

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2017  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2017)**

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p><b>I. Facility ID Number:</b> <u>1000093</u></p> <p><b>Facility Name:</b> <u>Hawthorne Inn of Freeport</u></p> <hr/> <p><b>Address:</b> <u>2140 West Navajo Dr</u> <u>Freeport</u> <u>61032</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>Stephenson</u></p> <p><b>Telephone Number:</b> ( <u>815</u> ) <u>232-3407</u> Fax # ( )</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>11/19/2007</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input checked="" type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> <u>501 (C) 3</u></td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b></p> <p><b>Name:</b> <u>Ron Wilson</u> <b>Telephone Number:</b> ( <u>309</u> ) <u>343-1550</u></p> <p><b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> <u>501 (C) 3</u>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>4/1/16</u> to <u>3/31/17</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Darcee Fanning</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Regional Director</u></td> <td></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u></td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Larry Templin Partner</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) ( <u>630</u> ) <u>361-2868</u> Fax # ( )</td> <td></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) <u>Darcee Fanning</u>			(Title) <u>Regional Director</u>		<b>Paid Preparer</b>	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>	(Date) _____		(Print Name and Title) <u>Larry Templin Partner</u>			(Firm Name & Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525</u>			(Telephone) ( <u>630</u> ) <u>361-2868</u> Fax # ( )	
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Facility Name Hawthorne Inn of Freeport

Report Period Beginning: 4/1/16 Ending: 3/31/17

**III. STATISTICAL DATA**

**A. Certified units; enter number of units and unit days**

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	21	Single Unit Apartment	21	7,665	1
2	8	Double Unit Apartment	8	2,920	2
3		Other		2,640	3
4	29	TOTALS	29	13,225	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	1,143	6,300		7,443	5
6	Double Unit	1,177	4,271		5,448	6
7	Other					7
8	TOTALS	2,320	10,571		12,891	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.47%

**D. Indicate the number of paid bed-hold days the SLF had during this year**

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (Do not include bed-hold days in Section B.)

**E. Does page 3 include expenses for services or investments not directly related to SLF services?**

YES  NO

**F. Does the BALANCE SHEET reflect any non-SLF assets?**

YES  NO

**G. List all services provided by your facility for non-residents.**

(E.g., day care, "meals on wheels", outpatient therapy)

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 3/31/17 Fiscal Year: 3/31/17

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

**J. Does the facility have any Illinois Housing Development Authority Loans outstanding?**

No If yes, did the facility make all of the required payments of interest and principle? N/A  
If no, explain. N/A

**K. Does the facility have any loans from the Federal Home Loan Bank outstanding?**

No If yes, did the facility make all of the required payments of interest and principle? N/A  
If no, explain. N/A

**L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?**

No If yes, did the facility make all of the required payments of interest and principle? N/A  
If no, explain. N/A

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning:

4/1/16

Ending:

3/31/17

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	65,826	74,645	2,214	142,685	(180)	142,505	1
2	Housekeeping, Laundry and Maintenance	65,646	11,520	8,833	85,999		85,999	2
3	Heat and Other Utilities			37,108	37,108		37,108	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>131,472</b>	<b>86,165</b>	<b>48,155</b>	<b>265,792</b>	<b>(180)</b>	<b>265,612</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	237,259	350		237,609		237,609	6
7	Activities and Social Services		706		706		706	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>237,259</b>	<b>1,056</b>		<b>238,315</b>		<b>238,315</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	74,410	752	78,984	154,146	1,871	156,017	10
11	Marketing Materials, Promotions and Advertising			26,305	26,305	(25,573)	732	11
12	Employee Benefits and Payroll Taxes			63,286	63,286		63,286	12
13	Insurance-Property, Liability and Malpractice			15,714	15,714	130	15,844	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>74,410</b>	<b>752</b>	<b>184,289</b>	<b>259,451</b>	<b>(23,572)</b>	<b>235,879</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>443,141</b>	<b>87,973</b>	<b>232,444</b>	<b>763,558</b>	<b>(23,752)</b>	<b>739,806</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			133,326	133,326		133,326	17
18	Interest							18
19	Real Estate Taxes			54,885	54,885		54,885	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>188,211</b>	<b>188,211</b>		<b>188,211</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>443,141</b>	<b>87,973</b>	<b>420,655</b>	<b>951,769</b>	<b>(23,752)</b>	<b>928,017</b>	<b>24</b>

