

Facility Name & ID Number Hearthstone Manor

0027664 Report Period Beginning: 07/01/11 Ending: 06/30/12

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 N/A

	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	29	Skilled (SNF)	29	10,614	1
2		Skilled Pediatric (SNF/PED)			2
3	46	Intermediate (ICF)	46	16,836	3
4		Intermediate/DD			4
5	63	Sheltered Care (SC)	63	23,058	5
6		ICF/DD 16 or Less			6
7	138	TOTALS	138	50,508	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			3,894	3,894	8
9	SNF/PED					9
10	ICF	7,366	8,807		16,173	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	7,366	8,807	3,894	20,067	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 39.73%

D. How many bed-hold days during this year were paid by the Department? None (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 Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

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 1/1/1903

J. Was the facility purchased or leased after January 1, 1978?
YES Date N/A NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 29 and days of care provided 3,894

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/12 Fiscal Year: 06/30/12

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

Facility Name & ID Number

Hearthstone Manor

0027664

Report Period Beginning:

07/01/11

Ending:

06/30/12

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	326,977	51,527	63,772	442,276	442,276	(67,730)	374,546		1	
2	Food Purchase		299,123		299,123	299,123	(2,461)	296,662		2	
3	Housekeeping	118,380	35,544	14,472	168,396	168,396	(16,202)	152,194		3	
4	Laundry	39,637	3,519	1,076	44,232	44,232	977	45,209		4	
5	Heat and Other Utilities			106,642	106,642	106,642		106,642		5	
6	Maintenance		39,099	90,073	129,171	129,171	135,833	265,004		6	
7	Other (specify):*									7	
8	TOTAL General Services	484,995	428,812	276,034	1,189,840	1,189,840	50,417	1,240,257		8	
	B. Health Care and Programs										
9	Medical Director						11,550	11,550		9	
10	Nursing and Medical Records	2,525,064	151,560	104,747	2,781,371	2,781,371	131,163	2,912,534		10	
10a	Therapy									10a	
11	Activities	175,991	8,819	1,414	186,224	186,224	(29,953)	156,271		11	
12	Social Services	113,230	16,727	149	130,106	130,106	(66,828)	63,278		12	
13	CNA Training									13	
14	Program Transportation									14	
15	Other (specify):*									15	
16	TOTAL Health Care and Programs	2,814,285	177,106	106,310	3,097,701	3,097,701	45,932	3,143,633		16	
	C. General Administration										
17	Administrative	153,743		920,849	1,074,592	1,074,592	(960,715)	113,877		17	
18	Directors Fees									18	
19	Professional Services			29,984	29,984	29,984	164,526	194,510		19	
20	Dues, Fees, Subscriptions & Promotions			8,537	8,537	8,537	1,518	10,055		20	
21	Clerical & General Office Expenses	106,270	12,622	53,655	172,548	172,548	575,111	747,659		21	
22	Employee Benefits & Payroll Taxes			868,779	868,779	868,779	131,751	1,000,530		22	
23	Inservice Training & Education			487	487	487		487		23	
24	Travel and Seminar			8,045	8,045	8,045	7,181	15,226		24	
25	Other Admin. Staff Transportation			5,959	5,959	5,959	5,597	11,556		25	
26	Insurance-Prop.Liab.Malpractice			61,613	61,613	61,613	10,754	72,367		26	
27	Other (specify):*									27	
28	TOTAL General Administration	260,014	12,622	1,957,910	2,230,545	2,230,545	(64,278)	2,166,267		28	
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,559,293	618,539	2,340,254	6,518,086	6,518,086	32,071	6,550,157		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.

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			259,031	259,031	259,031	16,577	275,608				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			7,196	7,196	7,196	(1,296)	5,900				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			9,753	9,753	9,753		9,753				35
36	Other (specify):*											36
37	TOTAL Ownership			275,980	275,980	275,980	15,281	291,261				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		145,976	547,646	693,622	693,622	(11,550)	682,072				39
40	Barber and Beauty Shops	30,627	980		31,607	31,607	14,042	45,649				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			64,455	64,455	64,455		64,455				42
43	Other (specify):* Non-Allowable Co			35,125	35,125	35,125	(35,125)					43
44	TOTAL Special Cost Centers	30,627	146,956	647,226	824,809	824,809	(32,633)	792,176				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,589,920	765,495	3,263,460	7,618,875	7,618,875	14,719	7,633,594				45

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

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	6,397	30		9
10	Interest and Other Investment Income	(1,296)	32		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				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(34,434)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,258)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	10,821	43		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(5,369)	43		28
29	Other-Attach Schedule See Pg 5A	41,858	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ 14,719		\$	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	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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 14,719		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.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Hearthstone Manor

