

Facility Name & ID Number Heritage Manor Staunton LLC

48876 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	90	Skilled (SNF)	90	32,850	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	90	TOTALS	90	32,850	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	11,521	9,089	2,528	23,138	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	11,521	9,089	2,528	23,138	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.44%

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 7/2007

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 90 and days of care provided 2,528

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 Staunton LLC # 48876 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
	A. General Services										
1	Dietary	160,557	14,515		175,072		175,072	3,541	178,613		1
2	Food Purchase		148,917		148,917		148,917		148,917		2
3	Housekeeping	124,376	22,761		147,137		147,137	5	147,142		3
4	Laundry	33,631	18,454		52,085		52,085	1	52,086		4
5	Heat and Other Utilities			81,361	81,361		81,361	1,362	82,723		5
6	Maintenance	56,152	77,799	58,690	192,641		192,641	20,777	213,418		6
7	Other (specify):*										7
8	TOTAL General Services	374,716	282,446	140,051	797,213		797,213	25,686	822,899		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	1,289,381	99,015	255,987	1,644,383		1,644,383	(14,072)	1,630,311		10
10a	Therapy		421,581	23,861	445,442	(444,725)	717		717		10a
11	Activities	48,350	5,756		54,106		54,106		54,106		11
12	Social Services	40,480		2,185	42,665		42,665		42,665		12
13	CNA Training	940		9,046	9,986		9,986	977	10,963		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,379,151	526,352	309,079	2,214,582	(444,725)	1,769,857	(13,095)	1,756,762		16
	C. General Administration										
17	Administrative	92,470			92,470		92,470		92,470		17
18	Directors Fees										18
19	Professional Services			270,686	270,686		270,686	(255,052)	15,634		19
20	Dues, Fees, Subscriptions & Promotions			206,701	206,701	(173,431)	33,270	(13,328)	19,942		20
21	Clerical & General Office Expenses	114,566	22,193	6,556	143,315		143,315	326,352	469,667		21
22	Employee Benefits & Payroll Taxes			324,451	324,451		324,451	44,126	368,577		22
23	Inservice Training & Education			4,783	4,783		4,783	216	4,999		23
24	Travel and Seminar			2,609	2,609		2,609	2,390	4,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			32,791	32,791		32,791	10,645	43,436		26
27	Other (specify):*			200	200		200	(200)			27
28	TOTAL General Administration	207,036	22,193	848,777	1,078,006	(173,431)	904,575	115,149	1,019,724		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,960,903	830,991	1,297,907	4,089,801	(618,156)	3,471,645	127,740	3,599,385		29

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

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

Facility Name & ID Number Heritage Manor Staunton LLC

#48876

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	
	D. Ownership											
30	Depreciation							181,277	181,277			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			46,150	46,150		46,150	155,610	201,760			32
33	Real Estate Taxes							34,509	34,509			33
34	Rent-Facility & Grounds			433,620	433,620		433,620	(428,193)	5,427			34
35	Rent-Equipment & Vehicles			16,447	16,447		16,447	6,933	23,380			35
36	Other (specify):*											36
37	TOTAL Ownership			496,217	496,217		496,217	(49,864)	446,353			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			524,166	524,166	444,725	968,891	(90,077)	878,814			39
40	Barber and Beauty Shops		1,175	11,539	12,714		12,714		12,714			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					173,431	173,431		173,431			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		1,175	535,705	536,880	618,156	1,155,036	(90,077)	1,064,959			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,960,903	832,166	2,329,829	5,122,898		5,122,898	(12,201)	5,110,697			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	(164)			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	(1,267)			17
18	Fines and Penalties	(7,639)			18
19	Entertainment	(5,013)			19
20	Contributions	(200)			20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(13,483)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(13,042)			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	SUBTOTAL (A): (Sum of lines 1-29)	\$ (40,808)		\$	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)	28,607		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 28,607		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (12,201)		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	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	

Heritage Manor Staunton LLC

ID# 48876

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		(13,483)	19	22
23				23
24		(7,639)	20	24
25		(13,042)	20	25
26				26
27		(200)	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	Total	(34,364)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor Staunton LLC# 48876

