

		FOR BHF USE			

LL2

Supportive Living Facility

**2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p>I. Facility ID Number: <u>1000076</u></p> <p>Facility Name: <u>Hawthorne Inn of Princeton</u></p> <hr/> <p>Address: <u>136 North 6th Street</u> <u>Princeton</u> <u>61356</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Bureau</u></p> <p>Telephone Number: (<u>815</u>) <u>875-6600</u> Fax # ()</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>01/29/2007</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code <u>501 (C) 3</u></td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table> <p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Ron Wilson</u> Telephone Number: (<u>309</u>) <u>343-1550</u></p> <p>Email Address: _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code <u>501 (C) 3</u>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>4/1/19</u> to <u>3/31/20</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p align="center">Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____</td> <td style="border: none; text-align: right;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) <u>Darcee Fanning</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Title) <u>Regional Director</u></td> </tr> </table> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;">Paid Preparer</td> <td style="border: none;">(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u></td> <td style="border: none; text-align: right;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Print Name and Title) <u>Larry Templin Partner</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Firm Name & Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525</u></td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Telephone) (<u>630</u>) <u>361-2868</u> Fax # ()</td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Darcee Fanning</u>			(Title) <u>Regional Director</u>		Paid Preparer	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>	(Date) _____		(Print Name and Title) <u>Larry Templin Partner</u>			(Firm Name & Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525</u>			(Telephone) (<u>630</u>) <u>361-2868</u> Fax # ()	
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Facility Name Hawthorne Inn of PrincetonReport Period Beginning: 4/1/19 Ending: 3/31/20

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units / /

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	15	Single Unit Apartment	15	5,490	1
2	6	Double Unit Apartment	6	2,196	2
3		Other		1,975	3
4	21	TOTALS	21	9,661	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	1,090	4,289		5,379	5
6	Double Unit	1,608	490		2,098	6
7	Other	1,323	652		1,975	7
8	TOTALS	4,021	5,431		9,452	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.84%

D. Indicate the number of paid bed-hold days the SLF had during this year

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH* I. Is your fiscal year identical to your tax year? YES NOTax Year: 3/31/20 Fiscal Year: 3/31/20

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

J. Does the facility have any Illinois Housing Development Authority Loans outstanding?

No If yes, did the facility make all of the required payments of interest and principal? N/AIf no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding?

No If yes, did the facility make all of the required payments of interest and principal? N/AIf no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?

No If yes, did the facility make all of the required payments of interest and principal? N/AIf no, explain. N/A

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning:

4/1/19

Ending:

3/31/20

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	432,760	415,740	9,994	858,494	(678,623)	179,871	1
2	Housekeeping, Laundry and Maintenance	403,809	107,824	44,416	556,049	(488,091)	67,958	2
3	Heat and Other Utilities			252,908	252,908	(200,322)	52,586	3
4	Other (specify):							4
5	TOTAL General Services	836,569	523,564	307,318	1,667,451	(1,367,036)	300,415	5
B. Health Care and Programs								
6	Health Care/ Personal Care	2,466,844	361,114	1,329,148	4,157,106	(3,799,808)	357,298	6
7	Activities and Social Services	185,424	8,378	175	193,977	(192,952)	1,025	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	2,652,268	369,492	1,329,323	4,351,083	(3,992,760)	358,323	9
C. General Administration								
10	Administrative and Clerical	379,627	23,204	818,720	1,221,551	(1,119,232)	102,319	10
11	Marketing Materials, Promotions and Advertising	52,595		117,108	169,703	(162,257)	7,446	11
12	Employee Benefits and Payroll Taxes			610,652	610,652	(526,675)	83,977	12
13	Insurance-Property, Liability and Malpractice			151,321	151,321	(130,742)	20,579	13
14	Other (specify):							14
15	TOTAL General Administration	432,222	23,204	1,697,801	2,153,227	(1,938,906)	214,321	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	3,921,059	916,260	3,334,442	8,171,761	(7,298,702)	873,059	16
Capital Expenses								
D. Ownership								
17	Depreciation			58,286	58,286	32,364	90,650	17
18	Interest							18
19	Real Estate Taxes			93,800	93,800	(73,164)	20,636	19
20	Rent -- Facility and Grounds			885,798	885,798	(885,798)		20
21	Rent -- Equipment			2,263	2,263	(2,263)		21
22	Other (specify):							22
23	TOTAL Ownership			1,040,147	1,040,147	(928,861)	111,286	23
24	GRAND TOTAL (Sum of lines 16 and 23)	3,921,059	916,260	4,374,589	9,211,908	(8,227,563)	984,345	24

