



Facility Name & ID Number Heritage Health Jacksonville

# 0048918 Report Period Beginning: 01/01/15 Ending: 12/31/15

**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	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	185	Skilled (SNF)	185	67,525	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	24	Sheltered Care (SC)	24	8,760	5
6		ICF/DD 16 or Less			6
7	209	TOTALS	209	76,285	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	28,534	20,005	5,364	53,903	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC	1,379	3,000	0	4,379	12
13	DD 16 OR LESS					13
14	TOTALS	29,913	23,005	5,364	58,282	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.40%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES  NO

I. On what date did you start providing long term care at this location?

Date started July 2007

J. Was the facility purchased or leased after January 1, 1978?

YES  Date \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?

YES  NO  If YES, enter number of beds certified \_\_\_\_\_ and days of care provided 5,364

Medicare Intermediary WPS

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

Is your fiscal year identical to your tax year? YES  NO

Tax Year: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

\* All facilities other than governmental must report on the accrual basis.

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	533,939	19,572		553,511		553,511	11,150	564,661		1
2	Food Purchase		445,424		445,424		445,424	65	445,489		2
3	Housekeeping	220,852	41,989		262,841		262,841	81	262,922		3
4	Laundry	122,587	19,321		141,908		141,908		141,908		4
5	Heat and Other Utilities			238,474	238,474		238,474	2,895	241,369		5
6	Maintenance	141,148	182,963	115,471	439,582		439,582	34,106	473,688		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>1,018,526</b>	<b>709,269</b>	<b>353,945</b>	<b>2,081,740</b>		<b>2,081,740</b>	<b>48,297</b>	<b>2,130,037</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	3,550,485	256,409	12,205	3,819,099		3,819,099	(26,664)	3,792,435		10
10a	Therapy		944,133	1,564,945	2,509,078	(974,585)	1,534,493		1,534,493		10a
11	Activities	135,474	4,205		139,679		139,679		139,679		11
12	Social Services	82,365	57	6,113	88,535		88,535		88,535		12
13	CNA Training							1,985	1,985		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>3,768,324</b>	<b>1,204,804</b>	<b>1,595,263</b>	<b>6,568,391</b>	<b>(974,585)</b>	<b>5,593,806</b>	<b>(24,679)</b>	<b>5,569,127</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	102,099			102,099		102,099		102,099		17
18	Directors Fees										18
19	Professional Services			535,116	535,116		535,116	(492,442)	42,674		19
20	Dues, Fees, Subscriptions & Promotions			159,552	159,552	(101,288)	58,264	(9,704)	48,560		20
21	Clerical & General Office Expenses	354,992	30,983	33,353	419,328		419,328	667,216	1,086,544		21
22	Employee Benefits & Payroll Taxes			1,194,435	1,194,435		1,194,435	99,636	1,294,071		22
23	Inservice Training & Education			10,226	10,226		10,226	1,849	12,075		23
24	Travel and Seminar			5,509	5,509		5,509	(510)	4,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			109,278	109,278		109,278	28,858	138,136		26
27	Other (specify):* <b>Lost resident items</b>			6,028	6,028		6,028	(4,800)	1,228		27
28	<b>TOTAL General Administration</b>	<b>457,091</b>	<b>30,983</b>	<b>2,053,497</b>	<b>2,541,571</b>	<b>(101,288)</b>	<b>2,440,283</b>	<b>290,103</b>	<b>2,730,386</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>5,243,941</b>	<b>1,945,056</b>	<b>4,002,705</b>	<b>11,191,702</b>	<b>(1,075,873)</b>	<b>10,115,829</b>	<b>313,721</b>	<b>10,429,550</b>		<b>29</b>

\*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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation							359,987	359,987			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			62,234	62,234		62,234	132,536	194,770			32
33	Real Estate Taxes							96,706	96,706			33
34	Rent-Facility & Grounds			1,038,060	1,038,060		1,038,060	(1,026,116)	11,944			34
35	Rent-Equipment & Vehicles			30,547	30,547		30,547	16,646	47,193			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,130,841	1,130,841		1,130,841	(420,241)	710,600			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					974,585	974,585	(63,509)	911,076			39
40	Barber and Beauty Shops		737	40,565	41,302		41,302		41,302			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					101,288	101,288		101,288			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		737	40,565	41,302	1,075,873	1,117,175	(63,509)	1,053,666			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,243,941	1,945,793	5,174,111	12,363,845		12,363,845	(170,029)	12,193,816			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number Heritage Health Jacksonville

# 0048918

Report Period Beginning: 01/01/15

Ending: 12/31/15

**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.)**

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer-</b>	<b>BHF USE</b>	
			<b>ence</b>	<b>ONLY</b>	
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	(7,327)			10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(14,413)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,723)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(4,800)			24
25	Fund Raising, Advertising and Promotional	(25,150)			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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (53,413)		\$	30

<b>BHF USE ONLY</b>					
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	2	
		<b>Amount</b>	<b>Reference</b>	
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)	(116,616)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (116,616)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (170,029)		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	2	3	4
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>
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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

Heritage Health Jacksonville

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Report Period Beginning: 01/01/15

Ending: 12/31/15

Sch. V Line Reference

NON-ALLOWABLE EXPENSES

Amount

Reference

1		\$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15		0	33	15
16			24	16
17		0	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(1,723)	19	22
23				23
24		(4,800)	27	24
25		(25,150)	20	25
26				26
27		0	22	27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(31,673)	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health Jacksonville# 0048918

Report Period Beginning:

01/01/15

Ending:

12/31/15

## 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	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	11,150	0	0	0	0	0	0	0	0	11,150	1
2	Food Purchase	0	0	65	0	0	0	0	0	0	0	0	65	2
3	Housekeeping	0	0	81	0	0	0	0	0	0	0	0	81	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,895	0	0	0	0	0	0	0	0	2,895	5
6	Maintenance	0	0	34,106	0	0	0	0	0	0	0	0	34,106	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>0</b>	<b>0</b>	<b>48,297</b>	<b>0</b>	<b>48,297</b>	<b>8</b>							
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	(27,978)	1,314	0	0	0	0	0	0	0	0	(26,664)	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	1,985	0	0	0	0	0	0	0	0	1,985	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	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>(27,978)</b>	<b>3,299</b>	<b>0</b>	<b>(24,679)</b>	<b>16</b>							
	<b>C. General Administration</b>													
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	(1,723)	(530,754)	40,035	0	0	0	0	0	0	0	0	(492,442)	19
20	Fees, Subscriptions & Promotions	(25,150)	0	15,446	0	0	0	0	0	0	0	0	(9,704)	20
21	Clerical & General Office Expenses	0	0	667,216	0	0	0	0	0	0	0	0	667,216	21
22	Employee Benefits & Payroll Taxes	0	0	99,636	0	0	0	0	0	0	0	0	99,636	22
23	Inservice Training & Education	0	(250)	2,099	0	0	0	0	0	0	0	0	1,849	23
24	Travel and Seminar	(14,413)	0	13,903	0	0	0	0	0	0	0	0	(510)	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	28,858	0	0	0	0	0	0	0	0	28,858	26
27	Other (specify):*	(4,800)	0	0	0	0	0	0	0	0	0	0	(4,800)	27
28	<b>TOTAL General Administration</b>	<b>(46,086)</b>	<b>(531,004)</b>	<b>867,193</b>	<b>0</b>	<b>290,103</b>	<b>28</b>							
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(46,086)</b>	<b>(558,982)</b>	<b>918,789</b>	<b>0</b>	<b>313,721</b>	<b>29</b>							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health Jacksonville

# 0048918

Report Period Beginning:

01/01/15 Ending:

12/31/15

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

	Capital Expense	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)	
	<b>D. Ownership</b>													
30	Depreciation	0	319,004	0	40,983	0	0	0	0	0	0	0	359,987	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7,327)	139,992	0	(129)	0	0	0	0	0	0	0	132,536	32
33	Real Estate Taxes	0	96,706	0	0	0	0	0	0	0	0	0	96,706	33
34	Rent-Facility & Grounds	0	(1,038,060)	0	11,944	0	0	0	0	0	0	0	(1,026,116)	34
35	Rent-Equipment & Vehicles	0	0	0	16,646	0	0	0	0	0	0	0	16,646	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(7,327)</b>	<b>(482,358)</b>	<b>0</b>	<b>69,444</b>	<b>0</b>	<b>(420,241)</b>	<b>37</b>						
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	(63,509)	0	0	0	0	0	0	0	0	0	(63,509)	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>(63,509)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(63,509)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(53,413)</b>	<b>(1,104,849)</b>	<b>918,789</b>	<b>69,444</b>	<b>0</b>	<b>(170,029)</b>	<b>45</b>						

**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
<a href="#">Heritage Enterprises, Inc.</a>	100	<a href="#">Attached Following This Page</a>		<a href="#">Heritage Operations Group</a>	<a href="#">Bloomington</a>	<a href="#">Mgmt. Services</a>
				<a href="#">Green Tree Pharmacy</a>	<a href="#">Minonk</a>	<a href="#">Pharmacy</a>

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	10 <a href="#">Adjustment for Related Organization</a>	\$	<a href="#">GreenTree Pharmacy</a>	0.00%	\$ (27,978)	\$ (27,978)	1
2	V	23 <a href="#">Adjustment for Related Organization</a>		<a href="#">GreenTree Pharmacy</a>	0.00%	(250)	(250)	2
3	V	39 <a href="#">Adjustment for Related Organization</a>		<a href="#">GreenTree Pharmacy</a>	0.00%	(63,509)	(63,509)	3
4	V	19 <a href="#">Adjustment for Related Organization</a>	530,754	<a href="#">Heritage Operations Group, LLC</a>	0.00%		(530,754)	4
5	V							5
6	V	34 <a href="#">Adjustment for Related Organization</a>	1,038,060	<a href="#">Heritage Manor Real Estate, LLC</a>	0.00%		(1,038,060)	6
7	V	33 <a href="#">Adjustment for Related Organization</a>		<a href="#">Heritage Manor Real Estate, LLC</a>		96,706	96,706	7
8	V	32 <a href="#">Adjustment for Related Organization</a>		<a href="#">Heritage Manor Real Estate, LLC</a>		135,219	135,219	8
9	V	30 <a href="#">Adjustment for Related Organization</a>		<a href="#">Heritage Manor Real Estate, LLC</a>		319,004	319,004	9
10	V	32 <a href="#">Adjustment for Related Organization</a>		<a href="#">Heritage Manor Real Estate, LLC</a>		4,773	4,773	10
11	V							11
12	V							12
13	V							13
14	<b>Total</b>		\$ 1,568,814			\$ 463,965	\$ * (1,104,849)	14

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

**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.  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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$	Heritage Enterprises, Inc.		\$	\$ 11,150	15
16	V	2 Food Purchase					65	16
17	V	3 Housekeeping					81	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					2,895	19
20	V	6 Maintenance					34,106	20
21	V	7 Other					0	21
22	V	9 Medical Director					0	22
23	V	10 Nursing & Medical Records					1,314	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					1,985	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					40,035	31
32	V	20 Fees, Subscription, Promotions					15,446	32
33	V	21 Clerical & General Office Expenses					667,216	33
34	V	22 Employee Benefits & Payroll Taxes					99,636	34
35	V	23 Inservice Training & Education					2,099	35
36	V	24 Travel and Seminar					13,903	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					28,858	38
39	<b>Total</b>		\$			\$	0	\$ * 918,789 39

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

**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.  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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:			
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
15	V	27 Other	\$	Heritage Enterprises, Inc.		\$	\$	0	15	
16	V	30 Depreciation						40,983	16	
17	V	31 Amortization of Pre-Op & Org						0	17	
18	V	32 Interest						(129)	18	
19	V	33 Real Estate Taxes						0	19	
20	V	34 Rent-Facility & Grounds						11,944	20	
21	V	35 Rent-Equipment & Vehicles						16,646	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	<b>Total</b>		\$			\$	0	\$ *	69,444	39

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 01/01/15 Ending: 12/31/15

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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference
						Hours	Percent	Description	Amount	
1	Heritage Enterprises Inc.	Sole Member		100.00					\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Heritage Health Jacksonville

