary Service Centers		Heritage Operations Group			0	24
25	V	40	Barber and Beauty Shops		Heritage Operations Group			0	25
26	V	41	Coffee and Gift Shops		Heritage Operations Group			0	26
27	V	42	Other		Heritage Operations Group			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	$ * 72,215	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: 1/1/2018 Ending: 12/31/2018

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	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Heritage Enterprises Inc.			50.00	0				$ 0		1
2	Memorial Health Ventures			50.00	0				0		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: 1/1/2018 Ending: 2/31/2018

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	$ 104,045	$ 103,180	178	$ 7,184	1
2	2	Food Purchase	Beds	2,578	26	1,362	0	178	94	2
3	3	Housekeeping	Beds	2,578	26	0	0	178	0	3
4	4	Laundry	Beds	2,578	26	111	0	178	8	4
5	5	Heat & Other Utilities	Beds	2,578	26	37,778	0	178	2,608	5
6	6	Maintenance	Beds	2,578	26	571,069	80,581	178	39,430	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	16,650	12,036	178	1,150	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	29,896	28,423	178	2,064	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	441,112	0	178	30,457	17
18	20	Fees, Subscription, Promotions	Beds	2,578	26	248,958	0	178	17,189	18
19	21	Clerical & General Office Expense	Beds	2,578	26	9,140,644	8,773,931	178	631,123	19
20	22	Employee Benefits & Payroll Taxes	Beds	2,578	26	1,192,239	0	178	82,319	20
21	23	Inservice Training & Education	Beds	2,578	26	44,777	0	178	3,092	21
22	24	Travel and Seminar	Beds	2,578	26	191,781	0	178	13,242	22
23	25	Other Admin. Staff Transportation	Beds	2,578	26	0	0	178	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,578	26	642,946	0	178	44,393	24
25	TOTALS					$ 12,663,368	$ 8,998,151		$ 874,353	25

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2018 Ending: 2/31/2018

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	727,658		178	50,242	2
3	31	Amortization of Pre-Op & Org	Beds	2,578	26			178		3
4	32	Interest	Beds	2,578	26			178		4
5	33	Real Estate Taxes	Beds	2,578	26			178		5
6	34	Rent-Facility & Grounds	Beds	2,578	26	158,134		178	10,918	6
7	35	Rent-Equipment & Vehicles	Beds	2,578	26	160,109		178	11,055	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					$ 1,045,901	$		$ 72,215	25

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Bank of Springfield		x	Mortgage			$	$ 6,907,512			$ 344,150	1
2	Bank of Springfield		x	Loan Fee Amortization							1,609	2
3												3
4												4
5												5
	Working Capital											
6	Bank of Springfield		x	Working Capital				1,375,000				6
7												7
8												8
9	TOTAL Facility Related						$	$ 8,282,512			$ 345,759	9
	B. Non-Facility Related*											
10	Interest Income										(54,726)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (54,726)	14
15	TOTALS (line 9+line14)						$	$ 8,282,512			$ 291,033	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: 1/1/2018 Ending: 12/31/2018

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 129,407	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.)		$ 141,706	2
3. Under or (over) accrual (line 2 minus line 1).		$ 12,299	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 148,792	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.		$ 161,091	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2013	117,539	8
	2014	120,222	9
	2015	122,050	10
	2016	123,244	11
	2017	141,706	12

Accrual = 2017 taxes paid in 2018 * 1.05

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2017	$	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.

2017 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 2017 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 2017.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	14280277027		$ 141,706.10	$ 141,706.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 141,706.10	$ 141,706.00

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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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: 1/1/2018 Ending: 12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 64,520 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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: 1/1/2018 Ending: 12/31/2018

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	1996 Improvements			1996	26,011						20
21	1997 Improvements			1997	104,210						21
22	1998 Improvements			1998	11,420						22
23	1999 Improvements			1999	13,575						23
24	2000 Improvements			2000	4,941						24
25	2001 Improvements			2001	827,192						25
26	2002 Improvements			2002	214,188						26
27	2003 Improvements			2003	22,841						27
28	2004 Improvements			2004	119,806						28
29	2005 Improvements			2005	24,396						29
30	2006 Improvements			2006	274,466						30
31	2007 Improvements			2007	72,732						31
32											32
33											33
34	C/O Allocation					50,242		50,242			34
35	Book Depreciation					741,674		741,674			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: 1/1/2018 Ending: 12/31/2018