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning: 4/1/19

Ending:

3/31/20

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11.4	15.03	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3.5	12.39	7
8	Dishwashers			8
9	Maintenance Workers	0.4	19.58	9
10	Housekeepers	1.0	10.98	10
11	Laundry	0.4	10.32	11
12	Managers	0.1	76.98	12
13	Other Administrative	0.1	38.95	13
14	Clerical	0.5	15.36	14
15	Marketing	0.1	26.56	15
16	Other			16
17	Total (lines 1 thru 16)	17	\$ 14.96	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	See Att Sch IVa for Directors Fees			\$ 205	1
2					2
3					3
4					4
5					5
Total				\$ 205	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	RFMS Sch IV Ln 10 C3	\$ 17,620	1
2	LTC Support Services Sch IV Ln 10 C3	24,045	2
Total		\$ 41,665	3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
See Attached Schedule I			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached Schedule I					

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: N/A

If yes, what is the value of those services? \$

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning:

4/1/19

Ending:

3/31/20

VIII. OWNERSHIP COSTS

A. Purchase price of land 14,300 Year land was acquired 2009

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

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

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	21		2009	2004	\$ 1,663,532	\$	25	\$ 72,976	\$ 72,976	\$ 744,245	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Site Fence & Landscaping	2009		85,359		15	5,691	5,691	58,806	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 1,748,891	\$		\$ 78,667	\$ 78,667	\$ 803,051	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 179,760	\$	\$ 11,983	11,983		\$ 179,712	18
19	Vehicles	58,025				4	58,025	19
20	TOTAL (lines 18 and 19)	\$ 237,785	\$	\$ 11,983	11,983		\$ 237,737	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21	R/E SNF	\$ 9,889,317	\$ \$ 453,649	\$ \$ 4,218,643	21
22	SNF	964,566	58,286	659,626	22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 10,853,883	\$ 511,935	\$ 4,878,269	24

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning: 4/1/19

Ending: 3/31/20

IX. RENTAL COSTS

A. Building and Fixed Equipment

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? YES NO

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

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ N/A

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	Name of Lender	2		3	4	6		7	8	9		
			Related**	YES			NO	Amount of Note					Balance
		A. Directly Facility Related											
		Long-Term											
1		N/A				/ /	\$	\$	/ /		\$	1	
2						/ /			/ /			2	
3						/ /			/ /			3	
		Working Capital											
4						/ /			/ /			4	
5						/ /			/ /			5	
6						/ /			/ /			6	
7		TOTAL Facility Related					\$	\$			\$	7	
		B. Non-Facility Related											
8						/ /			/ /			8	
9						/ /			/ /			9	
10		TOTALS (lines 7, 8 and 9)					\$	\$			\$	10	

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

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning: 4/1/19

Ending:

3/31/20

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 3/31/20

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 296,569	\$ 296,569	1
2	Cash-Patient Deposits	26,249	26,249	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 315,000)	367,566	367,566	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	50,630	50,630	6
7	Other Prepaid Expenses	2,320	2,320	7
8	Accounts Receivable (owners or related parties)	2,725,540		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,468,874	\$ 743,334	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		65,000	13
14	Buildings, at Historical Cost		9,981,735	14
15	Leasehold Improvements, at Historical Cost	474,389	1,261,022	15
16	Equipment, at Historical Cost	548,202	1,547,102	16
17	Accumulated Depreciation (book methods)	(728,571)	(5,919,057)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 294,020	\$ 6,935,802	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,762,894	\$ 7,679,136	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 144,322	\$ 144,322	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	26,249	26,249	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	119,665	119,665	30
31	Accrued Taxes Payable	198,459	198,459	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Inter-company		1,023,109	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 488,695	\$ 1,511,804	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Security Deposit	55,500	55,500	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 55,500	\$ 55,500	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 544,195	\$ 1,567,304	45
46	TOTAL EQUITY	\$ 3,218,699	\$ 6,111,832	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 3,762,894	\$ 7,679,136	47

*(See instructions.)

