

Facility Name & ID Number Hearthstone Manor

0027664 Report Period Beginning: 07/01/2013 Ending: 06/30/2014

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	<u>29</u>	Skilled (SNF)	<u>29</u>	<u>10,585</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>46</u>	Intermediate (ICF)	<u>46</u>	<u>16,790</u>	3
4		Intermediate/DD			4
5	<u>63</u>	Sheltered Care (SC)	<u>63</u>	<u>22,995</u>	5
6		ICF/DD 16 or Less			6
7	<u>138</u>	TOTALS	<u>138</u>	<u>50,370</u>	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			<u>4,453</u>	<u>4,453</u>	8
9	SNF/PED					9
10	ICF	<u>6,826</u>	<u>7,500</u>		<u>14,326</u>	10
11	ICF/DD					11
12	SC	<u>1,641</u>	<u>12,625</u>	<u>0</u>	<u>14,266</u>	12
13	DD 16 OR LESS					13
14	TOTALS	<u>8,467</u>	<u>20,125</u>	<u>4,453</u>	<u>33,045</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 65.60%

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 4,159

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: 6/30/14 Fiscal Year: 6/30/14

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

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Hearthstone Manor

0027664

Report Period Beginning:

07/01/2013

Ending:

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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	210,307	8,120	92,693	311,120		311,120		311,120		1
2	Food Purchase		244,942		244,942		244,942	(1,588)	243,354		2
3	Housekeeping	119,050	27,784	104	146,938		146,938		146,938		3
4	Laundry	22,372	9,009	3,088	34,469		34,469		34,469		4
5	Heat and Other Utilities			108,826	108,826		108,826		108,826		5
6	Maintenance	21,982	27,373	96,399	145,754		145,754	146,224	291,978		6
7	Other (specify):*										7
8	TOTAL General Services	373,711	317,228	301,110	992,049		992,049	144,636	1,136,685		8
	B. Health Care and Programs										
9	Medical Director							14,400	14,400		9
10	Nursing and Medical Records	2,477,783	136,897	160,138	2,774,818		2,774,818	46,148	2,820,966		10
10a	Therapy										10a
11	Activities	103,878	4,770	4,278	112,926		112,926		112,926		11
12	Social Services	53,357	15,771	1,320	70,448		70,448		70,448		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,635,018	157,438	165,736	2,958,192		2,958,192	60,548	3,018,740		16
	C. General Administration										
17	Administrative	225,693		1,223,426	1,449,119		1,449,119	(1,247,297)	201,822		17
18	Directors Fees										18
19	Professional Services			15,611	15,611		15,611	350,842	366,453		19
20	Dues, Fees, Subscriptions & Promotions			70,486	70,486		70,486	2,268	72,754		20
21	Clerical & General Office Expenses	62,561	14,932	16,452	93,945		93,945	497,295	591,240		21
22	Employee Benefits & Payroll Taxes			728,914	728,914		728,914	142,327	871,241		22
23	Inservice Training & Education			2,676	2,676		2,676		2,676		23
24	Travel and Seminar			4,526	4,526		4,526	11,717	16,243		24
25	Other Admin. Staff Transportation			6,091	6,091		6,091	7,090	13,181		25
26	Insurance-Prop.Liab.Malpractice			70,738	70,738		70,738	15,673	86,411		26
27	Other (specify):*										27
28	TOTAL General Administration	288,254	14,932	2,138,920	2,442,106		2,442,106	(220,085)	2,222,021		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,296,983	489,598	2,605,766	6,392,347		6,392,347	(14,901)	6,377,446		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.

