I. IDPH License ID Number: 0041699

<table>
<thead>
<tr>
<th>Facility Name: Heritage Health Springfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: 900 North Rutledge Springfield 62702</td>
</tr>
<tr>
<td>County: Sangamon</td>
</tr>
<tr>
<td>Telephone Number: (217) 789-0930 Fax # ( )</td>
</tr>
<tr>
<td>HFS ID Number:</td>
</tr>
<tr>
<td>Date of Initial License for Current Owners: 1996</td>
</tr>
<tr>
<td>Type of Ownership: VOLUNTARY,NON-PROFIT</td>
</tr>
</tbody>
</table>

In the event there are further questions about this report, please contact:

| Name: Dave Underwood |
| Telephone Number: 309 823-7135 |
| Email Address: |

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/16 to 12/31/16 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

<table>
<thead>
<tr>
<th>Officer or Administrator of Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Signed) __________________________ (Date)</td>
</tr>
<tr>
<td>(Type or Print Name) David M Underwood</td>
</tr>
<tr>
<td>(Title) EVP &amp; CFO</td>
</tr>
<tr>
<td>(Signed) __________________________ (Date)</td>
</tr>
<tr>
<td>(Print Name)</td>
</tr>
<tr>
<td>(and Title)</td>
</tr>
<tr>
<td>(Firm Name &amp; Address)</td>
</tr>
<tr>
<td>(Telephone) ( ) Fax # ( )</td>
</tr>
</tbody>
</table>

HFS 3745 (N-4-99)
### 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**

<table>
<thead>
<tr>
<th>Beds at Beginning of Report Period</th>
<th>Licensure Level of Care</th>
<th>Beds at End of Report Period</th>
<th>Licensed Bed Days During Report Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>178</td>
<td>178</td>
<td>65,148</td>
</tr>
<tr>
<td>2</td>
<td>Skilled (SNF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Skilled Pediatric (SNF/PED)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Intermediate (ICF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Intermediate/DD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Sheltered Care (SC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>ICF/DD 16 or Less</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>TOTALS</td>
<td>178</td>
<td>65,148</td>
</tr>
</tbody>
</table>

**B. Census—For the entire report period.**

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Recipient</td>
<td></td>
<td>28,535</td>
<td>8,625</td>
<td>7,669</td>
<td>44,829</td>
</tr>
<tr>
<td>Private Pay</td>
<td></td>
<td></td>
<td>68.81%</td>
<td>68.81%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>68.81%</td>
<td>68.81%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>28,535</td>
<td>8,625</td>
<td>7,669</td>
<td>44,829</td>
</tr>
</tbody>
</table>

**C. Percent Occupancy.** (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) **68.81%**

**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 1996

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

YES ☒ Date 1996 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 7,669

Medicare Intermediary WPS

**IV. ACCOUNTING BASIS**

MODIFIED ☒

ACCRUAL ☐ 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.
<table>
<thead>
<tr>
<th>A. General Services</th>
<th>Salary/Wage</th>
<th>Supplies</th>
<th>Other</th>
<th>Total</th>
<th>Reclassification</th>
<th>Reclassified Total</th>
<th>Adjustments</th>
<th>Adjusted Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>48,581</td>
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<td></td>
<td>379,184</td>
<td>379,184</td>
<td>9,311</td>
<td>388,495</td>
<td></td>
<td>1</td>
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<td>283,396</td>
<td>283,396</td>
<td>67</td>
<td>283,463</td>
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<tr>
<td>4</td>
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<td>17,205</td>
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<td>126,318</td>
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<td>195,203</td>
<td>2,893</td>
<td>198,096</td>
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<td>6</td>
<td>155,601</td>
<td>93,840</td>
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<td>283,463</td>
<td>283,463</td>
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<td>126,318</td>
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<td>B. Health Care and Programs</td>
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<td>TOTAL</td>
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<td>1,903,487</td>
<td>231,238</td>
<td>5,349,257</td>
<td>(1,644,314)</td>
<td>3,704,943</td>
<td>(39,167)</td>
<td>3,665,776</td>
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<td>C. General Administration</td>
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<td>2,777</td>
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<td>3,693</td>
<td>3,693</td>
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<td>1,306</td>
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<td>1,306</td>
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<td></td>
<td></td>
<td>4,999</td>
<td>4,999</td>
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<tr>
<td>27</td>
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<td></td>
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<td>140,394</td>
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<td>28</td>
<td></td>
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<td></td>
<td>2,431,908</td>
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<td></td>
<td></td>
<td>2,431,908</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>TOTAL</td>
<td>572,417</td>
<td>43,276</td>
<td>1,999,411</td>
<td>2,615,104</td>
<td>(326,792)</td>
<td>2,288,312</td>
<td>143,596</td>
<td>2,431,908</td>
</tr>
</tbody>
</table>

*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)

<table>
<thead>
<tr>
<th>D. Ownership</th>
<th>Cost Per General Ledger</th>
<th>Reclassified Total</th>
<th>Adjustments</th>
<th>Adjusted Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Expense</td>
<td>Salary/Wage</td>
<td>Supplies</td>
<td>Other</td>
<td>Total</td>
<td>Reification</td>
</tr>
<tr>
<td>30 Depreciation</td>
<td>310,885</td>
<td></td>
<td></td>
<td>310,885</td>
<td></td>
</tr>
<tr>
<td>31 Amortization of Pre-Op. &amp; Org.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Interest</td>
<td>60,946</td>
<td>60,946</td>
<td>60,946</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Real Estate Taxes</td>
<td>123,970</td>
<td>123,970</td>
<td>123,970</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Rent-Facility &amp; Grounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Rent-Equipment &amp; Vehicles</td>
<td>34,011</td>
<td></td>
<td>34,011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Other (specify):*</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>37 TOTAL Ownership</td>
<td>529,812</td>
<td>529,812</td>
<td>529,812</td>
<td></td>
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</tr>
</tbody>
</table>

## E. Special Cost Centers

<table>
<thead>
<tr>
<th>Cost Per General Ledger</th>
<th>Reclassified Total</th>
<th>Adjustments</th>
<th>Adjusted Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ancillary Expense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 Medically Necessary Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 Ancillary Service Centers</td>
<td>1,384,212</td>
<td>1,384,212</td>
<td>1,644,314</td>
<td></td>
</tr>
<tr>
<td>40 Barber and Beauty Shops</td>
<td>12,702</td>
<td>12,702</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 Coffee and Gift Shops</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42 Provider Participation Fee</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>43 Other (specify):*</td>
<td></td>
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<tr>
<td>44 TOTAL Special Cost Centers</td>
<td>1,396,914</td>
<td>1,396,914</td>
<td>1,971,106</td>
<td></td>
</tr>
</tbody>
</table>

