		FOR BHF USE			

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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.

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

I. IDPH License ID Number: 0027664

Facility Name: Hearthstone Manor

Address: 920 N Seminary Ave (Number) Woodstock (City) 60098 (Zip Code)

County: McHenry

Telephone Number: (815) 321-4056 **Fax #** (815) 206-0472

HFS ID Number:

Date of Initial License for Current Owners: 1903

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: Matthew Boswell Telephone Number: (716) 338-9766
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 1/1/2020 to 12/31/2020 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) Matthew Boswell (Title) Vice President of Finance
Paid Preparer	(Signed) (Date) (Print Name and Title) (Firm Name & Address) (Telephone) ( ) 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 Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	73	Skilled (SNF)	73	26,718	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	60	Sheltered Care (SC)	60	21,960	5
6		ICF/DD 16 or Less			6
7	133	TOTALS	133	48,678	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	12,050	4,474	3,889	20,413	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC	152	4,565		4,717	12
13	DD 16 OR LESS					13
14	TOTALS	12,202	9,039	3,889	25,130	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 51.62%

D. How many bed reserve days during this year were paid by the Department? None (Do not include bed reserve 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 [X] NO [ ]

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 1/1/1903

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 73 and days of care provided 3,223

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: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	389,547	33,270	28,927	451,744		451,744	4,257	456,001			1
2	Food Purchase		235,761		235,761		235,761	(79)	235,682			2
3	Housekeeping	183,109	49,350	409	232,868		232,868	(6)	232,862			3
4	Laundry	10,678	43,938		54,616		54,616		54,616			4
5	Heat and Other Utilities			147,363	147,363		147,363	172	147,535			5
6	Maintenance	235,056	21,867	126,585	383,508		383,508	12,286	395,794			6
7	Other (specify):*											7
8	**TOTAL General Services**	818,390	384,186	303,284	1,505,860		1,505,860	16,630	1,522,490			8
	B. Health Care and Programs											
9	Medical Director			10,800	10,800		10,800		10,800			9
10	Nursing and Medical Records	2,235,906	304,679	438,376	2,978,961		2,978,961	10,485	2,989,446			10
10a	Therapy		233	577,379	577,612		577,612		577,612			10a
11	Activities	148,039	2,986	878	151,903		151,903	99	152,002			11
12	Social Services	92,091	181	802	93,074		93,074	579	93,653			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,476,036	308,079	1,028,235	3,812,350		3,812,350	11,163	3,823,513			16
	C. General Administration											
17	Administrative	475,492		819,973	1,295,465		1,295,465	(694,258)	601,207			17
18	Directors Fees											18
19	Professional Services			133,407	133,407		133,407	76,950	210,357			19
20	Dues, Fees, Subscriptions & Promotions			104,169	104,169		104,169	(48,824)	55,345			20
21	Clerical & General Office Expenses	141,755	8,278	35,985	186,018		186,018	74,445	260,463			21
22	Employee Benefits & Payroll Taxes			841,106	841,106		841,106	33,505	874,611			22
23	Inservice Training & Education											23
24	Travel and Seminar			12,909	12,909		12,909	(4,022)	8,887			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			117,915	117,915		117,915	1,809	119,724			26
27	Other (specify):*											27
28	**TOTAL General Administration**	617,247	8,278	2,065,464	2,690,989		2,690,989	(560,395)	2,130,594			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,911,673	700,543	3,396,983	8,009,199		8,009,199	(532,602)	7,476,597			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		
	D. Ownership	Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
30	Depreciation			406,334	406,334		406,334	5,657	411,991			30
31	Amortization of Pre-Op. & Org.			6,318	6,318		6,318		6,318			31
32	Interest			228,864	228,864		228,864	(113)	228,751			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds							3,856	3,856			34
35	Rent-Equipment & Vehicles			128,518	128,518		128,518	3,365	131,883			35
36	Other (specify):*											36
37	TOTAL Ownership			770,034	770,034		770,034	12,765	782,799			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			140,620	140,620		140,620		140,620			42
43	Other (specify):*			42,426	42,426		42,426	19	42,445			43
44	TOTAL Special Cost Centers			183,046	183,046		183,046	19	183,065			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,911,673	700,543	4,350,063	8,962,279		8,962,279	(519,818)	8,442,461			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 Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	(79)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(98)	20		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				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(414,544)	17		24
25	Fund Raising, Advertising and Promotional	(50,789)	20		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	(54,561)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (520,071)		$	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)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (520,071)		37

