

		FOR BHF USE			

LL2

Supportive Living Facility

**2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)**

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>I. Facility ID Number: <u>1000075</u></p> <p>Facility Name: <u>Hawthorne Inn of Clinton</u></p> <hr/> <p>Address: <u>1 Park Lane West</u> <u>Clinton</u> <u>61727</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Dewitt</u></p> <p>Telephone Number: (<u>217</u>) <u>935-8500</u> Fax # ()</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>01/02/2007</u></p> <p>Type of Ownership:</p> <table border="0" style="width:100%"> <tr> <td><input checked="" 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>IRS Exemption Code <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>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Ron Wilson</u> Telephone Number: (<u>309</u>) <u>343-1550</u></p> <p>Email Address: _____</p>	<input checked="" 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	IRS Exemption Code <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>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>4/1/17</u> to <u>3/31/18</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 border="1" style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</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>Paid Preparer</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 & 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) 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>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Darcee Fanning</u>			(Title) <u>Regional Director</u>		Paid Preparer	(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) 361-2868</u> Fax # ()	
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Facility Name Hawthorne Inn of Clinton

Report Period Beginning: 4/1/17 Ending: 3/31/18

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	15	Single Unit Apartment	15	5,475	1
2	6	Double Unit Apartment	6	2,190	2
3		Other		1,403	3
4	21	TOTALS	21	9,068	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	2,547	2,737		5,284	5
6	Double Unit	1,160	849		2,009	6
7	Other	808	595		1,403	7
8	TOTALS	4,515	4,181		8,696	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.90%

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)

None

H. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

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

Tax Year: 3/31/18 Fiscal Year: 3/31/18

* 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 principal? 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 principal? 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 principal? N/A
If no, explain. N/A

Facility Name: Hawthorne Inn of Clinton

Report Period Beginning:

4/1/17

Ending:

3/31/18

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			
A. General Services								
1	Dietary and Food Purchase	377,972	421,720	21,903	821,595	(674,259)	147,336	1
2	Housekeeping, Laundry and Maintenance	375,444	87,639	60,929	524,012	(474,189)	49,823	2
3	Heat and Other Utilities			185,440	185,440	(154,448)	30,992	3
4	Other (specify):							4
5	TOTAL General Services	753,416	509,359	268,272	1,531,047	(1,302,896)	228,151	5
B. Health Care and Programs								
6	Health Care/ Personal Care	3,098,711	402,796	1,080,216	4,581,723	(4,326,544)	255,179	6
7	Activities and Social Services	176,379	3,135		179,514	(179,191)	323	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	3,275,090	405,931	1,080,216	4,761,237	(4,505,735)	255,502	9
C. General Administration								
10	Administrative and Clerical	292,457	26,228	1,144,607	1,463,292	(1,400,057)	63,235	10
11	Marketing Materials, Promotions and Advertising	63,008		46,488	109,496	(108,491)	1,005	11
12	Employee Benefits and Payroll Taxes			568,936	568,936	(516,941)	51,995	12
13	Insurance-Property, Liability and Malpractice			84,300	84,300	(73,691)	10,609	13
14	Other (specify):							14
15	TOTAL General Administration	355,465	26,228	1,844,331	2,226,024	(2,099,180)	126,844	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	4,383,971	941,518	3,192,819	8,518,308	(7,907,811)	610,497	16
Capital Expenses								
D. Ownership								
17	Depreciation			70,557	70,557	(70,557)		17
18	Interest							18
19	Real Estate Taxes			198,800	198,800	(165,004)	33,796	19
20	Rent -- Facility and Grounds			1,374,000	1,374,000	(1,140,420)	233,580	20
21	Rent -- Equipment			7,853	7,853	(7,853)		21
22	Other (specify):							22
23	TOTAL Ownership			1,651,210	1,651,210	(1,383,834)	267,376	23
24	GRAND TOTAL (Sum of lines 16 and 23)	4,383,971	941,518	4,844,029	10,169,518	(9,291,645)	877,873	24

Facility Name: Hawthorne Inn of Clinton

Report Period Beginning: 4/1/17

Ending: 3/31/18

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	12.41	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3	10.92	7
8	Dishwashers			8
9	Maintenance Workers	0.3	15.96	9
10	Housekeepers	1	9.95	10
11	Laundry	0.5	8.74	11
12	Managers	0.1	53.84	12
13	Other Administrative			13
14	Clerical			14
15	Marketing	0.1	30.29	15
16	Other			16
17	Total (lines 1 thru 16)	15	\$	17

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			\$ 335	1
2					2
3					3
4					4
5					5
Total				\$ 335	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	RFMS Sch IV Ln 10 C3	\$ 17,651	1
2	LTC Support Services Sch IV Ln 10 C3	21,426	2
Total		\$ 39,077	3

