FOR BHF USE

LL1

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2014)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0048041

Facility Name: Heritage Health-Mt Sterling

Address: 435 Camden Road (Number) | Mt Sterling (City) | 62353 (Zip Code)

County: Brown

Telephone Number: (217) 773-3377 **Fax #** ( )

HFS ID Number:

Date of Initial License for Current Owners: July 2006

Type of Ownership:

	VOLUNTARY,NON-PROFIT	x	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		x	Limited Liability Co.		
			Trust		
			Other		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/14 to 12/31/14 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) David M. Underwood

(Title) Executive VP & CFO

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

In the event there are further questions about this report, please contact:
Name: Dave Underwood Telephone Number: 309 823-7135
Email Address:

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	87	Skilled (SNF)	87	31,755	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	87	TOTALS	87	31,755	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	12,517	10,171	1,545	24,233	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,517	10,171	1,545	24,233	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.31%

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 [x]

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

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 [x]

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 1,545

Medicare Intermediary WPS

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	183,180	12,972		196,152		196,152	4,384	200,536			1
2	Food Purchase		188,598		188,598		188,598	52	188,650			2
3	Housekeeping	82,693	29,403		112,096		112,096		112,096			3
4	Laundry	32,111	11,026		43,137		43,137		43,137			4
5	Heat and Other Utilities			70,742	70,742		70,742	1,196	71,938			5
6	Maintenance	45,431	70,305	47,416	163,152		163,152	14,937	178,089			6
7	Other (specify):*											7
8	**TOTAL General Services**	343,415	312,304	118,158	773,877		773,877	20,569	794,446			8
	B. Health Care and Programs											
9	Medical Director			3,000	3,000		3,000		3,000			9
10	Nursing and Medical Records	1,249,871	76,932	7,311	1,334,114		1,334,114	254	1,334,368			10
10a	Therapy		323,605	252,704	576,309	(328,406)	247,903		247,903			10a
11	Activities	39,620	1,514		41,134		41,134		41,134			11
12	Social Services	39,827		1,244	41,071		41,071		41,071			12
13	CNA Training							737	737			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,329,318	402,051	264,259	1,995,628	(328,406)	1,667,222	991	1,668,213			16
	C. General Administration											
17	Administrative	77,379			77,379		77,379		77,379			17
18	Directors Fees											18
19	Professional Services			187,806	187,806		187,806	(169,144)	18,662			19
20	Dues, Fees, Subscriptions & Promotions			81,349	81,349	(47,633)	33,716	(18,034)	15,682			20
21	Clerical & General Office Expenses	76,515	17,625	12,429	106,569		106,569	268,894	375,463			21
22	Employee Benefits & Payroll Taxes			460,233	460,233		460,233	44,257	504,490			22
23	Inservice Training & Education			2,210	2,210		2,210	1,314	3,524			23
24	Travel and Seminar			4,556	4,556		4,556	443	4,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			39,460	39,460		39,460	9,907	49,367			26
27	Other (specify):*			30,103	30,103		30,103	(30,000)	103			27
28	**TOTAL General Administration**	153,894	17,625	818,146	989,665	(47,633)	942,032	107,637	1,049,669			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,826,627	731,980	1,200,563	3,759,170	(376,039)	3,383,131	129,197	3,512,328			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-Mt Sterling #0048041 Report Period Beginning: 01/01/14 Ending: 12/31/14

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation							127,585	127,585			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			18,148	18,148		18,148	28,055	46,203			32
33	Real Estate Taxes							38,000	38,000			33
34	Rent-Facility & Grounds			381,060	381,060		381,060	(375,532)	5,528			34
35	Rent-Equipment & Vehicles			3,587	3,587		3,587	6,993	10,580			35
36	Other (specify):*											36
37	**TOTAL Ownership**			402,795	402,795		402,795	(174,899)	227,896			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					328,406	328,406	42,928	371,334			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					47,633	47,633		47,633			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**					376,039	376,039	42,928	418,967			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,826,627	731,980	1,603,358	4,161,965		4,161,965	(2,774)	4,159,191			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-Mt Sterling # 0048041 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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 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	(10,634)			10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(2,032)			17
18	Fines and Penalties				18
19	Entertainment	(6,524)			19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,261)			22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(30,000)			24
25	Fund Raising, Advertising and Promotional	(23,091)			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)**	$ (75,542)		$	30

BHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 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)	72,768		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 72,768		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (2,774)		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 Yes	2 No	3 Amount	4 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

