



Facility Name & ID Number Heritage Manor Normal LLC

# 0048157 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	141	Skilled (SNF)	141	51,465	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	141	TOTALS	141	51,465	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	16,417	22,012	3,149	41,578	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	16,417	22,012	3,149	41,578	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 80.79%

**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 7/2006

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

**K. Was the facility certified for Medicare during the reporting year?**  
YES  NO  If YES, enter number of beds certified 141 and days of care provided 3,149

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 Normal LLC # 0048157 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	427,433	24,592		452,025		452,025	5,548	457,573		1
2	Food Purchase		307,564		307,564		307,564		307,564		2
3	Housekeeping	200,157	51,676		251,833		251,833	8	251,841		3
4	Laundry	99,287	22,518		121,805		121,805	1	121,806		4
5	Heat and Other Utilities			140,219	140,219		140,219	2,134	142,353		5
6	Maintenance	120,598	122,781	133,251	376,630		376,630	32,550	409,180		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	<b>847,475</b>	<b>529,131</b>	<b>273,470</b>	<b>1,650,076</b>		<b>1,650,076</b>	<b>40,241</b>	<b>1,690,317</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			14,400	14,400		14,400		14,400		9
10	Nursing and Medical Records	3,300,177	250,255	370,487	3,920,919		3,920,919	(24,774)	3,896,145		10
10a	Therapy		1,165,072	58,622	1,223,694	(1,217,887)	5,807		5,807		10a
11	Activities	95,781	4,925		100,706		100,706		100,706		11
12	Social Services	77,178		2,464	79,642		79,642		79,642		12
13	CNA Training							1,531	1,531		13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>3,473,136</b>	<b>1,420,252</b>	<b>445,973</b>	<b>5,339,361</b>	<b>(1,217,887)</b>	<b>4,121,474</b>	<b>(23,243)</b>	<b>4,098,231</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	97,968			97,968		97,968		97,968		17
18	Directors Fees										18
19	Professional Services			555,864	555,864		555,864	(529,973)	25,891		19
20	Dues, Fees, Subscriptions & Promotions			376,749	376,749	(309,357)	67,392	(19,259)	48,133		20
21	Clerical & General Office Expenses	439,553	34,747	13,301	487,601		487,601	511,285	998,886		21
22	Employee Benefits & Payroll Taxes			880,589	880,589		880,589	69,131	949,720		22
23	Inservice Training & Education			16,143	16,143		16,143	(11,144)	4,999		23
24	Travel and Seminar			4,433	4,433		4,433	566	4,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			57,275	57,275		57,275	16,677	73,952		26
27	Other (specify):* <b>Lost resident items</b>			22,107	22,107		22,107	(20,900)	1,207		27
28	<b>TOTAL General Administration</b>	<b>537,521</b>	<b>34,747</b>	<b>1,926,461</b>	<b>2,498,729</b>	<b>(309,357)</b>	<b>2,189,372</b>	<b>16,383</b>	<b>2,205,755</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>4,858,132</b>	<b>1,984,130</b>	<b>2,645,904</b>	<b>9,488,166</b>	<b>(1,527,244)</b>	<b>7,960,922</b>	<b>33,381</b>	<b>7,994,303</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 &amp; ID Number

Heritage Manor Normal LLC

#0048157

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							512,917	512,917			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			72,301	72,301		72,301	112,780	185,081			32
33	Real Estate Taxes							106,738	106,738			33
34	Rent-Facility & Grounds			718,320	718,320		718,320	(709,818)	8,502			34
35	Rent-Equipment & Vehicles			47,517	47,517		47,517	10,862	58,379			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			838,138	838,138		838,138	33,479	871,617			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			941,588	941,588	1,217,887	2,159,475	(413,359)	1,746,116			39
40	Barber and Beauty Shops			33,850	33,850		33,850		33,850			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					309,357	309,357		309,357			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>			975,438	975,438	1,527,244	2,502,682	(413,359)	2,089,323			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,858,132	1,984,130	4,459,480	11,301,742		11,301,742	(346,499)	10,955,243			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				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(7,027)			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	(13,452)			17
18	Fines and Penalties				18
19	Entertainment	(11,032)			19
20	Contributions	(500)			20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(11,167)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(20,400)			24
25	Fund Raising, Advertising and Promotional	(30,779)			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>	\$ (94,357)		\$	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)	(252,142)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (252,142)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (346,499)		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	52

