FOR BHF USE

LL1

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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.

I. IDPH License ID Number: 0039636

Facility Name: Autumn Meadows of Cahokia

Address: 2 Annable Court (Number) Cahokia (City) 62206 (Zip Code)

County: St Clair

Telephone Number: (618) 332-0114 **Fax #** (618) 332-1043

HFS ID Number:

Date of Initial License for Current Owners: 7/1/1994

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Amanda Springborn **Telephone Number:** (314) 925-3838
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 01/01/20 to 12/31/20 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) Sheldon Wolfe
(Title)

Paid Preparer

(Signed) (Date)
(Print Name and Title)
(Firm Name & Address) RSM US LLP 20 N. Martingale Road, Ste. 500 Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847)517-7067

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	150	Skilled (SNF)	150	54,900	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	150	TOTALS	150	54,900	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	737	595	2,713	4,045	8
9	SNF/PED					9
10	ICF	24,164	415	2,008	26,587	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	24,901	1,010	4,721	30,632	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 55.80%

D. How many bed reserve days during this year were paid by the Department?
None (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 [X] NO [ ] Note : 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 7/1/1994

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 7/1/1994 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 30 and days of care provided 1,706

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

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

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	258,002	38,334	6,982	303,318		303,318		303,318			1
2	Food Purchase		224,629		224,629		224,629	(24,170)	200,459			2
3	Housekeeping	206,608	84,885	-	291,493		291,493	14	291,507			3
4	Laundry	51,004	15,929	-	66,933		66,933		66,933			4
5	Heat and Other Utilities			124,559	124,559		124,559	1,150	125,709			5
6	Maintenance	80,509	56,661	31,715	168,885		168,885	2,067	170,952			6
7	Other (specify):*	-	-	-								7
8	TOTAL General Services	596,123	420,438	163,256	1,179,817		1,179,817	(20,939)	1,158,878			8
	B. Health Care and Programs											
9	Medical Director	-	-	7,105	7,105		7,105		7,105			9
10	Nursing and Medical Records	2,597,694	203,722	169,319	2,970,735		2,970,735	29,942	3,000,677			10
10a	Therapy	5,222	-	-	5,222		5,222		5,222			10a
11	Activities	66,724	4,255	4,341	75,320		75,320		75,320			11
12	Social Services	46,797	-	-	46,797		46,797		46,797			12
13	CNA Training	-	-	-								13
14	Program Transportation	-	-	-								14
15	Other (specify):*	-	-	-								15
16	TOTAL Health Care and Programs	2,716,437	207,977	180,765	3,105,179		3,105,179	29,942	3,135,121			16
	C. General Administration											
17	Administrative	121,460	-	120,000	241,460		241,460	(98,000)	143,460			17
18	Directors Fees			-								18
19	Professional Services			56,688	56,688		56,688	7,413	64,101			19
20	Dues, Fees, Subscriptions & Promotions			35,487	35,487		35,487	(5,294)	30,193			20
21	Clerical & General Office Expenses	523,353	-	83,428	606,781		606,781	60,558	667,339			21
22	Employee Benefits & Payroll Taxes			456,374	456,374		456,374	24,346	480,720			22
23	Inservice Training & Education			-								23
24	Travel and Seminar			2,182	2,182		2,182	399	2,581			24
25	Other Admin. Staff Transportation		-	6,125	6,125		6,125	425	6,550			25
26	Insurance-Prop.Liab.Malpractice			89,707	89,707		89,707	22,994	112,701			26
27	Other (specify):* Mgmt Alloc Benefits			-				19,873	19,873			27
28	TOTAL General Administration	644,813		849,991	1,494,804		1,494,804	32,714	1,527,518			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,957,373	628,415	1,194,012	5,779,800		5,779,800	41,717	5,821,517			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Autumn Meadows of Cahokia #0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			24,260	24,260		24,260	173,135	197,395			30
31	Amortization of Pre-Op. & Org.			-								31
32	Interest			31,204	31,204		31,204	129,495	160,699			32
33	Real Estate Taxes			-				120,999	120,999			33
34	Rent-Facility & Grounds			456,000	456,000		456,000	(456,000)				34
35	Rent-Equipment & Vehicles			18,375	18,375		18,375	1,036	19,411			35
36	Other (specify):* Mortgage Insurance			-				16,841	16,841			36
37	TOTAL Ownership			529,839	529,839		529,839	(14,494)	515,345			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-								38
39	Ancillary Service Centers	-	74,880	694,747	769,627		769,627		769,627			39
40	Barber and Beauty Shops	-	-	22	22		22		22			40
41	Coffee and Gift Shops	-	-	-								41
42	Provider Participation Fee			259,187	259,187		259,187		259,187			42
43	Other (specify):* Non-Allowable Cos	-	-	85,025	85,025		85,025	(85,025)				43
44	TOTAL Special Cost Centers		74,880	1,038,981	1,113,861		1,113,861	(85,025)	1,028,836			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,957,373	703,295	2,762,832	7,423,500		7,423,500	(57,802)	7,365,698			45

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	45,388	30		9
10	Interest and Other Investment Income	(4,518)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(206)	43		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	(11,975)	43		18
19	Entertainment				19
20	Contributions	(400)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,012)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(7,760)	43		24
25	Fund Raising, Advertising and Promotional	(20,300)	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 PG5A	(58,315)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (59,098)		$	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)	1,296		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 1,296		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (57,802)		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