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning: 4/1/16 Ending: 3/31/17

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10	11.47	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2	15.82	7
8	Dishwashers			8
9	Maintenance Workers	1	14.44	9
10	Housekeepers	1	8.96	10
11	Laundry			11
12	Managers	1	23.34	12
13	Other Administrative			13
14	Clerical	1	12.16	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>17</b>	<b>\$ 12.84</b>	<b>17</b>

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	See Att Sch IVa for Directors Fees			\$ 411	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$ 411</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	RFMS Sch IV Ln 14 C3	\$ 37,800	1
2	LTC Support Services Sch IV Ln C3	8,652	2
<b>Total</b>		<b>\$ 46,452</b>	<b>3</b>

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
See Attached Schedule I			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached Schedule I					

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES  NO

Name of related entity: N/A If yes, what is the value of those services? \$ N/A  
 (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES  NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning:

4/1/16

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3/31/17

VIII. OWNERSHIP COSTS

A. Purchase price of land 123,810 Year land was acquired 2012

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. \*Total units on this schedule must agree with page 2.

	1 Units*	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	
1	29		2012	2002	\$ 4,773,190	\$ 119,330	40	\$ 119,330	\$	\$ 517,097	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Landscaping		2002	3,672		10			3,672	6
7		Light/Surge Protection		2004	22,900		7			22,900	7
8		Water Heater		2010	9,990	999	10	999		7,160	8
9		Water Softener		2011	5,468	547	10	547		2,962	9
10		Countertops		2013	7,055	588	12	588		2,205	10
11											11
12		Plastering- Dining Rm/Living Rm/Foyer/Nurse Station		2015	5,800	580	10	580		1,498	12
13		Cabinets - Kitchen		2015	4,395	293	15	293		610	13
14		Carpet		2016	3,991	798	10	798		798	14
15		Nurse Call System		2017	39,515	988	15	988		988	15
16											16
17		<b>TOTAL (lines 1 thru 16)</b>			\$ 4,875,976	\$ 124,123		\$ 124,123	\$	\$ 559,890	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 95,386	\$ 9,203	\$ 9,203	\$	3-15 Years	\$ 47,691	18
19	Vehicles							19
20	<b>TOTAL (lines 18 and 19)</b>	\$ 95,386	\$ 9,203	\$ 9,203	\$		\$ 47,691	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21	N/A	\$	\$	\$	21
22					22
23					23
24	<b>TOTALS (lines 21, 22 and 23)</b>	\$	\$	\$	24

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning: 4/1/16

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**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

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?  YES  NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building				\$ N/A			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			7

8. Is movable equipment rental included in building rental?  YES  NO

9. Rental amount for movable equipment \$ N/A

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

**X. INTEREST EXPENSE**

	1	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		<b>A. Directly Facility Related</b>										
		Long-Term										
1		N/A				/ /	\$	\$	/ /		\$	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>						\$	\$		\$	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>						\$	\$		\$	10

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

\*\* If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning: 4/1/16

Ending:

