FOR BHF USE

LL1

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.

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

I. IDPH License ID Number: 0046367

Facility Name: Hawthorne Inn of Danville

Address: 3222 Independence Dr (Number) Danville (City) 61832 (Zip Code)

County: Vermillion

Telephone Number: (217) 431-1600 **Fax #** (217) 431-3782

HFS ID Number:

Date of Initial License for Current Owners: 07/01/2003

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501 (c) 3			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Ron Wilson **Telephone Number:** (309) 343-1550
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 4/1/2013 to 3/31/2014 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) Darcee Fanning
(Title) Regional Director

Paid Preparer

(Signed) (Date)
(Print Name and Title) Larry Templin, Partner
(Firm Name & Address) Templin Healthcare Accounting Services, LLP, P.O. Box 9, Dunlap, IL 61525
(Telephone) (630) 361-2868 Fax # ( )

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 Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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 _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	76	Skilled (SNF)	76	27,740	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	64	Sheltered Care (SC)	64	23,360	5
6		ICF/DD 16 or Less			6
7	140	TOTALS	140	51,100	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	6,385	13,043	7,975	27,403	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC	16,909			16,909	12
13	DD 16 OR LESS					13
14	TOTALS	23,294	13,043	7,975	44,312	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.72%

D. How many bed-hold days during this year were paid by the Department?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X] 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 [X]

I. On what date did you start providing long term care at this location?
Date started 07/01/03

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 07/01/03 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 76 and days of care provided 6,527

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: 3/31/2014 Fiscal Year: 3/31/2014

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

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage	Supplies	Other	Total	Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	315,020	36,998	6,243	358,261		358,261		358,261			1
2	Food Purchase		355,403		355,403		355,403	(10,875)	344,528			2
3	Housekeeping	180,823	46,782		227,605		227,605		227,605			3
4	Laundry	54,104	29,996		84,100		84,100		84,100			4
5	Heat and Other Utilities			129,703	129,703		129,703		129,703			5
6	Maintenance	92,325	49,677	80,097	222,099		222,099		222,099			6
7	Other (specify):*											7
8	TOTAL General Services	642,272	518,856	216,043	1,377,171		1,377,171	(10,875)	1,366,296			8
	B. Health Care and Programs											
9	Medical Director			11,000	11,000		11,000		11,000			9
10	Nursing and Medical Records	2,450,167	198,050	28,947	2,677,164		2,677,164		2,677,164			10
10a	Therapy			892,470	892,470		892,470		892,470			10a
11	Activities	73,115	1,578		74,693		74,693		74,693			11
12	Social Services	54,300			54,300		54,300		54,300			12
13	CNA Training											13
14	Program Transportation			5,092	5,092		5,092		5,092			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,577,582	199,628	937,509	3,714,719		3,714,719		3,714,719			16
	C. General Administration											
17	Administrative	165,170			165,170		165,170		165,170			17
18	Directors Fees							3,724	3,724			18
19	Professional Services			327,389	327,389		327,389	6,619	334,008			19
20	Dues, Fees, Subscriptions & Promotions			21,487	21,487		21,487	4	21,491			20
21	Clerical & General Office Expenses	77,459	39,252	45,508	162,219		162,219		162,219			21
22	Employee Benefits & Payroll Taxes			517,043	517,043		517,043	5	517,048			22
23	Inservice Training & Education			5,724	5,724		5,724		5,724			23
24	Travel and Seminar			5,867	5,867		5,867		5,867			24
25	Other Admin. Staff Transportation			4,908	4,908		4,908		4,908			25
26	Insurance-Prop.Liab.Malpractice			56,787	56,787		56,787	91,901	148,688			26
27	Other (specify):*											27
28	TOTAL General Administration	242,629	39,252	984,713	1,266,594		1,266,594	102,253	1,368,847			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,462,483	757,736	2,138,265	6,358,484		6,358,484	91,378	6,449,862			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Hawthorne Inn of Danville #0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			97,428	97,428		97,428	596,130	693,558			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							408,862	408,862			32
33	Real Estate Taxes			75	75		75	127,200	127,275			33
34	Rent-Facility & Grounds			1,013,280	1,013,280		1,013,280	(1,013,280)				34
35	Rent-Equipment & Vehicles			23,458	23,458		23,458		23,458			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,134,241	1,134,241		1,134,241	118,912	1,253,153			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			3,180	3,180		3,180		3,180			38
39	Ancillary Service Centers		198,755		198,755		198,755		198,755			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops			9,406	9,406		9,406		9,406			41
42	Provider Participation Fee			168,550	168,550		168,550		168,550			42
43	Other (specify):* See Att Sch III	43,172		160,299	203,471		203,471	(157,604)	45,867			43
44	**TOTAL Special Cost Centers**	43,172	198,755	341,435	583,362		583,362	(157,604)	425,758			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,505,655	956,491	3,613,941	8,076,087		8,076,087	52,686	8,128,773			45