Autumn Meadows of Cahokia

ID# 0039636

Report Period Beginning: 01/01/20

Ending: 12/31/20

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Lab Expense Med A	$ (8,088)	43	1
2	X Ray Expense Med A	(9,091)	43	2
3	Managed Care Cost	(25,451)	43	3
4	Disallow lobbying expense	(11,208)	20	4
5	Real Estate Tax	(2,724)	33	5
6	Credit Card Service Charges	(2,335)	43	6
7	Lab/X-Ray	582	43	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				25
26				26
27				27
28				28
29				29
30				30
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**	(58,315)		49

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [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	19	Professional Services	$	Cahokia Building LLC	100%	$ 10,215	$ 10,215	1
2	V	26	Insurance-Prop.Liab.Malpractice		Cahokia Building LLC	100%	21,304	21,304	2
3	V	30	Depreciation		Cahokia Building LLC	100%	121,935	121,935	3
4	V	32	Interest Income	49	Cahokia Building LLC	100%		(49)	4
5	V	32	Interest		Cahokia Building LLC	100%	134,062	134,062	5
6	V	32	Amortization		Cahokia Building LLC	100%	1,512	1,512	6
7	V	33	Real Estate Tax		Cahokia Building LLC	100%	113,945	113,945	7
8	V	34	Rent	456,000	Cahokia Building LLC	100%		(456,000)	8
9	V	36	Mortgage Insurance		Cahokia Building LLC	100%	16,840	16,840	9
10	V	21	Miscellaneous income		Cahokia Building LLC	100%	150	150	10
11	V								11
12	V								12
13	V								13
14	Total			$ 456,049			$ 419,963	$ * (36,086)	14

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	2	Food	$	SW Financial Services Company	100%	$ 176	$ 176	15
16	V	3	Housekeeping		SW Financial Services Company	100%	14	14	16
17	V	5	Utilities		SW Financial Services Company	100%	1,150	1,150	17
18	V	6	Maintenance		SW Financial Services Company	100%	2,067	2,067	18
19	V	17	Administrative	120,000	SW Financial Services Company	100%	22,000	(98,000)	19
20	V	19	Professional Services		SW Financial Services Company	100%	4,394	4,394	20
21	V	20	Dues, Fees, Subscriptions & Promotions		SW Financial Services Company	100%	2,761	2,761	21
22	V	21	Clerical & General Office Expenses		SW Financial Services Company	100%	93,503	93,503	22
23	V	24	Travel & Seminar		SW Financial Services Company	100%	399	399	23
24	V	25	Other Admin. Staff Transportation		SW Financial Services Company	100%	425	425	24
25	V	26	Insurance-Prop, Liab & Malpractice		SW Financial Services Company	100%	1,690	1,690	25
26	V	27	Other		SW Financial Services Company	100%	19,873	19,873	26
27	V	30	Depreciation		SW Financial Services Company	100%	4,300	4,300	27
28	V	33	Real Estate Taxes		SW Financial Services Company	100%	3,594	3,594	28
29	V	35	Rent - Equipment & Vehicles		SW Financial Services Company	100%	1,036	1,036	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			$ 120,000			$ 157,382	$ * 37,382	39

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	Abraham J Stern	4.67	Cahokia Nursing and Rehab	Cahokia	Prairie Crossing Suppo	Shabbona	Supportive Living	1
2	Albert Milstein	26.33	Caseyville Nursing and Rehab	Caseyville	Living Center, LLC		Facility	2
3	Sheldon Wolfe	23.67			SW Financial	Skokie	Bookkeeping/	3
4	Ronnie Klein as Trustee	4.99			Services Co.		Management Compa	4
5	Maurice Aaron	4.67	Franklin Grove Living & Rehabilitation, LLC	Franklin Grove	S&E Medical Supply C	Skokie	Medical Supplies	5
6	Michael Klein Revocable Trust	1.99	Oregon Living & Rehabilitation, LLC	Oregon				6
7	Wanda Bowling	0.67	Prairie Crossing Living & Rehab Center	Shabbona	Groves Community	Independence, MO	Hospice	7
8	Miriam Y Klein as Trustee	6.67			Hospice			8
9	Michael A Klein as Trustee	6.67			Forest View Senior	Independence, MO	Independent	9
10	Kenneth Klein	4.99	Tower Hill Rehabilitation LLC	South Elgin	Residences		Living	10
11	Susat Stern	4.67			White Oak Living	Independence, MO	Residential	11
12	Jonathan B Stern 2001 Trust	1.56	Beauvais Manor Healthcare and Rehab	St. Louis, MO	Center		Care	12
13	Todd A. Stern 2001 Trust	1.56	Hillside Manor Healthcare and Rehab	St. Louis, MO				13
14	Evan M. Stern	1.56	Rancho Manor Healthcare and Rehab	Florissant, MO	Seasons Day Services	Kansas City, MO	Adult Day Care	14
15	Moshe Herman	0.67	Rosewood Health & Rehab	Independence, MO	Program LLC			15
16	Ora Aaron	4.67	Seasons Care Center	Kansas City, MO				16
17			Carriage Square Living & Rehab	St. Joseph, MO	Cahokia Building LLC	Cahokia	Real Estate	17
18					Caseyville Property LL	Caseyville	Real Estate	18
19					Green Acres Property	Amboy	Real Estate	19
20					LLC			20
21								21
22					FOM Property LLC	Franklin Grove	Real Estate	22
23								23
24					Oregon Property LLC	Oregon	Real Estate	24
25					Prairie Crossing	Shabbona	Real Estate	25
26					Property LLC			26
27								27
28					Tower Hill Property LI	South Elgin	Real Estate	28
29								29
30								30

