

		FOR BHF USE			

LL2

Supportive Living Facility

**2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)**

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

<p>I. Facility ID Number: <u>1000093</u></p> <p>Facility Name: <u>Hawthorne Inn of Freeport</u></p> <p>Address: <u>2140 West Navajo Dr</u> <u>Freeport</u> <u>61032</u> <small>Number City Zip Code</small></p> <p>County: <u>Stephenson</u></p> <p>Telephone Number: (<u>815</u>) <u>232-3407</u> Fax # ()</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/19/2007</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input checked="" type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code <u>501 (C) 3</u></td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Ron Wilson</u> Telephone Number: (<u>309</u>) <u>343-1550</u> Email Address: _____</p>	<input 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>04/01/2013</u> to <u>03/31/2014</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) <u>Darcee Fanning</u> (Title) <u>Regional Director</u> </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Print Name and Title) <u>Larry Templin Partner</u> (Firm Name & Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525</u> (Telephone) <u>(630) 361-2868</u> Fax # () </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) _____ (Type or Print Name) <u>Darcee Fanning</u> (Title) <u>Regional Director</u>	Paid Preparer	(Signed) _____ (Print Name and Title) <u>Larry Templin Partner</u> (Firm Name & Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525</u> (Telephone) <u>(630) 361-2868</u> Fax # ()
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Facility Name Hawthorne Inn of Freeport

Report Period Beginning: 04/01/2013 Ending: 03/31/2014

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		2,920	3
4	29	TOTALS	29	13,505	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	1,560	5,914		7,474	5
6	Double Unit	675	2,242		2,917	6
7	Other	633	2,102		2,735	7
8	TOTALS	2,868	10,258		13,126	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.19%

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

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

YES NO

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

YES NO

G. List all services provided by your facility for non-residents.
 (E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 03/31/2014 Fiscal Year: 03/31/2014

* 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 principle? 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 principle? 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 principle? N/A

If no, explain. N/A

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning:

04/01/2013

Ending: 03/31/2014

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	61,943	92,291	2,457	156,691	(525)	156,166	1
2	Housekeeping, Laundry and Maintenance	51,711	8,326	12,681	72,718		72,718	2
3	Heat and Other Utilities			38,866	38,866		38,866	3
4	Other (specify):							4
5	TOTAL General Services	113,654	100,617	54,004	268,275	(525)	267,750	5
B. Health Care and Programs								
6	Health Care/ Personal Care	206,846		330	207,176		207,176	6
7	Activities and Social Services		395		395		395	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	206,846	395	330	207,571		207,571	9
C. General Administration								
10	Administrative and Clerical	68,015	1,427	65,206	134,648	1,441	136,089	10
11	Marketing Materials, Promotions and Advertising			15,308	15,308	(15,308)		11
12	Employee Benefits and Payroll Taxes			62,451	62,451	1	62,452	12
13	Insurance-Property, Liability and Malpractice			12,796	12,796	288	13,084	13
14	Other (specify):							14
15	TOTAL General Administration	68,015	1,427	155,761	225,203	(13,578)	211,625	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	388,515	102,439	210,095	701,049	(14,103)	686,946	16
Capital Expenses								
D. Ownership								
17	Depreciation			129,843	129,843		129,843	17
18	Interest							18
19	Real Estate Taxes			52,610	52,610		52,610	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			182,453	182,453		182,453	23
24	GRAND TOTAL (Sum of lines 16 and 23)	388,515	102,439	392,548	883,502	(14,103)	869,399	24

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning 04/01/2013 Ending: 03/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 21.52	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9	10.12	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3	8.56	7
8	Dishwashers			8
9	Maintenance Workers	1	14.48	9
10	Housekeepers	1	8.85	10
11	Laundry			11
12	Managers	1	21.27	12
13	Other Administrative			13
14	Clerical	1	10.96	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	17	\$	17

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

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	See Att Sch IVa for Directors Fees			\$ 515	1
2					2
3					3
4					4
5					5
Total				\$ 515	6

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 <u>1</u>	City <u>2</u>
See Attached Schedule I	

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
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: _____ 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 Freeport

Report Period Beginning:

04/01/2013

Ending:

