



Facility Name & ID Number Heritage Manor Minonk

# 0048058 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	49	Skilled (SNF)	49	17,885	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	23	Sheltered Care (SC)	23	8,395	5
6		ICF/DD 16 or Less			6
7	72	TOTALS	72	26,280	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	6,114	5,122	1,419	12,655	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		1,990		1,990	12
13	DD 16 OR LESS					13
14	TOTALS	6,114	7,112	1,419	14,645	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 55.73%

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 2006

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 1,419

Medicare Intermediary WPS

**IV. ACCOUNTING BASIS**

ACCRAUAL  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.

Facility Name &amp; ID Number

Heritage Manor Minonk

# 0048058

Report Period Beginning:

01/01/15

Ending:

12/31/15

**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	183,641	11,769		195,410		195,410	3,841	199,251		1
2	Food Purchase		126,972		126,972		126,972	22	126,994		2
3	Housekeeping	44,153	19,343		63,496		63,496	28	63,524		3
4	Laundry	34,436	5,687		40,123		40,123		40,123		4
5	Heat and Other Utilities			68,355	68,355		68,355	997	69,352		5
6	Maintenance	82,336	54,049	36,093	172,478		172,478	11,749	184,227		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	344,566	217,820	104,448	666,834		666,834	16,637	683,471		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			996	996		996		996		9
10	Nursing and Medical Records	1,161,381	60,773	4,473	1,226,627		1,226,627	(12,667)	1,213,960		10
10a	Therapy		207,498	424,945	632,443	(218,080)	414,363		414,363		10a
11	Activities	70,389	8,652		79,041		79,041		79,041		11
12	Social Services	30,839		5,014	35,853		35,853		35,853		12
13	CNA Training							684	684		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	1,262,609	276,923	435,428	1,974,960	(218,080)	1,756,880	(11,983)	1,744,897		16
	<b>C. General Administration</b>										
17	Administrative	89,530			89,530		89,530		89,530		17
18	Directors Fees										18
19	Professional Services			145,973	145,973		145,973	(128,490)	17,483		19
20	Dues, Fees, Subscriptions & Promotions			47,273	47,273	(26,828)	20,445	(5,987)	14,458		20
21	Clerical & General Office Expenses	120,745	18,609	5,414	144,768		144,768	229,854	374,622		21
22	Employee Benefits & Payroll Taxes			330,687	330,687		330,687	34,325	365,012		22
23	Inservice Training & Education			4,950	4,950		4,950	693	5,643		23
24	Travel and Seminar			5,969	5,969		5,969	(970)	4,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			28,567	28,567		28,567	9,941	38,508		26
27	Other (specify):* <b>Lost resident items</b>			4,869	4,869		4,869	(4,850)	19		27
28	<b>TOTAL General Administration</b>	210,275	18,609	573,702	802,586	(26,828)	775,758	134,516	910,274		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	1,817,450	513,352	1,113,578	3,444,380	(244,908)	3,199,472	139,170	3,338,642		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.

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							214,446	214,446			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			16,488	16,488		16,488	37,339	53,827			32
33	Real Estate Taxes							31,161	31,161			33
34	Rent-Facility & Grounds			315,361	315,361		315,361	(311,246)	4,115			34
35	Rent-Equipment & Vehicles			20,637	20,637		20,637	5,735	26,372			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			352,486	352,486		352,486	(22,565)	329,921			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					218,080	218,080	(8,807)	209,273			39
40	Barber and Beauty Shops			53	53		53		53			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					26,828	26,828		26,828			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>			53	53	244,908	244,961	(8,807)	236,154			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,817,450	513,352	1,466,117	3,796,919		3,796,919	107,798	3,904,717			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 Minonk

# 0048058

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	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	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	(444)			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	(5,760)			19
20	Contributions	(50)			20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(4,800)			24
25	Fund Raising, Advertising and Promotional	(11,308)			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>	\$ (22,362)		\$	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	2	
		Amount	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)	130,160		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 130,160		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ 107,798		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	
		Yes	No	Amount	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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

Heritage Manor Minonk

ID# 0048058

Report Period Beginning: 01/01/15

Ending: 12/31/15

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
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		(50)	27	20
21				21
22		0	19	22
23				23
24		(4,800)	27	24
25		(11,308)	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>		(16,158)	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor Minonk# 0048058