Heritage Manor Normal LLC

ID# 0048157

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		(11,167)	19	22
23				23
24		(20,400)	27	24
25		(30,779)	20	25
26				26
27		(500)	27	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>	(62,846)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor Normal LLC# 0048157

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	5,548	0	0	0	0	0	0	0	0	5,548	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	8	0	0	0	0	0	0	0	0	8	3
4	Laundry	0	0	1	0	0	0	0	0	0	0	0	1	4
5	Heat and Other Utilities	0	0	2,134	0	0	0	0	0	0	0	0	2,134	5
6	Maintenance	0	0	32,550	0	0	0	0	0	0	0	0	32,550	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	0	0	40,241	0	0	0	0	0	0	0	0	40,241	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	(25,296)	522	0	0	0	0	0	0	0	0	(24,774)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	1,531	0	0	0	0	0	0	0	0	1,531	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	(25,296)	2,053	0	0	0	0	0	0	0	0	(23,243)	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	(11,167)	(542,340)	23,534	0	0	0	0	0	0	0	0	(529,973)	19
20	Fees, Subscriptions & Promotions	(30,779)	0	11,520	0	0	0	0	0	0	0	0	(19,259)	20
21	Clerical & General Office Expenses	0	0	511,285	0	0	0	0	0	0	0	0	511,285	21
22	Employee Benefits & Payroll Taxes	0	0	69,131	0	0	0	0	0	0	0	0	69,131	22
23	Inservice Training & Education	(13,452)	(68)	2,376	0	0	0	0	0	0	0	0	(11,144)	23
24	Travel and Seminar	(11,032)	0	11,598	0	0	0	0	0	0	0	0	566	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	16,677	0	0	0	0	0	0	0	0	16,677	26
27	Other (specify):*	(20,900)	0	0	0	0	0	0	0	0	0	0	(20,900)	27
28	<b>TOTAL General Administration</b>	(87,330)	(542,408)	646,121	0	0	0	0	0	0	0	0	16,383	28
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	(87,330)	(567,704)	688,415	0	0	0	0	0	0	0	0	33,381	29

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor Normal LLC# 0048157

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	470,891	0	42,026	0	0	0	0	0	0	0	512,917	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7,027)	117,362	0	2,445	0	0	0	0	0	0	0	112,780	32
33	Real Estate Taxes	0	106,738	0	0	0	0	0	0	0	0	0	106,738	33
34	Rent-Facility & Grounds	0	(718,320)	0	8,502	0	0	0	0	0	0	0	(709,818)	34
35	Rent-Equipment & Vehicles	0	0	0	10,862	0	0	0	0	0	0	0	10,862	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	(7,027)	(23,329)	0	63,835	0	0	0	0	0	0	0	33,479	37
	<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	(413,359)	0	0	0	0	0	0	0	0	0	(413,359)	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>	0	(413,359)	0	0	0	0	0	0	0	0	0	(413,359)	44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	(94,357)	(1,004,392)	688,415	63,835	0	0	0	0	0	0	0	(346,499)	45

**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

**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		\$(25,296)	\$(25,296)	1
2	V	23 Adjustment for Related Organization		GreenTree Pharmacy		(68)	(68)	2
3	V	39 Adjustment for Related Organization		GreenTree Pharmacy		(413,359)	(413,359)	3
4	V	19 Adjustment for Related Organization	542,340	Heritage Operations Group, LLC			(542,340)	4
5	V							5
6	V	34 Adjustment for Related Organization	718,320	Heritage Manor Real Estate, LLC			(718,320)	6
7	V	33 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		106,738	106,738	7
8	V	32 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		104,661	104,661	8
9	V	30 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		470,891	470,891	9
10	V	32 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		12,701	12,701	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,260,660			\$ 256,268	\$ * (1,004,392)	14

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

Facility Name & ID Number Heritage Manor Normal LLC# 0048157Report Period Beginning: 1/1/2017Ending: 12/31/2017

