



Facility Name & ID Number Heritage Manor Beardstown South LLC

# 48843 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

**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	79	Skilled (SNF)	79	28,835	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	79	TOTALS	79	28,835	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	15,920	7,277	2,238	25,435	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,920	7,277	2,238	25,435	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 88.21%

**D. How many bed reserve days during this year were paid by the Department?**  
0 (Do not include bed reserve days in Section B.)

**E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)**  
None

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

**G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?**  
YES  NO

**H. Does the BALANCE SHEET (page 17) reflect any non-care assets?**  
YES  NO

**I. On what date did you start providing long term care at this location?**  
Date started July 2007

**J. Was the facility purchased or leased after January 1, 1978?**  
YES  Date \_\_\_\_\_ NO

**K. Was the facility certified for Medicare during the reporting year?**  
YES  NO  If YES, enter number of beds certified 79 and days of care provided 2,238

Medicare Intermediary WPS

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_  
\* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Heritage Manor Beardstown South LLC # 48843 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

**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	224,301	8,265		232,566		232,566	3,108	235,674		1
2	Food Purchase		255,541		255,541		255,541	(126,466)	129,075		2
3	Housekeeping	94,841	23,088		117,929		117,929	(45,108)	72,821		3
4	Laundry	48,956	6,620		55,576		55,576		55,576		4
5	Heat and Other Utilities			215,867	215,867		215,867	1,196	217,063		5
6	Maintenance	98,760	70,053	83,484	252,297		252,297	(66,416)	185,881		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>466,858</b>	<b>363,567</b>	<b>299,351</b>	<b>1,129,776</b>		<b>1,129,776</b>	<b>(233,686)</b>	<b>896,090</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			3,000	3,000		3,000		3,000		9
10	Nursing and Medical Records	1,272,511	103,302	143,216	1,519,029		1,519,029	(17,328)	1,501,701		10
10a	Therapy		539,642	31,730	571,372	(571,372)					10a
11	Activities	55,577	3,358		58,935		58,935		58,935		11
12	Social Services	26,337		4,320	30,657		30,657		30,657		12
13	CNA Training							858	858		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>1,354,425</b>	<b>646,302</b>	<b>182,266</b>	<b>2,182,993</b>	<b>(571,372)</b>	<b>1,611,621</b>	<b>(16,470)</b>	<b>1,595,151</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	62,116			62,116		62,116		62,116		17
18	Directors Fees										18
19	Professional Services			303,974	303,974		303,974	(287,820)	16,154		19
20	Dues, Fees, Subscriptions & Promotions			232,344	232,344	(187,925)	44,419	(3,345)	41,074		20
21	Clerical & General Office Expenses	137,128	25,981	21,809	184,918		184,918	185,860	370,778		21
22	Employee Benefits & Payroll Taxes			385,379	385,379		385,379	38,733	424,112		22
23	Inservice Training & Education			5,712	5,712		5,712	(713)	4,999		23
24	Travel and Seminar			11,763	11,763		11,763	(6,764)	4,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			32,541	32,541		32,541	9,344	41,885		26
27	Other (specify):*			15,600	15,600		15,600	(15,600)			27
28	<b>TOTAL General Administration</b>	<b>199,244</b>	<b>25,981</b>	<b>1,009,122</b>	<b>1,234,347</b>	<b>(187,925)</b>	<b>1,046,422</b>	<b>(80,305)</b>	<b>966,117</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>2,020,527</b>	<b>1,035,850</b>	<b>1,490,739</b>	<b>4,547,116</b>	<b>(759,297)</b>	<b>3,787,819</b>	<b>(330,461)</b>	<b>3,457,358</b>		<b>29</b>

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Heritage Manor Beardstown South LLC

#48843

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

## 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							187,713	187,713			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			40,510	40,510		40,510	59,525	100,035			32
33	Real Estate Taxes							44,864	44,864			33
34	Rent-Facility & Grounds			459,900	459,900		459,900	(514,646)	(54,746)			34
35	Rent-Equipment & Vehicles			31,835	31,835		31,835	6,086	37,921			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			532,245	532,245		532,245	(216,458)	315,787			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			397,140	397,140	571,372	968,512	(109,567)	858,945			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					187,925	187,925		187,925			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>			397,140	397,140	759,297	1,156,437	(109,567)	1,046,870			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,020,527	1,035,850	2,420,124	5,476,501		5,476,501	(656,486)	4,820,015			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.)**