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 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>A. General Services</b>													
1	Dietary	0	0	3,841	0	0	0	0	0	0	0	0	3,841	1
2	Food Purchase	0	0	22	0	0	0	0	0	0	0	0	22	2
3	Housekeeping	0	0	28	0	0	0	0	0	0	0	0	28	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	997	0	0	0	0	0	0	0	0	997	5
6	Maintenance	0	0	11,749	0	0	0	0	0	0	0	0	11,749	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	0	0	16,637	0	0	0	0	0	0	0	0	16,637	8
	<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	(13,120)	453	0	0	0	0	0	0	0	0	(12,667)	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	684	0	0	0	0	0	0	0	0	684	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>	0	(13,120)	1,137	0	0	0	0	0	0	0	0	(11,983)	16
	<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	0	(142,282)	13,792	0	0	0	0	0	0	0	0	(128,490)	19
20	Fees, Subscriptions & Promotions	(11,308)	0	5,321	0	0	0	0	0	0	0	0	(5,987)	20
21	Clerical & General Office Expenses	0	0	229,854	0	0	0	0	0	0	0	0	229,854	21
22	Employee Benefits & Payroll Taxes	0	0	34,325	0	0	0	0	0	0	0	0	34,325	22
23	Inservice Training & Education	0	(30)	723	0	0	0	0	0	0	0	0	693	23
24	Travel and Seminar	(5,760)	0	4,790	0	0	0	0	0	0	0	0	(970)	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	9,941	0	0	0	0	0	0	0	0	9,941	26
27	Other (specify):*	(4,850)	0	0	0	0	0	0	0	0	0	0	(4,850)	27
28	<b>TOTAL General Administration</b>	(21,918)	(142,312)	298,746	0	0	0	0	0	0	0	0	134,516	28
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	(21,918)	(155,432)	316,520	0	0	0	0	0	0	0	0	139,170	29

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor Minonk# 0048058

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	200,328	0	14,118	0	0	0	0	0	0	0	214,446	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(444)	37,827	0	(44)	0	0	0	0	0	0	0	37,339	32
33	Real Estate Taxes	0	31,161	0	0	0	0	0	0	0	0	0	31,161	33
34	Rent-Facility & Grounds	0	(315,361)	0	4,115	0	0	0	0	0	0	0	(311,246)	34
35	Rent-Equipment & Vehicles	0	0	0	5,735	0	0	0	0	0	0	0	5,735	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(444)</b>	<b>(46,045)</b>	<b>0</b>	<b>23,924</b>	<b>0</b>	<b>(22,565)</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	(8,807)	0	0	0	0	0	0	0	0	0	(8,807)	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>(8,807)</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>(8,807)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(22,362)</b>	<b>(210,284)</b>	<b>316,520</b>	<b>23,924</b>	<b>0</b>	<b>107,798</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
<u>Heritage Enterprises, Inc.</u>	<u>100</u>	<u>Attached Following This Page</u>		<u>Heritage Operations Group</u>	<u>Bloomington</u>	<u>Mgmt. Services</u>
				<u>Green Tree Pharmacy</u>	<u>Minonk</u>	<u>Pharmacy</u>

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)	
1	V	<u>10 Adjustment for Related Organiza</u>	\$	<u>GreenTree Pharmacy</u>	<u>0.00%</u>	\$ <u>(13,120)</u>	\$ <u>(13,120)</u>	1
2	V	<u>23 Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>(30)</u>	<u>(30)</u>	2
3	V	<u>39 Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>(8,807)</u>	<u>(8,807)</u>	3
4	V	<u>19 Adjustment for Related Organization</u>	<u>142,282</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(142,282)</u>	4
5	V							5
6	V	<u>34 Adjustment for Related Organization</u>	<u>315,361</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>		<u>(315,361)</u>	6
7	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>31,161</u>	<u>31,161</u>	7
8	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>33,054</u>	<u>33,054</u>	8
9	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>200,328</u>	<u>200,328</u>	9
10	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>4,773</u>	<u>4,773</u>	10
11	V							11
12	V							12
13	V							13
14	<b>Total</b>		\$ <b>457,643</b>			\$ <b>247,359</b>	\$ * <b>(210,284)</b>	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.		\$	\$ 3,841	15
16	V	2 Food Purchase					22	16
17	V	3 Housekeeping					28	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					997	19
20	V	6 Maintenance					11,749	20
21	V	7 Other					0	21
22	V	9 Medical Director					0	22
23	V	10 Nursing & Medical Records					453	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					684	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					13,792	31
32	V	20 Fees, Subscription, Promotions					5,321	32
33	V	21 Clerical & General Office Expenses					229,854	33
34	V	22 Employee Benefits & Payroll Taxes					34,325	34
35	V	23 Inservice Training & Education					723	35
36	V	24 Travel and Seminar					4,790	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					9,941	38
39	<b>Total</b>		\$			\$	0	\$ * 316,520 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						14,118 16
17	V	31 Amortization of Pre-Op & Org						0 17
18	V	32 Interest						(44) 18
19	V	33 Real Estate Taxes						0 19
20	V	34 Rent-Facility & Grounds						4,115 20
21	V	35 Rent-Equipment & Vehicles						5,735 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							
29	V							
30	V							
31	V							
32	V							
33	V							
34	V							
35	V							
36	V							
37	V							
38	V							
39	Total		\$			\$	\$	0 \$ * 23,924 39

