

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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.

I. Facility ID Number: 1000093

Facility Name: Hawthorne Inn of Freeport

Address: 2140 West Navajo Dr Freeport 61032

County: Stephenson

Telephone Number: ( 815 ) 232-3407 Fax # ( )

Federal Employer ID Number:

Date Current Owners were Certified: 11/19/2007

Type of Ownership:

X

VOLUNTARY, NON-PROFIT

X

Charitable Corp.

Trust

IRS Exemption Code 501 (C) 3

PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

In the event there are further questions about this report, please contact:

Name: Ron Wilson

Telephone Number: ( 309 ) 343-1550

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 4/1/20 to 3/31/21 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)

(Type or Print Name) Darcee Fanning

(Title) Regional Director

Paid Preparer

(Signed) SEE ACCOUNTANTS' COMPILATION REPORT

(Print Name and Title) Larry Templin Partner

(Firm Name & Address) Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525

(Telephone) (630 ) 361-2868 Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE

IL DEPT OF HEALTHCARE AND FAMILY SERVICES

201 S. Grand Avenue East

Springfield, IL 62763-0001

Phone # (217) 782-1630

HFS 3745C (N-4-05)

IL478-2471

Facility Name Hawthorne Inn of Freeport Report Period Beginning: 4/1/20 Ending: 3/31/21

III. STATISTICAL DATA

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

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	21	Single Unit Apartment	21	7,665	1
2	8	Double Unit Apartment	8	2,920	2
3		Other		2,127	3
4	21	TOTALS	21	12,712	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	1,741	5,236		6,977	5
6	Double Unit		1,947		1,947	6
7	Other	602	1,525		2,127	7
8	TOTALS	2,343	8,708		11,051	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.93%

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

ACCRAUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

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

Tax Year: 3/31/21 Fiscal Year: 3/31/21

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

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

outstanding? No If yes, did the facility make all of the

required payments of interest and principal? N/A

If no, explain. N/A

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

outstanding? No If yes, did the facility make all of the

required payments of interest and principal? N/A

If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and

Economic Opportunity outstanding? No If yes, did the facility

make all of the required payments of interest and principal? N/A

If no, explain. N/A

## STATE OF ILLINOIS

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning:

4/1/20

Ending:

Page 3

3/31/21

## 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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	101,988	70,053		172,041		172,041	1
2	Housekeeping, Laundry and Maintenance	78,224	7,896	13,281	99,401		99,401	2
3	Heat and Other Utilities			53,636	53,636		53,636	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	180,212	77,949	66,917	325,078		325,078	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	267,057	1,120		268,177		268,177	6
7	Activities and Social Services		272		272		272	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	267,057	1,392		268,449		268,449	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	85,605	478	60,951	147,034	(5,498)	141,536	10
11	Marketing Materials, Promotions and Advertising			23,421	23,421		23,421	11
12	Employee Benefits and Payroll Taxes			68,035	68,035		68,035	12
13	Insurance-Property, Liability and Malpractice			26,012	26,012	178	26,190	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	85,605	478	178,419	264,502	(5,320)	259,182	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	532,874	79,819	245,336	858,029	(5,320)	852,709	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			139,428	139,428		139,428	17
18	Interest							18
19	Real Estate Taxes			57,200	57,200		57,200	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			196,628	196,628		196,628	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	532,874	79,819	441,964	1,054,657	(5,320)	1,049,337	24

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning 4/1/20 Ending: 3/31/21

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	9.50	13.63	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3.50	14.17	7
8	Dishwashers			8
9	Maintenance Workers	1.75	15.56	9
10	Housekeepers	1.00	11.13	10
11	Laundry			11
12	Managers	1.25	22.61	12
13	Other Administrative			13
14	Clerical	0.75	15.86	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	18	\$ 14.53	17

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			

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			\$ 175	1
2					2
3					3
4					4
5					5
Total				\$ 175	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	RFMS Sch IV Ln 10 C3	\$ 37,800	1
2	LTC Support Services Sch IV Ln 10 C3	8,317	2
Total		\$ 46,117	3

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 X NO If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning:

4/1/20

Ending:

3/31/21

**VIII. OWNERSHIP COSTS**

**A. Purchase price of land**                      123,810                      Year land was acquired                      2012