# 0048918

Report Period Beginning:

01/01/15

Ending: 12/31/15

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  NO

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary	Beds	2,835	27	\$ 151,240	\$ 150,308	209	\$ 11,150	1
2	2	Food Purchase	Beds	2,835	27	878	0	209	65	2
3	3	Housekeeping	Beds	2,835	27	1,094	0	209	81	3
4	4	Laundry	Beds	2,835	27	0	0	209	0	4
5	5	Heat & Other Utilities	Beds	2,835	27	39,264	0	209	2,895	5
6	6	Maintenance	Beds	2,835	27	462,630	80,387	209	34,106	6
7	7	Other	Beds	2,835	27	0	0	209	0	7
8	9	Medical Director	Beds	2,835	27	0	0	209	0	8
9	10	Nursing & Medical Records	Beds	2,835	27	17,825	16,766	209	1,314	9
10	11	Activities	Beds	2,835	27	0	0	209	0	10
11	12	Social Service	Beds	2,835	27	0	0	209	0	11
12	13	Nurse Aide Training	Beds	2,835	27	26,928	26,075	209	1,985	12
13	14	Program Transportation	Beds	2,835	27	0	0	209	0	13
14	15	Other	Beds	2,835	27	0	0	209	0	14
15	17	Administrative	Beds	2,835	27	0	0	209	0	15
16	18	Directors Fees	Beds	2,835	27	0	0	209	0	16
17	19	Professional Services	Beds	2,835	27	543,062	0	209	40,035	17
18	20	Fees, Subscription, Promotions	Beds	2,835	27	209,523	0	209	15,446	18
19	21	Clerical & General Office Expens	Beds	2,835	27	9,050,509	8,564,147	209	667,216	19
20	22	Employee Benefits & Payroll Tax	Beds	2,835	27	1,351,528	0	209	99,636	20
21	23	Inservice Training & Education	Beds	2,835	27	28,468	0	209	2,099	21
22	24	Travel and Seminar	Beds	2,835	27	188,595	0	209	13,903	22
23	25	Other Admin. Staff Transportatio	Beds	2,835	27	0	0	209	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,835	27	391,443	0	209	28,858	24
25	TOTALS					\$ 12,462,987	\$ 8,837,683		\$ 918,789	25

Facility Name & ID Number Heritage Health Jacksonville

# 0048918

Report Period Beginning:

01/01/15

Ending: 12/31/15

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  NO

Name of Related Organization

See Pg 8

Street Address

City / State / Zip Code

Phone Number

( )

Fax Number

( )

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	27	Other	Beds	2,835	27	\$	\$	209	\$	1
2	30	Depreciation	Beds	2,835	27	555,915	209	40,983		2
3	31	Amortization of Pre-Op & Org	Beds	2,835	27		209			3
4	32	Interest	Beds	2,835	27	(1,746)	209	(129)		4
5	33	Real Estate Taxes	Beds	2,835	27		209			5
6	34	Rent-Facility & Grounds	Beds	2,835	27	162,022	209	11,944		6
7	35	Rent-Equipment & Vehicles	Beds	2,835	27	225,798	209	16,646		7
8	36	Other	Beds	2,835	27		209			8
9	38	Medically Nec Transportation	Beds	2,835	27		209			9
10	39	Ancillary Service Centers	Beds	2,835	27		209			10
11	40	Barber and Beauty Shops	Beds	2,835	27		209			11
12	41	Coffee and Gift Shops	Beds	2,835	27		209			12
13	42	Other	Beds	2,835	27		209			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				\$ 941,989	\$		\$ 69,444		25

Facility Name & ID Number

Heritage Health Jacksonville

# 0048918

Report Period Beginning:

01/01/15

Ending:

12/31/15

**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	Name of Lender	2		3	4	5	6		8	9	10						
		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			
<b>A. Directly Facility Related</b>																	
<b>Long-Term</b>																	
1	Bank of America		x	Mortgage			\$	\$			\$ 135,219						
2	Bank of America		x	Loan Fee Amortization							4,773						
3																	
4																	
5																	
<b>Working Capital</b>																	
6	Bank of America		x	Working Capital							62,234						
7																	
8																	
9	<b>TOTAL Facility Related</b>						\$	\$			\$ 202,226						
<b>B. Non-Facility Related*</b>																	
10	Interest Income										(7,327)						
11																	
12	Allocated Corporate										(129)						
13																	
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (7,456)						
15	<b>TOTALS (line 9+line14)</b>						\$	\$			\$ 194,770						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ 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.)

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>																	
1. Real Estate Tax accrual used on 2014 report.		\$			1														
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<b>96,706</b>		2														
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>96,706</b>		3														
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$			4														
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			6														
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>96,706</b>		7														
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2010	_____	8	<table border="1"> <tr> <td colspan="2" style="text-align: center;"><b>FOR BHF USE ONLY</b></td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2014 \$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td>16</td> </tr> </table>		<b>FOR BHF USE ONLY</b>		13	FROM R. E. TAX STATEMENT FOR 2014 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
<b>FOR BHF USE ONLY</b>																			
13	FROM R. E. TAX STATEMENT FOR 2014 \$	13																	
14	PLUS APPEAL COST FROM LINE 5 \$	14																	
15	LESS REFUND FROM LINE 6 \$	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																	
	2011	<b>90,521</b>	9																
	2012	<b>90,561</b>	10																
	2013	<b>93,709</b>	11																
	2014	<b>96,706</b>	12																

**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.**

## 2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health Jacksonville COUNTY Morgan

FACILITY IDPH LICENSE NUMBER 48918

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 2014 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 2014.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>0920308003</u>	_____	\$ <u>127,244.70</u>	\$ <u>96,706.00</u>
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		<b>TOTALS</b>	\$ <u><u>127,244.70</u></u>	\$ <u><u>96,706.00</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

**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.**

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 34,102 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 2

C. Does the Operating Entity?  (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?  (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).