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Heritage Health-Mt Sterling

ID# **0048041**

Report Period Beginning: **01/01/14**

Ending: **12/31/14**

	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		0	33	15
16			24	16
17		(2,032)	20	17
18				18
19			24	19
20		0	27	20
21				21
22		(3,261)	19	22
23				23
24		(30,000)	27	24
25		(23,091)	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**	(58,384)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 **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 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)	
	A. General Services													
1	Dietary	0	0	4,384	0	0	0	0	0	0	0	0	4,384	1
2	Food Purchase	0	0	52	0	0	0	0	0	0	0	0	52	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	1,196	0	0	0	0	0	0	0	0	1,196	5
6	Maintenance	0	0	14,937	0	0	0	0	0	0	0	0	14,937	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	20,569	0	0	0	0	0	0	0	0	20,569	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	254	0	0	0	0	0	0	0	0	254	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	737	0	0	0	0	0	0	0	0	737	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	991	0	0	0	0	0	0	0	0	991	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	(3,261)	(183,527)	17,644	0	0	0	0	0	0	0	0	(169,144)	19
20	Fees, Subscriptions & Promotions	(25,123)	0	7,089	0	0	0	0	0	0	0	0	(18,034)	20
21	Clerical & General Office Expenses	0	0	268,894	0	0	0	0	0	0	0	0	268,894	21
22	Employee Benefits & Payroll Taxes	0	0	44,257	0	0	0	0	0	0	0	0	44,257	22
23	Inservice Training & Education	0	0	1,314	0	0	0	0	0	0	0	0	1,314	23
24	Travel and Seminar	(6,524)	0	6,967	0	0	0	0	0	0	0	0	443	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	9,907	0	0	0	0	0	0	0	0	9,907	26
27	Other (specify):*	(30,000)	0	0	0	0	0	0	0	0	0	0	(30,000)	27
28	**TOTAL General Administration**	(64,908)	(183,527)	356,072	0	0	0	0	0	0	0	0	107,637	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(64,908)	(183,527)	377,632	0	0	0	0	0	0	0	0	129,197	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 **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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	110,010	0	17,575	0	0	0	0	0	0	0	127,585	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(10,634)	38,711	0	(22)	0	0	0	0	0	0	0	28,055	32
33	Real Estate Taxes	0	38,000	0	0	0	0	0	0	0	0	0	38,000	33
34	Rent-Facility & Grounds	0	(381,060)	0	5,528	0	0	0	0	0	0	0	(375,532)	34
35	Rent-Equipment & Vehicles	0	0	0	6,993	0	0	0	0	0	0	0	6,993	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(10,634)	(194,339)	0	30,074	0	0	0	0	0	0	0	(174,899)	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	42,928	0	0	0	0	0	0	0	0	0	42,928	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	42,928	0	0	0	0	0	0	0	0	0	42,928	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(75,542)	(334,938)	377,632	30,074	0	0	0	0	0	0	0	(2,774)	45

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	Attachment-See Following Page		Heritage Operations G	Bloomington	Mgmt Svcs
				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. [x] YES [ ] NO

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V	39	Adjustment for Related Organization		GreenTree Pharmacy	0.00%	42,928	42,928	2
3	V								3
4	V	19	Adjustment for Related Organization	183,527	Heritage Operations Group, LLC	0.00%		(183,527)	4
5	V								5
6	V	34	Adjustment for Related Organization	381,060	Heritage Manor Real Estate, LLC	0.00%		(381,060)	6
7	V	33	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		38,000	38,000	7
8	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		33,938	33,938	8
9	V	30	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		110,010	110,010	9
10	V	32	Adjustment for Related Organization		Heritage Manor Real Estate, LLC		4,773	4,773	10
11	V								11
12	V								12
13	V								13
14	Total			$ 564,587			$ 229,649	$ * (334,938)	14

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

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 Report Period Beginning: 01/01/14 Ending: 12/31/14

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$	Heritage Enterprises, Inc.		$	$ 4,384	15
16	V	2	Food Purchase					52	16
17	V	3	Housekeeping					0	17
18	V	4	Laundry					0	18
19	V	5	Heat & Other Utilities					1,196	19
20	V	6	Maintenance					14,937	20
21	V	7	Other					0	21
22	V	9	Medical Director					0	22
23	V	10	Nursing & Medical Records					254	23
24	V	11	Activities					0	24
25	V	12	Social Service					0	25
26	V	13	Nurse Aide Training					737	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					17,644	31
32	V	20	Fees, Subscription, Promotions					7,089	32
33	V	21	Clerical & General Office Expenses					268,894	33
34	V	22	Employee Benefits & Payroll Taxes					44,257	34
35	V	23	Inservice Training & Education					1,314	35
36	V	24	Travel and Seminar					6,967	36
37	V	25	Other Admin. Staff Transportation					0	37
38	V	26	Insurance-Prop.Liab.Malpract					9,907	38
39	Total			$			$ 0	$ * 377,632	39

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

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 Report Period Beginning: 01/01/14 Ending: 12/31/14

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	27	Other	$	Heritage Enterprises, Inc.		$	$ 0	15
16	V	30	Depreciation					17,575	16
17	V	31	Amortization of Pre-Op & Org					0	17
18	V	32	Interest					(22)	18
19	V	33	Real Estate Taxes					0	19
20	V	34	Rent-Facility & Grounds					5,528	20
21	V	35	Rent-Equipment & Vehicles					6,993	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	$ * 30,074	39

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

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		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-Mt Sterling # 0048041 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 [x] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Beds	2,666	25	$ 134,342	$ 134,342	87	$ 4,384	1
2	2	Food Purchase	Beds	2,666	25	1,596	0	87	52	2
3	3	Housekeeping	Beds	2,666	25	0	0	87	0	3
4	4	Laundry	Beds	2,666	25	0	0	87	0	4
5	5	Heat & Other Utilities	Beds	2,666	25	36,640	0	87	1,196	5
6	6	Maintenance	Beds	2,666	25	457,729	82,589	87	14,937	6
7	7	Other	Beds	2,666	25	0	0	87	0	7
8	9	Medical Director	Beds	2,666	25	0	0	87	0	8
9	10	Nursing & Medical Records	Beds	2,666	25	7,786	5,734	87	254	9
10	11	Activities	Beds	2,666	25	0	0	87	0	10
11	12	Social Service	Beds	2,666	25	0	0	87	0	11
12	13	Nurse Aide Training	Beds	2,666	25	22,595	21,764	87	737	12
13	14	Program Transportation	Beds	2,666	25	0	0	87	0	13
14	15	Other	Beds	2,666	25	0	0	87	0	14
15	17	Administrative	Beds	2,666	25	0	0	87	0	15
16	18	Directors Fees	Beds	2,666	25	0	0	87	0	16
17	19	Professional Services	Beds	2,666	25	540,681	0	87	17,644	17
18	20	Fees, Subscription, Promotions	Beds	2,666	25	217,245	0	87	7,089	18
19	21	Clerical & General Office Expens	Beds	2,666	25	8,239,911	7,726,747	87	268,894	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,666	25	1,356,202	0	87	44,257	20
21	23	Inservice Training & Education	Beds	2,666	25	40,260	0	87	1,314	21
22	24	Travel and Seminar	Beds	2,666	25	213,494	0	87	6,967	22
23	25	Other Admin. Staff Transportatio	Beds	2,666	25	0	0	87	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,666	25	303,574	0	87	9,907	24
25	TOTALS					$ 11,572,055	$ 7,971,176		$ 377,632	25

