



Facility Name & ID Number Heritage Health Normal

# 0048082 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	162	Skilled (SNF)	162	59,130	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	162	TOTALS	162	59,130	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	15,655	22,279	4,289	42,223	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,655	22,279	4,289	42,223	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.41%

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 4,289

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 Health Normal

# 0048082

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	452,478	22,373		474,851		474,851	8,749	483,600		1
2	Food Purchase		319,007		319,007		319,007	51	319,058		2
3	Housekeeping	198,784	51,919		250,703		250,703	63	250,766		3
4	Laundry	90,137	39,173		129,310		129,310		129,310		4
5	Heat and Other Utilities			138,089	138,089		138,089	2,271	140,360		5
6	Maintenance	109,967	148,030	130,163	388,160		388,160	26,762	414,922		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	851,366	580,502	268,252	1,700,120		1,700,120	37,896	1,738,016		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			12,400	12,400		12,400		12,400		9
10	Nursing and Medical Records	3,173,756	202,067	14,765	3,390,588		3,390,588	(21,594)	3,368,994		10
10a	Therapy		933,800	932,824	1,866,624	(1,038,266)	828,358		828,358		10a
11	Activities	95,536	6,689		102,225		102,225		102,225		11
12	Social Services	98,257		4,345	102,602		102,602		102,602		12
13	CNA Training	2,387	2,095		4,482		4,482	1,558	6,040		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,369,936	1,144,651	964,334	5,478,921	(1,038,266)	4,440,655	(20,036)	4,420,619		16
	<b>C. General Administration</b>										
17	Administrative	97,000			97,000		97,000		97,000		17
18	Directors Fees										18
19	Professional Services			458,257	458,257		458,257	(424,694)	33,563		19
20	Dues, Fees, Subscriptions & Promotions			148,853	148,853	(88,695)	60,158	(22,710)	37,448		20
21	Clerical & General Office Expenses	456,440	32,775	14,259	503,474		503,474	523,557	1,027,031		21
22	Employee Benefits & Payroll Taxes			993,729	993,729		993,729	78,184	1,071,913		22
23	Inservice Training & Education			21,850	21,850		21,850	1,547	23,397		23
24	Travel and Seminar			10,244	10,244		10,244	(5,245)	4,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			92,478	92,478		92,478	22,644	115,122		26
27	Other (specify):* <b>Lost resident items</b>			19,518	19,518		19,518	(19,200)	318		27
28	<b>TOTAL General Administration</b>	553,440	32,775	1,759,188	2,345,403	(88,695)	2,256,708	154,083	2,410,791		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,774,742	1,757,928	2,991,774	9,524,444	(1,126,961)	8,397,483	171,943	8,569,426		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							503,195	503,195			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			55,178	55,178		55,178	147,677	202,855			32
33	Real Estate Taxes							102,557	102,557			33
34	Rent-Facility & Grounds			718,320	718,320		718,320	(709,073)	9,247			34
35	Rent-Equipment & Vehicles			24,224	24,224		24,224	13,062	37,286			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			797,722	797,722		797,722	57,418	855,140			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					1,038,266	1,038,266	(160,105)	878,161			39
40	Barber and Beauty Shops			16,260	16,260		16,260		16,260			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					88,695	88,695		88,695			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>			16,260	16,260	1,126,961	1,143,221	(160,105)	983,116			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,774,742	1,757,928	3,805,756	10,338,426		10,338,426	69,256	10,407,682			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 Normal

# 0048082

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	(126)			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	(4,813)			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	(16,155)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,934)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(19,200)			24
25	Fund Raising, Advertising and Promotional	(34,831)			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>	\$ (79,059)		\$	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)	148,315		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 148,315		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ 69,256		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 Health Normal

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

ID# 0048082

Sch. V Line  
Reference

NON-ALLOWABLE EXPENSES

Amount

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		(3,934)	19	22
23				23
24		(19,200)	27	24
25		(34,831)	20	25
26				26
27		(126)	34	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>		(58,091)	49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health Normal# 0048082

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	8,749	0	0	0	0	0	0	0	0	8,749	1
2	Food Purchase	0	0	51	0	0	0	0	0	0	0	0	51	2
3	Housekeeping	0	0	63	0	0	0	0	0	0	0	0	63	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,271	0	0	0	0	0	0	0	0	2,271	5
6	Maintenance	0	0	26,762	0	0	0	0	0	0	0	0	26,762	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>37,896</b>	<b>0</b>	<b>37,896</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	(22,625)	1,031	0	0	0	0	0	0	0	0	(21,594)	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	1,558	0	0	0	0	0	0	0	0	1,558	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>(22,625)</b>	<b>2,589</b>	<b>0</b>	<b>(20,036)</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	(3,934)	(452,175)	31,415	0	0	0	0	0	0	0	0	(424,694)	19
20	Fees, Subscriptions & Promotions	(34,831)	0	12,121	0	0	0	0	0	0	0	0	(22,710)	20
21	Clerical & General Office Expenses	0	0	523,557	0	0	0	0	0	0	0	0	523,557	21
22	Employee Benefits & Payroll Taxes	0	0	78,184	0	0	0	0	0	0	0	0	78,184	22
23	Inservice Training & Education	0	(100)	1,647	0	0	0	0	0	0	0	0	1,547	23
24	Travel and Seminar	(16,155)	0	10,910	0	0	0	0	0	0	0	0	(5,245)	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	22,644	0	0	0	0	0	0	0	0	22,644	26
27	Other (specify):*	(19,200)	0	0	0	0	0	0	0	0	0	0	(19,200)	27
28	<b>TOTAL General Administration</b>	<b>(74,120)</b>	<b>(452,275)</b>	<b>680,478</b>	<b>0</b>	<b>154,083</b>	<b>28</b>							
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(74,120)</b>	<b>(474,900)</b>	<b>720,963</b>	<b>0</b>	<b>171,943</b>	<b>29</b>							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health Normal