## 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		\$	\$	5,548	15	
16	V	2 Food Purchase						0	16	
17	V	3 Housekeeping						8	17	
18	V	4 Laundry						1	18	
19	V	5 Heat & Other Utilities						2,134	19	
20	V	6 Maintenance						32,550	20	
21	V	7 Other						0	21	
22	V	9 Medical Director						0	22	
23	V	10 Nursing & Medical Records						522	23	
24	V	11 Activities						0	24	
25	V	12 Social Service						0	25	
26	V	13 Nurse Aide Training						1,531	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						23,534	31	
32	V	20 Fees, Subscription, Promotions						11,520	32	
33	V	21 Clerical & General Office Expenses						511,285	33	
34	V	22 Employee Benefits & Payroll Taxes						69,131	34	
35	V	23 Inservice Training & Education						2,376	35	
36	V	24 Travel and Seminar						11,598	36	
37	V	25 Other Admin. Staff Transportation						0	37	
38	V	26 Insurance-Prop.Liab.Malpract						16,677	38	
39	Total		\$			\$	0	\$ *	688,415	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					42,026	16
17	V	31 Amortization of Pre-Op & Org					0	17
18	V	32 Interest					2,445	18
19	V	33 Real Estate Taxes					0	19
20	V	34 Rent-Facility & Grounds					8,502	20
21	V	35 Rent-Equipment & Vehicles					10,862	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	\$ * 63,835 39

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

Facility Name & ID Number Heritage Manor Normal LLC # 0048157 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 Normal LLC

# 0048157

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	\$ 109,431	141	\$ 5,548	1
2	2	Food Purchase	Beds	2,578	26	0	0	141	0	2
3	3	Housekeeping	Beds	2,578	26	145	0	141	8	3
4	4	Laundry	Beds	2,578	26	16	0	141	1	4
5	5	Heat & Other Utilities	Beds	2,578	26	39,021	0	141	2,134	5
6	6	Maintenance	Beds	2,578	26	595,139	73,623	141	32,550	6
7	7	Other	Beds	2,578	26	0	0	141	0	7
8	9	Medical Director	Beds	2,578	26	0	0	141	0	8
9	10	Nursing & Medical Records	Beds	2,578	26	9,542	8,241	141	522	9
10	11	Activities	Beds	2,578	26	0	0	141	0	10
11	12	Social Service	Beds	2,578	26	0	0	141	0	11
12	13	Nurse Aide Training	Beds	2,578	26	27,991	27,014	141	1,531	12
13	14	Program Transportation	Beds	2,578	26	0	0	141	0	13
14	15	Other	Beds	2,578	26	0	0	141	0	14
15	17	Administrative	Beds	2,578	26	0	0	141	0	15
16	18	Directors Fees	Beds	2,578	26	0	0	141	0	16
17	19	Professional Services	Beds	2,578	26	430,283	0	141	23,534	17
18	20	Fees, Subscription, Promotions	Beds	2,578	26	210,633	0	141	11,520	18
19	21	Clerical & General Office Expense	Beds	2,578	26	9,348,167	8,831,995	141	511,285	19
20	22	Employee Benefits & Payroll Tax	Beds	2,578	26	1,263,974	0	141	69,131	20
21	23	Inservice Training & Education	Beds	2,578	26	43,441	0	141	2,376	21
22	24	Travel and Seminar	Beds	2,578	26	212,053	0	141	11,598	22
23	25	Other Admin. Staff Transportatio	Beds	2,578	26	0	0	141	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,578	26	304,925	0	141	16,677	24
25	TOTALS					\$ 12,586,763	\$ 9,050,304		\$ 688,415	25

Facility Name & ID Number Heritage Manor Normal LLC

# 0048157

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	\$	141	\$	1
2	30	Depreciation	Beds	2,578	26	768,393	141	42,026	2
3	31	Amortization of Pre-Op & Org	Beds	2,578	26		141		3
4	32	Interest	Beds	2,578	26	44,696	141	2,445	4
5	33	Real Estate Taxes	Beds	2,578	26		141		5
6	34	Rent-Facility & Grounds	Beds	2,578	26	155,453	141	8,502	6
7	35	Rent-Equipment & Vehicles	Beds	2,578	26	198,602	141	10,862	7
8	36	Other	Beds	2,578	26		141		8
9	38	Medically Nec Transportation	Beds	2,578	26		141		9
10	39	Ancillary Service Centers	Beds	2,578	26		141		10
11	40	Barber and Beauty Shops	Beds	2,578	26		141		11
12	41	Coffee and Gift Shops	Beds	2,578	26		141		12
13	42	Other	Beds	2,578	26		141		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	\$	\$ 63,835	25

