

Facility Name & ID Number Autumn Meadows of Cahokia

#

Report Period Beginning:

1/1/18

Ending:

12/31/18

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	238,198	26,371	6,386	270,955		270,955	-	270,955		1
2	Food Purchase		215,064		215,064		215,064	(21,902)	193,162		2
3	Housekeeping	194,389	40,876	-	235,265		235,265	52	235,317		3
4	Laundry	55,113	20,020	-	75,133		75,133	-	75,133		4
5	Heat and Other Utilities			125,593	125,593		125,593	1,258	126,851		5
6	Maintenance	63,560	55,023	18,547	137,130		137,130	2,157	139,287		6
7	Other (specify):*	-	-	-				-			7
8	TOTAL General Services	551,260	357,354	150,526	1,059,140		1,059,140	(18,435)	1,040,705		8
	B. Health Care and Programs										
9	Medical Director	-	-	12,000	12,000		12,000	-	12,000		9
10	Nursing and Medical Records	1,928,976	89,846	1,745	2,020,567		2,020,567	26,107	2,046,674		10
10a	Therapy	70,050	-	-	70,050		70,050	-	70,050		10a
11	Activities	78,056	11,319	-	89,375		89,375	-	89,375		11
12	Social Services	39,988	-	-	39,988		39,988	-	39,988		12
13	CNA Training	-	-	-				-			13
14	Program Transportation	-	-	-				-			14
15	Other (specify):*	-	-	-				-			15
16	TOTAL Health Care and Program	2,117,070	101,165	13,745	2,231,980		2,231,980	26,107	2,258,087		16
	C. General Administration										
17	Administrative	81,365	-	-	81,365		81,365	20,797	102,162		17
18	Directors Fees			-				-			18
19	Professional Services			44,790	44,790		44,790	388	45,178		19
20	Dues, Fees, Subscriptions & Promotions			33,765	33,765		33,765	(10,209)	23,556		20
21	Clerical & General Office Expenses	532,381	-	67,025	599,406		599,406	36,983	636,389		21
22	Employee Benefits & Payroll Taxes			439,062	439,062		439,062	22,160	461,222		22
23	Inservice Training & Education			-				-			23
24	Travel and Seminar			2,145	2,145		2,145	34	2,179		24
25	Other Admin. Staff Transportation		-	4,067	4,067		4,067	735	4,802		25
26	Insurance-Prop.Liab.Malpractice			201,505	201,505		201,505	17,605	219,110		26
27	Other (specify):* Mgmt Alloc Bene	-	-	-				19,546	19,546		27
28	TOTAL General Administration	613,746		792,359	1,406,105		1,406,105	108,039	1,514,144		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,282,076	458,519	956,630	4,697,225		4,697,225	115,711	4,812,936		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 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			63,200	63,200		63,200	116,460	179,660			30
31	Amortization of Pre-Op. & Org.			-				-				31
32	Interest			42,145	42,145		42,145	131,733	173,878			32
33	Real Estate Taxes			5,411	5,411		5,411	125,524	130,935			33
34	Rent-Facility & Grounds			444,000	444,000		444,000	(432,000)	12,000			34
35	Rent-Equipment & Vehicles			16,244	16,244		16,244	987	17,231			35
36	Other (specify):* Mortgage Insurance			-				21,414	21,414			36
37	TOTAL Ownership			571,000	571,000		571,000	(35,882)	535,118			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-				-				38
39	Ancillary Service Centers	-	42,798	821,840	864,638		864,638	-	864,638			39
40	Barber and Beauty Shops	-	-	-				-				40
41	Coffee and Gift Shops	-	-	-				-				41
42	Provider Participation Fee			259,005	259,005		259,005	-	259,005			42
43	Other (specify):* Non-Allowable Cos	-	-	71,404	71,404		71,404	(71,404)				43
44	TOTAL Special Cost Centers		42,798	1,152,249	1,195,047		1,195,047	(71,404)	1,123,643			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,282,076	501,317	2,679,879	6,463,272		6,463,272	8,425	6,471,697			45

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

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Lab Expense Med A	\$ (5,823)	43	1
2	X Ray Expense Med A	(2,509)	43	2
3	Managed Care Cost	(6,847)	43	3
4	Disallow lobbying expense	(10,600)	20	4
5	Offset miscellaneous income	(18,519)	21	5
6	Real Estate Tax	(5,411)	33	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
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34				34
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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	(49,709)		49

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See PG6-Supp		See PG6-Supp		See PG6-Supp		