## GRAND TOTAL COST

(sum of lines 29, 37 & 44) | 4,621,641 | 2,507,960 | 4,509,908 | 11,639,509 | | | (413,091) | 11,226,418 | | 45 |

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

<table>
<thead>
<tr>
<th>NON-ALLOWABLE EXPENSES</th>
<th>1 Amount</th>
<th>2 Reference</th>
<th>3 BHF USE ONLY</th>
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<tbody>
<tr>
<td>Day Care</td>
<td>$</td>
<td>$</td>
<td>1</td>
</tr>
<tr>
<td>Other Care for Outpatients</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Governmental Sponsored Special Programs</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Non-Patient Meals</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Telephone, TV &amp; Radio in Resident Rooms</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Rented Facility Space</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Sale of Supplies to Non-Patients</td>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Laundry for Non-Patients</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Non-Straightline Depreciation</td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Interest and Other Investment Income</td>
<td>(12,864)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Discounts, Allowances, Rebates &amp; Refunds</td>
<td></td>
<td>11</td>
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</tr>
<tr>
<td>Non-Working Officer's or Owner's Salary</td>
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</tr>
<tr>
<td>Sales Tax</td>
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</tr>
<tr>
<td>Non-Care Related Interest</td>
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</tr>
<tr>
<td>Non-Care Related Owner's Transactions</td>
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<td>Personal Expenses (Including Transportation)</td>
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<tr>
<td>Non-Care Related Fees</td>
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</tr>
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<td>Fines and Penalties</td>
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<tr>
<td>Owner or Key-Man Insurance</td>
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<tr>
<td>Special Legal Fees &amp; Legal Retainers</td>
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<td>Malpractice Insurance for Individuals</td>
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<td>Bad Debt</td>
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<tr>
<td>Fund Raising, Advertising and Promotional</td>
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<tr>
<td>Income Taxes and Illinois Personal</td>
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<tr>
<td>Property Replacement Tax</td>
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<tr>
<td>CNA Training for Non-Employees</td>
<td></td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Yellow Page Advertising</td>
<td></td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Other-Attach Schedule</td>
<td></td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL (A): (Sum of lines 1-29)</td>
<td>$ (179,787)</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Amount</th>
<th>Reference</th>
</tr>
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<tbody>
<tr>
<td>Non-Paid Workers-Attach Schedule*</td>
<td>$ 31</td>
</tr>
<tr>
<td>Donated Goods-Attach Schedule*</td>
<td>$ 32</td>
</tr>
<tr>
<td>Amortization of Organization &amp; Pre-Operating Expense</td>
<td>$ 33</td>
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<tr>
<td>Adjustments for Related Organization Costs (Schedule VII)</td>
<td>(233,304) 34</td>
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<tr>
<td>Other-Attach Schedule</td>
<td>$ 35</td>
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<tr>
<td>SUBTOTAL (B): (sum of lines 31-35)</td>
<td>$ (233,304) 36</td>
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<tr>
<td>TOTAL ADJUSTMENTS (A and B)</td>
<td>$ (413,091) 37</td>
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</tbody>
</table>

*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.)

<table>
<thead>
<tr>
<th>Yes</th>
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<td>Griff and Cottec Shops</td>
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<tr>
<td>Barber and Beauty Shops</td>
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<tr>
<td>Laboratory and Radiology</td>
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<tr>
<td>Prescription Drugs</td>
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<tr>
<td>Other-Attach Schedule</td>
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<td>Sch. V Line</td>
<td>Amount</td>
<td>Reference</td>
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<td>PAGE 5 &amp; 5A</td>
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</tr>
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<td>B. Health Care and Programs</td>
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<td>Nursing and Medical Records</td>
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<td>21</td>
<td>Clerical &amp; General Office Expenses</td>
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<tr>
<td>22</td>
<td>Employee Benefits &amp; Payroll Taxes</td>
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<tr>
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<td>Inservice Training &amp; Education</td>
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<td>Travel and Seminar</td>
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<td>TOTAL General Administration</td>
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<td>(404,716)</td>
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<td>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</td>
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### SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

<table>
<thead>
<tr>
<th>Capital Expense</th>
<th>PAGES</th>
<th>PAGE 6</th>
<th>PAGE 6A</th>
<th>PAGE 6B</th>
<th>PAGE 6C</th>
<th>PAGE 6D</th>
<th>PAGE 6E</th>
<th>PAGE 6F</th>
<th>PAGE 6G</th>
<th>PAGE 6H</th>
<th>PAGE 6I</th>
<th>SUMMARY TOTALS (to Sch V, col.7)</th>
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<td>0</td>
<td>0</td>
<td>(634,626)</td>
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<td>44 TOTAL Special Cost Centers</td>
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<td>0</td>
<td>0</td>
<td>(634,626)</td>
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<tr>
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<td>(413,091)</td>
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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.

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<th>RELATED NURSING HOMES</th>
<th>OTHER RELATED BUSINESS ENTITIES</th>
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<td>Name</td>
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<td>Heritage Enterprises, Inc.</td>
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<td>Attachment-See Following Page</td>
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<tr>
<td>Memorial Health Ventures</td>
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</table>

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

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

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<th>5</th>
<th>6</th>
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<th>8</th>
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<td>Item</td>
<td>Amount</td>
<td>Name of Related Organization</td>
<td>Percent of Ownership</td>
<td>Operating Cost of Related Organization</td>
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<td></td>
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<td>(634,626)</td>
</tr>
<tr>
<td>3</td>
<td>V</td>
<td>19</td>
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</tr>
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<td>(404,716)</td>
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<tr>
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<td>V</td>
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<td>Heritage Operations Group, LLC</td>
<td>0.00%</td>
<td>(404,716)</td>
</tr>
<tr>
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<td>Heritage Operations Group, LLC</td>
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<td>(404,716)</td>
</tr>
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<td>(404,716)</td>
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<td>(404,716)</td>
</tr>
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<td>Heritage Operations Group, LLC</td>
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<td>(404,716)</td>
</tr>
<tr>
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<td>V</td>
<td>19</td>
<td>Adjustment for Related Organization</td>
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<td>Heritage Operations Group, LLC</td>
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<td>(404,716)</td>
</tr>
<tr>
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<td>V</td>
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<td>404,716</td>
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<td>12</td>
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<td>Heritage Operations Group, LLC</td>
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<td>(404,716)</td>
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<tr>
<td>13</td>
<td>V</td>
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</tr>
<tr>
<td>14</td>
<td>Total</td>
<td>$ 404,716</td>
<td>$ (676,658)</td>
<td>* (1,081,374)</td>
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</tbody>
</table>

* 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.