		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	(59,510)			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	(1,206)			10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(2,044)			17
18	Fines and Penalties				18
19	Entertainment	(13,262)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(5,020)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(15,600)			24
25	Fund Raising, Advertising and Promotional	(9,800)			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>	\$ (106,442)		\$	30

**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)	(550,044)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (550,044)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (656,486)		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

BHF USE ONLY							
48		49		50		51	

Heritage Manor Beardstown South LLC

ID# 48843

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1		\$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22		(5,020)	19	22
23				23
24		(15,600)	27	24
25		(9,800)	20	25
26				26
27		0	29	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>	(30,420)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor Beardstown South LLC# 48843

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

## 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	3,108	0	0	0	0	0	0	0	0	3,108	1
2	Food Purchase	0	(126,466)	0	0	0	0	0	0	0	0	0	(126,466)	2
3	Housekeeping	0	(45,112)	4	0	0	0	0	0	0	0	0	(45,108)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,196	0	0	0	0	0	0	0	0	1,196	5
6	Maintenance	0	(84,653)	18,237	0	0	0	0	0	0	0	0	(66,416)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	0	(256,231)	22,545	0	0	0	0	0	0	0	0	(233,686)	8
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	(17,620)	292	0	0	0	0	0	0	0	0	(17,328)	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	858	0	0	0	0	0	0	0	0	858	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	0	(17,620)	1,150	0	0	0	0	0	0	0	0	(16,470)	16
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(5,020)	(295,986)	13,186	0	0	0	0	0	0	0	0	(287,820)	19
20	Fees, Subscriptions & Promotions	(9,800)	0	6,455	0	0	0	0	0	0	0	0	(3,345)	20
21	Clerical & General Office Expenses	0	(100,604)	286,464	0	0	0	0	0	0	0	0	185,860	21
22	Employee Benefits & Payroll Taxes	0	0	38,733	0	0	0	0	0	0	0	0	38,733	22
23	Inservice Training & Education	(2,044)	0	1,331	0	0	0	0	0	0	0	0	(713)	23
24	Travel and Seminar	(13,262)	0	6,498	0	0	0	0	0	0	0	0	(6,764)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	9,344	0	0	0	0	0	0	0	0	9,344	26
27	Other (specify):*	(15,600)	0	0	0	0	0	0	0	0	0	0	(15,600)	27
28	<b>TOTAL General Administration</b>	(45,726)	(396,590)	362,011	0	0	0	0	0	0	0	0	(80,305)	28
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	(45,726)	(670,441)	385,706	0	0	0	0	0	0	0	0	(330,461)	29

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor Beardstown South LLC# 48843

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

## 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	164,166	0	23,547	0	0	0	0	0	0	0	187,713	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,206)	59,361	0	1,370	0	0	0	0	0	0	0	59,525	32
33	Real Estate Taxes	0	44,864	0	0	0	0	0	0	0	0	0	44,864	33
34	Rent-Facility & Grounds	(59,510)	(459,900)	0	4,764	0	0	0	0	0	0	0	(514,646)	34
35	Rent-Equipment & Vehicles	0	0	0	6,086	0	0	0	0	0	0	0	6,086	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(60,716)</b>	<b>(191,509)</b>	<b>0</b>	<b>35,767</b>	<b>0</b>	<b>(216,458)</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	(109,567)	0	0	0	0	0	0	0	0	0	(109,567)	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>(109,567)</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>(109,567)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(106,442)</b>	<b>(971,517)</b>	<b>385,706</b>	<b>35,767</b>	<b>0</b>	<b>(656,486)</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
Heritage Enterprises, Inc.	100	Attached Following This Page		Heritage Operations G	Bloomington	Mgmt. Services
				Green Tree Pharmacy	Minonk	Pharmacy
				Evergreen Place	Beardstown	SLF