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Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Non-allowable marketing costs	\$ (6,005)	43	1
2	Offset meal revenue against food cost	(1,369)	2	2
3	Offset gift shop revenue against activity cost	(1,092)	2	3
4	Value of non-paid volunteers	36,788	10	4
5	Non-allowable travel expense	(217)	24	5
6	Miscellaneous Revenue Offset	(272)	21	6
7	Grant Expenditures	(139)	43	7
8	Incontinent Supplies	14,163	43	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				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		41,858	49

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
N/A		N/A		Woodstock Christian Life Services	Woodstock	Corporate Office
				Hearthstone Village	Woodstock	Independent Living
				Woodstock Early Learning Center	Woodstock	Daycare

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 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	5 Utilities	\$	Woodstock Christian Life Services	100.00%	\$	\$	1
2	V	6 Maintenance		Woodstock Christian Life Services	100.00%	135,833	135,833	2
3	V	17 Management Fees	920,849	Woodstock Christian Life Services	100.00%		(920,849)	3
4	V	19 Professional Fees		Woodstock Christian Life Services	100.00%	167,558	167,558	4
5	V	20 Dues, Subscriptions, Promo		Woodstock Christian Life Services	100.00%	1,518	1,518	5
6	V	21 Clerical / General Office		Woodstock Christian Life Services	100.00%	450,260	450,260	6
7	V	22 Employee Benefits		Woodstock Christian Life Services	100.00%	131,751	131,751	7
8	V	24 Travel & Seminar		Woodstock Christian Life Services	100.00%	7,398	7,398	8
9	V	25 Admin. Staff Transportation		Woodstock Christian Life Services	100.00%	5,597	5,597	9
10	V	26 Insurance		Woodstock Christian Life Services	100.00%	10,754	10,754	10
11	V	30 Depreciation		Woodstock Christian Life Services	100.00%	10,180	10,180	11
12	V	34 Rent - Facility		Woodstock Christian Life Services	100.00%			12
13	V							13
14	Total		\$ 920,849			\$ 920,849	\$ *	14

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

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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	See attached Sch 7A								\$		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

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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 Woodstock Christian Life Services
 Street Address 318 Christian Way
 City / State / Zip Code Woodstock, IL 60098
 Phone Number (815) 321-4021
 Fax Number (815) 338-8846

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	5	Utilities	Direct Cost		\$	\$		\$	1
2	6	Maintenance	Direct Cost	1	135,833		1	135,833	2
3	19	Professional Fees	Direct Cost	1	167,558		1	167,558	3
4	20	Dues, Subscriptions, Promo	Direct Cost	1	1,518		1	1,518	4
5	21	Clerical / General Office	Direct Cost	1	450,260		1	450,260	5
6	22	Employee Benefits	Direct Cost	1	131,751		1	131,751	6
7	24	Travel & Seminar	Direct Cost	1	7,398		1	7,398	7
8	25	Admin. Staff Transportation	Direct Cost	1	5,597		1	5,597	8
9	26	Insurance	Direct Cost	1	10,754		1	10,754	9
10	30	Depreciation	Direct Cost	1	10,180		1	10,180	10
11	34	Rent - Facility	Direct Cost						11
12									12
13									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				\$ 920,849	\$		\$ 920,849	25

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Ending:

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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							\$	\$			\$						
2																	
3																	
4																	
5																	
Working Capital																	
6	Harris Bank NA		X	Operations	\$2,549.22	7/13/05	223,004	92,093	7/13/15	0.0655	7,196						
7																	
8																	
9	TOTAL Facility Related				\$2,549.22		\$ 223,004	\$ 92,093			\$ 7,196						
B. Non-Facility Related*																	
10									Offset Interest Income		(1,296)						
11																	
12																	
13																	
14	TOTAL Non-Facility Related						\$	\$			(1,296)						
15	TOTALS (line 9+line14)						\$ 223,004	\$ 92,093			\$ 5,900						

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

* 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 2011 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.)	2011	\$	N/A	2
3. Under or (over) accrual (line 2 minus line 1).		\$		3
4. Real Estate Tax accrual used for 2012 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.		\$		7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2007	_____	8	
	2008	_____	9	
	2009	_____	10	
	2010	N/A	11	
	2011	N/A	12	
Facility is not-for-profit entity and is exempt from real estate taxes.				
			FOR BHF USE ONLY	
	13	FROM R. E. TAX STATEMENT FOR 2011	\$	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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Hearthstone Manor COUNTY McHenry