# 0048082

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	471,036	0	32,159	0	0	0	0	0	0	0	503,195	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,813)	152,591	0	(101)	0	0	0	0	0	0	0	147,677	32
33	Real Estate Taxes	0	102,557	0	0	0	0	0	0	0	0	0	102,557	33
34	Rent-Facility & Grounds	(126)	(718,320)	0	9,373	0	0	0	0	0	0	0	(709,073)	34
35	Rent-Equipment & Vehicles	0	0	0	13,062	0	0	0	0	0	0	0	13,062	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(4,939)</b>	<b>7,864</b>	<b>0</b>	<b>54,493</b>	<b>0</b>	<b>57,418</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	(160,105)	0	0	0	0	0	0	0	0	0	(160,105)	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>(160,105)</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>(160,105)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(79,059)</b>	<b>(627,141)</b>	<b>720,963</b>	<b>54,493</b>	<b>0</b>	<b>69,256</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	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	<a href="#">10 Adjustment for Related Organization</a>	\$	<a href="#">GreenTree Pharmacy</a>	0.00%	\$ (22,625)	\$ (22,625)	1
2	V	<a href="#">23 Adjustment for Related Organization</a>		<a href="#">GreenTree Pharmacy</a>	0.00%	(100)	(100)	2
3	V	<a href="#">39 Adjustment for Related Organization</a>		<a href="#">GreenTree Pharmacy</a>	0.00%	(160,105)	(160,105)	3
4	V	<a href="#">19 Adjustment for Related Organization</a>	452,175	<a href="#">Heritage Operations Group, LLC</a>	0.00%		(452,175)	4
5	V							5
6	V	<a href="#">34 Adjustment for Related Organization</a>	718,320	<a href="#">Heritage Manor Real Estate, LLC</a>	0.00%		(718,320)	6
7	V	<a href="#">33 Adjustment for Related Organization</a>		<a href="#">Heritage Manor Real Estate, LLC</a>		102,557	102,557	7
8	V	<a href="#">32 Adjustment for Related Organization</a>		<a href="#">Heritage Manor Real Estate, LLC</a>		147,818	147,818	8
9	V	<a href="#">30 Adjustment for Related Organization</a>		<a href="#">Heritage Manor Real Estate, LLC</a>		471,036	471,036	9
10	V	<a href="#">32 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>		\$ 1,170,495			\$ 543,354	\$ * (627,141)	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.		\$	\$ 8,749	15
16	V	2 Food Purchase					51	16
17	V	3 Housekeeping					63	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					2,271	19
20	V	6 Maintenance					26,762	20
21	V	7 Other					0	21
22	V	9 Medical Director					0	22
23	V	10 Nursing & Medical Records					1,031	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					1,558	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					31,415	31
32	V	20 Fees, Subscription, Promotions					12,121	32
33	V	21 Clerical & General Office Expenses					523,557	33
34	V	22 Employee Benefits & Payroll Taxes					78,184	34
35	V	23 Inservice Training & Education					1,647	35
36	V	24 Travel and Seminar					10,910	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					22,644	38
39	<b>Total</b>		\$			\$	0	\$ * 720,963 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						32,159 16
17	V	31 Amortization of Pre-Op & Org						0 17
18	V	32 Interest						(101) 18
19	V	33 Real Estate Taxes						0 19
20	V	34 Rent-Facility & Grounds						9,373 20
21	V	35 Rent-Equipment & Vehicles						13,062 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 \$ * 54,493 39

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

Facility Name & ID Number Heritage Health Normal # 0048082 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 Normal

# 0048082

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	164	\$ 8,749	1
2	2	Food Purchase	Beds	2,835	27	878	0	164	51	2
3	3	Housekeeping	Beds	2,835	27	1,094	0	164	63	3
4	4	Laundry	Beds	2,835	27	0	0	164	0	4
5	5	Heat & Other Utilities	Beds	2,835	27	39,264	0	164	2,271	5
6	6	Maintenance	Beds	2,835	27	462,630	80,387	164	26,762	6
7	7	Other	Beds	2,835	27	0	0	164	0	7
8	9	Medical Director	Beds	2,835	27	0	0	164	0	8
9	10	Nursing & Medical Records	Beds	2,835	27	17,825	16,766	164	1,031	9
10	11	Activities	Beds	2,835	27	0	0	164	0	10
11	12	Social Service	Beds	2,835	27	0	0	164	0	11
12	13	Nurse Aide Training	Beds	2,835	27	26,928	26,075	164	1,558	12
13	14	Program Transportation	Beds	2,835	27	0	0	164	0	13
14	15	Other	Beds	2,835	27	0	0	164	0	14
15	17	Administrative	Beds	2,835	27	0	0	164	0	15
16	18	Directors Fees	Beds	2,835	27	0	0	164	0	16
17	19	Professional Services	Beds	2,835	27	543,062	0	164	31,415	17
18	20	Fees, Subscription, Promotions	Beds	2,835	27	209,523	0	164	12,121	18
19	21	Clerical & General Office Expens	Beds	2,835	27	9,050,509	8,564,147	164	523,557	19
20	22	Employee Benefits & Payroll Tax	Beds	2,835	27	1,351,528	0	164	78,184	20
21	23	Inservice Training & Education	Beds	2,835	27	28,468	0	164	1,647	21
22	24	Travel and Seminar	Beds	2,835	27	188,595	0	164	10,910	22
23	25	Other Admin. Staff Transportatio	Beds	2,835	27	0	0	164	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,835	27	391,443	0	164	22,644	24
25	TOTALS					\$ 12,462,987	\$ 8,837,683		\$ 720,963	25