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

Facility Name & ID Number Heritage Manor Minonk # 0048058 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 Manor Minonk

# 0048058

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	72	\$ 3,841	1
2	2	Food Purchase	Beds	2,835	27	878	0	72	22	2
3	3	Housekeeping	Beds	2,835	27	1,094	0	72	28	3
4	4	Laundry	Beds	2,835	27	0	0	72	0	4
5	5	Heat & Other Utilities	Beds	2,835	27	39,264	0	72	997	5
6	6	Maintenance	Beds	2,835	27	462,630	80,387	72	11,749	6
7	7	Other	Beds	2,835	27	0	0	72	0	7
8	9	Medical Director	Beds	2,835	27	0	0	72	0	8
9	10	Nursing & Medical Records	Beds	2,835	27	17,825	16,766	72	453	9
10	11	Activities	Beds	2,835	27	0	0	72	0	10
11	12	Social Service	Beds	2,835	27	0	0	72	0	11
12	13	Nurse Aide Training	Beds	2,835	27	26,928	26,075	72	684	12
13	14	Program Transportation	Beds	2,835	27	0	0	72	0	13
14	15	Other	Beds	2,835	27	0	0	72	0	14
15	17	Administrative	Beds	2,835	27	0	0	72	0	15
16	18	Directors Fees	Beds	2,835	27	0	0	72	0	16
17	19	Professional Services	Beds	2,835	27	543,062	0	72	13,792	17
18	20	Fees, Subscription, Promotions	Beds	2,835	27	209,523	0	72	5,321	18
19	21	Clerical & General Office Expens	Beds	2,835	27	9,050,509	8,564,147	72	229,854	19
20	22	Employee Benefits & Payroll Tax	Beds	2,835	27	1,351,528	0	72	34,325	20
21	23	Inservice Training & Education	Beds	2,835	27	28,468	0	72	723	21
22	24	Travel and Seminar	Beds	2,835	27	188,595	0	72	4,790	22
23	25	Other Admin. Staff Transportatio	Beds	2,835	27	0	0	72	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,835	27	391,443	0	72	9,941	24
25	TOTALS					\$ 12,462,987	\$ 8,837,683		\$ 316,520	25

Facility Name & ID Number Heritage Manor Minonk

# 0048058

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	\$	72	\$	1
2	30	Depreciation	Beds	2,835	27	555,915	72	14,118	2
3	31	Amortization of Pre-Op & Org	Beds	2,835	27		72		3
4	32	Interest	Beds	2,835	27	(1,746)	72	(44)	4
5	33	Real Estate Taxes	Beds	2,835	27		72		5
6	34	Rent-Facility & Grounds	Beds	2,835	27	162,022	72	4,115	6
7	35	Rent-Equipment & Vehicles	Beds	2,835	27	225,798	72	5,735	7
8	36	Other	Beds	2,835	27		72		8
9	38	Medically Nec Transportation	Beds	2,835	27		72		9
10	39	Ancillary Service Centers	Beds	2,835	27		72		10
11	40	Barber and Beauty Shops	Beds	2,835	27		72		11
12	41	Coffee and Gift Shops	Beds	2,835	27		72		12
13	42	Other	Beds	2,835	27		72		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	\$		\$ 23,924	25

Facility Name & ID Number

Heritage Manor Minonk

# 0048058

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**					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			\$	\$			\$ 33,054 1					
2	Bank of America		x	Loan Fee Amortization							4,773 2					
3											3					
4											4					
5											5					
<b>Working Capital</b>																
6	Bank of America		x	Working Capital							16,488 6					
7											7					
8											8					
9	<b>TOTAL Facility Related</b>						\$	\$			\$ 54,315 9					
<b>B. Non-Facility Related*</b>																
10	Interest Income										(444) 10					
11											11					
12	Allocated Corporate										(44) 12					
13											13					
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (488) 14					
15	<b>TOTALS (line 9+line14)</b>						\$	\$			\$ 53,827 15					