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

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

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Hearthstone Manor

ID# 0027664

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Disallow Marketing Benefits (Related to Wages)	$ (6,963)	22	1
2	Non-Allowable Lobbying Dues	(655)	20	2
3	Disallow Marketing Wages	(32,388)	20	3
4	Rebates and Refunds from Vendors	(1,968)	21	4
5	Other Misc Income	(26)	21	5
6	Board Related Expenses, Unallowable Travel & Seminar	(5,548)	24	6
7	Disallow Public Relations Benefits			7
8	(Related to Wages on Page 5, Line 25)	(7,013)	22	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**	(54,561)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	4,257	0	0	0	0	0	0	0	0	0	4,257	1
2	Food Purchase	(79)	0	0	0	0	0	0	0	0	0	0	(79)	2
3	Housekeeping	0	(6)	0	0	0	0	0	0	0	0	0	(6)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	172	0	0	0	0	0	0	0	0	0	172	5
6	Maintenance	0	12,286	0	0	0	0	0	0	0	0	0	12,286	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(79)	16,709	0	0	0	0	0	0	0	0	0	16,630	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	10,485	0	0	0	0	0	0	0	0	0	10,485	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	99	0	0	0	0	0	0	0	0	0	99	11
12	Social Services	0	579	0	0	0	0	0	0	0	0	0	579	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	11,163	0	0	0	0	0	0	0	0	0	11,163	16
	C. General Administration													
17	Administrative	(414,544)	(279,714)	0	0	0	0	0	0	0	0	0	(694,258)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	76,950	0	0	0	0	0	0	0	0	0	76,950	19
20	Fees, Subscriptions & Promotions	(83,930)	35,106	0	0	0	0	0	0	0	0	0	(48,824)	20
21	Clerical & General Office Expenses	(1,994)	76,439	0	0	0	0	0	0	0	0	0	74,445	21
22	Employee Benefits & Payroll Taxes	(13,976)	47,481	0	0	0	0	0	0	0	0	0	33,505	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(5,548)	1,526	0	0	0	0	0	0	0	0	0	(4,022)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,809	0	0	0	0	0	0	0	0	1,809	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(519,992)	(42,212)	1,809	0	0	0	0	0	0	0	0	(560,395)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(520,071)	(14,340)	1,809	0	0	0	0	0	0	0	0	(532,602)	29

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	0	0	5,657	0	0	0	0	0	0	0	0	5,657	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	(113)	0	0	0	0	0	0	0	0	(113)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	3,856	0	0	0	0	0	0	0	0	3,856	34
35	Rent-Equipment & Vehicles	0	0	3,365	0	0	0	0	0	0	0	0	3,365	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	0	0	12,765	0	0	0	0	0	0	0	0	12,765	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):*	0	0	19	0	0	0	0	0	0	0	0	19	43
44	**TOTAL Special Cost Centers**	0	0	19	0	0	0	0	0	0	0	0	19	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(520,071)	(14,340)	14,593	0	0	0	0	0	0	0	0	(519,818)	45

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Heritage Ministries Charit. Care Net.	100%	Heritage Green Rehab and Skilled Nursing	Greenhurst, NY	Woodstock Christian		Passive
		Heritage Park Rehab and Skilled Nursing	Jamestown, NY	Life Services	Woodstock, IL	Organization
		Heritage Village Rehab and Skilled Nursing	Gerry, NY	Hearthstone Village	Woodstock, IL	Ind. Living
		Rolling Fields, Inc.	Conneautville, PA	Woodstock Early		
				Learning Center	Woodstock, IL	Daycare
				Heritage Village		
				Retirement Campus	Gerry, NY	Ind. Living