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

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

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	29		2012	2002	\$ 4,773,190	\$ 119,330	40	\$ 119,330	\$	\$ 994,417	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6	Landscaping			2002	3,672		10			3,672	6
7	Light/Surge Protection			2004	22,900		7			22,900	7
8	Water Heater			2010	9,990		10			9,990	8
9	Water Softener			2011	5,468	547	10	547		5,150	9
10	Countertops			2013	7,055	588	12	588		4,557	10
11	Plastering- Dining Rm/Living Rm/Foyer/Nurse Station			2015	5,800	580	10	580		3,818	11
12	Cabinets - Kitchen			2015	4,395	293	15	293		1,782	12
13	Carpet			2016	3,991	798	10	798		3,990	13
14	Nurse Call System			2017	39,515	3,952	15	3,952		16,796	14
15	Water Heater			2017	4,520	452	10	452		1,770	15
16	Water Heater-Sprinkler Room			2018	4,613	461	10	461		1,498	16
17	TOTAL (lines 1 thru 16)				\$ 4,885,109	\$ 127,001		\$ 127,001	\$	\$ 1,070,340	17

**C. Equipment Depreciation -- Including Transportation.**

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 95,386	\$ 8,069	\$ 8,069	\$	3-15 Years	\$ 82,340	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 95,386	\$ 8,069	\$ 8,069	\$		\$ 82,340	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		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

**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 5, Carried Forward		\$ 4,885,109	\$ 127,001		\$ 127,001	\$	\$ 1,070,340	1
2									2
3	Furnace-Sprinkler Room	2018	2,645	176	15	176		558	3
4	New AC Unit-Television Room	2018	4,146	829	5	829		2,349	4
5	Vinyl Plank Flooring-Hallways/Common Areas	2019	33,526	3,353	10	3,353		6,426	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,925,426	\$ 131,359		\$ 131,359	\$	\$ 1,079,673	34

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

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning: 4/1/20

Ending: 3/31/21

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

☒ YES ☐ NO

		1 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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		2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	N/A				/ /	\$		/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$				\$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$				\$	10

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

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

## STATE OF ILLINOIS

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Facility Name: Hawthorne Inn of Freeport

Report Period Beginning: 4/1/20

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3/31/21

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 3/31/21

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 11,203	\$ 11,203	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>None</u> )	30,079	30,079	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,526	7,526	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	3,701,789	3,701,789	8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,750,597	\$ 3,750,597	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	123,810	123,810	13
14	Buildings, at Historical Cost	4,773,190	4,773,190	14
15	Leasehold Improvements, at Historical Cost	152,238	152,236	15
16	Equipment, at Historical Cost	95,386	95,386	16
17	Accumulated Depreciation (book methods)	(1,161,999)	(1,162,013)	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	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,982,625	\$ 3,982,609	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 7,733,222	\$ 7,733,206	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 15,958	\$ 15,958	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	18,107	18,107	30
31	Accrued Taxes Payable	70,327	70,327	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 104,392	\$ 104,392	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	<u>Security Deposit</u>	28,500	28,500	42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 28,500	\$ 28,500	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 132,892	\$ 132,892	45
46	<b>TOTAL EQUITY</b>	\$ 7,600,330	\$ 7,600,314	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 7,733,222	\$ 7,733,206	47

\*(See instructions.)



Facility Name: Hawthorne Inn of Freeport

Report Period Beginning: 4/1/20

Ending:

3/31/21

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

		1	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 1,554,668	1
2	Discounts and Allowances	(4,157)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 1,550,511</b>	<b>3</b>
	<b>B. Other Operating Revenue</b>		
4	Special Services	330	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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 330</b>	<b>11</b>
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
	<b>D. Other Revenue (specify):</b>		
15	See Schedule 8A	10,093	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 10,093</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 1,560,934</b>	<b>18</b>

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	325,078	19
20	Health Care/ Personal Care	268,449	20
21	General Administration	264,502	21
	<b>B. Capital Expense</b>		
22	Ownership	196,628	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 1,054,657</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 506,277</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 506,277</b>	<b>31</b>
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 265,892	32
33	Private Pay - Net Inpatient Revenue	1,284,619	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 1,550,511</b>	<b>37</b>