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 Clinton

Report Period Beginning: 4/1/17

Ending: 3/31/18

VIII. OWNERSHIP COSTS

A. Purchase price of land N/A Year land was acquired N/A

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
Improvement Type											
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$	\$		\$	\$	\$	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	\$	\$	\$	\$		\$	18
19	Vehicles	50,859					50,859	19
20	TOTAL (lines 18 and 19)	50,859	\$	\$	\$		50,859	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	SNF Equipment	\$ 523,692	\$ \$ 45,513	\$ \$ 385,353	21
22	SNF Leasehold Improvements	283,351	23,973	131,342	22
23	SNF Ford 350 Van - 2005	51,365	1,071	51,362	23
24	TOTALS (lines 21, 22 and 23)	\$ 858,408	\$ 70,557	\$ 568,057	24

Facility Name: Hawthorne Inn of Clinton

Report Period Beginning: 4/1/17

Ending: 3/31/18

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: See Attached Schedule I

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		21	4/15/05	\$ 233,580	10		3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		21		\$ 233,580			7

8. Is movable equipment rental included in building rental?

YES NO

9. Rental amount for movable equipment \$ Not Determined

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				
		A. Directly Facility Related										
		Long-Term										
1		N/A				/ /	\$	\$	/ /		\$	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$	\$			\$	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$	\$			\$	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 Clinton

Report Period Beginning: 4/1/17

Ending:

3/31/18

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 3/31/18

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 4,699	\$ 4,699	1
2	Cash-Patient Deposits	17,670	17,670	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 483,000)	1,468,644	1,468,644	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	51,912	51,912	6
7	Other Prepaid Expenses	1,986	1,986	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,544,911	\$ 1,544,911	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	273,210	283,351	15
16	Equipment, at Historical Cost	636,058	625,916	16
17	Accumulated Depreciation (book methods)	(618,915)	(618,916)	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	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 290,353	\$ 290,351	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,835,264	\$ 1,835,262	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 157,103	\$ 157,103	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	17,670	17,670	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	94,453	94,453	30
31	Accrued Taxes Payable	345,705	345,705	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Inter-Company	2,264,892	2,264,892	35
36	Accrued Expenses	16,961	16,961	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,896,784	\$ 2,896,784	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Security Deposit	46,140	46,140	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 46,140	\$ 46,140	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,942,924	\$ 2,942,924	45
46	TOTAL EQUITY	\$ (1,107,660)	\$ (1,107,662)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,835,264	\$ 1,835,262	47

*(See instructions.)

Facility Name: Hawthorne Inn of Clinton

Report Period Beginning: 4/1/17

Ending:

3/31/18

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

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,012,714	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,012,714	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	SNF Revenue	8,790,131	15
16	Processing Fee	727	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 8,790,858	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 9,803,572	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,531,047	19
20	Health Care/ Personal Care	4,761,237	20
21	General Administration	2,226,024	21
B. Capital Expense			
22	Ownership	1,651,210	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 10,169,518	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (365,946)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (365,946)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 365,802	32
33	Private Pay - Net Inpatient Revenue	646,912	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,012,714	37

FACILITY Hawthorne Inn of Clinton
ID#: 37-1223846

BEGINNING: 4/1/2017
ENDING: 3/31/2018

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	Coraville, 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: 21,426

SEE ACCOUNTANTS' COMPILATION REPORT

ATTACHED SCHEDULE II

IV. Cost Center Expenses
Reclassifications and Adjustments

Reported on Schedule IV on Line	Description	Adj Col 5
Line 11	Non-allowable advertising	(6,481)
See Att Sch IV	Home office allocation	1,145
See Att Sch V	Disallowed SNF Costs	(9,286,309)
<i>Total Adjustments on Schedule IV</i>		(9,291,645)