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>31,161</b>		2	
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>31,161</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>31,161</b>		7	
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2010	_____	8	<b>FOR BHF USE ONLY</b>		
	2011	<b>31,256</b>	9			
	2012	<b>30,973</b>	10			
	2013	<b>30,678</b>	11			
	2014	<b>31,161</b>	12			
				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

**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 Manor Minonk COUNTY Woodford

FACILITY IDPH LICENSE NUMBER 48058

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>0607407011</u>	_____	\$ <u>19,210.10</u>	\$ <u>19,210.10</u>
2.	<u>0607407010</u>	_____	\$ <u>11,950.84</u>	\$ <u>11,950.84</u>
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		<b>TOTALS</b>	\$ <u><u>31,160.94</u></u>	\$ <u><u>31,160.94</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?                 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 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.**

Facility Name & ID Number Heritage Manor Minonk

# 0048058

Report Period Beginning:

01/01/15 Ending:

12/31/15

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 32,960 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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).

None

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>25,000</u>	1
2					2
3	TOTALS			\$ <u>25,000</u>	3

Facility Name &amp; ID Number Heritage Manor Minonk

# 0048058

Report Period Beginning:

01/01/15

Ending:

12/31/15

**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	72				\$ 1,039,908	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Smoke Detectors (45)	1998		3,267						9
10		Compressor	1998		1,047						10
11		Generator	1998		12,140						11
12		A/C Repair	1998		1,518						12
13		Plumbing Repair	1998		4,956						13
14											14
15		Water Heater	1996		2,603						15
16		Resident Room Renovating	1996		8,483						16
17		Exterior Painting & Renovation	1996		4,806						17
18		Nurse Call System	1996		3,803						18
19		Garbage Disposal	1996		867						19
20		Boiler Repair	1996		4,436						20
21		Receptionist Work Area Renovation	1996		1,260						21
22		Hot Water Heater	1996		505						22
23		Exterior Signage	1996		1,680						23
24		Interior Rehab	1996		146,288						24
25		Interior Rehab	1996		22,963						25
26		Code Alert System	1996		1,319						26
27											27
28		Interior Rehab	1997		33,578						28
29		Interior Rehab	1997		168						29
30		Building Purchase Offset			(141,199)						30
31											31
32											32
33		C/O Allocation				14,118		14,118			33
34		Book Depreciation				143,490		143,490			34
35											35
36											36

\*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Heritage Manor Minonk

# 0048058

Report Period Beginning:

01/01/15

Ending:

12/31/15

**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	Door Alarm System	1999	\$ 10,116	\$		\$	\$	\$	37
38	Plumbing / Water Heater	1999	3,170						38
39	Sewage Ejector	1999	3,042						39
40									40
41	Water Heater	2000	3,293						41
42	Remove and replace patio	2000	5,890						42
43									43
44	Garbage Disposal	2001	922						44
45	Painting--Hallways/Resident rooms	2001	2,444						45
46									46
47	Water Faucet	2002	1,656						47
48	Boiler	2002	17,945						48
49	Shower Faucet	2002	2,398						49
50									50
51	Roof	2003	30,757						51
52	Faucets	2003	1,915						52
53	Compressor	2003	1,126						53
54	Disposal	2003	970						54
55									55
56	Water Heater	2004	3,889						56
57	Hot Water Storage Tank	2004	1,744						57
58	Ansul System	2004	1,455						58
59	Door Alarm System	2004	10,914						59
60	Heat Exchanger	2004	1,518						60
61									61
62	Sewage Ejector	2005	3,310						62
63	Circulator Motor	2005	892						63
64	Dry Valve	2005	2,410						64
65	Integrety Bather	2005							65
66		2005	6,106						66
67			2,957						67
68									68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 1,275,235	\$ 157,608		\$ 157,608	\$	\$	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		\$ 1,275,235	\$ 157,608		\$ 157,608	\$	\$	1
2	Climate Control	2006	1,299						2
3	Shower Faucet	2006	444						3
4	Sprinkler main line	2006	6,672						4
5	Compressor	2006	1,580						5
6	Corridor Rehab	2006	5,855						6
7	Rooftop A/C	2006	8,235						7
8	Audit ADJ 2006	2006	(1,227)						8
9	Fire Alarm	2007	39,698						9
10	Chiller	2007	11,569						10
11	Bearing Assembly	2007	1,109						11
12	Sprinkler	2007	2,180						12
13	HVAC	2007	876						13
14	Landscaping	2007	9,585						14
15	Thermostat	2007	7,722						15
16	Audit ADJ 2007	2007	(6,433)						16
17	Nurse Call System	2008	125,184						17
18	Soffit & Facia	2008	14,880						18
19	Water Heater	2008	9,193						19
20	Wonderguard	2008	8,777						20
21	Wireless phone system	2008	22,250						21
22	Cables for Nurse Call system	2008	9,897						22
23									23
24	Shower Faucet	2009	6,569						24
25	Front Doors	2009	6,370						25
26	Sprinkler System	2009	43,180						26
27	Water Heater	2009	7,017						27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,617,716	\$ 157,608		\$ 157,608	\$	\$	34