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,666	25	$	$	87	$	1
2	30	Depreciation	Beds	2,666	25	538,548		87	17,575	2
3	31	Amortization of Pre-Op & Org	Beds	2,666	25			87		3
4	32	Interest	Beds	2,666	25	(682)		87	(22)	4
5	33	Real Estate Taxes	Beds	2,666	25			87		5
6	34	Rent-Facility & Grounds	Beds	2,666	25	169,393		87	5,528	6
7	35	Rent-Equipment & Vehicles	Beds	2,666	25	214,306		87	6,993	7
8	36	Other	Beds	2,666	25			87		8
9	38	Medically Nec Transportation	Beds	2,666	25			87		9
10	39	Ancillary Service Centers	Beds	2,666	25			87		10
11	40	Barber and Beauty Shops	Beds	2,666	25			87		11
12	41	Coffee and Gift Shops	Beds	2,666	25			87		12
13	42	Other	Beds	2,666	25			87		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	$		$ 30,074	25

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 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	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Bank of America		x	Mortgage			$	$			$ 33,938	1
2	Bank of America		x	Loan Fee Amortization							4,773	2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		x	Working Capital							18,148	6
7												7
8												8
9	TOTAL Facility Related						$	$			$ 56,859	9
	B. Non-Facility Related*											
10	Interest Income										(10,634)	10
11												11
12	Allocated Corporate										(22)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (10,656)	14
15	TOTALS (line 9+line14)						$	$			$ 46,203	15

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.)**

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 Report Period Beginning: 01/01/14 Ending: 12/31/14

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2013 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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.)		$ 38,000	2
3. Under or (over) accrual (line 2 minus line 1).		$ 38,000	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.		$ 38,000	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2009		8
2010		9
2011	39,701	10
2012	39,510	11
2013	38,000	12

	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

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-Mt Sterling COUNTY Brown

FACILITY IDPH LICENSE NUMBER 0048041

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) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	0519400100		$ 38,000.10	$ 38,000.10
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 38,000.10	$ 38,000.10

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-Mt Sterling # 0048041 Report Period Beginning: 01/01/14 Ending: 12/31/14

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 16,796 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [x] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1				$ 125,400	1
2					2
3	TOTALS			$ 125,400	3

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	87				$ 914,680	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	1987 Improvements			1987	17,047						9
10	1987 Improvements			1987	73,700						10
11	1988 Improvements			1988	25,324						11
12	1989 Improvements			1989	64,856						12
13	1990 Improvements			1990	14,699						13
14	1991 Improvements			1991	18,519						14
15	1992 Improvements			1992	18,102						15
16	1993 Improvements			1993	54,992						16
17	1994 Improvements			1994	114,380						17
18	1995 Improvements			1995	22,646						18
19	Fire Alarm System			1996	27,410						19
20	Electrical Wire--Resident Rooms			1996	2,675						20
21	Drainage System			1996	5,100						21
22	Code Alert			1996	6,916						22
23	Resident Room Remodel			1996	26,925						23
24	Physical Therapy Room Remodel			1996	6,725						24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33	C/O Allocation					17,575		17,575			33
34	Book Depreciation					82,726		82,726			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 Health-Mt Sterling # 0048041 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 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Shower/Remodel	1997	$ 6,033	$		$	$	$	37
38	Air Conditioner	1997	1,365						38
39	Resident Room Remodel	1997	199,404						39
40									40
41	Garbage Disposal	1998	797						41
42									42
43	Gerator Repair	1999	5,712						43
44	Kitchen Air Conditioner	1999	1,450						44
45									45
46	Door Monitor System	2000	5,196						46
47	Water Heater	2000	3,995						47
48	Sink Installation & Faucet	2000	1,736						48
49									49
50	Water Main Repair	2001	2,308						50
51	Water Heater	2001	3,016						51
52									52
53	A/C Unit	2002	2,634						53
54									54
55	A/C Unit	2003	3,024						55
56	Seal Asphalt	2003	3,538						56
57	Roof	2003	9,616						57
58	Sewer Repair	2003	2,275						58
59	A/C Unit	2003	1,377						59
60	Door	2003	2,283						60
61	Water Softener	2003	1,375						61
62									62
63	Door Alarm	2004	900						63
64	Doors	2004	1,127						64
65	Kick Plates	2004	2,181						65
66	A/C Unit	2004	6,105						66
67	Water Softener	2004	4,197						67
68	Wallguard/Wallcoverings	2004	8,138						68
69	Carpet	2004	1,027						69
70	TOTAL (lines 4 thru 69)		$ 1,695,505	$ 100,301		$ 100,301	$	$	70

