

Facility Name & ID Number Heritage Health-Peru

0048090 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	129	Skilled (SNF)	129	47,085	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	129	TOTALS	129	47,085	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	18,286	5,736	4,805	28,827	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	18,286	5,736	4,805	28,827	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 61.22%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started July 2006

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

YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified _____ and days of care provided 4,805

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 Health-Peru

0048090

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	193,295	10,328		203,623		203,623	6,500	210,123		1
2	Food Purchase		192,311		192,311		192,311	77	192,388		2
3	Housekeeping	28,506	26,594		55,100		55,100		55,100		3
4	Laundry	91,927	8,429		100,356		100,356		100,356		4
5	Heat and Other Utilities			116,629	116,629		116,629	1,773	118,402		5
6	Maintenance	104,033	64,529	64,086	232,648		232,648	22,148	254,796		6
7	Other (specify):*										7
8	TOTAL General Services	417,761	302,191	180,715	900,667		900,667	30,498	931,165		8
	B. Health Care and Programs										
9	Medical Director			6,000	6,000		6,000		6,000		9
10	Nursing and Medical Records	1,783,389	112,276	23,817	1,919,482		1,919,482	377	1,919,859		10
10a	Therapy		393,975	603,395	997,370	(408,483)	588,887		588,887		10a
11	Activities	115,796	1,084		116,880		116,880		116,880		11
12	Social Services	32,040		2,243	34,283		34,283		34,283		12
13	CNA Training							1,093	1,093		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,931,225	507,335	635,455	3,074,015	(408,483)	2,665,532	1,470	2,667,002		16
	C. General Administration										
17	Administrative	60,000			60,000		60,000		60,000		17
18	Directors Fees										18
19	Professional Services			277,687	277,687		277,687	(248,098)	29,589		19
20	Dues, Fees, Subscriptions & Promotions			111,628	111,628	(70,628)	41,000	(18,833)	22,167		20
21	Clerical & General Office Expenses	167,211	20,341	16,419	203,971		203,971	398,705	602,676		21
22	Employee Benefits & Payroll Taxes			595,105	595,105		595,105	65,623	660,728		22
23	Inservice Training & Education			7,107	7,107		7,107	1,948	9,055		23
24	Travel and Seminar			3,735	3,735		3,735	1,264	4,999		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			61,343	61,343		61,343	14,689	76,032		26
27	Other (specify):*			42,008	42,008		42,008	(42,000)	8		27
28	TOTAL General Administration	227,211	20,341	1,115,032	1,362,584	(70,628)	1,291,956	173,298	1,465,254		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,576,197	829,867	1,931,202	5,337,266	(479,111)	4,858,155	205,266	5,063,421		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 Health-Peru

#0048090

Report Period Beginning:

01/01/14

Ending:

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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							344,701	344,701			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			26,907	26,907		26,907	134,922	161,829			32
33	Real Estate Taxes							48,642	48,642			33
34	Rent-Facility & Grounds			565,020	565,020		565,020	(556,824)	8,196			34
35	Rent-Equipment & Vehicles			14,756	14,756		14,756	10,370	25,126			35
36	Other (specify):*											36
37	TOTAL Ownership			606,683	606,683		606,683	(18,189)	588,494			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					408,483	408,483	(21,389)	387,094			39
40	Barber and Beauty Shops			13,824	13,824		13,824		13,824			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					70,628	70,628		70,628			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			13,824	13,824	479,111	492,935	(21,389)	471,546			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,576,197	829,867	2,551,709	5,957,773		5,957,773	165,688	6,123,461			45

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

Facility Name & ID Number Heritage Health-Peru

0048090

Report Period Beginning: 01/01/14

Ending: 12/31/14

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-	BHF USE	
			ence	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	(18,949)			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	(3,408)			17
18	Fines and Penalties				18
19	Entertainment	(9,066)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,825)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(42,000)			24
25	Fund Raising, Advertising and Promotional	(25,937)			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)	\$ (102,185)		\$	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)	267,873		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 267,873		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 165,688		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
						52

Heritage Health-Peru

ID# 0048090

Report Period Beginning: 01/01/14

Ending: 12/31/14

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1		\$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15		0	33	15
16			24	16
17		(3,408)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(2,825)	19	22
23				23
24		(42,000)	27	24
25		(25,937)	20	25
26				26
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		(74,170)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Peru# 0048090

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	6,500	0	0	0	0	0	0	0	0	6,500	1
2	Food Purchase	0	0	77	0	0	0	0	0	0	0	0	77	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,773	0	0	0	0	0	0	0	0	1,773	5
6	Maintenance	0	0	22,148	0	0	0	0	0	0	0	0	22,148	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	30,498	0	30,498	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	0	377	0	0	0	0	0	0	0	0	377	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	1,093	0	0	0	0	0	0	0	0	1,093	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	0	1,470	0	1,470	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	(2,825)	(271,435)	26,162	0	0	0	0	0	0	0	0	(248,098)	19
20	Fees, Subscriptions & Promotions	(29,345)	0	10,512	0	0	0	0	0	0	0	0	(18,833)	20
21	Clerical & General Office Expenses	0	0	398,705	0	0	0	0	0	0	0	0	398,705	21
22	Employee Benefits & Payroll Taxes	0	0	65,623	0	0	0	0	0	0	0	0	65,623	22
23	Inservice Training & Education	0	0	1,948	0	0	0	0	0	0	0	0	1,948	23
24	Travel and Seminar	(9,066)	0	10,330	0	0	0	0	0	0	0	0	1,264	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	14,689	0	0	0	0	0	0	0	0	14,689	26
27	Other (specify):*	(42,000)	0	0	0	0	0	0	0	0	0	0	(42,000)	27
28	TOTAL General Administration	(83,236)	(271,435)	527,969	0	173,298	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(83,236)	(271,435)	559,937	0	205,266	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Peru

0048090

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	318,642	0	26,059	0	0	0	0	0	0	0	344,701	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(18,949)	153,904	0	(33)	0	0	0	0	0	0	0	134,922	32
33	Real Estate Taxes	0	48,642	0	0	0	0	0	0	0	0	0	48,642	33
34	Rent-Facility & Grounds	0	(565,020)	0	8,196	0	0	0	0	0	0	0	(556,824)	34
35	Rent-Equipment & Vehicles	0	0	0	10,370	0	0	0	0	0	0	0	10,370	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(18,949)	(43,832)	0	44,592	0	(18,189)	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	(21,389)	0	0	0	0	0	0	0	0	0	(21,389)	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	(21,389)	0	0	0	0	0	0	0	0	0	(21,389)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(102,185)	(336,656)	559,937	44,592	0	165,688	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
<u>Heritage Enterprises, Inc.</u>	<u>100</u>	<u>Attached Following This Page</u>				