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	2008 Improvements	2008	$ 1,597	$		$	$	$	37
38	2009 Improvements	2009	77,275						38
39	2010 Improvements	2010	195,370						39
40	2011 Improvements	2011	35,852						40
41	2012 Improvements	2012	22,880						41
42									42
43	Nurse Call System Install- Second Floor	2013	13,536						43
44	Extended Care Wing ALC Controls Installation	2013	25,930						44
45	Fire Alarm CPU Replacement	2013	2,761						45
46									46
47	Water Pipe Modification	2014	3,598						47
48	Exhaust Fan Replacement	2014	17,340						48
49	Landscaping - Memorial Gardens	2014	15,385						49
50	Hot Water Heater Replacement	2014	3,565						50
51	Gate Valve Replacement-Boiler	2014	2,928						51
52	Replace Existing Roof System	2014	293,339						52
53	Planning for 2015 Remodeling Project	2014							53
54	Architect Planning Fee								54
55	Furniture and Fixtures Design Fees								55
56	State Review of Plans								56
57									57
58	Replace boilers	2015	11,125						58
59	Install steel covering on kitchen hood	2015	3,494						59
60	Replace fire alarm control panel	2015	23,965						60
61									61
62	Replaced kitchen exhaust fan	2017	5,456						62
63	Replaced sump pump	2017	2,654						63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 7,155,452	$ 791,916		$ 791,916	$	$	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: 1/1/2018 Ending: 12/31/2018

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		$ 7,155,452	$ 791,916		$ 791,916	$	$	1
2									2
3	Facility wide modernization project consisting primarily of:	2017	8,350,161						3
4	Construction of 19 bed SNF based hospice unit								4
5	Replacement of interior finishes on Floors 2-4. This includes wall repair and painting,								5
6	new ceiling tile, improved cabinetry for nursing stations, new tile								6
7	for shower rooms and new tilets and lavatories.								7
8	Install exterior insulating finish system between window columns								8
9	Re-asphalt and stripe parking lots								9
10	Install entirely new HVAC system including new hot water boiler, cooling tower and heat pumps								10
11	Replace existing water lines and sewer waste lines								11
12	Replace entire fire alarm, nurse call and basic telephone systems								12
13	Replace (2) aging emergency generators with single unit having multiple transfer switches								13
14	Replace door alarm and elopment systems								14
15									15
16	Install make up air unit (coil, controls and damper)	2018	7,893						16
17	Install new RTU - Ist Floor Wing	2018	62,250						17
18	Replace control board and key pad - Trane Chiller Unit	2018	4,338						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)		$ 15,580,094	$ 791,916		$ 791,916	$	$	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: 1/1/2018 Ending: 12/31/2018

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	$ 2,703,384	$ 178,864	$ 178,864	$		$	71
72	Current Year Purchases	18,552						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 2,721,936	$ 178,864	$ 178,864	$		$	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)	$ 18,970,979	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 970,780	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 970,780	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: 1/1/2018 Ending: 12/31/2018

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.	/2019	$
13.	/2020	$
14.	/2021	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO

16. Rental Amount for movable equipment: $ 28,924 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: 1/1/2018 Ending: 12/31/2018

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: 1/1/2018 Ending: 12/31/2018

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	$		$ 792,744	$		$ 792,744	1
2	Licensed Speech and Language Development Therapist		hrs			92,311			92,311	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			629,780	0		629,780	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				1,219,496		1,219,496	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					69,683			69,683	13
14	TOTAL			$		$ 1,584,518	$ 1,219,496		$ 2,804,014	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: 1/1/2018 Ending: 12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018 (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	$ 279,770	$	1
2	Cash-Patient Deposits	41,227		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,563,613		3
4	Supply Inventory (priced at FIFO)	79,701		4
5	Short-Term Investments			5
6	Prepaid Insurance	13,758		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(303,994)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,674,075	$	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	15,454,387		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	2,722,489		16
17	Accumulated Depreciation (book methods)	(8,212,036)		17
18	Deferred Charges	1,668,127		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 RE LLC	4,775,018		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 17,265,236	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 19,939,311	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,971,406	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	41,227		28
29	Short-Term Notes Payable	1,375,000		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	148,791		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Bed Tax	42,257		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,578,681	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	6,907,512		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)**	$ 6,907,512	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 10,486,193	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 9,453,118	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 19,939,311	$	48

*(See instructions.)