**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	10 Adjustment for Related Organiza	\$	GreenTree Pharmacy	0.00%	\$(17,620)	\$(17,620)	1
2	V	39 Adjustment for Related Organization		GreenTree Pharmacy		\$(109,567)	\$(109,567)	2
3	V	19 Adjustment for Related Organization	295,986	Heritage Operations Group, LLC	0.00%		(295,986)	3
4	V	34 Adjustment for Related Organization	459,900	Heritage Manor Real Estate, LLC	0.00%		(459,900)	4
5	V	33 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		44,864	44,864	5
6	V	32 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		53,818	53,818	6
7	V	30 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		164,166	164,166	7
8	V	32 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		5,543	5,543	8
9	V	21 Adjustment for Related Organization		Evergreen Place	0.00%	\$(100,604)	\$(100,604)	9
10	V	6 Adjustment for Related Organization		Evergreen Place		\$(84,653)	\$(84,653)	10
11	V	2 Adjustment for Related Organization		Evergreen Place		\$(126,466)	\$(126,466)	11
12	V	3 Adjustment for Related Organization		Evergreen Place		\$(45,112)	\$(45,112)	12
13	V							13
14	Total		\$ 755,886			\$(215,631)	* \$(971,517)	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 Operations Group		\$	\$	3,108	15	
16	V	2 Food Purchase						0	16	
17	V	3 Housekeeping						4	17	
18	V	4 Laundry						0	18	
19	V	5 Heat & Other Utilities						1,196	19	
20	V	6 Maintenance						18,237	20	
21	V	7 Other						0	21	
22	V	9 Medical Director						0	22	
23	V	10 Nursing & Medical Records						292	23	
24	V	11 Activities						0	24	
25	V	12 Social Service						0	25	
26	V	13 Nurse Aide Training						858	26	
27	V	14 Program Transportation						0	27	
28	V	15 Other						0	28	
29	V	17 Administrative						0	29	
30	V	18 Directors Fees						0	30	
31	V	19 Professional Services						13,186	31	
32	V	20 Fees, Subscription, Promotions						6,455	32	
33	V	21 Clerical & General Office Expenses						286,464	33	
34	V	22 Employee Benefits & Payroll Taxes						38,733	34	
35	V	23 Inservice Training & Education						1,331	35	
36	V	24 Travel and Seminar						6,498	36	
37	V	25 Other Admin. Staff Transportation						0	37	
38	V	26 Insurance-Prop.Liab.Malpract						9,344	38	
39	Total		\$			\$	0	\$ *	385,706	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 Operations Group		\$	\$	0	15	
16	V	30 Depreciation						23,547	16	
17	V	31 Amortization of Pre-Op & Org						0	17	
18	V	32 Interest						1,370	18	
19	V	33 Real Estate Taxes						0	19	
20	V	34 Rent-Facility & Grounds						4,764	20	
21	V	35 Rent-Equipment & Vehicles						6,086	21	
22	V	36 Other						0	22	
23	V	38 Medically Nec Transportation						0	23	
24	V	39 Ancillary Service Centers						0	24	
25	V	40 Barber and Beauty Shops						0	25	
26	V	41 Coffee and Gift Shops						0	26	
27	V	42 Other						0	27	
28	V								28	
29	V								29	
30	V								30	
31	V								31	
32	V								32	
33	V								33	
34	V								34	
35	V								35	
36	V								36	
37	V								37	
38	V								38	
39	Total		\$			\$	0	\$ *	35,767	39

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

Facility Name & ID Number Heritage Manor Beardstown South LLC # 48843 Report Period Beginning: 1/1/2017 Ending: 12/31/2017

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

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

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

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

Facility Name & ID Number Heritage Manor Beardstown South LLC

# 48843

Report Period Beginning:

1/1/2017

Ending: 2/31/2017

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

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

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

1	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	2,578	26	\$ 101,433	\$ 79	\$ 3,108	1
2	2	Food Purchase	Beds	2,578	26	0	79	0	2
3	3	Housekeeping	Beds	2,578	26	145	79	4	3
4	4	Laundry	Beds	2,578	26	16	79	0	4
5	5	Heat & Other Utilities	Beds	2,578	26	39,021	79	1,196	5
6	6	Maintenance	Beds	2,578	26	595,139	79	18,237	6
7	7	Other	Beds	2,578	26	0	79	0	7
8	9	Medical Director	Beds	2,578	26	0	79	0	8
9	10	Nursing & Medical Records	Beds	2,578	26	9,542	79	292	9
10	11	Activities	Beds	2,578	26	0	79	0	10
11	12	Social Service	Beds	2,578	26	0	79	0	11
12	13	Nurse Aide Training	Beds	2,578	26	27,991	79	858	12
13	14	Program Transportation	Beds	2,578	26	0	79	0	13
14	15	Other	Beds	2,578	26	0	79	0	14
15	17	Administrative	Beds	2,578	26	0	79	0	15
16	18	Directors Fees	Beds	2,578	26	0	79	0	16
17	19	Professional Services	Beds	2,578	26	430,283	79	13,186	17
18	20	Fees, Subscription, Promotions	Beds	2,578	26	210,633	79	6,455	18
19	21	Clerical & General Office Expense	Beds	2,578	26	9,348,167	79	286,464	19
20	22	Employee Benefits & Payroll Tax	Beds	2,578	26	1,263,974	79	38,733	20
21	23	Inservice Training & Education	Beds	2,578	26	43,441	79	1,331	21
22	24	Travel and Seminar	Beds	2,578	26	212,053	79	6,498	22
23	25	Other Admin. Staff Transportatio	Beds	2,578	26	0	79	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,578	26	304,925	79	9,344	24
25	TOTALS					\$ 12,586,763	\$ 9,050,304	\$ 385,706	25