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

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,741)	2		4
5	Telephone, TV & Radio in Resident Rooms	(11,812)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(678)	30		9
10	Interest and Other Investment Income	(7,694)	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	(2,137)	43		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(72)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(70)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(70,612)	43		24
25	Fund Raising, Advertising and Promotional	(72,971)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(9,134)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (176,921)		$	30

BHF USE ONLY								
48		49		50		51		52

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	229,607		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 229,607		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 52,686		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		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

STATE OF ILLINOIS **Page 5A**

Hawthorne Inn of Danville

ID# **0046367**

Report Period Beginning: **4/1/2013**

Ending: **3/31/2014**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Offset Vending Machine Income	$ (9,134)	2	1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				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**	(9,134)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Hawthorne Inn of Danville **#** 0046367 **Report Period Beginning:** 4/1/2013 **Ending:** 3/31/2014

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(10,875)	0	0	0	0	0	0	0	0	0	0	(10,875)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(10,875)	0	0	0	0	0	0	0	0	0	0	(10,875)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	3,724	0	0	0	0	0	0	0	0	0	3,724	18
19	Professional Services	(70)	6,689	0	0	0	0	0	0	0	0	0	6,619	19
20	Fees, Subscriptions & Promotions	0	4	0	0	0	0	0	0	0	0	0	4	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	5	0	0	0	0	0	0	0	0	0	5	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	2,081	16,145	0	0	0	0	0	0	0	0	18,226	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(70)	12,503	16,145	0	0	0	0	0	0	0	0	28,578	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(10,945)	12,503	16,145	0	0	0	0	0	0	0	0	17,703	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 **Report Period Beginning:** 4/1/2013 **Ending:** 3/31/2014

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	(678)	0	596,808	0	0	0	0	0	0	0	0	596,130	30
31	Amortization of Pre-Op. & Org.	0	0	53,114	0	0	0	0	0	0	0	0	53,114	31
32	Interest	(7,694)	0	437,117	0	0	0	0	0	0	0	0	429,423	32
33	Real Estate Taxes	0	0	127,200	0	0	0	0	0	0	0	0	127,200	33
34	Rent-Facility & Grounds	0	0	(1,013,280)	0	0	0	0	0	0	0	0	(1,013,280)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(8,372)	0	200,959	0	0	0	0	0	0	0	0	192,587	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(157,604)	0	0	0	0	0	0	0	0	0	0	(157,604)	43
44	**TOTAL Special Cost Centers**	(157,604)	0	0	0	0	0	0	0	0	0	0	(157,604)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(176,921)	12,503	217,104	0	0	0	0	0	0	0	0	52,686	45

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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
Residential Alternatives of Illinois, Inc.	100	Frances House, Inc. (FH)				
(Non-profit Organization)		Residential Alternatives of Illinois, Inc. (FH is sole member)		See Attached Schedule I		
		Residential Alternatives of Iowa				
		Pioneer Concepts, Inc. (FH is sole member)				
		Pinnacle Opportunities, Inc. (FH is sole member)				
		Concepts Plus, Inc. (FH is sole member)				
		See Attached Schedule I for specific homes				

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	18	Director Fees	$	Residential Alternatives of Illinois, Inc.	100.00%	$ 3,724	$ 3,724	1
2	V	19	Professional Services		Residential Alternatives of Illinois, Inc.	100.00%	6,689	6,689	2
3	V	20	Dues, Fees & Subscriptions		Residential Alternatives of Illinois, Inc.	100.00%	4	4	3
4	V	22	Employee Benefits & PR Taxes		Residential Alternatives of Illinois, Inc.	100.00%	5	5	4
5	V	26	Property Insurance		Residential Alternatives of Illinois, Inc.	100.00%	2,081	2,081	5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$ 12,503	$ * 12,503	14