Apartments/cottages located on adjacent property. Costs are separated with exception of real estate tax bill  
Allocation has been made and is shown in a separate schedule to this report

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$ <u>100,000</u>	1
2					2
3	TOTALS			\$ <u>100,000</u>	3

**XI. OWNERSHIP COSTS (continued)**

**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	209	2005		\$ 3,295,725	\$		\$	\$	4
5									5
6									6
7									7
8									8
<b>Improvement Type**</b>									
9	Facility Sign		2005	1,050					9
10	Dietary cabinets		2005	5,864					10
11	Ansul system		2005	1,600					11
12	Heat detectors		2005	1,777					12
13	Door system		2005	17,554					13
14	A/C units		2005	10,456					14
15									15
16	Computer wiring		2005	1,280					16
17	A/C compressor		2005	2,849					17
18	Shelter care remodel-- paint, flooring, wallpaper		2006	225,040					18
19	landscapping		2006	2,262					19
20	Boiler		2006	2,580					20
21	Heat/cool units		2006	9,517					21
22	Fire alarm		2006	2,097					22
23	Roof		2006	145,352					23
24	Door system		2006	414					24
25	Mixing Valve		2006	5,060					25
26	Hutton Hall remodel (Shelter Care) -- Window treatments, painting		2006	31,147					26
27	sump pump		2006	2,001					27
28	2006 audit adjustment		2006	(78,685)					28
29									29
30									30
31									31
32									32
33	C/O Allocation				40,983		40,983		33
34	Book Depreciation				257,797		257,797		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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Backflow preventer	2007	\$ 3,501	\$		\$	\$	\$	37
38	Shower/faucet	2007	875						38
39	Air Handler	2007	5,215						39
40	HVAC	2007	20,152						40
41	Tree removal	2007	9,491						41
42	Valance	2007	581						42
43	Younkin corridor remodel -- paint	2007	16,420						43
44	Trane compressor	2007	2,841						44
45	Elevator	2007	68,750						45
46	Parking lot	2007	10,570						46
47	Aufit Adjustment	2007	(38,621)						47
48									48
49									49
50									50
51									51
52	Nurse Call System	2008	286,152						52
53	Mechanical systems	2008	12,996						53
54	Condensing Unit	2008	17,965						54
55	Laundry plumbing	2008	12,671						55
56	Heat / Cool units	2008	24,201						56
57	Fire Panel	2008	7,378						57
58	Water Heater	2008	5,272						58
59	Kitchen Air Handler	2008	26,187						59
60	Condensing Unit	2008	4,069						60
61	Wireless Phone system	2008	41,983						61
62	Cables-nurse call	2008	21,185						62
63	Resident Phones	2008	10,081						63
64	Audit Adjustment	2008	2,254						64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 4,257,109	\$ 298,780		\$ 298,780	\$	\$	70

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 4,257,109	\$ 298,780		\$ 298,780	\$	\$	1
2	Compressor	2009	2,516						2
3	Condensing Unit	2009	16,946						3
4	Boiler Replacement	2009	10,434						4
5	Roof	2009	8,393						5
6	HVAC units	2009	5,735						6
7	Firewall	2009	6,951						7
8	HVAC units	2009	5,106						8
9	Laundry plumbing	2009	7,351						9
10	Sewer ejector	2009	5,189						10
11	Dinning room paint, flooring & labor	2009	55,148						11
12	Cabling	2009	10,874						12
13	Laundry plumbing	2009	7,015						13
14									14
15	Roof Repair	2010	10,654						15
16	heat/cool units	2010	11,449						16
17	Driveway sealant	2010	3,800						17
18	Wanderguard	2010	3,099						18
19	Furnace	2010	4,095						19
20	Carpet	2010	3,523						20
21	Dinning room paint, flooring & labor	2010	53,752						21
22	Boiler Replacement	2010	25,619						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)		\$ 4,514,758	\$ 298,780		\$ 298,780	\$	\$	34

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 4,514,758	\$ 298,780		\$ 298,780	\$	\$	1
2									2
3	Islandaire stystem	2011	8,122						3
4	PTAC units	2011	21,011						4
5	44 windows	2011	73,900						5
6	roof	2011	8,393						6
7	boiler	2011	19,466						7
8	sign	2011	12,169						8
9	Technology system	2011	22,503						9
10	walk-in cooler	2011	9,893						10
11	furnace	2011	7,952						11
12	Sprinkler system	2011	27,872						12
13									13
14	Technology system	2012	6,347						14
15	Physical Therapy room rehab : Paint, floors labor	2012	164,844						15
16	Boiler	2012	4,397						16
17	Compressor	2012	3,299						17
18	Nurse Call System	2012	15,854						18
19	Condensing Unit	2012	8,079						19
20	Flooring	2012	3,818						20
21									21
22	Lighting Retrofit	2013	7,286						22
23	Elevator Floor Replacement	2013	7,682						23
24	Elevator Door Restrictors	2013	16,400						24
25	PTAC units	2013	12,195						25
26	Roof Replacement	2013	53,982						26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,030,222	\$ 298,780		\$ 298,780	\$	\$	34

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 5,030,222	\$ 298,780		\$ 298,780	\$	\$	1
2	Furnace Replacement-Dining Room System	2014	7,036						2
3	Cabling and Electrical - Point of Care Kiosks	2014	10,201						3
4	Install (18) PTAC Units	2014	25,140						4
5	Install New Compressor	2014	7,270						5
6	Replaced Furnace, Condensor, and Humidifier	2014	5,048						6
7	Replaced Water Heater	2014	10,494						7
8	Replace Kitchen Door	2014	3,942						8
9	Install Improvements to (4) Passenger Elevators	2014	26,423						9
10									10
11									11
12	Upgraded 7.5 ton and 10 ton compressors	2015	9,419						12
13	Installed new oil pump on 30 ton comprssor	2015	5,082						13
14	Replaced sewer pipe	2015	2,924						14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,143,201	\$ 298,780		\$ 298,780	\$	\$	34

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

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	\$ 1,359,540	\$ 55,245	\$ 55,245	\$		\$	71
72	Current Year Purchases	93,764						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,453,304	\$ 55,245	\$ 55,245	\$		\$	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		2014 Dodge Grand Caravan	2014	\$ 41,736	\$ 5,962	\$ 5,962	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$ 41,736	\$ 5,962	\$ 5,962	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 6,738,241	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 359,987	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 359,987	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Heritage Health Jacksonville

# 0048918

Report Period Beginning: 01/01/15

Ending: 12/31/15

**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

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. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2017 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2018 \$ \_\_\_\_\_

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: \_\_\_\_\_ \*

**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: \$ 30,547

Description: Televisions and copiers

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

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

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

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

Facility Name & ID Number Heritage Health Jacksonville # 0048918 Report Period Beginning: 01/01/15 Ending: 12/31/15  
**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.)