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Line</th>
<th>3 Cost Per General Ledger</th>
<th>4 Amount</th>
<th>5 Cost to Related Organization</th>
<th>6 Percent of Ownership</th>
<th>7 Operating Cost of Related Organization</th>
<th>8 Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>V 15</td>
<td>1</td>
<td>Dietary</td>
<td>$9,311</td>
<td>Heritage Operations Group LLC</td>
<td>$9,311</td>
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<td>Food Purchase</td>
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<td>16</td>
<td></td>
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<td>Housekeeping</td>
<td></td>
<td></td>
<td>67</td>
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<td></td>
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<td>4</td>
<td>Laundry</td>
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<td>5</td>
<td>Heat &amp; Other Utilities</td>
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<td>2,893</td>
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<tr>
<td>V 21</td>
<td>7</td>
<td>Other</td>
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<td></td>
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<td></td>
</tr>
<tr>
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<td>9</td>
<td>Medical Director</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>V 23</td>
<td>10</td>
<td>Nursing &amp; Medical Records</td>
<td></td>
<td></td>
<td>571</td>
<td>23</td>
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<tr>
<td>V 24</td>
<td>11</td>
<td>Activities</td>
<td></td>
<td></td>
<td>0</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>V 25</td>
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<td>25</td>
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<td>V 26</td>
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<td>Nurse Aide Training</td>
<td></td>
<td></td>
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<td>26</td>
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<td>V 27</td>
<td>14</td>
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<td></td>
<td></td>
<td>0</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>V 28</td>
<td>15</td>
<td>Other</td>
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<td></td>
<td>0</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>V 29</td>
<td>16</td>
<td>Administrative</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>V 30</td>
<td>17</td>
<td>Directors Fees</td>
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</tr>
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<td>19</td>
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<td>V 32</td>
<td>20</td>
<td>Fees, Subscription, Promotions</td>
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<td></td>
<td>17,771</td>
<td>32</td>
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<td>V 33</td>
<td>21</td>
<td>Clerical &amp; General Office Expenses</td>
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<td></td>
<td>545,737</td>
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<td>V 34</td>
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<td>Employee Benefits &amp; Payroll Taxes</td>
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<td>34</td>
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<td>23</td>
<td>Inservice Training &amp; Education</td>
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<td>2,249</td>
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<td></td>
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<tr>
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<td>24</td>
<td>Travel and Seminar</td>
<td></td>
<td></td>
<td>11,616</td>
<td>36</td>
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<td>V 37</td>
<td>25</td>
<td>Other Admin, Staff Transportation</td>
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<td></td>
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<tr>
<td>V 38</td>
<td>26</td>
<td>Insurance-Prop.Liab.Malpract</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

* 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.

- [x] YES  
- [ ] NO

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

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Line</th>
<th>3 Cost Per General Ledger</th>
<th>4 Amount</th>
<th>5 Cost to Related Organization</th>
<th>6 Percent of Ownership</th>
<th>7 Operating Cost of Related Organization</th>
<th>8 Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>V 27</td>
<td>Other</td>
<td>$</td>
<td>Heritage Operations Group LLC</td>
<td>$</td>
<td>$</td>
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<td>V 31</td>
<td>Amortization of Pre-Op &amp; Org</td>
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<td></td>
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<tr>
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<td>Barber and Beauty Shops</td>
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<td>V</td>
<td></td>
<td>$</td>
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<td>28</td>
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<td>V</td>
<td></td>
<td>$</td>
<td></td>
<td>29</td>
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<td>$</td>
<td></td>
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</tr>
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<td></td>
<td>$</td>
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<tr>
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<td>V</td>
<td></td>
<td>$</td>
<td></td>
<td>33</td>
<td></td>
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</tr>
<tr>
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<td>V</td>
<td></td>
<td>$</td>
<td></td>
<td>34</td>
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<tr>
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<td>V</td>
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<td>$</td>
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<td></td>
<td>$</td>
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<td>37</td>
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<td>V</td>
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<td>$</td>
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<td>$</td>
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<td>$ 78,740</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Title</th>
<th>Function</th>
<th>Ownership Interest</th>
<th>Compensation Received From Other Nursing Homes*</th>
<th>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week</th>
<th>Compensation Included in Costs for this Reporting Period**</th>
<th>Schedule V, Line &amp; Column Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heritage Enterprises Inc.</td>
<td>50.00</td>
<td></td>
<td></td>
<td></td>
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<td>$</td>
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</tr>
<tr>
<td>2</td>
<td>Memorial Health Ventures</td>
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<td></td>
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</tr>
<tr>
<td>3</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>TOTAL $</td>
<td>13</td>
</tr>
</tbody>
</table>

* 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 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.**
# VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)

- **YES** [x]
- **NO** [ ]

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

<table>
<thead>
<tr>
<th>Schedule V Line Reference</th>
<th>Item</th>
<th>Unit of Allocation (i.e., Days, Direct Cost, Square Feet)</th>
<th>4</th>
<th>Total Units</th>
<th>5</th>
<th>Number of Subunits Being Allocated Among</th>
<th>6</th>
<th>Total Indirect Cost Being Allocated</th>
<th>7</th>
<th>Amount of Salary Cost Contained in Column 6</th>
<th>8</th>
<th>Facility Units</th>
<th>9</th>
<th>Allocation (col.8/col.4)x col.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1</td>
<td>Dietary</td>
<td>Beds</td>
<td>2,571</td>
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<td>$134,491</td>
<td>$133,835</td>
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<td>Beds</td>
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<td>26</td>
<td>0</td>
<td>0</td>
<td>178</td>
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<td></td>
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</tr>
<tr>
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<td>Beds</td>
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<td>965</td>
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<td><strong>$ 11,112,081</strong></td>
<td><strong>$ 7,666,930</strong></td>
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</table>
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.)

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B. Show the allocation of costs below. If necessary, please attach worksheets.
IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

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<td><strong>Purpose of Loan</strong></td>
<td><strong>Monthly Payment Required</strong></td>
<td><strong>Date of Note</strong></td>
<td><strong>Amount of Note</strong></td>
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<td><strong>B. Non-Facility Related</strong></td>
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</table>

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None Line # __________ 

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)
### IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

#### B. Real Estate Taxes

**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**

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<table>
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<tbody>
<tr>
<td>1. Real Estate Tax accrual used on 2015 report.</td>
<td>$126,232</td>
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<tr>
<td>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.)</td>
<td>$122,050</td>
</tr>
<tr>
<td>3. Under (over) accrual (line 2 minus line 1).</td>
<td>$(4,182)</td>
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<tr>
<td>4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)</td>
<td>$128,152</td>
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<tr>
<td>5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</td>
<td>$</td>
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<tr>
<td>6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND</td>
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$123,970

### Real Estate Tax History:

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<th>Accrual = 2015 taxes paid in 2016 * 1.05</th>
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<td>$122,620 8</td>
<td>$122,050 12</td>
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<td>2012</td>
<td>$125,712 9</td>
<td>$120,222 11</td>
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<tr>
<td>2013</td>
<td>$117,539 10</td>
<td>$120,050 12</td>
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### FOR BHF USE ONLY

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<tr>
<td>13 FROM R. E. TAX STATEMENT FOR 2015</td>
<td>$</td>
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<td>14 PLUS APPEAL COST FROM LINE 5</td>
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<tr>
<td>15 LESS REFUND FROM LINE 6</td>
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<tr>
<td>16 AMOUNT TO USE FOR RATE CALCULATION</td>
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</table>

### NOTES:

1. Please indicate a negative number by use of brackets ( ). Deduct any over accrual 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.
## 2015 Long Term Care Real Estate Tax Statement

**Facility Name:** Heritage Health Springfield  
**County:** Sangamon  
**Facility IDPH License Number:** 0041699  
**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 2015 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 2015.

