

		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>1000093</u></p> <p>Facility Name: <u>Hawthorne Inn of Freeport</u></p> <hr/> <p>Address: <u>2140 West Navajo Dr</u> <u>Freeport</u> <u>61032</u> <small>Number City Zip Code</small></p> <p>County: <u>Stephenson</u></p> <p>Telephone Number: (<u>815</u>) <u>232-3407</u> Fax # (<u> </u>)</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/19/2007</u></p> <p>Type of Ownership:</p> <table 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>	<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>4/01/17</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 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 # (<u> </u>)</td> <td></td> </tr> </table>	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 # (<u> </u>)	
<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 _____																																													
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 # (<u> </u>)																																													
<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>		<p>MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001</p> <p align="right">Phone # (217) 782-1630</p>																																												

Facility Name Hawthorne Inn of Freeport

Report Period Beginning: 4/01/17 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	21	Single Unit Apartment	21	7,665	1
2	8	Double Unit Apartment	8	2,920	2
3		Other		2,855	3
4	29	TOTALS	29	13,440	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	1,719	5,675		7,394	5
6	Double Unit	2,533	365		2,898	6
7	Other	1,009	1,846		2,855	7
8	TOTALS	5,261	7,886		13,147	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.82%

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

ACCRUAL 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 Freeport

Report Period Beginning:

4/01/17

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	72,825	78,516	2,148	153,489	(178)	153,311	1
2	Housekeeping, Laundry and Maintenance	73,469	10,139	13,230	96,838		96,838	2
3	Heat and Other Utilities			38,940	38,940		38,940	3
4	Other (specify):							4
5	TOTAL General Services	146,294	88,655	54,318	289,267	(178)	289,089	5
B. Health Care and Programs								
6	Health Care/ Personal Care	235,276	1,250		236,526		236,526	6
7	Activities and Social Services		651		651		651	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	235,276	1,901		237,177		237,177	9
C. General Administration								
10	Administrative and Clerical	75,582	1,218	76,464	153,264	1,434	154,698	10
11	Marketing Materials, Promotions and Advertising			25,464	25,464	(22,578)	2,886	11
12	Employee Benefits and Payroll Taxes			65,612	65,612		65,612	12
13	Insurance-Property, Liability and Malpractice			16,030	16,030	129	16,159	13
14	Other (specify):							14
15	TOTAL General Administration	75,582	1,218	183,570	260,370	(21,015)	239,355	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	457,152	91,774	237,888	786,814	(21,193)	765,621	16
Capital Expenses								
D. Ownership								
17	Depreciation			136,586	136,586		136,586	17
18	Interest							18
19	Real Estate Taxes			55,075	55,075		55,075	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			191,661	191,661		191,661	23
24	GRAND TOTAL (Sum of lines 16 and 23)	457,152	91,774	429,549	978,475	(21,193)	957,282	24

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning: 4/01/17

Ending:

3/31/18

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.04	\$ 31.28	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10	11.67	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2	15.66	7
8	Dishwashers			8
9	Maintenance Workers	1	15.14	9
10	Housekeepers	1.5	9.95	10
11	Laundry			11
12	Managers	1	23.23	12
13	Other Administrative			13
14	Clerical	1	12.41	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	17	\$	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			\$ 457	1
2					2
3					3
4					4
5					5
Total				\$ 457	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	RFMS Sch IV Ln 10 C3	\$ 37,800	1
2	LTC Support Services Sch IV Ln 10 C3	8,736	2
Total		\$ 46,536	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 Freeport

Report Period Beginning:

4/01/17

Ending:

3/31/18

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	\$	\$ 636,427	1
2											2
3											3
4											4
5											5
Improvement Type											
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		8,159	8
9		Water Softener		2011	5,468	547	10	547		3,509	9
10		Countertops		2013	7,055	588	12	588		2,793	10
11		Plastering- Dining Rm/Living Rm/Foyer/Nurse Station		2015	5,800	580	10	580		2,078	11
12		Cabinets - Kitchen		2015	4,395	293	15	293		903	12
13		Carpet		2016	3,991	798	10	798		1,596	13
14		Nurse Call System		2017	39,515	3,952	15	3,952		4,940	14
15		Water Heater		2017	4,520	414	10	414		414	15
16		Water Heater/Furnace-Sprinkler Room		2018	7,258	144	15	144		144	16
17		TOTAL (lines 1 thru 16)			\$ 4,887,754	\$ 127,645		\$ 127,645	\$	\$ 687,535	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	\$ 8,941	\$ 8,941	\$	3-15 Years	\$ 56,632	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 95,386	\$ 8,941	\$ 8,941	\$		\$ 56,632	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	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning: 4/01/17

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				\$ N/A			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			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				
		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 Freeport

Report Period Beginning: 4/01/17

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	\$ 12,073	\$ 12,073	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>None</u>)	36,901	36,901	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,785	5,785	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,485,560	1,485,560	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,540,319	\$ 1,540,319	10
	B. Long-Term Assets			
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	114,566	114,564	15
16	Equipment, at Historical Cost	95,386	95,386	16
17	Accumulated Depreciation (book methods)	(744,162)	(744,167)	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)	\$ 4,362,790	\$ 4,362,783	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,903,109	\$ 5,903,102	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 16,145	\$ 16,145	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	17,031	17,031	30
31	Accrued Taxes Payable	69,790	69,790	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 102,966	\$ 102,966	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	40,515	40,515	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 40,515	\$ 40,515	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 143,481	\$ 143,481	45
46	TOTAL EQUITY	\$ 5,759,628	\$ 5,759,621	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,903,109	\$ 5,903,102	47

*(See instructions.)