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	1	Dietary	$	Heritage Ministries Management Company, Inc.	100.00%	$ 4,257	$ 4,257	1
2	V	3	Housekeeping		Heritage Ministries Management Company, Inc.	100.00%	(6)	(6)	2
3	V	5	Heat and Other Utilities		Heritage Ministries Management Company, Inc.	100.00%	172	172	3
4	V	6	Maintenance		Heritage Ministries Management Company, Inc.	100.00%	12,286	12,286	4
5	V	10	Nursing and Medical Records		Heritage Ministries Management Company, Inc.	100.00%	10,485	10,485	5
6	V	11	Activities		Heritage Ministries Management Company, Inc.	100.00%	99	99	6
7	V	12	Social Services		Heritage Ministries Management Company, Inc.	100.00%	579	579	7
8	V	17	Administrative	405,429	Heritage Ministries Management Company, Inc.	100.00%	125,715	(279,714)	8
9	V	19	Professional Services		Heritage Ministries Management Company, Inc.	100.00%	76,950	76,950	9
10	V	20	Dues, Fees, Subscriptions & Promotions		Heritage Ministries Management Company, Inc.	100.00%	35,106	35,106	10
11	V	21	Clerical & General Office Expenses		Heritage Ministries Management Company, Inc.	100.00%	76,439	76,439	11
12	V	22	Employee Benefits & Payroll Taxes		Heritage Ministries Management Company, Inc.	100.00%	47,481	47,481	12
13	V	24	Travel and Seminar		Heritage Ministries Management Company, Inc.	100.00%	1,526	1,526	13
14	Total			$ 405,429			$ 391,089	$ * (14,340)	14

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

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	26	Insurance	$	Heritage Ministries Management Company, Inc.	100.00%	$ 1,809	$ 1,809	15
16	V	30	Depreciation		Heritage Ministries Management Company, Inc.	100.00%	5,657	5,657	16
17	V	32	Interest		Heritage Ministries Management Company, Inc.	100.00%	(113)	(113)	17
18	V	34	Rent-Facility and Grounds		Heritage Ministries Management Company, Inc.	100.00%	3,856	3,856	18
19	V	35	Rent-Equipment and Vehicles		Heritage Ministries Management Company, Inc.	100.00%	3,365	3,365	19
20	V	43	Other		Heritage Ministries Management Company, Inc.	100.00%	19	19	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			$			$ 14,593	$ * 14,593	39

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

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Board of Directors		Board of Directors Titles		Heritage House			1
2	Bertha Saho	0	Member		Childcare Center	Jamestown, NY	Daycare	2
3	Dan Parrilli	0	Treasurer		Heritage Ministries			3
4	Brent Richardson	0	Chair		Management Co.	Gerry, NY	Home Office	4
5	Janet Snyder	0	Member		Western New York			5
6	Peggy Grasley	0	Member		Mennonite Retire.	Clarence Center, NY	Ind. Living	6
7	Wally Fleming	0	Vice Chair		Hearthstone at			7
8	Susan Wilston	0	Secretary		Serenity Creek, Inc.	Woodstock, IL	Ind. Living	8
9					Hearthstone Court	Woodstock, IL	Ind. LIving	9
10					Prairie Homes of			10
11					Hearthstone	Woodstock, IL	Ind. Living	11
12					Ives Hill Retirement			12
13					Community, Inc.	Watertown, NY	Ind. Living	13
14					The Lodge at Ives			14
15					Hill, Inc.	Watertown, NY	Asst. Living	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

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	
					Compensation Received From Other	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	
	Name	Title	Function	Ownership Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	
1	See Pg6-Supp for the Board of Directors Listing								$		1
2											2
3											3
4	No members of the board have business relationships										4
5	with the facility or provide services.										5
6											6
7	No member of the board receives any compensation from										7
8	this or any other nursing home.										8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

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

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

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 2/31/2020

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
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	TOTALS					$	$		$	25

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	N/A						$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Free Methodist Foundation		X	Working Capital	Interest Only	8/13/2018	4,000,000	4,000,000	N/A	5.7500	145,390	6
7	Free Methodist Foundation		X	Working Capital	Interest Only	8/13/2018	2,000,000	1,999,684	N/A	5.7500	72,918	7
8	Various Vendors		X	Working Capital	Interest Only	Various	Various	Various	N/A	Various	10,555	8
9	TOTAL Facility Related						$ 6,000,000	$ 5,999,684			$ 228,864	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 6,000,000	$ 5,999,684			$ 228,864	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.)