FACILITY IDPH LICENSE NUMBER 0027664

CONTACT PERSON REGARDING THIS REPORT Linda Evans , Controller

TELEPHONE (815) 321-4054 FAX #: (815) 206-0472

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

	(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>Facility is a not-for-profit entity and is exempt from real estate taxes.</u>		\$ _____	\$ _____
2.	<u>_____</u>	<u>_____</u>	\$ _____	\$ _____
3.	<u>_____</u>	<u>_____</u>	\$ _____	\$ _____
4.	<u>_____</u>	<u>_____</u>	\$ _____	\$ _____
5.	<u>_____</u>	<u>_____</u>	\$ _____	\$ _____
6.	<u>_____</u>	<u>_____</u>	\$ _____	\$ _____
7.	<u>_____</u>	<u>_____</u>	\$ _____	\$ _____
8.	<u>_____</u>	<u>_____</u>	\$ _____	\$ _____
9.	<u>_____</u>	<u>_____</u>	\$ _____	\$ _____
10.	<u>_____</u>	<u>_____</u>	\$ _____	\$ _____
		TOTALS	\$ <u>_____</u>	\$ <u>_____</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES 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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.**

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X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 60,000 B. General Construction Type: Exterior Masonry Frame _____ Number of Stories Three

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: N/A 2. Number of Years Over Which it is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

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	<u>Resident Use</u>	<u>60,000</u>	<u>1903</u>	<u>\$ 5,372</u>	1
2					2
3	TOTALS	60,000		\$ 5,372	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	10		1950	1950	\$ 150,823	\$	40	\$	\$	\$ 150,823	4
5	90		1973	1973	796,110	19,898	40	19,898		796,110	5
6	38		1976	1976	751,053	18,776	40	18,776		694,718	6
7											7
8											8
	Improvement Type**										
9		Sprinkler System		1977	2,935		25			2,935	9
10		Air conditioning		1977	10,374		10			10,374	10
11		Roof		1978	4,656		20			4,656	11
12		Roof		1978	7,536		20			7,536	12
13		Boiler		1978	8,498		20			8,498	13
14		Sprinkler System		1980	10,353		25			10,353	14
15		Office Remodeling		1980	5,218	130	40	130		4,295	15
16		Roof		1981	5,100		10			5,100	16
17		Parking Lot		1982	3,549	89	40	89		2,917	17
18		Roof Additions		1983	6,560	164	40	164		4,674	18
19		Roof		1984	4,690		10			4,690	19
20		Kitchen		1984	187		20			187	20
21		Kitchen		1985	1,415	35	40	35		993	21
22		Sign		1985	855		5			855	22
23		Remodeling Second Floor		1985	10,026		10			10,026	23
24		Activity Room		1985	1,044		15			1,044	24
25		Remodeling Second Floor		1985	1,735		20			1,735	25
26		Dining Room Remodel		1986	27,607		10			27,607	26
27		Solarium		1986	15,216		10			15,216	27
28		Kitchen		1986	5,749		20			5,749	28
29		Solarium		1987	45,713	1,143	40	1,143		29,716	29
30		HVAC		1987	3,931		20			3,931	30
31		Water Heater		1987	1,258		15			1,258	31
32		Roof		1987	11,828		10			11,828	32
33		Re-Key Locks		1987	1,004		10			1,004	33
34		Renovations Room 241		1987	629		15			629	34
35		Parking Lot		1987	3,291		15			3,291	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 **Hearthstone Manor**# **0027664**

Report Period Beginning:

07/01/11

Ending:

06/30/12**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	Roof	1988	\$ 12,550	\$	10	\$	\$	\$ 12,550	37
38	Remodel Employee Lounge	1988	890		10			890	38
39	Water Meters	1989	2,820		10			2,820	39
40	Roof Repair	1990	1,255		10			1,255	40
41	Thermostats	1991	1,264		10			1,264	41
42	Roof Repair	1992	980		10			980	42
43	Thermostats	1992	1,481		10			1,481	43
44	Drop Ceiling	1992	370		10			370	44
45	Windows	1992	607		10			607	45
46	Roof Repair	1992	608		10			608	46
47									47
48	Nurse Station	1992	359		10			359	48
49	Roof Repair	1992	720		10			720	49
50									50
51									51
52	Parking Lot Expansion	1992	577		15			577	52
53	Roof Repair	1993	800		10			800	53
54	Windows	1993	317		10			317	54
55	Roof Repair	1993	1,715		10			1,715	55
56	Generator Repair	1993	1,049		10			1,049	56
57	Water Heater	1994	3,240		10			3,240	57
58	Courtyard	1994	819		10			819	58
59	Alarm System	1994	1,391		10			1,391	59
60	Fire Doors	1994	437		10			437	60
61	Roof Repair	1994	1,259		10			1,259	61
62	Plumbing	1995	10,741		5			10,741	62
63	Roof Repair	1995	1,170		10			1,170	63
64	Roof Repair	1995	11,299		10			11,299	64
65	Roof Repair	1995	12,340		10			12,340	65
66	Roof Repair	1995	861		10			861	66
67	Electrical Repair	1995	15,122		10			15,122	67
68	Roof Repair	1996	3,500		10			3,500	68
69	Doors	1996	2,685		15			2,685	69
70	TOTAL (lines 4 thru 69)		\$ 1,992,169	\$ 40,235		\$ 40,235	\$	\$ 1,915,974	70