Facility Name & ID Number Heritage Manor Beardstown South LLC

# 48843

Report Period Beginning:

1/1/2017

Ending: 2/31/2017

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

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

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

1	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	2,578	26	\$	79	\$	1
2	30	Depreciation	Beds	2,578	26	768,393	79	23,547	2
3	31	Amortization of Pre-Op & Org	Beds	2,578	26		79		3
4	32	Interest	Beds	2,578	26	44,696	79	1,370	4
5	33	Real Estate Taxes	Beds	2,578	26		79		5
6	34	Rent-Facility & Grounds	Beds	2,578	26	155,453	79	4,764	6
7	35	Rent-Equipment & Vehicles	Beds	2,578	26	198,602	79	6,086	7
8	36	Other	Beds	2,578	26		79		8
9	38	Medically Nec Transportation	Beds	2,578	26		79		9
10	39	Ancillary Service Centers	Beds	2,578	26		79		10
11	40	Barber and Beauty Shops	Beds	2,578	26		79		11
12	41	Coffee and Gift Shops	Beds	2,578	26		79		12
13	42	Other	Beds	2,578	26		79		13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 1,167,144	\$	\$ 35,767	25

Facility Name & ID Number

Heritage Manor Beardstown South LLC

# 48843

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Bank of America		x	Mortgage			\$	\$		\$ 53,818	1									
2	Bank of America		x	Loan Fee Amortization						5,543	2									
3											3									
4											4									
5											5									
<b>Working Capital</b>																				
6	Bank of America		x	Working Capital						40,510	6									
7											7									
8											8									
9	<b>TOTAL Facility Related</b>						\$	\$		\$ 99,871	9									
<b>B. Non-Facility Related*</b>																				
10	Interest Income									(1,206)	10									
11											11									
12	Allocated Corporate									1,370	12									
13											13									
14	<b>TOTAL Non-Facility Related</b>						\$	\$		\$ 164	14									
15	<b>TOTALS (line 9+line14)</b>						\$	\$		\$ 100,035	15									

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

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

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

**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.**

1. Real Estate Tax accrual used on 2016 report.		\$		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<b>44,864</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>44,864</b>	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>44,864</b>	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2012	<b>40,926</b>	8	
	2013	<b>42,085</b>	9	
	2014	<b>43,776</b>	10	
	2015	<b>45,342</b>	11	
	2016	<b>44,864</b>	12	
				<b>FOR BHF USE ONLY</b>
	13	FROM R. E. TAX STATEMENT FOR 2016	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**



Facility Name & ID Number Heritage Manor Beardstown South LLC

# 48843

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 34,200 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).

Evergreen Place SLF - 26 Apartments - Related organization

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.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and an empty column. Row 1: 1, Use, Square Feet, 1997, \$ 25,000, 1. Row 2: 2, Use, Square Feet, Year Acquired, Cost, 2. Row 3: 3, TOTALS, Square Feet, Year Acquired, \$ 25,000, 3.

