

		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><b>I. Facility ID Number:</b> <u>1000076</u></p> <p><b>Facility Name:</b> <u>Hawthorne Inn of Princeton</u></p> <p><b>Address:</b> <u>136 North 6th Street</u> <u>Princeton</u> <u>61356</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Bureau</u></p> <p><b>Telephone Number:</b> ( <u>815</u> ) <u>875-6600</u> Fax # ( )</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>01/29/2007</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> <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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Ron Wilson</u> <b>Telephone Number:</b> ( <u>309</u> ) <u>343-1550</u>  <b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> <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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></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%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Darcee Fanning</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Regional Director</u></td> <td></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Larry Templin Partner</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(630 ) 361-2868</u> Fax # ( )</td> <td></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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) <u>Darcee Fanning</u>			(Title) <u>Regional Director</u>		<b>Paid Preparer</b>	(Signed) _____	(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 ) 361-2868</u> Fax # ( )	
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Facility Name Hawthorne Inn of Princeton

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	15	Single Unit Apartment	15	5,475	1
2	6	Double Unit Apartment	6	2,190	2
3		Other		2,190	3
4	21	TOTALS	21	9,855	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	1,781	3,340		5,121	5
6	Double Unit	1,535	830		2,365	6
7	Other	918	496		1,414	7
8	TOTALS	4,234	4,666		8,900	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.31%

**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 Princeton

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	329,382	456,267	6,839	792,488	(626,977)	165,511	1
2	Housekeeping, Laundry and Maintenance	283,914	124,064	52,138	460,116	(403,261)	56,855	2
3	Heat and Other Utilities			235,135	235,135	(186,268)	48,867	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>613,296</b>	<b>580,331</b>	<b>294,112</b>	<b>1,487,739</b>	<b>(1,216,506)</b>	<b>271,233</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	2,355,654	246,080	836,920	3,438,654	(3,261,814)	176,840	6
7	Activities and Social Services	120,758	3,101		123,859	(123,475)	384	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>2,476,412</b>	<b>249,181</b>	<b>836,920</b>	<b>3,562,513</b>	<b>(3,385,289)</b>	<b>177,224</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	225,999	29,682	703,740	959,421	(882,957)	76,464	10
11	Marketing Materials, Promotions and Advertising	41,232		97,835	139,067	(139,016)	51	11
12	Employee Benefits and Payroll Taxes			526,893	526,893	(478,603)	48,290	12
13	Insurance-Property, Liability and Malpractice			68,484	68,484	(58,251)	10,233	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>267,231</b>	<b>29,682</b>	<b>1,396,952</b>	<b>1,693,865</b>	<b>(1,558,827)</b>	<b>135,038</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>3,356,939</b>	<b>859,194</b>	<b>2,527,984</b>	<b>6,744,117</b>	<b>(6,160,622)</b>	<b>583,495</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			63,026	63,026	37,690	100,716	17
18	Interest							18
19	Real Estate Taxes			64,800	64,800	(50,544)	14,256	19
20	Rent -- Facility and Grounds			821,628	821,628	(821,628)		20
21	Rent -- Equipment			6,604	6,604	(6,604)		21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>956,058</b>	<b>956,058</b>	<b>(841,086)</b>	<b>114,972</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>3,356,939</b>	<b>859,194</b>	<b>3,484,042</b>	<b>7,700,175</b>	<b>(7,001,708)</b>	<b>698,467</b>	<b>24</b>

Facility Name: Hawthorne Inn of Princeton

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
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	7	11.21	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3	10.44	7
8	Dishwashers			8
9	Maintenance Workers	1	15.24	9
10	Housekeepers	1	11.61	10
11	Laundry	1	9.03	11
12	Managers	1	25.24	12
13	Other Administrative			13
14	Clerical	1	11.87	14
15	Marketing	1	19.82	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>16</b>	<b>\$</b>	<b>17</b>

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			\$ 378	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$ 378</b>	<b>6</b>

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
<b>Total</b>		<b>\$ 3</b>

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 Princeton

Report Period Beginning:

04/01/2013

Ending:

03/31/2014

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	\$ 72,975	25	\$ 72,975	\$	\$ 306,390	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Site fence & landscaping	2009		85,359	5,691	15	5,691		24,660	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	\$ 78,666		\$ 78,666	\$	\$ 331,050	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	\$ 17,975	\$ 17,975	\$	10	\$ 77,895	18
19	Vehicles	58,025	4,075	4,075		4	56,667	19
20	TOTAL (lines 18 and 19)	\$ 237,785	\$ 22,050	\$ 22,050	\$		\$ 134,562	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 - See Att Schedule VIII	\$ 9,889,320	\$ 382,328	\$ 1,413,907	21
22	SNF - See Attached Schedule IX	628,563	58,951	363,237	22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 10,517,883	\$ 441,279	\$ 1,777,144	24

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning: 04/01/2013

Ending: 03/31/2014

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: See Attached Schedule I

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	<b>TOTAL</b>				\$			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					
		<b>A. Directly Facility Related</b>											
		Long-Term											
1		N/A				/ /	\$	\$	/ /		\$	1	
2						/ /			/ /			2	
3						/ /			/ /			3	
		Working Capital											
4						/ /			/ /			4	
5						/ /			/ /			5	
6						/ /			/ /			6	
7		<b>TOTAL Facility Related</b>						\$	\$		\$	7	
		<b>B. Non-Facility Related</b>											
8						/ /			/ /			8	
9						/ /			/ /			9	
10		<b>TOTALS (lines 7, 8 and 9)</b>						\$	\$		\$	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: 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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 27,902	\$ 27,902	1
2	Cash-Patient Deposits	20,027	20,027	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 201,000 )	1,408,782	1,408,782	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	43,152	43,152	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	389,297		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,889,160	\$ 1,499,863	10
	<b>B. Long-Term Assets</b>			
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	260,271	1,046,904	15
16	Equipment, at Historical Cost	426,317	1,425,220	16
17	Accumulated Depreciation (book methods)	(419,904)	(2,242,756)	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>	\$ 266,684	\$ 10,276,103	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,155,844	\$ 11,775,966	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 120,367	\$ 120,367	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	20,027	20,027	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	97,892	97,892	30
31	Accrued Taxes Payable	186,339	186,339	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Interdivisional Payable		8,625,988	35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 424,625	\$ 9,050,613	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	Security Deposits	83,106	83,106	42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 83,106	\$ 83,106	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 507,731	\$ 9,133,719	45
46	<b>TOTAL EQUITY</b>	\$ 1,648,113	\$ 2,642,247	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,155,844	\$ 11,775,966	47

\*(See instructions.)

Facility Name: Hawthorne Inn of Princeton

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	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 976,013	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 976,013</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</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	SNF Revenues	6,893,455	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 6,893,455</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 7,869,468</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,487,739	19
20	Health Care/ Personal Care	3,562,513	20
21	General Administration	1,693,865	21
<b>B. Capital Expense</b>			
22	Ownership	956,058	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>\$ 7,700,175</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 169,293</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>\$ 169,293</b>	<b>31</b>

FACILITY Hawthorne Inn of Princeton  
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: 14,191







FACILITY NAME: Hawthorne Inn of Princeton

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	(5,111)
See Att Sch IV	Home office allocation	1,268
See Att Sch V	Disallowed SNF Costs	(6,272,879)
See Att Sch VII	Eliminate R/E Entity Rent	(821,628)
See Att Sch VII	Real Estate Entity Costs	96,642
	<i>Total Adjustments on Schedule IV</i>	(7,001,708)

**ATTACHED SCHEDULE III**

**Bed Listing & Home Office Allocation**

Facility	Weighted beds @ 03/31/14					Estate Units	Weighted Average Total	All Homes Percentage of Total	SLF Percentage of Total
	Nursing Home Beds	Sheltered Care Beds	SLF Beds	ALC Beds					
	100%	50%	40%	50%	10%				