Facility Name & ID Number

Heritage Manor Normal LLC

# 0048157

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			\$	\$		\$ 104,661	1									
2	Bank of America		x	Loan Fee Amortization						12,701	2									
3											3									
4											4									
5											5									
<b>Working Capital</b>																				
6	Bank of America		x	Working Capital						72,301	6									
7											7									
8											8									
9	<b>TOTAL Facility Related</b>						\$	\$		\$ 189,663	9									
<b>B. Non-Facility Related*</b>																				
10	Interest Income									(7,027)	10									
11											11									
12	Allocated Corporate									2,445	12									
13											13									
14	<b>TOTAL Non-Facility Related</b>						\$	\$		\$ (4,582)	14									
15	<b>TOTALS (line 9+line14)</b>						\$	\$		\$ 185,081	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>106,738</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>106,738</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>106,738</b>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	<b>98,494</b>	8
	2013	<b>101,933</b>	9
	2014	<b>102,557</b>	10
	2015	<b>103,841</b>	11
	2016	<b>106,738</b>	12

**FOR BHF USE ONLY**

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.**

**2016 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Heritage Manor Normal LLC COUNTY McLean

FACILITY IDPH LICENSE NUMBER 0048157

CONTACT PERSON REGARDING THIS REPORT \_\_\_\_\_

TELEPHONE (      ) \_\_\_\_\_ FAX #: (      ) \_\_\_\_\_

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2016 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 2016.

(A)	(B)	(C)	(D) <u>Tax</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Applicable to Nursing Home</u>
1. <u>14-29-227-016</u>	_____	\$ <u>146,974.46</u>	\$ <u>106,738.00</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>146,974.46</u></u>	\$ <u><u>106,738.00</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

**PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation . Facilities located in Cook County are required to provide copies of their original second installment tax bill.**

Facility Name & ID Number Heritage Manor Normal LLC

# 0048157

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,164 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and an empty column. Rows include 1, 2, and 3 TOTALS with values like \$181,333.

**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	141			\$ 1,860,193	\$		\$	\$	\$
5									
6									
7									
8									
<b>Improvement Type**</b>									
9	1979 Improvements	1979		66,917					
10	1980 Improvements	1980		48,089					
11	1981 Improvements	1981		17,747					
12	1982 Improvements	1982		18,009					
13	1983 Improvements	1983		19,892					
14	1984 Improvements	1984		25,484					
15	1985 Improvements	1985		531,851					
16	1986 Improvements	1986		82,460					
17	1987 Improvements	1987		17,447					
18	1988 Improvements	1988		133,532					
19	1989 Improvements	1989		39,555					
20	1990 Improvements	1990		18,557					
21	1991 Improvements	1991		5,776					
22	1992 Improvements	1992		8,016					
23	1993 Improvements	1993		188,048					
24	1994 Improvements	1994		187,325					
25	1995 Improvements	1995		10,664					
26	A/C Basement Laundry	1996		6,741					
27	Asphalt Repair	1996		21,401					
28	Remodel/Painting	1996		1,912					
29	Fire Alarm Repair/Replace	1996		8,069					
30	Kitchen Floor/Backsplash	1996		1,395					
31									
32									
33	C/O Allocation				42,026		42,026		
34	Book Depreciation				363,329		363,329		
35									
36									

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

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

See Page 12A, Line 70 for total

**XI. OWNERSHIP COSTS (continued)**

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

1	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	Tubes--Boiler	1997	\$ 12,279	\$		\$	\$	\$	37
38	Smoke Damper	1997	2,508						38
39	Perimeter Alarm	1997	3,364						39
40	Door Alarm	1997	3,909						40
41	Parking Lot Lights	1997	1,221						41
42	Fire Door	1997	2,146						42
43									43
44	Asbestos Removal	1998	985						44
45	Fire Daper	1998	4,589						45
46	Plumbing Maintenance	1998	3,285						46
47	HVAC Repairs	1998	2,139						47
48	Boiler Retubed	1998	5,720						48
49	Remodel Resident Rooms and Halls-materials	1998	739,117						49
50	Remodel Resident Rooms and Halls- Labor	1998	4,323						50
51	Remodel Resident Rooms and Halls-Professional Fees	1998	38,935						51
52									52
53	Moving Furnature Expense	1998	6,398						53
54	Computer Room Work	1998	896						54
55	Alzheimers Addition-Materials	1998	876,511						55
56	Alzheimers Addition-Labor	1998	516						56
57	Alzheimers Addition-Professional Fees	1998	162,266						57
58	Ventalation System-Materials	1998	54,231						58
59	Ventalation System-Professional Fees	1998	33,010						59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 5,277,428	\$ 405,355		\$ 405,355	\$	\$	70