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning: 4/1/19

Ending:

3/31/20

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

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,201,050	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,201,050	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	See Schedule 8A	5,983	15
16	SNF Revenues	8,608,528	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 8,614,511	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 9,815,561	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,667,451	19
20	Health Care/ Personal Care	4,351,083	20
21	General Administration	2,153,227	21
B. Capital Expense			
22	Ownership	1,040,147	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 9,211,908	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 603,653	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 603,653	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 317,142	32
33	Private Pay - Net Inpatient Revenue	883,908	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,201,050	37

Schedule 8A

XII. Income Statement
Section D. Other Revenue

<u>Description</u>	<u>Amount</u>
Link Revenue	<u>5,983</u>
	<u>5,983</u>

SEE ACCOUNTANTS' COMPILATION REPORT

FACILITY Hawthorne Inn of Princeton
ID#: 0

BEGINNING: 4/1/19
ENDING: 3/31/20

ATTACHED SCHEDULE I

VII. Related Organizations
A.Related SLP's and Health Care Businesses
and Other Related Business Entities

Name	City and State	Type of Business
1 SLP's and Health Care divisions of Residential Alternatives of Illinois, Inc.:		
Hawthorne Inn of Danville	Danville, IL	Skilled nursing facility
Manor Court of Clinton	Clinton, IL	Skilled nursing and supportive living facility
Manor Court of Freeport	Freeport, IL	Skilled nursing facility
Manor Court of Peoria	Peoria, IL	Skilled nursing facility
Manor Court of Peru	Peru, IL	Skilled nursing facility
Manor Court of Princeton	Princeton, IL	Skilled nursing and supportive living facility
Windmill Manor	Carabelle, IA	Skilled nursing facility
Hawthorne Inn of Freeport	Freeport, IL	Supportive living facility
Hawthorne Inn of Peoria	Peoria, IL	Assisted living facility
Hawthorne Inn of Peru	Peru, IL	Assisted living facility
Hawthorne Inn of Rochelle	Rochelle, IL	Assisted living facility
Liberty Estates of Geneseo	Geneseo, IL	Assisted living and independent living facility
Liberty Estates of Streator	Streator, IL	Assisted living and independent living facility
Other facilities operated by Residential Alternatives of Illinois, Inc.		
Liberty Estates of Danville	Danville, IL	Independent living facility
Liberty Estates of Freeport	Freeport, IL	Independent living facility
Liberty Estates of Peoria	Peoria, IL	Independent living facility
Liberty Estates of Peru	Peru, IL	Independent living facility

3 Frances House, Inc.(sole corporate member of Residential Alternatives of Illinois, Inc.) operates the following DD facilities

Casa Willis	Sterling, IL
Freeport Terrace	Freeport, IL
Gordon Jones Terrace	Lanark, IL
Hallam Terrace	Rockford, IL
Hammett House	Sterling, IL
Kanthak House	Ottawa, IL
Olson Terrace	Rockford, IL
Ridge Terrace	Freeport, IL
Rockford Group Homes:	
Cantebury Place	Rockford, IL
Glenwood Villa	Rockford, IL
Rockton Court	Rockford, IL
Rose House	Moline, IL
Seborg Terrace	Rockford, IL
Smith Square	Moline, IL
Stern Square	Sterling, IL
Stouffer Terrace	Oregon, IL

The following facilities (formerly Concepts Plus, Inc. - FH was the sole member) merged with Frances House as of 2/25/14:

Lake County Group Homes:	
Lewis Terrace	North Chicago, IL
Seymour Terrace	North Chicago, IL
Waukegan Terrace	Waukegan, IL
Pine Terrace	Waukegan, IL

Frances House, Inc. is also the sole corporate member of the following not-for-profit lessors of Residential Alternatives of Illinois, Inc.