<p><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p><b>2. CLASSROOM PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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**

<b>COMPLETED</b>		
1. From this facility		
2. From other facilities (f)		
<b>DROP-OUTS</b>		
1. From this facility		
2. From other facilities (f)		
<b>TOTAL TRAINED</b>		

- (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.

**XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)**

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist		hrs	\$			\$ 614,266	\$		\$ 614,266	1
2	Licensed Speech and Language Development Therapist		hrs				157,166			157,166	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist		hrs				761,290	1,771		763,061	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy		# of prescripts					942,362		942,362	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify):						32,223			32,223	13
14	<b>TOTAL</b>			\$			\$ 1,564,945	\$ 944,133		\$ 2,509,078	14

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

Facility Name & ID Number Heritage Health Jacksonville

# 0048918

Report Period Beginning: 01/01/15

Ending:

12/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 300	\$	1
2	Cash-Patient Deposits	10,611		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	1,906,124		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	24,582		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(2,836,868)		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ (895,251)	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ (895,251)	\$	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 757,864	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,611		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	395,026		30
31	Accrued Taxes Payable (excluding real estate taxes)	8,767		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Bed Tax</u>	49,234		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,221,502	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	4,100		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 4,100	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 1,225,602	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (2,120,853)	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ (895,251)	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(2,031,524)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(2,031,524)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(89,329)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(89,329)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(2,120,853)</b>	<b>24</b> *

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

**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.

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 9,590,520	1
2	Discounts and Allowances for all Levels	(4,888,017)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 4,702,503</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,101,315	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 5,101,315</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	2,102	12
13	Barber and Beauty Care	48,612	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,811,234	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	60,404	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,922,352</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	7,327	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 7,327</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28			28
28a	<u>SC &amp; Apts</u>	541,019	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 541,019</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 12,274,516</b>	<b>30</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,081,740	31
32	Health Care	6,568,391	32
33	General Administration	2,541,571	33
<b>B. Capital Expense</b>			
34	Ownership	1,130,841	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	41,302	35
36	Provider Participation Fee		36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 12,363,845</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(89,329)</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (89,329)</b>	<b>43</b>

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	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$</b>	<b>49</b>

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? \_\_\_\_\_ If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Heritage Health Jacksonville

# 0048918

Report Period Beginning:

01/01/15

Ending:

12/31/15

**XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,811	1,906	\$ 68,614	\$ 36.00	1
2	Assistant Director of Nursing	1,845	1,942	48,389	24.92	2
3	Registered Nurses	21,533	22,666	638,830	28.18	3
4	Licensed Practical Nurses	35,388	37,251	857,574	23.02	4
5	CNAs & Orderlies	135,913	143,066	1,872,548	13.09	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,589	3,778	64,530	17.08	8
9	Activity Director					9
10	Activity Assistants	9,873	10,393	135,474	13.04	10
11	Social Service Workers	3,647	3,839	82,365	21.45	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	41,501	43,685	533,939	12.22	15
16	Dishwashers					16
17	Maintenance Workers	8,598	9,501	141,148	14.86	17
18	Housekeepers	20,678	21,766	220,852	10.15	18
19	Laundry	11,079	11,662	122,587	10.51	19
20	Administrator	1,976	2,080	102,099	49.09	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	16,306	17,164	354,992	20.68	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)	313,737	330,699	\$ 5,243,941 *	\$ 15.86	34

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

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$ 0		35
36	Medical Director	12,000		36
37	Medical Records Consultant	2,135		37
38	Nurse Consultant			38
39	Pharmacist Consultant	10,070		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	6,113		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 30,318		49

**C. CONTRACT NURSES**

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

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Michael Schneider			\$ 102,099	Workers' Compensation Insurance	\$ 111,274	IDPH License Fee	\$	
				Unemployment Compensation Insurance	60,032	Advertising: Employee Recruitment	13,576	
				FICA Taxes	401,161	Health Care Worker Background Check (Indicate # of checks performed _____)	3,265	
				Employee Health Insurance	581,215	Patient Background Checks		
				Employee Meals		PR	6,394	
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	19,024	
				Other Benefits	40,753	License & Fees	5,672	
				Central Office Allocation	99,636	Central Office Allocation	15,446	
						Less: Public Relations Expense	(6,394)	
						Non-allowable advertising	(8,423)	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 102,099	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,294,071	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 48,560	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
								4,923
								32
							Seminar Expense	554
								(510)
							Entertainment Expense	( )
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 4,999
C. Professional Services								
Vendor/Payee	Type	Amount						
Heritage Operations Group	Mgt	\$ 530,803						
ADP	Payroll tax processing	1,335						
Consova Corp	HR consulting	1,255						
Legal adj to Zero		1,723						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		\$ 535,116						

\* Attach copy of IMRF notifications

\*\*See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Heritage Health Jacksonville# 0048918

Report Period Beginning:

01/01/15

Ending:

12/31/15**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. HCCI
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 7 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,000 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 101,288  
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. \$ 5,776
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 100%  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Sulaski & Webb
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. None claimed  
Attach invoices and a summary of services for all architect and appraisal fees.