Facility Name & ID Number Heritage Health Normal

# 0048082

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	\$	\$	164	\$	1
2	30	Depreciation	Beds	2,835	27	555,915	164	32,159		2
3	31	Amortization of Pre-Op & Org	Beds	2,835	27		164			3
4	32	Interest	Beds	2,835	27	(1,746)	164	(101)		4
5	33	Real Estate Taxes	Beds	2,835	27		164			5
6	34	Rent-Facility & Grounds	Beds	2,835	27	162,022	164	9,373		6
7	35	Rent-Equipment & Vehicles	Beds	2,835	27	225,798	164	13,062		7
8	36	Other	Beds	2,835	27		164			8
9	38	Medically Nec Transportation	Beds	2,835	27		164			9
10	39	Ancillary Service Centers	Beds	2,835	27		164			10
11	40	Barber and Beauty Shops	Beds	2,835	27		164			11
12	41	Coffee and Gift Shops	Beds	2,835	27		164			12
13	42	Other	Beds	2,835	27		164			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	\$		\$ 54,493	25

Facility Name & ID Number

Heritage Health Normal

# 0048082

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			\$	\$			\$ 147,818					
2	Bank of America		x	Loan Fee Amortization							4,773					
3																
4																
5																
<b>Working Capital</b>																
6	Bank of America		x	Working Capital							55,178					
7																
8																
9	<b>TOTAL Facility Related</b>						\$	\$			\$ 207,769					
<b>B. Non-Facility Related*</b>																
10	Interest Income										(4,813)					
11																
12	Allocated Corporate										(101)					
13																
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (4,914)					
15	<b>TOTALS (line 9+line14)</b>						\$	\$			\$ 202,855					

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.)



## 2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health Normal COUNTY McLean

FACILITY IDPH LICENSE NUMBER 0048157

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>14-29-227-016</u>	_____	\$ <u>141,217.74</u>	\$ <u>102,557.00</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>141,217.74</u></u>	\$ <u><u>102,557.00</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: 51,164 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).

Adelaide Apts - Independent Living - No shared services but real estate taxes shown on same bill