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

Description	Amount	Line
1. Real Estate Tax accrual used on 2019 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.)	$	2
3. Under or (over) accrual (line 2 minus line 1).	$	3
4. Real Estate Tax accrual used for 2020 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:			Line
	2015	N/A	8
	2016	N/A	9
	2017	N/A	10
	2018	N/A	11
	2019	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 2019	$	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.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Hearthstone Manor COUNTY McHenry

FACILITY IDPH LICENSE NUMBER 0027664

CONTACT PERSON REGARDING THIS REPORT Matthew Boswell

TELEPHONE (716) 338-9766 FAX #: (716) 985-6608

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

Enter the tax index number and real estate tax assessed for 2019 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 2019.

	(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		$	$
2.	exempt from real estate taxes.		$	$
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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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 Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

Hearthstone Manor Type: SNF, AL, Square Footage: 55,460, Units: 138
Hearthstone Village Type: IL, AL, Square Footage: 103,680, Units: 69
Hearthstone Court Type: IL, Square Footage: 20,050, Units 35
Prairie Homes of Hearthstone Type: IL, Square Footage: 11,240, Units: 8
Hearthstone Early Learning Center Type: Day Care, Square Footage: 12,000, Units 124

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Resident Use	60,000	2017	$ 478,800	1
2					2
3	TOTALS	60,000		$ 478,800	3

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	10		2017	1950	$ 438,712	$ 16,501	40	$ 16,501	$	$ 57,421	4
5	90		2017	1973	3,948,405	148,505	40	148,505		516,778	5
6	38		2017	1976	1,667,104	62,702	40	62,702		218,195	6
7											7
8											8
	Improvement Type**										
9	181003 Vinyl Slab Flooring Rms 127,128,138			2017	6,160	1,232	5	1,232		4,312	9
10	REMOVE VINYL FLOORING IN SHOWER, SHELTERED CARE - TO			2018	1,238	62	20	62		155	10
11	WATER HEATER REPLACEMENT - SCHULHOF			2018	4,458	446	10	446		1,115	11
12	REMOVE A/C UNIT - TOM TIERNEY			2018	3,464	346	10	346		866	12
13	#0001 CARPET REPLACEMENT – MATERIALS AND LABOR, TRAD			2018	29,492	5,898	5	5,898		14,746	13
14	#0005 MEDIA & RESOURCE ROOM - Cabinets, Sink, Fridge, Drywall, I			2018	20,563	1,371	15	1,371		3,427	14
15	#0018 ROOM 385 MINOR RENOVATIONS - New counter tops, range ho			2018	7,002	1,400	5	1,400		3,501	15
16	#0019 ROOM 153 MINOR RENOVATIONS - Toilet, Handheld shower, n			2018	3,687	737	5	737		1,843	16
17	#0021 ROOM 382 RENOVATIONS - bathroom remodel, new shower, tile			2018	9,578	639	15	639		1,597	17
18	ROOM 125 - flooring and tile			2018	3,287	219	15	219		548	18
19	BLUE RIBBON ELECTRICAL - movement of secure doors and installati			2018	1,200	120	10	120		300	19
20	THOMAS TIERNY - REROOF LOW PITCH AT ENTRANCE, REPLAC			2018	2,930	195	15	195		488	20
21	PROJECT 0008 - ROOM 120 FLOORING			2019	1,683	337	5	337		505	21
22	PROJECT 0009 - ROOM 132 FLOORING			2019	1,683	337	5	337		505	22
23	PROJECT 0010 - ROOM 225 232 407 410 414 422 - CARPET			2019	316	63	5	63		95	23
24	CUSTOMCARPET-803853 804153 804200 804213			2019	1,899	380	5	380		570	24
25	FLOOR PREP - APPLIANCE CARPET/CUSTOM			2019	684	137	5	137		205	25
26	SERVICES/DESIGN - JTS ARCHITECTS			2019	4,113	823	5	823		1,234	26
27	REPLACED INSULLATION - HOLIAN			2019	6,110	1,222	5	1,222		1,833	27
28	VINYL PLANK LABOR - APPLIANCE CARPET			2019	684	137	5	137		205	28
29	PROJECT 0029 - TRADITIONS SECURED DOORS			2019	23,783	1,586	15	1,586		2,379	29
30	PROJECT 0051 - MANOR 1ST FLOOR FLOORING			2019	32,367	6,473	5	6,473		9,710	30
31	INSTALL NEW SANITARY PVC 2" PIPE			2020	1,925	193	5	193		193	31
32	COMMERCIAL BUILDOUTS - ROOF REPAIRS			2020	832	42	10	42		42	32
33	COMMERCIAL BUILDOUTS - REPLACE CARPETING UNIT 107			2020	710	71	5	71		71	33
34	LAFORCE NEW DOORS AND HARDWARE			2020	3,511	351	5	351		351	34
35	INSTALL NEW SANITARY PVC 2" PIPE			2020	1,925	193	5	193		193	35
36	0091 SECURE 1ST FLOOR MANOR			2020	63,827	3,191	10	3,191		3,191	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	181001 Re-Keying Locks-Manor 2nd & 3rd floors	2017	$ 2,513	$ 251		$ 251	$	$ 879	37
38	Rooftop Heat Exchanger	2017	3,025	303		303		1,059	38
39	Freezer	2018	6,860	686		686		1,715	39
40	CAMDUTION BASE CHARGER	2018	3,900	780		780		1,950	40
41	EXHAUST FAN REPAIR - GUARDIAN MAINTENANCE	2019	1,937	194		194		291	41
42	TEKTONE MONITOR - IN SYNC	2019	1,245	249		249		373	42
43	PROJECT 0040 - MANOR NURSE CALL SYSTEM	2019	105,147	10,515		10,515		15,772	43
44	PROJECT 0059 - MANOR SECURITY CAMERA SYSTEM	2019	22,027	2,203		2,203		3,304	44
45	PROJECT 0060 - MANOR MAIN DOOR CODE ALERT	2019	6,644	664		664		996	45
46	PROJECT 0084 - COMMERCIAL WASHER	2019	8,060	806		806		1,209	46
47	PROJECT 0096-KITCHEN GENERATOR	2020	42,382	2,119		2,119		2,119	47
48	KRATZ REPLACE 3" BACKFLOW PREVENTION DEVICE WILKIN	2020	5,600	280		280		280	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)		$ 6,502,672	$ 274,959		$ 274,959	$	$ 876,521	70