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 12,201,163	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 12,201,163	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,748,045)	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)**	$ (2,748,045)	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)**	$ 9,453,118	24 *

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

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	$ 11,252,149	1
2	Discounts and Allowances for all Levels	(6,592,871)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,659,278	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,888,431	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 4,888,431	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	5,129	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,134,091	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(62,955)	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 2,076,265	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	54,726	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 54,726	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Activity Fund income	(496)	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ (496)	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 11,678,204	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,946,763	31
32	Health Care	6,575,884	32
33	General Administration	2,926,961	33
	B. Capital Expense		
34	Ownership	1,456,312	34
	C. Ancillary Expense		
35	Special Cost Centers	1,520,329	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)***	$ 14,426,249	40
41	**Income before Income Taxes (line 30 minus line 40)****	(2,748,045)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (2,748,045)	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: 1/1/2018 Ending: 12/31/2018

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	1,879	1,999	$ 87,897	$ 43.97	1
2	Assistant Director of Nursing	1,958	2,083	67,526	32.42	2
3	Registered Nurses	22,226	23,645	791,946	33.49	3
4	Licensed Practical Nurses	32,613	34,695	917,687	26.45	4
5	CNAs & Orderlies	99,169	105,499	1,823,905	17.29	5
6	CNA Trainees			0		6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,541	3,767	66,998	17.79	8
9	Activity Director					9
10	Activity Assistants	9,174	9,760	117,899	12.08	10
11	Social Service Workers	5,228	5,562	102,929	18.51	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	35,705	37,984	464,307	12.22	15
16	Dishwashers					16
17	Maintenance Workers	8,621	9,171	160,424	17.49	17
18	Housekeepers	18,069	19,223	239,320	12.45	18
19	Laundry	10,577	11,252	137,619	12.23	19
20	Administrator	1,955	2,080	94,172	45.28	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	25,322	26,938	627,268	23.29	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)	276,037	293,658	$ 5,699,897 *	$ 19.41	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		$ 9,333		35
36	Medical Director		111,936		36
37	Medical Records Consultant		0		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		3,470		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 152,339		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 66,853		50
51	Licensed Practical Nurses		382,294		51
52	Certified Nurse Assistants/Aides		261,175		52
53	TOTAL (lines 50 - 52)		$ 710,322		53

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Dana Larsen			$ 94,172
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 94,172

B. Administrative - Other

Description	Amount
	$ 0
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	$ 407,552
Indeed Inc.	Personnel recruitment	6,848
May Cocagne & King	Audit and tax	17,470
McQuellon Consulting	Real estate tax review	1,807
Legal adj to Zero		35,249
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 468,926

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 126,108
Unemployment Compensation Insurance	35,347
FICA Taxes	436,042
Employee Health Insurance	433,575
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	26,876
Central Office Allocation	82,319
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,140,267

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	10,039
Health Care Worker Background Check	
(Indicate # of checks performed)	8,374
Patient Background Checks	
PR	11,208
Dues & Subscriptions	12,957
License & Fees	1,643
Central Office Allocation	17,189
Less: Public Relations Expense	(11,208)
Non-allowable advertising	(8,186)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 42,016

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	1,986
	0
Seminar Expense	799
	2,214
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,999

**See instructions.

Facility Name & ID Number Heritage Manor Springfield LLC # 41699 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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. **Health Care Council of Illinois**

(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. $ **328,819**
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. $ **2,379**