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

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 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 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 12A, Carried Forward		$ 1,695,505	$ 100,301		$ 100,301	$	$	1
2	Drainage System	2005	5,803						2
3	Beverage Center	2005	4,299						3
4	Gutters and downspouts	2005	2,485						4
5	Hvac	2005	4,259						5
6	A/C unit	2005	2,423						6
7	Wallguard coverings	2005	8,715						7
8	Window blinds	2005	631						8
9									9
10	A/C unit	2006	5,340						10
11	Concrete Replacement	2006	9,275						11
12	Floor tile	2006	2,046						12
13	North Wing floor replacement	2006	17,247						13
14	Remodel -- Paint/wallpaper	2006	9,212						14
15	Closet Door	2006	619						15
16	Capital Report Adj	2006	(200)						16
17	Overbed lights	2007	11,260						17
18	Smoke detectors	2007							18
19	Hot Water Boiler	2007	10,154						19
20	Hand rail	2007							20
21	HVAC	2007	6,945						21
22	Air Handler	2007	2,540						22
23	Water heater	2007	3,066						23
24	Water heater	2007	3,556						24
25	Windows - North wing	2007	28,691						25
26	North Wing floor replacement	2007	3,388						26
27	Gazebo	2007							27
28	Flooring	2007							28
29	Exit lights	2007							29
30	Water Line	2007	2,805						30
31	Adjustment--audit	2007	(2,060)						31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,838,004	$ 100,301		$ 100,301	$	$	34

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

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 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 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		$ 1,838,004	$ 100,301		$ 100,301	$	$	1
2	Purchase & Installation of Sprinklers -- closets, resident rooms	2008	14,878						2
3	Roof	2008	7,744						3
4	A/C Units	2008	2,610						4
5	Heat/cool Unit	2008	6,354						5
6	Trane A/C & air handling unit	2008	5,305						6
7	North Wing Remodel -- Paint Rooms, Overbed lights & Supplies	2008	9,048						7
8	Capital Report Adj	2008	(4,824)						8
9	HVAC Unit	2009	3,395						9
10	Drainage Improvements	2009	255,630						10
11	Air Handler	2009	3,430						11
12									12
13	Water Heater	2010	3,821						13
14	HVAC Unit	2010	6,786						14
15	Memory Unit -- window treatments, patient wandering stations	2010	29,431						15
16	flooring, including all labor of installation.								16
17									17
18	Memory Unit -- window treatments, patient wandering stations	2011	15,825						18
19	flooring, including all labor of installation.								19
20	Dinning room chandelier	2011	9,320						20
21	Sprinkler valve	2011	5,000						21
22	Trane airhandler	2011	4,110						22
23	Electric Heater	2011	4,124						23
24	Water Heater	2011	5,100						24
25	Landscapping	2011	2,557						25
26	Sign	2011	4,150						26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,231,798	$ 100,301		$ 100,301	$	$	34

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

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 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 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 12C, Carried Forward		$ 2,231,798	$ 100,301		$ 100,301	$	$	1
2									2
3	Heat/Cool Units	2012	6,577						3
4	Shower Room Remodel	2012	15,010						4
5	Water Softener	2012	2,500						5
6	Fire Sprinkler System	2012	43,700						6
7									7
8	Shower Room - New flooring and wall tile	2013	11,141						8
9	Fire Sprinler System - Final Payment	2013	22,395						9
10	Ten (10) Heating/Cooling Units	2013	6,160						10
11	Hot Water Boiler	2013	6,714						11
12									12
13	Cabling and electronics for Nurse Call System	2014	151,036						13
14	Window Casing Replacement - Entire Facility	2014	85,577						14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 2,582,608	$ 100,301		$ 100,301	$	$	34

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

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	$ 711,974	$ 27,284	$ 27,284	$		$	71
72	Current Year Purchases	53,561						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 765,535	$ 27,284	$ 27,284	$		$	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)	$ 3,473,543	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 127,585	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 127,585	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-Mt Sterling # 0048041 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

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: *

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	$

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: $ 3,587 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.

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   ☐ YES
   ☐ NO

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

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - COMMUNITY COLLEGE ☐
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM ☐
   - IN OTHER FACILITY ☐
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	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.

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 Report Period Beginning: 01/01/14 Ending: 12/31/14

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

		1	2	3	4	5	6	7	8	
	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	$		$ 101,510	$		$ 101,510	1
2	Licensed Speech and Language Development Therapist		hrs			6,286			6,286	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs			139,312	795		140,107	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				322,810		322,810	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):					5,596			5,596	13
14	TOTAL			$		$ 252,704	$ 323,605		$ 576,309	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.

STATE OF ILLINOIS

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 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	$ 600	$	1
2	Cash-Patient Deposits	14,028		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	609,476		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,544		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(1,271,533)		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ (623,885)	$	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)**	$ (623,885)	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 167,113	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,028		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	184,113		30
31	Accrued Taxes Payable (excluding real estate taxes)	(13,991)		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	Assessment Tax	55,698		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 406,961	$	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)**	$ 406,961	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (1,030,846)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ (623,885)	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 Report Period Beginning: 01/01/14 Ending: 12/31/14

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ (1,132,414)	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (1,132,414)	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	101,568	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)**	$ 101,568	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)**	$ (1,030,846)	24	*

