

Facility Name Hawthorne Inn of Princeton

Report Period Beginning: 04/01/2008 Ending: 03/31/2009

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	5,475	1
2	6	Double Unit Apartment	6	4,380	2
3		Other			3
4		TOTALS	21	9,855	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	1,178	3,216		4,394	5
6	Double Unit	2,095	1,854		3,949	6
7	Other					7
8	TOTALS	3,273	5,070		8,343	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.66%

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: 03/31/09 Fiscal Year: 03/31/09

* 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? _____

If no, explain. _____

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? _____

If no, explain. _____

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? _____

If no, explain. _____

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning:

04/01/2008

Ending: 03/31/2009

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	224,827	302,948	4,795	532,570	(409,155)	123,415	1
2	Housekeeping, Laundry and Maintenance	226,085	81,795	32,021	339,901	(300,333)	39,568	2
3	Heat and Other Utilities			156,634	156,634	(124,196)	32,438	3
4	Other (specify):							4
5	TOTAL General Services	450,912	384,743	193,450	1,029,105	(833,684)	195,421	5
B. Health Care and Programs								
6	Health Care/ Personal Care	1,667,703	286,684	869,670	2,824,057	(2,564,448)	259,609	6
7	Activities and Social Services	112,780	3,723	598	117,101	(116,663)	438	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	1,780,483	290,407	870,268	2,941,158	(2,681,111)	260,047	9
C. General Administration								
10	Administrative and Clerical	173,470	36,890	302,135	512,495	(453,445)	59,050	10
11	Marketing Materials, Promotions and Advertising	33,518		134,916	168,434	(168,159)	275	11
12	Employee Benefits and Payroll Taxes			377,932	377,932	(322,935)	54,997	12
13	Insurance-Property, Liability and Malpractice			64,385	64,385	(55,530)	8,855	13
14	Other (specify): See Att Sch II			133,204	133,204	(133,204)		14
15	TOTAL General Administration	206,988	36,890	1,012,572	1,256,450	(1,133,273)	123,177	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	2,438,383	712,040	2,076,290	5,226,713	(4,648,068)	578,645	16
Capital Expenses								
D. Ownership								
17	Depreciation			59,074	59,074	(45,976)	13,098	17
18	Interest					1,145	1,145	18
19	Real Estate Taxes			132,904	132,904	(103,665)	29,239	19
20	Rent -- Facility and Grounds			736,998	736,998	(574,858)	162,140	20
21	Rent -- Equipment			8,230	8,230	(8,230)		21
22	Other (specify):							22
23	TOTAL Ownership			937,206	937,206	(731,584)	205,622	23
24	GRAND TOTAL (Sum of lines 16 and 23)	2,438,383	712,040	3,013,496	6,163,919	(5,379,652)	784,267	24

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning 04/01/2008

Ending:

03/31/2009

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	13	9.61	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	0	16.35	6
7	Cook Helpers/Assistants	2	8.68	7
8	Dishwashers	0	8.03	8
9	Maintenance Workers	0	8.87	9
10	Housekeepers	1	7.85	10
11	Laundry	0	7.94	11
12	Managers		37.26	12
13	Other Administrative			13
14	Clerical	0	8.80	14
15	Marketing		17.57	15
16	Other			16
17	Total (lines 1 thru 16)	18	\$	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 Va for Directors fees			\$ 321	1
2					2
3					3
4					4
5					5
Total				\$ 321	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	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: _____ 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:

04/01/2008

Ending:

03/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired _____

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				\$	\$		\$	\$	\$	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	\$	\$	\$	\$		\$	18
19	Vehicles	56,625	13,098	13,098		4	48,769	19
20	TOTAL (lines 18 and 19)	\$ 56,625	\$ 13,098	\$ 13,098	\$		\$ 48,769	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	SNF Equipment - Various	\$ 167,666	\$ \$ 22,567	\$ \$ 90,853	21
22	SNF Leasehold Impr - Various	163,413	13,634	16,611	22
23	SNF Ford E350 Van - 2006	46,919	9,775	46,919	23
24	TOTALS (lines 21, 22 and 23)	\$ 377,998	\$ 45,976	\$ 154,383	24

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning: 04/01/2008

Ending: 12/31/2009

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Hawthorne Inn of Princeton, LLC

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	2004	21	01/01/05	\$ 61,417	10	5	3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		21		\$ 61,417			7

8. Is movable equipment rental included in building rental?

YES NO

9. Rental amount for movable equipment \$ Not determined

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					/ /	\$	\$	/ /		\$
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5	Home office allocation	X			/ /			/ /		1,145
6	Less: Interest Income		X		/ /			/ /		
7	TOTAL Facility Related					\$	\$			\$ 1,145
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$ 1,145

* 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: 04/01/2008

Ending:

03/31/2009

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 03/31/2009

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 168,502	\$	1
2	Cash-Patient Deposits	9,173		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 1,981)	1,890,717		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,780		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)	\$ 2,097,172	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	163,413		15
16	Equipment, at Historical Cost	271,210		16
17	Accumulated Depreciation (book methods)	(203,152)		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)	\$ 231,471	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,328,643	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 8,644	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	9,173		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	188,316		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Interdivision payable	2,468,524		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,674,657	\$	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	121,000		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 121,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,795,657	\$	45
46	TOTAL EQUITY	\$ (467,014)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,328,643	\$	47

*(See instructions.)