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		\$			\$		1
2	V	<u>39 Adjustment for Related Organization</u>		<u>GreenTree Pharmacy</u>	<u>0.00%</u>	<u>(21,389)</u>	<u>(21,389)</u>	2
3	V							3
4	V	<u>19 Adjustment for Related Organization</u>	<u>271,435</u>	<u>Heritage Operations Group, LLC</u>	<u>0.00%</u>		<u>(271,435)</u>	4
5	V							5
6	V	<u>34 Adjustment for Related Organization</u>	<u>565,020</u>	<u>Heritage Manor Real Estate, LLC</u>	<u>0.00%</u>		<u>(565,020)</u>	6
7	V	<u>33 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>48,642</u>	<u>48,642</u>	7
8	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>149,131</u>	<u>149,131</u>	8
9	V	<u>30 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>318,642</u>	<u>318,642</u>	9
10	V	<u>32 Adjustment for Related Organization</u>		<u>Heritage Manor Real Estate, LLC</u>		<u>4,773</u>	<u>4,773</u>	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 836,455			\$ 499,799	\$ * (336,656)	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$	Heritage Enterprises, Inc.		\$	\$ 6,500	15
16	V	2 Food Purchase					77	16
17	V	3 Housekeeping					0	17
18	V	4 Laundry					0	18
19	V	5 Heat & Other Utilities					1,773	19
20	V	6 Maintenance					22,148	20
21	V	7 Other					0	21
22	V	9 Medical Director					0	22
23	V	10 Nursing & Medical Records					377	23
24	V	11 Activities					0	24
25	V	12 Social Service					0	25
26	V	13 Nurse Aide Training					1,093	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					26,162	31
32	V	20 Fees, Subscription, Promotions					10,512	32
33	V	21 Clerical & General Office Expenses					398,705	33
34	V	22 Employee Benefits & Payroll Taxes					65,623	34
35	V	23 Inservice Training & Education					1,948	35
36	V	24 Travel and Seminar					10,330	36
37	V	25 Other Admin. Staff Transportation					0	37
38	V	26 Insurance-Prop.Liab.Malpract					14,689	38
39	Total		\$			\$	0	\$ * 559,937 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:			
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
15	V	27 Other	\$	Heritage Enterprises, Inc.		\$	\$	0	15	
16	V	30 Depreciation						26,059	16	
17	V	31 Amortization of Pre-Op & Org						0	17	
18	V	32 Interest						(33)	18	
19	V	33 Real Estate Taxes						0	19	
20	V	34 Rent-Facility & Grounds						8,196	20	
21	V	35 Rent-Equipment & Vehicles						10,370	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	\$ *	44,592	39

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

Facility Name & ID Number Heritage Health-Peru # 0048090 Report Period Beginning: 01/01/14 Ending: 12/31/14

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Heritage Health-Peru

0048090

Report Period Beginning:

01/01/14

Ending: 12/31/14

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary	Beds	2,666	25	\$ 134,342	\$ 134,342	129	\$ 6,500	1
2	2	Food Purchase	Beds	2,666	25	1,596	0	129	77	2
3	3	Housekeeping	Beds	2,666	25	0	0	129	0	3
4	4	Laundry	Beds	2,666	25	0	0	129	0	4
5	5	Heat & Other Utilities	Beds	2,666	25	36,640	0	129	1,773	5
6	6	Maintenance	Beds	2,666	25	457,729	82,589	129	22,148	6
7	7	Other	Beds	2,666	25	0	0	129	0	7
8	9	Medical Director	Beds	2,666	25	0	0	129	0	8
9	10	Nursing & Medical Records	Beds	2,666	25	7,786	5,734	129	377	9
10	11	Activities	Beds	2,666	25	0	0	129	0	10
11	12	Social Service	Beds	2,666	25	0	0	129	0	11
12	13	Nurse Aide Training	Beds	2,666	25	22,595	21,764	129	1,093	12
13	14	Program Transportation	Beds	2,666	25	0	0	129	0	13
14	15	Other	Beds	2,666	25	0	0	129	0	14
15	17	Administrative	Beds	2,666	25	0	0	129	0	15
16	18	Directors Fees	Beds	2,666	25	0	0	129	0	16
17	19	Professional Services	Beds	2,666	25	540,681	0	129	26,162	17
18	20	Fees, Subscription, Promotions	Beds	2,666	25	217,245	0	129	10,512	18
19	21	Clerical & General Office Expens	Beds	2,666	25	8,239,911	7,726,747	129	398,705	19
20	22	Employee Benefits & Payroll Tax	Beds	2,666	25	1,356,202	0	129	65,623	20
21	23	Inservice Training & Education	Beds	2,666	25	40,260	0	129	1,948	21
22	24	Travel and Seminar	Beds	2,666	25	213,494	0	129	10,330	22
23	25	Other Admin. Staff Transportatio	Beds	2,666	25	0	0	129	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,666	25	303,574	0	129	14,689	24
25	TOTALS					\$ 11,572,055	\$ 7,971,176		\$ 559,937	25

Facility Name & ID Number Heritage Health-Peru

0048090 Report Period Beginning: 01/01/14 Ending: 12/31/14

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 See PG 8
 Street Address _____
 City / State / Zip Code _____
 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	2,666	25	\$	\$	129	\$	1
2	30	Depreciation	Beds	2,666	25	538,548	129	26,059	2	
3	31	Amortization of Pre-Op & Org	Beds	2,666	25		129		3	
4	32	Interest	Beds	2,666	25	(682)	129	(33)	4	
5	33	Real Estate Taxes	Beds	2,666	25		129		5	
6	34	Rent-Facility & Grounds	Beds	2,666	25	169,393	129	8,196	6	
7	35	Rent-Equipment & Vehicles	Beds	2,666	25	214,306	129	10,370	7	
8	36	Other	Beds	2,666	25		129		8	
9	38	Medically Nec Transportation	Beds	2,666	25		129		9	
10	39	Ancillary Service Centers	Beds	2,666	25		129		10	
11	40	Barber and Beauty Shops	Beds	2,666	25		129		11	
12	41	Coffee and Gift Shops	Beds	2,666	25		129		12	
13	42	Other	Beds	2,666	25		129		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					\$ 921,565	\$	\$ 44,592	25	