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	3,541	0	0	0	0	0	0	0	0	3,541	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	5	0	0	0	0	0	0	0	0	5	3
4	Laundry	0	0	1	0	0	0	0	0	0	0	0	1	4
5	Heat and Other Utilities	0	0	1,362	0	0	0	0	0	0	0	0	1,362	5
6	Maintenance	0	0	20,777	0	0	0	0	0	0	0	0	20,777	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	25,686	0	25,686	8							
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	(14,405)	333	0	0	0	0	0	0	0	0	(14,072)	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	977	0	0	0	0	0	0	0	0	977	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	TOTAL Health Care and Programs	0	(14,405)	1,310	0	(13,095)	16							
	C. General Administration													
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	(13,483)	(256,591)	15,022	0	0	0	0	0	0	0	0	(255,052)	19
20	Fees, Subscriptions & Promotions	(20,681)	0	7,353	0	0	0	0	0	0	0	0	(13,328)	20
21	Clerical & General Office Expenses	0	0	326,352	0	0	0	0	0	0	0	0	326,352	21
22	Employee Benefits & Payroll Taxes	0	0	44,126	0	0	0	0	0	0	0	0	44,126	22
23	Inservice Training & Education	(1,267)	(34)	1,517	0	0	0	0	0	0	0	0	216	23
24	Travel and Seminar	(5,013)	0	7,403	0	0	0	0	0	0	0	0	2,390	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	10,645	0	0	0	0	0	0	0	0	10,645	26
27	Other (specify):*	(200)	0	0	0	0	0	0	0	0	0	0	(200)	27
28	TOTAL General Administration	(40,644)	(256,625)	412,418	0	115,149	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(40,644)	(271,030)	439,414	0	127,740	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor Staunton LLC# 48876

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)	
	D. Ownership													
30	Depreciation	0	154,452	0	26,825	0	0	0	0	0	0	0	181,277	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(164)	154,214	0	1,560	0	0	0	0	0	0	0	155,610	32
33	Real Estate Taxes	0	34,509	0	0	0	0	0	0	0	0	0	34,509	33
34	Rent-Facility & Grounds	0	(433,620)	0	5,427	0	0	0	0	0	0	0	(428,193)	34
35	Rent-Equipment & Vehicles	0	0	0	6,933	0	0	0	0	0	0	0	6,933	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(164)	(90,445)	0	40,745	0	(49,864)	37						
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	(90,077)	0	0	0	0	0	0	0	0	0	(90,077)	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	TOTAL Special Cost Centers	0	(90,077)	0	0	0	0	0	0	0	0	0	(90,077)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(40,808)	(451,552)	439,414	40,745	0	(12,201)	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		\$ (14,405)	\$ (14,405)	1
2	V	23 Adjustment for Related Organization		GreenTree Pharmacy		(34)	(34)	2
3	V	39 Adjustment for Related Organization		GreenTree Pharmacy		(90,077)	(90,077)	3
4	V	19 Adjustment for Related Organization	256,591	Heritage Operations Group, LLC			(256,591)	4
5	V							5
6	V	34 Adjustment for Related Organization	433,620	Heritage Manor Real Estate, LLC			(433,620)	6
7	V	33 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		34,509	34,509	7
8	V	32 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		139,817	139,817	8
9	V	30 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		154,452	154,452	9
10	V	32 Adjustment for Related Organization		Heritage Manor Real Estate, LLC		14,397	14,397	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 690,211			\$ 238,659	\$ * (451,552)	14