03/31/2014

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	\$	\$ 159,107	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Landscaping		2002	3,672		10			3,672	6
7		Light/Surge Protection		2004	22,900		7			22,900	7
8		Water Heater		2010	9,990	999	10	999		4,163	8
9		Water Softener		2011	5,468	548	10	548		1,317	9
10		Countertops		2013	7,055	441	12	441		441	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 4,822,275	\$ 121,318		\$ 121,318	\$	\$ 191,600	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	\$ 106,737	\$ 8,525	\$ 8,525	\$	3-15 yrs	\$ 37,449	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 106,737	\$ 8,525	\$ 8,525	\$		\$ 37,449	20

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

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning: 04/01/2013

Ending: 03/31/2014

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			/ /	\$			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 \$ _____

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

X. INTEREST EXPENSE

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

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

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

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning: 04/01/2013

Ending:

03/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 03/31/2014

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 6,821	\$ 6,821	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>None</u>)	42,413	42,413	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,399	5,399	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 54,633	\$ 54,633	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	123,810	123,810	13
14	Buildings, at Historical Cost	4,773,190	4,773,190	14
15	Leasehold Improvements, at Historical Cost	49,085	49,085	15
16	Equipment, at Historical Cost	106,737	106,737	16
17	Accumulated Depreciation (book methods)	(229,049)	(229,049)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,823,773	\$ 4,823,773	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,878,406	\$ 4,878,406	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 14,073	\$ 14,073	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	11,983	11,983	30
31	Accrued Taxes Payable	66,196	66,196	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Interdivisional Payable	1,758,607	1,758,607	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,850,859	\$ 1,850,859	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 Deposits	51,000	51,000	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 51,000	\$ 51,000	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,901,859	\$ 1,901,859	45
46	TOTAL EQUITY	\$ 2,976,547	\$ 2,976,547	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,878,406	\$ 4,878,406	47

*(See instructions.)

Facility Name: Hawthorne Inn of Freeport

Report Period Beginning: 04/01/2013

Ending:

03/31/2014

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,486,389	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,486,389	3
B. Other Operating Revenue			
4	Special Services	3,010	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	3,967	8
9	Non-Resident Meals	525	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 7,502	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	3,645	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,645	14
D. Other Revenue (specify):			
15	See Attached Schedule 8A	1,696	15
16	Food Stamp Revenue	11,848	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 13,544	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,511,080	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	268,275	19
20	Health Care/ Personal Care	207,571	20
21	General Administration	225,203	21
B. Capital Expense			
22	Ownership	182,453	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)	\$ 883,502	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 627,578	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 627,578	31

FACILITY NAME: Hawthorne Inn of Freeport
ID#: 0

BEGINNING: 04/01/2013
ENDING: 03/31/2014

ATTACHED SCHEDULE 8A

Schedule XII Income Statement Line 16

Late Fees	60
Tray Service	36
Processing Fee	<u>1,600</u>
	<u><u>1,696</u></u>

FACILITY Hawthorne Inn of Freeport
ID#: 0

BEGINNING: 04/01/2013
ENDING: 03/31/2014

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
Hawthorne Inn of Freeport	Freeport, IL	Supportive living facility
Hawthorne Inn of Peoria	Peoria, IL	Assisted living facility
Hawthorne Inn of Peru	Peru, IL	Assisted living facility
Liberty Estates of Geneseo	Geneseo, IL	Assisted living and independent living facility
Liberty Estates of Streator	Streator, IL	Assisted living and independent living facility
Freeport Rehab & Healthcare	Freeport, IL	Skilled nursing 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
2 Residential Alternatives of Iowa (common Board of Directors)	Coralville, IA	Long-term care facilities
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
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
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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 SLF portion: 8,400

FACILITY NAME: Hawthorne Inn of Freeport
 ID#: 0

BEGINNING: 04/01/2013
 ENDING: 03/31/2014

ATTACHED SCHEDULE II

IV. Cost Center Expenses

Reclassifications and Adjustments

Reported on Schedule IV on Line

	Description	Adjustments Col 5
Line 11	Non-allowable advertising	(15,308)
See Att Sch IV	Home office allocation	1,730
Line 1	Non-resident meals	(525)
	<i>Total Adjustments on Schedule IV</i>	(14,103)

ATTACHED SCHEDULE III

Bed Listing & Home Office Allocation

Facility	Weighted beds @ 03/31/14					Estate Units 10%	Weighted Average Total	All Homes Percentage of Total	SLF Percentage of Total
	Nursing Hom Beds 100%	Sheltered Care Beds 50%	SLF Beds 40%	ALC Beds 50%					
Liberty Estates of Danville	0	0	0	0	8	8	0.91%	0.00%	
Liberty Estates of Freeport	0	0	0	0	7	7	0.80%	0.00%	