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

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 3,827,593	1
2	Discounts and Allowances for all Levels	(1,059,266)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,768,327	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	837,650	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 837,650	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	638	12
13	Barber and Beauty Care	480	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	633,466	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	12,338	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 646,922	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	10,634	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 10,634	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)**	$ 4,263,533	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	773,877	31
32	Health Care	1,995,628	32
33	General Administration	989,665	33
	B. Capital Expense		
34	Ownership	402,795	34
	C. Ancillary Expense		
35	Special Cost Centers		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)***	$ 4,161,965	40
41	**Income before Income Taxes (line 30 minus line 40)****	101,568	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 101,568	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-Mt Sterling # 0048041 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 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,872	2,080	$ 60,577	$ 29.12	1
2	Assistant Director of Nursing			0		2
3	Registered Nurses	4,626	4,974	121,955	24.52	3
4	Licensed Practical Nurses	17,849	19,192	390,662	20.36	4
5	CNAs & Orderlies	48,360	52,000	618,749	11.90	5
6	CNA Trainees			0		6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,287	2,541	57,928	22.80	8
9	Activity Director					9
10	Activity Assistants	3,632	3,905	39,620	10.15	10
11	Social Service Workers	1,851	1,990	39,827	20.01	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	16,381	17,614	183,180	10.40	15
16	Dishwashers					16
17	Maintenance Workers	2,607	2,803	45,431	16.21	17
18	Housekeepers	8,352	8,981	82,693	9.21	18
19	Laundry	3,311	3,560	32,111	9.02	19
20	Administrator	1,872	2,080	77,379	37.20	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,069	4,375	76,515	17.49	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)	117,069	126,095	$ 1,826,627 *	$ 14.49	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 0		35
36	Medical Director		3,000		36
37	Medical Records Consultant		2,023		37
38	Nurse Consultant				38
39	Pharmacist Consultant		5,220		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		1,244		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 11,487		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 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

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 Report Period Beginning: 01/01/14 Ending: 12/31/14

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Cathleen Koch			$ 77,379
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 77,379

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Heritage Operations Group		$ 184,545
Legal adj to Zero		3,261
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 187,806

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 34,337
Unemployment Compensation Insurance	33,409
FICA Taxes	139,737
Employee Health Insurance	220,944
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Benefits	31,806
Central Office Allocation	44,257
TOTAL (agree to Schedule V, line 22, col.8)	$ 504,490

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	4,252
Health Care Worker Background Check	
(Indicate # of checks performed)	1,147
Patient Background Checks	
	4,634
Dues & Subscriptions	4,498
License & Fees	728
Central Office Allocation	7,089
Less: Public Relations Expense	(4,634)
Non-allowable advertising	(2,032)
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 15,682

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	4,025
	19
Seminar Expense	512
	443
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 4,999

**See instructions.

Facility Name & ID Number Heritage Health-Mt Sterling # 0048041 Report Period Beginning: 01/01/14 Ending: 12/31/14

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	Amount of Expense Amortized Per Year								
					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-Mt Sterling # 0048041 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. $ **47,633**
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. $ **(39)**

(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 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg 5 Line #	Adjustment Amount
1009	PETTY CASH	600					
1010	CASH IN BANK						
1040	CASH IN BANK-PAYROLL						
1100	ACCOUNTS RECEIVABLE	609,476					
1110	MEDICARE RECEIVABLES						
1125	IPA INCOME RECEIVABLE						
1130	MEDICARE COST REPORT						
1135	ACCOUNTS RECEIVABLE-IC						
1140	UNAPPLIED CASH RECEIPTS						
1145	A/R SUSPENSE-REFUNDS						
1190	ACCRUED INTEREST REC						
1200	PREPAID INSURANCE	23,544					
1220	OTHER PREPAID EXPENSES						
1300	FOOD INVENTORY						
1310	SUPPLIES INVENTORY						
1409	LAND	0					
1450	FURNITURE & EQUIPMENT	0					
1460	ACCUM DEPR-FURN & EQUIP	0					
1475	BUILDING & IMPROVEMENTS	0					
1490	ACCUM DEPR-BUILDING	0					
1530	RESIDENT FUNDS	14,028					
1550	LOAN FEES	0					
1560	REAL ESTATE TAX ESCROW						
1575	REIMBURSABLE PURCHASES						
1850	INTRACOMPANY	-1,271,533					
2010	ACCOUNTS PAYABLE	-167,113					
2095	BONUSES PAYABLE						
2100	ACCRUED PAYROLL	-88,882					
2110	ACCRUED VACATION PAY	-95,231					
1,009	1,009 PETTY C/	600					
1,100	1,100 ACCTS R	609,476					
1,101	1,101 ALLOW. FOR UNCOLLECTIBLE						
1,110	1,110 ACCTS RECEIV-M/C						
1,125	1,125 ACCTS RECEIV-IPA						
1,135	1,135 ACCTS RECEIV-IC						
1,140	1,140 UNAPPLIED CASH RECEIPTS						
1,145	1,145 A/R SUSPENSE-REFUNDS						
1,200	1,200 PREPAID	23,544					
1,220	1,220 OTHER PREPAID EXPENSES						
1,300	1,300 DIETARY INVENTORY						
1,310	1,310 SUPPLIES INVENTORY						
1,320	1,320 LINEN INVENTORY						
1,409	1,409 LAND	0					
1,450	1,450 FURNITU	0					
1,460		0					
1,475	1,475 CODE AL	0					
1,490	1,490 ACCUM I	0					
1,530	1,530 RESIDEN	14,028					
1,550	1,550 LOAN FE	0					
1,551	1,551 LOAN FEES ADDED						
1,850	1,850 INTERCO	(1,271,533)					
2,010	2,010 ACCOUN	(167,113)					
2,100	2,095 BONUSES PAYABLE						
2,100	2,100 ACCRUEI	(88,882)					
2,100	2,100 PR CLEARING-BENEFITS						
2,100	2,100 PR CLEARING-LABOR						
2,110	2,110 ACCRUEI	(95,231)					
2,120	2,120 U.C. TAX	0					