3/31/17

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 3/31/17

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 14,463	\$ 14,463	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>None</u> )	49,377	49,377	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,812	5,812	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	636,629	636,629	8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 706,281	\$ 706,281	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	123,810	123,810	13
14	Buildings, at Historical Cost	4,773,190	4,773,190	14
15	Leasehold Improvements, at Historical Cost	102,787	102,786	15
16	Equipment, at Historical Cost	95,386	95,386	16
17	Accumulated Depreciation (book methods)	(607,576)	(607,581)	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):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,487,597	\$ 4,487,591	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,193,878	\$ 5,193,872	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 11,872	\$ 11,872	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	16,436	16,436	30
31	Accrued Taxes Payable	68,860	68,860	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 97,168	\$ 97,168	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	<b>Security Deposit</b>	48,015	48,015	42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 48,015	\$ 48,015	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 145,183	\$ 145,183	45
46	<b>TOTAL EQUITY</b>	\$ 5,048,695	\$ 5,048,689	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 5,193,878	\$ 5,193,872	47

\*(See instructions.)

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning: 4/1/16

Ending:

3/31/17

## XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 1,627,513	1
2	Discounts and Allowances	(219)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 1,627,294</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	750	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	3,174	8
9	Non-Resident Meals	180	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 4,104</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Schedule 8A	9,167	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 9,167</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 1,640,565</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	265,792	19
20	Health Care/ Personal Care	238,315	20
21	General Administration	259,451	21
<b>B. Capital Expense</b>			
22	Ownership	188,211	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 951,769</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 688,796</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 688,796</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 178,572	32
33	Private Pay - Net Inpatient Revenue	1,448,722	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 1,627,294</b>	<b>37</b>

Schedule 8A

XII. Income Statement  
Section D. Other Revenue

<u>Description</u>	<u>Amount</u>
Link Revenue	8,341
Late Fee	(274)
Processing Fee	1,100
	<u>9,167</u>

SEE ACCOUNTANTS' COMPILATION REPORT

FACILITY Hawthorne Inn of Freeport  
ID#: 0

BEGINNING: 4/1/2016  
ENDING: 3/31/2017

ATTACHED SCHEDULE I

VII. Related Organizations  
A. Related SLP's and Health Care Businesses  
and Other Related Business Entities

Name	City and State	Type of Business
1 SLP's and Health Care divisions of Residential Alternatives of Illinois, Inc.:		
Hawthorne Inn of Danville	Danville, IL	Skilled nursing facility
Manor Court of Clinton	Clinton, IL	Skilled nursing and supportive living facility
Manor Court of Freeport	Freeport, IL	Skilled nursing facility
Manor Court of Peoria	Peoria, IL	Skilled nursing facility
Manor Court of Peru	Peru, IL	Skilled nursing facility
Manor Court of Princeton	Princeton, IL	Skilled nursing and supportive living facility
Windmill Manor	Carrollville, IA	Skilled nursing facility
Hawthorne Inn of Freeport	Freeport, IL	Supportive living facility
Hawthorne Inn of Peoria	Peoria, IL	Assisted living facility
Hawthorne Inn of Peru	Peru, IL	Assisted living facility
Liberty Estates of Geneseo	Geneseo, IL	Assisted living and independent living facility
Liberty Estates of Streator	Streator, IL	Assisted living and independent living facility
Other facilities operated by Residential Alternatives of Illinois, Inc.		
Liberty Estates of Danville	Danville, IL	Independent living facility
Liberty Estates of Freeport	Freeport, IL	Independent living facility
Liberty Estates of Peoria	Peoria, IL	Independent living facility
Liberty Estates of Peru	Peru, IL	Independent living facility

3 Frances House, Inc. (sole corporate member of Residential Alternatives of Illinois, Inc.) operates the following DD facilities

Casa Willis	Sterling, IL
Freeport Terrace	Freeport, IL
Gordon Jones Terrace	Lanark, IL
Hallam Terrace	Rockford, IL
Hammett House	Sterling, IL
Kanthak House	Ottawa, IL
Olson Terrace	Rockford, IL
Ridge Terrace	Freeport, IL
Rockford Group Homes:	
Canterbury Place	Rockford, IL
Glenwood Villa	Rockford, IL
Rockton Court	Rockford, IL
Rose House	Moline, IL
Seborg Terrace	Rockford, IL
Smith Square	Moline, IL
Stern Square	Sterling, IL
Stouffer Terrace	Oregon, IL