XII. Income Statement

Section D. Other Revenue

<u>Description</u>	<u>Amount</u>
Link Revenue	10,232
Late Fee	(339)
Processing Fee	200
	<u>10,093</u>

SEE ACCOUNTANTS' COMPILATION REPORT

ATTACHED SCHEDULE I

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

Name	City and State	Type of Business
1 SLF'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
Manor Court of Rochelle	Rochelle, IL	Skilled nursing facility
Windmill Manor	Coralville, 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:	North Chicago, IL
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
Ravisloe Terrace	Country Club Hills, IL
Spaulding Terrace	Markham, IL
Cook County II Group Homes:	
Calumet City Terrace	Calumet City, IL
Dolton Terrace	Dolton, IL
Lynwood Terrace	Lynwood, IL
Holland Terrace	South Holland, IL
Matteson Court	Matteson, IL
Prairie House	Sauk Village, IL
Torrence Place	Sauk Village, IL

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

DD facilities	
Chamness Square	Bourbannais, IL
Collins Square	Bradley, IL
Hunt Terrace	Kankakee, IL
Kankakee I Group Homes:	
Dearborn Court	Kankakee, IL
River Court	Kankakee, IL
Station Court	Kankakee, IL
Kankakee II Group Homes:	
Eagle Court	Kankakee, IL
Kankakee Court	Kankakee, IL
Roy Court	Bourbannais, IL
CILA facilities	
Gravlin Square	Bradley, IL

6 LTC Support Services, LLC (RAI is one of eight corporate members)

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

Total fees expensed during the current year for SLF portion: 8,317

SEE ACCOUNTANTS' COMPILATION REPORT

ATTACHED SCHEDULE II

IV. Cost Center Expenses  
Reclassifications and Adjustments

Reported on Schedule IV on Line		Adj Col 5
Description		
Line 10	Disallow Bad Debts	(5,681)
See Att Sch IV	Home office allocation	361
Total Adjustments on Schedule IV		(5,320)

ATTACHED SCHEDULE III

Bed Listing & Home Office Allocation

Weighted beds @ 03/31/2021												
Facility	Nursing Home		Sheltered	SLF	ALC	Estate	Weighted	All Homes	SNF			
	Beds	Care Beds	Beds	Beds	Units	Average	Percentage	Percentage				
	100%	50%	40%	50%	10%	Total	of Total	of Total				
Liberty Estates of Danville	0	0		0	0	8	8	0.76%	0.00%			
Liberty Estates of Freeport	0	0		0	0	7	7	0.66%	0.00%			
Liberty Estates of Peoria	0	0		0	0	8	8	0.76%	0.00%			
Liberty Estates of Geneseo	0	0		0	7	3	10	0.94%	0.00%			
Liberty Estates of Peru	0	0		0	0	7	7	0.66%	0.00%			
Liberty Estates of Streator	0	0		0	10	3	13	1.23%	0.00%			
Hawthorne Inn of Danville	80	30		0	0	0	110	10.39%	10.39%	12.53%		
Manor Court of Princeton	125	0		11	0	0	136	12.84%	11.80%	14.24%		
Manor Court of Clinton	134	0		11	0	0	145	13.69%	12.65%	15.26%		
Manor Court of Peoria	50	0		0	0	0	50	4.72%	4.72%	5.69%		
Manor Court of Peru	130	0		0	0	0	130	12.28%	12.28%	14.81%		
Manor Court of Freeport	117	0		0	0	0	117	11.05%	11.05%	13.33%		
Manor Court of Rochelle	92						92	8.69%	8.69%	10.48%		
Windmill Manor	120	0		0	0	0	120	11.33%	11.33%	13.67%		
Hawthorne Inn of Peoria	0	0		0	34	0	34	3.21%	0.00%	0.00%		
Hawthorne Inn of Peru	0	0		0	34	0	34	3.21%	0.00%	0.00%		
Hawthorne Inn of Freeport	0	0		15	0	0	15	1.42%	0.00%	0.00%		
Hawthorne Inn of Rochelle	0	0		0	23	0	23	2.17%	0.00%	0.00%		
	848	30		37	108	36	1059	100%	82.91%	100.00%		
Allocation Stats												
							Beds	Days in Year	Base Stat	% of total	% of HC	
Hawthorne Inn of Danville	80	30					110	365	40,150	10.70%	12.98%	
Manor Court of Princeton	125	0					125	365	45,625	12.16%	14.75%	
Manor Court of Clinton	134	0					134	365	48,910	13.03%	15.82%	
Manor Court of Peoria	50	0					50	365	18,250	4.86%	5.90%	
Manor Court of Peru	130	0					130	365	47,450	12.64%	15.34%	
Manor Court of Freeport	117	0					117	365	42,705	11.38%	13.81%	
Manor Court of Rochelle	92	0					92	365	22,356			
Windmill Manor	120	0					120	365	43,800	11.67%	14.16%	
	848	30					878	878	309,246	82.40%	100.00%	
Other Facilities												
Liberty Estates of Danville				0	0	8	8	8	365	2,920	0.78%	4.42%
Liberty Estates of Freeport				0	0	7	7	7	365	2,555	0.68%	3.87%
Liberty Estates of Peoria				0	0	8	8	8	365	2,920	0.78%	4.42%
							0	-	365		0.00%	0.00%
Liberty Estates of Geneseo				0	7	3	10	10	365	3,650	0.97%	5.52%
Liberty Estates of Peru				0	0	7	7	7	365	2,555	0.68%	3.87%
Liberty Estates of Streator				0	10	3	13	13	365	4,745	1.26%	7.18%
Hawthorne Inn of Danville				0	0	0	0	-	365		0.00%	0.00%
Manor Court of Princeton				11	0	0	11	11	365	4,015	1.07%	6.08%
Manor Court of Clinton				11	0	0	11	11	365	4,015	1.07%	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	-	365	-	0.00%	0.00%
Hawthorne Inn of Peoria				0	34	0	34	34	365	12,410	3.31%	18.78%
Hawthorne Inn of Peru				0	34	0	34	34	365	12,410	3.31%	18.78%
Hawthorne Inn of Freeport				15	0	0	15	15	365	5,475	1.46%	8.29%
Hawthorne Inn of Rochelle				0	23	0	23	23	365	8,395	2.24%	12.71%
	0	0	37	108	36		181	181		66,065	17.60%	100.00%
Total										375,311	100.00%	