(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: **May Cocagne & King**

(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 3/4 Line #	Sch 5 pg 3/4 Col #	Sch 6 pg 5 Line #	Adjustment Amount	
1009		PETTY CASH	279,770						
1010		CASH IN BANK							
1040		CASH IN BANK-PAYROLL							
1100		ACCOUNTS RECEIVABLE	2,563,613						
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	13,758						
1220		OTHER PREPAID EXPENSES							
1300		FOOD INVENTORY	79,701						
1310		SUPPLIES INVENTORY							
1409		LAND	0						
1450		FURNITURE & EQUIPMENT	2,722,489						
1460		ACCUM DEPR-FURN & EQUIP	-1,938,987						
1475		BUILDING & IMPROVEMENTS	15,454,387						
1490		ACCUM DEPR-BUILDING	-6,273,049						
1530		RESIDENT FUNDS	41,227						
1550		LOAN FEES	1,668,127						
1560		REAL ESTATE TAX ESCROW							
1575		INVESTMENT - REGENCY RE	4,775,018						
1850		INTRACOMPANY	-303,994						
2010		ACCOUNTS PAYABLE	-1,971,406						
2095		BONUSES PAYABLE							
2100		ACCRUED PAYROLL	0						
2110		ACCRUED VACATION PAY	0						
2120		UC TAXES PAYABLE							
2125		FICA TAX PAYABLE	0	0					
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 PAYABLE	0						
2310		SALES TAX PAYABLE							
2320		IPA PAYMENTS PAYABLE	-42,257						
2350		REAL ESTATE TAX PAYABLE	-148,791						
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	-41,227						
2600		MORTGAGE PAYABLE	-6,907,512						
2650		EQUIPMENT LOAN PAYABLE							
2695		LINE OF CREDIT	-1,375,000						
2696		DEFERRED INCOME TAXES							
2710		COMMON STOCK							
2720		RETAINED EARNINGS	-12,201,163						
2970		PROFIT/LOSS FOR PERIOD	2,748,045						
3007.1		PATIENT DAYS-PRIVATE	9,540						
3007.2		PATIENT DAYS-IPA	29,500						
3007.3		PATIENT DAYS-MEDICARE	7,973						
3007.4		PATIENT DAYS-CONVERSION							
3007.5		PATIENT DAYS-LICENSED							
3007.6		PATIENT DAYS-TOTAL							
3010	1	BASIC CHARGE-PRIVATE & VA	-11,133,818		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	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-PRIVATE	-91,196		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	-2,134,091		0	0	0	0	
3101	17	DRUGS-OTHER							
3110	6	PT-PRIVATE	-4,888,431		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 INC	231,364						
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	6,592,871		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	-5,129		0	0	0	0	
3560	12	ACTIVITY FUND INCOME	496		0	0	0	0	
3570	12	VENDING INCOME/EXPENSE	-1,131		0	0	0	0	
3580	12	MANAGEMENT FEES			0	0	0	0	
3590	1	EQUIPMENT RENTAL	-27,135		0	0	0	0	
3595	21	RESIDENT TRANSPORTATION	65,758		0	0	0	0	
3600	21	MISC INCOME	-1,672		0	0	0	0	
4110		GENERAL & ADMINIST WAGES	575,054	627,268	21	1	17	0	
4111		ADMINISTRATOR WAGES	94,172	94,172	17	1	0	0	
4115		VACATION & SICK - G&A	52,214		21	1	0	0	
4120 4475		EMPLOYEE BENEFITS	17,114	1,057,948	22	3	0	0	
4125		EMPLOYEE HEPETITIS VACCIN	0		22	3	0	0	
4130		EMPLOYEE SCHOLARSHIP WA	3,728	231,364	21	1	0	0	
4135		EMPLOYEE SCHOLARSHIP CO	6,034		23	3	0	0	
4220		DIRECTORS FEES	0	0	18	3	0	0	
4250 4255		OFFICE SUPPLIES	47,286	47,286	21	2	0	0	
4260		TELEPHONE	56,760	56,760	21	3	0	0	
4275		TRAINING & EMPLOYEE DEVL	5,034	5,034	23	3	16	-2,839 **	
4280		GENERAL TRAVEL	1,986	2,785	24	3	16	0	
4281		MEAL EXPENSE FOR TRAVEL	0		24	3	19	0	
4285		EDUCATION & SEMINAR	799		24	3	19	-11,028 ***	
4290		HELP WANTED ADVERTISING	10,039	163,365	20	3	0	0	-97,455
4291		PROMOTIONAL ADVERTISING	21,689		20	3	25	-21,689	
4292		PUBLIC RELATIONS	11,208		20	3	25	-11,208	
4300		LICENSES & FEES	99,098		20	3	17	0	
4310		DUES & SUBSCRIPTIONS	12,957		20	3	17	-8,186	
4320		CONTRIBUTIONS	0		27	3	20	0	
4350		PROFESSIONAL FEES	64,210	468,926	19	3	22	-35,249	
4355		MEDICAL DIRECTOR	111,936	111,936	9	3	0	0	
4360		UTILIZATION REVIEW	0		10	3	0	0	
4361		OTHER PHYSICIAN FEES			39	3	0	0	
4362		MEDICAL RECORDS CONSULT	0		10	3	0	0	
4363		PHARMACIST FEES	27,600		10	3	0	0	
4364		SOC SERV/ACT CONSULT	3,470	3,470	12	3	0	0	
4370		TV RENTAL	8,677		35	3	5	0	
4380		INCOME TAXES		91,369	27	3	26	0	
4383		BACKGROUND CHECKS	8,374		20	3	26	0	
4400		PAYROLL TAXES	471,389		22	3	0	0	