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

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

1	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)	
1	V	19 Professional Services	\$	Cahokia Building LLC	100%	\$ 8,000	\$ 8,000	1
2	V	20 Licenses & Dues		Cahokia Building LLC	100%	0		2
3	V	26 Insurance-Prop.Liab.Malpractice		Cahokia Building LLC	100%	16,487	16,487	3
4	V	30 Depreciation		Cahokia Building LLC	100%	127,998	127,998	4
5	V	32 Interest Income	90	Cahokia Building LLC	100%		(90)	5
6	V	32 Interest		Cahokia Building LLC	100%	139,856	139,856	6
7	V	32 Amortization		Cahokia Building LLC	100%	0		7
8	V	33 Real Estate Tax		Cahokia Building LLC	100%	127,723	127,723	8
9	V	34 Rent	432,000	Cahokia Building LLC	100%		(432,000)	9
10	V	36 Mortgage Insurance		Cahokia Building LLC	100%	21,414	21,414	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 432,090			\$ 441,478	\$ * 9,388	14

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

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. 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	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7	8 Difference:		
		Item		Name of Related Organization		Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	2	Food	\$	SW Financial Services Company	100	\$ 258	\$ 258	15
16	V	3	Housekeeping		SW Financial Services Company	100	52	52	16
17	V	5	Utilities		SW Financial Services Company	100	1,258	1,258	17
18	V	6	Maintenance		SW Financial Services Company	100	2,157	2,157	18
19	V	17	Administrative		SW Financial Services Company	100	20,797	20,797	19
20	V	19	Professional Services		SW Financial Services Company	100	1,123	1,123	20
21	V	20	Dues, Fees, Subs. & Promotions		SW Financial Services Company	100	391	391	21
22	V	21	Clerical & General Office Expenses		SW Financial Services Company	100	81,609	81,609	22
23	V	24	Travel & Seminar		SW Financial Services Company	100	34	34	23
24	V	25	Other Admin. Staff Transportation		SW Financial Services Company	100	735	735	24
25	V	26	Insurance-Prop, Liab & Malpractice		SW Financial Services Company	100	1,118	1,118	25
26	V	27	Management Allocated Benefits		SW Financial Services Company	100	19,546	19,546	26
27	V	30	Depreciation		SW Financial Services Company	100	3,878	3,878	27
28	V	33	Real Estate Taxes		SW Financial Services Company	100	3,212	3,212	28
29	V	35	Rent - Equipment & Vehicles		SW Financial Services Company	100	987	987	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			\$			\$ 137,155	\$ * 137,155	39

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

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VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Sheldon Wolfe	President	Administrative	23.67	See Schedule 7A	5	11.11	Salary	\$ 1,444	L17, C7	1
2											2
3											3
4											4
5											5
6			Note: Mr. Wolfe works in excess of 40 hours per week.								6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 1,444		13

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

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

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VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization SW Financial Services Co.
 Street Address 7434 N. Skokie Blvd
 City / State / Zip Code Skokie, IL 60077
 Phone Number (847) 982-2300
 Fax Number (847) 982-2304

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	2	Food	Bed Days Available	710,112	13	\$ 3,344	\$ 0	54,750	\$ 258	1
2	3	Housekeeping	Bed Days Available	710,112	13	674	0	54,750	52	2
3	5	Utilities	Bed Days Available	710,112	13	16,315	0	54,750	1,258	3
4	6	Maintenance	Bed Days Available	710,112	13	27,981	0	54,750	2,157	4
5	19	Professional Services-Legal	Bed Days Available	710,112	13	455	0	54,750	35	5
6	19	Professional Services-Other	Bed Days Available	710,112	13	14,116	0	54,750	1,088	6
7	20	Dues, Fees, Subscriptions & Prom	Bed Days Available	710,112	13	5,074	0	54,750	391	7
8	21	Clerical & General Office Expense	Bed Days Available	710,112	13	891,312	891,312	54,750	68,721	8
9	21	Clerical & General Office Expense	Bed Days Available	710,112	13	167,154	0	54,750	12,888	9
10	24	Travel & Seminar	Bed Days Available	710,112	13	440	0	54,750	34	10
11	25	Other Admin. Staff Transportation	Bed Days Available	710,112	13	9,537	0	54,750	735	11
12	26	Insurance-Prop, Liab & Malpract	Bed Days Available	710,112	13	14,506	0	54,750	1,118	12
13	27	Other - Mgmt Allocation of Benefi	Bed Days Available	710,112	13	253,509	0	54,750	19,546	13
14	33	Real Estate Taxes	Bed Days Available	710,112	13	41,656	0	54,750	3,212	14
15	35	Rent - Equipment & Vehicles	Bed Days Available	710,112	13	12,804	0	54,750	987	15
16										16
17	17	Administrative - Salary	Avg Hours Worked	45	13	13,000	13,000	5	1,444	17
18	17	Administrative - Salary	Avg Hours Worked	45	13	174,173	174,173	5	19,353	18
19	17	Administrative - Salary	Avg Hours Worked	45	4	13,000	13,000	0	0	19
20										20
21	30	Depreciation	Direct Cost	50,298					3,878	21
22										22
23										23
24										24
25	TOTALS					\$ 1,659,050	\$ 1,091,485		\$ 137,155	25

