

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

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

<p>I. Facility ID Number: <u>1000076</u></p> <p>Facility Name: <u>Hawthorne Inn of Princeton</u></p> <hr/> <p>Address: <u>136 North 6th St</u> <u>Princeton</u> <u>61356</u> <small>Number City Zip Code</small></p> <p>County: <u>Bureau</u></p> <p>Telephone Number: (<u>815</u>) <u>875-6600</u> Fax # ()</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>01/29/2007</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <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>4/1/2012</u> to <u>3/31/2013</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%;">Officer or Administrator of Provider</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>Paid Preparer</td> <td>(Signed) <u>See Preparation Report</u></td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>McGladrey LLP</u> <u>117 E Main Street, Suite 210</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>P.O. Box 1070</u> <u>Galesburg, IL 61401</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) (<u>309</u>) <u>342-1175</u> Fax (<u>309</u>) <u>342-7816</u></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>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Darcee Fanning</u>			(Title) <u>Regional Director</u>		Paid Preparer	(Signed) <u>See Preparation Report</u>	(Date) _____		(Print Name and Title) <u>McGladrey LLP</u> <u>117 E Main Street, Suite 210</u>			(Firm Name & Address) <u>P.O. Box 1070</u> <u>Galesburg, IL 61401</u>			(Telephone) (<u>309</u>) <u>342-1175</u> Fax (<u>309</u>) <u>342-7816</u>	
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Facility Name: Hawthorne Inn of Princeton

Report Period Beginning:

4/1/2012

Ending:

3/31/2013

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	305,994	386,504	7,132	699,630	(540,903)	158,727	1
2	Housekeeping, Laundry and Maintenance	271,864	131,866	58,919	462,649	(401,597)	61,052	2
3	Heat and Other Utilities			192,422	192,422	(152,240)	40,182	3
4	Other (specify):							4
5	TOTAL General Services	577,858	518,370	258,473	1,354,701	(1,094,740)	259,961	5
B. Health Care and Programs								
6	Health Care/ Personal Care	2,066,243	281,833	539,149	2,887,225	(2,727,442)	159,783	6
7	Activities and Social Services	115,353	1,366	143	116,862	(116,681)	181	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	2,181,596	283,199	539,292	3,004,087	(2,844,123)	159,964	9
C. General Administration								
10	Administrative and Clerical	229,345	45,187	351,994	626,526	(545,753)	80,773	10
11	Marketing Materials, Promotions and Advertising	40,842		92,719	133,561	(133,561)		11
12	Employee Benefits and Payroll Taxes			537,647	537,647	(485,007)	52,640	12
13	Insurance-Property, Liability and Malpractice			90,056	90,056	(76,873)	13,183	13
14	Other (specify):			235,045	235,045	(235,045)		14
15	TOTAL General Administration	270,187	45,187	1,307,461	1,622,835	(1,476,239)	146,596	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	3,029,641	846,756	2,105,226	5,981,623	(5,415,102)	566,521	16
Capital Expenses								
D. Ownership								
17	Depreciation			55,494	55,494	45,223	100,717	17
18	Interest					22,763	22,763	18
19	Real Estate Taxes			105,500	105,500	(82,290)	23,210	19
20	Rent -- Facility and Grounds			821,628	821,628	(821,628)		20
21	Rent -- Equipment			1,620	1,620	(1,620)		21
22	Other (specify): See Att Sch VII)							22
23	TOTAL Ownership			984,242	984,242	(837,552)	146,690	23
24	GRAND TOTAL (Sum of lines 16 and 23)	3,029,641	846,756	3,089,468	6,965,865	(6,252,654)	713,211	24

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning: 4/1/2012

Ending:

3/31/2013

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	8	10.55	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	4	8.45	7
8	Dishwashers			8
9	Maintenance Workers	1	10.40	9
10	Housekeepers	1	8.76	10
11	Laundry	1	8.91	11
12	Managers	1	18.10	12
13	Other Administrative			13
14	Clerical	1	8.66	14
15	Marketing	1	15.91	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			\$ 301	1
2					2
3					3
4					4
5					5
Total				\$ 301	6

VI. (B) Management fees paid to unrelated parties

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

VII. RELATED ORGANIZATIONS

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

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
See Attached Schedule I			

OTHER RELATED BUSINESS ENTITIES

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

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

Name of related entity: _____ If yes, what is the value of those services? \$ _____
 (Please attach a separate schedule itemizing those services.)