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>181,333</u>	1
2					2
3	TOTALS			\$ <u>181,333</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	Accumulated Depreciation
4	162			\$ 1,860,193	\$		\$	\$
5								
6								
7								
8								
<b>Improvement Type**</b>								
9	1979 Improvements	1979		66,917				
10	1980 Improvements	1980		48,089				
11	1981 Improvements	1981		17,747				
12	1982 Improvements	1982		18,009				
13	1983 Improvements	1983		19,892				
14	1984 Improvements	1984		25,484				
15	1985 Improvements	1985		531,851				
16	1986 Improvements	1986		82,460				
17	1987 Improvements	1987		17,447				
18	1988 Improvements	1988		133,532				
19	1989 Improvements	1989		39,555				
20	1990 Improvements	1990		18,557				
21	1991 Improvements	1991		5,776				
22	1992 Improvements	1992		8,016				
23	1993 Improvements	1993		188,048				
24	1994 Improvements	1994		187,325				
25	1995 Improvements	1995		10,664				
26	A/C Basement Laundry	1996		6,741				
27	Asphalt Repair	1996		21,401				
28	Remodel/Painting	1996		1,912				
29	Fire Alarm Repair/Replace	1996		8,069				
30	Kitchen Floor/Backsplash	1996		1,395				
31								
32								
33	C/O Allocation				32,159		32,159	
34	Book Depreciation				360,470		360,470	
35								
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 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Tubes--Boiler	1997	\$ 12,279	\$		\$	\$	\$	37
38	Smoke Damper	1997	2,508						38
39	Perimeter Alarm	1997	3,364						39
40	Door Alarm	1997	3,909						40
41	Parking Lot Lights	1997	1,221						41
42	Fire Door	1997	2,146						42
43									43
44	Asbestos Removal	1998	985						44
45	Fire Daper	1998	4,589						45
46	Plumbing Maintenance	1998	3,285						46
47	HVAC Repairs	1998	2,139						47
48	Boiler Retubed	1998	5,720						48
49	Remodel Resident Rooms and Halls-materials	1998	739,117						49
50	Remodel Resident Rooms and Halls- Labor	1998	4,323						50
51	Remodel Resident Rooms and Halls-Professional Fees	1998	38,935						51
52									52
53	Moving Furnature Expense	1998	6,398						53
54	Computer Room Work	1998	896						54
55	Alzheimers Addition-Materials	1998	876,511						55
56	Alzheimers Addition-Labor	1998	516						56
57	Alzheimers Addition-Professional Fees	1998	162,266						57
58	Ventalation System-Materials	1998	54,231						58
59	Ventalation System-Professional Fees	1998	33,010						59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,277,428	\$ 392,629		\$ 392,629	\$	\$	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	<b>Totals from Page 12A, Carried Forward</b>		\$ 5,277,428	\$ 392,629		\$ 392,629	\$	\$	1
2	Alzheimers Addition-Materials	1999	1,913,384						2
3	Alzheimers Addition-Labor	1999	16,393						3
4	Alzheimers Addition-Professional Fees	1999	43,955						4
5	Ventalation System-Materials	1999	2,591						5
6	Remodel Resident Rooms--Materials	1999	96,197						6
7	Remodel Resident Rooms--Professional Fees	1999	350						7
8	Patio Replacement	1999	3,700						8
9	WAN Room Renovation	1999	3,230						9
10	ALTA Survey	1999	5,488						10
11	PANIC Hardware	1999	1,941						11
12	Roof Work	1999	4,844						12
13	Boiler Replacement	1999	11,219						13
14	Garage Door	1999	985						14
15	West End Renovations-Labor	1999	2,184						15
16	Assisted Living Professional Fees	1999	1,843						16
17									17
18	West Wing Outlets	2000	8,485						18
19	Alzheimer Unit Flooring	2000	5,631						19
20	Accordion Door and Installation	2000	9,600						20
21	Air conditioning Units (2)	2000	1,240						21
22	Exterior Door Replacement	2000	6,095						22
23	Air conditioner -- Dishroom	2000	12,041						23
24	HVAC temp Control	2000	16,220						24
25	Mop sink and faucet (2)	2000	3,377						25
26	Clinical Sink	2000	847						26
27	Eye Wash Stations	2000	2,566						27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,451,834	\$ 392,629		\$ 392,629	\$	\$	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	<b>Totals from Page 12B, Carried Forward</b>		\$ 7,451,834	\$ 392,629		\$ 392,629	\$	\$	1
2	West End Renovations-Labor	2000	9,940						2
3	West End Renovations-material	2000	7,991						3
4	Capital Report Adjustments	2000	(2,985)						4
5	Boiler Repair	2001	7,921						5
6	Code Alert	2001	6,248						6
7	Painting & Wallpaper Hallway	2001	2,714						7
8	Condenser	2001	3,203						8
9	Fire System Repair	2001	2,269						9
10	Sign	2001	3,266						10
11	Water Heater	2001	4,797						11
12									12
13	Smoke Detector	2002	2,000						13
14	Fence	2002	2,400						14
15	Mixing Valve	2002	2,000						15
16	Bathroom Repairs	2002	10,179						16
17	Sprinkler System	2002	1,019						17
18	Computer Cable	2002	1,076						18
19	Boiler Pump	2002	5,000						19
20	A/C Unit	2002	2,750						20
21	Administrator Office Remodel	2002	4,534						21
22	Fire System Repair	2002	1,234						22
23	A/C Repair	2002	3,535						23
24	Flag & Flag Pole	2002	600						24
25	Elevator Repairs	2002	6,862						25
26	Code Alert	2002	975						26
27	Exhaust Fan	2002	1,350						27
28	Capital Report Adjustments	2002	(3,184)						28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,539,528	\$ 392,629		\$ 392,629	\$	\$	34

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

Facility Name &amp; ID Number Heritage Health Normal

# 0048082

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	Totals from Page 12C, Carried Forward		\$ 7,539,528	\$ 392,629		\$ 392,629	\$	\$	1
2	Fire System								2
3	Flag Pole	2003	8,614						3
4	Security Door	2003							4
5	A/C Unit	2003	5,990						5
6	Condensing Unit	2003	1,580						6
7	Compressor	2003	1,137						7
8	Sewage Ejection	2003	2,067						8
9	A/C Unit	2003	17,028						9
10		2003	1,628						10
11	Sewage Ejection								11
12	A/C Unit	2004	12,312						12
13	Water Softener	2004	1,175						13
14	Exterior Referbish	2004	18,667						14
15	Boiler	2004	2,202						15
16		2004	16,060						16
17	Boiler								17
18	Nurses Station	2005	388						18
19	Smoke Detectors	2005	8,146						19
20	Windows	2005	3,884						20
21	Tempering Valve	2005	6,146						21
22	Sewage Ejection	2005	2,510						22
23	Ansul System	2005	1,310						23
24	Accelerator	2005	2,320						24
25	A/C Unit	2005	1,548						25
26	A/C Unit	2005	2,550						26
27	Sidewalk Replacement	2005	1,275						27
28	Capital Report Adjustment	2005	21,297						28
29		2005	(22,995)						29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,656,367	\$ 392,629		\$ 392,629	\$	\$	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 12D, Carried Forward		\$ 7,656,367	\$ 392,629		\$ 392,629	\$	\$	1
2									2
3	A/C Unit	2006	5,900						3
4									4
5									5
6	Capital Report Adj	2007	(16,473)						6
7	Interior Door	2007	425						7
8	Generator	2007	16,165						8
9	Mixing valve	2007	1,955						9
10	Water pipe	2007	2,350						10
11	Water Heater	2007	27,451						11
12	Window	2007	906						12
13	AC Condensing Unit	2007	2,345						13
14	Flooring	2007	775						14
15									15
16	Handrails	2008	2,904						16
17	Grinder Pump	2008	2,566						17
18	Exterior Panting	2008	13,372						18
19	Dining Room Windows	2008	8,150						19
20	Dining Room Roof	2008	78,218						20
21	Driveway Improvements	2008	4,400						21
22	boiler	2008	5,680						22
23	Duct Replacement	2008	16,973						23
24	Carpet	2008	54,088						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)		\$ 7,884,517	\$ 392,629		\$ 392,629	\$	\$	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 12E, Carried Forward		\$ 7,884,517	\$ 392,629		\$ 392,629	\$	\$	1
2	Capital Report Adj	2009	(33,138)						2
3	Fire Alarm	2009	4,458						3
4	Air Handler	2009	7,544						4
5	Landscaping	2009	31,059						5
6	Sprinkler	2009	29,630						6
7	Gutter	2009	3,800						7
8	Dinning room windows	2009	2,280						8
9	Dinning room roof	2009	17,408						9
10	Parking lot surface	2009	87,268						10
11	Boiler	2009	7,625						11
12	Parapet Walls	2009	11,000						12
13	Water Main	2009	6,130						13
14	Nurse Call & Phone system	2009	297,156						14
15									15
16	Retaining wall	2010	21,000						16
17	Air Handler	2010	38,790						17
18	Carpet - Legacy care wing	2010	52,529						18
19	water Meter	2010	5,855						19
20									20
21	West Nurse's Station	2011	35,324						21
22	Sprinkler system	2011	295,806						22
23	Sewer pipe	2011	6,561						23
24	Air Compressor	2011	7,313						24
25	Flooring repair	2011	5,580						25
26	Air Handler	2011	21,534						26
27	Sign	2011	8,500						27
28	Dry pendent sprinkler	2011	48,620						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,904,149	\$ 392,629		\$ 392,629	\$	\$	34