Facility Name & ID Number Autumn Meadows of Cahokia # _____ Report Period Beginning: 1/1/18 Ending: 12/31/18

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	Heartland Bank		X	Mortgage	23,524	11/27/2001	\$ 3,961,000	\$ 3,481,722	12/1/2036	0.0635	\$ 139,856	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6	MB Financial		X	Line of Credit	Interest Only	4/16/2017	1,000,000	835,090	5/15/2017	0.0475	42,145	6								
7												7								
8												8								
9	TOTAL Facility Related				\$23,524.00		\$ 4,961,000	\$ 4,316,812			\$ 182,001	9								
B. Non-Facility Related*																				
10												10								
11												11								
12								Interest Income			(8,123)	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (8,123)	14								
15	TOTALS (line 9+line14)						\$ 4,961,000	\$ 4,316,812			\$ 173,878	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 21,414 Line # 36

* 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.)

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

B. Real Estate Taxes

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

1. Real Estate Tax accrual used on 2017 report.			\$	<u>145,000</u>	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.)	2017		\$	<u>134,323</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>(10,677)</u>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>138,400</u>	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.)		Alloc Fr. Mgmt Co.		<u>3,212</u>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>130,935</u>	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2013	<u>130,106</u>	8		
	2014	<u>140,494</u>	9		
	2015	<u>144,583</u>	10		
	2016	<u>137,651</u>	11		
	2017	<u>134,323</u>	12		
Tax Accrual = 134,323 * 1.03% = 138,352. Use \$138,400					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2017	\$		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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Autumn Meadows of Cahokia COUNTY St. Clair

FACILITY IDPH LICENSE NUMBER 0039636

CONTACT PERSON REGARDING THIS REPORT Sheldon Wolfe

TELEPHONE (847) 982-2300 FAX #: (847) 982-2304

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 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 2017.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>06-02.0-310-055</u>	<u>Long Term Care Property</u>	\$ <u>131,762.60</u>	\$ <u>131,762.60</u>
2. <u>06-02.0-310-054</u>	<u>Long Term Care Property</u>	\$ <u>2,560.32</u>	\$ <u>2,560.32</u>
3. <u>10-28-412-049-0000</u>	<u>SW Financial Services Co. Allocatior</u>	\$ <u>41,655.95</u>	\$ <u>3,212.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>175,978.87</u>	\$ <u>137,534.92</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

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X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 38,932 B. General Construction Type: Exterior Brick Frame Wood Number of Stories One

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Resident Care</u>	<u>-</u>	<u>2001</u>	<u>\$ 230,000</u>	<u>1</u>
2	<u>Office Space for Resident Care Employees</u>		<u>2006</u>	<u>15,000</u>	<u>2</u>
3	TOTALS			\$ 245,000	3

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	150		2001		\$ 2,928,441	\$ -	15-40	\$ 68,691	\$ 68,691	\$ 1,265,776	4
5			2006		55,818	2,030	40	1,431	(599)	17,889	5
6						-					6
7						-					7
8		Allocated from Management Co.	1995		33,372	-		954	954	22,555	8
		Improvement Type**									
9	Various		1994	1994	17,859	268	20	-	(268)	17,859	9
10	Various		1995	1995	33,623	271	20	-	(271)	33,623	10
11	Various		1996	1996	2,178	56	20	-	(56)	2,178	11
12	Various		1997	1997	9,423	-	20	-		9,423	12
13	Various		1998	1998	4,800	-	20	120	120	4,800	13
14	Various		1999	1999	16,266	93	20	813	720	16,042	14
15	Air Handler		2000	2000	1,516	-	5	-		1,516	15
16	Alarm System		2001	2001	1,908	-	5	-		1,908	16
17	Blind		2001	2001	1,212	-	5	-		1,212	17
18	Air Handler		2001	2001	1,317	-	20	66	66	1,154	18
19	Fan Motor		2001	2001	1,123	-	20	56	56	958	19
20	Drywall-Dining Room		2002	2002	10,650	184	10	-	(184)	10,650	20
21	Door		2002	2002	9,860	184	20	493	309	7,929	21
22	Air Conditioner		2002	2002	1,198	-	7	-		1,198	22
23	Air Conditioner		2002	2002	1,582	-	7	-		1,582	23
24	Air Conditioners		2002	2002	4,284	-	7	-		4,284	24
25	Compressor Air Maxi		2002	2002	1,269	-	7	-		1,269	25
26	Roof - New		2003	2003	97,996	-	20	4,900	4,900	77,174	26
27	Nursing Station		2003	2003	35,060	-	20	1,753	1,753	26,879	27
28	Nursing Station		2003	2003	28,692	-	20	1,435	1,435	23,196	28
29	Nursing Station		2003	2003	6,368	-	20	318	318	4,800	29
30	Replace Accelerator		2003	2003	968	-	20	48	48	771	30
31	Sprinkler System		2004	2004	3,610	131	20	181	50	2,621	31
32	Smoke shelter		2004	2004	6,041	220	20	302	82	4,379	32
33	Security System		2005	2005	11,166	406	20	558	152	7,534	33
34	Condensing Unit - 5 Ton		2005	2005	1,959	-	20	98	98	1,323	34
35	Cabinets and countertops		2005	2005	110,923	4,011	20	5,546	1,535	74,872	35
36	Air Handler		2005	2005	1,549	-	20	78	78	1,050	36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Autumn Meadows of Cahokia

