FOR BHF USE

LL1

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

I. IDPH License ID Number: 0046367

Facility Name: Hawthorne Inn of Danville

Address: 3222 Independence Dr (Number) Danville (City) 61832 (Zip Code)

County: Vermilion

Telephone Number: (217) 431-1600 **Fax #** (217) 431-3782

HFS ID Number:

Date of Initial License for Current Owners: 07/01/2003

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501 (c) 3			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Ron Wilson **Telephone Number:** (309) 343-1550
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 4/1/2017 to 3/31/3018 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name) Darcee Fanning
(Title) Regional Director

Paid Preparer
(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) Larry Templin, Partner
(Firm Name & Address) Templin Healthcare Accounting Services, LLP, P.O. Box 9, Dunlap, IL 61525
(Telephone) (630) 361-2868 Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

III. STATISTICAL DATA

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

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	80	Skilled (SNF)	80	29,200	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	60	Sheltered Care (SC)	60	21,900	5
6		ICF/DD 16 or Less			6
7	140	TOTALS	140	51,100	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	8,300	11,488	6,979	26,767	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC		14,152		14,152	12
13	DD 16 OR LESS					13
14	TOTALS	8,300	25,640	6,979	40,919	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.08%

D. How many bed reserve days during this year were paid by the Department?
0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X] Non-allowable costs have been eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 07/01/03

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 07/01/03 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 80 and days of care provided 4,728

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 3/31/2018 Fiscal Year: 3/31/2018

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	365,765	44,271	12,147	422,183		422,183		422,183			1
2	Food Purchase		291,440		291,440		291,440	(753)	290,687			2
3	Housekeeping	224,993	43,079	114	268,186		268,186		268,186			3
4	Laundry	46,364	13,055	289	59,708		59,708		59,708			4
5	Heat and Other Utilities			118,143	118,143		118,143		118,143			5
6	Maintenance	132,517	39,198	80,676	252,391		252,391		252,391			6
7	Other (specify):*											7
8	TOTAL General Services	769,639	431,043	211,369	1,412,051		1,412,051	(753)	1,411,298			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	2,944,446	213,512	17,410	3,175,368		3,175,368		3,175,368			10
10a	Therapy											10a
11	Activities	82,600	1,419		84,019		84,019		84,019			11
12	Social Services	90,458			90,458		90,458		90,458			12
13	CNA Training											13
14	Program Transportation			16,390	16,390		16,390		16,390			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,117,504	214,931	57,800	3,390,235		3,390,235		3,390,235			16
	C. General Administration											
17	Administrative	131,056			131,056		131,056		131,056			17
18	Directors Fees							3,349	3,349			18
19	Professional Services			343,661	343,661		343,661	6,958	350,619			19
20	Dues, Fees, Subscriptions & Promotions			19,335	19,335		19,335	28	19,363			20
21	Clerical & General Office Expenses	109,346	18,697	54,280	182,323		182,323	71	182,394			21
22	Employee Benefits & Payroll Taxes			509,519	509,519		509,519		509,519			22
23	Inservice Training & Education			3,957	3,957		3,957		3,957			23
24	Travel and Seminar			1,623	1,623		1,623		1,623			24
25	Other Admin. Staff Transportation			447	447		447		447			25
26	Insurance-Prop.Liab.Malpractice			46,662	46,662		46,662	18,834	65,496			26
27	Other (specify):*											27
28	TOTAL General Administration	240,402	18,697	979,484	1,238,583		1,238,583	29,240	1,267,823			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,127,545	664,671	1,248,653	6,040,869		6,040,869	28,487	6,069,356			29