Facility Name & ID Number

Heritage Health-Peru

0048090

Report Period Beginning:

01/01/14

Ending:

12/31/14

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					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			
A. Directly Facility Related																	
Long-Term																	
1	Bank of America		x	Mortgage			\$	\$			\$ 149,131						
2	Bank of America		x	Loan Fee Amortization							4,773						
3																	
4																	
5																	
Working Capital																	
6	Bank of America		x	Working Capital							26,907						
7																	
8																	
9	TOTAL Facility Related						\$	\$			\$ 180,811						
B. Non-Facility Related*																	
10	Interest Income										(18,949)						
11																	
12	Allocated Corporate										(33)						
13																	
14	TOTAL Non-Facility Related						\$	\$			\$ (18,982)						
15	TOTALS (line 9+line14)						\$	\$			\$ 161,829						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ Line # _____

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

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

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 2013 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.)		\$	48,642		2														
3. Under or (over) accrual (line 2 minus line 1).		\$	48,642		3														
4. Real Estate Tax accrual used for 2014 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.		\$	48,642		7														
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2009	_____	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2013 \$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td>16</td> </tr> </table>		FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2013 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
FOR BHF USE ONLY																			
13	FROM R. E. TAX STATEMENT FOR 2013 \$	13																	
14	PLUS APPEAL COST FROM LINE 5 \$	14																	
15	LESS REFUND FROM LINE 6 \$	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																	
	2010	_____	9																
	2011	46,774	10																
	2012	47,738	11																
	2013	48,642	12																

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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Health-Peru COUNTY LaSalle

FACILITY IDPH LICENSE NUMBER 0048090

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 2013 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 2013.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>1709312014</u>	_____	\$ 46,255.68	\$ 46,255.68
2.	<u>1709312013</u>	_____	\$ 2,386.30	\$ 2,386.30
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ <u>48,641.98</u>	\$ <u>48,641.98</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 x NO

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

C. **Tax Bills**

Attach a copy of the original 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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 Health-Peru

0048090 Report Period Beginning:

01/01/14 Ending:

12/31/14

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 25,183 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.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$ <u>50,000</u>	1
2					2
3	TOTALS			\$ <u>50,000</u>	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	129			\$ 391,963	\$		\$	\$	\$
5				325,293					
6				153,474					
7				677,402					
8									
Improvement Type**									
9	1978 Improvements			6,059					
10	1979 Improvements	1979		9,952					
11	1980 Improvements	1980		28,648					
12	1981 Improvements	1981		8,175					
13	1982 Improvements	1982		39,938					
14	1983 Improvements	1983		13,985					
15	1984 Improvements	1985		19,793					
16	1985 Improvements	1986		550					
17	1986 Improvements	1987		22,120					
18	1988 Improvements	1988		19,053					
19	1989 Improvements	1989		25,453					
20	1990 Improvements	1990		12,118					
21	1991 Improvements	1991		19,157					
22	1992 Improvements	1992		87,224					
23	1993 Improvements	1993		43,270					
24	1994 Improvements	1994		16,885					
25	1995 Improvements	1995		8,377					
26	WATER SOFTNER	1996		4,550					
27	AIR CONDITIONER	1996		97					
28									
29									
30									
31									
32									
33	C/O Allocation				26,059		26,059		
34	Book Depreciation				226,918		226,918		
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	Interior Rehab---	1997	\$ 292,864	\$		\$	\$	\$	37
38	Parking Lot Sealer	1997	3,100						38
39	Commercial Disposal	1997	877						39
40									40
41	Water Heater	1998	4,308						41
42	A/C Repair	1998	6,457						42
43	Heater Repair	1998	954						43
44	Laundry Room Remodel	1998	1,450						44
45	Interior Rehab	1998	7,466						45
46									46
47	GFI Outlets	1999	3,420						47
48	Water Meter	1999	1,854						48
49	Roof Replacements	1999	80,498						49
50									50
51	Water Main Break Repair	2000	5,272						51
52	Door Monitor System	2000	9,852						52
53	Patio Improvements	2000	1,310						53
54									54
55	Lennox Condenser	2001	4,527						55
56	Water Heater	2001	3,708						56
57	Sewer Repair	2001	932						57
58									58
59	Sewer Repair	2002	1,267						59
60	Water Heater	2002	4,340						60
61	Ceiling Tiles	2002	110						61
62	Seal Parking Lot	2002	3,100						62
63	Door Lock	2002	1,370						63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,372,572	\$ 252,977		\$ 252,977	\$	\$	70

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

Facility Name & ID Number Heritage Health-Peru

0048090

Report Period Beginning:

01/01/14

Ending:

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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		\$ 2,372,572	\$ 252,977		\$ 252,977	\$	\$	1
2	Compressor	2003	844						2
3	Shower Room Remodel	2003	4,916						3
4	Back Flow Valve	2003	1,241						4
5	Parking Lot	2003	3,100						5
6	Generator	2003	2,749						6
7	Compressor	2003	939						7
8									8
9									9
10									10
11	Wallguards	2004	22,275						11
12									12
13	Carpet		7,174						13
14									14
15	Ansul System	2005	1,685						15
16	Heat Exchanger	2005	1,800						16
17	Wall hvac	2005	959						17
18	Wallguards	2005	2,313						18
19	A/C condensing unit	2005	4,078						19
20	Exterior Door	2005	17,485						20
21	Solarium	2005	3,812						21
22	Lennox	2005	5,950						22
23	Shower Room Remodel	2005	5,588						23
24	Window Replacement	2005	55,419						24
25	Parking Lot Sealer	2005	3,940						25
26	Disposal	2005	1,303						26
27	Courtyard Door	2005	1,354						27
28	various adjustments	2005	(22,516)						28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,498,980	\$ 252,977		\$ 252,977	\$	\$	34

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

Facility Name & ID Number Heritage Health-Peru

0048090

Report Period Beginning:

01/01/14

Ending:

12/31/14

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 12B, Carried Forward		\$ 2,498,980	\$ 252,977		\$ 252,977	\$	\$	1
2	Code Alert	2006	7,226						2
3	Windows	2006	876						3
4	Exterior Door	2006	2,620						4
5	Chimney	2006	6,250						5
6	Boiler	2006	3,002						6
7	Garbage Disposal	2006	1,072						7
8	Sprinklers	2006	34,076						8
9	Heat Pump	2006	1,073						9
10	2006 adj	2006	(918)						10
11	Sprinkler System	2007	189,741						11
12	Water Heater	2007	11,400						12
13	Sewer	2007	3,394						13
14	HVAC	2007	70,422						14
15	Gazebo	2007	4,750						15
16	PTAC Unit	2007	2,720						16
17	Wander Guard	2007	3,129						17
18	2007 adj	2007	(12,899)						18
19	Condensor	2007	14,138						19
20	2008 adj	2008	(8,200)						20
21	Water Main	2008	30,831						21
22	Resident Room Plumbing	2008	12,661						22
23	Parking Lot Repairs	2008	5,221						23
24	Water Softener	2008	9,748						24
25	Water Heater	2008	9,120						25
26	Nurse Call & Phone system	2009	217,290						26
27	Water Pipe	2009	16,750						27
28	Condensing Unit	2009	3,334						28
29									29
30	Plumbing	2009	4,295						30
31	Concrete Ramp	2009	3,150						31
32	Water Heater	2009	6,750						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,152,002	\$ 252,977		\$ 252,977	\$	\$	34

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

Facility Name & ID Number Heritage Health-Peru

0048090

Report Period Beginning:

01/01/14

Ending:

12/31/14

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 3,152,002	\$ 252,977		\$ 252,977	\$	\$	1
2	The following items relate to the rehab of all wings, resident rooms and central								2
3	common area spaces performed by DS Renovations, LLC								3
4	General Conditions & Demolition	2009	89,600						4
5	Carpentry & Millwork	2009	251,225						5
6	Acoustical Ceiling & Flooring	2009	150,757						6
7	Painting	2009	56,514						7
8	Plumbing	2009	30,679						8
9	Electrical	2009	88,804						9
10	HVAC	2009	43,648						10
11	Overhead & Profit	2009	31,594						11
12									12
13	Environmental & Engineering	2009	12,958						13
14									14
15	Exhaust Fan	2010	12,795						15
16	Landscaping	2010	31,701						16
17	Parking Lot	2010	46,950						17
18	DS Renovations, LLC								18
19	General Conditions & Demolition	2010	41,507						19
20	Carpentry & Millwork	2010	77,921						20
21	Acoustical Ceiling & Flooring	2010	29,947						21
22	Painting	2010	75,786						22
23	Plumbing	2010	27,465						23
24	Electrical	2010	42,154						24
25	HVAC	2010	21,347						25
26	Overhead & Profit	2010	16,506						26
27	Contingency & change orders	2010	45,238						27
28									28
29	Interior Design - Renovation Project	2010	6,000						29
30	Plaster/window/shelving (PMSI Construction)	2010	19,170						30
31	Asbestos Abatement	2010	189,525						31
32	Direct supply Window treatments, bed spreads	2010	38,949						32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,630,742	\$ 252,977		\$ 252,977	\$	\$	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 4,630,742	\$ 252,977		\$ 252,977	\$	\$	1
2									2
3	Exterior Lights	2011	7,955						3
4	In-sink-erator	2010	2,675						4
5	Air Handler	2011	20,385						5
6	Sign	2011	2,600						6
7	Fire Alarm	2011	8,665						7
8									8
9	Fire Alarm	2012	2,600						9
10	Sprinkler Head	2012	3,464						10
11	Lighting Retrofit	2012	3,255						11
12	Boilers	2012	8,190						12
13									13
14	Condensing Unit	2013	28,841						14
15	Roof Replacement	2013	152,428						15
16									16
17	Purchase New Air Compressor	2014	2,850						17
18	New Water Heater	2014	7,980						18
19	Parking Lot Resurfacing	2014	4,687						19
20	Replace Boiler	2014	16,814						20
21	Replace Condenser	2014	3,092						21
22	Wiring and Cabling for Point of Care Kiosks	2014	12,437						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)		\$ 4,919,660	\$ 252,977		\$ 252,977	\$	\$	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,604,331	\$ 91,724	\$ 91,724	\$		\$	71
72	Current Year Purchases	34,106						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,638,437	\$ 91,724	\$ 91,724	\$		\$	75

D. Vehicle Costs. (See instructions.)*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 6,608,097	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 344,701	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 344,701	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number

Heritage Health-Peru

0048090

Report Period Beginning: 01/01/14

Ending: 12/31/14

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

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. _____ /2015 \$ _____

13. _____ /2016 \$ _____

14. _____ /2017 \$ _____

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: \$ 14,756 Description: _____

(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?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</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. CLINICAL PORTION:</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				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
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)		
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	\$		\$ 265,376			\$ 265,376	1
2	Licensed Speech and Language Development Therapist		hrs			14,260			14,260	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			309,119	132		309,251	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts				393,843		393,843	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					14,640			14,640	13
14	TOTAL			\$		\$ 603,395	\$ 393,975		\$ 997,370	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Heritage Health-Peru

0048090

Report Period Beginning: 01/01/14

Ending:

12/31/14

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/14 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 19,302	\$	1
2	Cash-Patient Deposits	17,620		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,188,791		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,592		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(527,737)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 721,568	\$	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)	\$ 721,568	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 238,529	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	17,620		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	249,788		30
31	Accrued Taxes Payable (excluding real estate taxes)	4,977		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>	65,416		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 576,330	\$	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)	\$ 576,330	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 145,238	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 721,568	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (216,324)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (216,324)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	361,562	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)	\$ 361,562	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)	\$ 145,238	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1		
I. Revenue		Amount		
A. Inpatient Care				
1	Gross Revenue -- All Levels of Care	\$ 5,834,881	1	
2	Discounts and Allowances for all Levels	(2,362,905)	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,471,976	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	2,062,378	6	
7	Oxygen		7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,062,378	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	(48)	12	
13	Barber and Beauty Care	16,960	13	
14	Non-Patient Meals		14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space		16	
17	Sale of Drugs	750,550	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory		19	
20	Radiology and X-Ray		20	
21	Other Medical Services		21	
22	Laundry		22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 767,462	23	
D. Non-Operating Revenue				
24	Contributions		24	
25	Interest and Other Investment Income***	18,949	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 18,949	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28		(1,430)	28	
28a			28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (1,430)	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,319,335	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	900,667	31	
32	Health Care	3,074,015	32	
33	General Administration	1,362,584	33	
B. Capital Expense				
34	Ownership	606,683	34	
C. Ancillary Expense				
35	Special Cost Centers	13,824	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)*	\$ 5,957,773	40	
41	Income before Income Taxes (line 30 minus line 40)**	361,562	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 361,562	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 Health-Peru