Account Number	Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg Adjustment Line #	Amount
1009	PETTY CASH	300				1,009	1,009 PETTY C 300
1010	CASH IN BANK					1,100	1,100 ACCTS R 1,993,146
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. (87,022)
1100	ACCOUNTS RECEIVABLE	1,906,124				1,110	1,110 ACCTS RECEIV-M/C
1110	MEDICARE RECEIVABLES					1,125	1,125 ACCTS RECEIV-IPA
1125	IPA INCOME RECEIVABLE					1,135	1,135 ACCTS RECEIV-IC
1130	MEDICARE COST REPORT					1,140	1,140 UNAPPLIED CASH RECEIPTS
1135	ACCOUNTS RECEIVABLE-IC					1,145	1,145 A/R SUSPENSE-REFUNDS
1140	UNAPPLIED CASH RECEIPTS					1,200	1,200 PREPAID 24,582
1145	A/R SUSPENSE-REFUNDS					1,220	1,220 OTHER PREPAID EXPENSES
1190	ACCRUED INTEREST REC					1,300	1,300 DIETARY INVENTORY
1200	PREPAID INSURANCE	24,582				1,310	1,310 SUPPLIES INVENTORY
1220	OTHER PREPAID EXPENSES					1,320	1,320 LINEN INVENTORY
1300	FOOD INVENTORY					1,409	1,409 LAND 0
1310	SUPPLIES INVENTORY					1,450	1,450 FURNITU 0
1409	LAND	0				1,460	0
1450	FURNITURE & EQUIPMENT	0				1,475	1,475 CODE AI 0
1460	ACCUM DEPR-FURN & EQU	0				1,490	1,490 ACCUM] 0
1475	BUILDING & IMPROVEMEN	0				1,530	1,530 RESIDEN 10,611
1490	ACCUM DEPR-BUILDING	0				1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	10,611				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0				1,850	1,850 INTERCC (2,836,868)
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (746,616)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-2,836,868				2,100	2,100 ACCRUE (74,260)
2010	ACCOUNTS PAYABLE	-746,616	-757,864			2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-74,260				2,110	2,110 ACCRUE (320,766)
2110	ACCRUED VACATION PAY	-320,766				2,120	2,120 U.C. TAX 0

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(8,767)	
2125	FICA TAX PAYABLE	-8,767	-8,767	2,130	2,130 FEDERAL W/H TAX PAYABLE		
2130	FIT PAYABLE			2,140	2,140 STATE W/H TAX PAYABLE		
2140	STATE W/H PAYABLE		0	2,152	2,152 WORKERS COMP ACCRUAL		
2145	EARNED INCOME CREDIT			2,225	2,225 EMPLOYEE INSURANCE REF		
2150	UC FED CREDIT REDUCTION			2,230	2,230 PAYROLL SAVINGS		
2230	PAYROLL SAVINGS			2,235	2,240 UNITED FUND		
2235	IRA W/HOLDINGS			2,240	2,246 GROUP INSURANCE - CAFETE		
2240	UNITED WAY			2,246	2,250 401K W/F		
2245	GROUP INSURANCE PAYABLE			2,250			
2246	GROUP INSURANCE PAYABLE-CAFETERIA			2,260	2,260 WAGE GARNISHMENT		
2260	WAGE GARNISHMENTS			2,300	2,300 ACCRUE	0	
2280	MISC PAYROLL DEDUCTIONS			2,320	2,320 IPA PAYM	(49,234)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		(11,248)	
2320	IPA PAYMENTS PAYABLE	-49,234		2,400	2,400 CURRENT PORTION OF LT DEB		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO 1	(10,611)	
2385	ACTIVITY FUND	0		2,600	2,600 LASALLI	(4,100)	
2390	SECURITY DEPOSITS	-11,248		2,600			
2391	VOLUNTEER FUND			2,625	2,625 LASALLE CONSTR. LOAN #2		
2393	HEART FUND/BAZAAR			2,625		0	
2395	DEFERRED INC EMP & MEM			2,695	2,695 CURRENT PORTION OF LT DEB		
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINED	2,031,524	
2460	INCOME TAXES PAYABLE				net income	89,329	
2512	DUE TO RESIDENTS	-10,611					
2600	MORTGAGE PAYABLE	-4,100					
2650	EQUIPMENT LOAN PAYABLE				balance	<u>0</u>	
2695	CURRENT PORTION LT DEBT						
2696	DEFERRED INCOME TAXES						
2710	COMMON STOCK						
2720	RETAINED EARNINGS	2,031,524					
2970	PROFIT/LOSS FOR PERIOD	89,329					
3007.1	PATIENT DAYS-PRIVATE	20,005					3,007

3007.2	PATIENT DAYS-IPA	28,534						3,007
3007.3	PATIENT DAYS-MEDICARE	5,364						3,007
3007.4	PATIENT DAYS-CONVERSION							3,007
3007.5	PATIENT DAYS-LICENSED							3,007
3007.6	PATIENT DAYS-TOTAL							3,007
3010	1 BASIC CHARGE-PRIVATE &	-9,493,135	0	0	0	0		3,007
3015	1 PRIVATE ASSESSMENT TAX INCOME		0	0	0	0		3,010
3020	1 BASIC CHARGE-IPA	0	0	0	0	0		3,020
3030	1 BASIC CHARGE-MEDICARI	0	0	0	0	0		3,030
3035	4 DAY CARE/HOME CARE		0	0	0	0		3,040
3040	1 LIGHT NURSING CARE	0	0	0	0	0		3,050
3050	1 MEDIUM NURSING CARE		0	0	0	0		3,060
3060	1 HEAVY NURSING CARE		0	0	0	0		3,061
3061	1 SKILLED NURSING CARE							3,080
3080	1 NURSING SUPPLIES-PRIVA	-80,496	0	0	0	0		3,081
3081	1 NURSING SUPPLIES-IPA		0	0	0	0		3,082
3082	1 NURSING SUPPLIES MED PT A		0	0	0	0		3,083
3083	1 NURSING SUPPLIES MED PT B							3,100
3100	17 DRUGS	-1,811,234	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-5,101,315	0	0	0	0		3,111
3111	6 PT-IPA		0	0	0	0		3,112
3112	6 PT-MEDICARE PART A		0	0	0	0		3,113
3113	6 PT-MEDICARE PART B		0	0	0	0		3,140
3130	1 PUBLIC AID ASSESSMENT INC							3,150
3140	19 LABORATORY INCOME		0	0	0	0		3,151
3150	6 SPEECH/OT-PRIVATE		0	0	0	0		3,152
3151	6 SPEECH/OT-IPA		0	0	0	0		3,153
3152	6 SPEECH/OT-MED PART A		0	0	0	0		3,160
3153	6 SPEECH/OT MED PART B							3,410
3410	2 IPA DISCOUNTS	4,888,017	0	0	0	0		3,411
3411	2 MEDICAID PART B DISCOUNT		0	0	0	0		3,420
3420	2 MEDICARE DISCOUNTS		0	0	0	0		3,500