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

SEE ACCOUNTANTS' PREPARATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Hawthorne Inn of Danville #0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			116,307	116,307		116,307	592,280	708,587			30
31	Amortization of Pre-Op. & Org.											31
32	Interest							379,353	379,353			32
33	Real Estate Taxes							131,874	131,874			33
34	Rent-Facility & Grounds			1,013,280	1,013,280		1,013,280	(1,013,280)				34
35	Rent-Equipment & Vehicles			14,903	14,903		14,903		14,903			35
36	Other (specify):* Mortg Insurance							63,170	63,170			36
37	**TOTAL Ownership**			1,144,490	1,144,490		1,144,490	153,397	1,297,887			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		239,579	685,297	924,876		924,876		924,876			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops			6,905	6,905		6,905	(6,905)				41
42	Provider Participation Fee			165,489	165,489		165,489		165,489			42
43	Other (specify):* Disallowed Costs	46,819		141,765	188,584		188,584	(188,584)				43
44	**TOTAL Special Cost Centers**	46,819	239,579	999,456	1,285,854		1,285,854	(195,489)	1,090,365			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,174,364	904,250	3,392,599	8,471,213		8,471,213	(13,605)	8,457,608			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(753)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,293)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(4,528)	30		9
10	Interest and Other Investment Income	(956)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(100)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(22,477)	43		24
25	Fund Raising, Advertising and Promotional	(68,167)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Page 5A	(92,552)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (201,826)		$	30

BHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	188,221		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 188,221		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (13,605)		37

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Hawthorne Inn of Danville

ID# 0046367

Report Period Beginning: 4/1/2017

Ending: 3/31/3018

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Offset Marketing Salary	$ (46,819)	43	1
2	Offset Medicare Pt. A Lab	(21,973)	43	2
3	Offset Medicare Pt. A X-Ray	(16,855)	43	3
4	Offset Vending Machine revenue	(6,905)	41	4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
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31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(92,552)		49

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

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
Residential Alternatives of Illinois, Inc.	100	Frances House, Inc. (FH)		Danville Independence	Danville	Real Estate Entity
(Non-profit Organization)		Residential Alternatives of Illinois, Inc. (FH is sole mem		See Page 6 Supplemental		
		Pioneer Concepts, Inc. (FH is sole member)				
		Pinnacle Opportunities, Inc. (FH is sole member)				
		See Page 6 Supplemental for specific homes				

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	18	Director Fees	$	Residential Alternatives of Illinois, Inc.	100.00%	$ 3,349	$ 3,349	1
2	V	19	Professional Services		Residential Alternatives of Illinois, Inc.	100.00%	7,058	7,058	2
3	V	20	Dues, Fees & Subscriptions		Residential Alternatives of Illinois, Inc.	100.00%	28	28	3
4	V	21	Clerical & General Office		Residential Alternatives of Illinois, Inc.	100.00%	71	71	4
5	V	26	Property Insurance		Residential Alternatives of Illinois, Inc.	100.00%	945	945	5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$ 11,451	$ * 11,451	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

VII. RELATED PARTIES (continued)

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

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

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	26	Insurance		Danville Independence, LLC	100.00%	$ 17,889	$ 17,889	15
16	V	30	Depreciation Expense		Danville Independence, LLC	100.00%	596,808	596,808	16
17	V	32	Interest	597	Danville Independence, LLC	100.00%	380,906	380,309	17
18	V	33	Real Estate		Danville Independence, LLC	100.00%	131,874	131,874	18
19	V	34	Facility Rent	1,013,280	Danville Independence, LLC	100.00%		(1,013,280)	19
20	V	36	MIP Insurance		Danville Independence, LLC	100.00%	63,170	63,170	20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,013,877			$ 1,190,647	$ * 176,770	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Residential Alternatives of Illinois	100%	Hawthorne Inn of Danville	Danville				1
2	Residential Alternatives of Illinois	100%	Manor Court of Clinton	Clinton				2
3	Residential Alternatives of Illinois	100%	Manor Court of Freeport	Freeport				3
4	Residential Alternatives of Illinois	100%	Manor Court of Peoria	Peoria				4
5	Residential Alternatives of Illinois	100%	Manor Court of Peru	Peru				5
6	Residential Alternatives of Illinois	100%	Manor Court of Princeton	Princeton				6
7	Residential Alternatives of Illinois	100%			Hawthorne Inn of Free	Freeport, IL	Supportive Living F	7
8	Residential Alternatives of Illinois	100%			Hawthorne Inn of Peor	Peoria, IL	Assisted Living Faci	8
9	Residential Alternatives of Illinois	100%			Hawthorne Inn of Peru	Peru, IL	Assisted Living Faci	9
10	Residential Alternatives of Illinois	100%			Liberty Estates of Gen	Geneseo, IL	Asst'd & Ind Living	10
11	Residential Alternatives of Illinois	100%			Liberty Estates of Stre	Streator, IL	Asst'd & Ind Living	11
12	Residential Alternatives of Illinois	100%			Liberty Estates of Dan	Danville, IL	Independent Living	12
13	Residential Alternatives of Illinois	100%			Liberty Estates of Free	Freeport, IL	Independent Living	13
14	Residential Alternatives of Illinois	100%			Liberty Estates of Peor	Peoria, IL	Independent Living	14
15	Residential Alternatives of Illinois	100%			Liberty Estates of Peru	Peru, IL	Independent Living	15
16	Residential Alternatives of Illinois	100%	Windmill Manor	Coralville IA				16
17	Frances House, Inc.	100%	Casa Willis	Sterling, IL	Woodburn	Sterling, IL	CILA	17
18	Frances House, Inc.	100%	Freeport Terrace	Freeport, IL				18
19	Frances House, Inc.	100%	Gordon Jones Terrace	Lanark, IL				19
20	Frances House, Inc.	100%	Hallam Terrace	Rockford, IL				20
21	Frances House, Inc.	100%	Hammett House	Sterling, IL				21
22	Frances House, Inc.	100%	Kanthak House	Ottawa, IL				22
23	Frances House, Inc.	100%	Olson Terrace	Rockford, IL				23
24	Frances House, Inc.	100%	Ridge Terrace	Freeport, IL				24
25	Frances House, Inc.	100%	Cantebury Place	Rockford, IL				25
26	Frances House, Inc.	100%	Glenwood Villa	Rockford, IL				26
27	Frances House, Inc.	100%	Rockton Court	Rockford, IL				27
28	Frances House, Inc.	100%	Rose House	Moline, IL				28
29	Frances House, Inc.	100%	Seborg Terrace	Rockford, IL				29
30								30