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

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	34	Facility Rent	$ 1,013,280	Danville Independence, LLC	0.00%	$	$ (1,013,280)	15
16	V	26	Property Insurance		Danville Independence, LLC	0.00%	16,145	16,145	16
17	V	30	Depreciation		Danville Independence, LLC	0.00%	596,808	596,808	17
18	V	31	Amortization of Pre-Op. & Org.		Danville Independence, LLC	0.00%	53,114	53,114	18
19	V	32	Interest		Danville Independence, LLC	0.00%	437,117	437,117	19
20	V	33	Real Estate Taxes		Danville Independence, LLC	0.00%	127,200	127,200	20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,013,280			$ 1,230,384	$ * 217,104	39

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

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	See Attached Schedule II								$ 3,724	L18, C7	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	$ 3,724		13

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

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

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization: Residential Alternatives of Illinois, Inc.
Street Address: 285 S. Farnham
City / State / Zip Code: Galesburg, IL 61401
Phone Number: (309) 343-1550
Fax Number: (309) 343-2857

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	18	Director Fees	Weighted Avg Beds	876	16	30,200		108	$ 3,724	1
2	19	Professional Services	Weighted Avg Beds	876	16	54,254		108	6,689	2
3	20	Dues, Fees & Subscriptions	Weighted Avg Beds	876	16	35		108	4	3
4	22	Employee Benefits & PR Taxes	Weighted Avg Beds	876	16	43		108	5	4
5	26	Property Insurance	Weighted Avg Beds	876	16	16,880		108	2,081	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	TOTALS					$ 101,412	$		$ 12,503	25

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Cambridge Realty Capital										$	1
2	Ltd. Of Illinois - SNF		X	Facility Purchase (Refinance)	$56,176.00	02/01/13	12,627,000	12,823,453	09/01/43	3.5000	416,935	2
3				Including trade premium								3
4				on note of $432,379 as of 3/31/14								4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$56,176.00		$ 12,627,000	$ 12,823,453			$ 416,935	9
	B. Non-Facility Related*											
10												10
11												11
12									Int Income offset		(8,073)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (8,073)	14
15	TOTALS (line 9+line14)						$ 12,627,000	$ 12,823,453			$ 408,862	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** 73,675 **Line #** 26

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

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

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 **Report Period Beginning:** 4/1/2013 **Ending:** 3/31/2014

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2013 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 157,842	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.)	2012	$ 123,633	2
3. Under or (over) accrual (line 2 minus line 1).		$ (34,209)	3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 161,484	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.		$ 127,275	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
2009	114,685	8
2010	112,339	9
2011	126,091	10
2012	123,633	11
2013	126,957	12

This facility was purchased from an unrelated for profit entity. A tax exemption has not yet been obtained
Amount accrued included the 12 months of 2013 and 3 months of 2014. Estimate is based on 2013 tax bill
Taxes paid were for the 2012 tax bill.

	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 Hawthorne Inn of Danville COUNTY Vermillion

FACILITY IDPH LICENSE NUMBER 0046367

CONTACT PERSON REGARDING THIS REPORT Ron Wilson

TELEPHONE (309) 343-1550 FAX #: (309) 343-2857

A. **Summary of Real Estate Tax Cost**

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

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	18-21-304-025-0060	Fieldstone Est Sec 2, PT E2 SW4	$ 126,851.50	$ 126,851.50
2.		21 20 11, L28	$	$
3.	18-21-304-022-0030	Fieldstone Est Sec 2, PT E2 SW4	$ 28.78	$ 28.78
4.		21 20 11, L26	$	$
5.	18-21-304-017-0032	Fieldstone Est Sec 2, PT E2 SW4	$ 28.78	$ 28.78
6.		21 20 11, L21	$	$
7.	18-21-304-018-0032	Fieldstone Est Sec 2, PT E2 SW4	$ 28.78	$ 28.78
8.		21 20 11, L22	$	$
9.	18-21-304-040-0032	Fieldstone Est Sec 2, PT E2 SW4	$ 19.46	$ 19.46
10.		21 20 11, L23, EX E18'	$	$
		TOTALS	$ 126,957.30	$ 126,957.30

