

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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

I. IDPH License ID Number: 0027664

Facility Name: Hearthstone Manor

Address: 920 North Seminary Avenue Woodstock 60098
Number City Zip Code

County: McHenry

Telephone Number: (815) 321-4021 Fax # (815) 338-8846

HFS ID Number:

Date of Initial License for Current Owners: 1903

Type of Ownership:

☒ VOLUNTARY, NON-PROFIT
☒ Charitable Corp.
☐ Trust
IRS Exemption Code 501 (c)(3)

☐ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other
☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Amanda Springborn Telephone Number: (314) 925-3838
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/11 to 06/30/12 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or
Administrator
of Provider

(Signed) _____ (Date) _____
(Type or Print Name) _____
(Title) _____

Paid
Preparer

(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) McGladrey LLP
20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

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

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

YesG. 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/ANO ☒

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 3,894Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 06/30/12Fiscal Year: 06/30/12

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

	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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
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.

		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

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

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
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.

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6		7	8		9	10		
	Name of Lender	Related**		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							\$		\$			\$		1	
2														2	
3														3	
4														4	
5														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	6	
7														7	
8														8	
9	TOTAL Facility Related				\$2,549.22		\$	223,004	\$	92,093			\$	7,196	9
	B. Non-Facility Related*														
10										Offset Interest Income		(1,296)		10	
11														11	
12														12	
13														13	
14	TOTAL Non-Facility Related						\$		\$				\$	(1,296)	14
15	TOTALS (line 9+line14)						\$	223,004	\$	92,093			\$	5,900	15

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

1. Real Estate Tax accrual used on 2011 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		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)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1. Facility is a not-for-profit entity and is exempt from real estate taxes.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:60,000

B. General Construction Type:ExteriorMasonryFrame

Number of StoriesThree

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	Resident Use	60,000	1903	\$ 5,372	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

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

1		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**

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

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

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 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	Retired Air Conditioner	(4,950)					(4,950)	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	Van with Lift	Ford	1998	\$ 14,000	\$	\$	\$	5	\$ 14,000	76
77	Chevrolet	Chevrolet 2005	2008	11,000	2,200	2,200		5	8,066	77
78	Ed Dorado Bus	Ford E350 1994	2008	2,500	500	500		5	1,834	78
79	See Schedule 13A			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	2	
	Reference	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	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Construction in Progress	\$ 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	2009	92,191	18,438	18,438	-	5	46,095
Bus	International 2003	2010	28,000	5,600	5,600	-	5	14,000
			120,191	24,038	24,038	-		60,095

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

**

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

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	\$

* 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.

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

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.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

In the box below record the amount of income your facility received training CNAs from other facilities.

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

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.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	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 prescrpts				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.

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	\$ 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): Other Current Assets	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 (specify: Const. in Progress)	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	2	
		Operating	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	See Schedule 17A	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>

		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.

Facility Name & ID Number Hearthstone Manor# 0027664Report Period Beginning: 07/01/11Ending: 06/30/12

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	2	
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	

	1	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>

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 Care <u>See Sch 20A</u>	27,071	29,278	411,320	14.05	32
33	Other(specify) <u>Barber/Beauty</u>	2,606	2,717	44,669	16.44	33
34	TOTAL (lines 1 - 33)	214,552	234,409	\$ 3,589,920 *	\$ 15.31	34

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) <u>Hazard Waste Removal</u>	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

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

** See instructions.

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

Schedule 20A

<u>Other Health Care (specify) - Line 32:</u>	Hours <u>Worked</u>	Hours <u>Paid</u>	Salary or <u>Wages</u>	Ave. Hrly. <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

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			
TOTAL (agree to Schedule V, line 17, col. 1)							Less: Public Relations Expense	()	
(List each licensed administrator separately.)			\$ 153,743				Non-allowable advertising	()	
B. Administrative - Other							Yellow page advertising	()	
Description			Amount						
Management Fees			\$ 920,849						
(Eliminated in Column 7)									
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 920,849	TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,000,530	TOTAL (agree to Sch. V, line 20, col. 8)		
(Attach a copy of any management service agreement)									
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
Prepaid Supplies Charge Off	Computer Services		\$ 7,647				Out-of-State Travel	\$	
Gummerson & Rausch	Legal		10,612	N/A					
IVANS, Inc.	Computer Services		1,423						
Medifax EDI	Computer Services		5				In-State Travel	2,367	
MDI Achieve, Inc.	Computer Services		996				Allocated from Home Office	7,398	
ACT Network Solutions	Computer Services		433						
Dart Chart	Computer Services								
Polsinelli	Legal		8,009				Seminar Expense	5,461	
Monthly Accrual Reversals	Legal								
Answers on Demand	Computer Services		859						
								</	

*** 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	194,510

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

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

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 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.