4401		PAYROLL TAXES ADMINIST	0		22	3	0	0	
4410		GROUP INSURANCE	433,575		22	3	0	0	
4420		LIABILITY INSURANCE	78,925	78,925	26	3	0	0	
4425		INSURANCE-OWNERS			22	3	21	0	
4430		WORKMENS COMP INSURANCE	126,108		22	3	0	0	
4450		CENTRAL OFFICE FEES	404,716		19	3	34	0 **	
4460		BAD DEBTS	90,000		27	3	24	-90,000	
4470		LOST ITEMS-RESIDENTS	1,369		27	3	0		
4490		MISCELLANEOUS	0		27	3	0	0	
4510		REAL ESTATE TAXES	161,091	161,091	33	3	0	0	
4600		LEASED EQUIPMENT	20,247	28,924	35	3	16	0	
5110		MAINTENANCE SALARIES	147,571	160,424	6	1	0	0	
5120		MAINTENANCE SICK & VAC	12,853		6	1	0	0	
5130		ELECTRIC	117,073	184,373	5	3	0	0	
5131		NATURAL GAS	29,197		5	3	0	0	
5132		HEATING & DEISEL OIL			5	3	0	0	
5133		WATER & SEWER	38,103		5	3	0	0	
5134		TRASH COLLECTION	21,169	187,710	6	3	0	0	
5140		PROPERTY PLANT REPLACEM	1,854	69,493	6	2	0	0	
5160		GENERAL REPAIR & MAINT	67,639		6	2	0	0	
5165		MAINTENANCE CONTRACTS	166,541		6	3	0	0	
5210		DIETARY WAGES	437,754	464,307	1	1	0	0	
5220		DIETARY SICK & VAC	26,553		1	1	0	0	
5240		DIETARY CONSULTANT	9,333	9,333	2	3	13	0	
5248		FOOD PURCHASES	401,374	398,995	2	2	0	0	
5250		SUPPLIES-DISHWASHING	6,431	30,852	1	2	0	0	
5260		DIETARY REPLACEMENT	4,511		1	2	0	0	
5270		KITCHEN SUPPLIES-PAPER	19,910		1	2	0	0	
5295		MEAL CREDIT	-2,379		2	2	0	0	
5310		LAUNDRY WAGES	128,842	137,619	4	1	0	0	
5340		LAUNDRY SICK & VAC	8,777		4	1	0	0	
5370		LAUNDRY REPLACEMENT	340	9,212	4	2	0	0	
5380		LAUNDRY REIMBURSEMENT			4	3	0	0	
5390		LAUNDRY SUPPLIES	8,872		4	2	0	0	
5410		HOUSEKEEPING WAGES	217,887	239,320	3	1	0	0	
5440		HOUSEKEEPING SICK & VAC	21,433		3	1	0	0	
5480		HOUSEKEEPING SUPPLIES	59,733	55,125	3	2	0	0	
5490		HOUSEKEEPING SUPPLIES-PPR	-4,608		3	2	0	0	
6010		RN WAGES-MEDICARE		3,755,959	10	1	0	0	
6020		RN WAGES-NON MEDICARE	746,682		10	1	0	0	
6030		DON WAGES	87,897		10	1	0	0	
6035		ADON	67,526		10	1	0	0	
6040		RN SICK & VACATION	45,264		10	1	0	0	
6110		LPN WAGES-MEDICARE	877,220		10	1	0	0	
6120		LPN WAGES-NON MEDICARE	0		10	1	0	0	
6130		LPN WAGES OTHER			10	1	0	0	
6140		LPN SICK & VACATION	40,467		10	1	0	0	
6210		AIDE WAGES-MEDICARE			10	1	0	0	
6220		AIDE WAGES-NON MEDICARE	1,725,870		10	1	0	0	
6230		WARD CLERKS			10	1	0	0	
6240		AIDE VACATION & SICK	98,035		10	1	0	0	
6245		CONTRACT NURSES-RN	66,853		10	3	0	0	
6246		CONTRACT NURSES-LPN	382,294		10	3	0	0	
6247		CONTRACT NURSES-AIDES	261,175		10	3	0	0	
6250		NURSE AIDE TRAINING WAGES	0	0	13	1	0	0	
6255		NURSE AID TRAINING EXP	0	0	13	2	0	0	
6260		NURSE AIDE TRAINING REIMB	0		0	0	0	0	
6270		REHAB WAGES	65,140		10	1	0	0	
6275		REHAB SICK & VAC	1,858		10	1	0	0	
6280		NURSING DEPT EDUCATION			23	3	0	0	
6290		NURSING SUPPLIES	49,876	454,983	10	2	0	0	
6295		NURSING SUPPLIES	400,932		10	2	0	0	
6390		REPLACEMENT-NURSING	4,175		10	2	0	0	
6490		NURSING OTHER	0	737,922	10	3	0	0	
7280		DRUG PURCHASES	1,219,496	1,219,496	39	2	0	0 ***	
7281		DRUG PURCHASES-OTHER	0		39	2			
7380		LABORATORY SERVICES	69,683	69,683	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	109,650	117,899	11	1	0	0	
7540		ACTIVITIES SICK & VAC	8,249		11	1	0	0	
7590		ACTIVITIES SUPPLIES	1,607	1,607	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	629,780	1,514,835	39	3	0	0 ***	
7660		PT SUPPLIES	0		39	2	0	0	
7710		SOCIAL SERVICE WAGES	96,786	102,929	12	1	0	0	
7720		SOCIAL SERVICE SICK & VAC	6,143		12	1	0	0	
7730		SOCIAL SERVICE EXPENSES	0	0	12	2	0	0	
7740		OT FEE	792,744		39	3	0	0 ***	
7750		SOCIAL THERAPIST FEE	0	0	12	3	0	0	
7770		SPEECH THERAPY FEE	92,311		39	3	0	0 ***	
7800		BEAUTICIAN WAGES		0	40	1	0	0	
7810		BEAUTICIAN SICK & VAC			40	1	0	0	
7820		BEAUTICIAN FEES	5,494	5,494	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	0	0	34	3	0	0	
8120		INTEREST EXPENSE	344,150	345,759	32	3	14	-54,726	
8130		DEPRECIATION	920,538	920,538	30	3	9	0	
8150		LOAN FEE AMORTIZATION	1,609		32	3	0	0	0
9510		INTEREST INCOME	-54,726		32	0	10	0	
9520		MISC NON-OPERATING INCOME	0		0	0	0	0	
9700		INCOME TAXES	1,759	1,759	0	0	0	-1,759	
			14,140,159	14,426,249					
				286,090					
GRAND TOTALS			2,748,045					-236,684	
			(NET INCOME)						
			0						