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

Facility Name &amp; ID Number Heritage Health Normal

# 0048082

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 12F, Carried Forward</b>		\$ 8,904,149	\$ 392,629		\$ 392,629	\$	\$	1
2									2
3	Water Heater	2012	6,600						3
4	Dry Pendant Sprinkler	2012	6,300						4
5	Loading Dock	2012	5,140						5
6	Condensing Unit	2012	6,505						6
7	Disposer	2012	3,131						7
8	Roof	2012	131,830						8
9	Parking Lot	2012	32,607						9
10	Lighting Upgrade	2012	1,439						10
11	Air Handler	2012	12,456						11
12	East Wing Heat Line	2012	8,347						12
13	Heat Pump	2012	3,337						13
14									14
15	Facility Remodel	2013	733,810						15
16	Parking Lot Addition	2013	19,834						16
17	Smoke Detectors	2013	5,567						17
18	Boiler Adjustments	2013	3,515						18
19	Pneumatic Adjustment - Radiator	2013	5,212						19
20	Elevator Door Restrictor	2013	3,150						20
21									21
22	Sanitary Line Repair	2014	5,470						22
23	Completion of 2013 Facility Remodel - final carpeting								23
24	plumbing and flooring upgrades to all patient rooms	2014	360,614						24
25									25
26	Retube boiler	2015	15,200						26
27	New flooring - soiled utility room	2015	6,472						27
28	Compressor replacement	2015	3,861						28
29	Replacement split system for laundry room	2015	6,725						29
30	Replaced failed LCD annunciator	2015	3,910						30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,295,181	\$ 392,629		\$ 392,629	\$	\$	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	\$ 1,948,259	\$ 110,566	\$ 110,566	\$		\$	71
72	Current Year Purchases	63,836						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 2,012,095	\$ 110,566	\$ 110,566	\$		\$	75

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

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,488,609	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 503,195	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 503,195	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 Normal

# 0048082

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: \$ 24,224

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.

**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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<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	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	\$		\$	315,107	\$		\$	315,107	1
2	Licensed Speech and Language Development Therapist		hrs				136,310				136,310	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist		hrs				373,241		3,700		376,941	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						930,100		930,100	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):											12
13	Other (specify):						108,166				108,166	13
14	<b>TOTAL</b>			\$		\$	932,824	\$	933,800	\$	1,866,624	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 Normal

# 0048082

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	\$ 300	\$	1
2	Cash-Patient Deposits	7,637		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,510,591		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	37,198		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(681,445)		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 874,281	\$	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>	\$ 874,281	\$	25

		1	2	
		Operating	After	
			Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 501,953	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	7,637		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	326,500		30
31	Accrued Taxes Payable (excluding real estate taxes)	8,931		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>	39,255		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 884,276	\$	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>	\$ 884,276	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (9,995)	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 874,281	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (469,026)	1
2	Restatements (describe):		2
3	Audit Reclassification	180,986	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (288,040)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	278,045	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 278,045	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (9,995)	24 *

\* 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	\$ 9,367,036	1	
2	Discounts and Allowances for all Levels	(3,561,768)	2	
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 5,805,268</b>	3	
<b>B. Ancillary Revenue</b>				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	3,023,728	6	
7	Oxygen		7	
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 3,023,728</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	21,643	13	
14	Non-Patient Meals		14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space	126	16	
17	Sale of Drugs	1,760,807	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory		19	
20	Radiology and X-Ray		20	
21	Other Medical Services	86	21	
22	Laundry		22	
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,782,662</b>	23	
<b>D. Non-Operating Revenue</b>				
24	Contributions		24	
25	Interest and Other Investment Income***	4,813	25	
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 4,813</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>		29	
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 10,616,471</b>	30	