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Frances House, Inc.	100%	Smith Square	Moline, IL				1
2	Frances House, Inc.	100%	Stern Square	Sterling, IL				2
3	Frances House, Inc.	100%	Stouffer Terrace	Oregon, IL				3
4	Frances House, Inc.	100%	Lewis Terrace	North Chicago, Il				4
5	Frances House, Inc.	100%	Seymour Terrace	North Chicago, Il				5
6	Frances House, Inc.	100%	Waukegan Terrace	Waukegan, IL				6
7	Frances House, Inc.	100%	Pine Terrace	Waukegan, IL				7
8	Pioneer Concepts, Inc.	100%	Broadway Terrace	Chicago Heights, IL	Woodgate	Matteson	CILA	8
9	Pioneer Concepts, Inc.	100%	Carole Lane Terrace	Sauk Village, IL	Thornton	Thornton	CILA	9
10	Pioneer Concepts, Inc.	100%	Flossmoor Terrace	Flossmoor, IL				10
11	Pioneer Concepts, Inc.	100%	Ravisloe Terrace	Country Club Hills, IL				11
12	Pioneer Concepts, Inc.	100%	Spaulding Terrace	Markham, IL				12
13	Pioneer Concepts, Inc.	100%	Calumet City Terrace	Calumet City, IL				13
14	Pioneer Concepts, Inc.	100%	Dolton Terrace	Dolton, IL				14
15	Pioneer Concepts, Inc.	100%	Lynwood Terrace	Lynwood, IL				15
16	Pioneer Concepts, Inc.	100%	Holland Terrace	South Holland, IL				16
17	Pioneer Concepts, Inc.	100%	Matteson Court	Matteson, IL				17
18	Pioneer Concepts, Inc.	100%	Priarie House	Sauk Village, IL				18
19	Pioneer Concepts, Inc.	100%	Torrence Place	Sauk Village, IL				19
20	Pinnacle Opportunities	100%	Chambness Square	Bourbannais, IL	Gravlin Square	Bradley, IL	CILA	20
21	Pinnacle Opportunities	100%	Collins Square	Bradley, IL				21
22	Pinnacle Opportunities	100%	Dearborn Court	Kankakee, IL				22
23	Pinnacle Opportunities	100%	River Court	Kankakee, IL				23
24	Pinnacle Opportunities	100%	Station Court	Kankakee, IL				24
25	Pinnacle Opportunities	100%	Eagle Court	Kankakee, IL				25
26	Pinnacle Opportunities	100%	Kankakee Court	Kankakee, IL				26
27	Pinnacle Opportunities	100%	Roy Court	Bourbannais, IL				27
28	Pinnacle Opportunities	100%	Hunt Terrace	Kankakee, IL				28
29								29
30								30