#

Report Period Beginning:

1/1/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Asphalt Parking Lot	2005	\$ 5,570	\$ 328	20	\$ 279	\$ (50)	\$ 3,761	37
38	A/C Unit 2 Tons	2005	1,092	40	20	55	15	737	38
39	Reframe & drywall 3 windows	2005	4,200	153	20	210	57	2,835	39
40	Carpet & Vinyl Floor	2005	4,390	-	20	220	220	2,964	40
41	Sprinkler System - new pipe	2005	1,463	-	20	73	73	987	41
42	Door Alarms	2005	3,587	130	20	179	49	2,420	42
43	Wallpaper	2005	17,835	-	20	892	892	12,040	43
44	Painting and Wallcovering	2005	29,600	-	20	1,480	1,480	19,980	44
45	6 Doors	2005	1,926	-	20	96	96	1,300	45
46	Plaster Ceiling	2005	10,392	378	20	520	142	7,015	46
47	Vinyl Flooring	2005	4,878	177	20	244	67	3,293	47
48	Duct Heater	2006	1,195	-	20	60	60	748	48
49	Kitchen Garbage Disposal	2006	1,467	-	20	73	73	916	49
50	Copper Pipe & Concrete	2006	3,722	-	20	186	186	2,325	50
51	Fence	2006	6,061	358	20	303	(55)	3,788	51
52	Shower Remodel - Hall 400	2006	21,570	785	20	1,079	294	13,482	52
53	Tile Kitchen Floor	2006	9,750	355	20	488	133	6,095	53
54	Shower Remodel - Hall 200	2006	21,570	785	20	1,079	294	13,482	54
55	Shower Remodel - Hall 500	2006	21,570	785	20	1,079	294	13,482	55
56	Sprinkler System - new pipe	2006	19,579	712	20	979	267	12,237	56
57	Front Entrance	2006	2,150	78	20	108	30	1,345	57
58	4 ton & 1 1/2 Ton condensing Units	2006	3,361	122	20	168	46	2,100	58
59	3 Ton Condensing Unit	2006	1,729	63	20	86	23	1,080	59
60	Compressor-Walk In Freezer	2006	1,784	-	20	89	89	1,114	60
61	Air Conditioners (5)	2006	2,146	-	10	-	-	2,146	61
62	Air Conditioners (6)	2006	2,576	-	20	129	129	1,611	62
63	Phone System	2006	1,658	-	20	83	83	1,037	63
64	Remove & reinstall 6 dry pendants	2007	3,039	111	20	152	41	1,748	64
65	2 Hot Water Heaters	2007	7,500	273	20	375	102	4,313	65
66	2 Mixing valves for hot water heaters	2007	3,160	115	20	84	(32)	1,370	66
67	New Window Glass	2007	3,562	-	20	178	178	2,047	67
68	Paving, Parking Lot & Driveway	2007	32,275	1,773	20	1,614	(159)	12,554	68
69	Handrails	2007	2,980	-	20	149	149	1,714	69
70	TOTAL (lines 4 thru 69)		\$ 3,701,368	\$ 15,375		\$ 100,626	\$ 85,251	\$ 1,806,468	70

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

Facility Name & ID Number Autumn Meadows of Cahokia

#

Report Period Beginning:

1/1/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 3,701,368	\$ 15,375		\$ 100,626	\$ 85,251	\$ 1,806,468	1
2	Fire Damper and Roof Vent	2007	5,114	103	20	256	153	2,941	2
3	Dining Room Flooring-Ceramic, not glued down	2007	8,790	-	20	440	440	5,055	3
4	Walk In Freezer Door	2008	2,316	84	20	116	32	1,332	4
5	Replace 4 Inch Main	2008	3,158	115	20	158	43	1,658	5
6	Sprinkler heads for alarm	2008	29,310	1,066	20	1,466	400	15,389	6
7	Sign	2009	2,685	-	20	134	134	1,410	7
8	Hot Water Heater	2009	5,182	185	20	259	74	2,461	8
9	Vinyl Flooring	2009	14,512	-	20	726	726	6,897	9
10	Hot Water Heater	2010	5,094	-	20	255	255	2,422	10
11	Valves	2011	3,310	120	20	166	46	1,407	11
12	100 gallon hot water heater	2011	33,231	1,208	20	1,662	454	12,463	12
13	Security system - Phase 1 & 2	2011	21,394	-	20	1,070	1,070	8,023	13
14				-		-			14
15	Patio	2012	5,847	-	20	455	455	2,956	15
16	Gazebo	2012	19,098	-	20	637	637	4,138	16
17				-		-			17
18	Duct Heater	2013	3,213	-	20	161	161	884	18
19	Two Water Heaters & replace 2" main shut off valve &	2013	15,085	-	20	754	754	4,148	19
20	1 1/2" swing check valve			-		-			20
21				-		-			21
22	A/C Units	2013	4,380	-	20	219	219	1,205	22
23	-Removal of existing outdoor A/C unit			-		-			23
24	-Install a new 1 1/2 ton A/C unit and a 4 ton A/C unit			-		-			24
25	-Install A new trunk line and insulate with duct liner			-		-			25
26	-Install A new liquid line filter drier & pressure test			-		-			26
27				-		-			27
28	Parking Lot Improvement	2013	54,724	-	20	2,736	2,736	15,049	28
29	-Update the parking lot by milling butt joints,			-		-			29
30	patching failed areas, cleaning, applying a primer coat			-		-			30
31	-Installed 1.5' Hot Mix Asphalt Overlay			-		-			31
32				-		-			32
33				-		-			33
34	TOTAL (lines 1 thru 33)		\$ 3,937,811	\$ 18,256		\$ 112,293	\$ 94,037	\$ 1,896,305	34

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

Facility Name & ID Number Autumn Meadows of Cahokia

#

Report Period Beginning:

1/1/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 3,937,811	\$ 18,256		\$ 112,293	\$ 94,037	\$ 1,896,305	1
2	Basement Remodel	2013	30,088	-	20	1,504	1,504	8,274	2
3	-Frame walls and exterior concrete			-		-			3
4	-Replace electrical can lights and recepticals			-		-			4
5	-Add heat register in office			-		-			5
6	-Install commercial carpet on floor			-		-			6
7	-Replace drywall walls and ceilings			-		-			7
8	-Replace 4 windows			-		-			8
9	-Add sink and new plumbing			-		-			9
10	-Crack in wall repair			-		-			10
11				-		-			11
12	Fire alarm replacement	2013	17,758	-	20	888	888	4,884	12
13				-		-			13
14	Asphalt and sealcoating - Driveway and 2 Walkways	2014	2,750	94	20	183	89	779	14
15	Remove and replace patio	2014	17,831	-	20	892	892	4,458	15
16	New exhaust fan and installation on roof	2014	3,210	117	20	161	44	803	16
17	Replace transfer switches - Generator	2014	4,727	172	20	236	64	1,181	17
18	3 ton air handler & 5 ton air handler & ductwork-Mech Room	2014	3,100	-	20	155	155	775	18
19	Replace new PVC drain, toilet, sink, sump pump-Office	2014	2,647	96	20	132	36	661	19
20				-		-			20
21	Replace original ductwork - Several areas of facility	2015	7,029	-	20	351	351	1,230	21
22	Remove concrete floor to replace damaged pipes with PVC	2015	3,000	-	20	150	150	525	22
23	Replace heat packages in offices, nurses stations, D Hall 400 & 600	2015	3,074	-	20	154	154	538	23
24	Wanderguard transmitter	2015	2,686	-	20	134	134	470	24
25	5 PTAC heaters	2015	2,869	-	20	143	143	502	25
26				-		-			26
27	Asphalt sidewalk - Behind Bldg & South Side	2016	12,882	551	20	859	308	2,040	27
28	Replaced 4" main - 100 Hall	2016	4,689	171	20	234	63	586	28
29	Hot water heater - 400 Hall in rear mechanical room	2016	7,775	283	20	389	106	972	29
30	Dry pendant head - 500 Hall	2016	9,190	334	20	460	126	1,149	30
31	Freezer condenser unit - Kitchen Walk-In freezer	2016	4,154	151	20	208	57	519	31
32	AC unit - Electrical Room	2016	5,476	199	20	274	75	685	32
33				-		-			33
34	TOTAL (lines 1 thru 33)		\$ 4,082,746	\$ 20,424		\$ 119,800	\$ 99,376	\$ 1,927,337	34