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Ending:

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			233,196	233,196		233,196	144,660	377,856			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,247	1,247		1,247	(1,247)				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			16,544	16,544		16,544		16,544			35
36	Other (specify):*											36
37	TOTAL Ownership			250,987	250,987		250,987	143,413	394,400			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		159,013	664,667	823,680		823,680	(16,374)	807,306			39
40	Barber and Beauty Shops	21,972	653		22,625		22,625		22,625			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			128,629	128,629		128,629		128,629			42
43	Other (specify):* Non-Allowable Co			221,783	221,783		221,783	(221,783)				43
44	TOTAL Special Cost Centers	21,972	159,666	1,015,079	1,196,717		1,196,717	(238,157)	958,560			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,318,955	649,264	3,871,832	7,840,051		7,840,051	(109,645)	7,730,406			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	94,081	30		9
10	Interest and Other Investment Income	(1,247)	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	(16,125)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,774)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(206,130)	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	(2,951)	43		28
29	Other-Attach Schedule See Page 5A	27,501	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (109,645)		\$	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))	\$ (109,645)		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

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-allowable marketing costs	\$ (1,585)	43	1
2	Disallow marketing wages	(23,871)	17	2
3	Reclass improvements less than \$2500	8,680	6	3
4	Value of non-paid workers	44,174	10	4
5	Offset gift shop revenue	(573)	2	5
6	Offset meal revenue	(1,015)	2	6
7	Offset miscellaneous revenue	(729)	21	7
8	Offset gain on sale of assets	5,100	43	8
9	Non allowable lobbying dues	(2,588)	20	9
10	Offset memorials unrestructured expense	(92)	43	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		27,501	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	6 Maintenance	\$	Woodstock Christian Life Services	100.00%	\$ 137,544	\$ 137,544	1
2	V	17 Management Fees	1,223,426	Woodstock Christian Life Services	100.00%		(1,223,426)	2
3	V	19 Professional Fees		Woodstock Christian Life Services	100.00%	355,616	355,616	3
4	V	20 Dues, Subscriptions, Promo		Woodstock Christian Life Services	100.00%	4,856	4,856	4
5	V	21 Clerical / General Office		Woodstock Christian Life Services	100.00%	498,025	498,025	5
6	V	22 Employee Benefits		Woodstock Christian Life Services	100.00%	142,327	142,327	6
7	V	24 Travel & Seminar		Woodstock Christian Life Services	100.00%	11,717	11,717	7
8	V	25 Admin. Staff Transportation		Woodstock Christian Life Services	100.00%	7,090	7,090	8
9	V	26 Insurance		Woodstock Christian Life Services	100.00%	15,673	15,673	9
10	V	30 Depreciation		Woodstock Christian Life Services	100.00%	50,578	50,578	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,223,426			\$ 1,223,426	\$ * 0	14

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

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VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	N/A		N/A		Hearthstone Court	Woodstock	Independent	1
2							Living	2
3								3
4					Prairie Homes of	Woodstock	Independent	4
5					Hearthstone		Living	5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

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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	6	Maintenance	Direct Cost	1	\$ 137,544	\$	1	\$ 137,544	1
2	19	Professional Fees	Direct Cost	1	355,616		1	355,616	2
3	20	Dues, Subscriptions, Promo	Direct Cost	1	4,856		1	4,856	3
4	21	Clerical / General Office	Direct Cost	1	498,025		1	498,025	4
5	22	Employee Benefits	Direct Cost	1	142,327		1	142,327	5
6	24	Travel & Seminar	Direct Cost	1	11,717		1	11,717	6
7	25	Admin. Staff Transportation	Direct Cost	1	7,090		1	7,090	7
8	26	Insurance	Direct Cost	1	15,673		1	15,673	8
9	30	Depreciation	Direct Cost	1	50,578		1	50,578	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	TOTALS				\$ 1,223,426	\$		\$ 1,223,426	25

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1.	Real Estate Tax accrual used on 2013 report.			\$	1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2013		\$	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	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.)		Allocated from Management Co.	\$	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:		2009	N/A	8	
		2010	N/A	9	
		2011	N/A	10	
		2012	N/A	11	
		2013	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 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 Hearthstone Manor COUNTY McHenry

FACILITY IDPH LICENSE NUMBER 0027664

CONTACT PERSON REGARDING THIS REPORT Terrence Egan

TELEPHONE (815) 321-4021 FAX #: (815) 338-8846

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2013 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2013.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>Facility is a not-for-profit entity and is</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
2.	<u>exempt from real estate taxes.</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
3.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
4.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
5.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
6.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
7.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
8.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
9.	<u>_____</u>	<u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
10.	<u>_____</u>	<u>_____</u>	\$ <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 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.**

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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).