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

Facility Name & ID Number **Hearthstone Manor**# **0027664**

Report Period Beginning:

07/01/11

Ending:

06/30/12**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		\$ 1,992,169	\$ 40,235		\$ 40,235	\$	\$ 1,915,974	1
2	Fire Doors	1996	457		20			457	2
3	Doors	1996	1,649		10			1,649	3
4	Architect Service	1996	13,331	667	20	667		10,861	4
5	Roof Repair	1996	5,380		20			5,380	5
6	Roof Replacement	1996	27,341	1,367	20	1,367		21,759	6
7	Plumbing	1996	10,960		20			10,960	7
8	Architect Service	1996	1,332	67	20	67		1,062	8
9	Roof Repair	1996	1,758		20			1,758	9
10	Alum. Gutter-downspout	1996	1,650		20			1,650	10
11	Architect Service	1996	1,122	56	20	56		886	11
12	Roof Repair	1996	540		20			540	12
13	Rooftop HVAC Replacement	1996	52,688	2,634	20	2,634		35,706	13
14	New Door	1996	3,042		20			3,042	14
15	Roof Replacement	1996	25,941	1,297	20	1,297		20,320	15
16	Firestops Replacement	1996	3,553		10			3,553	16
17	Architect Service	1996	475	24	20	24		374	17
18	Exit Lights	1996	2,737		10			2,737	18
19	Architect Service	1996	750	38	20	38		587	19
20	HVAC	1996	77,291	3,865	20	3,865		60,225	20
21	New Sidewalk	1996	986	19	15	19		986	21
22	Parking lot repair	1996	1,623		10			1,623	22
23	S.M. Sign Maintenance	1996	308		5			308	23
24	Labor-Roof Replacement	1997	12,255		20			12,255	24
25	Architect Service	1997	1,775		20			1,775	25
26	Sunroom painting	1997	2,145		20			2,145	26
27	Asbestos repair	1997	715		20			715	27
28	Heating	1998	5,787	289	20	289		4,692	28
29	Ductwork and Electric	1998	3,370	138	20	138		3,370	29
30	Rebuild roof unit	1998	2,235	92	20	92		2,235	30
31	3rd floor project	1998	10,019	501	20	501		7,306	31
32	IDPH-Building Project Fees	1998	2,712	136	20	136		1,980	32
33	Shayman-Contractors	1998	10,000	500	20	500		7,292	33
34	TOTAL (lines 1 thru 33)		\$ 2,278,096	\$ 51,925		\$ 51,925	\$	\$ 2,146,162	34

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

Facility Name & ID Number **Hearthstone Manor**# **0027664**

Report Period Beginning:

07/01/11

Ending:

06/30/12**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		\$ 2,278,096	\$ 51,925		\$ 51,925	\$	\$ 2,146,162	1
2	Century Tile	1998	461	23	20	23		461	2
3									3
4	Signage	1998	412		5			412	4
5	Phone/Data Lines	1998	7,869		10			7,869	5
6	ADA Sidewalk	1999	2,016	101	20	101		1,412	6
7	Phone/Data Lines	1999	1,450		10			1,450	7
8	Air Conditioning	1999	10,866		10			10,866	8
9	Aluminum Gutters/Downspouts	1999	540		10			540	9
10	Exit Lights	1999	322		10			322	10
11	Exit Lights	1999	400		10			400	11
12									12
13	Third Floor Renovation-Building	1999	240,021	12,001	20	12,001		162,014	13
14	Fire Protection	1999	2,750		10			2,750	14
15	Architect Fees	1999	1,080		3			1,080	15
16	Maintenance Labor-Painting	1999	1,740		5			1,740	16
17	Paint Stairwells & Halls	1999	1,624		5			1,624	17
18	Third Floor Renovation-Bldg-Final PMT	1999	32,418	1,621	20	1,621		21,883	18
19	Carpeting-Main Floor	1999	10,300		5			10,300	19
20	Signage	2000	987		5			987	20
21	Storm Windows	2000	941		5			941	21
22	New Park Street Door	2000	2,872	191	15	191		2,232	22
23	Replace Warped Doors	2000	3,960		5			3,960	23
24	Reception Area	2000	25,839	83	10	83		25,839	24
25	Property Banners	2000	968		5			968	25
26	Sidewalk Replacements	2001	5,100	340	15	340		3,740	26
27	ADT Security System - Manor	2001	21,653	542	10	542		21,653	27
28	Remodel RM 203 Admissions Office	2001	2,155	74	10	74		2,155	28
29	3rd Floor Office Space Conversion	2001	3,965	168	10	168		3,965	29
30	Convert RM 203 to Office, Copy and Storage	2001	3,765	159	10	159		3,765	30
31	Convert Sun Room to New Chapel	2001	39,890	1,718	10	1,718		39,890	31
32	SC Activity Dining Room Conversion	2002	7,422	372	10	372		7,422	32
33	General Store Conversion	2002	2,131	117	10	117		2,131	33
34	TOTAL (lines 1 thru 33)		\$ 2,714,011	\$ 69,435		\$ 69,435	\$	\$ 2,490,933	34