2120	UC TAXES PAYABLE		
2125	FICA TAX PAYABLE	13,991	13,991
2130	FIT PAYABLE		
2140	STATE W/H PAYABLE		0
2145	EARNED INCOME CREDIT		
2150	UC FED CREDIT REDUCTION		
2230	PAYROLL SAVINGS		
2235	IRA W/HOLDINGS		
2240	UNITED WAY		
2245	GROUP INSURANCE PAYABLE		
2246	GROUP INSURANCE PAYABLE-CAFETERIA		
2260	WAGE GARNISHMENTS		
2280	MISC PAYROLL DEDUCTIONS		
2300	ACCRUED INTEREST PAYABLE	0	
2310	SALES TAX PAYABLE		
2320	IPA PAYMENTS PAYABLE	-55,698	
2350	REAL ESTATE TAX PAYABLE	0	
2385	ACTIVITY FUND	0	
2390	SECURITY DEPOSITS	0	
2391	VOLUNTEER FUND		
2393	HEART FUND/BAZAAR		
2395	DEFERRED INC EMP & MEM		
2400	CURRENT PORTION LT DEBT		
2460	INCOME TAXES PAYABLE		
2512	DUE TO RESIDENTS	-14,028	
2600	MORTGAGE PAYABLE	0	
2650	EQUIPMENT LOAN PAYABLE		
2695	CURRENT PORTION LT DEBT		
2696	DEFERRED INCOME TAXES		
2710	COMMON STOCK		
2720	RETAINED EARNINGS	1,132,414	
2970	PROFIT/LOSS FOR PERIOD	-101,568	
3007.1	PATIENT DAYS-PRIVATE	10,171	

2,125	2,125	FICA TAX	13,991
2,130	2,130	FEDERAL W/H TAX PAYABLE	
2,140	2,140	STATE W/H TAX PAYABLE	
2,152	2,152	WORKERS COMP ACCRUAL	
2,225	2,225	EMPLOYEEE INSURANCE REFU	
2,230	2,230	PAYROLL SAVINGS	
2,235	2,240	UNITED FUND	
2,240	2,246	GROUP INSURANCE - CAFETER	
2,246	2,250	401K W/H	
2,250			
2,260	2,260	WAGE GA	
2,300	2,300	ACCRUEI	0
2,320	2,320	IPA PAYM	(55,698)
2,350	2,350	REAL EST	0
2,385			0
2,400	2,400	CURRENT PORTION OF LT DEB	
2,512	2,512	DUE TO F	(14,028)
2,600	2,600	LASALLE	0
2,600			
2,625	2,625	LASALLE CONSTR. LOAN #2	
2,625			
2,695	2,695	CURRENT PORTION OF LT DEB	
2,720	2,720	RETAINE	1,132,414
		net income	(101,568)
		balance	0

3,007

3007.2		PATIENT DAYS-IPA	12,517					3,007
3007.3		PATIENT DAYS-MEDICARE	1,545					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	-3,804,645	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	-22,673	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	-633,466	0	0	0	0	3,101
3101	17	DRUGS-OTHER						3,110
3110	6	PT-PRIVATE	-837,650	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	1,059,266	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	-480		0	0	0	0			3,560
3560		12	ACTIVITY FUND INCOME	0		0	0	0	0			3,570
3570		12	VENDING INCOME/EXPENSE	-638		0	0	0	0			3,590
3580		12	MANAGEMENT FEES			0	0	0	0			3,595
3590		1	EQUIPMENT RENTAL	-275		0	0	0	0			3,600
3595		21	RESIDENT TRANSPORTATION	-12,338		0	0	0	0			4,110
3600		21	MISC INCOME	0		0	0	0	0			4,111
4110			GENERAL & ADMINIST WAGES	74,309	76,515	21	1	17	0			4,115
4111			ADMINISTRATOR WAGES	77,379	77,379	17	1	0	0			4,120
4115			VACATION & SICK - G&A	2,206		21	1	0	0			4,121
4120	4475		EMPLOYEE BENEFITS	9,277	460,233	22	3	0	0			4,130
4125			EMPLOYEE HEPETITIS VACCINE	0		22	3	0	0			4,135
4130			EMPLOYEE SCHOLORSHIP WAGE	10,918		21	1	0	0			4,250
4135			EMPLOYEE SCHOLORSHIP COST	11,611		23	3	0	0			4,255
4220			DIRECTORS FEES	0	0	18	3	0	0			4,260
4250	4255		OFFICE SUPPLIES	17,625	17,625	21	2	0	0			4,275
4260			TELEPHONE	12,429	12,429	21	3	0	0			4,276
4275			TRAINING & EMPLOYEE DEVL	2,210	2,210	23	3	16	0	**		4,280
4280			GENERAL TRAVEL	4,025	4,556	24	3	16	0			4,281
4281			MEAL EXPENSE FOR TRAVEL	19		24	3	19	0			4,285
4285			EDUCATION & SEMINAR	512		24	3	19	-6,524	***		4,289
4290			HELP WANTED ADVERTISING	4,252	81,349	20	3	0	0	-47,633		4,290
4291			PROMOTIONAL ADVERTISING	18,457		20	3	25	-18,457			4,291
4292			PUBLIC RELATIONS	4,634		20	3	25	-4,634			4,292
4300			LICENSES & FEES	48,361		20	3	17	0			4,300
4310			DUES & SUBSCRIPTIONS	4,498		20	3	17	-2,032			4,310
4320			CONTRIBUTIONS	0		27	3	20	0			4,320
4350			PROFESSIONAL FEES	4,279	187,806	19	3	22	-3,261			4,350
4355			MEDICAL DIRECTOR	3,000	3,000	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	2,023		10	3	0	0	4,364
4363	PHARMACIST FEES	5,220		10	3	0	0	4,370
4364	SOC SERV/ACT CONSULT	1,244	1,244	12	3	0	0	4,383
4370	TV RENTAL	541		35	3	5	0	4,390
4380	INCOME TAXES		30,103	27	3	26	0	4,400
4383	BACKGROUND CHECKS	1,147		20	3	26	0	4,401
4400	PAYROLL TAXES	165,114		22	3	0	0	4,410
4401	PAYROLL TAXES ADMINIST	8,032		22	3	0	0	4,420
4410	GROUP INSURANCE	220,944		22	3	0	0	4,430
4420	LIABILITY INSURANCE	39,460	39,460	26	3	0	0	4,435
4425	INSURANCE-OWNERS			22	3	21	0	4,436
4430	WORKMENS COMP INSURANCE	34,337		22	3	0	0	4,450
4450	CENTRAL OFFICE FEES	183,527		19	3	34	0 **	4,460
4460	BAD DEBTS	30,000		27	3	24	-30,000	4,461
4470	LOST ITEMS-RESIDENTS	103		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	3,046	3,587	35	3	16	0	4,490
5110	MAINTENANCE SALARIES	42,318	45,431	6	1	0	0	4,496
5120	MAINTENANCE SICK & VAC	3,113		6	1	0	0	4,510
5130	ELECTRIC	51,239	70,742	5	3	0	0	4,600
5131	NATURAL GAS	7,795		5	3	0	0	5,110
5132	HEATING & DEISEL OIL			5	3	0	0	5,120
5133	WATER & SEWER	11,708		5	3	0	0	5,130
5134	TRASH COLLECTION	14,186	47,416	6	3	0	0	5,131
5140	PROPERTY PLANT REPLACEMNT	16,113	70,305	6	2	0	0	5,133
5160	GENERAL REPAIR & MAINT	54,192		6	2	0	0	5,134
5165	MAINTENANCE CONTRACTS	33,230		6	3	0	0	5,140
5210	DIETARY WAGES	172,004	183,180	1	1	0	0	5,160
5220	DIETARY SICK & VAC	11,176		1	1	0	0	5,165
5240	SALES TAX			2	3	13	0	5,210
5248	FOOD PURCHASES	188,559	188,598	2	2	0	0	5,220
5250	SUPPLIES-DISHWASHING	2,683	12,972	1	2	0	0	5,248