Hearthstone Manor Type: SNF, AL Square Footage: 55,460 Units: 138

Hearthstone Village Type: IL, AL Square Footage: 103,680 Units: 69

Hearthstone Court Type: IL Square Footage: 20,050 Units: 35

Prairie Homes of Hearthstone Type: IL Square Footage: 11,240 Units: 8

Hearthstone Early Learning Center Type: Day Care Square Footage: 12,000 Units: 124

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	
	<u>Resident Use</u>	<u>60,000</u>	<u>1903</u>	<u>\$ 5,372</u>	<u>1</u>
					<u>2</u>
	TOTALS	60,000		\$ 5,372	3

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

Report Period Beginning:

07/01/2013

Ending:

06/30/2014**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		40			796,110	5
6	38		1976	1976	751,053	18,776	40	18,776		732,270	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		4,555	15
16		Roof		1981	5,100		10			5,100	16
17		Parking Lot		1982	3,549	89	40	89		3,095	17
18		Roof Additions		1983	6,560	164	40	164		5,002	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		1,063	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		32,002	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:

07/01/2013

Ending:

06/30/2014**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	\$ 20,337		\$ 20,337	\$	\$ 1,956,648	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:

07/01/2013

Ending:

06/30/2014**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	\$ 20,337		\$ 20,337	\$	\$ 1,956,648	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		12,195	4
5	Roof Repair	1996	5,380		20			5,380	5
6	Roof Replacement	1996	27,341	1,367	20	1,367		24,493	6
7	Plumbing	1996	10,960		20			10,960	7
8	Architect Service	1996	1,332	67	20	67		1,196	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		998	11
12	Roof Repair	1996	540		20			540	12
13	Rooftop HVAC Replacement	1996	52,688	2,634	20	2,634		40,974	13
14	New Door	1996	3,042		20			3,042	14
15	Roof Replacement	1996	25,941	1,297	20	1,297		22,914	15
16	Firestops Replacement	1996	3,553		10			3,553	16
17	Architect Service	1996	475	24	20	24		422	17
18	Exit Lights	1996	2,737		10			2,737	18
19	Architect Service	1996	750	38	20	38		663	19
20	HVAC	1996	77,291	3,865	20	3,865		67,955	20
21	New Sidewalk	1996	986		15			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		5,270	28
29	Ductwork and Electric	1998	3,370		20			3,370	29
30	Rebuild roof unit	1998	2,235		20			2,235	30
31	3rd floor project	1998	10,019	501	20	501		8,308	31
32	IDPH-Building Project Fees	1998	2,712	136	20	136		2,252	32
33	Shayman-Contractors	1998	10,000	500	20	500		8,292	33
34	TOTAL (lines 1 thru 33)		\$ 2,278,096	\$ 31,778		\$ 31,778	\$	\$ 2,209,718	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:

07/01/2013

Ending:

06/30/2014**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	\$ 31,778		\$ 31,778	\$	\$ 2,209,718	1
2	Century Tile	1998	461		20			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		1,614	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		186,016	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		25,125	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		2,614	22
23	Replace Warped Doors	2000	3,960		5			3,960	23
24	Reception Area	2000	25,839		10			25,839	24
25	Property Banners	2000	968		5			968	25
26	Sidewalk Replacements	2001	5,100	340	15	340		4,420	26
27	ADT Security System - Manor	2001	21,653		10			21,653	27
28	Remodel RM 203 Admissions Office	2001	2,155		10			2,155	28
29	3rd Floor Office Space Conversion	2001	3,965		10			3,965	29
30	Convert RM 203 to Office, Copy and Storage	2001	3,765		10			3,765	30
31	Convert Sun Room to New Chapel	2001	39,890		10			39,890	31
32	SC Activity Dining Room Conversion	2002	7,422		10			7,422	32
33	General Store Conversion	2002	2,131		10			2,131	33
34	TOTAL (lines 1 thru 33)		\$ 2,714,011	\$ 46,032		\$ 46,032	\$	\$ 2,582,997	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:

07/01/2013

Ending:

06/30/2014**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	\$ 46,032		\$ 46,032	\$	\$ 2,582,997	1
2	Replace Defective Water Piping	2002	10,213		10			10,213	2
3	Nursing Floor Showers	2003	2,943		10			2,943	3
4	Asbestos Inspection	2003	4,374		10			4,374	4
5	Chapel Conversion	2003	856		5			856	5
6	Tuckpoint Boiler Smoke Stack	2003	3,630		10			3,630	6
7	Traditions Alzheimer Dementia Units	2003	517,689	25,766	20	25,766		294,163	7
8	Traditions Blueprints and Design Drawings	2003	8,250	413	20	413		4,713	8
9	Traditions Arch Design, IDPH & Other fees/permits, other soft cos	2003	46,691	2,335	20	2,335		26,656	9
10	New Chapel Landscaping	2003	6,553		5			6,553	10
11	Replace flat roof	2003	4,680	234	20	234		2,672	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	1,510	10	1,510		27,194	32
33	Tub cut outs	2004	1,250	83	10	83		1,125	33
34	TOTAL (lines 1 thru 33)		\$ 3,435,653	\$ 76,373		\$ 76,373	\$	\$ 3,052,389	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:

07/01/2013

Ending:

06/30/2014**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	\$ 76,373		\$ 76,373	\$	\$ 3,052,389	1
2	Remodel entry way and lobby	2004	1,647	165	10	165		1,540	2
3	Repair water main to building	2004	1,066	107	10	107		980	3
4	New Furnace	2004	1,865	187	10	187		1,651	4
5	Replace fire panel	2004	2,525	253	10	253		2,150	5
6	Repair 2 broken pipes	2004	1,734	173	10	173		1,442	6
7	BLACK TOP COURT ROAD	2004	12,820	855	15	855		9,404	7
8	BEAUTY SHOP RELOCATION	2005	3,701	370	10	370		3,238	8
9	Rehab Remodel - Wall Removal, Painting, & Carpeting	2005	3,566	357	10	357		3,034	9
10	WANDER GUARD DOORS	2005	8,898	890	10	890		7,491	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		99,534	12
13	installed, Chair Rails added, Painting, and Flooring								13
14	WATER METER AT STATION 2 DOOR	2005	2,930	293	10	293		2,368	14
15	Sumner Street Awning	2006	4,327	433	10	433		3,319	15
16	Courtyard Renovation	2006	24,035	2,404	15	2,404		18,327	16
17	Remodel SC Room 233	2007	736	147	5	147		1,066	17
18	New Rooftop HVAC Unit (Disposed)	2007							18
19	Repair Roof over TLC Dining Room	2007	1,639	164	10	164		1,162	19
20									20
21	Replace Manor Room	2007	5,970	597	10	597		3,881	21
22	Laundry Drain Repair and Manhole	2007	4,015	402	10	402		2,613	22
23	Transitions Expansion (Add 6 rooms & 11 Beds)	2008	58,560	5,856	10	5,856		38,064	23
24	Pro Com Integrated Security Systems	2008	184,814	18,481	10	18,481		120,133	24
25	Paint 38 Rooms in NC	2008	10,099	1,010	10	1,010		6,565	25
26									26
27	Air Conditioners	2008	8,790	879	10	879		4,835	27
28	Fire System	2008	3,700	370	10	370		2,035	28
29	Doors	2008	6,431	643	10	643		3,247	29
30	Entrance Canopy	2008	6,200	620	10	620		3,410	30
31	Vertical Rod Exit Devices	2008	5,488	549	10	549		3,019	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,926,473	\$ 124,736		\$ 124,736	\$	\$ 3,400,577	34