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

Facility Name & ID Number Heritage Manor Staunton LLC# 48876Report 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		\$	\$	3,541	15	
16	V	2 Food Purchase						0	16	
17	V	3 Housekeeping						5	17	
18	V	4 Laundry						1	18	
19	V	5 Heat & Other Utilities						1,362	19	
20	V	6 Maintenance						20,777	20	
21	V	7 Other						0	21	
22	V	9 Medical Director						0	22	
23	V	10 Nursing & Medical Records						333	23	
24	V	11 Activities						0	24	
25	V	12 Social Service						0	25	
26	V	13 Nurse Aide Training						977	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						15,022	31	
32	V	20 Fees, Subscription, Promotions						7,353	32	
33	V	21 Clerical & General Office Expenses						326,352	33	
34	V	22 Employee Benefits & Payroll Taxes						44,126	34	
35	V	23 Inservice Training & Education						1,517	35	
36	V	24 Travel and Seminar						7,403	36	
37	V	25 Other Admin. Staff Transportation						0	37	
38	V	26 Insurance-Prop.Liab.Malpract						10,645	38	
39	Total		\$			\$	0	\$ *	439,414	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						26,825 16
17	V	31 Amortization of Pre-Op & Org						0 17
18	V	32 Interest						1,560 18
19	V	33 Real Estate Taxes						0 19
20	V	34 Rent-Facility & Grounds						5,427 20
21	V	35 Rent-Equipment & Vehicles						6,933 21
22	V	36 Other						0 22
23	V	38 Medically Nec Transportation						0 23
24	V	39 Ancillary Service Centers						0 24
25	V	40 Barber and Beauty Shops						0 25
26	V	41 Coffee and Gift Shops						0 26
27	V	42 Other						0 27
28	V							
29	V							
30	V							
31	V							
32	V							
33	V							
34	V							
35	V							
36	V							
37	V							
38	V							
39	Total		\$			\$	\$	0 \$ * 40,745 39

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

Facility Name & ID Number Heritage Manor Staunton LLC # 48876 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 Staunton LLC

48876

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	90	\$ 3,541	1
2	2	Food Purchase	Beds	2,578	26	0	0	90	0	2
3	3	Housekeeping	Beds	2,578	26	145	0	90	5	3
4	4	Laundry	Beds	2,578	26	16	0	90	1	4
5	5	Heat & Other Utilities	Beds	2,578	26	39,021	0	90	1,362	5
6	6	Maintenance	Beds	2,578	26	595,139	73,623	90	20,777	6
7	7	Other	Beds	2,578	26	0	0	90	0	7
8	9	Medical Director	Beds	2,578	26	0	0	90	0	8
9	10	Nursing & Medical Records	Beds	2,578	26	9,542	8,241	90	333	9
10	11	Activities	Beds	2,578	26	0	0	90	0	10
11	12	Social Service	Beds	2,578	26	0	0	90	0	11
12	13	Nurse Aide Training	Beds	2,578	26	27,991	27,014	90	977	12
13	14	Program Transportation	Beds	2,578	26	0	0	90	0	13
14	15	Other	Beds	2,578	26	0	0	90	0	14
15	17	Administrative	Beds	2,578	26	0	0	90	0	15
16	18	Directors Fees	Beds	2,578	26	0	0	90	0	16
17	19	Professional Services	Beds	2,578	26	430,283	0	90	15,022	17
18	20	Fees, Subscription, Promotions	Beds	2,578	26	210,633	0	90	7,353	18
19	21	Clerical & General Office Expense	Beds	2,578	26	9,348,167	8,831,995	90	326,352	19
20	22	Employee Benefits & Payroll Tax	Beds	2,578	26	1,263,974	0	90	44,126	20
21	23	Inservice Training & Education	Beds	2,578	26	43,441	0	90	1,517	21
22	24	Travel and Seminar	Beds	2,578	26	212,053	0	90	7,403	22
23	25	Other Admin. Staff Transportatio	Beds	2,578	26	0	0	90	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,578	26	304,925	0	90	10,645	24
25	TOTALS					\$ 12,586,763	\$ 9,050,304		\$ 439,414	25

Facility Name & ID Number Heritage Manor Staunton LLC

48876

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	\$	90	\$	1
2	30	Depreciation	Beds	2,578	26	768,393	90	26,825	2
3	31	Amortization of Pre-Op & Org	Beds	2,578	26		90		3
4	32	Interest	Beds	2,578	26	44,696	90	1,560	4
5	33	Real Estate Taxes	Beds	2,578	26		90		5
6	34	Rent-Facility & Grounds	Beds	2,578	26	155,453	90	5,427	6
7	35	Rent-Equipment & Vehicles	Beds	2,578	26	198,602	90	6,933	7
8	36	Other	Beds	2,578	26		90		8
9	38	Medically Nec Transportation	Beds	2,578	26		90		9
10	39	Ancillary Service Centers	Beds	2,578	26		90		10
11	40	Barber and Beauty Shops	Beds	2,578	26		90		11
12	41	Coffee and Gift Shops	Beds	2,578	26		90		12
13	42	Other	Beds	2,578	26		90		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	\$	\$ 40,745	25