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning: 4/01/17

Ending:

3/31/18

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

	1	Amount	
I. Revenue			
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,686,793	1
2	Discounts and Allowances	(9,703)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,677,090	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	3,310	8
9	Non-Resident Meals	175	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,485	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	40	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 40	14
D. Other Revenue (specify):			
15	See Attached Schedule 8A	8,794	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 8,794	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,689,409	18

	2	Amount	
II. Expenses			
A. Operating Expenses			
19	General Services	289,267	19
20	Health Care/ Personal Care	237,177	20
21	General Administration	260,370	21
B. Capital Expense			
22	Ownership	191,661	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)	\$ 978,475	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 710,934	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 710,934	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 265,969	32
33	Private Pay - Net Inpatient Revenue	1,411,121	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,677,090	37

Schedule 8A

XII. Income Statement
Section D. Other Revenue

<u>Description</u>	<u>Amount</u>
Link Revenue	7,831
Late Fee	60
Processing Fee	900
Tray Service	3
	<u>8,794</u>

SEE ACCOUNTANTS' COMPILATION REPORT

FACILITY Hawthorne Inn of Freeport
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:	
Cantebury Place	Rockford, IL
Glenwood Villa	Rockford, IL
Rockton Court	Rockford, IL
Rose House	Moline, IL
Seborg Terrace	Rockford, IL
Smith Square	Moline, IL
Stem 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

CLA facilities	
Gravlin Square	Bradley, IL

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: 8,736

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 1	Offset Meal Income	(178)
Line 11	Non-allowable advertising	(22,578)
See Att Sch IV	Home office allocation	1,563
<i>Total Adjustments on Schedule IV</i>		(21,193)

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%	14.14%		
Manor Court of Princeton	125	0	11	0	0	136	14.53%	13.35%	16.07%		
Manor Court of Clinton	134	0	11	0	0	145	15.49%	14.32%	17.22%		
Manor Court of Peoria	50	0	0	0	0	50	5.34%	5.34%	6.43%		
Manor Court of Peru	114	8	0	0	0	122	13.03%	13.03%	15.68%		
Manor Court of Freeport	117	0	0	0	0	117	12.50%	12.50%	15.04%		
Windmill Manor	120	0	0	0	0	120	12.82%	12.82%	15.42%		
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					
						Beds	Days in Year	Base Stat	% of total	% of HC	
Hawthorne Inn of Danville	80	30				110	110	365	40,150	11.75%	14.14%
Manor Court of Princeton	125	0				125	125	365	45,625	13.35%	16.07%
Manor Court of Clinton	134	0				134	134	365	48,910	14.32%	17.22%
Manor Court of Peoria	50	0				50	50	365	18,250	5.34%	6.43%
Manor Court of Peru	114	8				122	122	365	44,530	13.03%	15.68%
Manor Court of Freeport	117	0				117	117	365	42,705	12.50%	15.04%
Windmill Manor	120	0				120	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	8	365	2,920	0.85%	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	0.85%	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	1.39%	8.23%
Hawthorne Inn of Danville			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	3.63%	21.52%
Hawthorne Inn of Peru			0	34	0	34	34	365	12,410	3.63%	21.52%
Hawthorne Inn of Freeport			15	0	0	15	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

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	1,434	1,434
1	Mkt, Promo, Adv	0	0	-
1	Emp Ben & PR taxes	0	0	-
1	Insurance	0	129	129
1	Other	0	0	-
1	Depreciation	0	0	-
1	Interest	0	0	-
1	Real Estate Taxes	0	0	-
				-
				-

TOTALS 0 1,563 1,563

Net adjustment required 1,563

SEE ACCOUNTANTS' COMPILATION REPORT

FACILITY NAME: Hawthorne Inn of Freeport
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 **0.0160**

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	0
V-10-1	Labor-Clerical	0		0	0	0
V-10-2	Supplies	0		0	0	0
V-10-3	Miscellaneous	605		605	10	
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	457	
V-10-3	Legal Fees	23,746		23,746	381	
V-10-3	Professional Services	36,312		36,312	582	
V-10-3	Licenses/Fees/Misc	239		239	4	
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	1,434
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	129	
V-13-3	Property Insurance			0	0	129
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	1,563	1,563

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