3440	36 ASSESSMENT TAX EXPENSE			42	3	0	0		3,520
3520	16 RENT INCOME	0		6	0	6	0		3,530
3530	13 BEAUTY SHOP	-48,612		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	-135		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	-1,967		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-16,889		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	-56,100		0	0	0	0		4,110
3600	21 MISC INCOME	-4,304		0	0	0	0		4,111
4110	GENERAL & ADMINISTRATIVE WAGES	327,981	354,992	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	102,099	102,099	17	1	0	0		4,120
4115	VACATION & SICK - G&A	27,011		21	1	0	0		4,121
4120 4475	EMPLOYEE BENEFITS	29,681	1,194,435	22	3	0	0		4,130
4125	EMPLOYEE HEPETITIS VACATION	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLARSHIP	9,342		21	1	0	0		4,250
4135	EMPLOYEE SCHOLARSHIP	1,730		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250 4255	OFFICE SUPPLIES	30,983	30,983	21	2	0	0		4,275
4260	TELEPHONE	33,353	33,353	21	3	0	0		4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	10,226	10,226	23	3	16	0 **		4,280
4280	GENERAL TRAVEL	4,923	5,509	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	32		24	3	19	0		4,285
4285	EDUCATION & SEMINAR	554		24	3	19	-14,413 ***		4,289
4290	HELP WANTED ADVERTISING	13,576	159,552	20	3	0	0 -101,288		4,290
4291	PROMOTIONAL ADVERTISING	10,333		20	3	25	-10,333		4,291
4292	PUBLIC RELATIONS	6,394		20	3	25	-6,394		4,292
4300	LICENSES & FEES	106,960		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	19,024		20	3	17	-8,423		4,310
4320	CONTRIBUTIONS	0		27	3	20	0		4,320
4350	PROFESSIONAL FEES	4,362	535,116	19	3	22	-1,723		4,350
4355	MEDICAL DIRECTOR	12,000	12,000	9	3	0	0		4,355
4360	UTILIZATION REVIEW	0		10	3	0	0		4,362
4361	OTHER PHYSICIAN FEES			39	3	0	0		4,363

4362	MEDICAL RECORDS CONSI	2,135		10	3	0	0	4,364
4363	PHARMACIST FEES	10,070		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	6,113	6,113	12	3	0	0	4,383
4370	TV RENTAL	21,857		35	3	5	0	4,390
4380	INCOME TAXES		6,028	27	3	26	0	4,400
4383	BACKGROUND CHECKS	3,265		20	3	26	0	4,401
4400	PAYROLL TAXES	450,595		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	10,598		22	3	0	0	4,420
4410	GROUP INSURANCE	581,215		22	3	0	0	4,430
4420	LIABILITY INSURANCE	109,278	109,278	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	111,274		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	530,754		19	3	34	0 **	4,460
4460	BAD DEBTS	4,800		27	3	24	-4,800	4,461
4470	LOST ITEMS-RESIDENTS	1,228		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	0	0	33	3	0	0	4,486
4600	LEASED EQUIPMENT	8,690	30,547	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	127,786	141,148	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	13,362		6	1	0	0	4,510
5130	ELECTRIC	141,287	238,474	5	3	0	0	4,600
5131	NATURAL GAS	46,048		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	51,139		5	3	0	0	5,130
5134	TRASH COLLECTION	26,068	115,471	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	30,282	182,963	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	152,681		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	89,403		6	3	0	0	5,140
5210	DIETARY WAGES	487,209	533,939	1	1	0	0	5,160
5220	DIETARY SICK & VAC	46,730		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	451,200	445,424	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	7,886	19,572	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	2,665		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	9,021		1	2	0	0	5,260
5295	MEAL CREDIT	-5,776		2	2	0	0	5,270
5310	LAUNDRY WAGES	112,894	122,587	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	9,693		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	7,890	19,321	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	11,431		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	206,948	220,852	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	13,904		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	41,989	41,989	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	0		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		3,550,485	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	588,123		10	1	0	0	6,020
6030	DON WAGES	68,614		10	1	0	0	6,030
6035	ADON	48,389		10	1	0	0	6,035
6040	RN SICK & VACATION	50,707		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	783,742		10	1	0	0	6,120
6120	LPN WAGES-NON MEDICAL	0		10	1	0	0	6,140
6130	LPN WAGES OTHER			10	1	0	0	6,220
6140	LPN SICK & VACATION	73,832		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	1,749,191		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	123,357		10	1	0	0	6,250
6245	CONTRACT NURSES-RN	0		10	3	0	0	6,255
6246	CONTRACT NURSES-LPN	0		10	3	0	0	6,260
6247	CONTRACT NURSES-AIDES	0		10	3	0	0	6,270
6250	NURSE AIDE TRAINING W/	0	0	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	0	0	13	2	0	0	6,290
6260	NURSE AIDE TRAINING RE	0		0	0	0	0	6,295
6270	REHAB WAGES	62,452		10	1	0	0	6,390
6275	REHAB SICK & VAC	2,078		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	192,589	256,409	10	2	0	0	7,281
6295	NURSING SUPPLIES	63,820		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	0		10	2	0	0	7,391
6490	NURSING OTHER	0	12,205	10	3	0	0	7,393
7280	DRUG PURCHASES	373,702	944,133	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	568,660		39	2			7,540
7380	LABORATORY SERVICES	32,223	1,564,945	39	3	0	0	7,590
7410	HOME HEALTH SALARY			39	1	0	0	7,620
7440	HOME HEALTH SICK & VAC			39	1	0	0	7,660
7450	HOME HEALTH EXPENSES			39	3	0	0	7,710
7510	ACTIVITES WAGES	120,769	135,474	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	14,705		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	4,205	4,205	11	2	0	0	7,740
7595	ACTIVITIES FEES	0	0	11	3	0	0	7,750
7610	PT WAGES			39	1	0	0	7,770
7611	PT SICK & VACATION			39	1	0	0	7,820
7620	PT FEES	761,290		39	3	0	0 ***	7,890
7660	PT SUPPLIES	1,771		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	74,724	82,365	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	7,641		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	57	57	12	2	0	0	8,130
7740	OT FEE	614,266		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	157,166		39	3	0	0 ***	9,520
7800	BEAUTICIAN WAGES		0	40	1	0	0	9,530
7810	BEAUTICIAN SICK & VAC			40	1	0	0	
7820	BEAUTICIAN FEES	40,565	40,565	40	3	0	0	
7890	BEAUTY SHOP SUPPLIES	737	737	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	1,038,060	1,038,060	34	3	0	0	