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 88

BALANCE SHEET TOTAL -857,251

1,009	1,009	CASH	279,770
1,100	1,100	ACCTS RECEI	3,126,082
1,101	1,101	ALLOW. FOR	(562,469)
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 INSU	13,758
1,220	1,220	OTHER PREPAID EXPENSES	
1,300	1,300	DIETARY INVE	79,701
1,310	1,310	SUPPLIES INVENTORY	
1,320	1,320	LINEN INVENTORY	
1,409	1,409	LAND	857,251
1,450	1,450	FURNITURE &	2,722,489
1,460			(1,938,987)
1,475	1,475	BUILDINGS	15,454,387
1,490	1,490	ACCUM DEPR	(6,273,049)
1,530	1,530	RESIDENT FU	41,227
1,550	1,550	LOAN FEES	1,668,127
1,551	1,551	INVEST IN RE	4,775,018
1,850	1,850	INTERCOMPA	(303,994)
2,010	2,010	ACCOUNTS P	(1,971,406)
2,100	2,095	BONUSES PAYABLE	
2,100	2,100	ACCRUED PA	0
2,100	2,100	PR CLEARING-BENEFITS	
2,100	2,100	PR CLEARING-LABOR	
2,110	2,110	ACCRUED PT	0
2,120	2,120	U.C. TAXES P	0
2,125	2,125	FICA TAXES P	0
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 GARNI	
2,300	2,300	ACCRUED INT	0
2,320	2,320	IPA PAYMENT	(42,257)
2,350	2,350	REAL ESTATE	(148,791)
2,385			0
2,400	2,400	CURRENT PORTION OF LT DEBT	
2,512	2,512	DUE TO RESI	(41,227)
2,600	2,600	LASALLE BAN	(6,907,512)
2,600			
2,625	2,625	BOS LOC	(1,375,000)
2,625			
2,695	2,695	CURRENT PORTION OF LT DEBT	
2,720	2,720	RETAINED EA	(12,201,163)
		net income	2,748,045
		balance	0

