

Facility Name Plum Creek SLFReport Period Beginning: 1/1/2012 Ending: 12/31/2012

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	<u>77</u>	Single Unit Apartment	<u>77</u>	<u>28,182</u>	1
2	<u>25</u>	Double Unit Apartment	<u>25</u>	<u>9,150</u>	2
3		Other		<u>3,294</u>	3
4	<u>102</u>	TOTALS	<u>102</u>	<u>40,626</u>	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	<u>25,299</u>	<u>4,900</u>		<u>30,199</u>	5
6	Double Unit	<u>6,331</u>	<u>1,169</u>		<u>7,500</u>	6
7	Other					7
8	TOTALS	<u>31,630</u>	<u>6,069</u>		<u>37,699</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.80%

D. Indicate the number of paid bed-hold days the SLF had during this year

126 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 1384 (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)

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐I. Is your fiscal year identical to your tax year? ☒ YES ☐ NOTax Year: Fiscal Year:

* 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 therequired 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 facilitymake all of the required payments of interest and principle? If no, explain.

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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	263,672	275,653		539,325		539,325	1
2	Housekeeping, Laundry and Maintenance	71,707	16,185	95,867	183,759	(11,925)	171,834	2
3	Heat and Other Utilities			74,110	74,110		74,110	3
4	Other (specify):							4
5	TOTAL General Services	335,379	291,838	169,977	797,194	(11,925)	785,269	5
B. Health Care and Programs								
6	Health Care/ Personal Care	369,871	3,949		373,820		373,820	6
7	Activities and Social Services	33,499	16,039		49,538	(7,362)	42,176	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	403,370	19,988		423,358	(7,362)	415,996	9
C. General Administration								
10	Administrative and Clerical	161,205	73,073		234,278		234,278	10
11	Marketing Materials, Promotions and Advertising	42,231	29,168		71,399		71,399	11
12	Employee Benefits and Payroll Taxes	108,069	11,741		119,810		119,810	12
13	Insurance-Property, Liability and Malpractice			110,198	110,198		110,198	13
14	Other (specify): Professional & Management Fees			411,050	411,050		411,050	14
15	TOTAL General Administration	311,505	113,982	521,248	946,735		946,735	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,050,254	425,808	691,225	2,167,287	(19,287)	2,148,000	16
Capital Expenses								
D. Ownership								
17	Depreciation			469,850	469,850		469,850	17
18	Interest			710,342	710,342		710,342	18
19	Real Estate Taxes			84,268	84,268		84,268	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amtz of Prepaid Closing Costs			27,184	27,184		27,184	22
23	TOTAL Ownership			1,291,644	1,291,644		1,291,644	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,050,254	425,808	1,982,869	3,458,931	(19,287)	3,439,644	24

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	23.32	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12	10.87	3
4	Activity Director & Assistants	1	12.50	4
5	Social Service Workers			5
6	Head Cook	1	21.64	6
7	Cook Helpers/Assistants	11	9.92	7
8	Dishwashers			8
9	Maintenance Workers	1	10.71	9
10	Housekeepers	2	9.06	10
11	Laundry			11
12	Managers	1	26.44	12
13	Other Administrative	1	14.42	13
14	Clerical	3	14.49	14
15	Marketing	1	20.20	15
16	Other			16
17	Total (lines 1 thru 16)	36	\$ 15.78	17

VII. RELATED ORGANIZATIONS

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

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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

Name of related entity: N/a If yes, what is the value of those services? \$

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☐ 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).

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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	Royal Care Management	\$ 227,500	1
2			2
Total		\$ 227,500	3

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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	102		2006	2006	\$ 12,602,734	\$ 458,914	40	\$ 319,068	\$ (139,846)	\$ 2,833,229	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2007	10,518	211	40	263	52		6
7	Building Improvement			2007	3,392	68	40	85	17		7
8	Building Improvement			2009	8,575	173	40	214	41		8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,625,219	\$ 459,366		\$ 319,630	\$ (139,736)	\$ 2,833,229	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	\$ 472,832	\$ 3,524	\$ 67,463	63,939	7	\$ 484,507	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 472,832	\$ 3,524	\$ 67,463	63,939	\$ 484,507	20

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

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

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IX. RENTAL COSTS**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ YES ☐ NO

		1 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building			/ /	\$			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 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1			X	Building Purchase / Remodel	4/1/06	\$ 11,600,000	\$ 10,960,000	12/1/37	0.0650	\$ 710,342	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,600,000	\$ 10,960,000			\$ 710,342	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,600,000	\$ 10,960,000			\$ 710,342	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.

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 125,039	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	384,009		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,841		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)	\$ 518,889	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	849,401		13
14	Buildings, at Historical Cost	12,508,851		14
15	Leasehold Improvements, at Historical Cos	127,906		15
16	Equipment, at Historical Cost	489,448		16
17	Accumulated Depreciation (book methods)	(3,360,945)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	797,538		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(165,496)		20
21	Restricted Funds	1,861,597		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,108,300	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,627,189	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 52,968	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	150,000		29
30	Accrued Salaries Payable	5,300		30
31	Accrued Taxes Payable	81,600		31
32	Accrued Interest Payable	59,367		32
33	Deferred Compensation			33
34	Federal and State Income Taxes	9,960		34
	Other Current Liabilities(specify):			
35	Acc'd Audit Fees	12,000		35
36	Acc'd Asset Mngmnt Fees	48,900		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 420,095	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	10,960,000		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 10,960,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,380,095	\$	45
46	TOTAL EQUITY	\$ 2,247,094	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 13,627,189	\$	47

*(See instructions.)

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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	\$ 3,435,781	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 3,435,781	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	2,832	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 2,832	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	106	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 106	14
	D. Other Revenue (specify):		
15	Ancillary Telephone Service	27,863	15
16	Food Stamp Allowances	129,026	16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 156,889	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,595,608	18

2			
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	785,269	19
20	Health Care/ Personal Care	415,996	20
21	General Administration	946,735	21
	B. Capital Expense		
22	Ownership	1,291,644	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 3,439,644	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 155,964	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 155,964	31