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.)		\$	34,509	2
3. Under or (over) accrual (line 2 minus line 1).		\$	34,509	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. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		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. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	34,509	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2012	31,575	8	
	2013	31,965	9	
	2014	32,557	10	
	2015	32,767	11	
	2016	34,509	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.

Facility Name & ID Number Heritage Manor Staunton LLC

48876

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 24,700 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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

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

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

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

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

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

None

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

If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 4 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost. Row 1: 1, 1996, \$53,090, 1. Row 2: 2, 2. Row 3: 3 TOTALS, \$53,090, 3.

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	90			\$ 2,016,995	\$		\$	\$	4
5									5
6									6
7									7
8									8
Improvement Type**									
9	Laundry Room Central A/C		1996	2,869					9
10	Heritage Manor Sign		1996	1,948					10
11	Circulating Pump--Water System		1996	1,232					11
12									12
13	Roof								13
14	Window Replacement		1998	16,818					14
15	Boilers		1998	14,711					15
16			1998	32,278					16
17	Interior Painting--Materials and Labor		1999	7,875					17
18	Underground Storage Tank		1999	15,000					18
19	Plumbing ---Storage Tank		1999	1,032					19
20	Air conditioning Unit		1999	3,312					20
21	Mixing Valve--Water Heater		1999	4,269					21
22									22
23	Water Heater		2000	3,647					23
24	Water Softener		2000	3,271					24
25	Underground Storage Tank		2000						25
26									26
27	Cissell Dryer		2001						27
28	Water Heater		2001	2,967					28
29									29
30									30
31									31
32									32
33	C/O Allocation				26,825		26,825		33
34	Book Depreciation				126,569		126,569		34
35									35
36									36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Manor Staunton LLC

48876

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	Water Heater	2002	\$ 4,142	\$		\$	\$	\$	37
38	Boiler	2002	6,349						38
39	A/C Unit	2002	3,385						39
40	Storage Tank	2002	864						40
41									41
42	A/C Unit	2003	1,015						42
43	Nurses Call Station	2003	3,774						43
44	A/C Unit	2003	3,385						44
45									45
46	Exterior door	2004	4,634						46
47	Islandaire Units	2004	7,284						47
48	Roof	2004	70,680						48
49									49
50	Ansul System	2005	2,170						50
51	Roof	2005	129,178						51
52	Furnance	2005	1,395						52
53	A/C Unit	2005	7,586						53
54	Energy Management	2005	13,035						54
55	Wall Repair	2005	1,212						55
56	Kitchen Storage	2005	8,791						56
57	Adjustment	2005	(1,090)						57
58	Fire Dampers	2006	2,798						58
59	Cable & Phone wiring	2006	8,477						59
60	Door replacement	2006	1,064						60
61	A/C Unit	2006	12,294						61
62	Driveway blacktop	2006	16,000						62
63	Exterior door	2006	60						63
64	Sanyo Unit	2006	1,830						64
65	Interior paint	2006	5,500						65
66		2006	(8,716)						66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,435,320	\$ 153,394		\$ 153,394	\$	\$	70