5260	DIETARY REPLACEMENT	5,198		1	2	0	0	5,250
5270	KITCHEN SUPPLIES-PAPER	5,091		1	2	0	0	5,260
5295	MEAL CREDIT	39		2	2	0	0	5,270
5310	LAUNDRY WAGES	29,718	32,111	4	1	0	0	5,295
5340	LAUNDRY SICK & VAC	2,393		4	1	0	0	5,310
5370	LAUNDRY REPLACEMENT	7,085	11,026	4	2	0	0	5,340
5380	LAUNDRY REIMBURSEMENT			4	3	0	0	5,370
5390	LAUNDRY SUPPLIES	3,941		4	2	0	0	5,380
5410	HOUSEKEEPING WAGES	76,990	82,693	3	1	0	0	5,390
5440	HOUSEKEEPING SICK & VAC	5,703		3	1	0	0	5,410
5480	HOUSEKEEPING SUPPLIES	24,877	29,403	3	2	0	0	5,440
5490	HOUSEKEEPING SUPPLIES-PPR	4,526		3	2	0	0	5,480
6010	RN WAGES-MEDICARE		1,249,871	10	1	0	0	5,490
6020	RN WAGES-NON MEDICARE	110,854		10	1	0	0	6,020
6030	DON WAGES	60,577		10	1	0	0	6,030
6035	ADON	0		10	1	0	0	6,035
6040	RN SICK & VACATION	11,101		10	1	0	0	6,040
6110	LPN WAGES-MEDICARE	362,151		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	28,511		10	1	0	0	6,240
6210	AIDE WAGES-MEDICARE			10	1	0	0	6,245
6220	AIDE WAGES-NON MEDICARE	583,162		10	1	0	0	6,246
6230	WARD CLERKS			10	1	0	0	6,247
6240	AIDE VACATION & SICK	35,587		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	52,438		10	1	0	0	6,390
6275	REHAB SICK & VAC	5,490		10	1	0	0	6,490

6280	NURSING DEPT EDUCATION			23	3	0	0	7,280
6290	NURSING SUPPLIES	9,628	76,932	10	2	0	0	7,281
6295	NURSING SUPPLIES	62,599		10	2	0	0	7,380
6390	REPLACEMENT-NURSING	4,705		10	2	0	0	7,391
6490	NURSING OTHER	68	7,311	10	3	0	0	7,393
7280	DRUG PURCHASES	69,401	323,605	39	2	0	0 ***	7,510
7281	DRUG PURCHASES-OTHER	253,409		39	2			7,540
7380	LABORATORY SERVICES	5,596	252,704	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	37,401	39,620	11	1	0	0	7,720
7540	ACTIVITIES SICK & VAC	2,219		11	1	0	0	7,730
7590	ACTIVITIES SUPPLIES	1,514	1,514	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	139,312		39	3	0	0 ***	7,890
7660	PT SUPPLIES	795		39	2	0	0	7,960
7710	SOCIAL SERVICE WAGES	36,475	39,827	12	1	0	0	8,120
7720	SOCIAL SERVICE SICK & VAC	3,352		12	1	0	0	8,125
7730	SOCIAL SERVICE EXPENSES	0	0	12	2	0	0	8,130
7740	OT FEE	101,510		39	3	0	0 ***	8,150
7750	SOCIAL THERAPIST FEE	0	0	12	3	0	0	9,510
7770	SPEECH THERAPY FEE	6,286		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	0	0	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	381,060	381,060	34	3	0	0	