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning: 04/01/2008

Ending:

03/31/2009

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 752,323	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 752,323	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	SNF related revenues	5,637,762	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,637,762	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 6,390,085	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,029,105	19
20	Health Care/ Personal Care	2,941,158	20
21	General Administration	1,256,450	21
	B. Capital Expense		
22	Ownership	937,206	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)	\$ 6,163,919	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 226,166	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 226,166	31

FACILITY NAME: Hawthorne Inn of Princeton
ID#: 37-1223846

BEGINNING: 04/01/2008
ENDING: 03/31/2009

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 and assisted living 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	Assisted and 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	Coralville, IA	Long-term care facilities
(common Board of Directors)		
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	

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 DD facilities

Chamness Square	Bourbannais, IL
Collins Square	Bradley, IL
Gravlin 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

6 Concepts Plus, Inc. (Frances House, Inc is the sole corporate member) operated the following DD facilities

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

7 LTC Support Services, LLC (RAI is one of eight members of the LLC)

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 portio \$ 11,161

FACILITY NAME: Hawthorne Inn of Princeton
 ID#: 37-1223846

BEGINNING: 04/01/2008
 ENDING: 03/31/2009

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 II

SUMMARY SCHEDULE

Sch. IV of Allocation of Skilled Nursing Facility Costs

Line #		Salaries	Supplies	Other	Total
1	Dietary and Food	172,253	232,107	4,795	409,155
2	Hskp, Laundry, Main	199,467	72,276	28,590	300,333
3	Heat & Other Utilities			124,196	124,196
4	Other				-
6	Health Care/personal	1,408,094	286,684	869,670	2,564,448
7	Activities & Soc Serv	112,780	3,285	598	116,663
8	Other				-
10	Admin/Clerical	153,047	51,947	248,780	453,774
11	Mkt, Promo, Adv	29,572		134,641	164,213
12	Emp Ben & PR taxes			322,935	322,935
13	Insurance			55,792	55,792
14	Other			133,204	133,204
17	Depreciation			45,976	45,976
18	Interest				-
19	Real Estate Taxes			103,665	103,665
20	Rent			574,858	574,858
21	Rent Equipment			8,230	8,230
TOTALS		2,075,213	646,299	2,655,930	5,377,442

Net adjustment required

5,377,442

FACILITY NAME: Hawthorne Inn of Princeton
 ID#: 37-1223846

BEGINNING: 04/01/2008
 ENDING: 03/31/2009

ATTACHED SCHEDULE III

IV. Cost Center Expenses
Reclassifications and Adjustments

Reported on Schedule IV on Line

	Description	Adjustments Col 5
See Att Sch II	Allocation to SNF cost report	(5,377,442)
See Att Sch V	Home office allocation	1,736
Line 11	SLF portion of Marketing wages	(3,946)
	<i>Total Adjustments on Schedule IV</i>	<i>(5,379,652)</i>

ATTACHED SCHEDULE IV

Bed Listing & Home Office Allocation

Facility	Weighted beds @ 03/31/09					Estate Units 10%	Weighted Average Total	All Homes Percentage of Total	SLF Percentage of Total
	Nursing Horn Beds 100%	Sheltered Care Beds 50%	SLF Beds 50%	ALC Beds 50%					
	Liberty Estates of Danville	0	0	0	0				
Liberty Estates of Freeport	0	0	0	0	7	7	0.88%	0.00%	
Liberty Estates of Peoria	0	0	0	0	8	8	1.00%	0.00%	
Geneseo Estates	0	0	0	7	3	10	1.25%	0.00%	
Liberty Estates of Peru	0	0	0	0	7	7	0.88%	0.00%	
Liberty Estates of Streator	0	0	0	8	3	11	1.38%	0.00%	
Hawthorne Inn of Danville	64	38	0	0	0	102	12.77%	0.00%	
Manor Court of Princeton	69	14	13	0	0	96	12.02%	1.63%	
Manor Court of Clinton	134	0	14	0	0	148	18.52%	1.75%	
Manor Court of Peoria	50	0	0	0	0	50	6.26%	0.00%	
Manor Court of Peru	75	14	0	0	0	89	11.14%	0.00%	
Manor Court of Freeport	45	17	0	12	0	74	9.26%	0.00%	
Hawthorne Inn of Peoria	0	0	0	34	0	34	4.26%	0.00%	
Hawthorne Inn of Peru	0	0	0	34	0	34	4.26%	0.00%	
Hawthorne Inn of Freeport	0	0	19	0	0	19	2.38%	2.38%	
Freeport Rehab & Healthcare	102					102	12.77%	0.00%	
						799	100%	5.76%	