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

Facility Name & ID Number Heritage Manor Normal LLC# 0048157

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 12A, Carried Forward</b>		\$ 5,277,428	\$ 405,355		\$ 405,355	\$	\$	1
2	Alzheimers Addition-Materials	1999	1,913,384						2
3	Alzheimers Addition-Labor	1999	16,393						3
4	Alzheimers Addition-Professional Fees	1999	43,955						4
5	Ventalation System-Materials	1999	2,591						5
6	Remodel Resident Rooms--Materials	1999	96,197						6
7	Remodel Resident Rooms--Professional Fees	1999	350						7
8	Patio Replacement	1999	3,700						8
9	WAN Room Renovation	1999	3,230						9
10	ALTA Survey	1999	5,488						10
11	PANIC Hardware	1999	1,941						11
12	Roof Work	1999	4,844						12
13	Boiler Replacement	1999	11,219						13
14	Garage Door	1999	985						14
15	West End Renovations-Labor	1999	2,184						15
16	Assisted Living Professional Fees	1999	1,843						16
17									17
18	West Wing Outlets	2000	8,485						18
19	Alzheimer Unit Flooring	2000	5,631						19
20	Accordian Door and Installation	2000	9,600						20
21	Air conditioning Units (2)	2000	1,240						21
22	Exterior Door Replacement	2000	6,095						22
23	Air conditioner -- Dishroom	2000	12,041						23
24	HVAC temp Control	2000	16,220						24
25	Mop sink and faucet (2)	2000	3,377						25
26	Clinical Sink	2000	847						26
27	Eye Wash Stations	2000	2,566						27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,451,834	\$ 405,355		\$ 405,355	\$	\$	34

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

Facility Name &amp; ID Number Heritage Manor Normal LLC

# 0048157

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>		\$ 7,451,834	\$ 405,355		\$ 405,355	\$	\$	1
2	West End Renovations-Labor	2000	9,940						2
3	West End Renovations-material	2000	7,991						3
4	Capital Report Adjustments	2000	(2,985)						4
5	Boiler Repair	2001	7,921						5
6	Code Alert	2001	6,248						6
7	Painting & Wallpaper Hallway	2001	2,714						7
8	Condenser	2001	3,203						8
9	Fire System Repair	2001	2,269						9
10	Sign	2001	3,266						10
11	Water Heater	2001	4,797						11
12									12
13	Smoke Detector	2002	2,000						13
14	Fence	2002	2,400						14
15	Mixing Valve	2002	2,000						15
16	Bathroom Repairs	2002	10,179						16
17	Sprinkler System	2002	1,019						17
18	Computer Cable	2002	1,076						18
19	Boiler Pump	2002	5,000						19
20	A/C Unit	2002	2,750						20
21	Administrator Office Remodel	2002	4,534						21
22	Fire System Repair	2002	1,234						22
23	A/C Repair	2002	3,535						23
24	Flag & Flag Pole	2002	600						24
25	Elevator Repairs	2002	6,862						25
26	Code Alert	2002	975						26
27	Exhaust Fan	2002	1,350						27
28	Capital Report Adjustments	2002	(3,184)						28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,539,528	\$ 405,355		\$ 405,355	\$	\$	34

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

Facility Name &amp; ID Number Heritage Manor Normal LLC

# 0048157

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 12C, Carried Forward</b>		\$ 7,539,528	\$ 405,355		\$ 405,355	\$	\$	1
2	Fire System	2003	8,614						2
3	Flag Pole	2003							3
4	Security Door	2003	5,990						4
5	A/C Unit	2003	1,580						5
6	Condensing Unit	2003	1,137						6
7	Compressor	2003	2,067						7
8	Sewage Ejection	2003	17,028						8
9	A/C Unit	2003	1,628						9
10									10
11	Sewage Ejection	2004	12,312						11
12	A/C Unit	2004	1,175						12
13	Water Softener	2004	18,667						13
14	Exterior Referbish	2004	2,202						14
15	Boiler	2004	16,060						15
16									16
17	Boiler	2005	388						17
18	Nurses Station	2005	8,146						18
19	Smoke Detectors	2005	3,884						19
20	Windows	2005	6,146						20
21	Tempering Valve	2005	2,510						21
22	Sewage Ejection	2005	1,310						22
23	Ansul System	2005	2,320						23
24	Accelerator	2005	1,548						24
25	A/C Unit	2005	2,550						25
26	A/C Unit	2005	1,275						26
27	Sidewalk Replacement	2005	21,297						27
28	Capital Report Adjustment	2005	(22,995)						28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,656,367	\$ 405,355		\$ 405,355	\$	\$	34