8120	INTEREST EXPENSE	62,234	62,234	32	3	14	-7,327	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-7,327		32	0	10	0	
9520	MISC NON-OPERATING INC	-541,019		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		11,815,499	12,363,845					
			548,346					

GRAND TOTALS 89,329 -53,413  
(NET INCOME)

0  
FACILITY NAME:  
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	20,005	20,005
IPA	28,534	28,534
medicare	5,364	5,364
		53,903



UND

RIA

BT

BT

3,007 PATIENT	28,534
3,007 PATIENT	5,364
	0
3,010 BASIC CI	(9,493,135)
3,020 BASIC CI	0
3,030 BASIC CI	0
	0
	0
	0
	0
3,080 NURSING	(80,496)
3,081 NURSING	0
3,082 NURSING	0
3,083 NURSING	0
3,100 DRUGS-M	(1,811,234)
	0
3,110 PHYSICA	(5,101,315)
	0
3,112 PHYSICA	0
3,113 PHYSICA	0
3,140 LABORATORY INCOME	
	0
3,152 ST/OT TF	0
3,153 ST/OT TF	0
3,185 REHAB/ISOLATION/OTHER CHG	
3,410 IPA/OTH	0
3,411 MEDICAL	0
3,420 MEDICAL	4,678,187

3,520 RENT INCOME	
3,530 BEAUTY	(48,612)
	(135)
3,570 VENDING	(1,967)
3,590 EQUIPMI	(16,889)
3,595 RESIDEN	(56,100)
3,600 MISC INC	(4,304)
4,110 G&A WA	327,981
4,111 ADMINIS	102,099
4,115 G&A PTC	27,011
4,120 EMPLOY	32,638
4,130 EMPLOY	9,342
4,135 EMPLOY	1,730
4,250 OFFICE S	19,935
4,255 POSTAGI	2,400
4,260 TELEPHC	33,353
4,275 TRAININ	10,226
	(74)
4,280 GENERA	4,923
4,281 MEAL EX	32
4,285 EDUCAT	554
4,289 MEETINGS EXPENSE	
4,290 HELP WA	13,576
4,291 PROMOT	10,333
4,292 PUBLIC I	6,394
4,300 LICENSE	106,960
4,310 DUES & :	19,024
4,320 CONTRIE	0
4,350 PROFESS	4,362
4,355 MEDICAL	12,000
	2,135
	10,070

4,364 SOCIAL S	6,113
4,370 TV RENT	21,857
4,383 BACKGR	3,265
4,390 OTHER TAXES	
4,400 PAYROL	450,595
4,401 PAYROL	10,598
4,410 GROUP I	581,215
4,420 LIABILIT	109,278
4,430 WORKM.	107,922
4,435 W/C-FIRS	955
4,436 DRUG TE	2,471
4,450 MANAGI	530,754
4,460 BAD DEF	4,800
4,461 BAD DEF	209,830
4,470 LOST ITE	1,228
4,475 UNIFORM	(2,957)
4,486 SERVICE	57,739
4,490 MISC EX	1,184
4,496 MISC. M.	8,648
4,510 REAL ES	0
4,600 LEASED	8,690
5,110 MAINTEI	127,786
5,120 MAINTEI	13,362
5,130 ELECTRI	141,287
5,131 NATURA	46,048
5,133 WATER &	51,139
5,134 TRASH C	26,068
5,140 PROP/PL	30,282
5,160 GENERA	152,681
5,165 MAINTEI	31,664
5,210 DIETARY	487,209
5,220 DIETARY	46,730
5,248 FOOD PU	450,016

5,250 SUPPLIE	7,886
5,260 REPLACI	2,665
5,270 KITCHEN	9,021
5,295 MEAL IN	(5,776)
5,310 LAUNDR	112,894
5,340 LAUNDR	9,693
5,370 REPLACI	7,890
	0
5,390 SUPPLIE	11,431
5,410 HOUSEK	206,948
5,440 HOUSEK	13,904
5,480 SUPPLIE	41,989
5,490 SUPPLIES-HOUSEKEEPING	
6,020 RN WAG	588,123
6,030 DON WA	68,614
6,035 ADON W	48,389
6,040 RN PTO &	50,707
6,120 LPN WAG	783,742
6,140 LPN PTO	73,832
6,220 AIDES W	1,749,191
6,240 AIDES PT	123,357
6,245	
	0
	0
	0
6,270 REHAB V	62,452
6,275 REHAB F	2,078
6,290 NURSINC	192,589
6,295 NURSINC	63,820
6,390 REPLACEMENT-NURSING	
6,490 OTHER	

7,280 DRUG PU	373,702
7,281 DRUG PU	568,660
7,380 LABORA	3,596
7,390 X-RAY S	28,627
	0
7,510 ACTIVIT	120,769
7,540 ACTIVIT	14,705
7,590 ACTIVIT	4,205
7,620 PHYSICA	761,290
7,660 P.T. SUPE	1,771
7,710 SOCIAL S	74,724
7,720 SOCIAL S	7,641
7,730 SOCIAL S	57
7,740 OCCUPA	614,266
7,770 SPEECH '	157,166
7,820 BEAUTIC	40,565
	737
	0
8,120 INTERES	0
	62,234
8,130 DEPRECI	0
	0
9,510 INTERES	(7,327)
9,520 MISC NO	0
4,220	0
8,100	1,038,060
9,702	(541,019)
5,230	0
	<u>89,329</u>

Expenses Fixed Assets