3,007	3,007	PATIENT DAYS-PI	9,540
3,007	3,007	PATIENT DAYS-IP	29,500
3,007	3,007	PATIENT DAYS-M	7,973
3,007			0
3,007			
3,007			
3,007			
3,010	3,010	BASIC CHARGE-P	(11,133,818)
3,020	3,020	BASIC CHARGE-II	0
3,030	3,030	BASIC CHARGE-M	0
3,040		ASSESSMENT	231,364
3,050			0
3,060			0
3,061			0
3,080	3,080	NURSING SUPPL-	(91,196)
3,081	3,081	NURSING SUPPLI	0
3,082	3,082	NURSING SUPPLI	0
3,083	3,083	NURSING SUPPLI	0
3,100	3,100	DRUGS-MEDICAR	(2,134,091)
3,101			0
3,110	3,110	PHYSICAL THERA	(4,888,431)
3,111			0
3,112	3,112	PHYSICAL THERA	0
3,113	3,113	PHYSICAL THERA	0
3,140	3,140	LABORATORY INCOME	
3,150			0
3,151			
3,152	3,152	ST/OT THERAPY-I	0
3,153	3,153	ST/OT THERAPY-I	0
3,160	3,185	REHAB/ISOLATION/OTHER CHG	
3,410	3,410	IPA/OTHER DISCO	0
3,411	3,411	MEDICARE PT B-D	0
3,420	3,420	MEDICARE DISCO	6,216,610
3,500			
3,520	3,520	RENT INCOME	0
3,530	3,530	BEAUTY SHOP	(5,129)
3,560			496
3,570	3,570	VENDING INCOME	(1,131)
3,590	3,590	EQUIPMENT REN	(27,135)
3,595	3,595	RESIDENT TRANS	65,758
3,600	3,600	MISC INCOME	(1,672)
4,110	4,110	G&A WAGES	575,054
4,111	4,111	ADMINISTRATOR	94,172
4,115	4,115	G&A PTO & RESE	52,214
4,120	4,120	EMPLOYEE BENE	21,469
4,121			0
4,130	4,130	EMPLOYEE SCHO	3,728
4,135	4,135	EMPLOYEE SCHO	6,034
4,250	4,250	OFFICE SUPPLIES	22,116
4,255	4,255	POSTAGE	2,530
4,260	4,260	TELEPHONE	56,760
4,275	4,275	TRAINING & EMPL	5,034
4,276			333
4,280	4,280	GENERAL TRAVE	1,986
4,281	4,281	MEAL EXPENSE F	0
4,285	4,285	EDUCATION/SEMI	767
4,289	4,289	MEETINGS EXPEN	32
4,290	4,290	HELP WANTED AD	10,039
4,291	4,291	PROMOTIONAL AI	21,689
4,292	4,292	PUBLIC RELATION	11,208
4,300	4,300	LICENSE & FEES	99,098
4,310	4,310	DUES & SUBSCRI	12,957
4,320	4,320	CONTRIBUTIONS	0
4,350	4,350	PROFESSIONAL F	64,210
4,355	4,355	MEDICAL DIRECT	111,936
4,362			0
4,363			27,600
4,364	4,364	SOCIAL SERV/ACT	3,470
4,370	4,370	TV RENTAL	8,677
4,383	4,383	BACKGROUND CH	8,374
4,390	4,390	OTHER TAXES	1,759
4,400	4,400	PAYROLL TAXES	471,389
4,401	4,401	PAYROLL TAXES	0
4,410	4,410	GROUP INSURAN	433,575
4,420	4,420	LIABILITY INSURA	78,925
4,430	4,430	WORKMAN'S COM	117,922
4,435	4,435	W/C-FIRST AID CL	0
4,436	4,436	DRUG TESTING M	7,853
4,450	4,450	MANAGEMENT FE	404,716
4,460	4,460	BAD DEBTS	90,000
4,461	4,461	BAD DEBTS	376,261
4,470	4,470	LOST ITEMS-RESI	1,369
4,475	4,475	UNIFORM EXP/PE	(4,355)
4,486	4,486	MIS -MAINT	109,455
4,490	4,490	MISC EXPENSE	2,105
4,496	4,496	MISC. M.I.S. EXPE	22,640
4,510	4,510	REAL ESTATE TA	161,091
4,600	4,600	LEASED EQUIPME	20,247
5,110	5,110	MAINTENANCE W	147,571
5,120	5,120	MAINTENANCE PT	12,853
5,130	5,130	ELECTRIC	117,073
5,131	5,131	NATURAL GAS	29,197
5,133	5,133	WATER & SEWER	38,103