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

Facility Name & ID Number Autumn Meadows of Cahokia

#

Report Period Beginning:

1/1/18

Ending:

12/31/18

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12C, Carried Forward	\$ 4,082,746	\$ 20,424		\$ 119,800	\$ 99,376	\$ 1,927,337		1
2	Hot water heater - 100 Hall by nrs stn & frt mech rm (3 total)	2016	7,307	266	20	365	99	913	2
3	Replaced AC unit compressors - Library unit	2016	3,862	140	20	193	53	483	3
4	Hot water heater - 100 Hall by nrs stn & frt mech rm (3 total)	2016	6,000	218	20	300	82	750	4
5	10 PTAC Units - throughout building	2016	5,578	536	5	1,116	580	2,789	5
6	6 PTAC Units - throughout building	2016	3,819	366	5	763	397	1,910	6
7	Replaced ducts, pipes & heat packages - throughout building	2016	13,104	-	15	843	843	2,124	7
8				-					8
9	Replace fire sprinklers-Entire building	2017	257,398	-	40	6,434	6,434	9,651	9
10	Custom monument sign & refurbish cabinet	2017	11,514	1,816	10	1,151	(665)	1,529	10
11	Install subpanel & remove A/C out of generator panel, fix	2017	2,557	-	20	128	128	192	11
12	electrical code repairs - Mechanical Room			-					12
13	Sprinkler project submission fee - Entire building	2017	2,923	106	5	585	479	1,072	13
14	Compressor and filter drier - Mechanical Room	2017	2,723	99	10	272	173	431	14
15	6 PTAC Units - throughout building	2018	3,997	3,997	5	333	(3,664)	333	15
16				-					16
17				-					17
18				-					18
19	Allocated from SW Financial Services Co. - Leasehold Improve	1995	3,735	-	20	-		3,735	19
20	Allocated from SW Financial Services Co. - Leasehold Improve	1996	622	-	622	-		622	# 20
21	Allocated from SW Financial Services Co. - Leasehold Improve	1997	721	-	20	-		721	21
22	Allocated from SW Financial Services Co. - Leasehold Improve	1998	616	-	20	8	8	616	22
23	Allocated from SW Financial Services Co. - Leasehold Improve	1999	1,712	-	20	86	86	1,633	23
24	Allocated from SW Financial Services Co. - Leasehold Improve	2005	3,541	-	20	177	177	2,390	24
25	Allocated from SW Financial Services Co. - Leasehold Improve	2007	2,005	-	20	100	100	1,153	25
26	Allocated from SW Financial Services Co. - Leasehold Improve	2009	4,185	-	20	209	209	1,988	26
27	Allocated from SW Financial Services Co. - Leasehold Improve	2013	2,234	-	20	112	112	614	27
28	Allocated from SW Financial Services Co. - Leasehold Improve	2014	2,254	-	20	113	113	507	28
29	Allocated from SW Financial Services Co. - Leasehold Improve	2015	463	-	20	31	31	108	29
30									30
31	To tie with book depreciation			-					31
32				-					32
33				-					33
34	TOTAL (lines 1 thru 33)		\$ 4,425,616	\$ 27,968		\$ 133,119	\$ 105,151	\$ 1,963,600	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 265,642	\$ 12,625	\$ 39,068	\$ 26,443	5-10	\$ 194,563	71
72	Current Year Purchases	20,834	20,834	2,142	(18,692)		2,142	72
73	Fully Depreciated Assets	241,808			-		241,808	73
74	Allocated from Mgmt Co	14,118		455	455		10,356	74
75	TOTALS	\$ 542,402	\$ 33,459	\$ 41,665	\$ 8,206		\$ 448,869	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	Facility Use	2014 Chrysler Town & Country	2014	\$ 32,408	\$ 1,773	\$ 3,241	\$ 1,468	10	\$ 19,445	76
77										77
78	Allocated from Mgmt Co	2017 Land Rover Evoque	2017	8,174	-	1,635	1,635	5	2,452	78
79										79
80	TOTALS			\$ 40,582	\$ 1,773	\$ 4,876	\$ 3,103		\$ 21,897	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)	\$ 5,253,600	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 63,200	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 179,660	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 116,460	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,434,366	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	N/A	\$	92
93			93
94			94
95		\$	95