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X _____ NO

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

C. **Tax Bills**

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

PLEASE NOTE: ***Payment information from the Internet*** or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 44,122 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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

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

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

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

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

None

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

1. Total Amount Incurred: 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	Facility	4.472 Acres	2008	$ 886,000	1
2	Facility	18480 sq. ft.	2011	55,000	2
3	TOTALS	#VALUE!		$ 941,000	3

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	140		2008	1999	$ 12,503,803	$ 500,156	25	$ 500,156	$	$ 2,834,201	4
5				2010	914,486	36,580	25	36,580		128,029	5
6											6
7											7
8											8
	Improvement Type**										
9	Backflow Installment, exterior sign			2000	4,732	316	15	316		4,280	9
10	Carpet, door lock system, concrete			2001	13,544	240	5 to 15	240		12,964	10
11	Curtain Tracking			2003	4,979		5			4,979	11
12	Light/surge protection			2004	28,000	2,545	15	1,867	(678)	21,214	12
13	Electric Sign,Asphalt,Condenser fan,Asphalt,Floor tile,Lighting-parking l			2005	66,071	4,379	5 to 10	4,379		61,910	13
14	Stage area-entry way,sign,kitchen remodel,countertops,circle head			2006	41,830	3,558	10 to 15	3,558		28,097	14
15	Nurse call system,cabinet/countertop rep,wall rep, paint, roof, landscaping			2008	360,639	31,314	5 to 15	31,314		171,036	15
16	Sidewalks replacement and repairs			2009	4,071	271	15	271		1,289	16
17	Compressor for Furnace			2010	2,997	200	15	200		716	17
18	Sign			2010	2,930	293	10	293		1,148	18
19	AC Units			2011	2,997	600	5	600		1,848	19
20	Furnace/AC for Kitchen			2011	6,275	628	10	628		1,726	20
21	Carpet-corridor/LR/Vestibule Replacements			2011	22,825	4,565	5	4,565		12,173	21
22	Vinyl - Activity Room			2011	3,444	345	10	345		804	22
23	Parking Lot -Asphalt			2011	5,147	643	8	643		1,501	23
24	Skilled Rooms Remodel-Chairs/Paint/Wallpaper/VCT Tile/Cubicles/Wind			2012	93,501	7,792	12	7,792		16,233	24
25	Water Heater			2012	4,969	497	10	497		870	25
26	Window Replacement			2013	6,516	398	15	398		398	26
27	AC Compressor			2013	5,752	256	15	256		256	27
28	New Countertops in Nurses Station			2013	27,536	1,377	10	1,377		1,377	28
29	New Shower Room tiles			2014	4,212	18	20	18		18	29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 14,131,256	$ 596,971		$ 596,293	$ (678)	$ 3,307,067	70

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

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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	$ 924,043	$ 84,249	$ 84,249	$	3-15 yrs	$ 600,895	71
72	Current Year Purchases	15,328	1,247	1,247		5-15 yrs	1,247	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 939,371	$ 85,496	$ 85,496	$		$ 602,142	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	Patient Care	2003 GMC Van	2005	$ 29,800	$	$	$	4	$ 29,800	76
77	Patient Care	2013 Ford E350 Van	2013	51,355	11,769	11,769		4	11,769	77
78										78
79										79
80	TOTALS			$ 81,155	$ 11,769	$ 11,769	$		$ 41,569	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)	$ 16,092,782	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 694,236	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 693,558	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (678)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 3,950,778	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	2006 Toyota Corolla - 2006	$ 14,900	$	$ 14,900	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 14,900	$	$ 14,900	91

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
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: [X] YES [ ] NO Terms: N/A *

10. Effective dates of current rental agreement:
    Beginning
    Ending

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

	Fiscal Year Ending	Annual Rent
12.	/2015	$
13.	/2016	$
14.	/2017	$

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

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 23,458 Description: See Attached Schedule VII
    (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	N/A		$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] 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