5,134	5,134	TRASH COLLECTI	21,169
5,140	5,140	PROP/PLANT REP	1,854
5,160	5,160	GENERAL REPAIR	67,639
5,165	5,165	MAINTENANCE CO	57,086
5,210	5,210	DIETARY WAGES	437,754
5,220	5,220	DIETARY PTO & R	26,553
5,248	5,248	FOOD PURCHASE	399,269
5,250	5,250	SUPPLIES DISHW	6,431
5,260	5,260	REPLACEMENT-D	4,511
5,270	5,270	KITCHEN SUPPLIE	19,910
5,295	5,295	MEAL INCOME	(2,379)
5,310	5,310	LAUNDRY WAGES	128,842
5,340	5,340	LAUNDRY PTO & I	8,777
5,370	5,370	REPLACEMENT-L	340
5,380		DIETARY CONSUL	9,333
5,390	5,390	SUPPLIES	8,872
5,410	5,410	HOUSEKEEPING	217,887
5,440	5,440	HOUSEKEEPING F	21,433
5,480	5,480	SUPPLIES-CLEAN	59,733
5,490	5,490	SUPPLIES-HOUSE	(4,608)
6,020	6,020	RN WAGES	746,682
6,030	6,030	DON WAGES	87,897
6,035	6,035	ADON WAGES	67,526
6,040	6,040	RN PTO & RESER	45,264
6,120	6,120	LPN WAGES	877,220
6,140	6,140	LPN PTO & RESEI	40,467
6,220	6,220	AIDES WAGES	1,725,870
6,240	6,240	AIDES PTO & RES	98,035
6,245		RN REGISTRY	66,853
6,246		LPN REGISTRY	382,294
6,247		AIDES REGISTRY	261,175
6,250			0
6,255			0
6,260			0
6,270	6,270	REHAB WAGES	65,140
6,275	6,275	REHAB PTO & RE	1,858
6,290	6,290	NURSING SUPPLI	49,876
6,295	6,295	NURSING SUPPLI	400,932
6,390	6,390	REPLACEMENT-N	4,175
6,490	6,490	OTHER	0
7,280	7,280	DRUG PURCHASE	1,219,496
7,281	7,281	DRUG PURCHASE	0
7,380	7,380	LABORATORY SE	23,629
7,391	7,390	X-RAY SERVICES	22,937
7,393			23,117
7,510	7,510	ACTIVITIES WAGE	109,650
7,540	7,540	ACTIVITIES PTO &	8,249
7,590	7,590	ACTIVITIES SUPP	1,607
7,620	7,620	PHYSICAL THERA	629,780
7,660	7,660	P.T. SUPPLY - BIL	0
7,710	7,710	SOCIAL SERVICE	96,786
7,720	7,720	SOCIAL SERVICE	6,143
7,730	7,730	SOCIAL SERVICE-	0
7,740	7,740	OCCUPATIONAL T	792,744
7,750			
7,770	7,770	SPEECH THERAP	92,311
7,820	7,820	BEAUTICIAN FEE	5,494
7,890			0
7,960			0
8,120	8,120	INTEREST	344,150
8,125			0
8,130	8,130	DEPRECIATION	920,538
8,150			1,609
9,510	9,510	INTEREST INCOM	(54,726)
9,520	9,520	MISC NON-OPERA	0
9,530	4,220		0
	8,100		0
	9,702		0
	5,230		0
			2,748,045

Expenses Fixed Assets 0

G/L RECAP CENSUS

Heritage Manor - Springfield
IDPH ID# 41699
HFS Cost Report - December 31, 2018
Schedule V - Column 5 Reclassifications

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

Line Item		
Purchased Drugs and Medications	$	1,219,496
Purchased Hospital Services		23,117
Purchased Laboratory Services		23,629
Purchased Radiology Services		22,937
Amount Reclassified to Line 39	$	1,289,179

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

Line Item		
Provider Participation Fee - $1.50	$	(97,455)
Provider Assesment Fee - $6.07		(231,364)
		(328,819)
Provider Participation Fee - Line 42		328,819