Peoria Manor Court, Ltd., NFP	Galesburg, IL
Peru Becker, Ltd., NFP	Galesburg, IL
Danville Independence, LLC	Galesburg, IL
Hawthorne Inn of Princeton, LLC	Galesburg, IL

4 Pioneer Concepts, Inc (Frances House, Inc is the sole corporate member) operates the following DD facilities

Broadway Terrace	Chicago Heights, IL
Carole Lane Terrace	Sauk Village, IL
Cook County I Group Homes:	
Flossmoor Terrace	Flossmoor, IL
Ravishes Terrace	Country Club Hills, IL
Spaulding Terrace	Markham, IL
Cook County II Group Homes:	
Calumet City Terrace	Calumet City, IL
Dolton Terrace	Dolton, IL
Lynwood Terrace	Lynwood, IL
Holland Terrace	South Holland, IL
Matteson Court	Matteson, IL
Prairie House	Sauk Village, IL
Torrence Place	Sauk Village, IL

5 Pinnacle Opportunities, Inc (Frances House, Inc is the sole corporate member) operated the following facilities

DD facilities

Chamness Square	Bourbannais, IL
Collins Square	Bradley, IL
Hunt Terrace	Kankakee, IL
Kankakee I Group Homes:	
Deurborn Court	Kankakee, IL
River Court	Kankakee, IL
Station Court	Kankakee, IL
Kankakee II Group Homes:	
Eagle Court	Kankakee, IL
Kankakee Court	Kankakee, IL
Roy Court	Bourbannais, IL

CILA facilities

Gravin Square	Bradley, IL
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6 LTC Support Services, LLC (RAI is one of eight corporate members)

LTC provides consulting services that include, but are not limited to: training, regulatory compliance, quality assurance programs, human resource support, marketing and maintenance.

Total fees expensed during the current year for SLP portion: 24,045

SEE ACCOUNTANTS' COMPILATION REPORT

FACILITY NAME: Hawthorne Inn of Princeton
ID#: 0

BEGINNING: 4/1/2019
ENDING: 3/31/2020

ATTACHED SCHEDULE II

IV. Cost Center Expenses
Reclassifications and Adjustments

Reported on Schedule IV on Line	Description	Adj Col 5
See Att Sch IV	Home office allocation	324
See Att Sch V	Eliminate SNF Expenses	(8,123,661)
See Att Sch VII	Eliminate R/E Entity Rent	(194,876)
See Att Sch VII	Real Estate Entity Costs	90,650
<i>Total Adjustments on Schedule IV</i>		(8,227,563)