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

Facility Name & ID Number Hearthstone Manor**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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 3,926,473	\$ 124,736		\$ 124,736	\$	\$ 3,400,577	1
2	Water Heater	2008	4,636	464	10	464		2,552	2
3	Doors	2009	2,550	255	10	255		1,403	3
4	Tile Flooring	2009	4,840	484	10	484		2,662	4
5	Roof	2009	14,646	1,465	10	1,465		8,057	5
6									6
7	Cabinetry, countertops, paint and labor for therapy room upgrade	2009	2,823	565	5	565		2,542	7
8	Remodel reception area-cabinets	2009	9,209	921	10	921		3,683	8
9	Converted conf room to 3 offices. (Walls, doors, electrical, etc.)	2009	5,981	598	10	598		2,392	9
10	Sprinkler System	2010	15,250	1,016	15	1,016		4,572	10
11	Re-Carpet New Traditions area	2010	7,256	1,451	5	1,451		6,530	11
12	Replace floor and lights in Terrace	2010	11,921	2,384	5	2,384		10,728	12
13	Re-carpet halls and dining room	2010	11,997	2,399	5	2,399		10,796	13
14	Medicare Room (New flooring, wall covering,								14
15	electrical and plumbing)	2010	19,597	1,960	10	1,960		6,860	15
16	Door Upgrade by Station 2 (to add fobs)	2011	3,460	346	10	346		1,211	16
17	Paving of Parking Lot	2010	34,496	3,450	10	3,450		12,075	17
18	Water Main Repair	2011	9,761	976	10	976		3,416	18
19									19
20	Flooring & Base Cover for Kitchen	2012	5,378	269	10	538	269	807	20
21	Re-carpet to three rooms	2012	3,044	304	5	609	304	913	21
22	Kitchen plumbing update	2012	3,699	370	5	740	370	1,110	22
23	Built in cabinets by nurse station 2	2012	2,665	267	5	533	267	800	23
24	Update Employee Lounge	2013	3,121	156	10	312	156	468	24
25	Hot water recirculating pump & water lines	2012	2,586	259	5	517	259	776	25
26	Install garbage Disposal	2012	3,374	337	5	675	337	1,012	26
27	Install grease interceptor in kitchen	2012	6,730	673	5	1,346	673	2,019	27
28	Primary water heater	2012	10,249	1,025	5	2,050	1,025	3,075	28
29	Rooftop HVAC unit	2012	3,275	164	10	328	164	492	29
30	Generator Update	2012	3,747	375	5	749	375	1,124	30
31	Built in HVAC units	2012	7,875	788	5	1,575	788	2,363	31
32	Kitchen water heater	2013	8,699	1,740	5	1,740		2,610	32
33	Elevator Panel by station 2	2013	26,000	2,600	10	2,600		3,900	33
34	TOTAL (lines 1 thru 33)		\$ 4,175,338	\$ 152,795		\$ 157,781	\$ 4,986	\$ 3,501,525	34

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

Facility Name & ID Number **Hearthstone Manor****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 12F, Carried Forward		\$ 4,175,338	\$ 152,795		\$ 157,781	\$ 4,986	\$ 3,501,525	1
2	Update heat exchange 3rd floor	2013	3,450	1,150	3	1,150		1,725	2
3									3
4	Replace piping & water regulator - 3rd floor water heater	2013	7,060	1,412	5	1,412		1,412	4
5	Replaced motors on roof mounted exhaust fans (2)	2013	4,150	830	5	830		830	5
6	HVAC Units for 5 resident rooms	2013	7,875	1,575	5	1,575		1,575	6
7	Sprinkler System in Manor portion	2014	313,895	20,926	15	20,926		20,926	7
8	New fire alarm system	2014	91,225	6,082	15	6,082		6,082	8
9	Renovation of Medicare Unit - Phase I	2014	17,301	433	40	433		433	9
10	-Architect fees								10
11	-Consultant fees								11
12	-Asbestos abatement								12
13	Renovation of Medicare Unit - Phase II	2014	1,096,116	27,403	40	27,403		27,403	13
14	-Consultant fees								14
15	-Asbestos abatement								15
16	-General contractors fees								16
17	-Permits & plan review fees								17
18	-Window treatments								18
19	-Interior design fees								19
20	-Painting								20
21	-Labor								21
22	-Connecting sprinklers to fire alarm system								22
23	-Drywall								23
24	-Air sampling								24
25	-Flooring								25
26	-Electrical								26
27	Water Heater	2014	3,749	187	10	187		187	27
28	HVAC Units (6) for Resident Rooms	2014	9,900	495	10	495		495	28
29	Capitalized Interest for Medicare Unit Renovation	2014	46,806	2,340	10	2,340		2,340	29
30	Nurses Call Stations	2014	3,031	152	10	152		152	30
31	Rheem WaterHheater - Manor Boiler Room	2014	7,000	350	10	350		350	31
32	Hearthstone Manor Allocated Depreciation from WCLS					50,579	50,579		32
33	To agree with book balance			(89,096)			89,096		33
34	TOTAL (lines 1 thru 33)		\$ 5,786,896	\$ 127,034		\$ 271,694	\$ 144,661	\$ 3,565,434	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	\$ 714,947	\$ 71,495	\$ 71,495	\$	10	\$ 693,676	71
72	Current Year Purchases	12,287	1,229	1,229		10	1,229	72
73	Fully Depreciated Assets	347,911					347,911	73
74								74
75	TOTALS	\$ 1,075,145	\$ 72,724	\$ 72,724	\$		\$ 1,042,816	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	Caravan	Dodge 2013	2013	\$ 37,000	\$ 3,700	\$ 3,700	\$	5	\$ 3,700	76
77	Eldorado Bus	Chevrolet 2009	2009	92,191	18,438	18,438		5	82,971	77
78	Bus	International 2003	2010	28,000	5,600	5,600		5	25,200	78
79	Bus	Ford Starcraft	2014	57,000	5,700	5,700		5	5,700	79
80	TOTALS			\$ 214,191	\$ 33,438	\$ 33,438	\$		\$ 117,571	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)	\$ 7,081,604	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 233,196	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 377,856	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 144,661	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,725,821	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Construction in Progress	\$ 1,125	92
93			93
94			94
95		\$ 1,125	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 Hearthstone Manor