0048090

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	1,663	1,848	\$ 67,966	\$ 36.78	1
2	Assistant Director of Nursing	1,667	1,852	53,335	28.80	2
3	Registered Nurses	13,337	14,819	415,191	28.02	3
4	Licensed Practical Nurses	11,754	13,060	316,452	24.23	4
5	CNAs & Orderlies	56,272	62,524	827,528	13.24	5
6	CNA Trainees			0		6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,199	4,666	102,917	22.06	8
9	Activity Director					9
10	Activity Assistants	6,087	6,763	115,796	17.12	10
11	Social Service Workers	1,328	1,476	32,040	21.71	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	14,334	15,927	193,295	12.14	15
16	Dishwashers					16
17	Maintenance Workers	5,383	5,981	104,033	17.39	17
18	Housekeepers	2,493	2,770	28,506	10.29	18
19	Laundry	8,195	9,106	91,927	10.10	19
20	Administrator	1,872	2,080	60,000	28.85	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,955	7,728	167,211	21.64	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)	135,539	150,600	\$ 2,576,197 *	\$ 17.11	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	6,000		36
37	Medical Records Consultant	6,874		37
38	Nurse Consultant			38
39	Pharmacist Consultant	7,740		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	2,243		45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 22,857		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
<u>Caroline Daugherty</u>			\$ <u>60,000</u>	Workers' Compensation Insurance	\$ <u>84,478</u>	IDPH License Fee	\$	
				Unemployment Compensation Insurance	<u>41,899</u>	Advertising: Employee Recruitment	<u>3,327</u>	
				FICA Taxes	<u>197,079</u>	Health Care Worker Background Check (Indicate # of checks performed _____)	<u>3,135</u>	
				Employee Health Insurance	<u>256,824</u>	<u>Patient Background Checks</u>		
				Employee Meals			<u>7,025</u>	
				Illinois Municipal Retirement Fund (IMRF)*				
				<u>Other Benefits</u>	<u>14,825</u>	<u>Dues & Subscriptions</u>	<u>6,867</u>	
				<u>Central Office Allocation</u>	<u>65,623</u>	<u>License & Fees</u>	<u>1,734</u>	
						<u>Central Office Allocation</u>	<u>10,512</u>	
						Less: <u>Public Relations Expense</u>	<u>(7,025)</u>	
						<u>Non-allowable advertising</u>	<u>(3,408)</u>	
						<u>Yellow page advertising</u>	<u>()</u>	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ <u>60,000</u>	TOTAL (agree to Schedule V, line 22, col.8)	\$ <u>660,728</u>	TOTAL (agree to Sch. V, line 20, col. 8)	\$ <u>22,167</u>	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
								<u>2,786</u>
								<u>0</u>
							Seminar Expense	<u>949</u>
								<u>1,264</u>
							Entertainment Expense	<u>()</u>
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ <u>4,999</u>
C. Professional Services								
Vendor/Payee	Type		Amount					
<u>Heritage Operations Group</u>			\$ <u>274,862</u>					
<u>Legal adj to Zero</u>			<u>2,825</u>					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ <u>277,687</u>					

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Heritage Health-Peru

0048090

Report Period Beginning:

01/01/14

Ending:

12/31/14

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. HCCI
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,000 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 70,628
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. \$ (151)
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 100%
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Sulaski & Webb
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. None Claimed
Attach invoices and a summary of services for all architect and appraisal fees.

Account Number	Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg Line #	Sch 5 pg Col #	Sch 6 pg Line #	Adjustment Amount			
1009	PETTY CASH	19,302						1,009	1,009	PETTY CASH 19,302
1010	CASH IN BANK							1,100	1,100	ACCTS RECEIVABLE 1,188,791
1040	CASH IN BANK-PAYROLL							1,101	1,101	ALLOW. FOR UNCOLLECTIBLE
1100	ACCOUNTS RECEIVABLE	1,188,791						1,110	1,110	ACCTS RECEIV-M/C
1110	MEDICARE RECEIVABLES							1,125	1,125	ACCTS RECEIV-IPA
1125	IPA INCOME RECEIVABLE							1,135	1,135	ACCTS RECEIV-IC
1130	MEDICARE COST REPORT							1,140	1,140	UNAPPLIED CASH RECEIPTS
1135	ACCOUNTS RECEIVABLE-IC							1,145	1,145	A/R SUSPENSE-REFUNDS
1140	UNAPPLIED CASH RECEIPTS							1,200	1,200	PREPAID 23,592
1145	A/R SUSPENSE-REFUNDS							1,220	1,220	OTHER PREPAID EXPENSES
1190	ACCRUED INTEREST REC							1,300	1,300	DIETARY INVENTORY
1200	PREPAID INSURANCE	23,592						1,310	1,310	SUPPLIES INVENTORY
1220	OTHER PREPAID EXPENSES							1,320	1,320	LINEN INVENTORY
1300	FOOD INVENTORY							1,409	1,409	LAND 0
1310	SUPPLIES INVENTORY							1,450	1,450	FURNITURE 0
1409	LAND	0						1,460		0
1450	FURNITURE & EQUIPMENT	0						1,475	1,475	CODE AL 0
1460	ACCUM DEPR-FURN & EQUIP	0						1,490	1,490	ACCUM DEPR 0
1475	BUILDING & IMPROVEMENTS	0						1,530	1,530	RESIDENT FUNDS 17,620
1490	ACCUM DEPR-BUILDING	0						1,550	1,550	LOAN FEES 0
1530	RESIDENT FUNDS	17,620						1,551	1,551	LOAN FEES ADDED
1550	LOAN FEES	0						1,850	1,850	INTERCOMPANY (527,737)
1560	REAL ESTATE TAX ESCROW							2,010	2,010	ACCOUNTS PAYABLE (238,529)
1575	REIMBURSABLE PURCHASES							2,100	2,095	BONUSES PAYABLE
1850	INTRACOMPANY	-527,737						2,100	2,100	ACCRUED PAYROLL (86,999)
2010	ACCOUNTS PAYABLE	-238,529						2,100	2,100	PR CLEARING-BENEFITS
2095	BONUSES PAYABLE							2,100	2,100	PR CLEARING-LABOR
2100	ACCRUED PAYROLL	-86,999						2,110	2,110	ACCRUED PAYROLL (162,789)
2110	ACCRUED VACATION PAY	-162,789						2,120	2,120	U.C. TAX 0