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

Facility Name &amp; ID Number Heritage Manor Minonk

# 0048058

Report Period Beginning:

01/01/15

Ending:

12/31/15

**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	<b>Totals from Page 12B, Carried Forward</b>		\$ 1,617,716	\$ 157,608		\$ 157,608	\$	\$	1
2									2
3	Air Compressor	2010	2,800						3
4	Remodel: Paint resident rooms/labor & flooring	2010	50,213						4
5	Data System	2010	9,854						5
6	Garage Heater	2010	2,831						6
7									7
8	Facility Remodel: Flooring, Paint, lighting & labor	2011	529,930						8
9	A/C chiller	2011	75,594						9
10	Water Heater	2011	6,875						10
11	Sprinkler Heads	2011	7,157						11
12									12
13	Facility Remodel: Flooring, Paint, lighting & labor	2012	315,942						13
14	Therapy Sewer line	2012	13,193						14
15	Lighting Upgrade	2012	2,647						15
16									16
17	Elevator Door Restrictor	2013	6,150						17
18	Hot Water Pump	2013	3,216						18
19	Storage Tank Installation	2013	7,164						19
20	Boiler Replacement	2013	106,562						20
21	Sanitary Sewer Repair	2013	13,250						21
22	Water Heater	2013	3,770						22
23									23
24	Install Split System - Therapy Room	2014	6,089						24
25	Install New Windows	2014	30,700						25
26									26
27	Install electronic security - (6) doors	2015	37,697						27
28	Replace fire sprinkler system	2015	180,553						28
29	Install new water heater; disconnect and remove old heater	2015	6,398						29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,036,301	\$ 157,608		\$ 157,608	\$	\$	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	\$ 560,479	\$ 48,875	\$ 48,875	\$		\$	71
72	Current Year Purchases	12,780						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 573,259	\$ 48,875	\$ 48,875	\$		\$	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		2009 Turtletop bus	2008	\$ 60,815	\$ 7,963	\$ 7,963	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$ 60,815	\$ 7,963	\$ 7,963	\$		\$	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)	\$ 3,695,375	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 214,446	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 214,446	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 Minonk

# 0048058

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: \$ 20,637

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 Manor Minonk # 0048058 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	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**

<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	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	\$		\$ 177,998	\$		\$ 177,998	1
2	Licensed Speech and Language Development Therapist		hrs			46,338			46,338	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			187,866	2,161		190,027	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				205,337		205,337	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					12,743			12,743	13
14	<b>TOTAL</b>			\$		\$ 424,945	\$ 207,498		\$ 632,443	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 Minonk

# 0048058

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	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 321	\$	1
2	Cash-Patient Deposits	6,497		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	430,245		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	6,219		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(874,937)		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ (431,655)	\$	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>	\$ (431,655)	\$	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 244,172	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,497		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	149,168		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,624		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>	11,497		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 413,958	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			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>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 413,958	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (845,613)	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ (431,655)	\$	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>(381,567)</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>(381,567)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(464,046)	<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>(464,046)</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>(845,613)</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	\$ 2,869,727	1	
2	Discounts and Allowances for all Levels	(1,271,071)	2	
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 1,598,656</b>	3	
<b>B. Ancillary Revenue</b>				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	1,335,225	6	
7	Oxygen		7	
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 1,335,225</b>	8	
<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		12	
13	Barber and Beauty Care	2,508	13	
14	Non-Patient Meals		14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space		16	
17	Sale of Drugs	382,425	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory		19	
20	Radiology and X-Ray		20	
21	Other Medical Services	13,615	21	
22	Laundry		22	
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 398,548</b>	23	
<b>D. Non-Operating Revenue</b>				
24	Contributions		24	
25	Interest and Other Investment Income***	444	25	
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 444</b>	26	
<b>E. Other Revenue (specify):****</b>				
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27	
28			28	
28a			28a	
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$</b>	29	
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 3,332,873</b>	30	

		2		
II. Expenses		Amount		
<b>A. Operating Expenses</b>				
31	General Services	666,834	31	
32	Health Care	1,974,960	32	
33	General Administration	802,586	33	
<b>B. Capital Expense</b>				
34	Ownership	352,486	34	
<b>C. Ancillary Expense</b>				
35	Special Cost Centers	53	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>\$ 3,796,919</b>	40	
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(464,046)</b>	41	
42	<b>Income Taxes</b>		42	
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (464,046)</b>	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	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$</b>	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 Minonk