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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					Beauvais Manor	St. Louis, MO	Real Estate	1
2					Property LLC			2
3								3
4					Hillside Manor	St. Louis, MO	Real Estate	4
5					Real Estate &			5
6					Development			6
7								7
8					Rancho Manor	Florissant, MO	Real Estate	8
9					Property, LLC			9
10								10
11					The Groves &	Independence, MO	Real Estate	11
12					Rest Haven			12
13					Property LLC			13
14								14
15					Seasons Property LLC	Kansas City, MO	Real Estate	15
16								16
17					Carriage Square Prope	St. Joseph, MO	Real Estate	17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	Sheldon Wolfe	President	Administrative	23.67	See Schedule 7A	5	11.11	Salary	$ 1,444	L17, C7	1
2											2
3											3
4											4
5											5
6			Note: Mr. Wolfe works in excess of 40 hours per week.								6
7											7
8			See attached schedule 7A for additional compensation information.								8
9											9
10											10
11											11
12											12
13								TOTAL	$ 1,444		13

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

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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

	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	2	Food	Bed Days Available	678,198	12	$ 2,175	$	54,900	$ 176	1
2	3	Housekeeping	Bed Days Available	678,198	12	179		54,900	14	2
3	5	Utilities	Bed Days Available	678,198	12	14,206		54,900	1,150	3
4	6	Maintenance	Bed Days Available	678,198	12	25,536		54,900	2,067	4
5	19	Professional Services-Legal	Bed Days Available	678,198	12	29,559		54,900	2,393	5
6	19	Professional Services-Other	Bed Days Available	678,198	12	24,713		54,900	2,001	6
7	20	Dues, Fees, Subscriptions & Promo	Bed Days Available	678,198	12	34,103		54,900	2,761	7
8	21	Clerical & General Office Expense	Bed Days Available	678,198	12	962,284	962,284	54,900	77,897	8
9	21	Clerical & General Office Expense	Bed Days Available	678,198	12	192,782		54,900	15,606	9
10	24	Travel & Seminar	Bed Days Available	678,198	12	4,935		54,900	399	10
11	25	Other Admin. Staff Transportion	Bed Days Available	678,198	12	5,250		54,900	425	11
12	26	Insurance-Prop, Liab & Malpracti	Bed Days Available	678,198	12	20,882		54,900	1,690	12
13	27	Other - Mgmt Allocation of Benefi	Bed Days Available	678,198	12	245,503		54,900	19,873	13
14	33	Real Estate Taxes	Bed Days Available	678,198	12	44,398		54,900	3,594	14
15	35	Rent - Equipment & Vehicles	Bed Days Available	678,198	12	12,804		54,900	1,036	15
16										16
17	17	Administrative - Salary	Average Hours Worked	45	12	13,000	13,000	5	1,444	17
18	17	Administrative - Salary	Average Hours Worked	45	12	185,000	185,000	5	20,556	18
19	17	Administrative - Salary	Average Hours Worked	45	12	13,000	13,000	0	0	19
20										20
21	30	Depreciation	Direct Cost	53,119					4,300	21
22										22
23										23
24										24
25	TOTALS					$ 1,830,309	$ 1,173,284		$ 157,382	25

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	Heartland Bank		X	Mortgage	23,524	11/27/2001	$ 3,961,000	$ 3,333,513	12/1/2036	0.0635	$ 134,062	1
2												2
3												3
4												4
5												5
	Working Capital											
6	MB Financial		X	Line of Credit	Interest Only	4/15/2016	1,000,000	-	5/15/2020	0.0475	31,204	6
7	Wisconsin Physician Services		X	MCR Advance Payments	17,697	4/30/2020	424,717	424,717	4/30/2022		-	7
8												8
9	TOTAL Facility Related				$41,220.54		$ 5,385,717	$ 3,758,230			$ 165,266	9
	B. Non-Facility Related*											
10												10
11												11
12								Interest Income Offset			(4,567)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (4,567)	14
15	TOTALS (line 9+line14)						$ 5,385,717	$ 3,758,230			$ 160,699	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 16,841 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 149,400	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.)	2019	$ 127,021	2
3. Under or (over) accrual (line 2 minus line 1).		$ (22,379)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 133,600	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.)	Alloc. Fr. Mgmt. Co.	$ 6,184 3,594	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.		$ 120,999	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2015	144,583	8
	2016	137,651	9
	2017	134,323	10
	2018	142,238	11
	2019	127,021	12

2020 RE Tax Accrual = $127,021 X 1.05% = $133,372. Use $133,600

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2019	$	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.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Autumn Meadows of Cahokia COUNTY St. Clair