FACILITY NAME: Hawthorne Inn of Princeton
ID#: 37-1223846

BEGINNING:
ENDING:

ATTACHED SCHEDULE V

ALLOCATION OF HOME OFFICE INDIRECT COSTS

SUMMARY SCHEDULE

(See attached detail schedule)

Sch. V

Line #

		Salaries	Other	Total
1	Dietary and Food	0	0	-
2	Hskp, Laundry, Main			-
3	Heat & Other Utilities		0	-
4	Other		0	-
6	Health Care/personal		0	-
7	Activities & Soc Serv		0	-
8	Other		0	-
10	Admin/Clerical	0	329	329
11	Mkt, Promo, Adv		0	-
12	Emp Ben & PR taxes		0	-
13	Insurance		262	262
14	Other		0	-
17	Depreciation		0	-
18	Interest		1,145	1,145
19	Real Estate Taxes		0	-
			0	-
			0	-

TOTALS 0 1,736 1,736

Net adjustment required

1,736

FACILITY NAME: Hawthorne Inn of Princeton
 ID#: 37-1223846

BEGINNING: 04/01/2008
 ENDING: 03/31/2009

ATTACHED SCHEDULE Va

**ALLOCATION OF INDIRECT COSTS
 (Detail Schedule)**

Allocation Factors:

SLF Home Office Factor

0.0163

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
V-10-1	Labor - Administrative			0	0	
V-10-1	Labor-Clerical			0	0	0
V-10-2	Supplies			0	0	0
V-10-3	Miscellaneous			0	0	
V-10-3	Postage & Shipping			0	0	
V-10-3	Equipment			0	0	
V-10-3	Equipment Contracts			0	0	
V-10-3	Equip Maintenance & Repair			0	0	
V-10-3	Telephone			0	0	
V-10-3	Board of Directors	21,386	1,663	19,723	321	
V-10-3	Legal Fees	7,929	7,929	0	0	
V-10-3	Professional Services	126,161	126,161	0	0	
V-10-3	Licenses/Fees/Misc	511		511	8	
V-10-3	Inservice Training	0		0	0	
V-10-3	Travel	0		0	0	
V-10-3	Vehicle Expense	0		0	0	329
V-11-3	Advertising - Employment			0	0	
V-11-3	Subscriptions & Fees			0	0	0
V-12-3	Worker's Compensation	0		0	0	
V-12-3	Other Employee Expense	0		0	0	
V-12-3	FICA	0		0	0	
V-12-3	State Unemployment Tax			0	0	
V-12-3	Health Insurance	0		0	0	0
V-13-3	Vehicle Insurance	0		0	0	
V-13-3	Property Insurance	0		0	0	0
V-17-3	Depreciation Expense			0	0	0
V-18-3	Interest Expense	117,503	0	117,503	1,915	
V-18-3	Investment Income	-47,262		-47,262	-770	1,145
V-26-3	Liability Ins	16,060		16,060	262	262
	TOTALS	242,288	135,753	106,535	1,736	1,736

BOARD OF DIRECTORS:

Irwin Jann	4,250.00
Jack Biddison	4,333.00
Jeff Shaw	4,250.00
Robert Wallenfelz	1,000.00
Doug Biederstedt	4,550.00
William Kempiners	1,000.00
Meeting expenses	340.00
Travel costs	1,663.00
Total	21,386.00
LESS:	
Out of State Travel	1,663.00
	19,723.00

FACILITY NAME: Hawthorne Inn of Princeton
ID#: 37-1223846

BEGINNING: 04/01/2008
ENDING: 03/31/2009

ATTACHED SCHEDULE VI

Depreciation Reconciliation

<u>Schedule</u>	<u>Line</u>	<u>Description</u>	<u>Amount</u>
VIII	17-7	Total buildings and improvements	-
VIII	20-3	Total equipment and transportation	13,098
Attached schedule V		Home office allocation adj depreciation	-
		<i>Subtotal</i>	<u>13,098</u>
IV	17-6	Total cost center depreciation	<u>13,098</u>
		<i>Difference</i>	<u><u>-</u></u>