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

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

Facility Name & ID Number Autumn Meadows of Cahokia

Report Period Beginning: 1/1/18

Ending: 12/31/18

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

**

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

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

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

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

15. Is Movable equipment rental included in building rental? _____

YES NO

16. Rental Amount for movable equipment: \$ 4,244

Description: Medical Equipment \$4,244

(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	<u>Facility Use</u>	<u>2017 World Trans Psg Bus</u>	\$ <u>1,000</u>	\$ <u>12,000</u>	17
18					18
19	<u>Allocated from Management Co.</u>			<u>987</u>	19
20					20
21	TOTAL		\$ <u>1,000</u>	\$ <u>12,987</u>	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12.	<u>/2019</u>	\$ _____
13.	<u>/2020</u>	\$ _____
14.	<u>/2021</u>	\$ _____

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

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

Facility Name & ID Number

Autumn Meadows of Cahokia

#

Report Period Beginning:

1/1/18

Ending:

12/31/18

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L39, C3	hrs	\$	4,948	\$ 356,282	\$	4,948	\$ 356,282	1
2	Licensed Speech and Language Development Therapist	L39, C3	hrs		3,071	147,392		3,071	147,392	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L39, C3	hrs		4,971	318,166		4,971	318,166	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescripts				38,795		38,795	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Oxygen</u>	L39, C2					4,003		4,003	12
13	Other (specify):									13
14	TOTAL			\$	12,990	\$ 821,840	\$ 42,798	12,990	\$ 864,638	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 Autumn Meadows of Cahokia

#

Report Period Beginning: 1/1/18

Ending:

12/31/18

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/18

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,000	\$ 1,000	1
2	Cash-Patient Deposits	24,916	24,916	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 231,804)	2,011,556	2,011,556	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	41,856	52,837	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Schedule 17A	342,213	612,121	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,421,541	\$ 2,702,430	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	15,000	245,000	13
14	Buildings, at Historical Cost	55,818	3,017,629	14
15	Leasehold Improvements, at Historical Cost	733,329	1,407,987	15
16	Equipment, at Historical Cost	486,284	582,984	16
17	Accumulated Depreciation (book methods)	(860,354)	(2,434,366)	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 (spec) Capitalized Costs		33,528	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 430,077	\$ 2,852,762	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,851,618	\$ 5,555,192	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 159,107	\$ 164,154	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	26,071	26,071	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	183,778	183,778	30
31	Accrued Taxes Payable (excluding real estate taxes)	19,661	19,661	31
32	Accrued Real Estate Taxes(Sch.IX-B)		138,400	32
33	Accrued Interest Payable		11,548	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Schedule 17A	438,448	346,491	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 827,065	\$ 890,103	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	835,090	4,316,812	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 835,090	\$ 4,316,812	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,662,155	\$ 5,206,915	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,189,463	\$ 348,277	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,851,618	\$ 5,555,192	48

*(See instructions.)

Facility Name: Autumn Meadows of Cahokia
IDPH License ID Number: 0
Fiscal Year End: 12/31/18

Schedule 17A

XV. Balance Sheet

Line 9 Current Assets Other (specify):

Description	Operating	After Consolidation
Re Replacement Reserve	-	133,318
Re Escrow - Mip	-	18,783
Re Escrow - Insurance	-	30,812
Re Escrow Real Estate Tax	-	86,995
Due From State - Interest	43,591	43,591
Employee Loans	3,500	3,500
Employee Payroll Advance	664	664
Short Term Loan Exchange	114,324	114,324
Fire Reimbursement From Cna	180,134	180,134
Total - Line 9	342,213	612,121

XV. Balance Sheet

Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
Due From State	133,601	133,601
Reimbursement Due	(38,495)	(38,495)
Insurance Premiums Payable	34,622	34,622
Accrued Expenses	233,581	233,581
Due To Public Aid	1,457	1,457
Due/From Cahokia Property Llc	59,509	(32,448)
Due/From Vacant Cahokia Prop.	14,173	14,173
Total - Line 36	438,448	346,491

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,419,436	1
2	Restatements (describe):		2
3	Prior Period Adjustment		3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,419,436	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(349,973)	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	# 120,000 #	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (229,973)	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)	\$ 1,189,463	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Autumn Meadows of Cahokia

#

Report Period Beginning: 1/1/18

Ending: 12/31/18

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 4,962,486	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,962,486	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,117,806	6
7	Oxygen	6,455	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,124,261	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		13
14	Non-Patient Meals		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		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	8,033	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 8,033	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Miscellaneous Income	18,519	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 18,519	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,113,299	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,059,140	31
32	Health Care	2,231,980	32
33	General Administration	1,406,105	33
B. Capital Expense			
34	Ownership	571,000	34
C. Ancillary Expense			
35	Special Cost Centers	936,042	35
36	Provider Participation Fee	259,005	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,463,272	40
41	Income before Income Taxes (line 30 minus line 40)**	(349,973)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (349,973)	43
III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 3,823,097	44
45	Private Pay - Net Inpatient Revenue	204,732	45
46	Medicare - Net Inpatient Revenue	426,610	46
47	Other-(specify) <u>Hospice</u>	44,261	47
48	Other-(specify) <u>VA</u>	463,786	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 4,962,486	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? No^ 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.