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

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	$ 583,439	$ 116,148	$ 116,148	$	3-20	$ 387,067	71
72	Current Year Purchases	12,313	1,100	1,100		3-15	1,100	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 595,752	$ 117,248	$ 117,248	$		$ 388,167	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 7,577,224	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 392,207	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 392,207	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,264,688	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	Various Renovations	$ 303,529	92
93			93
94			94
95		$ 303,529	95

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

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

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
    Beginning
    Ending
11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2021	$
13.	/2022	$
14.	/2023	$

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

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO
16. Rental Amount for movable equipment: $ 131,883 Description: See Schedule 14A
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

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

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

Facility Name: **Hearthstone Manor**
IDPH License ID Number: **0027664**
Fiscal Year End: **12/31/2020**

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
ACPL	15,600
Concentrator & Portable Gasses Rentals	20,891
Lifts, Specialized Bed Frames, Mattresses, Slings, Concentrators	75,466
Cutlery	53
Generator	5,560
Copiers	8,275
Quench USA	469
QWC	165
Stans	1,552
Canon	246
Postage Machine	85
Airgas	69
Miscellaneous	87
Total - Line 16 (agree to Schedule V, line 35, column 3)	**128,518**
Add: Amount from Management Company	3,365
Total (agrees to Schedule V, line 35, column 8)	**131,883**

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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 nurse 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.

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	$	3,346	$ 224,482	$	3,346	$ 224,482	1
2	Licensed Speech and Language Development Therapist	10a(3)	hrs		629	56,498		629	56,498	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a(3)	hrs		3,641	242,974		3,641	242,974	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	10(2)	# of prescrpts				131,383		131,383	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			$	7,616	$ 523,954	$ 131,383	7,616	$ 655,337	14