Facility Name & ID Number Heritage Manor Beardstown South LLC

# 48843

Report Period Beginning:

1/1/2017

Ending: 12/31/2017

**XI. OWNERSHIP COSTS (continued)**

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	79				\$ 1,380,636	\$		\$	\$	\$
5										
6										
7										
8										
	<b>Improvement Type**</b>									
9	Remodel facility--Materials & Labor		1997		272,458					
10										
11	Nurse Call System		1997		1,500					
12										
13	Remodel facility--Materials & Labor		1998		85,772					
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27	Door Alarm System		2000		2,727					
28	A/C Compressor		2000		2,984					
29	Compressor -- Walk-in Freezer		2000		2,586					
30	Water Heater		2000		2,804					
31										
32										
33	C/O Allocation					23,547		23,547		
34	Book Depreciation Excl SLF					147,001		147,001		
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

Facility Name &amp; ID Number Heritage Manor Beardstown South LLC

# 48843

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Recirculating Pump	2001	\$ 889	\$		\$	\$	\$	37
38	West entrance Door	2001	1,700						38
39									39
40	Door	2002	2,840						40
41	a/c unit	2002	15,900						41
42	Shower room Wall	2002	1,200						42
43	Cmpressor	2002	13,348						43
44									44
45	Sewer Relocation	2002	2,011						45
46									46
47	Sewer Relocation	2003	2,206						47
48	a/c units	2003	10,170						48
49									49
50	Disposer	2003	1,454						50
51	A/C Unit	2003	5,786						51
52	Rebuild Generator	2003	4,276						52
53									53
54	Exterior doors	2004	3,212						54
55	Shower room Remodel	2004	9,028						55
56	Landscapping	2004	3,030						56
57	Canopy	2004	570						57
58	Door	2004	1,068						58
59	A/C Unit	2004	7,326						59
60	Heat/Cool Units	2004	6,960						60
61	Carpet	2004	911						61
62	Compressor	2004	2,949						62
63	Chiller	2004	1,970						63
64	Drier Core	2004	953						64
65									65
66									66
67									67
68									68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 1,851,224	\$ 170,548		\$ 170,548	\$	\$	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>		\$ 1,851,224	\$ 170,548		\$ 170,548	\$	\$	1
2	Shower Remodel	2005	7,273						2
3	Ansul System	2005	2,540						3
4									4
5									5
6	Interior rehab -- Labor and Materials	2005	28,299						6
7	Delayed Egress Magnet	2005	2,092						7
8	Panic Door Hardware	2005	2,125						8
9	Roof repair	2005	3,702						9
10									10
11									11
12	Door opener	2006	2,445						12
13	Wanderguard system	2006	2,267						13
14	Hot water heater	2006	13,771						14
15	Sidewalk	2006	4,928						15
16									16
17	Hvac	2006	17,853						17
18									18
19	Alarm system	2006	6,568						19
20	Generator regulator	2006	1,727						20
21	Awning	2006	4,264						21
22	Closet door	2006	2,722						22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,953,800	\$ 170,548		\$ 170,548	\$	\$	34

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

Facility Name &amp; ID Number Heritage Manor Beardstown South LLC

# 48843

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 1,953,800	\$ 170,548		\$ 170,548	\$	\$	1
2	HVAC	2007	9,672						2
3	Chiller	2007	2,603						3
4									4
5	Post 6/30/07 capital review								5
6	Landscaping	2007	28,000						6
7	Water Heater	2007	21,682						7
8	Rooftop A/C	2007	205						8
9	Blinds	2007	845						9
10	Roof fans	2007	3,457						10
11	A/C	2007	12,487						11
12	Doors	2007	3,358						12
13	Generator	2007	39,004						13
14	Wall Heater	2007	3,384						14
15	Circulating pump	2007	896						15
16	Roof	2007	141,801						16
17	Capital report Adj	2007	(216,315)						17
18	HVAC Rooftop Unit	2008	148,000						18
19	Water Heater	2008	14,252						19
20	Heater Replacement	2008	4,008						20
21	Resident Room Remodel-- Painting, Lighting	2008	75,015						21
22	Hot Water Heater	2008	6,621						22
23	HVAC Units	2008	19,280						23
24	Electric Heater	2008	5,195						24
25	Capital report Adj	2008	(50,625)						25
26	Elevator	2009	9,873						26
27	Mixing valve	2009	3,715						27
28	Room painting	2009	6,065						28
29	Comdensor	2009	5,260						29
30	Lights	2009	4,055						30
31	Parking Lot	2009	83,790						31
32	Flooring	2009	18,770						32
33	Nurse Call System	2009	107,659						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,465,812	\$ 170,548		\$ 170,548	\$	\$	34