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

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

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning:

4/1/2012

Ending:

3/31/2013

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		\$ 1,663,532	\$ 72,976	25	\$ 72,976	\$	\$ 233,415	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Site fence & landscaping	2009		85,359	5,691	15	5,691		18,969	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 1,748,891	\$ 78,667		\$ 78,667	\$	\$ 252,384	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	\$ 17,976	\$ 17,976	\$	10	\$ 59,920	18
19	Vehicles	58,025	4,074	4,074		4	52,592	19
20	TOTAL (lines 18 and 19)	\$ 237,785	\$ 22,050	\$ 22,050	\$		\$ 112,512	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	\$ 278,125	\$ 28,271	\$ 164,098	21
22	SNF Leasehold Impr - Various	230,691	23,149	93,266	22
23	SNF Ford E350 Van - 2005	46,919		46,919	23
24	TOTALS (lines 21, 22 and 23)	\$ 555,735	\$ 51,420	\$ 304,283	24

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning: 4/1/2012

Ending: 3/31/2013

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	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	2		3	4	6		7	8	9	
		Related**				Amount of Note					
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
A. Directly Facility Related											
Long-Term											
1	Midland States Bank		X	facility purchase	10/2/09	\$ 1,126,211	\$	10/2/12	5.7500	\$ 22,763	1
2				SLF portion - note paid off during	/ /			/ /			2
3				fiscal year	/ /			/ /			3
Working Capital											
4					/ /			/ /			4
5	Home Office Allocation	X			/ /			/ /			5
6	Less: Interest Income		X		/ /			/ /			6
7	TOTAL Facility Related					\$ 1,126,211	\$			\$ 22,763	7
B. Non-Facility Related											
8	Midland States Bank		X	facility purchase	10/2/09	3,992,931		10/2/12	5.7500	80,706	8
9				SNF portion - note paid off	/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,119,142	\$			\$ 103,469	10

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

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

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning: 4/1/2012

Ending:

3/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 3/31/2013

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 99,762	\$ 99,762	1
2	Cash-Patient Deposits	14,472	14,472	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 110,894)	1,253,358	1,253,358	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	46,986	46,986	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Interdivision Receivable	139,075	139,075	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,553,653	\$ 1,553,653	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		65,000	13
14	Buildings, at Historical Cost		7,561,510	14
15	Leasehold Improvements, at Historical Cost	230,691	490,829	15
16	Equipment, at Historical Cost	383,069	1,058,456	16
17	Accumulated Depreciation (book methods)	(356,875)	(1,700,757)	17
18	Deferred Charges		18,498	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(18,498)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Construction in Process	202,964	2,892,964	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 459,849	\$ 10,368,002	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,013,502	\$ 11,921,655	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 96,492	\$ 96,492	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	14,472	14,472	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	80,213	80,213	30
31	Accrued Taxes Payable	251,245	251,245	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Interdivision Payable		6,566,417	35
36	Const. in Process Payable		2,690,000	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 442,422	\$ 9,698,839	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	92,260	92,260	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 92,260	\$ 92,260	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 534,682	\$ 9,791,099	45
46	TOTAL EQUITY	\$ 1,478,820	\$ 2,130,556	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,013,502	\$ 11,921,655	47

*(See instructions.)

Facility Name: Hawthorne Inn of Princeton

Report Period Beginning: 4/1/2012

Ending:

3/31/2013

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	\$ 984,919	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 984,919	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 Revenue	6,468,302	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 6,468,302	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 7,453,221	18

	2		
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,354,701	19
20	Health Care/ Personal Care	3,004,087	20
21	General Administration	1,622,835	21
	B. Capital Expense		
22	Ownership	984,242	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)	\$ 6,965,865	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 487,356	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 487,356	31

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

BEGINNING: 4/1/2012
ENDING: 3/31/2013

ATTACHED SCHEDULE 1

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		
Kanhak 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		
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	Bourbanais, 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	Bourbanais, IL		
CILA facilities			
Gravlin Square	Bradley, 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 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: \$ 14,981			
Entity	Services	Expense pg. 3 col. 4	Cost to Related Party
Hawthorne Inn of Princeton, LLC	Rent	\$ 821,628	See Att. Sch. VII

FACILITY NAME: Hawthorne Inn of Princeton

ID#: 37-1223846

BEGINNING: 4/1/2012

ENDING: 3/31/2013

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	235,857	297,914	7,132	540,903
2	Hskp, Laundry, Main	235,938	114,508	51,151	401,597
3	Heat & Other Utilities			152,240	152,240
4	Other				-
6	Health Care/personal	1,906,460	281,833	539,149	2,727,442
7	Activities & Soc Serv	115,353	1,185	143	116,681
8	Other				-
10	Admin/Clerical	199,038	39,284	308,013	546,335
11	Mkt, Promo, Adv	35,445		92,719	128,164
12	Emp Ben & PR taxes			485,008	485,008
13	Insurance			77,089	77,089
14	Other			234,831	234,831
17	Depreciation			51,420	51,420
18	Interest				-
19	Real Estate Taxes			82,290	82,290
20	Rent			640,870	640,870
21	Rent Equip			1,620	1,620
TOTALS		2,728,091	734,724	2,723,675	6,186,490