The following facilities (formerly Concepts Plus, Inc. - FH was the sole member) merged with Frances House as of 2/25/14:

Lake County Group Homes:

Lewis Terrace	North Chicago, IL
Seymour Terrace	North Chicago, IL
Waukegan Terrace	Waukegan, IL
Pine Terrace	Waukegan, IL

Frances House, Inc. is also the sole corporate member of the following not-for-profit lessors of Residential Alternatives of Illinois, Inc.

Peoria Manor Court, Ltd., NFP	Galesburg, IL
Peru Becker, Ltd., NFP	Galesburg, IL
Danville Independence, LLC	Galesburg, IL
Hawthorne Inn of Princeton, LLC	Galesburg, IL

4 Pioneer Concepts, Inc (Frances House, Inc is the sole corporate member) operates the following DD facilities

Broadway Terrace	Chicago Heights, IL
Carole Lane Terrace	Sauk Village, IL
Cook County I Group Homes:	
Flossmoor Terrace	Flossmoor, IL
Ravishoe Terrace	Country Club Hills, IL
Spaulding Terrace	Markham, IL
Cook County II Group Homes:	
Calumet City Terrace	Calumet City, IL
Dolton Terrace	Dolton, IL
Lynwood Terrace	Lynwood, IL
Holland Terrace	South Holland, IL
Matteson Court	Matteson, IL
Prairie House	Sauk Village, IL
Torrence Place	Sauk Village, IL

5 Pinnacle Opportunities, Inc (Frances House, Inc is the sole corporate member) operated the following facilities

DD facilities

Chamness Square	Bourbannais, IL
Collins Square	Bradley, IL
Hunt Terrace	Kankakee, IL
Kankakee I Group Homes:	
Dearborn Court	Kankakee, IL
River Court	Kankakee, IL
Station Court	Kankakee, IL
Kankakee II Group Homes:	
Eagle Court	Kankakee, IL
Kankakee Court	Kankakee, IL
Roy Court	Bourbannais, IL

CILA facilities

Gravlin Square	Bradley, IL
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6 LTC Support Services, LLC (RAI is one of eight corporate members)

LTC provides consulting services that include, but are not limited to:  
training, regulatory compliance, quality assurance programs, human resource support, marketing and maintenance.

Total fees expensed during the current year for SLF portion: 8,652

SEE ACCOUNTANTS' COMPILATION REPORT

FACILITY NAME: Hawthorne Inn of Freeport  
ID#: 37-1223846

BEGINNING: 4/1/2016  
ENDING: 3/31/2017

**ATTACHED SCHEDULE II**

**IV. Cost Center Expenses**  
Reclassifications and Adjustments

Reported on Schedule IV on Line	Description	Adj Col 5
Line 1	Offset Meal Income	(180)
Line 11	Non-allowable advertising	(25,573)
See Att Sch IV	Home office allocation	2,001
<i>Total Adjustments on Schedule IV</i>		(23,752)