0027664

Report Period Beginning: 07/01/2013

Ending: 06/30/2014

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:				\$ <u>N/A</u>			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

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

12. _____ /2015 \$ _____

13. _____ /2016 \$ _____

14. _____ /2017 \$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 16,544 Description: See Schedule 14A

(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			<u>N/A</u>		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: **Hearthstone Manor**
IDPH License ID Number: **0027664**
Fiscal Year End: **06/30/2014**

Schedule 14A

XIV. Rental Costs

Line 16 Rental Amount for Moveable Equipment

	Rental Description	Amount
	Cable Service	7,653
	Dishwasher	1,600
	Tables & Chairs	726
	Water Dispensers	239
	Vacuums	2,360
	Copier Lease	3,966
	Total - Line 16	<u>16,544</u>

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 07/01/2013 Ending: 06/30/2014
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	\$	4,438	\$	301,761	\$	4,438	\$	301,761	1	
2	Licensed Speech and Language Development Therapist	39(3)	hrs		3,689		254,566		3,689		254,566	2	
3	Licensed Recreational Therapist		hrs									3	
4	Licensed Physical Therapist	39(3)	hrs		1,526		108,340		1,526		108,340	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					159,013			159,013	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			\$	9,653	\$	664,667	\$	159,013	9,653	\$	823,680	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# 0027664Report Period Beginning: 07/01/2013

Ending:

06/30/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2014

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 865	\$ 865	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>268,187</u>)	559,718	559,718	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,878	12,878	6
7	Other Prepaid Expenses	10,344	10,344	7
8	Accounts Receivable (owners or related parties)	2,040,980	2,040,980	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,624,785	\$ 2,624,785	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	5,578,545	5,786,896	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,533,492	1,289,336	16
17	Accumulated Depreciation (book methods)	(4,723,320)	(4,725,821)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	157,477	157,477	21
22	Other Long-Term Assets (spec CIP)	1,125	1,125	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,552,691	\$ 2,514,385	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,177,476	\$ 5,139,170	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 480,031	\$ 480,031	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	211,549	211,549	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>	187,851	187,851	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 879,431	\$ 879,431	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)	\$ 879,431	\$ 879,431	46
47	TOTAL EQUITY(page 18, line 24)	\$ 4,298,045	\$ 4,259,739	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,177,476	\$ 5,139,170	48

*(See instructions.)