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 Princeton  
 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	1,056	1,056
1	Mkt, Promo, Adv	0	0	-
1	Emp Ben & PR taxes	0	1	1
1	Insurance	0	211	211
1	Other	0	0	-
1	Depreciation	0	0	-
1	Interest	0	0	-
1	Real Estate Taxes	0	0	-
				-
				-

**TOTALS 0 1,268 1,268**

**Net adjustment required 1,268**

FACILITY NAME: Hawthorne Inn of Princeton  
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 **0.0125**

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	378	
V-10-3	Legal Fees	27,232		27,232	340	
V-10-3	Professional Services	27,022		27,022	338	
V-10-3	Licenses/Fees/Misc	35		35	0	
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	1,056
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	211	
V-13-3	Property Insurance	0		0	0	211
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
	<b>TOTALS</b>	<b>1,500,616</b>	<b>1,399,204</b>	<b>101,412</b>	<b>1,268</b>	<b>1,268</b>

**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
<b>Total</b>	<b><u>30,200.00</u></b>

**FACILITY NAME: Hawthorne Inn of Princeton**

**ID#: 0**

**BEGINNING: 04/01/2013**

**ENDING: 03/31/2014**

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**

<b>Line #</b>		<b>Salaries</b>	<b>Supplies</b>	<b>Other</b>	<b>Total</b>
1	Dietary and Food	259,992	360,146	6,839	626,977
2	Hskp, Laundry, Main	248,720	108,865	45,676	403,261
3	Heat & Other Utilities			186,268	186,268
4	Other				-
6	Health Care/personal	2,178,814	246,080	836,920	3,261,814
7	Activities & Soc Serv	120,758	2,717		123,475
8	Other				-
10	Admin/Clerical	197,984	21,795	664,234	884,013
11	Mkt, Promo, Adv	36,121		97,784	133,905
12	Emp Ben & PR taxes			478,604	478,604
13	Insurance			58,462	58,462
14	Other				-
17	Depreciation			58,952	58,952
18	Interest				-
19	Real Estate Taxes			50,544	50,544
20	Rent				-
21	Rent Equip			6,604	6,604
<b>TOTALS</b>		<b>3,042,389</b>	<b>739,603</b>	<b>2,490,887</b>	<b>6,272,879</b>

**Net adjustment required**

**6,272,879**

FACILITY NAME: Hawthorne Inn of Princeton

ID#: 0

BEGINNING: 04/01/2013

ENDING: 03/31/2014

ATTACHED SCHEDULE VI

**Depreciation Reconciliation**

Schedule	Line	Description	Amount
VIII	17-7	Total buildings and improvements	78,666
VIII	20-3	Total equipment and transportation	22,050
Attached schedule V		Home office allocation adj depreciation	-
		<i>Subtotal</i>	<u>100,716</u>
IV	17-6	Total cost center depreciation	<u>100,716</u>
		<i>Difference</i>	<u><u>-</u></u>

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	478,970 IV-17
Depreciation Non-SLF	(382,328) 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
<b>Total Lessor Cost</b>	<u><b>96,642</b></u>
Cost Per General Ledger - Facility Rent	821,628 IV-20
Eliminate Related Party Rent	(180,758)

SNF Portion, See Att Sch II Line 20

(640,870)

**SLF Rent**

**0**

**Net Adjustment**

**96,642**

**ATTACHED SCHEDULE VIII**

	<b>Cost</b>	<b>Current Book</b>	<b>Accum Depr</b>
R/E Entity Building SNF	8,318,203	263,758	977,948
R/E Entity Leasehold Imp SNF	526,495	43,875	157,217
R/E Entity Equip SNF	819,143	63,043	228,251
R/E Entity Land SNF	50,700	-	-
R/E Entity Land Imp SNF	174,779	11,652	50,491
	<b>9,889,320</b>	<b>382,328</b>	<b>1,413,907</b>

**ATTACHED SCHEDULE IX**

	<b>Cost</b>	<b>Current Book</b>	<b>Accum Depr</b>
Equip SNF	321,373	28,591	192,689
Leasehold Imp SNF	260,271	30,360	123,629
Vehicles SNF	46,919		46,919
	<b>628,563</b>	<b>58,951</b>	<b>363,237</b>