# 0048058

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	1,588	1,672	\$ 60,065	\$ 35.92	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	11,276	11,869	358,651	30.22	3
4	Licensed Practical Nurses	4,342	4,570	115,523	25.28	4
5	CNAs & Orderlies	35,742	37,623	509,945	13.55	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,425	5,711	117,197	20.52	8
9	Activity Director					9
10	Activity Assistants	5,549	5,841	70,389	12.05	10
11	Social Service Workers	1,252	1,318	30,839	23.40	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	14,861	15,643	183,641	11.74	15
16	Dishwashers					16
17	Maintenance Workers	5,188	5,461	82,336	15.08	17
18	Housekeepers	4,323	4,550	44,153	9.70	18
19	Laundry	3,342	3,518	34,436	9.79	19
20	Administrator	1,976	2,080	89,530	43.04	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,254	5,531	120,745	21.83	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)	100,118	105,387	\$ 1,817,450 *	\$ 17.25	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	996		36
37	Medical Records Consultant	1,470		37
38	Nurse Consultant			38
39	Pharmacist Consultant	2,799		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	5,014		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 10,279		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-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 &amp; ID Number Heritage Manor Minonk

# 0048058

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. \$ 26,828  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,469
- (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	321				1,009	1,009 PETTY C 321
1010	CASH IN BANK					1,100	1,100 ACCTS R 496,947
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. (66,702)
1100	ACCOUNTS RECEIVABLE	430,245				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 6,219
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	6,219				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 6,497
1490	ACCUM DEPR-BUILDING	0				1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	6,497				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0				1,850	1,850 INTERCC (874,937)
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (244,172)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-874,937				2,100	2,100 ACCRUE (62,344)
2010	ACCOUNTS PAYABLE	-244,172				2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-62,344				2,110	2,110 ACCRUE (86,824)
2110	ACCRUED VACATION PAY	-86,824				2,120	2,120 U.C. TAX 0

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(2,624)	
2125	FICA TAX PAYABLE	-2,624	-2,624	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 G.		
2260	WAGE GARNISHMENTS			2,300	2,300 ACCRUE	0	
2280	MISC PAYROLL DEDUCTIONS			2,320	2,320 IPA PAYM	(11,497)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-11,497		2,400	2,400 CURRENT PORTION OF LT DEB		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO 1	(6,497)	
2385	ACTIVITY FUND	0		2,600	2,600 LASALLI	0	
2390	SECURITY DEPOSITS	0		2,600			
2391	VOLUNTEER FUND			2,625	2,625 LASALLE CONSTR. LOAN #2		
2393	HEART FUND/BAZAAR			2,625			
2395	DEFERRED INC EMP & MEM			2,695	2,695 CURRENT PORTION OF LT DEB		
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINED	381,567	
2460	INCOME TAXES PAYABLE				net income	464,046	
2512	DUE TO RESIDENTS	-6,497					
2600	MORTGAGE PAYABLE	0					
2650	EQUIPMENT LOAN PAYABLE				balance	<u>0</u>	
2695	CURRENT PORTION LT DEBT						
2696	DEFERRED INCOME TAXES						
2710	COMMON STOCK						
2720	RETAINED EARNINGS	381,567					
2970	PROFIT/LOSS FOR PERIOD	464,046					
3007.1	PATIENT DAYS-PRIVATE	5,122					3,007