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

VII. RELATED PARTIES (continued)

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

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

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	John Kniery	President & Director	Administrative	0.00	See Att. Sch 7A	1	<1%	Director Fees	$ 529	L18, C7	1
2	Doug Biederstedt	Director	Administrative	0.00	See Att. Sch 7A	1	<1%	Director Fees	705	L18, C7	2
3	Jeff Shaw	Secretary & Director	Administrative	0.00	See Att. Sch 7A	1	<1%	Director Fees	705	L18, C7	3
4	William Kempiners	Director	Administrative	0.00	See Att. Sch 7A	1	<1%	Director Fees	705	L18, C7	4
5	Ben McMahan	President & Director	Administrative	0.00	See Att. Sch 7A	1	<1%	Director Fees	705	L18, C7	5
6											6
7											7
8											8
9	No board members provide services or have business entities that provide services to the facility.										9
10											10
11											11
12											12
13								TOTAL	$ 3,349		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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

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 [X] NO [ ]

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

Name of Related Organization: Residential Alternatives of Illinois, Inc.
Street Address: 285 S. Farnham
City / State / Zip Code: Galesburg, IL 61401
Phone Number: (309) 343-1550
Fax Number: (309) 343-2857

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	18	Director Fees	Weighted Avg BDA	341,640	16	$ 28,500	$	40,150	$ 3,349	1
2	19	Professional Services	Weighted Avg BDA	341,640	16	60,058	$	40,150	7,058	2
3	20	Dues, Fees & Subscriptions	Weighted Avg BDA	341,640	16	239		40,150	28	3
4	21	Clerical & General Office	Weighted Avg BDA	341,640	16	605		40,150	71	4
5	26	Property Insurance	Weighted Avg BDA	341,640	16	8,040		40,150	945	5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 97,442	$		$ 11,451	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Cambridge Realty Capital		X	Facility Purchase (Refinance)	$56,176.00	02/01/13	$ 12,627,000	$ 11,711,331	09/01/43	3.5000	$ 380,906	1
2	Ltd. Of Illinois - SNF			Including trade premium on								2
3				note of $350,907 as of 3/31/18								3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$56,176.00		$ 12,627,000	$ 11,711,331			$ 380,906	9
	B. Non-Facility Related*											
10												10
11								Interest Income Offset			(1,553)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (1,553)	14
15	TOTALS (line 9+line14)						$ 12,627,000	$ 11,711,331			$ 379,353	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 63,170 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.)

SEE ACCOUNTANTS' PREPARATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**		$ 164,764	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.)	2016	$ 131,781	2
3. Under or (over) accrual (line 2 minus line 1).		$ (32,983)	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 164,857	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 131,874	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2013	126,957	8
	2014	126,355	9
	2015	132,775	10
	2016	131,781	11
	2017	131,448	12

This facility was purchased from an unrelated for profit entity. A tax exemption has not yet been obtained.

Amount accrued includes the 12 months of 2017 and 3 months of 2018. Estimate is based on 2016 tax bill.

Taxes paid were for the 2016 tax bill.

	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.

SEE ACCOUNTANTS' PREPARATION REPORT

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Hawthorne Inn of Danville COUNTY Vermilion

FACILITY IDPH LICENSE NUMBER 0046367

CONTACT PERSON REGARDING THIS REPORT Ron Wilson

TELEPHONE (309) 343-1550 FAX #: (309) 343-2857

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) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	18-21-304-025-0060	Fieldstone Est Sec 2, PT E2 SW4	$ 131,338.90	$ 131,338.90
2.		21 20 11, L28	$	$
3.	18-21-304-022-0030	Fieldstone Est Sec 2, PT E2 SW4	$ 29.80	$ 29.80
4.		21 20 11, L26	$	$
5.	18-21-304-017-0032	Fieldstone Est Sec 2, PT E2 SW4	$ 29.80	$ 29.80
6.		21 20 11, L21	$	$
7.	18-21-304-018-0032	Fieldstone Est Sec 2, PT E2 SW4	$ 29.80	$ 29.80
8.		21 20 11, L22	$	$
9.	18-21-304-040-0032	Fieldstone Est Sec 2, PT E2 SW4	$ 20.14	$ 20.14
10.		21 20 11, L23, EX E18'	$	$
		TOTALS	$ 131,448.44	$ 131,448.44

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach 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.