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

Facility Name & ID Number **Hearthstone Manor**# **0027664**

Report Period Beginning:

07/01/11

Ending:

06/30/12**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 2,714,011	\$ 69,435		\$ 69,435	\$	\$ 2,490,933	1
2	Replace Defective Water Piping	2002	10,213	937	10	937		10,213	2
3	Nursing Floor Showers	2003	2,943	294	10	294		2,941	3
4	Asbestos Inspection	2003	4,374	437	10	437		4,337	4
5	Chapel Conversion	2003	856		5			856	5
6	Tuckpoint Boiler Smoke Stack	2003	3,630	363	10	363		3,479	6
7	Traditions Alzheimer Dementia Units	2003	517,689	25,766	20	25,766		242,631	7
8	Traditions Blueprints and Design Drawings	2003	8,250	413	20	413		3,887	8
9	Traditions Arch Design, IDPH & Other fees/permits, other soft cos	2003	46,691	2,335	20	2,335		21,986	9
10	New Chapel Landscaping	2003	6,553		5			6,553	10
11	Replace flat roof	2003	4,680	234	20	234		2,204	11
12	Replace floor tile in dining room	2003	6,360		5			6,360	12
13	Signage Engraver - Manor	2003	544		5			544	13
14	Carpet Extractor	2003	2,035		5			2,035	14
15	Washer Drum	2003	1,738		5			1,738	15
16	Satellite TV System	2003	10,485					10,485	16
17	Elevator Code Updates	2003	2,227		5			2,227	17
18	Foor Processor	2003	1,147		5			1,147	18
19	Carpet repairs	2004	2,662		5			2,662	19
20	Motorola Furniture	2004	10,650		4			10,650	20
21	A/C Heating units (5)	2004	7,200		5			7,200	21
22	Furniture for Infant/Toddler room	2004	12,525		5			12,525	22
23	Maint Labor on Infant/Toddler room	2004	1,684		5			1,684	23
24	Furniture for Model Apartment	2004	5,832		5			5,832	24
25	Repair washer shaft & basket	2004	2,223		5			2,223	25
26	Remodel 831 Northampton	2004	5,108		5			5,108	26
27	Commercial garbage disposal	2004	1,404		5			1,404	27
28	Digital Copier	2004	6,122		5			6,122	28
29	Hot Pack Warming Device	2004	1,295		5			1,295	29
30	Signage	2004	1,430		5			1,430	30
31	Food Processor	2004	1,629		5			1,629	31
32	Two whirlpool baths and walk in shower	2004	30,215	3,021	10	3,021		22,663	32
33	Tub cut outs	2004	1,250	125	10	125		917	33
34	TOTAL (lines 1 thru 33)		\$ 3,435,653	\$ 103,360		\$ 103,360	\$	\$ 2,897,900	34

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

Facility Name & ID Number **Hearthstone Manor**# **0027664**

Report Period Beginning:

07/01/11

Ending:

06/30/12**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 3,435,653	\$ 103,360		\$ 103,360	\$	\$ 2,897,900	1
2	Remodel entry way and lobby	2004	1,647	165	10	165		1,210	2
3	Repair water main to building	2004	1,066	107	10	107		766	3
4	New Furnace	2004	1,865	187	10	187		1,277	4
5	Replace fire panel	2004	2,525	253	10	253		1,644	5
6	Repair 2 broken pipes	2004	1,734	173	10	173		1,096	6
7	BLACK TOP COURT ROAD	2004	12,820	855	15	855		7,694	7
8	BEAUTY SHOP RELOCATION	2005	3,701	370	10	370		2,498	8
9	Rehab Remodel - Wall Removal, Painting, & Carpeting	2005	3,566	357	10	357		2,320	9
10	WANDER GUARD DOORS	2005	8,898	890	10	890		5,711	10
11	FIRE SYSTEM HORNS & STROBES	2005	3,680		5			3,680	11
12	NURSING CARE FLOOR RENOVATION - Nurses Stations	2005	121,584	12,158	10	12,158		75,218	12
13	installed, Chair Rails added, Painting, and Flooring								13
14	WATER METER AT STATION 2 DOOR	2005	2,930	293	10	293		1,782	14
15	Sumner Street Awning	2006	4,327	433	10	433		2,453	15
16	Courtyard Renovation	2006	24,035	2,404	15	2,404		13,519	16
17	Remodel SC Room 233	2007	736	147	5	147		772	17
18	New Rooftop HVAC Unit	2007	10,922	1,092	10	1,092		5,551	18
19	Repair Roof over TLC Dining Room	2007	1,639	164	10	164		834	19
20									20
21	Replace Manor Room	2007	5,970	597	10	597		2,687	21
22	Laundry Drain Repair and Manhole	2007	4,015	402	10	402		1,809	22
23	Transitions Expansion (Add 6 rooms & 11 Beds)	2008	58,560	5,856	10	5,856		26,352	23
24	Pro Com Integrated Security Systems	2008	184,814	18,481	10	18,481		83,171	24
25	Paint 38 Rooms in NC	2008	10,099	1,010	10	1,010		4,545	25
26									26
27	Air Conditioners	2008	8,790	879	10	879		3,077	27
28	Fire System	2008	3,700	370	10	370		1,295	28
29	Doors	2008	6,431	643	10	643		1,961	29
30	Entrance Canopy	2008	6,200	620	10	620		2,170	30
31	Vertical Rod Exit Devices	2008	5,488	549	10	549		1,921	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,937,395	\$ 152,815		\$ 152,815	\$	\$ 3,154,913	34