ATTACHED SCHEDULE III

Bed Listing & Home Office Allocation

Facility	Weighted beds @ 03/31/2018					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	Percentage of Total		
Liberty Estates of Danville	0	0	0	0	8	8	0.85%	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	0.85%	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	1.39%	0.00%		
Hawthorne Inn of Danville	80	30	0	0	0	110	11.75%	11.75%		
Manor Court of Princeton	125	0	11	0	0	136	14.53%	13.35%		
Manor Court of Clinton	134	0	11	0	0	145	15.49%	14.32%		
Manor Court of Peoria	50	0	0	0	0	50	5.34%	5.34%		
Manor Court of Peru	114	8	0	0	0	122	13.03%	13.03%		
Manor Court of Freeport	117	0	0	0	0	117	12.50%	12.50%		
Windmill Manor	120	0	0	0	0	120	12.82%	12.82%		
Hawthorne Inn of Peoria	0	0	0	34	0	34	3.63%	0.00%		
Hawthorne Inn of Peru	0	0	0	34	0	34	3.63%	0.00%		
Hawthorne Inn of Freeport	0	0	15	0	0	15	1.60%	0.00%		
	740	38	37	85	36	936	100%	83.12%	100.00%	
Healthcare Facilities										
						Allocation Stats	Base Stat	% of total	% of HC	
Hawthorne Inn of Danville	80	30				110	365	40,150	11.75%	14.14%
Manor Court of Princeton	125	0				125	365	45,625	13.35%	16.07%
Manor Court of Clinton	134	0				134	365	48,910	14.32%	17.22%
Manor Court of Peoria	50	0				50	365	18,250	5.34%	6.43%
Manor Court of Peru	114	8				122	365	44,530	13.03%	15.68%
Manor Court of Freeport	117	0				117	365	42,705	12.50%	15.04%
Windmill Manor	120	0				120	365	43,800	12.82%	15.42%
	740	38				778		283,970	83.12%	100.00%
Other Facilities										
Liberty Estates of Danville			0	0	8	8	365	2,920	0.85%	5.06%
Liberty Estates of Freeport			0	0	7	7	365	2,555	0.75%	4.43%
Liberty Estates of Peoria			0	0	8	8	365	2,920	0.85%	5.06%
Liberty Estates of Geneseo			0	7	3	10	365	3,650	1.07%	6.33%
Liberty Estates of Peru			0	0	7	7	365	2,555	0.75%	4.43%
Liberty Estates of Streator			0	10	3	13	365	4,745	1.39%	8.23%
Hawthorne Inn of Danville			0	0	0	0	-	0	0.00%	0.00%
Manor Court of Princeton			11	0	0	11	365	4,015	1.18%	6.96%
Manor Court of Clinton			11	0	0	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	365	12,410	3.63%	21.52%
Hawthorne Inn of Peru			0	34	0	34	365	12,410	3.63%	21.52%
Hawthorne Inn of Freeport			15	0	0	15	365	5,475	1.60%	9.49%
	0	0	37	85	36	158		57,670	16.88%	100.00%
							Total	341,640	100.00%	

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

BEGINNING:
 ENDING:

4/1/2017
 3/31/2018

ATTACHED SCHEDULE IV ALLOCATION OF HOME OFFICE INDIRECT COSTS

SUMMARY SCHEDULE

(See attached detail schedule)

Sch. V 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	1,051	1,051
1 Mkt, Promo, Adv	0	0	-
1 Emp Ben & PR taxes	0	0	-
1 Insurance	0	94	94
1 Other	0	0	-
1 Depreciation	0	0	-
1 Interest	0	0	-
1 Real Estate Taxes	0	0	-
			-
			-

TOTALS 0 1,145 1,145

Net adjustment required 1,145

SEE ACCOUNTANTS' COMPILATION REPORT

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

BEGINNING: 4/1/2017
ENDING: 3/31/2018

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

Allocation Factors:

SLF Home Office Factor **0.0118**

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	605		605	7	
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	28,500		28,500	335	
V-10-3	Legal Fees	23,746		23,746	279	
V-10-3	Professional Services	36,312		36,312	427	
V-10-3	Licenses/Fees/Misc	239		239	3	
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	11,500	11,500	0	0	1,051
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	94	
V-13-3	Property Insurance			0	0	94
V-17-3	Depreciation Expense			0	0	0
V-18-3	Interest Expense	3	3	0	0	
V-18-3	Investment Income	76,238	76,238	0	0	0
	TOTALS	185,183	87,741	97,442	1,145	1,145

Board of Directors Costs:

John Kniery	4,500.00
Doug Biederstedt	6,000.00
Ben McMahan	6,000.00
Jeff Shaw	6,000.00
William Kempiners	6,000.00
Meeting/Travel exp	
Total	28,500.00

SEE ACCOUNTANTS' COMPILATION REPORT

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

BEGINNING: 4/1/2017
ENDING: 3/31/2018

Manor Court of Clinton (skilled nursing) and Hawthorne Inn of Clinton (supportive living) are both housed in the same bldg and reported as a single division of Residential Alternatives of Illinois, Inc. Therefore, the divisional income statement and balance sheet report both operations. The SNF related costs have been adjusted out of this cost report

Attached Schedule V

SUMMARY SCHEDULE

Sch. IV of Allocation of Skilled Nursing Facility Costs

Line #		Salaries	Supplies	Other	Total
1	Dietary and Food	308,315	344,041	21,903	674,259
2	Hskp, Laundry, Main	336,825	80,276	57,088	474,189
3	Heat & Other Utilities			154,448	154,448
4	Other				-
6	Health Care/personal	2,843,532	402,796	1,080,216	4,326,544
7	Activities & Soc Serv	176,379	2,812		179,191
8	Other				-
10	Admin/Clerical	281,005	23,678	1,096,425	1,401,108
11	Mkt, Promo, Adv	56,527	45,483		102,010
12	Emp Ben & PR taxes			516,941	516,941
13	Insurance			73,785	73,785
14	Other				-
17	Depreciation			70,557	70,557
18	Interest				-
19	Real Estate Taxes			165,004	165,004
20	Rent			1,140,420	1,140,420
21	Rent Equip			7,853	7,853
TOTALS		4,002,583	899,086	4,384,640	9,286,309

Net adjustment required

9,286,309

SEE ACCOUNTANTS' COMPILATION REPORT