FACILITY IDPH LICENSE NUMBER 0039636

CONTACT PERSON REGARDING THIS REPORT Sheldon Wolfe

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

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2019 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 2019.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	06-02.0-310-055	Long Term Care Property	$ 121,263.44	$ 121,263.44
2.	06-02.0-310-054	Long Term Care Property	$ 5,757.06	$ 5,757.06
3.	10-28-412-049-0000	SW Financial Services Co. Allocation	$ 44,397.67	$ 3,594.00
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 171,418.17	$ 130,614.50

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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 Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? [ ] (a) Own the Facility [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: N/A

3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	150		2001		$ 2,928,441	$	15-40	$ 68,691	$ 68,691	$ 1,403,158	4
5			2006		55,818	2,030	40	1,395	(635)	20,715	5
6											6
7											7
8	Allocated from Management Co.		1995		35,038			1,001	1,001	25,679	8
	Improvement Type**										
9	Various			1994	17,859	268	20		(268)	17,859	9
10	Various			1995	33,623	271	20		(271)	33,623	10
11	Various			1996	2,178	56	20		(56)	2,178	11
12	Various			1997	9,423		20			9,423	12
13	Various			1998	4,800		20			4,800	13
14	Various			1999	16,266	93	20		(93)	16,266	14
15	Air Handler			2000	1,516		5			1,516	15
16	Alarm System			2001	1,908		5			1,908	16
17	Blind			2001	1,212		5			1,212	17
18	Air Handler			2001	1,317		20	66	66	1,286	18
19	Fan Motor			2001	1,123		20	56	56	1,070	19
20	Drywall-Dining Room			2002	10,650	184	10		(184)	10,650	20
21	Door			2002	9,860	184	20	493	309	8,915	21
22	Air Conditioner			2002	1,198		7			1,198	22
23	Air Conditioner			2002	1,582		7			1,582	23
24	Air Conditioners			2002	4,284		7			4,284	24
25	Compressor Air Maxi			2002	1,269		7			1,269	25
26	Roof - New			2003	97,996		20	4,900	4,900	86,974	26
27	Nursing Station			2003	35,060		20	1,753	1,753	30,385	27
28	Nursing Station			2003	28,692		20	1,435	1,435	26,066	28
29	Nursing Station			2003	6,368		20	318	318	5,436	29
30	Replace Accelerator			2003	968		20	48	48	867	30
31	Sprinkler System			2004	3,610	131	20	181	50	2,983	31
32	Smoke shelter			2004	6,041	220	20	302	82	4,983	32
33	Security System			2005	11,166	406	20	558	152	8,650	33
34	Condensing Unit - 5 Ton			2005	1,959		20	98	98	1,519	34
35	Cabinets and countertops			2005	110,923	4,011	20	5,546	1,535	85,964	35
36	Air Handler			2005	1,549		20	78		1,206	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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	Asphalt Parking Lot	2005	$ 5,570	$ 328	20	$ 279	$ (50)	$ 4,318	37
38	A/C Unit 2 Tons	2005	1,092	40	20	55	15	846	38
39	Reframe & drywall 3 windows	2005	4,200	153	20	210	57	3,255	39
40	Carpet & Vinyl Floor	2005	4,390		20	220	220	3,403	40
41	Sprinkler System - new pipe	2005	1,463		20	73	73	1,134	41
42	Door Alarms	2005	3,587	130	20	179	49	2,778	42
43	Wallpaper	2005	17,835		20	892	892	13,823	43
44	Painting and Wallcovering	2005	29,600		20	1,480	1,480	22,940	44
45	6 Doors	2005	1,926		20	96	96	1,492	45
46	Plaster Ceiling	2005	10,392	378	20	520	142	8,054	46
47	Vinyl Flooring	2005	4,878	177	20	244	67	3,781	47
48	Duct Heater	2006	1,195		20	60	60	867	48
49	Kitchen Garbage Disposal	2006	1,467		20	73	73	1,062	49
50	Copper Pipe & Concrete	2006	3,722		20	186	186	2,697	50
51	Fence	2006	6,061	358	20	303	(55)	4,394	51
52	Shower Remodel - Hall 400	2006	21,570	785	20	1,079	294	15,639	52
53	Tile Kitchen Floor	2006	9,750	355	20	488	133	7,070	53
54	Shower Remodel - Hall 200	2006	21,570	785	20	1,079	294	15,639	54
55	Shower Remodel - Hall 500	2006	21,570	785	20	1,079	294	15,639	55
56	Sprinkler System - new pipe	2006	19,579	712	20	979	267	14,195	56
57	Front Entrance	2006	2,150	78	20	108	30	1,560	57
58	4 ton & 1 1/2 Ton condensing Units	2006	3,361	122	20	168	46	2,436	58
59	3 Ton Condensing Unit	2006	1,729	63	20	86	23	1,253	59
60	Compressor-Walk In Freezer	2006	1,784		20	89	89	1,293	60
61	Air Conditioners (5)	2006	2,146		10			2,146	61
62	Air Conditioners (6)	2006	2,576		20	129	129	1,868	62
63	Phone System	2006	1,658		20	83	83	1,203	63
64	Remove & reinstall 6 dry pendents	2007	3,039	111	20	152	41	2,052	64
65	2 Hot Water Heaters	2007	7,500	273	20	375	102	5,063	65
66	2 Mixing valves for hot water heaters	2007	3,160	115	20	158	43	1,612	66
67	New Window Glass	2007	3,562		20	178	178	2,403	67
68	Paving, Parking Lot & Driveway	2007	32,275	1,773	20	1,614	(159)	15,781	68
69	Handrails	2007	2,980		20	149	149	2,012	69
70	TOTAL (lines 4 thru 69)		$ 3,703,034	$ 15,375		$ 99,779	$ 84,326	$ 2,007,333	70