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

Facility Name & ID Number Heritage Manor Normal LLC

# 0048157

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		\$ 7,656,367	\$ 405,355		\$ 405,355	\$	\$	1
2									2
3	A/C Unit	2006	5,900						3
4									4
5									5
6	Capital Report Adj	2007	(16,473)						6
7	Interior Door	2007	425						7
8	Generator	2007	16,165						8
9	Mixing valve	2007	1,955						9
10	Water pipe	2007	2,350						10
11	Water Heater	2007	27,451						11
12	Window	2007	906						12
13	AC Condensing Unit	2007	2,345						13
14	Flooring	2007	775						14
15									15
16	Handrails	2008	2,904						16
17	Grinder Pump	2008	2,566						17
18	Exterior Painting	2008	13,372						18
19	Dining Room Windows	2008	8,150						19
20	Dining Room Roof	2008	78,218						20
21	Driveway Improvements	2008	4,400						21
22	boiler	2008	5,680						22
23	Duct Replacement	2008	16,973						23
24	Carpet	2008	54,088						24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,884,517	\$ 405,355		\$ 405,355	\$	\$	34

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

Facility Name & ID Number Heritage Manor Normal LLC# 0048157

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 12E, Carried Forward</b>		\$ 7,884,517	\$ 405,355		\$ 405,355	\$	\$	1
2	Capital Report Adj	2009	(33,138)						2
3	Fire Alarm	2009	4,458						3
4	Air Handler	2009	7,544						4
5	Landscaping	2009	31,059						5
6	Sprinkler	2009	29,630						6
7	Gutter	2009	3,800						7
8	Dinning room windows	2009	2,280						8
9	Dinning room roof	2009	17,408						9
10	Parking lot surface	2009	87,268						10
11	Boiler	2009	7,625						11
12	Parapet Walls	2009	11,000						12
13	Water Main	2009	6,130						13
14	Nurse Call & Phone system	2009	297,156						14
15									15
16	Retaining wall	2010	21,000						16
17	Air Handler	2010	38,790						17
18	Carpet - Legacy care wing	2010	52,529						18
19	water Meter	2010	5,855						19
20									20
21	West Nurse's Station	2011	35,324						21
22	Sprinkler system	2011	295,806						22
23	Sewer pipe	2011	6,561						23
24	Air Compressor	2011	7,313						24
25	Flooring repair	2011	5,580						25
26	Air Handler	2011	21,534						26
27	Sign	2011	8,500						27
28	Dry pendent sprinkler	2011	48,620						28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,904,149	\$ 405,355		\$ 405,355	\$	\$	34

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

Facility Name & ID Number Heritage Manor Normal LLC# 0048157

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 12F, Carried Forward</b>		\$ 8,904,149	\$ 405,355		\$ 405,355	\$	\$	1
2									2
3	Water Heater	2012	6,600						3
4	Dry Pendant Sprinkler	2012	6,300						4
5	Loading Dock	2012	5,140						5
6	Condensing Unit	2012	6,505						6
7	Disposer	2012	3,131						7
8	Roof	2012	131,830						8
9	Parking Lot	2012	32,607						9
10	Lighting Upgrade	2012	1,439						10
11	Air Handler	2012	12,456						11
12	East Wing Heat Line	2012	8,347						12
13	Heat Pump	2012	3,337						13
14									14
15	Facility Remodel	2013	733,810						15
16	Parking Lot Addition	2013	19,834						16
17	Smoke Detectors	2013	5,567						17
18	Boiler Adjustments	2013	3,515						18
19	Pneumatic Adjustment - Radiator	2013	5,212						19
20	Elevator Door Restrictor	2013	3,150						20
21									21
22	Sanitary Line Repair	2014	5,470						22
23	Completion of 2013 Facility Remodel - final carpeting								23
24	plumbing and flooring upgrades to all patient rooms	2014	360,614						24
25									25
26	Retube boiler	2015	15,200						26
27	New flooring - soiled utility room	2015	6,472						27
28	Compressor replacement	2015	3,861						28
29	Replacement split system for laundry room	2015	6,725						29
30	Replaced failed LCD annunciator	2015	3,910						30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,295,181	\$ 405,355		\$ 405,355	\$	\$	34