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 44,122 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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

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

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility	194,800	2008	$ 886,000	1
2	Facility	18,480	2011	55,000	2
3	TOTALS	213,280		$ 941,000	3

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	140		2008	1999	$ 12,503,803	$	25	$ 500,157	$ 500,157	$ 4,834,827	4
5				2010	914,486		25	36,579	36,579	274,347	5
6											6
7											7
8											8
	Improvement Type**										
9	Backflow Installment, exterior sign			2000	4,732		15			4,732	9
10	Carpet, door lock system, concrete			2001	13,544		5 to 15			13,544	10
11	Curtain Tracking			2003	4,979		5			4,979	11
12	Light/surge protection			2004	28,000		11			28,000	12
13	Electric Sign,Asphalt,Condenser fan,Asphalt,Floor tile,Lighting-parking l			2005	66,071		5 to 10			66,071	13
14	Stage area-entry way,sign,kitchen remodel,countertops,circle head			2006	41,830	1,253	10 to 15	1,253		38,030	14
15	Nurse call system,cabinet/countertop rep,wall rep, paint, roof, landscaping			2008	360,639	20,955	5 to 15	30,622	9,667	293,541	15
16	Sidewalks replacement and repairs			2009	4,071	271	15	271		2,374	16
17	Compressor for Furnace			2010	2,997	200	15	200		1,516	17
18	Sign			2010	2,930	293	10	293		2,320	18
19	AC Units			2011	2,997		5			2,997	19
20	Furnace/AC for Kitchen			2011	6,275	628	10	628		4,237	20
21	Carpet-corridor/LR/Vestibule Replacements			2011	22,825		5			22,825	21
22	Vinyl - Activity Room			2011	3,444	344	10	344		2,181	22
23	Parking Lot -Asphalt			2011	5,147	643	8	643		4,074	23
24	Skilled Rooms Remodel-Chairs/Paint/Wallpaper/VCT Tile/Cubicles/Wind			2012	93,501	7,792	12	7,792		47,401	24
25	Water Heater			2012	4,969	497	10	497		2,857	25
26	Window Replacement			2013	6,516	434	15	434		2,135	26
27	AC Compressor			2013	5,752	383	15	383		1,789	27
28	New Countertops in Nurses Station			2013	27,536	2,754	10	2,754		12,392	28
29	New Shower Room tiles			2014	4,212	211	20	211		861	29
30	Cabinets/Counter Tops - AL Bedrooms			2014	6,045	504	12	504		2,016	30
31	Drapes/Wood Blinds - Dining Room & Lounge			2015	7,935	1,587	5	1,587		5,026	31
32	Condensor			2015	13,939	929	15	929		2,865	32
33	Water Damage -Paint/Drywall/Insulation/Carpet - Main level/office 1 and			2015	35,080	2,923	12	2,923		9,013	33
34	Resident Rooms/Office-Carpet/Paint/Chairs - AL 40 Rooms			2015	61,448	5,121	12	5,121		15,789	34
35	10 Ton Carrier Unit - Van Dyke Hall			2015	15,332	1,533	10	1,533		3,833	35
36											36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Concrete Parking Lot	2015	$ 124,691	$ 8,313	15	$ 8,313	$	$ 20,782	37
38	Water Heater	2015	5,647	565	10	565		1,318	38
39	Replace Windows - rooms 318-322	2015	3,690	246	15	246		574	39
40	Fire Panel Update	2015	7,700	770	10	770		1,861	40
41	Replace Condenser/Coils for East Side Dining Room	2015	8,276	828	10	828		2,001	41
42	Replace Sprinkler Pipes - Van Dyke Wing	2016	4,700	470	10	470		1,018	42
43	Paint - Garden Court	2016	12,385	2,477	5	2,477		5,160	43
44	New Hot Water Heater	2017	3,148	315	10	315		394	44
45	New Nurse Call System	2016	102,632	10,263	10	10,263		16,250	45
46	Painting - Town Center/Dining Room/Main Entrance Doors	2017	5,646	1,129	5	1,129		1,223	46
47	New Toilets	2017	7,841	327	10	327		327	47
48	Condensor/Coil	2017	4,151	208	15	208		208	48
49	Painting Bounce Back Rooms-13/Hall/Garden View Hall	2018	9,700	162	5	162		162	49
50	Water Heater-Sprinkler Room	2018	6,464	54	10	54		54	50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 14,577,706	$ 75,382		$ 621,785	$ 546,403	$ 5,757,904	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