3007.2	PATIENT DAYS-IPA	6,114						3,007
3007.3	PATIENT DAYS-MEDICARE	1,419						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 &	-2,825,100	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	-36,096	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	-382,425	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-1,335,225	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	1,271,071	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	-2,508		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	0		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	0		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-8,531		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	-13,192		0	0	0	0		4,110
3600	21 MISC INCOME	-423		0	0	0	0		4,111
4110	GENERAL & ADMINISTRATIVE WAGES	113,766	120,745	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	89,530	89,530	17	1	0	0		4,120
4115	VACATION & SICK - G&A	6,979		21	1	0	0		4,121
4120 4475	EMPLOYEE BENEFITS	10,813	330,687	22	3	0	0		4,130
4125	EMPLOYEE HEPETITIS VACATION	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLARSHIP	0		21	1	0	0		4,250
4135	EMPLOYEE SCHOLARSHIP	1,160		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250 4255	OFFICE SUPPLIES	18,609	18,609	21	2	0	0		4,275
4260	TELEPHONE	5,414	5,414	21	3	0	0		4,276
4275	TRAINING & EMPLOYEE DEVELOPMENT	4,950	4,950	23	3	16	0 **		4,280
4280	GENERAL TRAVEL	4,537	5,969	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	49		24	3	19	0		4,285
4285	EDUCATION & SEMINAR	1,383		24	3	19	-5,760 ***		4,289
4290	HELP WANTED ADVERTISING	3,796	47,273	20	3	0	0 -26,828		4,290
4291	PROMOTIONAL ADVERTISING	4,401		20	3	25	-4,401		4,291
4292	PUBLIC RELATIONS	4,091		20	3	25	-4,091		4,292
4300	LICENSES & FEES	28,157		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	6,092		20	3	17	-2,816		4,310
4320	CONTRIBUTIONS	50		27	3	20	-50		4,320
4350	PROFESSIONAL FEES	3,691	145,973	19	3	22	0		4,350
4355	MEDICAL DIRECTOR	996	996	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	1,470		10	3	0	0	4,364
4363	PHARMACIST FEES	2,799		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	5,014	5,014	12	3	0	0	4,383
4370	TV RENTAL	16,080		35	3	5	0	4,390
4380	INCOME TAXES		4,869	27	3	26	0	4,400
4383	BACKGROUND CHECKS	736		20	3	26	0	4,401
4400	PAYROLL TAXES	155,310		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	9,293		22	3	0	0	4,420
4410	GROUP INSURANCE	114,576		22	3	0	0	4,430
4420	LIABILITY INSURANCE	28,567	28,567	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	39,535		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	142,282		19	3	34	0 **	4,460
4460	BAD DEBTS	4,800		27	3	24	-4,800	4,461
4470	LOST ITEMS-RESIDENTS	19		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	4,557	20,637	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	76,609	82,336	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	5,727		6	1	0	0	4,510
5130	ELECTRIC	36,542	68,355	5	3	0	0	4,600
5131	NATURAL GAS	14,695		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	17,118		5	3	0	0	5,130
5134	TRASH COLLECTION	5,464	36,093	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	18,788	54,049	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	35,261		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	30,629		6	3	0	0	5,140
5210	DIETARY WAGES	172,419	183,641	1	1	0	0	5,160
5220	DIETARY SICK & VAC	11,222		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	128,441	126,972	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	2,885	11,769	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	3,548		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	5,336		1	2	0	0	5,260
5295	MEAL CREDIT	-1,469		2	2	0	0	5,270
5310	LAUNDRY WAGES	33,369	34,436	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	1,067		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	2,163	5,687	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	3,524		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	42,043	44,153	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	2,110		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	19,343	19,343	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	0		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,161,381	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	330,182		10	1	0	0	6,020
6030	DON WAGES	60,065		10	1	0	0	6,030
6035	ADON	0		10	1	0	0	6,035
6040	RN SICK & VACATION	28,469		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	104,570		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	10,953		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	476,959		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	32,986		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	108,515		10	1	0	0	6,390
6275	REHAB SICK & VAC	8,682		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	56,332	60,773	10	2	0	0	7,281
6295	NURSING SUPPLIES	375		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	4,066		10	2	0	0	7,391
6490	NURSING OTHER	204	4,473	10	3	0	0	7,393
7280	DRUG PURCHASES	72,082	207,498	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	133,255		39	2			7,540
7380	LABORATORY SERVICES	12,743	424,945	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	65,797	70,389	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	4,592		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	8,652	8,652	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	187,866		39	3	0	0 ***	7,890
7660	PT SUPPLIES	2,161		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	29,446	30,839	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	1,393		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0	8,130
7740	OT FEE	177,998		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	46,338		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	53	53	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	315,361	315,361	34	3	0	0	

8120	INTEREST EXPENSE	16,488	16,488	32	3	14	-444	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-444		32	0	10	0	
9520	MISC NON-OPERATING INC	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	

3,796,475 3,796,919  
444

GRAND TOTALS

464,046 -22,362  
(NET INCOME)

0

FACILITY NAME:

FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

G/L

RECAP CENSUS

PP	5,122	5,122
IPA	6,114	6,114
medicare	1,419	1,419
		12,655



UND

RIA

BT

BT

3,007 PATIENT	6,114
3,007 PATIENT	1,419
	0

3,010 BASIC CI	(2,825,100)
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3,020 BASIC CI	0
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3,030 BASIC CI	0
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	0
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3,080 NURSING	(36,096)
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3,081 NURSING	0
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3,082 NURSING	0
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3,083 NURSING	0
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3,100 DRUGS-M	(382,425)
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	0
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3,110 PHYSICIAN	(1,335,225)
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	0
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3,112 PHYSICIAN	0
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3,113 PHYSICIAN	0
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3,140 LABORATORY INCOME	
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	0
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3,152 ST/OT TR	0
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3,153 ST/OT TR	0
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3,185 REHABILITATION/ISOLATION/OTHER CHG	
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3,410 IPA/OTHER	0
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3,411 MEDICAL	0
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3,420 MEDICAL	1,255,692
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3,520 RENT INCOME	
3,530 BEAUTY	(2,508)
	0
3,570 VENDING INCOME & EXPENSE	
3,590 EQUIPMI	(8,531)
3,595 RESIDEN	(13,192)
3,600 MISC INC	(423)
4,110 G&A WA	113,766
4,111 ADMINIS	89,530
4,115 G&A PTC	6,979
4,120 EMPLOY	10,580
4,130 EMPLOYEE SCHOLARSHIPS	
4,135 EMPLOY	1,160
4,250 OFFICE S	5,590
4,255 POSTAGI	1,816
4,260 TELEPHC	5,414
4,275 TRAININ	4,950
	300
4,280 GENERA	4,537
4,281 MEAL EX	49
4,285 EDUCAT	1,383
4,289 MEETINGS EXPENSE	
4,290 HELP WA	3,796
4,291 PROMOT	4,401
4,292 PUBLIC I	4,091
4,300 LICENSE	28,157
4,310 DUES & :	6,092
4,320 CONTRIE	50
4,350 PROFESS	3,691
4,355 MEDICAL	996
	1,470
	2,799

4,364 SOCIAL S	5,014
4,370 TV RENT	16,080
4,383 BACKGR	736
4,390 OTHER TAXES	
4,400 PAYROL	155,310
4,401 PAYROL	9,293
4,410 GROUP I	114,576
4,420 LIABILIT	28,567
4,430 WORKM	37,742
4,435 W/C-FIRS	381
4,436 DRUG TE	1,112
4,450 MANAGI	142,282
4,460 BAD DEF	4,800
4,461 BAD DEF	15,379
4,470 LOST ITE	19
4,475 UNIFORM	233
4,486 SERVICE	16,900
4,490 MISC EX	87
4,496 MISC. M.	11,203
4,510 REAL ES	0
4,600 LEASED	4,557
5,110 MAINTEI	76,609
5,120 MAINTEI	5,727
5,130 ELECTRI	36,542
5,131 NATURA	14,695
5,133 WATER &	17,118
5,134 TRASH C	5,464
5,140 PROP/PL	18,788
5,160 GENERA	35,261
5,165 MAINTEI	13,729
5,210 DIETARY	172,419
5,220 DIETARY	11,222
5,248 FOOD PU	128,354

5,250 SUPPLIE	2,885
5,260 REPLACI	3,548
5,270 KITCHEN	5,336
5,295 MEAL IN	(1,469)
5,310 LAUNDR	33,369
5,340 LAUNDR	1,067
5,370 REPLACI	2,163
	88
5,390 SUPPLIE	3,436
5,410 HOUSEK	42,043
5,440 HOUSEK	2,110
5,480 SUPPLIE	19,343
5,490 SUPPLIES-HOUSEKEEPING	
6,020 RN WAG	330,182
6,030 DON WA	60,065
6,035 ADON WAGES	
6,040 RN PTO &	28,469
6,120 LPN WAC	104,570
6,140 LPN PTO	10,953
6,220 AIDES W	476,959
6,240 AIDES PT	32,986
6,245	
	0
	0
	0
6,270 REHAB V	108,515
6,275 REHAB F	8,682
6,290 NURSINC	56,332
6,295 NURSINC	375
6,390 REPLACI	4,066
6,490 OTHER	204

7,280 DRUG PU	72,082
7,281 DRUG PU	133,255
7,380 LABORA	9,903
7,390 X-RAY S	2,840
	0
7,510 ACTIVIT	65,797
7,540 ACTIVIT	4,592
7,590 ACTIVIT	8,652
7,620 PHYSICA	187,866
7,660 P.T. SUPE	2,161
7,710 SOCIAL S	29,446
7,720 SOCIAL S	1,393
7,730 SOCIAL SERVICE-EXPENSES	
7,740 OCCUPA	177,998
7,770 SPEECH '	46,338
7,820 BEAUTIC	53
	0
	0
8,120 INTERES	0
	16,488
8,130 DEPRECI	0
	0
9,510 INTERES	(444)
9,520 MISC NO	0
4,220	0
8,100	315,361
9,702	0
5,230	0
	<u>464,046</u>

Expenses Fixed Assets