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	
1	Totals from Page 12A, Carried Forward		$ 3,703,034	$ 15,375		$ 99,779	$ 84,404	$ 2,007,333	1
2	Fire Damper and Roof Vent	2007	5,114	103	20	256	153	3,453	2
3	Dining Room Flooring-Ceramic, not glued down	2007	8,790		20	440	440	5,934	3
4	Walk In Freezer Door	2008	2,316	84	20	116	32	1,563	4
5	Replace 4 Inch Main	2008	3,158	115	20	158	43	1,974	5
6	Sprinkler heads for alarm	2008	29,310	1,066	20	1,466	400	18,320	6
7	Sign	2009	2,685		20	134	134	1,678	7
8	Hot Water Heater	2009	5,182	185	20	259	74	2,979	8
9	Vinyl Flooring	2009	14,512		20	726	726	8,349	9
10	Hot Water Heater	2010	5,094		20	255	255	2,932	10
11	Valves	2011	3,310	120	20	166	46	1,738	11
12	100 gallon hot water heater	2011	33,231	1,208	20	1,662	454	15,786	12
13	Security system - Phase 1 & 2	2011	21,394		20	1,070	1,070	10,163	13
14									14
15	Patio	2012	5,847		20	292	292	3,703	15
16	Gazebo	2012	19,098		20	955	955	5,729	16
17									17
18	Duct Heater	2013	3,213		20	161	161	1,205	18
19	Two Water Heaters & replace 2" main shut off valve &	2013	15,085		20	754	754	5,657	19
20	1 1/2" swing check valve								20
21									21
22	A/C Units	2013	4,380		20	219	219	1,643	22
23	-Removal of existing outdoor A/C unit								23
24	-Install a new 1 1/2 ton A/C unit and a 4 ton A/C unit								24
25	-Install A new trunk line and insulate with duct liner								25
26	-Install A new liquid line filter drier & pressure test								26
27									27
28	Parking Lot Improvement	2013	54,724		20	2,736	2,736	20,522	28
29	-Update the parking lot by milling butt joints,								29
30	patching failed areas, cleaning, applying a primer coat								30
31	-Installed 1.5' Hot Mix Asphalt Overlay								31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,939,477	$ 18,256		$ 111,602	$ 93,346	$ 2,120,660	34

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	
1	Totals from Page 12B, Carried Forward		$ 3,939,477	$ 18,256		$ 111,602	$ 93,346	$ 2,120,660	1
2	Basement Remodel	2013	30,088		20	1,504	1,504	11,283	2
3	-Frame walls and exterior concrete								3
4	-Replace electrical can lights and recepticals								4
5	-Add heat register in office								5
6	-Install commercial carpet on floor								6
7	-Replace drywall walls and ceilings								7
8	-Replace 4 windows								8
9	-Add sink and new plumbing								9
10	-Crack in wall repair								10
11									11
12	Fire alarm replacement	2013	17,758		20	888	888	6,660	12
13									13
14	Asphalt and sealcoating - Driveway and 2 Walkways	2014	2,750	85	20	138	53	1,100	14
15	Remove and replace patio	2014	17,831		20	892	892	6,241	15
16	New exhaust fan and installation on roof	2014	3,210	117	20	161	44	1,124	16
17	Replace transfer switches - Generator	2014	4,727	172	20	236	64	1,654	17
18	3 ton air handler & 5 ton air handler & ductwork-Mech Room	2014	3,100		20	155	155	1,085	18
19	Replace new PVC drain, toilet, sink, sump pump-Office	2014	2,647	96	20	132	36	926	19
20									20
21	Replace original ductwork - Several areas of facility	2015	7,029		20	351	351	1,933	21
22	Remove concrete floor to replace damaged pipes with PVC	2015	3,000		20	150	150	825	22
23	Replace heat packages in offices, nurses stations, D Hall 400 & 600	2015	3,074		20	154	154	845	23
24	Wanderguard transmitter	2015	2,686		20	134	134	739	24
25	5 PTAC heaters	2015	2,869		20	143	143	789	25
26									26
27	Asphalt sidewalk - Behind Bldg & South Side	2016	12,882	551	20	644	93	3,543	27
28	Replaced 4" main - 100 Hall	2016	4,689	171	20	234	63	1,055	28
29	Hot water heater - 400 Hall in rear mechanical room	2016	7,775	283	20	389	106	1,749	29
30	Dry pendant head - 500 Hall	2016	9,190	334	20	460	126	2,068	30
31	Freezer condenser unit - Kitchen Walk-In freezer	2016	4,154	151	20	208	57	935	31
32	AC unit - Electrical Room	2016	5,476	199	20	274	75	1,232	32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,084,412	$ 20,415		$ 118,849	$ 98,434	$ 2,166,446	34