ATTACHED SCHEDULE III

Bed Listing & Home Office Allocation

Facility	Weighted beds @ 03/31/2019					Weighted Average	All Homes		SNF Percentage of Total		
	Nursing Home Beds	Sheltered Care Beds	SLF Beds	ALC Beds	Estate Units		Percentage of Total	Percentage of Total			
Liberty Estates of Danville	0	0	0	0	8	8	0.83%	0.00%			
Liberty Estates of Freeport	0	0	0	0	7	7	0.73%	0.00%			
Liberty Estates of Peoria	0	0	0	0	8	8	0.83%	0.00%			
Liberty Estates of Geneseo	0	0	0	7	3	10	1.04%	0.00%			
Liberty Estates of Peru	0	0	0	0	7	7	0.73%	0.00%			
Liberty Estates of Streator	0	0	0	10	3	13	1.35%	0.00%			
Hawthorne Inn of Danville	80	30	0	0	0	110	11.40%	14.03%			
Manor Court of Princeton	125	0	11	0	0	136	14.09%	15.94%			
Manor Court of Clinton	134	0	11	0	0	145	15.03%	17.09%			
Manor Court of Peoria	50	0	0	0	0	50	5.18%	6.38%			
Manor Court of Peru	126	2	0	0	0	128	13.26%	16.33%			
Manor Court of Freeport	117	0	0	0	0	117	12.12%	14.92%			
Windmill Manor	120	0	0	0	0	120	12.44%	15.31%			
Hawthorne Inn of Peoria	0	0	0	34	0	34	3.52%	0.00%			
Hawthorne Inn of Peru	0	0	0	34	0	34	3.52%	0.00%			
Hawthorne Inn of Freeport	0	0	15	0	0	15	1.55%	0.00%			
Hawthorne Inn of Rochelle	0	0	0	23	0	23	63.89%	0.00%			
	752	32	37	108	36	965	162%	100.00%			
Healthcare Facilities											
							Allocation Stats				
							Beds	Days in Year	Base Stat	% of total	% of HC
Hawthorne Inn of Danville	80	30					110	366	40,260	11.40%	14.03%
Manor Court of Princeton	125	0					125	366	45,750	12.95%	15.94%
Manor Court of Clinton	134	0					134	366	49,044	13.89%	17.09%
Manor Court of Peoria	50	0					50	366	18,300	5.18%	6.38%
Manor Court of Peru	126	2					128	366	46,848	13.26%	16.33%
Manor Court of Freeport	117	0					117	366	42,822	12.12%	14.92%
Windmill Manor	120	0					120	366	43,920	12.44%	15.31%
	752	32					784		286,944	81.24%	100.00%
Other Facilities											
Liberty Estates of Danville			0	0	8	8	8	366	2,928	0.83%	4.42%
Liberty Estates of Freeport			0	0	7	7	7	366	2,562	0.73%	3.87%
Liberty Estates of Peoria			0	0	8	8	8	366	2,928	0.83%	4.42%
							0	366		0.00%	0.00%
Liberty Estates of Geneseo			0	7	3	10	10	366	3,660	1.04%	5.52%
Liberty Estates of Peru			0	0	7	7	7	366	2,562	0.73%	3.87%
Liberty Estates of Streator			0	10	3	13	13	366	4,758	1.35%	7.18%
Hawthorne Inn of Danville			0	0	0	0	-	366	-	0.00%	0.00%
Manor Court of Princeton			11	0	0	11	11	366	4,026	1.14%	6.08%
Manor Court of Clinton			11	0	0	11	11	366	4,026	1.14%	6.08%
Manor Court of Peoria			0	0	0	0	-	0	-	0.00%	0.00%
Manor Court of Peru			0	0	0	0	-	0	-	0.00%	0.00%
Manor Court of Freeport			0	0	0	0	-	0	-	0.00%	0.00%
Windmill Manor			0	0	0	0	-	366	-	0.00%	0.00%
Hawthorne Inn of Peoria			0	34	0	34	34	366	12,444	3.52%	18.78%
Hawthorne Inn of Peru			0	34	0	34	34	366	12,444	3.52%	18.78%
Hawthorne Inn of Freeport			15	0	0	15	15	366	5,490	1.55%	8.29%
Hawthorne Inn of Rochelle			0	23	0	23	23	366	8,418	2.38%	12.71%
	0	0	37	108	36	181			66,246	18.76%	100.00%
Total									353,190	100.00%	

FACILITY NAME: Hawthorne Inn of Princeton
 ID#: 0

BEGINNING: 4/1/19
 ENDING: 3/31/20

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

Allocation Factors:

SLF Home Office Factor **0.0114**

Schedule	Description	Total Expenses Incurred	Non-Allowable Costs	Costs To Be Allocated	Allocated Total	Adjustment Grouping
V-1-1	Labor-Dietary	0		0	0	0
V-1-2	Supplies-Dietary	0		0	0	0
V-2-1	Labor-Purchasing	0		0	0	0
V-3-3	Utilities	0		0	0	0
V-10-1	Labor - Administrative	0		0	0	
V-10-1	Labor-Clerical	0		0	0	0
V-10-2	Supplies	0		0	0	0
V-10-3	Miscellaneous	819		819	9	
V-10-3	Postage & Shipping	0		0	0	
V-10-3	Equipment	0		0	0	
V-10-3	Equipment Contracts	0		0	0	
V-10-3	Equip Maintenance & Repair	0		0	0	
V-10-3	Telephone	0		0	0	
V-10-3	Board of Directors	18,000		18,000	205	
V-10-3	Legal Fees	1,086		1,086	12	
V-10-3	Professional Services	51,408	51,408	0	0	
V-10-3	Licenses/Fees/Misc	520		520	6	
V-10-3	Inservice Training			0	0	
V-10-3	Travel			0	0	
V-10-3	Vehicle Expense			0	0	
V-10-3	Bad Debt Expense			0	0	
V-10-3	Contributions	250,000	250,000	0	0	232
V-11-3	Advertising - Employment			0	0	
V-11-3	Subscriptions & Fees			0	0	0
V-12-3	Worker's Compensation			0	0	
V-12-3	Other Employee Expense			0	0	
V-12-3	FICA			0	0	
V-12-3	State Unemployment Tax			0	0	
V-12-3	Health Insurance			0	0	0
V-13-3	Vehicle Insurance			0	0	
V-13-3	Liability Insurance	8,040		8,040	92	
V-13-3	Property Insurance			0	0	92
V-17-3	Depreciation Expense			0	0	0
V-18-3	Interest Expense			0	0	
V-18-3	Investment Income			0	0	0
TOTALS		329,873	301,408	28,465	324	324