2120	UC TAXES PAYABLE			2,125	2,125 FICA TAX	(4,977)	
2125	FICA TAX PAYABLE	-4,977	-4,977	2,130	2,130 FEDERAL W/H TAX PAYABLE		
2130	FIT PAYABLE			2,140	2,140 STATE W/H TAX PAYABLE		
2140	STATE W/H PAYABLE		0	2,152	2,152 WORKERS COMP ACCRUAL		
2145	EARNED INCOME CREDIT			2,225	2,225 EMPLOYEE INSURANCE REFU		
2150	UC FED CREDIT REDUCTION			2,230	2,230 PAYROLL SAVINGS		
2230	PAYROLL SAVINGS			2,235	2,240 UNITED FUND		
2235	IRA W/HOLDINGS			2,240	2,246 GROUP INSURANCE - CAFETER		
2240	UNITED WAY			2,246	2,250 401K W/H		
2245	GROUP INSURANCE PAYABLE			2,250			
2246	GROUP INSURANCE PAYABLE-CAFETERIA			2,260	2,260 WAGE GA		
2260	WAGE GARNISHMENTS			2,300	2,300 ACCRUEI	0	
2280	MISC PAYROLL DEDUCTIONS			2,320	2,320 IPA PAYM	(65,416)	
2300	ACCRUED INTEREST PAYABLE	0		2,350	2,350 REAL EST	0	
2310	SALES TAX PAYABLE			2,385		0	
2320	IPA PAYMENTS PAYABLE	-65,416		2,400	2,400 CURRENT PORTION OF LT DEB		
2350	REAL ESTATE TAX PAYABLE	0		2,512	2,512 DUE TO F	(17,620)	
2385	ACTIVITY FUND	0		2,600	2,600 LASALLE	0	
2390	SECURITY DEPOSITS	0		2,600			
2391	VOLUNTEER FUND			2,625	2,625 LASALLE CONSTR. LOAN #2		
2393	HEART FUND/BAZAAR			2,625			
2395	DEFERRED INC EMP & MEM			2,695	2,695 CURRENT PORTION OF LT DEB		
2400	CURRENT PORTION LT DEBT			2,720	2,720 RETAINE	216,324	
2460	INCOME TAXES PAYABLE					net income	(361,562)
2512	DUE TO RESIDENTS	-17,620					
2600	MORTGAGE PAYABLE	0				balance	<u>0</u>
2650	EQUIPMENT LOAN PAYABLE						
2695	CURRENT PORTION LT DEBT						
2696	DEFERRED INCOME TAXES						
2710	COMMON STOCK						
2720	RETAINED EARNINGS	216,324					
2970	PROFIT/LOSS FOR PERIOD	-361,562					
3007.1	PATIENT DAYS-PRIVATE	5,736					3,007

3007.2	PATIENT DAYS-IPA	18,286						3,007
3007.3	PATIENT DAYS-MEDICARE	4,805						3,007
3007.4	PATIENT DAYS-CONVERSION							3,007
3007.5	PATIENT DAYS-LICENSED							3,007
3007.6	PATIENT DAYS-TOTAL							3,007
3010	1 BASIC CHARGE-PRIVATE & VA	-5,730,964	0	0	0	0		3,007
3015	1 PRIVATE ASSESSMENT TAX INCOME		0	0	0	0		3,010
3020	1 BASIC CHARGE-IPA	0	0	0	0	0		3,020
3030	1 BASIC CHARGE-MEDICARE	0	0	0	0	0		3,030
3035	4 DAY CARE/HOME CARE		0	0	0	0		3,040
3040	1 LIGHT NURSING CARE	0	0	0	0	0		3,050
3050	1 MEDIUM NURSING CARE		0	0	0	0		3,060
3060	1 HEAVY NURSING CARE		0	0	0	0		3,061
3061	1 SKILLED NURSING CARE							3,080
3080	1 NURSING SUPPLIES-PRIVATE	-63,337	0	0	0	0		3,081
3081	1 NURSING SUPPLIES-IPA		0	0	0	0		3,082
3082	1 NURSING SUPPLIES MED PT A		0	0	0	0		3,083
3083	1 NURSING SUPPLIES MED PT B							3,100
3100	17 DRUGS	-750,550	0	0	0	0		3,101
3101	17 DRUGS-OTHER							3,110
3110	6 PT-PRIVATE	-2,062,378	0	0	0	0		3,111
3111	6 PT-IPA		0	0	0	0		3,112
3112	6 PT-MEDICARE PART A		0	0	0	0		3,113
3113	6 PT-MEDICARE PART B		0	0	0	0		3,140
3130	1 PUBLIC AID ASSESSMENT INC							3,150
3140	19 LABORATORY INCOME		0	0	0	0		3,151
3150	6 SPEECH/OT-PRIVATE		0	0	0	0		3,152
3151	6 SPEECH/OT-IPA		0	0	0	0		3,153
3152	6 SPEECH/OT-MED PART A		0	0	0	0		3,160
3153	6 SPEECH/OT MED PART B							3,410
3410	2 IPA DISCOUNTS	2,362,905	0	0	0	0		3,411
3411	2 MEDICAID PART B DISCOUNT		0	0	0	0		3,420
3420	2 MEDICARE DISCOUNTS		0	0	0	0		3,500