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	
1	Totals from Page 12C, Carried Forward		$ 4,084,412	$ 20,415		$ 118,849	$ 98,434	$ 2,166,446	1
2	Hot water heater - 100 Hall by nrs stn & frt mech rm (3 total)	2016	7,307	266	20	365	99	1,645	2
3	Replaced AC unit compressors - Library unit	2016	3,862	140	20	193	53	869	3
4	Hot water heater - 100 Hall by nrs stn & frt mech rm (3 total)	2016	6,000	218	20	300	82	1,350	4
5	10 PTAC Units - throughout building	2016	5,578	321	5	1,116	795	5,020	5
6	6 PTAC Units - throughout building	2016	3,819	220	5	763	543	3,436	6
7	Replaced ducts, pipes & heat packages - throughout building	2016	13,104		15	874	874	3,841	7
8									8
9	Replace fire sprinklers-Entire building	2017	257,398		40	6,434	6,434	22,519	9
10	Custom monument sign & refurbish cabinet	2017	11,514	1,090	10	1,151	61	3,831	10
11	Install subpanel & remove A/C out of generator panel, fix	2017	2,557		20	128	128	448	11
12	electrical code repairs - Mechanical Room								12
13	Sprinkler project submission fee - Entire building	2017	2,923	106	5	585	479	2,242	13
14	Compressor and filter drier - Mechanical Room	2017	2,723	99	10	272	173	975	14
15	6 PTAC Units - throughout building	2018	3,997		5	799	799	1,931	15
16									16
17	Install sprinkler box - caulk, mud & tape between walls - entire buil	2019	3,500	5	10	350	345	379	17
18	Install New Sprinkler System - Entire Building	2019	75,000	2,613	20	3,750	1,137	7,500	18
19	RE 3 ton low ambient condenser with 4 HD wall units- D Wing	2019	10,495		15	700	700	1,049	19
20	RE Install new 2 ton a/c unit and airhandler- Laundry Area	2019	3,983		15	266	266	398	20
21	RE Install Boiler tank water heater and connect water lines- Mech.	2019	11,000		15	733	733	1,100	21
22	RE New Roof and wood replacement- Entire building	2019	10,000		15	667	667	1,000	22
23									23
24	Install Water Heater For Kitchen And Laundry	2020	12,209		15	407	407	407	24
25	and Install Thermo Expansion Tank To Water Heater								25
26	Install Fire alarm system - Throughout Facility	2020	34,987		15	1,166	1,166	1,166	26
27	Rebuild generator - Mechanical Room	2020	6,507		15	217	217	217	27
28	Lightning protection system - Exterior of Facility	2020	17,623		15	588	588	588	28
29	6 PTAC units - throughout building	2020	3,418		5	342	342	342	29
30	Replace Condensing unit - Front Office	2020	3,650		5	365	365	365	30
31	Coil on above condensing unit - Front Office	2020	2,862		5	286	286	286	31
32	Replace compressor in RUDD unit - Mechanical Room	2020	2,688		5	269	269	269	32
33	Tie to current book depreciation			(18,068)			18,068		33
34	TOTAL (lines 1 thru 33)		$ 4,603,116	$ 7,425		$ 141,933	$ 134,508	$ 2,229,618	34

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	
1	Totals from Page 12D, Carried Forward		$ 4,603,116	$ 7,425		$ 141,933	$ 134,508	$ 2,229,618	1
2									2
3	Allocated from SW Financial Services Co. - Leasehold Improvemen	1995	3,921		20			3,921	3
4	Allocated from SW Financial Services Co. - Leasehold Improvemen	1996	653		20			653	4
5	Allocated from SW Financial Services Co. - Leasehold Improvemen	1997	757		20			757	5
6	Allocated from SW Financial Services Co. - Leasehold Improvemen	1998	647		20			647	6
7	Allocated from SW Financial Services Co. - Leasehold Improvemen	1999	1,797		20			1,797	7
8	Allocated from SW Financial Services Co. - Leasehold Improvemen	2005	3,718		20	186	186	2,881	8
9	Allocated from SW Financial Services Co. - Leasehold Improvemen	2007	2,105		20	105	105	1,421	9
10	Allocated from SW Financial Services Co. - Leasehold Improvemen	2009	4,394		20	220	220	2,527	10
11	Allocated from SW Financial Services Co. - Leasehold Improvemen	2013	2,346		20	117	117	880	11
12	Allocated from SW Financial Services Co. - Leasehold Improvemen	2014	2,366		20	118	118	769	12
13	Allocated from SW Financial Services Co. - Leasehold Improvemen	2015	486		20	32	32	178	13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,626,306	$ 7,425		$ 142,711	$ 135,286	$ 2,246,049	34

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	$ 297,048	$ 15,283	$ 46,576	$ 31,293	5-10	$ 288,186	71
72	Current Year Purchases	23,475		2,347	2,347	5	2,347	72
73	Fully Depreciated Assets	241,808					241,808	73
74	Allocated from Mgmt Co	15,581		804	804		12,146	74
75	TOTALS	$ 577,912	$ 15,283	$ 49,727	$ 34,444		$ 544,487	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility Use	2014 Chrysler Town & Country	2014	$ 32,408	$ 1,552	$ 3,241	$ 1,689	10	$ 25,927	76
77					-	-				77
78	Allocated from Mgmt Co	2017 Land Rover Evoque	2017	8,582	-	1,716	1,716	5	6,007	78
79					-	-				79
80	TOTALS			$ 40,990	$ 1,552	$ 4,957	$ 3,405		$ 31,934	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 5,490,208	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 24,260	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 197,395	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 173,135	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,822,470	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	N/A	$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	$	92
93			93
94			94
95		$	95

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

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

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

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

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

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.	/2021	$
13.	/2022	$
14.	/2023	$

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: $ 7,411 Description: Medical Equipment $6,375, Allocated from Mgmt Co $1,036
(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	Facility Use	2017 World Trans Psg Bus	$ 1,000	$ 12,000	17
18					18
19					19
20					20
21	TOTAL		$ 1,000	$ 12,000	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.