<table>
<thead>
<tr>
<th>Tax Index Number</th>
<th>Property Description</th>
<th>Total Tax</th>
<th>Tax Applicable to Nursing Home</th>
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<tbody>
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<td>14280277027</td>
<td>$ 122,049.90</td>
<td>$ 122,050.00</td>
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</table>

**Totals:**  

| | | $ 122,049.90 | $ 122,050.00 |

### B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?  

YES x NO

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

### C. Tax Bills

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

**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: 64,520

B. General Construction Type: Exterior Brick, Frame Wood

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 x NO

   If so, please complete the following:

   1. Total Amount Incurred: 
   2. Number of Years Over Which it is Being Amortized: 
   3. Current Period Amortization: 
   4. Dates Incurred: 

   Nature of Costs: 
   (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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HFS 3745 (N-4-99)
B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

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<th>1</th>
<th>Beds*</th>
<th>FOR BHF USE ONLY</th>
<th>2 Year Acquired</th>
<th>3 Year Constructed</th>
<th>4 Cost</th>
<th>5 Current Book Depreciation</th>
<th>6 Life in Years</th>
<th>7 Straight Line Depreciation</th>
<th>8 Adjustments</th>
<th>9 Accumulated Depreciation</th>
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**Improvement Type**

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**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*
### Building and Improvement Costs-Including Fixed Equipment

#### Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
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<td>69 Total (lines 4 thru 69)</td>
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<td>$318,961</td>
<td>$318,961</td>
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** Improvement type must be detailed in order for the cost report to be considered complete.
### State of Illinois

#### Facility Name & ID Number:
Heritage Health Springfield

**Report Period Beginning:** 01/01/16  **Ending:** 12/31/16

**File Name:** HFS 3745 (N-4-99)  **Page:** 12B

## B. Building and Improvement Costs-Including Fixed Equipment

(See instructions.) Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
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<td>$318,961</td>
<td>$318,961</td>
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**Improvement type must be detailed in order for the cost report to be considered complete.**
XL OWNERSHIP COSTS (continued)

<table>
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<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Accumulated Depreciation</th>
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<td>$318,961</td>
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</tbody>
</table>

**Improvement type must be detailed in order for the cost report to be considered complete.
### B. Building and Improvement Costs-Including Fixed Equipment

Round all numbers to nearest dollar.

<table>
<thead>
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<th>Improvement Type**</th>
<th>Year Constructed</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tr>
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</tr>
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<td>Door &amp; Installation</td>
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<td>Nurse Call System Install- Second Floor</td>
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<td>Fire Alarm CPU Replacement</td>
<td>2013</td>
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<tr>
<td>Lighting upgrade</td>
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<td>17,773</td>
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<td>Nurse Call System Install- Second Floor</td>
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<td>13,556</td>
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<tr>
<td>Extended Care Wing ALC Controls Installation</td>
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<td>25,930</td>
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<td>Fire Alarm CPU Replacement</td>
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<td>2,761</td>
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<td>TOTAL (lines 1 thru 33)</td>
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<td>$</td>
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</table>

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

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Accumulated Depreciation</th>
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<td>Gate Valve Replacement-Boiler</td>
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<td>Install steel covering on kitchen hood</td>
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<td>Replace fire alarm control panel</td>
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**TOTAL (lines 1 thru 33) | $7,147,342 | $318,961 | $318,961 | $ | $ | $ | $ |
### XI. OWNERSHIP COSTS (continued)

#### C. Equipment Costs-Excluding Transportation. (See instructions.)

<table>
<thead>
<tr>
<th>Category of Equipment</th>
<th>1 Cost</th>
<th>Current Book Depreciation</th>
<th>2 Depreciation</th>
<th>3 Straight Line Depreciation</th>
<th>4 Adjustments</th>
<th>5 Component Life</th>
<th>6 Accumulated Depreciation</th>
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<tr>
<td>71 Purchased in Prior Years</td>
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<td>$42,551</td>
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<td>72 Current Year Purchases</td>
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<td>73 Fully Depreciated Assets</td>
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<tr>
<td>75 TOTALS</td>
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#### D. Vehicle Costs. (See instructions.)*

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<tr>
<th>1 Use</th>
<th>Model, Make and Year</th>
<th>2 Year Acquired</th>
<th>3 Cost</th>
<th>4 Current Book Depreciation</th>
<th>5 Straight Line Depreciation</th>
<th>6 Adjustments</th>
<th>7 Life in Years</th>
<th>8 Accumulated Depreciation</th>
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<tbody>
<tr>
<td>76 2008 Ford Van</td>
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<td>$</td>
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#### E. Summary of Care-Related Assets

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<th>2 Amount</th>
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<tbody>
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<td>81 Total Historical Cost</td>
<td>(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)</td>
<td>$9,600,553 81</td>
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<tr>
<td>82 Current Book Depreciation</td>
<td>(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)</td>
<td>$361,512 82</td>
</tr>
<tr>
<td>83 Straight Line Depreciation</td>
<td>(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)</td>
<td>$361,512 83 **</td>
</tr>
<tr>
<td>84 Adjustments</td>
<td>(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)</td>
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<tr>
<td>85 Accumulated Depreciation</td>
<td>(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)</td>
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</table>

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

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<th>Description &amp; Year Acquired</th>
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<th>2 Cost</th>
<th>3 Current Book Depreciation</th>
<th>4 Accumulated Depreciation</th>
<th>5 Cost</th>
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</thead>
<tbody>
<tr>
<td>86</td>
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<td></td>
<td></td>
<td></td>
<td>86</td>
</tr>
<tr>
<td>87</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>87</td>
</tr>
<tr>
<td>88</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>88</td>
</tr>
<tr>
<td>89</td>
<td></td>
<td></td>
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<td>89</td>
</tr>
<tr>
<td>90</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>90</td>
</tr>
<tr>
<td>91 TOTALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>91</td>
</tr>
</tbody>
</table>