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10A(3)	hrs	$	20,058	$ 361,035	$	20,058	$ 361,035	1
2	Licensed Speech and Language Development Therapist	10A(3)	hrs		3,549	63,887		3,549	63,887	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(3)	hrs		24,684	444,315		24,684	444,315	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				198,755		198,755	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Respiratory Therapy	10A(3)			1,291	23,233		1,291	23,233	12
13	Other (specify):									13
14	TOTAL			$	49,582	$ 892,470	$ 198,755	49,582	$ 1,091,225	14

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

STATE OF ILLINOIS

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 3/31/2014 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 55,349	$ 177,797	1
2	Cash-Patient Deposits	10,351	10,351	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 150,000)	899,569	906,660	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	29,622	53,806	6
7	Other Prepaid Expenses	4,644	4,644	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Interdivision Receivable	11,106,991	8,224,924	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 12,106,526	$ 9,378,182	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		941,000	13
14	Buildings, at Historical Cost	567,967	13,986,256	14
15	Leasehold Improvements, at Historical Cost		145,000	15
16	Equipment, at Historical Cost	531,426	1,020,526	16
17	Accumulated Depreciation (book methods)	(666,441)	(3,950,778)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Escrow Deposits		662,760	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 432,952	$ 12,804,764	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 12,539,478	$ 22,182,946	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 115,051	$ 124,051	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,351	10,351	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	90,435	90,435	30
31	Accrued Taxes Payable (excluding real estate taxes)	70,338	70,338	31
32	Accrued Real Estate Taxes(Sch.IX-B)		161,484	32
33	Accrued Interest Payable		36,141	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 286,175	$ 492,800	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		12,823,453	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Security Deposits	125,123	125,123	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 125,123	$ 12,948,576	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 411,298	$ 13,441,376	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 12,128,180	$ 8,741,570	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 12,539,478	$ 22,182,946	48

***(See instructions.)**

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 10,746,899	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 10,746,899	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,381,281	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)**	$ 1,381,281	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)**	$ 12,128,180	24 *

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

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 9,373,664	1
2	Discounts and Allowances for all Levels	(6,718)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,366,946	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	22,093	6
7	Oxygen	24,673	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 46,766	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	10,459	12
13	Barber and Beauty Care	16,659	13
14	Non-Patient Meals	416	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	(103)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(44)	19
20	Radiology and X-Ray		20
21	Other Medical Services	8,077	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 35,464	23
	D. Non-Operating Revenue		
24	Contributions	100	24
25	Interest and Other Investment Income***	7,694	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 7,794	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Transportation Income	398	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 398	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,457,368	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,377,171	31
32	Health Care	3,714,719	32
33	General Administration	1,266,594	33
	B. Capital Expense		
34	Ownership	1,134,241	34
	C. Ancillary Expense		
35	Special Cost Centers	414,812	35
36	Provider Participation Fee	168,550	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,076,087	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,381,281	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,381,281	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 851,332	44
45	Private Pay - Net Inpatient Revenue	4,534,809	45
46	Medicare - Net Inpatient Revenue	3,277,825	46
47	Other-(specify) Medicare Replacement	702,980	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 9,366,946	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.**

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,980	2,080	$ 71,334	$ 34.30	1
2	Assistant Director of Nursing	1,976	2,080	56,406	27.12	2
3	Registered Nurses	19,011	20,111	487,939	24.26	3
4	Licensed Practical Nurses	14,673	15,648	299,826	19.16	4
5	CNAs & Orderlies	126,464	132,461	1,342,228	10.13	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	6,312	6,671	73,115	10.96	10
11	Social Service Workers	3,721	3,863	54,300	14.06	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	30,287	32,076	315,020	9.82	15
16	Dishwashers					16
17	Maintenance Workers	5,524	5,887	92,325	15.68	17
18	Housekeepers	17,153	18,379	180,823	9.84	18
19	Laundry	6,121	6,513	54,104	8.31	19
20	Administrator	1,792	1,960	133,867	68.30	20
21	Assistant Administrator	1,964	2,080	31,303	15.05	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	6,546	6,822	77,459	11.35	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,936	2,080	48,744	23.43	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,589	2,797	28,835	10.31	31
32	Other Health C: MDS/SCU Coord	5,769	6,205	114,855	18.51	32
33	Other(specify) Marketing	2,021	2,153	43,172	20.05	33
34	TOTAL (lines 1 - 33)	255,839	269,866	$ 3,505,655 *	$ 12.99	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 6,243	L1, C3	35
36	Medical Director	Monthly	11,000	L9, C3	36
37	Medical Records Consultant	Monthly	1,880	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,771	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 24,894		49