3440	36 ASSESSMENT TAX EXPENSE			42	3	0	0		3,520
3520	16 RENT INCOME	0		6	0	6	0		3,530
3530	13 BEAUTY SHOP	-16,960		0	0	0	0		3,560
3560	12 ACTIVITY FUND INCOME	0		0	0	0	0		3,570
3570	12 VENDING INCOME/EXPENSE	48		0	0	0	0		3,590
3580	12 MANAGEMENT FEES			0	0	0	0		3,595
3590	1 EQUIPMENT RENTAL	-40,580		0	0	0	0		3,600
3595	21 RESIDENT TRANSPORTATION	0		0	0	0	0		4,110
3600	21 MISC INCOME	0		0	0	0	0		4,111
4110	GENERAL & ADMINIST WAGES	157,393	167,211	21	1	17	0		4,115
4111	ADMINISTRATOR WAGES	60,000	60,000	17	1	0	0		4,120
4115	VACATION & SICK - G&A	9,818		21	1	0	0		4,121
4120	4475 EMPLOYEE BENEFITS	18,257	595,105	22	3	0	0		4,130
4125	EMPLOYEE HEPETITIS VACCINE	0		22	3	0	0		4,135
4130	EMPLOYEE SCHOLORSHIP WAGE	0		21	1	0	0		4,250
4135	EMPLOYEE SCHOLORSHIP COST	-3,432		23	3	0	0		4,255
4220	DIRECTORS FEES	0	0	18	3	0	0		4,260
4250	4255 OFFICE SUPPLIES	20,341	20,341	21	2	0	0		4,275
4260	TELEPHONE	16,419	16,419	21	3	0	0		4,276
4275	TRAINING & EMPLOYEE DEVL	7,107	7,107	23	3	16	0 **		4,280
4280	GENERAL TRAVEL	2,786	3,735	24	3	16	0		4,281
4281	MEAL EXPENSE FOR TRAVEL	0		24	3	19	0		4,285
4285	EDUCATION & SEMINAR	949		24	3	19	-9,066 ***		4,289
4290	HELP WANTED ADVERTISING	3,327	111,628	20	3	0	0 -70,628		4,290
4291	PROMOTIONAL ADVERTISING	18,912		20	3	25	-18,912		4,291
4292	PUBLIC RELATIONS	7,025		20	3	25	-7,025		4,292
4300	LICENSES & FEES	72,362		20	3	17	0		4,300
4310	DUES & SUBSCRIPTIONS	6,867		20	3	17	-3,408		4,310
4320	CONTRIBUTIONS	0		27	3	20	0		4,320
4350	PROFESSIONAL FEES	6,252	277,687	19	3	22	-2,825		4,350
4355	MEDICAL DIRECTOR	6,000	6,000	9	3	0	0		4,355
4360	UTILIZATION REVIEW	0		10	3	0	0		4,362
4361	OTHER PHYSICIAN FEES			39	3	0	0		4,363

4362	MEDICAL RECORDS CONSULT	6,874		10	3	0	0	4,364
4363	PHARMACIST FEES	7,740		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	2,243	2,243	12	3	0	0	4,383
4370	TV RENTAL	11,524		35	3	5	0	4,390
4380	INCOME TAXES		42,008	27	3	26	0	4,400
4383	BACKGROUND CHECKS	3,135		20	3	26	0	4,401
4400	PAYROLL TAXES	232,750		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIST	6,228		22	3	0	0	4,420
4410	GROUP INSURANCE	256,824		22	3	0	0	4,430
4420	LIABILITY INSURANCE	61,343	61,343	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSURANCE	84,478		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	271,435		19	3	34	0 **	4,460
4460	BAD DEBTS	42,000		27	3	24	-42,000	4,461
4470	LOST ITEMS-RESIDENTS	8		27	3	0		4,470
4490	MISCELLANEOUS	0		27	3	0	0	4,475
4510	REAL ESTATE TAXES	0	0	33	3	0	0	4,486
4600	LEASED EQUIPMENT	3,232	14,756	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	96,986	104,033	6	1	0	0	4,496
5120	MAINTENANCE SICK & VAC	7,047		6	1	0	0	4,510
5130	ELECTRIC	55,419	116,629	5	3	0	0	4,600
5131	NATURAL GAS	42,414		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	18,796		5	3	0	0	5,130
5134	TRASH COLLECTION	20,564	64,086	6	3	0	0	5,131
5140	PROPERTY PLANT REPLACEMNT	17,490	64,529	6	2	0	0	5,133
5160	GENERAL REPAIR & MAINT	47,039		6	2	0	0	5,134
5165	MAINTENANCE CONTRACTS	43,522		6	3	0	0	5,140
5210	DIETARY WAGES	182,652	193,295	1	1	0	0	5,160
5220	DIETARY SICK & VAC	10,643		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	192,160	192,311	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	2,051	10,328	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	1,148		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	7,129		1	2	0	0	5,260
5295	MEAL CREDIT	151		2	2	0	0	5,270
5310	LAUNDRY WAGES	86,064	91,927	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	5,863		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	3,091	8,429	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	5,338		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	27,845	28,506	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	661		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	24,111	26,594	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-PPR	2,483		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,783,389	10	1	0	0	5,490
6020	RN WAGES-NON MEDICARE	374,809		10	1	0	0	6,020
6030	DON WAGES	67,966		10	1	0	0	6,030
6035	ADON	53,335		10	1	0	0	6,035
6040	RN SICK & VACATION	40,382		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	292,481		10	1	0	0	6,120
6120	LPN WAGES-NON MEDICARE	0		10	1	0	0	6,140
6130	LPN WAGES OTHER			10	1	0	0	6,220
6140	LPN SICK & VACATION	23,971		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICARE	776,925		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	50,603		10	1	0	0	6,250
6245	CONTRACT NURSES-RN	0		10	3	0	0	6,255
6246	CONTRACT NURSES-LPN	0		10	3	0	0	6,260
6247	CONTRACT NURSES-AIDES	0		10	3	0	0	6,270
6250	NURSE AIDE TRAINING WAGES	0	0	13	1	0	0	6,275
6255	NURSE AID TRAINING EXP	0	0	13	2	0	0	6,290
6260	NURSE AIDE TRAINING REIMB	0		0	0	0	0	6,295
6270	REHAB WAGES	94,471		10	1	0	0	6,390
6275	REHAB SICK & VAC	8,446		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	92,885	112,276	10	2	0	0	7,281
6295	NURSING SUPPLIES	19,317		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	74		10	2	0	0	7,391
6490	NURSING OTHER	9,203	23,817	10	3	0	0	7,393
7280	DRUG PURCHASES	175,946	393,975	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	217,897		39	2			7,540
7380	LABORATORY SERVICES	14,640	603,395	39	3	0	0	7,590
7410	HOME HEALTH SALARY			39	1	0	0	7,620
7440	HOME HEALTH SICK & VAC			39	1	0	0	7,660
7450	HOME HEALTH EXPENSES			39	3	0	0	7,710
7510	ACTIVITES WAGES	105,535	115,796	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	10,261		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	1,084	1,084	11	2	0	0	7,740
7595	ACTIVITIES FEES	0	0	11	3	0	0	7,750
7610	PT WAGES			39	1	0	0	7,770
7611	PT SICK & VACATION			39	1	0	0	7,820
7620	PT FEES	309,119		39	3	0	0 ***	7,890
7660	PT SUPPLIES	132		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	29,392	32,040	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & VAC	2,648		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSES	0	0	12	2	0	0	8,130
7740	OT FEE	265,376		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	14,260		39	3	0	0 ***	9,520
7800	BEAUTICIAN WAGES		0	40	1	0	0	9,530
7810	BEAUTICIAN SICK & VAC			40	1	0	0	
7820	BEAUTICIAN FEES	13,824	13,824	40	3	0	0	
7890	BEAUTY SHOP SUPPLIES	0	0	40	2	0	0	
7910	VOLUNTEER COORDINATOR			21	1	0	0	
7940	VOL COORD SICK & VAC			21	1	0	0	
7960	VOL COORD SUPPLIES	0		21	2	0	0	
8100	RENT	565,020	565,020	34	3	0	0	