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

Facility Name & ID Number **Hearthstone Manor**# **0027664**

Report Period Beginning:

07/01/11

Ending:

06/30/12**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 12E, Carried Forward		\$ 3,937,395	\$ 152,815		\$ 152,815	\$	\$ 3,154,913	1
2	Water Heater	2008	4,636	464	10	464		1,624	2
3	Doors	2009	2,550	255	10	255		893	3
4	Tile Flooring	2009	4,840	484	10	484		1,694	4
5	Roof	2009	14,646	1,465	10	1,465		5,127	5
6									6
7	Cabinetry, countertops, paint and labor for therapy room upgrade	2009	2,823	565	5	565		1,412	7
8	Remodel reception area-cabinets	2009	9,209	921	10	921		1,841	8
9	Converted conf room to 3 offices. (Walls, doors, electrical, etc.)	2009	5,981	598	10	598		1,196	9
10	Sprinkler System	2010	15,250	1,016	15	1,016		2,540	10
11	Re-Carpet New Traditions area	2010	7,256	1,451	5	1,451		3,628	11
12	Replace floor and lights in Terrace	2010	11,921	2,384	5	2,384		5,960	12
13	Re-carpet halls and dining room	2010	11,997	2,399	5	2,399		5,998	13
14	Medicare Room (New flooring, wall covering,								14
15	electrical and plumbing)	2010	19,597	1,960	10	1,960		2,940	15
16	Door Upgrade by Station 2 (to add fobs)	2011	3,460	346	10	346		519	16
17	Paving of Parking Lot	2010	34,496	3,450	10	3,450		5,175	17
18	Water Main Repair	2011	9,761	976	10	976		1,464	18
19									19
20									20
21									21
22									22
23									23
24	Hearthstone Manor Allocated Depreciation from WCLS					10,180	10,180		24
25									25
26	To agree with book balance			(8,756)			8,756		26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,095,818	\$ 162,793		\$ 181,729	\$ 18,936	\$ 3,196,924	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	\$ 1,007,233	\$ 68,292	\$ 65,933	\$ (2,359)		\$ 898,963	71
72	Current Year Purchases	24,168	1,208	1,208			1,208	72
73	Fully Depreciated Assets							73
74	<u>Retired Air Conditioner</u>	<u>(4,950)</u>					<u>(4,950)</u>	74
75	TOTALS	\$ 1,026,451	\$ 69,500	\$ 67,141	\$ (2,359)		\$ 895,221	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	<u>Van with Lift</u>	<u>Ford</u>	<u>1998</u>	\$ 14,000	\$	\$	\$	5	\$ 14,000	76
77	<u>Chevrolet</u>	<u>Chevrolet 2005</u>	<u>2008</u>	11,000	2,200	2,200		5	8,066	77
78	<u>Ed Dorado Bus</u>	<u>Ford E350 1994</u>	<u>2008</u>	2,500	500	500		5	1,834	78
79	<u>See Schedule 13A</u>			120,191	24,038	24,038		3-5	60,095	79
80	TOTALS			\$ 147,691	\$ 26,738	\$ 26,738	\$		\$ 83,995	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)	\$ 5,275,332	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 259,031	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 275,608	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 16,577	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,176,140	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	<u>N/A</u>	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	<u>Construction in Progress</u>	\$ 239,008	92
93			93
94			94
95		\$ 239,008	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.