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

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2020 (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	$ 651,317	$ 651,317	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 1,146,867)	1,834,867	1,834,867	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	55,838	55,838	6
7	Other Prepaid Expenses	27,419	27,419	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	284,181	284,181	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,853,622	$ 2,853,622	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,280,000	2,280,000	13
14	Buildings, at Historical Cost	21,108,712	21,108,712	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,516,978	3,516,978	16
17	Accumulated Depreciation (book methods)	(4,163,174)	(4,163,174)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	185,187	185,187	21
22	Other Long-Term Assets (spe **Construction in Progr**	368,331	368,331	22
23	Other(specify): **Trust Investment & Mortgage O**	232,024	232,024	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 23,528,058	$ 23,528,058	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 26,381,680	$ 26,381,680	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,038,810	$ 1,038,810	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	5,999,684	5,999,684	29
30	Accrued Salaries Payable	364,252	364,252	30
31	Accrued Taxes Payable (excluding real estate taxes)	235,314	235,314	31
32	Accrued Real Estate Taxes(Sch.IX-B)	140,489	140,489	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**	4,675,161	4,675,161	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 12,453,710	$ 12,453,710	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	6,764,960	6,764,960	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	**LT Portion of Deferred Revenue from Ent**	429,516	429,516	43
44	**Resident Deposits Payable & Other LT Li**	326,108	326,108	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 7,520,584	$ 7,520,584	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 19,974,294	$ 19,974,294	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 6,407,386	$ 6,407,386	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 26,381,680	$ 26,381,680	48

*(See instructions.)

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 7,605,326	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 7,605,326	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,550,168)	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) Other Segments Net Income	352,228	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (1,197,940)	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)**	$ 6,407,386	24 *

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

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	$ 7,928,605	1
2	Discounts and Allowances for all Levels	(915,179)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,013,426	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	366,023	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 366,023	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		12
13	Barber and Beauty Care	3,054	13
14	Non-Patient Meals	79	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	3,473	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 6,606	23
	D. Non-Operating Revenue		
24	Contributions	1,677	24
25	Interest and Other Investment Income***	22,385	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 24,062	26
	E. Other Revenue (specify):****		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	Rebates and Refunds from Vendors	1,968	28
28a	Other Non-Operating Revenue	26	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,994	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,412,111	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,505,860	31
32	Health Care	3,812,350	32
33	General Administration	2,690,989	33
	B. Capital Expense		
34	Ownership	770,034	34
	C. Ancillary Expense		
35	Special Cost Centers	42,426	35
36	Provider Participation Fee	140,620	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,962,279	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,550,168)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,550,168)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 2,768,240	44
45	Private Pay - Net Inpatient Revenue	1,868,872	45
46	Medicare - Net Inpatient Revenue	2,359,814	46
47	Other-(specify) Comm Grant	16,500	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 7,013,426	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 Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	3,191	3,433	$ 136,706	$ 39.82	1
2	Assistant Director of Nursing					2
3	Registered Nurses	25,100	27,373	928,627	33.92	3
4	Licensed Practical Nurses	5,914	6,207	194,603	31.35	4
5	CNAs & Orderlies	40,548	44,112	770,759	17.47	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,478	1,664	34,838	20.94	9
10	Activity Assistants	7,763	8,405	114,543	13.63	10
11	Social Service Workers	3,332	3,699	96,322	26.04	11
12	Dietician	1,669	1,920	42,865	22.33	12
13	Food Service Supervisor	2,008	2,163	37,190	17.19	13
14	Head Cook	738	800	23,417	29.27	14
15	Cook Helpers/Assistants	21,305	22,815	296,831	13.01	15
16	Dishwashers					16
17	Maintenance Workers	5,086	5,716	127,014	22.22	17
18	Housekeepers	14,075	15,588	185,491	11.90	18
19	Laundry					19
20	Administrator	1,928	2,080	101,836	48.96	20
21	Assistant Administrator					21
22	Other Administrative	9,411	10,397	386,177	37.14	22
23	Office Manager					23
24	Clerical	10,549	11,338	156,772	13.83	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	1,893	2,101	38,698	18.42	31
32	Other Health C: MDS Coordinator	1,889	2,080	81,607	39.23	32
33	Other(specify) See Sch. 20A	8,397	9,191	157,377	17.12	33
34	TOTAL (lines 1 - 33)	166,274	181,082	$ 3,911,673 *	$ 21.60	34

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

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 11,959	1(3)	35
36	Medical Director	Monthly	10,800	9(3)	36
37	Medical Records Consultant	Monthly	2,330	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant				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) MDS Consultant	Monthly	12,433	10(3)	46
47	Biohazard Waste Removal	Monthly	5,808	10(3)	47
48					48
49	TOTAL (lines 35 - 48)		$ 43,330		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1,535	$ 95,517	10(3)	50
51	Licensed Practical Nurses	2,280	134,356	10(3)	51
52	Certified Nurse Assistants/Aides	4,000	131,974	10(3)	52
53	TOTAL (lines 50 - 52)	7,815	$ 361,847		53