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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

It is the policy of this facility to only hire certified nurses aides.

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

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.

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	L39, C3	hrs	$	4,335	$ 312,109	$	4,335	$ 312,109	1
2	Licensed Speech and Language Development Therapist	L39, C3	hrs		1,315	94,715		1,315	94,715	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L39, C3	hrs		3,999	287,923		3,999	287,923	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescrpts				73,602		73,602	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Oxygen	L39, C2					1,278		1,278	12
13	Other (specify):									13
14	TOTAL			$	9,649	$ 694,747	$ 74,880	9,649	$ 769,627	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.

STATE OF ILLINOIS

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/20 (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	$ 220,949	$ 223,747	1
2	Cash-Patient Deposits	63,459	63,459	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 120,979)	1,848,024	1,848,024	3
4	Supply Inventory (priced at)	-	-	4
5	Short-Term Investments	-	-	5
6	Prepaid Insurance	6,678	18,606	6
7	Other Prepaid Expenses	-	-	7
8	Accounts Receivable (owners or related parties)	-	-	8
9	Other(specify): See Schedule 17A	215,414	568,030	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,354,524	$ 2,721,866	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	-	-	11
12	Long-Term Investments	-	-	12
13	Land	15,000	245,000	13
14	Buildings, at Historical Cost	55,818	3,019,296	14
15	Leasehold Improvements, at Historical Cost	811,829	1,607,010	15
16	Equipment, at Historical Cost	493,567	618,902	16
17	Accumulated Depreciation (book methods)	(919,147)	(2,822,470)	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 (spe Capitalized Costs	-	30,515	22
23	Other(specify):	-	-	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 457,067	$ 2,698,253	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,811,591	$ 5,420,119	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 130,341	$ 138,121	26
27	Officer's Accounts Payable	-	-	27
28	Accounts Payable-Patient Deposits	65,407	65,407	28
29	Short-Term Notes Payable	-	-	29
30	Accrued Salaries Payable	100,642	100,642	30
31	Accrued Taxes Payable (excluding real estate taxes)	12,005	12,005	31
32	Accrued Real Estate Taxes(Sch.IX-B)	-	133,600	32
33	Accrued Interest Payable	-	11,056	33
34	Deferred Compensation	-	-	34
35	Federal and State Income Taxes	-	-	35
	Other Current Liabilities(specify):			
36	See Schedule 17A	1,543,320	1,118,532	36
37		-	-	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,851,715	$ 1,579,363	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	-	3,758,230	39
40	Mortgage Payable	-	-	40
41	Bonds Payable	-	-	41
42	Deferred Compensation	-	-	42
	Other Long-Term Liabilities(specify):			
43		-	-	43
44		-	-	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 3,758,230	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 1,851,715	$ 5,337,593	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 959,876	$ 82,526	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,811,591	$ 5,420,119	48

*(See instructions.)

Facility Name: **Autumn Meadows of Cahokia**
IDPH License ID Number: **0039636**
Fiscal Year End: **12/31/20**

Schedule 17A

XV. Balance Sheet
Line 9 Current Assets Other (specify):

Description	Operating	After Consolidation
Re Escrow - Insurance	-	53,237
Re Escrow - Mip	-	20,852
Re Replacement Reserve	-	163,514
Re Escrow Real Estate Tax	-	115,013
Due From State - Interest	35,280	35,280
Employee Loans	-	-
Fire Reimbursement From Cna	180,134	180,134
Total - Line 9	**215,414**	**568,030**
	-	-

XV. Balance Sheet
Line 36 Other Current Liabilities (specify):

Description	Operating	After Consolidation
Due From State	125,000	125,000
Short Term Loan Exchange	668,809	668,809
Reimbursement Due	(5,361)	(5,361)
Acc. Retirement (From P/R)	265	265
Accrued Expenses	240,094	240,094
Short Term Loan Exchange	424,717	-
Due/From Cahokia Property Llc	75,623	75,552
Due/From Vacant Cahokia Prop.	14,173	14,173
Total - Line 36	**1,543,320**	**1,118,532**
	-	-

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 579,119	1	
2	Restatements (describe):		2	
3	**Prior Period Adjustment**	7,793	3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 586,912	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	372,964	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)**	$ 372,964	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)**	$ 959,876	24	*