SCHEDULE 13A

Page 13 Section D. Vehicle Depreciation

Vehicle	Model, Make & Yr	Year Acquired	Cost	Current Bk Depr	SL Depr	Adjustment	Life in Years	Accum Depr
Eldorado Bus	Chevrolet	2009	92,191	18,438	18,438	-	5	46,095
Bus	International	2010	28,000	5,600	5,600	-	5	14,000
			120,191	24,038	24,038	-		60,095

Facility Name & ID Number Hearthstone Manor

0027664

Report Period Beginning: 07/01/11

Ending: 06/30/12

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Woodstock Christian Life Services

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. _____ /2013 \$ _____

13. _____ /2014 \$ _____

14. _____ /2015 \$ _____

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: \$ 9,753 Description: Satellite Equipment - 7,062; Dishwasher - 1,042; Water Conditioner - 299; Copier Lease - 1,350

(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			N/A		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 Hearthstone Manor # 0027664 Report Period Beginning: 07/01/11 Ending: 06/30/12
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 checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. 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	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	3,380	\$ 243,389	\$	3,380	\$ 243,389	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		2,852	205,324		2,852	205,324	2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39(3)	hrs		1,214	87,383		1,214	87,383	4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	39(2)	# of prescripts				145,976		145,976	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify):									12	
13	Other (specify):									13	
14	TOTAL			\$	7,446	\$ 536,096	\$ 145,976	7,446	\$ 682,072	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 Hearthstone Manor

0027664

Report Period Beginning: 07/01/11

Ending:

06/30/12

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/12

(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	\$ 955	\$ 955	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (137,950))	756,420	756,420	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,182	10,182	6
7	Other Prepaid Expenses	8,948	8,948	7
8	Accounts Receivable (owners or related parties)	3,213,128	3,213,128	8
9	Other(specify): <u>Other Current Assets</u>	27,642	27,642	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,017,275	\$ 4,017,275	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	5,372	5,372	13
14	Buildings, at Historical Cost	3,993,760	4,095,818	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,390,038	1,174,142	16
17	Accumulated Depreciation (book methods)	(4,283,367)	(4,176,140)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	131,192	131,192	21
22	Other Long-Term Assets (spec <u>Const. in Progress</u>)	239,008	239,008	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,476,004	\$ 1,469,393	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,493,279	\$ 5,486,668	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	80,234	80,234	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	58,391	58,391	30
31	Accrued Taxes Payable (excluding real estate taxes)			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>See Schedule 17A</u>	308,781	308,781	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 447,407	\$ 447,407	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	92,093	92,093	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)	\$ 92,093	\$ 92,093	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 539,500	\$ 539,500	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,953,779	\$ 4,947,167	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,493,279	\$ 5,486,668	48

*(See instructions.)

XV. BALANCE SHEET - Unrestricted Operating Fund.

	<u>Operating</u>	<u>After Consolidation</u>
Other Current Liabilities		
Miscellaneous Accruals	(162,167)	(162,167)
Employees Contributions	-	-
Accrued Paid Time Off	(146,199)	(146,199)
Division or Acct Transfers	(415)	(415)
	<u>(308,781)</u>	<u>(308,781)</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,548,166	1
2	Restatements (describe):		2
3	Prior Period Adjustment	83,403	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,631,569	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	322,210	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)	\$ 322,210	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)	\$ 4,953,779	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	\$ 7,465,063	1
2	Discounts and Allowances for all Levels	240,611	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,705,674	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	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	1,092	12
13	Barber and Beauty Care	28,087	13
14	Non-Patient Meals	1,369	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,032	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 31,579	23
D. Non-Operating Revenue			
24	Contributions	195,207	24
25	Interest and Other Investment Income***	1,296	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 196,503	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a	<u>See Schedule 19A</u>	7,329	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,329	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,941,085	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,189,840	31
32	Health Care	3,097,701	32
33	General Administration	2,230,545	33
B. Capital Expense			
34	Ownership	275,980	34
C. Ancillary Expense			
35	Special Cost Centers	760,354	35
36	Provider Participation Fee	64,455	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,618,875	40
41	Income before Income Taxes (line 30 minus line 40)**	322,210	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 322,210	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,030,755	44
45	Private Pay - Net Inpatient Revenue	4,484,317	45
46	Medicare - Net Inpatient Revenue	2,190,602	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,705,674	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes 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.

Hearthstone Manor
Schedule XVII - Income Statement
ID#: 0027664
070/01/11 - 06/30/12

Schedule 19A

Schedule XVII - Revenue - Line 29

Application Fees	
Linen Service	2,825
Miscellaneous Resident Service	4,232
Miscellaneous Revenues	<u>272</u>
Total	<u><u>7,329</u></u>

Facility Name & ID Number Hearthstone Manor

0027664

Report Period Beginning:

07/01/11

Ending:

06/30/12

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	1,488	1,681	\$ 63,649	\$ 37.86	1
2	Assistant Director of Nursing					2
3	Registered Nurses	22,444	23,694	710,076	29.97	3
4	Licensed Practical Nurses	14,286	15,406	368,892	23.94	4
5	CNAs & Orderlies	86,640	93,188	1,019,919	10.94	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,984	2,160	63,025	29.18	9
10	Activity Assistants	6,433	6,878	83,014	12.07	10
11	Social Service Workers	840	2,160	46,402	21.48	11
12	Dietician					12
13	Food Service Supervisor	1,012	1,213	28,014	23.09	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,541	23,791	231,233	9.72	15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	10,692	11,332	102,178	9.02	18
19	Laundry	3,828	4,221	40,614	9.62	19
20	Administrator	1,808	2,151	113,877	52.94	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,552	2,160	37,019	17.14	23
24	Clerical	9,539	10,356	194,374	18.77	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	1,788	2,023	31,645	15.64	31
32	Other Health C: See Sch 20A	27,071	29,278	411,320	14.05	32
33	Other(specify) Barber/Beauty	2,606	2,717	44,669	16.44	33
34	TOTAL (lines 1 - 33)	214,552	234,409	\$ 3,589,920 *	\$ 15.31	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	Monthly	\$ 9,597	1(3)	35
36	Medical Director	Monthly	11,550	9(7)	36
37	Medical Records Consultant	Monthly	6,239	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	7,148	10(3)	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Quarterly	814	11(3)	44
45	Social Service Consultant	Quarterly	149	12(3)	45
46	Other(specify) Hazard Waste Removal	Quarterly	1,340	10(3)	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 36,837		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	114	\$ 4,759	10(3)	50
51	Licensed Practical Nurses	1,384	53,760	10(3)	51
52	Certified Nurse Assistants/Aides	566	13,281	10(3)	52
53	TOTAL (lines 50 - 52)	2,064	\$ 71,799		53

Hearthstone Manor
Provider # 0027664
07/01/2011 - 06/30/12
Staffing & Salary Costs

Schedule 20A

Other Health Care (specify) - Line 32:

	<u>Hours</u> <u>Worked</u>	<u>Hours</u> <u>Paid</u>	<u>Salary or</u> <u>Wages</u>	<u>Ave. Hrly.</u> <u>Wages</u>
Care Plan Coordinator	1,021	1,116	51,873	46.48
Resident Services	26,050	28,162	359,447	12.76
TOTAL	27,071	29,278	411,320	14.05

Facility Name & ID Number **Hearthstone Manor**

0027664

Report Period Beginning: **07/01/11**

Ending: **06/30/12**

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	
Richard A. Curtis	Administrator	0	\$ 113,877	Workers' Compensation Insurance	\$ 112,686	IDPH License Fee	\$	
Reconciling item eliminated in col 7			39,866	Unemployment Compensation Insurance		Advertising: Employee Recruitment	(3,791)	
				FICA Taxes	254,133	Health Care Worker Background Check		
				Employee Health Insurance	490,232	(Indicate # of checks performed)		
				Employee Meals		Patient Background Checks	163 1,952	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fees	1,839	
				Valic		Miscellaneous Dues & Subscriptions	8,537	
				Employee Recognition	3,834	Allocated from Home Office	1,518	
				Other Employee Benefits	7,894			
				Allocation from Home Office	131,751			
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 153,743	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,000,530	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 10,055	
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
Management Fees			\$ 920,849	N/A			Out-of-State Travel	\$
(Eliminated in Column 7)								
							In-State Travel	2,367
							Allocated from Home Office	7,398
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 920,849				Seminar Expense	5,461
							Entertainment Expense	()
							TOTAL (agree to Sch. V, line 24, col. 8)	\$ 15,226
C. Professional Services				TOTAL				
Vendor/Payee	Type		Amount					
Prepaid Supplies Charge Off	Computer Services		\$ 7,647					
Gummerson & Rausch	Legal		10,612					
IVANS, Inc.	Computer Services		1,423					
Medifax EDI	Computer Services		5					
MDI Achieve, Inc.	Computer Services		996					
ACT Network Solutions	Computer Services		433					
Dart Chart	Computer Services							
Polsinelli	Legal		8,009					
Monthly Accrual Reversals	Legal							
Answers on Demand	Computer Services		859					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 29,984					

* Attach copy of IMRF notifications

**See instructions.

Hearthstone Manor
Schedule XIX - Support Schedules
ID#: 0027664
070/01/11 - 06/30/12

Schedule 21A

Schedule XIX (C) - Professional Services

From Schedule XIX (c) - agreeing to Sch. V, L19, C3	29,984
Allocated from Woodstock Christian Life Services	167,558
Additional Legal Fees from invoices	1
Less out of period Legal Fees	(3,258)
Frost, Ruttenberg & Rothblatt	225
To Sch. V, L19, C8	<u>194,510</u>

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									N/A			
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Hearthstone Manor# 0027664Report Period Beginning: 07/01/11Ending: 06/30/12**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? No
If YES, give association name and amount. N/A
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (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? N/A
- (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? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 69,154 Line 10(2)
- (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. N/A
- (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. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 64,455
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. \$ 2,461
- (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. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? 0
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- 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. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: McGladrey LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.