Facility Name: **Hearthstone Manor**
IDPH License ID Number: **0027664**
Fiscal Year End: **06/30/2014**

Schedule 17A

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	After	
	Operating	Consolidation
Miscellaneous Accruals	186,576	186,576
Division or Acct Transfers	570	570
Employees Contributions	705	705
Total - Line 36	187,851	187,851

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,592,628	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(174,498)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,418,130	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(120,085)	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)	\$ (120,085)	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)	\$ 4,298,045	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	\$ 7,452,724	1
2	Discounts and Allowances for all Levels	(1,748,671)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,704,053	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,505,995	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,505,995	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	573	12
13	Barber and Beauty Care	20,609	13
14	Non-Patient Meals	1,015	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	135,727	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 157,924	23
D. Non-Operating Revenue			
24	Contributions	293,901	24
25	Interest and Other Investment Income***	11,039	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 304,940	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a	<u>See Schedule 19A</u>	47,054	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 47,054	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,719,966	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	992,049	31
32	Health Care	2,958,192	32
33	General Administration	2,442,106	33
B. Capital Expense			
34	Ownership	250,987	34
C. Ancillary Expense			
35	Special Cost Centers	1,068,088	35
36	Provider Participation Fee	128,629	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,840,051	40
41	Income before Income Taxes (line 30 minus line 40)**	(120,085)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (120,085)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 865,874	44
45	Private Pay - Net Inpatient Revenue	2,353,850	45
46	Medicare - Net Inpatient Revenue	790,923	46
47	Other-(specify) <u>See Sch 19C</u>	86,448	47
48	Other-(specify) <u>See Sch 19C</u>	1,606,958	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,704,053	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.

^This entity is a cash basis taxpayer"

Facility Name: **Hearthstone Manor**
IDPH License ID Number: **0027664**
Fiscal Year End: **06/30/2014**

Schedule 19A

XVII. Income Statement

Line 28 Other Revenue (specify):

Description	Amount
Linen Service	36,615
Miscellaneous Resident Service	9,710
Miscellaneous Revenues	729
Total - Line 28	<u>47,054</u>

Facility Name: **Hearthstone Manor**
IDPH License ID Number: **0027664**
Fiscal Year End: **06/30/2014**

Schedule 19C

XVII. Income Statement

Line 47 Net Inpatient Revenue detailed by Payer Source Other (specify):

	<u>Description</u>	<u>Amount</u>
100401400	SC Svcs Rev.- Community Grant	(232,875)
100481001	Rev-Alzheimer Svcs-Community Grant	(28,680)
100402800	Prog.Svcs-Contractual-Comm Grant	152,584
100402801	Prog.Svcs-Contractual-TR Comm Grant	22,523
	Total - Line 47	<u><u>(86,448)</u></u>

XVII. Income Statement

Line 48 Net Inpatient Revenue detailed by Payer Source Other (specify):

	<u>Description</u>	<u>Amount</u>
100480001	Rev. Alzheimer Svcs	(1,630,111)
100490000	Benevolent care	23,153
	Total - Line 48	<u><u>(1,606,958)</u></u>

Facility Name & ID Number Hearthstone Manor

0027664

Report Period Beginning: 07/01/2013

Ending: 06/30/2014

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	1,962	2,091	\$ 80,865	\$ 38.67	1
2	Assistant Director of Nursing					2
3	Registered Nurses	32,529	37,000	977,460	26.42	3
4	Licensed Practical Nurses	7,040	8,801	216,807	24.63	4
5	CNAs & Orderlies	79,530	89,095	1,161,145	13.03	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,973	2,160	35,689	16.52	9
10	Activity Assistants	5,325	5,964	68,189	11.43	10
11	Social Service Workers	1,963	2,105	53,357	25.35	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	20,086	21,522	210,307	9.77	15
16	Dishwashers					16
17	Maintenance Workers	1,020	1,041	21,982	21.12	17
18	Housekeepers	11,130	12,322	119,050	9.66	18
19	Laundry	1,783	2,108	22,372	10.61	19
20	Administrator	2,268	2,582	141,866	54.94	20
21	Assistant Administrator	2,226	2,269	59,956	26.42	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	3,680	4,024	62,561	15.55	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	2,000	2,098	33,162	15.81	31
32	Other Health C: MDS coord	207	319	8,344	26.16	32
33	Other(specify) <u>See Sch 20A</u>	2,549	2,743	45,843	16.71	33
34	TOTAL (lines 1 - 33)	177,271	198,244	\$ 3,318,955 *	\$ 16.74	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	\$ 2,693	1(3)	35
36	Medical Director	Monthly	14,400	9(7)	36
37	Medical Records Consultant	Monthly	2,182	10(3)	37
38	Nurse Consultant	Monthly	42,259	10(3)	38
39	Pharmacist Consultant	Monthly	7,366	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	Monthly	4,278	11(3)	44
45	Social Service Consultant	Monthly	1,320	12(3)	45
46	Other(specify)				46
47	<u>Hazard Waste Removal</u>	Monthly	1,974	10(7)	47
48	<u>MDS Consultant</u>	Monthly	22,000	10(3)	48
49	TOTAL (lines 35 - 48)		\$ 98,472		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	311	\$ 12,417	10(3)	50
51	Licensed Practical Nurses	1,146	41,268	10(3)	51
52	Certified Nurse Assistants/Aides	792	15,984	10(3)	52
53	TOTAL (lines 50 - 52)	2,249	\$ 69,669		53