#### G. Construction-in-Progress

<table>
<thead>
<tr>
<th>Description</th>
<th>1 Description</th>
<th>2 Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>92 Renovation of entire</td>
<td></td>
<td>$6,513,296 92</td>
</tr>
<tr>
<td>93 Facility - 4 floors</td>
<td></td>
<td>$6,513,296 93</td>
</tr>
<tr>
<td>94</td>
<td></td>
<td>94</td>
</tr>
<tr>
<td>95</td>
<td></td>
<td>$6,513,296 95</td>
</tr>
</tbody>
</table>

* 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.
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? YES NO

<table>
<thead>
<tr>
<th>Year Constructed</th>
<th>Number of Beds</th>
<th>Original Lease Date</th>
<th>Rental Amount</th>
<th>Total Years of Lease</th>
<th>Total Years Renewal Option*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>$</strong></td>
<td></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

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 /2017 $
- /2018 $
- /2019 $

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

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

16. Rental Amount for movable equipment: $ 34,011 Description: Oxygen cylinders and televisions

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

17. None $ $ 17
18
19
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.)

1. **HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?**
   - [ ] YES
   - [ ] NO

2. **CLASSROOM PORTION:**
   - IN-HOUSE PROGRAM
   - IN OTHER FACILITY

3. **CLINICAL PORTION:**
   - COMMUNITY COLLEGE
   - HOURS PER CNA

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

### B. EXPENSES

**ALLOCATION OF COSTS**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Drop-outs</th>
<th>Completed</th>
<th>Contract</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Community College Tuition</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>Books and Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Classroom Wages (a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Clinical Wages (b)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>In-House Trainer Wages (c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Contractual Payments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>CNA Competency Tests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>TOTALS</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10</td>
<td>SUM OF line 9, col. 1 and 2 (c)</td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

(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) Include wages paid 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.

### 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

<table>
<thead>
<tr>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. From this facility</td>
</tr>
<tr>
<td>2. From other facilities (f)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL TRAINED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. From this facility</td>
</tr>
<tr>
<td>2. From other facilities (f)</td>
</tr>
</tbody>
</table>

(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.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Schedule V Line &amp; Column Reference</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Units of Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cost</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outside Practitioner (other than consultant)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supplies (Actual or Allocated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Units (Column 2 + 4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Cost (Col. 3 + 5 + 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Licensed Occupational Therapist</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$768,235</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Licensed Speech and Language Development Therapist</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td>98,652</td>
<td></td>
<td></td>
<td></td>
<td>98,652</td>
</tr>
<tr>
<td>3 Licensed Recreational Therapist</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Licensed Physical Therapist</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td>517,325</td>
<td>5,562</td>
<td></td>
<td></td>
<td>522,887</td>
</tr>
<tr>
<td>5 Physician Care</td>
<td>visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Dental Care</td>
<td>visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Work Related Program</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Habilitation</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Pharmacy</td>
<td># of prescrpts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,612,019</td>
</tr>
<tr>
<td></td>
<td>$1,612,019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Psychological Services (Evaluation and Diagnosis/ Behavior Modification)</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>11 Academic Education</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32,295</td>
</tr>
<tr>
<td></td>
<td>$3,034,088</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>

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.
### STATE OF ILLINOIS

#### XV. BALANCE SHEET - Unrestricted Operating Fund.

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

<table>
<thead>
<tr>
<th>Facility Name &amp; ID Number</th>
<th>Heritage Health Springfield</th>
<th>Report Period Beginning: 01/01/16</th>
<th>Ending: 12/31/16</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Cash on Hand and in Banks</td>
<td>$189,092</td>
<td>$1</td>
</tr>
<tr>
<td>2 Cash-Patient Deposits</td>
<td>18,819</td>
<td>2</td>
</tr>
<tr>
<td>3 Accounts &amp; Short-Term Notes Receivable-Patients (less allowance)</td>
<td>3,462,339</td>
<td>3</td>
</tr>
<tr>
<td>4 Supply Inventory (priced at __________)</td>
<td>59,293</td>
<td>4</td>
</tr>
<tr>
<td>5 Short-Term Investments</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6 Prepaid Insurance</td>
<td>40,184</td>
<td>6</td>
</tr>
<tr>
<td>7 Other Prepaid Expenses</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8 Accounts Receivable (owners or related parties)</td>
<td>88,458</td>
<td>8</td>
</tr>
<tr>
<td>9 Other(specify):</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td><strong>TOTAL Current Assets</strong> (sum of lines 1 thru 9)</td>
<td>$3,858,185</td>
<td>$10</td>
</tr>
<tr>
<td>B. Long-Term Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Long-Term Notes Receivable</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>12 Long-Term Investments</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 Land</td>
<td>630,000</td>
<td>13</td>
</tr>
<tr>
<td>14 Buildings, at Historical Cost</td>
<td>7,248,885</td>
<td>14</td>
</tr>
<tr>
<td>15 Leasehold Improvements, at Historical Cost</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>16 Equipment, at Historical Cost</td>
<td>1,774,887</td>
<td>16</td>
</tr>
<tr>
<td>17 Accumulated Depreciation (book methods)</td>
<td>(6,776,834)</td>
<td>17</td>
</tr>
<tr>
<td>18 Deferred Charges</td>
<td>1,668,582</td>
<td>18</td>
</tr>
<tr>
<td>19 Organization &amp; Pre-Operating Costs</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>20 Accumulated Amortization - Organization &amp; Pre-Operating Costs</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21 Restricted Funds</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22 Other Long-Term Assets (spc CIP)</td>
<td>6,513,296</td>
<td>22</td>
</tr>
<tr>
<td>23 Other(specify): Investment in Regency</td>
<td>4,775,018</td>
<td>23</td>
</tr>
<tr>
<td><strong>TOTAL Long-Term Assets</strong> (sum of lines 11 thru 23)</td>
<td>$15,833,834</td>
<td>$24</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong> (sum of lines 10 and 24)</td>
<td>$19,692,019</td>
<td>$25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Accounts Payable</td>
<td>$866,303</td>
<td>$26</td>
</tr>
<tr>
<td>27 Officer's Accounts Payable</td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>28 Accounts Payable-Patient Deposits</td>
<td>18,819</td>
<td>28</td>
</tr>
<tr>
<td>29 Short-Term Notes Payable</td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>30 Accrued Salaries Payable</td>
<td>4,455</td>
<td>30</td>
</tr>
<tr>
<td>31 Accrued Taxes Payable (excluding real estate taxes)</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>32 Accrued Real Estate Taxes(Sch.IX-B)</td>
<td>128,152</td>
<td>32</td>
</tr>
<tr>
<td>33 Accrued Interest Payable</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>34 Deferred Compensation</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>35 Federal and State Income Taxes</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>36 Bed Tax</td>
<td>37,300</td>
<td>36</td>
</tr>
<tr>
<td>37 Other Current Liabilities(specify):</td>
<td></td>
<td>37</td>
</tr>
<tr>
<td><strong>TOTAL Current Liabilities</strong> (sum of lines 26 thru 37)</td>
<td>$1,055,029</td>
<td>$38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Long-Term Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 Long-Term Notes Payable</td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>40 Mortgage Payable</td>
<td>7,330,510</td>
<td>40</td>
</tr>
<tr>
<td>41 Bonds Payable</td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>42 Deferred Compensation</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>43 Other Long-Term Liabilities(specify):</td>
<td></td>
<td>43</td>
</tr>
<tr>
<td><strong>TOTAL Long-Term Liabilities</strong> (sum of lines 39 thru 44)</td>
<td>$7,330,510</td>
<td>$45</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong> (sum of lines 38 and 45)</td>
<td>$8,385,539</td>
<td>$46</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong>(page 18, line 24)</td>
<td>$11,306,480</td>
<td>$47</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND EQUITY</strong> (sum of lines 46 and 47)</td>
<td>$19,692,019</td>
<td>$48</td>
</tr>
</tbody>
</table>

*(See instructions.)