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	$ 787,045	$ 31,883	$ 82,283	$ 50,400	3-15 yrs	$ 621,737	71
72	Current Year Purchases	2,630	344	344		7 Yrs	344	72
73	Fully Depreciated Assets	286,958	3,105	3,105			286,958	73
74								74
75	TOTALS	$ 1,076,633	$ 35,332	$ 85,732	$ 50,400		$ 909,039	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	Patient Care	2003 GMC Van	2005	$ 29,800	$	$	$	4	$ 29,800	76
77	Patient Care	2013 Ford E350 Van	2013	51,355	1,070	1,070		4	51,355	77
78										78
79										79
80	TOTALS			$ 81,155	$ 1,070	$ 1,070	$		$ 81,155	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)	$ 16,676,494	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 111,784	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 708,587	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 596,803	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 6,748,098	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	2017 Toyota Corolla	$ 18,089	$ 4,522	$ 5,653	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 18,089	$ 4,522	$ 5,653	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.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A- Facility Owned

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
This amount was calculated by dividing the total amount to be amortized N/A
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: N/A *

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.	/2019	$
13.	/2020	$
14.	/2021	$

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: $ 14,903 Description: See Attached Schedule 14A
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name: **Hawthorne Inn of Danville**
IDPH License ID Number: **0046367**
Fiscal Year End: **3/31/3018**

Schedule 14A

XIV. Rental Costs
Line 16 Rental Amount for Moveable Equipment

Rental Description	Amount
Medical Equipment Rental	14,637
Office Equipment	9
Other Equipment Rental	257
Total - Line 16	**14,903**

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' PREPARATION REPORT

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

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39(3)	hrs	$	3,330	$ 239,775	$	3,330	$ 239,775	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		1,367	98,445		1,367	98,445	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(3)	hrs		4,344	312,761		4,344	312,761	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				239,579		239,579	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Respiratory Therapy	39(3)				34,316			34,316	12
13	Other (specify):									13
14	TOTAL			$	9,041	$ 685,297	$ 239,579	9,041	$ 924,876	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.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 3/31/3018 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 129,359	$ 363,122	1
2	Cash-Patient Deposits	9,879	9,879	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 140,000)	562,622	569,713	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	53,507	123,157	6
7	Other Prepaid Expenses	4,640	7,642	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Interdivision Receivable	14,532,574	11,710,958	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 15,292,581	$ 12,784,471	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		941,000	13
14	Buildings, at Historical Cost	1,043,942	14,432,706	14
15	Leasehold Improvements, at Historical Cost		145,000	15
16	Equipment, at Historical Cost	642,354	1,157,788	16
17	Accumulated Depreciation (book methods)	(1,063,896)	(6,748,098)	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): Escrow Deposits		886,194	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 622,400	$ 10,814,590	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 15,914,981	$ 23,599,061	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 102,999	$ 102,999	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	9,879	9,879	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	108,546	108,546	30
31	Accrued Taxes Payable (excluding real estate taxes)	61,999	61,999	31
32	Accrued Real Estate Taxes(Sch.IX-B)		164,857	32
33	Accrued Interest Payable		32,315	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 283,423	$ 480,595	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,711,331	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Security Deposits	94,060	94,060	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 94,060	$ 11,805,391	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 377,483	$ 12,285,986	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 15,537,498	$ 11,313,075	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 15,914,981	$ 23,599,061	48

SEE ACCOUNTANTS' PREPARATION REPORT

***(See instructions.)**

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 14,943,488	1
2	Restatements (describe):		2
3	**Prior Period Adjustment**	20,701	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 14,964,189	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	573,309	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 573,309	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)**	$ 15,537,498	24 *