8120	INTEREST EXPENSE	18,148	18,148	32	3	14	-10,634	
8130	DEPRECIATION	0	0	30	3	9	0	
8150	LOAN FEE AMORTIZATION	0		32	3	0	0	0
9510	INTEREST INCOME	-10,634		32	0	10	0	
9520	MISC NON-OPERATING INCOME	0		0	0	0	0	
9700	INCOME TAXES	0		0	0	0	0	
		4,151,331	4,161,965					
			10,634					
GRAND TOTALS		-101,568					-75,542	
		(NET INCOME)						
		0						

FACILITY NAME:
FACILITY ID: 0

FACILITY UNITS: 89

BALANCE SHEET TOTAL 0

	G/L	RECAP CENSUS
PP	10,171	10,171
IPA	12,517	12,517
medic	1,545	1,545
		24,233

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3,007 PATIENT 10,171

3,007	PATIENT	12,517
3,007	PATIENT	1,545
		0
3,010	BASIC CI	(3,804,645)
3,020	BASIC CI	0
3,030	BASIC CI	0
		0
		0
		0
		0
3,080	NURSING	(22,673)
3,081	NURSING	0
3,082	NURSING	0
3,083	NURSING	0
3,100	DRUGS-N	(633,466)
		0
3,110	PHYSICA	(837,650)
		0
3,112	PHYSICA	0
3,113	PHYSICA	0
3,140	LABORATORY INCOME	
		0
3,152	ST/OT TH	0
3,153	ST/OT TH	0
3,185	REHAB/ISOLATION/OTHER CHG	
3,410	IPA/OTH	0
3,411	MEDICA	0
3,420	MEDICA	993,885

3,520	RENT IN(	0
3,530	BEAUTY	(480)
		0
3,570	VENDIN(	(638)
3,590	EQUIPMI	(275)
3,595	RESIDEN	(12,338)
3,600	MISC IN(	0
4,110	G&A WA	74,309
4,111	ADMINIS	77,379
4,115	G&A PT(	2,206
4,120	EMPLOY	8,939
4,130	EMPLOY	10,918
4,135	EMPLOY	11,611
4,250	OFFICE S	5,983
4,255	POSTAG	1,096
4,260	TELEPH(	12,429
4,275	TRAININ	2,210
		0
4,280	GENERA	4,025
4,281	MEAL E)	19
4,285	EDUCAT	401
4,289	MEETIN(	111
4,290	HELP W/	4,252
4,291	PROMOT	18,457
4,292	PUBLIC I	4,634
4,300	LICENSE	48,361
4,310	DUES & S	4,498
4,320	CONTRI	0
4,350	PROFESS	4,279
4,355	MEDICA	3,000
		2,023
		5,220

4,364	SOCIAL S	1,244
4,370	TV RENT	541
4,383	BACKGR	1,147
4,390	OTHER T	0
4,400	PAYROL	165,114
4,401	PAYROL	8,032
4,410	GROUP I	220,944
4,420	LIABILIT	39,460
4,430	WORKM.	33,540
4,435	W/C-FIRS	0
4,436	DRUG TE	797
4,450	MANAGI	183,527
4,460	BAD DEI	30,000
4,461	BAD DEI	65,381
4,470	LOST ITI	103
4,475	UNIFORM	338
4,486	SERVICE	19,979
4,490	MISC EX	527
4,496	MISC. M.	10,546
4,510	REAL ES	0
4,600	LEASED	3,046
5,110	MAINTEI	42,318
5,120	MAINTEI	3,113
5,130	ELECTRI	51,239
5,131	NATURA	7,795
5,133	WATER &	11,708
5,134	TRASH C	14,186
5,140	PROP/PL.	16,113
5,160	GENERA	54,192
5,165	MAINTEI	13,251
5,210	DIETARY	172,004
5,220	DIETARY	11,176
5,248	FOOD PU	188,032

5,250	SUPPLIE	2,683
5,260	REPLACI	5,198
5,270	KITCHEN	5,091
5,295	MEAL IN	39
5,310	LAUNDR	29,718
5,340	LAUNDR	2,393
5,370	REPLACI	7,085
		0
5,390	SUPPLIE	3,941
5,410	HOUSEK	76,990
5,440	HOUSEK	5,703
5,480	SUPPLIE	24,877
5,490	SUPPLIE	4,526
6,020	RN WAG	110,854
6,030	DON WA	60,577
6,035	ADON W	0
6,040	RN PTO &	11,101
6,120	LPN WAG	362,151
6,140	LPN PTO	28,511
6,220	AIDES W	583,162
6,240	AIDES PT	35,587
6,245		0
		0
		0
		0
6,270	REHAB V	52,438
6,275	REHAB P	5,490
6,290	NURSING	9,628
6,295	NURSING	62,599
6,390	REPLACI	4,705
6,490	OTHER	68

7,280	DRUG PU	69,401
7,281	DRUG PU	253,409
7,380	LABORA	965
7,390	X-RAY S	4,631
		0
7,510	ACTIVIT	37,401
7,540	ACTIVIT	2,219
7,590	ACTIVIT	1,514
7,620	PHYSICA	139,312
7,660	P.T. SUPI	795
7,710	SOCIAL S	36,475
7,720	SOCIAL S	3,352
7,730	SOCIAL S	0
7,740	OCCUPA	101,510
7,770	SPEECH	6,286
7,820	BEAUTIC	0
		0
		0
8,120	INTERES	0
		18,148
8,130	DEPRECI	0
		0
9,510	INTERES	(10,634)
9,520	MISC NO	0
4,220		0
8,100		381,060
9,702		0
5,230		0
		(101,568)

Expenses Fixed Assets

0