C. CONTRACT NURSES

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

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Lisa Miller	Administrator	None	$ 133,867
Annette Cruea	Asst. Administrator	None	31,303
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 165,170

B. Administrative - Other

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

C. Professional Services

Vendor/Payee	Type	Amount
RFMS, Inc.	Administrative Services	$ 171,600
LTC Support Services, LLC	Support Services	115,440
McGladrey LLP	Accounting Services	39,526
Templin Healthcare Accounting	Accounting Services	251
Blue Orange	HIPPA Compliance Cons	1,072
Law Offices: Saikely, Garrison	Legal Services	70
Polsinelli	Legal Services	(570)
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 327,389

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 128,112
Unemployment Compensation Insurance	5,870
FICA Taxes	263,256
Employee Health Insurance	84,735
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401 (k)	30,128
Other Employee Benefits	4,942
Indirect Costs	5
TOTAL (agree to Schedule V, line 22, col.8)	$ 517,048

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

Description	Line #	Amount
		$
N/A		
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	7,523
Health Care Worker Background Check	
(Indicate # of checks performed 85)	1,059
Patient Background Checks 105	2,970
Subscriptions	2,326
IHCA Dues	5,188
Other Licenses & Fees	2,421
Indirect costs	4
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 21,491

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	5,867
See Attached Sch. V	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 5,867

**See instructions.

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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	N/A												
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2013 Ending: 3/31/2014

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. **5,188 IHCA**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes - IHCA Dues** 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? **5-15 yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **49,465** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **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.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **168,550**
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. $ **1,741**

(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? **None**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
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 & Pullen, 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) 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.

	Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	315,020	36,998	6,243	358,261	0	358,261	0	358,261
2. Food Purchase	0	355,403	0	355,403	0	355,403	-10,875	344,528
3. Housekeeping	180,823	46,782	0	227,605	0	227,605	0	227,605
4. Laundry	54,104	29,996	0	84,100	0	84,100	0	84,100
5. Heat and Other Utilities	0	0	129,703	129,703	0	129,703	0	129,703
6. Maintenance	92,325	49,677	80,097	222,099	0	222,099	0	222,099
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	642,272	518,856	216,043	1,377,171	0	1,377,171	-10,875	1,366,296
9. Medical Director	0	0	11,000	11,000	0	11,000	0	11,000
10. Nursing & Medical Records	2,450,167	198,050	28,947	2,677,164	0	2,677,164	0	2,677,164
10a. Therapy	0	0	892,470	892,470	0	892,470	0	892,470
11. Activities	73,115	1,578	0	74,693	0	74,693	0	74,693
12. Social Services	54,300	0	0	54,300	0	54,300	0	54,300
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	5,092	5,092	0	5,092	0	5,092
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	2,577,582	199,628	937,509	3,714,719	0	3,714,719	0	3,714,719
17. Administrative	165,170	0	0	165,170	0	165,170	0	165,170
18. Directors Fees	0	0	0	0	0	0	3,724	3,724
19. Professional Services	0	0	327,389	327,389	0	327,389	6,619	334,008
20. Fees, Subscriptions & Promotion	0	0	21,487	21,487	0	21,487	4	21,491
21. Clerical & General Office	77,459	39,252	45,508	162,219	0	162,219	0	162,219
22. Employee Benefits & Payroll	0	0	517,043	517,043	0	517,043	5	517,048
23. Inservice Training & Education	0	0	5,724	5,724	0	5,724	0	5,724
24. Travel and Seminar	0	0	5,867	5,867	0	5,867	0	5,867
25. Other Admin. Staff Trans	0	0	4,908	4,908	0	4,908	0	4,908
26. Insurance-Prop.Liab.Malpractice	0	0	56,787	56,787	0	56,787	91,901	148,688
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	242,629	39,252	984,713	1,266,594	0	1,266,594	102,253	1,368,847
29. Total General Administrative	3,462,483	757,736	2,138,265	6,358,484	0	6,358,484	91,378	6,449,862
30. Depreciation	0	0	97,428	97,428	0	97,428	596,130	693,558
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	0	0	0	0	408,862	408,862
33. Real Estate	0	0	75	75	0	75	127,200	127,275