Net adjustment required

6,186,490

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 (6,186,490)
See Att Sch V	Home office allocation 799
Line 11	Allocated Marketing wages to SLF (5,397)
Line 14	Allocated Lobbying Expense to SLF (214)
See Att Sch VII	SLF Portion of Facility Rent (180,758)
See Att Sch VII	Depreciation - Cost to Related Party 96,643
See Att Sch VII	SLF Interest 22,763
See Att Sch VII	SLF Amortization 0
<hr/>	
<i>Total Adjustments on Schedule IV</i>	(6,252,654)

ATTACHED SCHEDULE IV

Bed Listing & Home Office Allocation

Facility	Weighted beds @ 03/31/13					Estate Units 10%	Weighted Average Total	All Homes Percentage of Total	SLF Percentage of Total
	Nursing Hom	Sheltered	SLF	ALC					
	Beds 100%	Care Beds 50%	Beds 40%	Beds 50%					
Liberty Estates of Danville	0	0	0	0	8	8	0.93%	0.00%	
Liberty Estates of Freeport	0	0	0	0	7	7	0.82%	0.00%	
Liberty Estates of Peoria	0	0	0	0	8	8	0.93%	0.00%	
Liberty Estates of Geneseo	0	0	0	7	3	10	1.17%	0.00%	
Liberty Estates of Peru	0	0	0	0	7	7	0.82%	0.00%	
Liberty Estates of Streator	0	0	0	10	3	13	1.52%	0.00%	
Hawthorne Inn of Danville	76	32	0	0	0	108	12.59%	0.00%	
Manor Court of Princeton	98	0	11	0	0	109	12.70%	1.28%	
Manor Court of Clinton	134	0	11	0	0	145	16.90%	1.28%	
Manor Court of Peoria	50	0	0	0	0	50	5.83%	0.00%	
Manor Court of Peru	94	18	0	0	0	112	13.05%	0.00%	
Manor Court of Freeport	90	6	0	0	0	96	11.19%	0.00%	
Hawthorne Inn of Peoria	0	0	0	34	0	34	3.96%	0.00%	
Hawthorne Inn of Peru	0	0	0	34	0	34	3.96%	0.00%	
Hawthorne Inn of Freeport	0	0	15	0	0	15	1.75%	1.75%	
Freeport Rehab & Healthcare	102	0	0	0	0	102	11.89%	0.00%	
						858	100%	4.31%	

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

Allocation Factors:

0.0128

SLF Home Office Factor

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	23,444	0	23,444	301	
V-10-3	Legal Fees	16,851	16,851	0	0	
V-10-3	Professional Services	21,685		21,685	278	
V-10-3	Licenses/Fees/Misc	242		242	3	
V-10-3	Inservice Training	0		0	0	
V-10-3	Travel	0		0	0	
V-10-3	Vehicle Expense	0		0	0	582
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	87		87	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	216	
V-13-3	Property Insurance	0		0	0	216
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		79,189	16,851	62,338	799	799

Board of Directors Costs:

John Kniery	1,500.00
Doug Biederstedt	4,500.00
Irwin Jann	3,000.00
Jeff Shaw	4,500.00
William Kempiners	4,500.00
Meeting expenses	100.00
Travel costs	5,344.00
Total	23,444.00

Less:

Out of State Travel	-
Total	23,444.00

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

BEGINNING: 4/1/2012
 ENDING: 3/31/2013

ATTACHED SCHEDULE VI

Depreciation Reconciliation

Schedule	Line	Description	Amount
VIII	17-7	Total buildings and improvements	78,667
VIII	20-3	Total equipment and transportation	22,050
Attached schedule V		Home office allocation adj depreciation	-
		<i>Subtotal</i>	100,717
IV	17-6	Total cost center depreciation	100,717
		<i>Difference</i>	-

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	0	IV-22
Mortgage Insurance	0	IV-22
Depreciation Total	416,580	IV-17
Depreciation Non-SLF	(319,937)	Att Sch VIII
Mortgage Interest	103,469	IV-18
Mortgage Interest Non-SLF	(80,706)	IV-18
Loan Fee Amortization	0	IV-22
Loan Fee Amortization Non-SLF	0	IV-22
Total Lessor Cost	119,406	

Cost Per General Ledger - Facility Rent	821,628	IV-20
SNF Portion, See Att Sch II Line 20	(640,870)	
SLF Portion	180,758	

Net Adjustment (61,352)

ATTACHED SCHEDULE VIII

	Cost	Current Book Depr.	Accum Depr
Facility SNF	5,897,978	258,734	827,561
Equip SNF	495,627	49,551	165,177
Land SNF	50,700	-	-
Land Imp SNF	174,779	11,652	38,840
	6,619,084	319,937	1,031,578