HFS 3745 (N-4-99)  
IL478-2471
### XVI. STATEMENT OF CHANGES IN EQUITY

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Balance at Beginning of Year, as Previously Reported</td>
<td>$11,241,036</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Restatements (describe):</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Balance at Beginning of Year, as Restated (sum of lines 1-5)</td>
<td>$11,241,036</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>A. Additions (deductions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>NET Income (Loss) (from page 19, line 43)</td>
<td>$65,444</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Acquisitions of Pooled Companies</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Proceeds from Sale of Stock</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Stock Options Exercised</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>Contributions and Grants</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Expenditures for Specific Purposes</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Dividends Paid or Other Distributions to Owners</td>
<td>(            )</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Donated Property, Plant, and Equipment</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other (describe)</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Other (describe)</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>TOTAL Additions (deductions) (sum of lines 7-16)</td>
<td>$65,444</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>B. Transfers (Itemize):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>TOTAL Transfers (sum of lines 18-22)</td>
<td>$</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</td>
<td>$11,306,480</td>
<td>24</td>
</tr>
</tbody>
</table>

* This must agree with page 17, line 47.
<table>
<thead>
<tr>
<th>I.  Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.  Inpatient Care</td>
<td></td>
</tr>
<tr>
<td>1 Gross Revenue -- All Levels of Care</td>
<td>$10,330,715</td>
</tr>
<tr>
<td>2 Discounts and Allowances for all Levels</td>
<td>$(6,582,179)</td>
</tr>
<tr>
<td>3 SUBTOTAL Inpatient Care (line 1 minus line 2)</td>
<td>$3,748,536</td>
</tr>
<tr>
<td>B.  Ancillary Revenue</td>
<td></td>
</tr>
<tr>
<td>4 Day Care</td>
<td></td>
</tr>
<tr>
<td>5 Other Care for Outpatients</td>
<td></td>
</tr>
<tr>
<td>6 Therapy</td>
<td>$4,904,897</td>
</tr>
<tr>
<td>7 Oxygen</td>
<td></td>
</tr>
<tr>
<td>8 SUBTOTAL Ancillary Revenue (lines 4 thru 7)</td>
<td>$4,904,897</td>
</tr>
<tr>
<td>C.  Other Operating Revenue</td>
<td></td>
</tr>
<tr>
<td>9 Payments for Education</td>
<td></td>
</tr>
<tr>
<td>10 Other Government Grants</td>
<td></td>
</tr>
<tr>
<td>11 CNA Training Reimbursements</td>
<td></td>
</tr>
<tr>
<td>12 Grill and Coffee Shop</td>
<td>$1,092</td>
</tr>
<tr>
<td>13 Barber and Beauty Care</td>
<td>$12,541</td>
</tr>
<tr>
<td>14 Non-Patient Meals</td>
<td></td>
</tr>
<tr>
<td>15 Telephone, Television and Radio</td>
<td></td>
</tr>
<tr>
<td>16 Rental of Facility Space</td>
<td></td>
</tr>
<tr>
<td>17 Sale of Drugs</td>
<td>$3,060,430</td>
</tr>
<tr>
<td>18 Sale of Supplies to Non-Patients</td>
<td></td>
</tr>
<tr>
<td>19 Laboratory</td>
<td></td>
</tr>
<tr>
<td>20 Radiology and X-Ray</td>
<td></td>
</tr>
<tr>
<td>21 Other Medical Services</td>
<td>$35,407</td>
</tr>
<tr>
<td>22 Laundry</td>
<td></td>
</tr>
<tr>
<td>23 SUBTOTAL Other Operating Revenue (lines 9 thru 22)</td>
<td>$3,038,656</td>
</tr>
<tr>
<td>D.  Non-Operating Revenue</td>
<td></td>
</tr>
<tr>
<td>24 Contributions</td>
<td></td>
</tr>
<tr>
<td>25 Interest and Other Investment Income***</td>
<td>$12,864</td>
</tr>
<tr>
<td>26 SUBTOTAL Non-Operating Revenue (lines 24 and 25)</td>
<td>$12,864</td>
</tr>
<tr>
<td>E.  Other Revenue (specify):****</td>
<td></td>
</tr>
<tr>
<td>27 Settlement Income (Insurance, Legal, Etc.)</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
</tr>
<tr>
<td>28a</td>
<td></td>
</tr>
<tr>
<td>29 SUBTOTAL Other Revenue (lines 27, 28 and 28a)</td>
<td>$</td>
</tr>
<tr>
<td>30 TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</td>
<td>$11,704,953</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II.  Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.  Operating Expenses</td>
<td></td>
</tr>
<tr>
<td>31 General Services</td>
<td>$1,748,422</td>
</tr>
<tr>
<td>32 Health Care</td>
<td>$5,349,257</td>
</tr>
<tr>
<td>33 General Administration</td>
<td>$2,615,104</td>
</tr>
<tr>
<td>B.  Capital Expense</td>
<td></td>
</tr>
<tr>
<td>34 Ownership</td>
<td>$529,812</td>
</tr>
<tr>
<td>C.  Ancillary Expense</td>
<td></td>
</tr>
<tr>
<td>35 Special Cost Centers</td>
<td>$1,396,914</td>
</tr>
<tr>
<td>36 Provider Participation Fee</td>
<td></td>
</tr>
<tr>
<td>D.  Other Expenses (specify):</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td></td>
</tr>
<tr>
<td>40 TOTAL EXPENSES (sum of lines 31 thru 39)*</td>
<td>$11,639,509</td>
</tr>
<tr>
<td>41 Income before Income Taxes (line 30 minus line 40)**</td>
<td>$65,444</td>
</tr>
<tr>
<td>42 Income Taxes</td>
<td></td>
</tr>
<tr>
<td>43 NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</td>
<td>$65,444</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III.  Net Inpatient Revenue detailed by Payer Source</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>44 Medicaid - Net Inpatient Revenue</td>
<td></td>
</tr>
<tr>
<td>45 Private Pay - Net Inpatient Revenue</td>
<td></td>
</tr>
<tr>
<td>46 Medicare - Net Inpatient Revenue</td>
<td></td>
</tr>
<tr>
<td>47 Other-specify</td>
<td></td>
</tr>
<tr>
<td>48 Other-specify</td>
<td></td>
</tr>
<tr>
<td>49 TOTAL Inpatient Care Revenue (This total must agree to Line 3)</td>
<td>$</td>
</tr>
</tbody>
</table>

* 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.
### XVIII. A. STAFFING AND SALARY COSTS

(Please report each line separately.)