		2		
II. Expenses		Amount		
<b>A. Operating Expenses</b>				
31	General Services	1,700,120	31	
32	Health Care	5,478,921	32	
33	General Administration	2,345,403	33	
<b>B. Capital Expense</b>				
34	Ownership	797,722	34	
<b>C. Ancillary Expense</b>				
35	Special Cost Centers	16,260	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>\$ 10,338,426</b>	40	
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>278,045</b>	41	
42	<b>Income Taxes</b>		42	
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 278,045</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 Health Normal

# 0048082

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	1,961	2,064	\$ 74,174	\$ 35.94	1
2	Assistant Director of Nursing	2,779	2,925	83,527	28.56	2
3	Registered Nurses	17,792	18,728	588,437	31.42	3
4	Licensed Practical Nurses	33,668	35,440	841,344	23.74	4
5	CNAs & Orderlies	106,383	111,982	1,530,533	13.67	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,647	3,839	55,741	14.52	8
9	Activity Director					9
10	Activity Assistants	7,994	8,415	95,536	11.35	10
11	Social Service Workers	5,050	5,316	98,257	18.48	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	37,758	39,745	452,478	11.38	15
16	Dishwashers					16
17	Maintenance Workers	7,791	8,201	109,967	13.41	17
18	Housekeepers	18,301	19,264	198,784	10.32	18
19	Laundry	7,929	8,346	90,137	10.80	19
20	Administrator	1,976	2,080	97,000	46.63	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,911	18,854	456,440	24.21	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)	270,940	285,199	\$ 4,772,355 *	\$ 16.73	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	12,400		36
37	Medical Records Consultant	1,320		37
38	Nurse Consultant			38
39	Pharmacist Consultant	7,793		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	4,345		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 25,858		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	
Heather Brown			\$ 97,000	Workers' Compensation Insurance	\$ 95,657	IDPH License Fee	\$	
				Unemployment Compensation Insurance	59,516	Advertising: Employee Recruitment	3,760	
				FICA Taxes	365,085	Health Care Worker Background Check (Indicate # of checks performed _____)	4,778	
				Employee Health Insurance	411,205	Patient Background Checks		
				Employee Meals		PR	13,621	
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	17,255	
				Other Benefits	62,266	License & Fees	6,696	
				Central Office Allocation	78,184	Central Office Allocation	12,121	
						Less: Public Relations Expense	(13,621)	
						Non-allowable advertising	(7,162)	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 97,000	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,071,913	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 37,448	
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	
								6,372
								45
							Seminar Expense	3,827
								(5,245)
							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	Mgmt	\$ 452,224						
ADP	Payroll Tax Processing	1,382						
Consova Group	HR Consulting	717						
Legal adj to Zero		3,934						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		\$ 458,257						

\* 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 &amp; ID Number Heritage Health Normal

# 0048082

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. \$ 88,695  
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. \$ 35,472
- (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 1,607,388
1040	CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. (96,797)
1100	ACCOUNTS RECEIVABLE	1,510,591				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 37,198
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	37,198				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 7,637
1490	ACCUM DEPR-BUILDING	0				1,550	1,550 LOAN FE 0
1530	RESIDENT FUNDS	7,637				1,551	1,551 LOAN FEES ADDED
1550	LOAN FEES	0				1,850	1,850 INTERCC (681,445)
1560	REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUN (501,953)
1575	REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
1850	INTRACOMPANY	-681,445				2,100	2,100 ACCRUE (71,884)
2010	ACCOUNTS PAYABLE	-501,953				2,100	2,100 PR CLEARING-BENEFITS
2095	BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-71,884				2,110	2,110 ACCRUE (254,616)
2110	ACCRUED VACATION PAY	-254,616				2,120	2,120 U.C. TAXES PAYABLE

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(8,931)	
2125	FICA TAX PAYABLE	-8,931	-8,931	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/H		
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	(39,255)	
2300	ACCRUED INTEREST PAYA	0		2,350	2,350 REAL ES	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-39,255		2,400	2,400 CURRENT PORTION OF LT DEB		
2350	REAL ESTATE TAX PAYAB	0		2,512	2,512 DUE TO	(7,637)	
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	288,040	
2460	INCOME TAXES PAYABLE				net income	(278,045)	
2512	DUE TO RESIDENTS	-7,637					
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	288,040					
2970	PROFIT/LOSS FOR PERIOD	-278,045					
3007.1	PATIENT DAYS-PRIVATE	22,279					3,007