FACILITY NAME:

Hawthorne Inn of Freeport

ID#:

0

BEGINNING:

4/1/20

ENDING:

3/31/21

ATTACHED SCHEDULE IV

ALLOCATION OF HOME OFFICE INDIRECT COSTS

Sch. IV		(See attached detail schedule)		
Line #		Salaries	Other	Total
1	Dietary and Food	0	0	-
2	Hskp, Laundry, Main	0	0	-
3	Heat & Other Utilities	0	0	-
4	Other	0	0	-
6	Health Care/personal	0	0	-
7	Activities & Soc Serv	0	0	-
8	Other	0	0	-
10	Admin/Clerical	0	183	183
11	Mkt, Promo, Adv	0	0	-
12	Emp Ben & PR taxes	0	0	-
13	Insurance	0	178	178
14	Other	0	0	-
17	Depreciation	0	0	-
18	Interest	0	0	-
19	Real Estate Taxes	0	0	-
				-
				-
TOTALS		0	361	361

Net adjustment required

361

SEE ACCOUNTANTS' COMPILATION REPORT

ATTACHED SCHEDULE IVa ALLOCATION OF INDIRECT COSTS  
(Detail Schedule)

Allocation Factors:

SLF Home Office Factor0.0146

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	237		237	3	3
V-10-3	Miscellaneous	0		0	0	
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	12,000		12,000	175	
V-10-3	Legal Fees	247		247	4	
V-10-3	Professional Services	52,778	52,778	0	0	
V-10-3	Licenses/Fees/Misc	51		51	1	
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	180
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	12,220		12,220	178	
V-13-3	Property Insurance			0	0	178
V-17-3	Depreciation Expense			0	0	0
V-18-3	Interest Expense			0	0	
V-18-3	Investment Income			0	0	0
	TOTALS	327,533	302,778	24,755	361	361

Board of Directors Costs:

John Kniery	3,000.00
Ben McMahan	3,000.00
Jeff Shaw	3,000.00
William Kempiners	3,000.00
Meeting/Travel exp	

Total12,000.00

SEE ACCOUNTANTS' COMPILATION REPORT