(This schedule must cover the entire reporting period.)

<table>
<thead>
<tr>
<th># of Hrs. Actually Worked</th>
<th># of Hrs. Paid and Accrued</th>
<th>Reporting Period Total Salaries, Wages</th>
<th>Average Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Nursing</td>
<td>1,824</td>
<td>1,920 $75,089</td>
<td>$39.11</td>
</tr>
<tr>
<td>Assistant Director of Nursing</td>
<td>4,955</td>
<td>5,216 $140,936</td>
<td>27.02</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>10,132</td>
<td>10,665 $330,268</td>
<td>30.97</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>36,671</td>
<td>38,601 $917,010</td>
<td>23.76</td>
</tr>
<tr>
<td>CNAs &amp; Orderlies</td>
<td>97,655</td>
<td>102,795 $1,546,430</td>
<td>15.04</td>
</tr>
<tr>
<td>CNA Trainees</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Therapist</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehab Therapy Aides</td>
<td>2,934</td>
<td>3,088 $46,642</td>
<td>15.10</td>
</tr>
<tr>
<td>Activity Director</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Assistants</td>
<td>7,564</td>
<td>7,962 $93,919</td>
<td>11.80</td>
</tr>
<tr>
<td>Social Service Workers</td>
<td>3,581</td>
<td>3,769 $64,238</td>
<td>17.04</td>
</tr>
<tr>
<td>Dietician</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Service Supervisor</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Cook</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cook Helpers/Assistants</td>
<td>29,596</td>
<td>31,154 $348,581</td>
<td>11.19</td>
</tr>
<tr>
<td>Dishwashers</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance Workers</td>
<td>9,422</td>
<td>9,918 $155,601</td>
<td>15.69</td>
</tr>
<tr>
<td>Housekeepers</td>
<td>18,445</td>
<td>19,416 $211,397</td>
<td>11.40</td>
</tr>
<tr>
<td>Laundry</td>
<td>9,098</td>
<td>9,978 $109,113</td>
<td>11.51</td>
</tr>
<tr>
<td>Administrator</td>
<td>1,984</td>
<td>2,088 $194,167</td>
<td>49.89</td>
</tr>
<tr>
<td>Assistant Administrator</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Administrative</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Manager</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerical</td>
<td>19,509</td>
<td>20,536 $468,250</td>
<td>22.80</td>
</tr>
<tr>
<td>Vocational Instruction</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Director</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualified MR Prof. (QMRP)</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Services Coordinator</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Habilitation Aides (DD Homes)</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Records</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Health Care(specific)</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other(specific)</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL (lines 1 - 33)</td>
<td>253,276</td>
<td>266,606 $4,621,641</td>
<td>$17.34</td>
</tr>
</tbody>
</table>

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

** See instructions.

### B. CONSULTANT SERVICES

<table>
<thead>
<tr>
<th>Number of Hrs. Paid &amp; Accrued</th>
<th>Total Consultant Cost for Reporting Period</th>
<th>Schedule V Line &amp; Column Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Nursing</td>
<td>1,824 $75,089</td>
<td></td>
</tr>
<tr>
<td>Assistant Director of Nursing</td>
<td>4,955 $140,936</td>
<td></td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>10,132 $330,268</td>
<td></td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>36,671 $917,010</td>
<td></td>
</tr>
<tr>
<td>CNAs &amp; Orderlies</td>
<td>97,655 $1,546,430</td>
<td></td>
</tr>
<tr>
<td>CNA Trainees</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Licensed Therapist</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Rehab Therapy Aides</td>
<td>2,934 $46,642</td>
<td></td>
</tr>
<tr>
<td>Activity Director</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Activity Assistants</td>
<td>7,564 $93,919</td>
<td></td>
</tr>
<tr>
<td>Social Service Workers</td>
<td>3,581 $64,238</td>
<td></td>
</tr>
<tr>
<td>Dietician</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Food Service Supervisor</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Head Cook</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Cook Helpers/Assistants</td>
<td>29,596 $348,581</td>
<td></td>
</tr>
<tr>
<td>Dishwashers</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Maintenance Workers</td>
<td>9,422 $155,601</td>
<td></td>
</tr>
<tr>
<td>Housekeepers</td>
<td>18,445 $211,397</td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td>9,098 $109,113</td>
<td></td>
</tr>
<tr>
<td>Administrator</td>
<td>1,984 $194,167</td>
<td></td>
</tr>
<tr>
<td>Assistant Administrator</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Other Administrative</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Office Manager</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Clerical</td>
<td>19,509 $468,250</td>
<td></td>
</tr>
<tr>
<td>Medical Director</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Qualified MR Prof. (QMRP)</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Resident Services Coordinator</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Habilitation Aides (DD Homes)</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Medical Records</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Other Health Care(specific)</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Other(specific)</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>TOTAL (lines 50 - 52)</td>
<td>253,276 $4,621,641</td>
<td></td>
</tr>
</tbody>
</table>

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

** See instructions.

### C. CONTRACT NURSES

<table>
<thead>
<tr>
<th>Number of Hrs. Paid &amp; Accrued</th>
<th>Total Contract Wages</th>
<th>Schedule V Line &amp; Column Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Nursing</td>
<td>1,824 $75,089</td>
<td></td>
</tr>
<tr>
<td>Assistant Director of Nursing</td>
<td>4,955 $140,936</td>
<td></td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>10,132 $330,268</td>
<td></td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>36,671 $917,010</td>
<td></td>
</tr>
<tr>
<td>CNAs &amp; Orderlies</td>
<td>97,655 $1,546,430</td>
<td></td>
</tr>
<tr>
<td>CNA Trainees</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Licensed Therapist</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Rehab Therapy Aides</td>
<td>2,934 $46,642</td>
<td></td>
</tr>
<tr>
<td>Activity Director</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Activity Assistants</td>
<td>7,564 $93,919</td>
<td></td>
</tr>
<tr>
<td>Social Service Workers</td>
<td>3,581 $64,238</td>
<td></td>
</tr>
<tr>
<td>Dietician</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Food Service Supervisor</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Head Cook</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Cook Helpers/Assistants</td>
<td>29,596 $348,581</td>
<td></td>
</tr>
<tr>
<td>Dishwashers</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Maintenance Workers</td>
<td>9,422 $155,601</td>
<td></td>
</tr>
<tr>
<td>Housekeepers</td>
<td>18,445 $211,397</td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td>9,098 $109,113</td>
<td></td>
</tr>
<tr>
<td>Administrator</td>
<td>1,984 $194,167</td>
<td></td>
</tr>
<tr>
<td>Assistant Administrator</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Other Administrative</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Office Manager</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Clerical</td>
<td>19,509 $468,250</td>
<td></td>
</tr>
<tr>
<td>Medical Director</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Qualified MR Prof. (QMRP)</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Resident Services Coordinator</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Habilitation Aides (DD Homes)</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Medical Records</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Other Health Care(specific)</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Other(specific)</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>TOTAL (lines 50 - 52)</td>
<td>253,276 $4,621,641</td>
<td></td>
</tr>
</tbody>
</table>