**ATTACHED SCHEDULE III**

**Bed Listing & Home Office Allocation**

Facility	Weighted beds @ 03/31/2017					Weighted Average Total	All Homes		SNF Percentage of Total		
	Nursing Home Beds 100%	Sheltered Care Beds 50%	SLF Beds 40%	ALC Beds 50%	Estate Units 10%		Percentage of Total	SNF Percentage of Total			
Liberty Estates of Danville	0	0	0	0	8	8	0.86%	0.00%			
Liberty Estates of Freeport	0	0	0	0	7	7	0.75%	0.00%			
Liberty Estates of Peoria	0	0	0	0	8	8	0.86%	0.00%			
Liberty Estates of Geneseo	0	0	0	7	3	10	1.07%	0.00%			
Liberty Estates of Peru	0	0	0	0	7	7	0.75%	0.00%			
Liberty Estates of Streator	0	0	0	10	3	13	1.40%	0.00%			
Hawthorne Inn of Danville	80	30	0	0	0	110	11.82%	11.82%	14.23%		
Manor Court of Princeton	125	0	11	0	0	136	14.61%	13.43%	16.17%		
Manor Court of Clinton	134	0	11	0	0	145	15.57%	14.39%	17.34%		
Manor Court of Peoria	50	0	0	0	0	50	5.37%	5.37%	6.47%		
Manor Court of Peru	104	13	0	0	0	117	12.57%	12.57%	15.14%		
Manor Court of Freeport	117	0	0	0	0	117	12.57%	12.57%	15.14%		
Windmill Manor	120	0	0	0	0	120	12.89%	12.89%	15.52%		
Hawthorne Inn of Peoria	0	0	0	34	0	34	3.65%	0.00%			
Hawthorne Inn of Peru	0	0	0	34	0	34	3.65%	0.00%			
Hawthorne Inn of Freeport	0	0	15	0	0	15	1.61%	0.00%			
	730	43	37	85	36	931	100%	83.03%	100.00%		
Allocation Stats											
							Days in Year	Base Stat	% of total	% of HC	
<b>Healthcare Facilities</b>											
Hawthorne Inn of Danville	80	30				110	110	365	40,150	11.82%	14.23%
Manor Court of Princeton	125	0				125	125	365	45,625	13.43%	16.17%
Manor Court of Clinton	134	0				134	134	365	48,910	14.39%	17.34%
Manor Court of Peoria	50	0				50	50	365	18,250	5.37%	6.47%
Manor Court of Peru	104	13				117	117	365	42,705	12.57%	15.14%
Manor Court of Freeport	117	0				117	117	365	42,705	12.57%	15.14%
Windmill Manor	120	0				120	120	365	43,800	12.89%	15.52%
	730	43				773			282,145	83.03%	100.00%
<b>Other Facilities</b>											
Liberty Estates of Danville			0	0	8	8	8	365	2,920	0.86%	5.06%
Liberty Estates of Freeport			0	0	7	7	7	365	2,555	0.75%	4.43%
Liberty Estates of Peoria			0	0	8	8	8	365	2,920	0.86%	5.06%
Liberty Estates of Geneseo			0	7	3	10	10	365	3,650	1.07%	6.33%
Liberty Estates of Peru			0	0	7	7	7	365	2,555	0.75%	4.43%
Liberty Estates of Streator			0	10	3	13	13	365	4,745	1.40%	8.23%
Hawthorne Inn of Danville			0	0	0	0	-	0	0	0.00%	0.00%
Manor Court of Princeton			11	0	0	11	11	365	4,015	1.18%	6.96%
Manor Court of Clinton			11	0	0	11	11	365	4,015	1.18%	6.96%
Manor Court of Peoria			0	0	0	0	-	0	-	0.00%	0.00%
Manor Court of Peru			0	0	0	0	-	0	-	0.00%	0.00%
Manor Court of Freeport			0	0	0	0	-	0	-	0.00%	0.00%
Windmill Manor			0	0	0	0	-	0	-	0.00%	0.00%
Hawthorne Inn of Peoria			0	34	0	34	34	365	12,410	3.65%	21.52%
Hawthorne Inn of Peru			0	34	0	34	34	365	12,410	3.65%	21.52%
Hawthorne Inn of Freeport			15	0	0	15	15	365	5,475	1.61%	9.49%
	0	0	37	85	36	158			57,670	16.97%	100.00%
									Total	339,815	100.00%

FACILITY NAME: Hawthorne Inn of Freeport  
 ID#: 37-1223846

BEGINNING:  
 ENDING:

4/1/2016  
 3/31/2017

**ATTACHED SCHEDULE IV ALLOCATION OF HOME OFFICE INDIRECT COSTS  
 SUMMARY SCHEDULE**

Sch. V (See attached detail schedule)  
 Line # Salaries Other Total

1	Dietary and Food	0	0	-
2	Hskp, Laundry, Main	0	0	-
3	Heat & Other Utilities	0	0	-
4	Other	0	0	-
6	Health Care/personal	0	0	-
7	Activities & Soc Serv	0	0	-
8	Other	0	0	-
1	Admin/Clerical	0	1,871	1,871
1	Mkt, Promo, Adv	0	0	-
1	Emp Ben & PR taxes	0	0	-
1	Insurance	0	130	130
1	Other	0	0	-
1	Depreciation	0	0	-
1	Interest	0	0	-
1	Real Estate Taxes	0	0	-
				-
				-

**TOTALS 0 2,001 2,001**

**Net adjustment required 2,001**

SEE ACCOUNTANTS' COMPILATION REPORT

FACILITY NAME: Hawthorne Inn of Freeport  
ID#: 37-1223846

BEGINNING: 4/1/2016  
ENDING: 3/31/2017

**ATTACHED SCHEDULE IVa ALLOCATION OF INDIRECT COSTS  
(Detail Schedule)**

**Allocation Factors:**

SLF Home Office Factor **0.0161**

Schedule	Description	Total Expenses Incurred	Non-Allowable Costs	Costs To Be Allocated	Allocated Total	Adjustment Grouping
V-1-1	Labor-Dietary	0		0	0	0
V-1-2	Supplies-Dietary	0		0	0	0
V-2-1	Labor-Purchasing	0		0	0	0
V-3-3	Utilities	0		0	0	0
V-10-1	Labor - Administrative	0		0	0	
V-10-1	Labor-Clerical	0		0	0	0
V-10-2	Supplies	0		0	0	0
V-10-3	Miscellaneous	2,430		2,430	39	
V-10-3	Postage & Shipping	0		0	0	
V-10-3	Equipment	0		0	0	
V-10-3	Equipment Contracts	0		0	0	
V-10-3	Equip Maintenance & Repair	0		0	0	
V-10-3	Telephone	0		0	0	
V-10-3	Board of Directors	25,500		25,500	411	
V-10-3	Legal Fees	40,255		40,255	649	
V-10-3	Professional Services	47,879		47,879	771	
V-10-3	Licenses/Fees/Misc	75		75	1	
V-10-3	Inservice Training			0	0	
V-10-3	Travel			0	0	
V-10-3	Vehicle Expense			0	0	
V-10-3	Bad Debt Expense			0	0	
V-10-3	Contributions			0	0	1,871
V-11-3	Advertising - Employment			0	0	
V-11-3	Subscriptions & Fees			0	0	0
V-12-3	Worker's Compensation			0	0	
V-12-3	Other Employee Expense			0	0	
V-12-3	FICA			0	0	
V-12-3	State Unemployment Tax			0	0	
V-12-3	Health Insurance			0	0	0
V-13-3	Vehicle Insurance			0	0	
V-13-3	Liability Insurance	8,040		8,040	130	
V-13-3	Property Insurance			0	0	130
V-17-3	Depreciation Expense			0	0	0
V-18-3	Interest Expense			0	0	
V-18-3	Investment Income	51,456	51,456	0	0	0
<b>TOTALS</b>		<b>175,635</b>	<b>51,456</b>	<b>124,179</b>	<b>2,001</b>	<b>2,001</b>

**Board of Directors Costs:**

John Kniery	4,500.00
Doug Biederstedt	6,000.00
Ben McMahan	3,000.00
Jeff Shaw	6,000.00
William Kempiners	6,000.00
Meeting/Travel exp	
<b>Total</b>	<b>25,500.00</b>

SEE ACCOUNTANTS' COMPILATION REPORT