Board of Directors Costs:

John Kniery	4,500.00
Doug Biederstedt	3,000.00
Ben McMahan	1,500.00
Jeff Shaw	4,500.00
William Kempiners	4,500.00
Meeting/Travel exp	
Total	18,000.00

SEE ACCOUNTANTS' COMPILATION REPORT

FACILITY NAME: Hawthorne Inn of Princeton
ID#: 0

BEGINNING: 4/1/19
ENDING: 3/31/20

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

Attached Schedule V

SUMMARY SCHEDULE

Sch. IV of Allocation of Skilled Nursing Facility Costs
Line #

	Salaries	Supplies	Other	Total
1 Dietary and Food	341,021	327,608	9,994	678,623
2 Hskp, Laundry, Main	354,399	94,710	38,982	488,091
3 Heat & Other Utilities			200,322	200,322
4 Other				-
6 Health Care/personal	2,109,671	360,989	1,329,148	3,799,808
7 Activities & Soc Serv	185,424	7,353	175	192,952
8 Other				-
10 Admin/Clerical	333,175	20,390	765,899	1,119,464
11 Mkt, Promo, Adv	46,159		116,098	162,257
12 Emp Ben & PR taxes			526,675	526,675
13 Insurance			130,834	130,834
14 Other				-
17 Depreciation			58,286	58,286
18 Interest				-
19 Real Estate Taxes			73,164	73,164
20 Rent			690,922	690,922
21 Rent Equip			2,263	2,263
TOTALS	3,369,849	811,050	3,942,762	8,123,661

Net adjustment required

8,123,661

SEE ACCOUNTANTS' COMPILATION REPORT

FACILITY NAME: Hawthorne Inn of Princeton
 ID#: 0

BEGINNING: 4/1/19
 ENDING: 3/31/20

ATTACHED SCHEDULE VI

Depreciation Reconciliation

Schedule	Line	Description	Amount
VIII	17-7	Total buildings and improvements	78,667
VIII	20-3	Total equipment and transportation	11,983
Attached schedule V		Home office allocation adj depreciation	-
		<i>Subtotal</i>	90,650
IV	17-6	Total cost center depreciation	-
		<i>Difference</i>	90,650

ATTACHED SCHEDULE VII

Related Cost to Related Party Lessor:

On November 30, 2009 Frances House Inc. became the sole member of the lessor. Amounts below relate to SLF expenses for the entire year.

Property Insurance	IV-22
Mortgage Insurance	IV-22
Depreciation Total	544,299 IV-17
Depreciation Non-SLF	(453,649) Att Sch VIII
Mortgage Interest	IV-18
Mortgage Interest Non-SLF	IV-18
Loan Fee Amortization	IV-22
Loan Fee Amortization Non-SLF	IV-22
Total Lessor Cost	90,650

Cost Per General Ledger - Facility Rent	885,798 IV-20
Eliminate Related Party Rent	(194,876)
SNF Portion, See Att Sch II Line 20	(690,922)
SLF Rent	0

Net Adjustment 90,650

ATTACHED SCHEDULE VIII

	Cost	Current Book	Accum Depr
R/E Entity Building SNF	8,318,203	332,728	2,974,558
R/E Entity Leasehold Imp SNF	526,495	43,874	420,464
R/E Entity Equip SNF	819,140	65,395	703,217
R/E Entity Land SNF	50,700	-	-
R/E Entity Land Imp SNF	174,779	11,652	120,404
	9,889,317	453,649	4,218,643

ATTACHED SCHEDULE IX

	Cost	Current Book	Accum Depr
Equip SNF	443,258	28,364	329,484
Leasehold Imp SNF	474,389	29,922	283,223
Vehicles SNF	46,919		46,919
	964,566	58,286	659,626