Facility Name: **Hearthstone Manor**
IDPH License ID Number: **0027664**
Fiscal Year End: **06/30/2014**

Schedule 20A

XVIII. Staffing and Salary Costs

Line 33 Other (specify):

Description	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Total Salaries	Average Hourly Wage
Admissions Coordinator	1,294	1,380	23,871	\$ 17.30
Beautician	1,255	1,363	21,972	\$ 16.12
Total - Line 33 Other (specify):	2,549	2,743	45,843	\$ 16.71

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 Olson	Administrator	0	\$ 41,580	Workers' Compensation Insurance	\$ 130,882	IDPH License Fee	\$ 1,990	
Richard Hattan	Administrator	0	100,286	Unemployment Compensation Insurance		Advertising: Employee Recruitment	55,159	
Joni Fisher	Asst. Admin.	0	59,956	FICA Taxes	246,209	Health Care Worker Background Check		
				Employee Health Insurance	332,565	(Indicate # of checks performed <u>81</u>)	970	
Non-allowable marketing wages			23,871	Employee Meals		Patient Background Checks <u>80</u>	966	
(eliminated in Col. 7)				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Licenses & Fees	2,017	
				Valic	100	Miscellaneous Dues & Subscriptions	2,203	
				Employee Recognition	1,893	Leading Age - Illinois	4,540	
				Other Employee Benefits	17,265	Leading Age -National	2,641	
				Allocation from Management Company	142,327	Allocated from Mangement Company	4,856	
						Less: Public Relations Expense	(2,588)	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 225,693					
(List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)	\$ 871,241	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 72,754	
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			\$ 1,223,426	N/A		\$	Out-of-State Travel	\$
(Eliminated in Column 7)								
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,223,426				In-State Travel	779
(Attach a copy of any management service agreement)								
C. Professional Services								
Vendor/Payee	Type		Amount					
Prepaid Supplies Charge Off	Computer Services		\$ 6,455					
Gummerson & Rausch	Legal		4,850					
IVANS, Inc.	Computer Services		625					
MDI Achieve, Inc.	Computer Services		913					
ACT Network Solutions	Computer Services		673					
AT&T	Computer Services		51					
Matrixcare	Computer Services		83					
Ability	Computer Services		1,961					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 15,611	TOTAL		\$	Seminar Expense	3,747
(For legal fee disclosure, see page 39 of instructions)							Allocation from Management Company	11,717
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 16,243

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Hearthstone Manor
IDPH License ID Number: 0027664
Fiscal Year End: 06/30/2014

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

<u>Vendor</u>	<u>Type</u>	<u>Amount</u>
From PG 21 Sec C Licensed professional fees	Various	15,611
Total (agree to Schedule V, line 19, column 3)		<u>15,611</u>
Allocated from Management Company	Professional Services	355,616
	Less: Non-Allowable Legal Fees	(4,774)
Total (agree to Schedule V, line 19, column 8)		<u>366,453</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: 07/01/2013Ending: 06/30/2014**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. LSN: \$4,540 Leading Age: \$2,641
- (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? 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
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 25,012 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. \$ 128,629
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. \$ 1,588
- (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) 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. Yes
Attach invoices and a summary of services for all architect and appraisal fees.