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

Facility Name & ID Number Heritage Manor Normal LLC

# 0048157

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 12G, Carried Forward</b>								
2		\$ 10,295,181	\$ 405,355		\$ 405,355				1
3	2016	3,082							2
4	2016	10,330							3
5									4
6	2016	7,850							5
7									6
8	2017	252,610							7
9	2017	8,567							8
10	2017	6,589							9
11									10
12									11
13									12
14									13
15									14
16									15
17									16
18									17
19									18
20									19
21									20
22									21
23									22
24									23
25									24
26									25
27									26
28									27
29									28
30									29
31									30
32									31
33									32
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,584,209	\$ 405,355		\$ 405,355			33

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

Facility Name & ID Number Heritage Manor Normal LLC

# 0048157

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	\$ 2,005,458	\$ 107,562	\$ 107,562	\$		\$	71
72	Current Year Purchases	16,162						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 2,021,620	\$ 107,562	\$ 107,562	\$		\$	75

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

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		2009 Ford Van	2009	\$ 36,604	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$ 36,604	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,823,766	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 512,917	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 512,917	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Heritage Manor Normal LLC

# 0048157

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

**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: \$ 47,517 Description: Bariatric beds, televisions and copiers

(Attach a schedule detailing the breakdown of movable equipment)

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

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	<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	\$		\$ 451,711	\$		\$ 451,711	1
2	Licensed Speech and Language Development Therapist		hrs			137,863			137,863	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			352,014	5,807		357,821	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				1,159,265		1,159,265	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): _____					58,622			58,622	13
14	<b>TOTAL</b>			\$		\$ 1,000,210	\$ 1,165,072		\$ 2,165,282	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.

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

As of **12/31/2017**

(last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 300	\$	1
2	Cash-Patient Deposits	11,970		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,592,890		3
4	Supply Inventory (priced at <u>FIFO</u> )	18,784		4
5	Short-Term Investments			5
6	Prepaid Insurance	1,463		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(1,241,056)		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 384,351	\$	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>	\$ 384,351	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 178,713	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	11,970		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	398,394		30
31	Accrued Taxes Payable (excluding real estate taxes)	66,881		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>	38,957		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 694,915	\$	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>	\$ 694,915	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (310,564)	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 384,351	\$	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>(115,217)</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>(115,217)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(195,347)	<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>(195,347)</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>(310,564)</b>	<b>24</b> *

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

Facility Name &amp; ID Number Heritage Manor Normal LLC

# 0048157

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

**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	\$ 9,782,499	1
2	Discounts and Allowances for all Levels	(3,820,554)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 5,961,945	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,859,454	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 2,859,454	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	42,524	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,240,643	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(5,298)	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 2,277,869	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	7,027	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 7,027	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Activity Fund</b>	100	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 100	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 11,106,395	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,650,076	31
32	Health Care	5,339,361	32
33	General Administration	2,498,729	33
<b>B. Capital Expense</b>			
34	Ownership	838,138	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	975,438	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>	\$ 11,301,742	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(195,347)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (195,347)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$	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 Normal LLC

# 0048157

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	1,774	1,867	\$ 80,094	\$ 42.90	1
2	Assistant Director of Nursing	4,721	4,970	157,128	31.62	2
3	Registered Nurses	14,225	14,973	556,786	37.19	3
4	Licensed Practical Nurses	30,141	31,727	868,958	27.39	4
5	CNAs & Orderlies	101,689	107,041	1,587,057	14.83	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,849	2,999	50,154	16.72	8
9	Activity Director					9
10	Activity Assistants	7,505	7,900	95,781	12.12	10
11	Social Service Workers	3,690	3,884	77,178	19.87	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	32,996	34,733	427,433	12.31	15
16	Dishwashers					16
17	Maintenance Workers	7,207	7,587	120,598	15.90	17
18	Housekeepers	17,015	17,911	200,157	11.18	18
19	Laundry	8,274	8,710	99,287	11.40	19
20	Administrator	1,748	1,840	97,968	53.24	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,475	18,395	439,553	23.90	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)	251,309	264,537	\$ 4,858,132 *	\$ 18.36	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	14,400		36
37	Medical Records Consultant	1,840		37
38	Nurse Consultant			38
39	Pharmacist Consultant	7,326		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	2,464		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 26,030		49