3007.2	PATIENT DAYS-IPA	15,655						3,007
3007.3	PATIENT DAYS-MEDICARE	4,289						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 &	-9,295,385	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	-42,896	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	-1,760,807	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-3,023,728	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	3,561,768	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	-126		6	0	6	-126		3,530
3530	13 BEAUTY SHOP	-21,643		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		3,580
3580	12 MANAGEMENT FEES			0	0	0	0		3,590
3590	1 EQUIPMENT RENTAL	-28,755		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	0		0	0	0	0		3,600
3600	21 MISC INCOME	-86		0	0	0	0		3,600
4110	GENERAL & ADMINISTRATIVE WAGES	429,836	456,440	21	1	17	0		4,110
4111	ADMINISTRATOR WAGES	97,000	97,000	17	1	0	0		4,111
4115	VACATION & SICK - G&A	26,604		21	1	0	0		4,115
4120 4475	EMPLOYEE BENEFITS	20,141	993,729	22	3	0	0		4,120
4125	EMPLOYEE HEPETITIS VACATION	0		22	3	0	0		4,125
4130	EMPLOYEE SCHOLARSHIP	26,126		21	1	0	0		4,130
4135	EMPLOYEE SCHOLARSHIP	15,999		23	3	0	0		4,135
4220	DIRECTORS FEES	0	0	18	3	0	0		4,140
4250 4255	OFFICE SUPPLIES	32,775	32,775	21	2	0	0		4,145
4260	TELEPHONE	14,259	14,259	21	3	0	0		4,150
4275	TRAINING & EMPLOYEE DEVELOPMENT	21,850	21,850	23	3	16	0 **		4,155
4280	GENERAL TRAVEL	6,372	10,244	24	3	16	0		4,160
4281	MEAL EXPENSE FOR TRAVEL	45		24	3	19	0		4,165
4285	EDUCATION & SEMINAR	3,827		24	3	19	-16,155 ***		4,170
4290	HELP WANTED ADVERTISING	3,760	148,853	20	3	0	0 -88,695		4,175
4291	PROMOTIONAL ADVERTISING	14,048		20	3	25	-14,048		4,180
4292	PUBLIC RELATIONS	13,621		20	3	25	-13,621		4,185
4300	LICENSES & FEES	95,391		20	3	17	0		4,190
4310	DUES & SUBSCRIPTIONS	17,255		20	3	17	-7,162		4,195
4320	CONTRIBUTIONS	0		27	3	20	0		4,200
4350	PROFESSIONAL FEES	6,082	458,257	19	3	22	-3,934		4,205
4355	MEDICAL DIRECTOR	12,400	12,400	9	3	0	0		4,210
4360	UTILIZATION REVIEW	0		10	3	0	0		4,215
4361	OTHER PHYSICIAN FEES			39	3	0	0		4,220

4362	MEDICAL RECORDS CONSI	1,320		10	3	0	0	4,364
4363	PHARMACIST FEES	7,793		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	4,345	4,345	12	3	0	0	4,383
4370	TV RENTAL	18,508		35	3	5	0	4,390
4380	INCOME TAXES		19,518	27	3	26	0	4,400
4383	BACKGROUND CHECKS	4,778		20	3	26	0	4,401
4400	PAYROLL TAXES	414,532		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIS	10,069		22	3	0	0	4,420
4410	GROUP INSURANCE	411,205		22	3	0	0	4,430
4420	LIABILITY INSURANCE	92,478	92,478	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSUR/	95,657		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	452,175		19	3	34	0 **	4,460
4460	BAD DEBTS	19,200		27	3	24	-19,200	4,461
4470	LOST ITEMS-RESIDENTS	318		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	5,716	24,224	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	99,959	109,967	6	1	0	0	4,496
5120	MAINTENANCE SICK & VA	10,008		6	1	0	0	4,510
5130	ELECTRIC	66,960	138,089	5	3	0	0	4,600
5131	NATURAL GAS	33,679		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	37,450		5	3	0	0	5,130
5134	TRASH COLLECTION	25,651	130,163	6	3	0	0	5,131
5140	PROPERTY PLANT REPLAC	65,515	148,030	6	2	0	0	5,133
5160	GENERAL REPAIR & MAIN'	82,515		6	2	0	0	5,134
5165	MAINTENANCE CONTRAC'	104,512		6	3	0	0	5,140
5210	DIETARY WAGES	415,114	452,478	1	1	0	0	5,160
5220	DIETARY SICK & VAC	37,364		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	354,479	319,007	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	4,163	22,373	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	6,504		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	11,706		1	2	0	0	5,260
5295	MEAL CREDIT	-35,472		2	2	0	0	5,270
5310	LAUNDRY WAGES	83,841	90,137	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	6,296		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	26,765	39,173	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	12,408		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	184,038	198,784	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	14,746		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	46,566	51,919	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-	5,353		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		3,173,756	10	1	0	0	5,490
6020	RN WAGES-NON MEDICAR	536,336		10	1	0	0	6,020
6030	DON WAGES	74,174		10	1	0	0	6,030
6035	ADON	83,527		10	1	0	0	6,035
6040	RN SICK & VACATION	52,101		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	797,602		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	43,742		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICAL	1,447,033		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	83,500		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/	2,387	2,387	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	2,095	2,095	13	2	0	0	6,290
6260	NURSE AIDE TRAINING RE	0		0	0	0	0	6,295
6270	REHAB WAGES	50,783		10	1	0	0	6,390
6275	REHAB SICK & VAC	4,958		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	180,144	202,067	10	2	0	0	7,281
6295	NURSING SUPPLIES	17,731		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	4,192		10	2	0	0	7,391
6490	NURSING OTHER	5,652	14,765	10	3	0	0	7,393
7280	DRUG PURCHASES	477,248	933,800	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	452,852		39	2			7,540
7380	LABORATORY SERVICES	108,166	932,824	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	90,031	95,536	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	5,505		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	6,689	6,689	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	373,241		39	3	0	0 ***	7,890
7660	PT SUPPLIES	3,700		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	87,506	98,257	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & V	10,751		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSE	0	0	12	2	0	0	8,130
7740	OT FEE	315,107		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	136,310		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	16,260	16,260	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	718,320	718,320	34	3	0	0	