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

Facility Name &amp; ID Number Heritage Manor Beardstown South LLC

# 48843

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

## 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		\$ 2,465,812	\$ 170,548		\$ 170,548	\$	\$	1
2	Capital Report Adj	2009	(16,907)						2
3	Electric reheats	2010	2,953						3
4	HVAC units	2010	15,119						4
5	Insulation	2010	34,950						5
6	Parking Lot	2010	23,462						6
7	Nurse Call System	2010	183,517						7
8									8
9	Sprinkler	2011	83,201						9
10	Roof	2011	133,678						10
11	Heat/cool Units	2011	19,980						11
12	water tank	2011	7,503						12
13	Heat Panel	2011	5,003						13
14	sign	2011	14,000						14
15									15
16	Roof Replacement	2012	19,770						16
17	Water Heater	2012	13,243						17
18									18
19	Lighting	2012	22,130						19
20									20
21	Compressor Replacements	2013	10,494						21
22	Elevator Door Restrictor	2013							22
23	Replace Heat Controls	2013	4,940						23
24	Sprinkler System Installation	2013							24
25	Duct Heater Replacement	2013							25
26									26
27	Elevator Door Restrictor-Final Payment	2014							27
28	Replace Dishwasher	2014							28
29	Roof Replacement	2014	173,569						29
30	Rebuild Fan Motor	2014							30
31	Chiller Replacement	2014							31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,216,417	\$ 170,548		\$ 170,548	\$	\$	34

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

Facility Name & ID Number Heritage Manor Beardstown South LLC

# 48843

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

**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		\$ 3,216,417	\$ 170,548		\$ 170,548	\$	\$	1
2									2
3	Supply and install 1200 amp breaker switch	2015	22,500						3
4	Install (8) PTAC units	2015	10,026						4
5	Replace duct heaters and controls	2015	2,537						5
6	Install new water tank	2015	4,805						6
7	Repalce water heater	2015	8,740						7
8									8
9	Installed (2) PTAC units in resident rooms	2016	4,146						9
10									10
11	Replaced water softener	2017	12,412						11
12	Installed new duct heaters	2017	5,280						12
13	Replace compressor	2017	6,624						13
14	Replace walk-in cooler	2017	37,447						14
15	Replaced 12 K cooling chasses	2017	4,146						15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,335,080	\$ 170,548		\$ 170,548	\$	\$	34

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

Facility Name & ID Number Heritage Manor Beardstown South LLC

# 48843

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

**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	\$ 1,047,077	\$ 17,165	\$ 17,165	\$		\$	71
72	Current Year Purchases	6,594						72
73	Fully Depreciated Assets							73
74								74
75	<b>TOTALS</b>	\$ 1,053,671	\$ 17,165	\$ 17,165	\$		\$	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	<b>TOTALS</b>			\$	\$	\$	\$		\$	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)	\$ 4,413,751	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 187,713	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 187,713	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	<b>TOTALS</b>	\$	\$	\$	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.

**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	<b>TOTAL</b>				\$ _____			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.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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: \$ 31,835 Description: Office equipment and mattresses

(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	<u>None</u>		\$ _____	\$ _____	17
18			_____	_____	18
19			_____	_____	19
20			_____	_____	20
21	<b>TOTAL</b>		\$ _____	\$ _____	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>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <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>2. <u>CLASSROOM PORTION:</u></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>3. <u>CLINICAL PORTION:</u></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			
		1	2	3	4
		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**

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$ 153,080	\$		\$ 153,080	1
2	Licensed Speech and Language Development Therapist		hrs			85,921			85,921	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			158,139	0		158,139	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				539,642		539,642	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					31,730			31,730	13
14	TOTAL			\$		\$ 428,870	\$ 539,642		\$ 968,512	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.

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	\$ 984	\$	1
2	Cash-Patient Deposits	10,854		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	946,995		3
4	Supply Inventory (priced at FIFO )	26,373		4
5	Short-Term Investments			5
6	Prepaid Insurance	2,347		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(564,628)		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 422,925	\$	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>	\$ 422,925	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 116,814	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,854		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	181,446		30
31	Accrued Taxes Payable (excluding real estate taxes)	30,595		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>	23,867		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 363,576	\$	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>	\$ 363,576	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 59,349	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 422,925	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(245,146)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(245,146)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>304,495</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>304,495</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>59,349</b>	<b>24</b> *