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

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	$ 5,924,905	1
2	Discounts and Allowances for all Levels	(-)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,924,905	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	669,065	6
7	Oxygen	7,779	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 676,844	8
	C. Other Operating Revenue		
9	Payments for Education	-	9
10	Other Government Grants	1,190,197	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	-	12
13	Barber and Beauty Care	-	13
14	Non-Patient Meals	-	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	-	16
17	Sale of Drugs	-	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	-	19
20	Radiology and X-Ray	-	20
21	Other Medical Services	-	21
22	Laundry	-	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,190,197	23
	D. Non-Operating Revenue		
24	Contributions	-	24
25	Interest and Other Investment Income***	4,518	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 4,518	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a		-	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 7,796,464	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,179,817	31
32	Health Care	3,105,179	32
33	General Administration	1,494,804	33
	B. Capital Expense		
34	Ownership	529,839	34
	C. Ancillary Expense		
35	Special Cost Centers	854,674	35
36	Provider Participation Fee	259,187	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 7,423,500	40
41	**Income before Income Taxes (line 30 minus line 40)****	372,964	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 372,964	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 4,179,579	44
45	Private Pay - Net Inpatient Revenue	258,411	45
46	Medicare - Net Inpatient Revenue	959,495	46
47	Other-(specify) Hospice	106,565	47
48	Other-(specify) VA	420,855	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 5,924,905	49

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No^ If not, please attach a reconciliation.**

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

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

^Entity is a cash basis taxpayer.

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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	1,587	1,644	$ 78,041	$ 47.46	1
2	Assistant Director of Nursing	771	779	30,938	39.72	2
3	Registered Nurses	4,255	4,572	167,716	36.69	3
4	Licensed Practical Nurses	20,525	22,333	716,922	32.10	4
5	CNAs & Orderlies	86,545	92,698	1,604,077	17.30	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	212	308	5,222	16.98	8
9	Activity Director					9
10	Activity Assistants	4,654	5,064	66,724	13.18	10
11	Social Service Workers	2,198	2,357	46,797	19.85	11
12	Dietician					12
13	Food Service Supervisor	2,056	2,080	59,427	28.57	13
14	Head Cook	5,926	6,520	93,303	14.31	14
15	Cook Helpers/Assistants	7,811	8,507	105,272	12.37	15
16	Dishwashers					16
17	Maintenance Workers	3,696	3,896	80,509	20.66	17
18	Housekeepers	15,480	16,730	206,608	12.35	18
19	Laundry	3,543	3,943	51,004	12.93	19
20	Administrator	2,080	2,223	121,460	54.64	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	10,773	11,615	332,000	28.58	23
24	Clerical	6,621	6,853	191,353	27.92	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	178,732	192,121	$ 3,957,373 *	$ 20.60	34

* 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	$ 6,982	L1, C3	35
36	Medical Director	Monthly	7,105	L9, C3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,591	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	Monthly	4,341	L11, C3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 24,019		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	925	$ 48,562	L10, C3	50
51	Licensed Practical Nurses	2,115	111,038	L10, C3	51
52	Certified Nurse Assistants/Aides	192	4,128	L10, C3	52
53	TOTAL (lines 50 - 52)	3,232	$ 163,728		53

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Kelly Barnes	Administrator	0%	$ 61,585
Bonnie Cannon	Administrator	0%	59,875
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 121,460

B. Administrative - Other

Description	Amount
Management Fees	$ 120,000
(Eliminated on Sch V, Column 7)	
TOTAL (agree to Schedule V, line 17, col. 3)	$ 120,000
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
RSM US LLP	Accounting	$ 22,860
Helper Broom LLC	Legal	175
Mathis Marifian & Richter, Ltd.	Legal	8,077
Polsinelli	Legal	21,513
Abbey Road tax Consultants LLC	RE Tax Appeal	6,184
Jackson Lewis P.C.	Legal	464
Adjusting entry	Legal	(6,185)
Unemployment Consultants	U/E consultant	3,600
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 56,688

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 49,138
Unemployment Compensation Insurance	34,847
FICA Taxes	298,407
Employee Health Insurance	73,615
Employee Meals	24,346
Illinois Municipal Retirement Fund (IMRF)*	
Miscellaneous Employee Benefits	367
TOTAL (agree to Schedule V, line 22, col.8)	$ 480,720

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

Description	Line #	Amount
N/A		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 3,980
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed 183)	2,191
Patient Background Checks 400	4,000
Miscellaneous Inspections & Licenses	2,422
Miscellaneous Dues & Permits	3,630
Health Care Council of Illinois	22,417
Allocated from Management Co.	2,761
Lobbying expense	(11,208)
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 30,193

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,182
Allocated from Management Co.	399
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,581

**See instructions.

Facility Name: **Autumn Meadows of Cahokia**
IDPH License ID Number: **0039636**
Fiscal Year End: **12/31/20**

Schedule 21C

XIX. SUPPORT SCHEDULES

C. Professional Services

Vendor	Type	Amount
Total of professional service from 21C	Various	56,688
	Total (agree to Schedule V, line 19, column 3)	56,688
Allocated from Management Company	Legal Fees	2,393
Allocated from Management Company	Professional Services	2,001
Reclass to RE Tax Expense	RE Tax Appeal	(6,184)
Less: Non-Allowable Legal Fees		(1,012)
Allocated from Real estate	Accounting fees	10,215
	Total (agree to Schedule V, line 19, column 8)	64,101

Facility Name & ID Number Autumn Meadows of Cahokia # 0039636 Report Period Beginning: 01/01/20 Ending: 12/31/20

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. **Health Care Council of Illinois -$22,417**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

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

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

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **13,346** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? ____ YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES ____ NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **259,187**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **24,346** Has any meal income been offset against related costs? **No** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **Adequate records have been maintained**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **No**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **N/A**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.