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

** See instructions.
### XIX. SUPPORT SCHEDULES

#### A. Administrative Salaries

<table>
<thead>
<tr>
<th>Name</th>
<th>Function</th>
<th>Ownership</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dana Larsen</td>
<td></td>
<td></td>
<td>$104,167</td>
</tr>
</tbody>
</table>

#### D. Employee Benefits and Payroll Taxes

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers' Compensation Insurance</td>
<td>$96,687</td>
</tr>
<tr>
<td>Unemployment Compensation Insurance</td>
<td>$57,465</td>
</tr>
<tr>
<td>FICA Taxes</td>
<td>$353,556</td>
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<tr>
<td>Employer Health Insurance</td>
<td>$318,966</td>
</tr>
<tr>
<td>Employee Meals</td>
<td></td>
</tr>
<tr>
<td>Illinois Municipal Retirement Fund (IMRF)*</td>
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</tr>
<tr>
<td>- Central Office Allocation</td>
<td>$73,381</td>
</tr>
<tr>
<td>- Non-allowable advertising</td>
<td>(7,341)</td>
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<tr>
<td>- Yellow page advertising</td>
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#### B. Administrative - Other

<table>
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<tr>
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<td>Total</td>
<td>$945,918</td>
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#### C. Professional Services

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<tr>
<th>Vendor/Payee</th>
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<tbody>
<tr>
<td>Heritage Operations Group</td>
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<tr>
<td>ADP</td>
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<td>$1,323</td>
</tr>
<tr>
<td>Sulaski &amp; Webb</td>
<td></td>
<td>$16,500</td>
</tr>
<tr>
<td>McQuellon Consulting</td>
<td></td>
<td>$5,182</td>
</tr>
<tr>
<td>Govig</td>
<td></td>
<td>$5,000</td>
</tr>
<tr>
<td>Legal adj to Zero</td>
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<td>$26,005</td>
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#### E. Schedule of Non-Cash Compensation Paid to Owners or Employees

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<tr>
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### F. Dues, Fees, Subscriptions and Promotions

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<tbody>
<tr>
<td>IDPH License Fee</td>
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<tr>
<td>Advertising: Employee Recruitment</td>
<td>$12,459</td>
</tr>
<tr>
<td>Health Care Worker Background Check</td>
<td>(Indicate # of checks performed) $5,168</td>
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<tr>
<td>PR</td>
<td>$8,304</td>
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<tr>
<td>Dues &amp; Subscriptions</td>
<td>$20,291</td>
</tr>
<tr>
<td>License &amp; Fees</td>
<td>$6,825</td>
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<tr>
<td>Central Office Allocation</td>
<td>$17,771</td>
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<tr>
<td>Less: Public Relations Expense</td>
<td>(8,304)</td>
</tr>
<tr>
<td>Non-allowable advertising</td>
<td>(7,341)</td>
</tr>
</tbody>
</table>

### G. Schedule of Travel and Seminar**

**See instructions.**

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*Attach copy of IMRF notifications

**See instructions.
### 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**
   - **Facility Name & ID Number:** Heritage Health Springfield
   - **ID Numbe r:** #0041699
   - **Report Period Beginning:** 01/01/16
   - **Ending:** 12/31/16
3. Did the nursing home make political contributions or payments to a political action organization? **Yes**
   - **HCCI**
4. Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **Yes**
   - **Capacity:** 123
5. Have you properly capitalized all major repairs and equipment purchases? **Yes**
   - **Average Life:** 7 Years
6. Indicate the total amount of both disposable and non-disposable diaper expenses 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**
8. Are you presently operating under a sale and leaseback arrangement? **No**
9. Are you presently operating under a sublease agreement? **YES**
10. Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? **NO**
11. Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. **$326,792**
12. Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No**
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**
15. Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $0 Has any meal income been offset against related costs? **Yes** Indicate the amount. $2,284
16. Travel and Transportation
   a. Are there costs included for out-of-state travel? **No**
   b. Do you have a separate contract with the Department to provide medical transportation for residents? **No**
   c. What percent of all travel expense relates to transportation of nurses and patients? **100**
17. Has an audit been performed by an independent certified public accounting firm? **Yes**
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? **None Claimed**
   - Attach invoices and a summary of services for all architect and appraisal fees.
<table>
<thead>
<tr>
<th>Description</th>
<th>Balance</th>
<th>Increase/Decrease</th>
<th>Notes</th>
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<tr>
<td>CASH IN BANK</td>
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<td>ACCOUNTS RECEIVABLE-M/C</td>
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<td>LIABILITY ACCOUNTS RECEIVABLE-M/C</td>
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<td>REAL ESTATE ACCOUNTS RECEIVABLE-M/C</td>
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<td>MEDICARE REAL ESTATE ACCOUNTS RECEIVABLE-M/C</td>
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<td>MEDICARE WORKERS COMP ACCRUAL</td>
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<td>DRUGS-OTHER</td>
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<td>IPA DISCOUNTS</td>
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<td>VACATION &amp; SICK - G&amp;A</td>
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<tr>
<td>3101 DRUGS-OTHER</td>
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<td>3111 PT-IPA</td>
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<td>5260 DIETARY REPLACEMENT</td>
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<td>6295 NURSING SUPPLIES</td>
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<tr>
<td>7281 DRUG PURCHASES-OTHER</td>
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<td>DRUG PURCHASES-OTHER</td>
</tr>
</tbody>
</table>

Total: 2,443,070
Reclassification of Provider Participation Fees

Provider Participation Fee - $1.50  Line 20, Col 3  (97,722)
Provider Assessment Fee - $6.07  Line 20, Col 3  (229,070)

(326,792)

Provider Participation Fee  Line 42  326,792

Reclassification of Ancillary Services Cost

Cost of Drugs Purchased  Line 10(a), Col 2  (1,612,019)
Cost of Lab & Radiology Services Purchased  Line 10(a), Col 3  (32,295)

(1,644,314)

Ancillary Service Centers  Line 39  1,644,314