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

Facility Name & ID Number Heritage Manor Staunton LLC

48876

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 12A, Carried Forward		\$ 2,435,320	\$ 153,394		\$ 153,394	\$	\$	1
2	Interior Rehab-- Paint, floors & Lighting	2007	194,007						2
3	Water Meter	2007	7,953						3
4	Exterior Doors	2007	4,725						4
5	Fire Alarm	2007	41,283						5
6	Boiler	2007	3,473						6
7	HVAC	2007	18,079						7
8	Water Heater	2007	5,508						8
9	Rooftop HVAC	2007	4,290						9
10	Exhaust Fan	2007	500						10
11	adjustments	2007	(15,002)						11
12	HVAC	2008	7,886						12
13	Boiler	2008	37,955						13
14	Nurse Call System	2008	77,001						14
15	Sprinkler System	2008	74,332						15
16									16
17	Flooring Replacement	2009	8,751						17
18									18
19	Conference room paint, flooring & labor	2010	9,876						19
20	Data equipment relocation	2010	10,197						20
21									21
22									22
23	PTAC units	2011	7,228						23
24	Water heater	2011	5,775						24
25	Landscapping	2011	3,200						25
26									26
27	Lighting Upgrade	2012	5,304						27
28	PTAC units	2012	3,742						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,951,383	\$ 153,394		\$ 153,394	\$	\$	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,951,383	\$ 153,394		\$ 153,394	\$	\$	1
2									2
3	Generator Replacement	2013	55,133						3
4	Water Heater	2013	8,737						4
5	PTAC Installations	2013	8,907						5
6	Replace (3) Valve Actuators & Thermostats	2013	6,454						6
7									7
8	Replace (6) PTAC Units	2014	7,581						8
9	Reface (22) Wardrobe Units	2014	29,110						9
10									10
11	Install (2) new hollow metal doors	2015	3,406						11
12	Install security doors with appropriate electronics	2015	22,769						12
13	Replace (6) PTAC units	2015	7,995						13
14	Replace compressor for PT RTU	2015	2,617						14
15	Replace AC rooftop unit for kitchen and dining room	2015	17,051						15
16									16
17	No 2016 Improvements								17
18									18
19	No 2017 Improvements								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)		\$ 3,121,143	\$ 153,394		\$ 153,394	\$	\$	34

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

Facility Name & ID Number Heritage Manor Staunton LLC

48876

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	\$ 658,373	\$ 25,225	\$ 25,225	\$		\$	71
72	Current Year Purchases	9,146						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 667,519	\$ 25,225	\$ 25,225	\$		\$	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		2006 Chevy Uplander van	2012	\$ 18,608	\$ 2,658	\$ 2,658	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$ 18,608	\$ 2,658	\$ 2,658	\$		\$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,860,360	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 181,277	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 181,277	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 Staunton LLC

48876

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	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	_____ /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: \$ 16,447 Description: Televisions and office equipment

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies		9,046		9,046
3	Classroom Wages (a)		940		940
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 9,986	\$	\$ 9,986
10	SUM OF line 9, col. 1 and 2 (e)	\$	9,986		

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)	
TOTAL TRAINED	

- (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	\$		\$ 254,397	\$		\$ 254,397	1
2	Licensed Speech and Language Development Therapist		hrs			26,430			26,430	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			243,339	717		244,056	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				420,864		420,864	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					23,861			23,861	13
14	TOTAL			\$		\$ 548,027	\$ 421,581		\$ 969,608	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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 540	\$	1
2	Cash-Patient Deposits	10,363		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	447,658		3
4	Supply Inventory (priced at FIFO)	11,130		4
5	Short-Term Investments			5
6	Prepaid Insurance	1,975		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	677,933		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,149,599	\$	10
	B. Long-Term Assets			
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	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,149,599	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 133,069	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,363		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	236,227		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,231		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
	Other Current Liabilities(specify):			
36	<u>Bed Tax</u>	21,203		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 403,093	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 403,093	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 746,506	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,149,599	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 588,073	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 588,073	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	158,433	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 158,433	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 746,506	24 *

* This must agree with page 17, line 47.

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

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

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 4,566,347	1
2	Discounts and Allowances for all Levels	(1,890,058)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 2,676,289	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,757,091	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,757,091	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	904	12
13	Barber and Beauty Care	8,302	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	826,921	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	11,660	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 847,787	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	164	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 164	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,281,331	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	797,213	31
32	Health Care	2,214,582	32
33	General Administration	1,078,006	33
B. Capital Expense			
34	Ownership	496,217	34
C. Ancillary Expense			
35	Special Cost Centers	536,880	35
36	Provider Participation Fee		36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,122,898	40
41	Income before Income Taxes (line 30 minus line 40)**	158,433	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 158,433	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	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	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 Staunton LLC