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

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

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 8,545,049	1
2	Discounts and Allowances for all Levels	185,814	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 8,730,863	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	122,612	6
7	Oxygen	8,844	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 131,456	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	9,894	12
13	Barber and Beauty Care	15,672	13
14	Non-Patient Meals	753	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	87,005	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	58,681	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 172,005	23
	D. Non-Operating Revenue		
24	Contributions	427	24
25	Interest and Other Investment Income***	956	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,383	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Transportation Income**	4,690	28
28a	**See Attached Schedule 19A**	4,125	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 8,815	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,044,522	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,412,051	31
32	Health Care	3,390,235	32
33	General Administration	1,238,583	33
	B. Capital Expense		
34	Ownership	1,144,490	34
	C. Ancillary Expense		
35	Special Cost Centers	1,120,365	35
36	Provider Participation Fee	165,489	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,471,213	40
41	**Income before Income Taxes (line 30 minus line 40)****	573,309	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 573,309	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,129,602	44
45	Private Pay - Net Inpatient Revenue	4,400,093	45
46	Medicare - Net Inpatient Revenue	2,163,316	46
47	Other-(specify) **Medicare Replacement**	145,629	47
48	Other-(specify) **Managed Care**	892,223	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 8,730,863	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name: **Hawthorne Inn of Danville**
IDPH License ID Number: **0046367**
Fiscal Year End: **3/31/3018**

Schedule 19A

XVII. Income Statement
Line 28a Other Income

Rental Description	Amount
Late Fees	3,078
Processing Fee	997
Maintenance Fee Income	
AJ's Fitness Center	50
Total - Line 16	**4,125**

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,912	2,080	$ 79,701	$ 38.32	1
2	Assistant Director of Nursing	2,008	2,080	66,631	32.03	2
3	Registered Nurses	27,441	29,546	738,311	24.99	3
4	Licensed Practical Nurses	20,759	21,885	464,290	21.22	4
5	CNAs & Orderlies	118,775	125,275	1,518,034	12.12	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	6,814	7,175	82,600	11.51	10
11	Social Service Workers	5,639	6,026	90,458	15.01	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	32,151	34,262	365,765	10.68	15
16	Dishwashers					16
17	Maintenance Workers	8,259	8,743	132,517	15.16	17
18	Housekeepers	21,465	22,650	224,993	9.93	18
19	Laundry	4,728	5,047	46,364	9.19	19
20	Administrator	1,916	2,080	131,056	63.01	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,803	8,248	109,346	13.26	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,008	2,072	49,249	23.77	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,233	2,433	28,230	11.60	31
32	Other Health Care(specify)					32
33	Other(specify) Marketing	1,916	2,080	46,819	22.51	33
34	TOTAL (lines 1 - 33)	265,827	281,681	$ 4,174,364 *	$ 14.82	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 12,147	L1, C3	35
36	Medical Director	Monthly	24,000	L9, C3	36
37	Medical Records Consultant	Monthly	1,500	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	6,814	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)		$ 44,461		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 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 Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Lisa Miller	Administrator	None	$ 131,056
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 131,056

B. Administrative - Other

Description	Amount
N/A	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
LTC Support Services, LLC	Support Services	$ 134,376
RFMS, Inc.	Administrative Services	171,600
McGladrey LLP	Accounting Services	31,495
Templin Healthcare Accounting	Accounting Services	3,383
Davis & Campbell, LLC	Legal Services	78
Michael Schull	Legal Services	100
Saikley,Garrison,Colombo	Legal Services	1,790
Vermilion County Circuit Clerk	Filing Fee	839
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 343,661

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 41,508
Unemployment Compensation Insurance	(1,297)
FICA Taxes	300,449
Employee Health Insurance	137,531
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
401k	24,883
Other Employee Benefits	6,445
TOTAL (agree to Schedule V, line 22, col.8)	$ 509,519

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	1,454
Health Care Worker Background Check	
(Indicate # of checks performed 64)	1,593
Patient Background Checks 388	3,873
Subscriptions	1,169
IHCA Dues	8,783
Other Licenses & Fees	2,463
Indirect costs	28
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 19,363

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	1,623
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 1,623

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Hawthorne Inn of Danville # 0046367 Report Period Beginning: 4/1/2017 Ending: 3/31/3018

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. **8,783 IHCA**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **7 Yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **73,082** 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

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **165,489**
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.

SEE ACCOUNTANTS' PREPARATION REPORT

(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. $ **0** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **753**

(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? **100% line 1**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **RSM US LLP**

(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? **Yes**
See page 39 of the instructions for details.
Attach invoices and a summary of services for all architect and appraisal fees