**C. CONTRACT NURSES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ 300,108		50
51	Licensed Practical Nurses	55,730		51
52	Certified Nurse Assistants/Aides	0		52
53	TOTAL (lines 50 - 52)	\$ 355,838		53

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
<u>Dianne Cochran</u>			\$ <u>97,968</u>	<u>Workers' Compensation Insurance</u>	\$ <u>118,369</u>	<u>IDPH License Fee</u>	\$ _____	
				<u>Unemployment Compensation Insurance</u>	<u>31,720</u>	<u>Advertising: Employee Recruitment</u>	<u>17,670</u>	
				<u>FICA Taxes</u>	<u>371,647</u>	<u>Health Care Worker Background Check</u>	<u>5,842</u>	
				<u>Employee Health Insurance</u>	<u>295,761</u>	(Indicate # of checks performed _____)		
				<u>Employee Meals</u>		<u>Patient Background Checks</u>		
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>				
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b>			<b>\$ <u>97,968</u></b>	<u>Other Benefits</u>	<u>63,092</u>	<u>PR</u>	<u>14,668</u>	
<b>(List each licensed administrator separately.)</b>				<u>Central Office Allocation</u>	<u>69,131</u>	<u>Dues &amp; Subscriptions</u>	<u>12,718</u>	
<b>B. Administrative - Other</b>						<u>License &amp; Fees</u>	<u>7,680</u>	
<b>Description</b>			<b>Amount</b>			<u>Central Office Allocation</u>	<u>11,520</u>	
			\$ _____			<u>Less: Public Relations Expense</u>	<u>(14,668)</u>	
						<u>Non-allowable advertising</u>	<u>(7,297)</u>	
						<u>Yellow page advertising</u>	( _____ )	
<b>TOTAL (agree to Schedule V, line 17, col. 3)</b>			<b>\$ _____</b>	<b>TOTAL (agree to Schedule V, line 22, col.8)</b>	<b>\$ <u>949,720</u></b>	<b>TOTAL (agree to Sch. V, line 20, col. 8)</b>	<b>\$ <u>48,133</u></b>	
<b>(Attach a copy of any management service agreement)</b>				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>	
C. Professional Services				Description	Line #	Description	Amount	
Vendor/Payee	Type	Amount	Amount					
<u>Heritage Operations Group</u>	<u>Mgmt</u>	<u>543,140</u>	\$ _____			<u>Out-of-State Travel</u>	\$ _____	
<u>ADP</u>	<u>Payroll Tax Processing</u>	<u>432</u>						
<u>McKee Environmental</u>	<u>Sampling</u>	<u>1,125</u>				<u>In-State Travel</u>	<u>3,931</u>	
							<u>2</u>	
						<u>Seminar Expense</u>	<u>500</u>	
							<u>566</u>	
						<u>Entertainment Expense</u>	( _____ )	
<u>Legal adj to Zero</u>		<u>11,167</u>						
<b>TOTAL (agree to Schedule V, line 19, column 3)</b>			<b>\$ <u>555,864</u></b>	<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL (agree to Sch. V, line 24, col. 8)</b>	<b>\$ <u>4,999</u></b>	
<b>(For legal fee disclosure, see page 39 of instructions)</b>								

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name & ID Number Heritage Manor Normal LLC# 0048157

Report Period Beginning:

1/1/2017

Ending:

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. \$ 309,357  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 31,675
- (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 - Normal  
IDPH ID# 48157  
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	\$ 1,159,265
Purchased Hospital Services	9,609
Purchased Laboratory Services	40,049
Purchased Radiology Services	8,964
Amount Reclassified to Line 39	\$ <u>1,217,887</u>

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

<u>Line Item</u>	
Provider Participation Fee - \$1.50	\$ 77,198
Provider Assessment Fee - \$6.70	232,159
Amount Reclassified to Line 42	<u>309,357</u>