Liberty Estates of Peoria	0	0	0	0	8	8	0.91%	0.00%
Liberty Estates of Geneseo	0	0	0	7	3	10	1.14%	0.00%
Liberty Estates of Peru	0	0	0	0	7	7	0.80%	0.00%
Liberty Estates of Streator	0	0	0	10	3	13	1.48%	0.00%
Hawthorne Inn of Danville	76	32	0	0	0	108	12.27%	0.00%
Manor Court of Princeton	112	0	11	0	0	123	13.98%	1.25%
Manor Court of Clinton	134	0	11	0	0	145	16.48%	1.25%
Manor Court of Peoria	50	0	0	0	0	50	5.68%	0.00%
Manor Court of Peru	96	18	0	0	0	114	12.95%	0.00%
Manor Court of Freeport	96	6	0	0	0	102	11.59%	0.00%
Hawthorne Inn of Peoria	0	0	0	34	0	34	3.86%	0.00%
Hawthorne Inn of Peru	0	0	0	34	0	34	3.86%	0.00%
Hawthorne Inn of Freeport	0	0	15	0	0	15	1.70%	1.70%
Freeport Rehab & Healthcare	102	0	0	0	0	102	11.59%	0.00%
	666	56	37	85	36	880	100%	4.20%

FACILITY NAME: Hawthorne Inn of Freeport
 ID#: 0

BEGINNING: 04/01/2013
 ENDING: 03/31/2014

ATTACHED SCHEDULE IV ALLOCATION OF HOME OFFICE INDIRECT COSTS

SUMMARY SCHEDULE

Sch. V (See attached detail schedule)

Line #		Salaries	Other	Total
1	Dietary and Food	0	0	-
2	Hskp, Laundry, Main	0	0	-
3	Heat & Other Utilities	0	0	-
4	Other	0	0	-
6	Health Care/personal	0	0	-
7	Activities & Soc Serv	0	0	-
8	Other	0	0	-
1	Admin/Clerical	0	1,441	1,441
1	Mkt, Promo, Adv	0	0	-
1	Emp Ben & PR taxes	0	1	1
1	Insurance	0	288	288
1	Other	0	0	-
1	Depreciation	0	0	-
1	Interest	0	0	-
1	Real Estate Taxes	0	0	-
				-
				-

TOTALS 0 1,730 1,730

Net adjustment required 1,730

FACILITY NAME: Hawthorne Inn of Freeport
ID#: 0

BEGINNING: 04/01/2013
ENDING: 03/31/2014

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

Allocation Factors:

SLF Home Office Factor **0.0170**

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	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	30,200		30,200	515	
V-10-3	Legal Fees	27,232		27,232	464	
V-10-3	Professional Services	27,022		27,022	461	
V-10-3	Licenses/Fees/Misc	35		35	1	
V-10-3	Inservice Training	0		0	0	
V-10-3	Travel	0		0	0	
V-10-3	Vehicle Expense	0		0	0	
V-10-3	Bad Debt Expense	1,385,120	1,385,120	0	0	
V-10-3	Contributions	14,084	14,084	0	0	1,441
V-11-3	Advertising - Employment	0		0	0	
V-11-3	Subscriptions & Fees	0		0	0	0

V-12-3	Worker's Compensation	0		0	0	
V-12-3	Other Employee Expense	43		43	1	
V-12-3	FICA	0		0	0	
V-12-3	State Unemployment Tax	0		0	0	
V-12-3	Health Insurance	0		0	0	1
V-13-3	Vehicle Insurance	0		0	0	
V-13-3	Liability Insurance	16,880		16,880	288	
V-13-3	Property Insurance	0		0	0	288
V-17-3	Depreciation Expense	0		0	0	0
V-18-3	Interest Expense	0	0	0	0	
V-18-3	Investment Income	0	0	0	0	0
	TOTALS	1,500,616	1,399,204	101,412	1,730	1,730

Board of Directors Costs:

John Kniery	6,000.00
Doug Biederstedt	6,000.00
Irwin Jann	6,000.00
Jeff Shaw	6,000.00
William Kempiners	6,000.00
Meeting expenses	200.00
Travel costs	0.00
Total	<u>30,200.00</u>