Facility Name: **Hearthstone Manor**
IDPH License ID Number: **0027664**
Fiscal Year End: **12/31/2020**

Schedule 18A

XVIII. Staffing and Salary Costs
Line 32 Other Health Care (specify):

Description	# of Hours Actually Worked	# of Hours Paid and Accrued	Total Salaries	Average Hourly Wage
Director of Admissions	1,854	2,080	59,141	$ 28.43
Driver	1,335	1,395	25,449	$ 18.24
Floor Tech	2,500	2,746	32,336	$ 11.78
Hairdresser	451	664	12,180	$ 18.34
Resident Assistant	2,257	2,306	28,271	$ 12.26
	8,397	9,191	157,377	

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Ruth Jackson	Administrator	0	$ 101,985
HR Management Salaries		0	80,960
Other Administrative Salaries		0	292,547
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 475,492

B. Administrative - Other

Description	Amount
Management Fees (Eliminated in col. 7)	$ 405,429
Bad Debt Expense (Eliminated in col. 7)	414,544
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 819,973

C. Professional Services

Vendor/Payee	Type	Amount
Accurate Biometrics	Fingerprinting	$ 971
ACT Network Solutions	Managed Server Support	31,076
Amazon	Misc.	47
AT&T	Telephone	663
Beacon Solutions Group	Billing Collections	2,865
BMI	Music Rights	572
BMO Harris Bank	Legal	58
Bonadio & Co., LLP	Audit	12,533
Bonad, Schoeneck & King, PLLC	Legal	1,708
Catering	Catering	5
Centegra Occupational Medicine	Pre-Employment Screening	23
Other - Reported on Continuation	Other	82,886
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 133,407

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 71,201
Unemployment Compensation Insurance	8,055
FICA Taxes	274,972
Employee Health Insurance	301,715
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Life Insurance & Accidental Death	3,736
Health Reimbursement Accounts	14,585
401k Employer Match	36,970
Other Benefits	129,872
Allocation from Mgmt Co	47,481
Non-Allowable Benefits from 5A	(13,976)
TOTAL (agree to Schedule V, line 22, col.8)	$ 874,611

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		10,578
Health Care Worker Background Check		
(Indicate # of checks performed)		
Patient Background Checks	151	2,484
Dues, Books and Periodicals		7,930
Public Relations Expenses		50,789
Other Marketing Expenses		32,388
Allocated from Management Company		35,106
Non-Allowable Lobbying & Income Offset		(753)
Less: Public Relations Expense		(50,789)
Non-allowable advertising		(32,388)
Yellow page advertising		( )
TOTAL (agree to Sch. V, line 20, col. 8)		$ 55,345

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	12,909
Seminar Expense	
Allocated from Management Company	1,526
Unallowable Travel	(5,548)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 8,887

**See instructions.

Facility Name: Hearthstone Manor
IDPH License ID Number: 0027664
Fiscal Year End: 12/31/2020

Schedule 19A

XIX. C) Professional Services

Vendor/Payee	Type	Amount
Collaborative Healthcare Urgent	Collaborative Health	425
Comcast	Internet	2,718
CosmoProf	Activities	(261)
DinaCare Inc	enTouch Network	1,989
Domain Listings	Misc.	151
EasyPermit Postage	Postage	110
Emaint	Tech User License	2,062
Experience Activation	HR Assessment	1,677
FP Mailing Solutions	Postage	58
HSBC	Misc.	5,473
JJ Keller & Associates	Online License	343
MatrixCare	User License	56,732
PAHCS II	Pre-Employment Screen	213
Relias	Training	3,984
Square9 Softworks	Tech User License	260
Team TSI	Data Mgmt	3,711
Zirmed	Clearinghouse	269
Zukowski, Rogers, Flood & Mcar	Legal	2,000
Stan's	Printing	972
Total - Line 39 (agree to Schedule XIX, line 39, column 3)		**82,886**
Add: Total Other Services reported on Schedule XIX		50,521
Total (agrees to Schedule V, line 19, column 3)		**133,407**

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. **LeadingAge $5,745**

(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? **3-15**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **33,238** 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. $ **140,620**
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. $ **N/A** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **79**

(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: **Bonadio & Co., 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.