^ Entity is a cash basis taxpayer

Facility Name & ID Number Autumn Meadows of Cahokia

#

Report Period Beginning:

1/1/18

Ending:

12/31/18

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,997	2,120	\$ 78,651	\$ 37.10	1
2	Assistant Director of Nursing					2
3	Registered Nurses	3,929	4,134	116,573	28.20	3
4	Licensed Practical Nurses	22,723	24,662	653,957	26.52	4
5	CNAs & Orderlies	71,993	77,989	1,079,795	13.85	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,599	4,055	70,050	17.28	8
9	Activity Director					9
10	Activity Assistants	4,866	5,428	78,056	14.38	10
11	Social Service Workers	2,321	2,424	39,988	16.50	11
12	Dietician					12
13	Food Service Supervisor	1,384	1,588	37,337	23.51	13
14	Head Cook	7,631	8,275	102,450	12.38	14
15	Cook Helpers/Assistants	7,409	8,114	98,411	12.13	15
16	Dishwashers					16
17	Maintenance Workers	3,570	3,982	63,560	15.96	17
18	Housekeepers	16,185	17,313	194,389	11.23	18
19	Laundry	5,865	6,232	55,113	8.84	19
20	Administrator	1,837	1,989	81,365	40.91	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	12,767	13,381	371,172	27.74	23
24	Clerical	5,758	6,132	161,209	26.29	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					31
32	Other Health Care					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	173,834	187,817	\$ 3,282,076 *	\$ 17.47	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	\$ 6,386	L1, C3	35
36	Medical Director	Monthly	12,000	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,745	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 20,131		49

C. CONTRACT NURSES

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

Facility Name & ID Number Autumn Meadows of Cahokia

#

Report Period Beginning: 1/1/18

Ending: 12/31/18

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Danielle Young	Administrator	32.4%	\$ 26,325	Workers' Compensation Insurance	\$ 84,815	IDPH License Fee	\$ 1,990	
Bonnie Cannon	Administrator	1.5%	1,182	Unemployment Compensation Insurance	48,923	Advertising: Employee Recruitment		
Rikeesha	Administrator	66.2%	53,858	FICA Taxes	246,217	Health Care Worker Background Check (Indicate # of checks performed <u>267</u>)	3,199	
				Employee Health Insurance	66,416	Patient Background Checks <u>200</u>	2,000	
				Employee Meals	22,160	Miscellaneous Inspections & Licenses	3,499	
				Illinois Municipal Retirement Fund (IMRF)*		Miscellaneous Dues & Permits	1,877	
				Miscellaneous Employee Benefits	(7,309)	Health Care Council of Illinois	21,200	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 81,365			Allocated from Management Co.	391	
B. Administrative - Other						Less: Public Relations Expense	(10,600)	
Description			Amount			Non-allowable advertising	()	
N/A			\$			Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL (agree to Schedule V, line 22, col.8)	\$ 461,222	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 23,556	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
RSM US LLP	Accounting		\$ 25,070	N/A		\$	Out-of-State Travel	\$
Nadia Consulting LLC	Administrative Consultant		3,501					
Polsinelli	Legal		8,326				In-State Travel	
SB2 Inc	Legal		2,256					
HelperBroom LLC	Legal		5,637				Seminar Expense	2,145
							Allocated from Home Office	34
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 44,790	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 2,179

* Attach copy of IMRF notifications

**See instructions.

Facility Name: Autumn Meadows of Cahokia
IDPH License ID Number: 0
Fiscal Year End: 12/31/18

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Professional Fees from Page 21 Section C		44,790
	Total (agree to Schedule V, line 19, column 3)	44,790
Allocated from Management Company Legal Fees		35
Allocated from Management Company Professional Services		1,088
Allocated from Real Estate Entity Professional Services		8,000
Less: Non-Allowable Legal Fees		(8,735)
	Total (agree to Schedule V, line 19, column 8)	45,178

Facility Name & ID Number Autumn Meadows of Cahokia

#

Report Period Beginning:

1/1/18

Ending:

12/31/18

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. Illinois Council on Long Term Care-\$21,200
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 8,912 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 259,005
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. \$ 22,160 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (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? N/A
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? No
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? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.