48876

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	1,739	1,831	\$ 67,354	\$ 36.79	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	10,484	11,036	321,203	29.11	3
4	Licensed Practical Nurses	6,779	7,136	200,455	28.09	4
5	CNAs & Orderlies	44,125	46,447	668,384	14.39	5
6	CNA Trainees	107	112	940	8.39	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,110	1,168	31,985	27.38	8
9	Activity Director					9
10	Activity Assistants	4,159	4,378	48,350	11.04	10
11	Social Service Workers	1,741	1,833	40,480	22.08	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	12,998	13,682	160,557	11.73	15
16	Dishwashers					16
17	Maintenance Workers	3,297	3,471	56,152	16.18	17
18	Housekeepers	10,313	10,856	124,376	11.46	18
19	Laundry	3,076	3,238	33,631	10.39	19
20	Administrator	1,748	1,840	92,470	50.26	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,546	4,786	114,566	23.94	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)	106,222	111,814	\$ 1,960,903 *	\$ 17.54	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	18,000		36
37	Medical Records Consultant	1,925		37
38	Nurse Consultant			38
39	Pharmacist Consultant	4,218		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	2,185		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 26,328		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ 0		50
51	Licensed Practical Nurses	0		51
52	Certified Nurse Assistants/Aides	249,451		52
53	TOTAL (lines 50 - 52)	\$ 249,451		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>Joann Newell</u>			\$ <u>92,470</u>	<u>Workers' Compensation Insurance</u>	\$ <u>49,789</u>	<u>IDPH License Fee</u>	\$	
				<u>Unemployment Compensation Insurance</u>	<u>12,286</u>	<u>Advertising: Employee Recruitment</u>	<u>5,373</u>	
				<u>FICA Taxes</u>	<u>150,009</u>	<u>Health Care Worker Background Check</u>	<u>1,499</u>	
				<u>Employee Health Insurance</u>	<u>100,496</u>	(Indicate # of checks performed _____)		
				<u>Employee Meals</u>		<u>Patient Background Checks</u>		
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>				
TOTAL (agree to Schedule V, line 17, col. 1)			\$ <u>92,470</u>	<u>Other Benefits</u>	<u>11,871</u>	<u>PR</u>	<u>9,669</u>	
(List each licensed administrator separately.)				<u>Central Office Allocation</u>	<u>44,126</u>	<u>Dues & Subscriptions</u>	<u>6,006</u>	
B. Administrative - Other						<u>License & Fees</u>	<u>2,549</u>	
Description			Amount			<u>Central Office Allocation</u>	<u>7,353</u>	
			\$			<u>Less: Public Relations Expense</u>	<u>(9,669)</u>	
						<u>Non-allowable advertising</u>	<u>(2,838)</u>	
						<u>Yellow page advertising</u>	()	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)	\$ <u>368,577</u>	TOTAL (agree to Sch. V, line 20, col. 8)	\$ <u>19,942</u>	
(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			\$	<u>Out-of-State Travel</u>	\$
<u>Heritage Operations Group</u>	<u>Mgt services</u>		<u>256,972</u>					
<u>ADP</u>	<u>Payroll tax processing</u>		<u>231</u>				<u>In-State Travel</u>	<u>1,557</u>
								<u>26</u>
							<u>Seminar Expense</u>	<u>1,026</u>
								<u>2,390</u>
							<u>Entertainment Expense</u>	()
<u>Legal adj to Zero</u>			<u>13,483</u>				TOTAL (agree to Sch. V, line 24, col. 8)	\$ <u>4,999</u>
TOTAL (agree to Schedule V, line 19, column 3)			\$ <u>270,686</u>	TOTAL		\$		
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heritage Manor Staunton LLC# 48876Report 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. \$ 173,431
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. \$ 4,809
- (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 - Staunton
IDPH ID# 48876
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	\$	420,864
Purchased Hospital Services		3,728
Purchased Laboratory Services		19,076
Purchased Radiology Services		1,057
Amount Reclassified to Line 39	\$	<u>444,725</u>

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

<u>Line Item</u>		
Provider Participation Fee - \$1.50	\$	49,275
Provider Assessment Fee - \$6.70		124,156
Amount Reclassified to Line 42		<u>173,431</u>