34. Rent - Facility & Grounds		0	0	1,013,280	1,013,280	0	1,013,280	-1,013,280	0
35. Rent - Equipment & Vehicles		0	0	23,458	23,458	0	23,458	0	23,458
36. Other (specify):*		0	0	0	0	0	0	0	0
37. Total Ownership		0	0	1,134,241	1,134,241	0	1,134,241	118,912	1,253,153
38. Medically Necessary T		0	0	3,180	3,180	0	3,180	0	3,180
39. Ancillary Service Cent		0	198,755	0	198,755	0	198,755	0	198,755
40. Barber and Beauty Shop		0	0	0	0	0	0	0	0
41. Coffee and Gift Shops		0	0	9,406	9,406	0	9,406	0	9,406
	42	0	0	168,550	168,550	0	168,550	0	168,550
43. Other (specify):*		43,172	0	160,299	203,471	0	203,471	-157,604	45,867
44. Total Special Cost Ce		43,172	198,755	341,435	583,362	0	583,362	-157,604	425,758
45. Grand Total		3,505,655	956,491	3,613,941	8,076,087	0	8,076,087	52,686	8,128,773

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	55,349	177,797
2. Cash - Patient Deposits	10,351	10,351
3. Accounts & Notes Recievable	899,569	906,660
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	29,622	53,806
7. Other Prepaid Expenses	4,644	4,644
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	11,106,991	8,224,924
10. Total current assets	12,106,526	9,378,182
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	941,000
14. Buildings, at Historical Cost	567,967	13,986,256
15. Leasehold Improvements, Historical Cost	0	145,000
16. Equipment, at Historical Cost	531,426	1,020,526
17. Accumulated Depreciation (book methods)	-666,441	-3,950,778
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	662,760
24. Total Long-Term Assets	432,952	12,804,764
25. Total Assets	12,539,478	22,182,946
CURRENT LIABILITIES		
26. Accounts Payable	115,051	124,051
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	10,351	10,351
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	90,435	90,435
31. Accrued Taxes Payable	70,338	70,338
32. Accrued Real Estate Taxes	0	161,484
33. Accrued Interest Payable	0	36,141
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	0	0

37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	286,175	492,800
LONG TERM LIABILITES		
39.Long-Term Notes Payable	0	0
40.Mortgage Payable	0	12,823,453
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	125,123	125,123
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	125,123	12,948,576
46.Total Liabilities	411,298	13,441,376
47.Total Equity	12,128,180	8,741,570
48.Total Liabilities and Equity	12,539,478	22,182,946

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	9,373,664
2. Discounts and Allowances for all Levels	-6,718
Subtotal - Inpatient Care	9,366,946
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	22,093
7. Oxygen	24,673
Subtotal - Anciliary Revenue	46,766
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	10,459
13. Barber and Beauty Care	16,659
14. Non-Patient Meals	416
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	-103
18. Sale of Supplies to Non-Patients	0
19. Laboratory	-44
20. Radiologyand X-Ray	0
21. Other Medical Services	8,077
22. Laundry	0
Subtotal - Other Operating Revenue	35,464
24. Contributions	100
25. Interest and Other Investments Income	7,694
Subtotal - Non-Operating Revenue	7,794
27. Other Revenue (specify):	398
28. Other Revenue (specify):	0
Subtotal - Other Revenue	398
30. Total Revenue	9,457,368
31. General Services	1,377,171
32. Health Care	3,709,811
33. General Administration	1,271,502
34. Ownership	1,134,241

35.	Special Cost Centers	414,812
35.	Provider Participation Fee	168,550
37.	Other	0
40.	Total Expenses	8,076,087
41.	Income Before Income Taxes	1,381,281
42.	Income Taxes	0
43.	Net Income or Loss for the Year	1,381,281