8120	INTEREST EXPENSE	26,907	26,907	32	3	14	-18,949	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-18,949		32	0	10	0	
9520	MISC NON-OPERATING INCOME	0		0	0	0	0	
9700	INCOME TAXES	1,430		0	0	0	0	

5,940,254 5,957,773
17,519

GRAND TOTALS

-361,562 -102,185
(NET INCOME)

0

FACILITY NAME:

FACILITY ID:

0

FACILITY UNITS:

89

BALANCE SHEET TOTAL

0

	G/L	RECAP CENSUS
PP	5,736	5,736
IPA	18,286	18,286
medic	4,805	4,805
		28,827

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3,007 PATIENT	18,286
3,007 PATIENT	4,805
	0
3,010 BASIC CI	(5,730,964)
3,020 BASIC CI	0
3,030 BASIC CI	0
	0
	0
	0
	0
3,080 NURSING	(63,337)
3,081 NURSING	0
3,082 NURSING	0
3,083 NURSING	0
3,100 DRUGS-M	(750,550)
	0
3,110 PHYSICA	(2,062,378)
	0
3,112 PHYSICA	0
3,113 PHYSICA	0
3,140 LABORATORY INCOME	
	0
3,152 ST/OT TF	0
3,153 ST/OT TF	0
3,185 REHAB/ISOLATION/OTHER CHG	
3,410 IPA/OTH	0
3,411 MEDICAL	0
3,420 MEDICAL	2,278,012

3,520 RENT INC	0
3,530 BEAUTY	(16,960)
	0
3,570 VENDING	48
3,590 EQUIPMI	(40,580)
3,595 RESIDEN	0
3,600 MISC INC	0
4,110 G&A WA	157,393
4,111 ADMINIS	60,000
4,115 G&A PTC	9,818
4,120 EMPLOY	18,300
4,130 EMPLOY	0
4,135 EMPLOY	(3,432)
4,250 OFFICE S	7,344
4,255 POSTAGI	3,668
4,260 TELEPHC	16,419
4,275 TRAININ	7,107
	0
4,280 GENERA	2,786
4,281 MEAL EX	0
4,285 EDUCAT	949
4,289 MEETING	0
4,290 HELP WA	3,327
4,291 PROMOT	18,912
4,292 PUBLIC I	7,025
4,300 LICENSE	72,362
4,310 DUES & S	6,867
4,320 CONTRIB	0
4,350 PROFESS	6,252
4,355 MEDICAL	6,000
	6,874
	7,740

4,364 SOCIAL S	2,243
4,370 TV RENT	11,524
4,383 BACKGR	3,135
4,390 OTHER T	1,430
4,400 PAYROL	232,750
4,401 PAYROL	6,228
4,410 GROUP I	256,824
4,420 LIABILIT	61,343
4,430 WORKM	82,454
4,435 W/C-FIRS	861
4,436 DRUG TE	1,163
4,450 MANAGI	271,435
4,460 BAD DEF	42,000
4,461 BAD DEF	84,893
4,470 LOST ITE	8
4,475 UNIFORM	(43)
4,486 SERVICE	27,803
4,490 MISC EX	470
4,496 MISC. M.	9,329
4,510 REAL ES	0
4,600 LEASED	3,232
5,110 MAINTEI	96,986
5,120 MAINTEI	7,047
5,130 ELECTRI	55,419
5,131 NATURA	42,414
5,133 WATER &	18,796
5,134 TRASH C	20,564
5,140 PROP/PL	17,490
5,160 GENERA	47,039
5,165 MAINTEI	15,719
5,210 DIETARY	182,652
5,220 DIETARY	10,643
5,248 FOOD PU	191,690

5,250 SUPPLIE	2,051
5,260 REPLACI	1,148
5,270 KITCHEN	7,129
5,295 MEAL IN	151
5,310 LAUNDR	86,064
5,340 LAUNDR	5,863
5,370 REPLACI	3,091
	0
5,390 SUPPLIE	5,338
5,410 HOUSEK	27,845
5,440 HOUSEK	661
5,480 SUPPLIE	24,111
5,490 SUPPLIE	2,483
6,020 RN WAG	374,809
6,030 DON WA	67,966
6,035 ADON W	53,335
6,040 RN PTO &	40,382
6,120 LPN WAG	292,481
6,140 LPN PTO	23,971
6,220 AIDES W	776,925
6,240 AIDES PT	50,603
6,245	0
	0
	0
	0
6,270 REHAB V	94,471
6,275 REHAB F	8,446
6,290 NURSINC	92,885
6,295 NURSINC	19,317
6,390 REPLACI	74
6,490 OTHER	9,203

7,280 DRUG PU	175,946
7,281 DRUG PU	217,897
7,380 LABORA	5,274
7,390 X-RAY S	9,366
	0
7,510 ACTIVIT	105,535
7,540 ACTIVIT	10,261
7,590 ACTIVIT	1,084
7,620 PHYSICA	309,119
7,660 P.T. SUPE	132
7,710 SOCIAL S	29,392
7,720 SOCIAL S	2,648
7,730 SOCIAL S	0
7,740 OCCUPA	265,376
7,770 SPEECH '	14,260
7,820 BEAUTIC	13,824
	0
	0
8,120 INTERES	0
	26,907
8,130 DEPRECI	0
	0
9,510 INTERES	(18,949)
9,520 MISC NO	0
4,220	0
8,100	565,020
9,702	0
5,230	0
	<u>(361,562)</u>

Expenses Fixed Assets