8120	INTEREST EXPENSE	55,178	55,178	32	3	14	-4,813	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-4,813		32	0	10	0	
9520	MISC NON-OPERATING INC	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		10,333,613	10,338,426					
			4,813					

GRAND TOTALS -278,045 -79,059  
(NET INCOME)

0

FACILITY NAME:

FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

G/L

RECAP CENSUS

PP	22,279	22,279
IPA	15,655	15,655
medicare	4,289	4,289
		42,223



UND

RIA

BT

BT

3,007 PATIENT 15,655  
3,007 PATIENT 4,289  
0

3,010 BASIC CI (9,295,385)

3,020 BASIC CI 0

3,030 BASIC CI 0

0

0

0

0

3,080 NURSING (42,896)

3,081 NURSING SUPPLIES-IPA

3,082 NURSING SUPPLIES-M/C A

3,083 NURSING SUPPLIES-M/C B

3,100 DRUGS-M (1,760,807)

3,110 PHYSICIAN (3,023,728)

0

3,112 PHYSICIAN 0

3,113 PHYSICIAN 0

3,140 LABORATORY INCOME

0

3,152 ST/OT TR 0

3,153 ST/OT TR 0

3,185 REHABILITATION/ISOLATION/OTHER CHG

3,410 IPA/OTH 0

3,411 MEDICAL 0

3,420 MEDICAL 3,534,003

3,520 RENT IN (126)  
3,530 BEAUTY (21,643)

3,570 VENDING INCOME & EXPENSE

3,590 EQUIPMI (28,755)

3,595 RESIDEN 0

3,600 MISC INC (86)

4,110 G&A WA 429,836

4,111 ADMINIS 97,000

4,115 G&A PTC 26,604

4,120 EMPLOY 21,506

4,130 EMPLOY 26,126

4,135 EMPLOY 15,999

4,250 OFFICE S 13,871

4,255 POSTAGI 5,016

4,260 TELEPHC 14,259

4,275 TRAININ 21,850

0

4,280 GENERA 6,372

4,281 MEAL EX 45

4,285 EDUCAT 3,657

4,289 MEETING 170

4,290 HELP WA 3,760

4,291 PROMOT 14,048

4,292 PUBLIC I 13,621

4,300 LICENSE 95,391

4,310 DUES & 17,255

4,320 CONTRIBUTIONS

4,350 PROFESS 6,082

4,355 MEDICAL 12,400

1,320

7,793

4,364 SOCIAL S	4,345
4,370 TV RENT	18,508
4,383 BACKGR	4,778
4,390 OTHER TAXES	
4,400 PAYROL	414,532
4,401 PAYROL	10,069
4,410 GROUP I	411,205
4,420 LIABILIT	92,478
4,430 WORKM	91,814
4,435 W/C-FIRS	1,487
4,436 DRUG TE	2,356
4,450 MANAGI	452,175
4,460 BAD DEF	19,200
4,461 BAD DEF	27,765
4,470 LOST ITE	318
4,475 UNIFORM	(1,365)
4,486 SERVICE	48,496
4,490 MISC EX	66
4,496 MISC. M.	13,888
4,510 REAL ES	0
4,600 LEASED	5,716
5,110 MAINTEI	99,959
5,120 MAINTEI	10,008
5,130 ELECTRI	66,960
5,131 NATURA	33,679
5,133 WATER &	37,450
5,134 TRASH C	25,651
5,140 PROP/PL	65,515
5,160 GENERA	82,515
5,165 MAINTEI	56,016
5,210 DIETARY	415,114
5,220 DIETARY	37,364
5,248 FOOD PU	354,413

5,250 SUPPLIE	4,163
5,260 REPLACI	6,504
5,270 KITCHEN	11,706
5,295 MEAL IN	(35,472)
5,310 LAUNDR	83,841
5,340 LAUNDR	6,296
5,370 REPLACI	26,765
5,390 SUPPLIE	12,408
5,410 HOUSEK	184,038
5,440 HOUSEK	14,746
5,480 SUPPLIE	46,566
5,490 SUPPLIE	5,353
6,020 RN WAG	536,336
6,030 DON WA	74,174
6,035 ADON W	83,527
6,040 RN PTO &	52,101
6,120 LPN WAG	797,602
6,140 LPN PTO	43,742
6,220 AIDES W	1,447,033
6,240 AIDES PT	83,500
6,245	
	2,387
	2,095
	0
6,270 REHAB V	50,783
6,275 REHAB F	4,958
6,290 NURSINC	180,144
6,295 NURSINC	17,731
6,390 REPLACI	4,192
6,490 OTHER	5,652

7,280 DRUG PU	477,248
7,281 DRUG PU	452,852
7,380 LABORA	28,208
7,390 X-RAY S	79,958
7,510 ACTIVIT	90,031
7,540 ACTIVIT	5,505
7,590 ACTIVIT	6,689
7,620 PHYSICA	373,241
7,660 P.T. SUPE	3,700
7,710 SOCIAL S	87,506
7,720 SOCIAL S	10,751
7,730 SOCIAL S	0
7,740 OCCUPA	315,107
7,770 SPEECH '	136,310
7,820 BEAUTIC	16,260
	0
	0
8,120 INTERES	0
	55,178
8,130 DEPRECI	0
	0
9,510 INTERES	(4,813)
9,520 MISC NO	0
4,220	0
8,100	718,320
9,702	0
5,230	0
	<u>(278,045)</u>

Expenses Fixed Assets