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

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required**

**classifications of revenue and expense must be provided on this form, even if financial statements are attached.**

**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 4,575,913	1
2	Discounts and Allowances for all Levels	(1,777,411)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 2,798,502	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,344,150	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,344,150	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	207	12
13	Barber and Beauty Care	968	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	59,510	16
17	Sale of Drugs	1,054,701	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	31,488	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,146,874	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	490,264	24
25	Interest and Other Investment Income***	1,206	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 491,470	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>	\$ 5,780,996	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,129,776	31
32	Health Care	2,182,993	32
33	General Administration	1,234,347	33
<b>B. Capital Expense</b>			
34	Ownership	532,245	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	397,140	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>	\$ 5,476,501	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	304,495	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 304,495	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
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>	\$	49

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

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

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

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

Facility Name & ID Number Heritage Manor Beardstown South LLC

# 48843

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

**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	1,762	1,855	\$ 53,481	\$ 28.83	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	4,245	4,469	151,751	33.96	3
4	Licensed Practical Nurses	15,427	16,239	413,905	25.49	4
5	CNAs & Orderlies	43,098	45,367	599,921	13.22	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,863	1,961	53,453	27.26	8
9	Activity Director					9
10	Activity Assistants	2,751	2,896	55,577	19.19	10
11	Social Service Workers	1,530	1,610	26,337	16.36	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	19,776	20,817	224,301	10.77	15
16	Dishwashers					16
17	Maintenance Workers	4,943	5,203	98,760	18.98	17
18	Housekeepers	7,828	8,240	94,841	11.51	18
19	Laundry	3,630	3,822	48,956	12.81	19
20	Administrator	1,497	1,576	62,116	39.41	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,030	7,400	137,128	18.53	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)	115,380	121,455	\$ 2,020,527 *	\$ 16.64	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	3,000		36
37	Medical Records Consultant	1,911		37
38	Nurse Consultant			38
39	Pharmacist Consultant	4,659		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	4,320		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 13,890		49

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ 55,755		50
51	Licensed Practical Nurses	80,840		51
52	Certified Nurse Assistants/Aides	0		52
53	TOTAL (lines 50 - 52)	\$ 136,595		53

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries			Ownership	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount	
Courtney Sweatman			\$ 62,116	Workers' Compensation Insurance	\$ 40,776	IDPH License Fee	\$	
				Unemployment Compensation Insurance	38,461	Advertising: Employee Recruitment	3,823	
				FICA Taxes	154,570	Health Care Worker Background Check (Indicate # of checks performed )	924	
				Employee Health Insurance	121,523	Patient Background Checks		
				Employee Meals		PR	3,817	
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	4,509	
				Other Benefits	30,049	License & Fees	27,623	
				Central Office Allocation	38,733	Central Office Allocation	6,455	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 62,116			Less: Public Relations Expense	(3,817)	
B. Administrative - Other						Non-allowable advertising	(2,260)	
Description			Amount			Yellow page advertising	( )	
			\$			TOTAL (agree to Sch. V, line 20, col. 8)	\$ 41,074	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 424,112			
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
C. Professional Services				Description	Line #	Amount	Description	Amount
Vendor/Payee	Type		Amount			\$		
Heritage Operations Group	Mgt services		\$ 296,399				Out-of-State Travel	\$
ADP	Payroll tax processing		245					
McKee Environmental	Asbestos testing		2,310				In-State Travel	
								10,696
								41
							Seminar Expense	1,026
								(6,764)
							Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
Legal adj to Zero			5,020				TOTAL	\$ 4,999
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 303,974	TOTAL		\$		

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name & ID Number Heritage Manor Beardstown South LLC# 48843Report Period Beginning: 1/1/2017Ending: 12/31/2017**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 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,000 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 187,925  
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? \_\_\_\_\_ Indicate the amount. \$ 6,671
- (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

Heritage Manor - Beardstown South  
IDPH ID# 48843  
HFS Cost Report - December 31, 2017  
Schedule V - Column 5 Reclassifications

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

<u>Line Item</u>		
Purchased Drugs and Medications	\$	539,642
Purchased Hospital Services		26,557
Purchased Laboratory Services		3,689
Purchased Radiology Services		1,484
Amount Reclassified to Line 39	\$	<u>571,372</u>

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

<u>Line Item</u>		
Provider Participation Fee - \$1.50	\$	43,253
Provider Assessment Fee - \$6.70		144,672
Amount Reclassified to Line 42		<u>187,925</u>