

Facility Name **Prairie Green Dixie Crossing****Report Period Beginning: 1/1/2014 Ending: 12/31/2014**

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units

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)

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	144	Single Unit Apartment	144	52,560			1
2		Double Unit Apartment					2
3		Other					3
4	144	TOTALS	144	52,560			4

H. ACCOUNTING BASIS

MODIFIEDACCRUAL ☒

CASH*

CASH*

I. Is your fiscal year identical to your tax year?

☒ YES ☐ NO

Tax Year: 12/31/2014 **Fiscal Year:** 12/31/2014

*** All facilities other than governmental must report on the accrual basis.**

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the

required payments of interest and principle? Yes

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

make all of the required payments of interest and principle?

If no, explain.

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **69.51%**

69.51%

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

Also, indicate the number of unpaid bed-hold days the SLF had during this year. (Do not include bed-hold days in Section B.)

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1/1/2014

Ending:

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IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	348,210	25,810	204,080	578,100		578,100	1
2	Housekeeping, Laundry and Maintenance	158,997		207,262	366,260		366,260	2
3	Heat and Other Utilities			164,731	164,731		164,731	3
4	Other (specify):							4
5	TOTAL General Services	507,208	25,810	576,073	1,109,090		1,109,090	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	674,865	8,336	30,043	713,244		713,244	6
7	Activities and Social Services	84,563		13,802	98,365		98,365	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	759,428	8,336	43,844	811,608		811,608	9
	C. General Administration							
10	Administrative and Clerical	177,383	95,015	281,970	554,368		554,368	10
11	Marketing Materials, Promotions and Advertising	141,965		171,331	313,296		313,296	11
12	Employee Benefits and Payroll Taxes			342,248	342,248		342,248	12
13	Insurance-Property, Liability and Malpractice			147,237	147,237		147,237	13
14	Other (specify):							14
15	TOTAL General Administration	319,348	95,015	942,787	1,357,149		1,357,149	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,585,984	129,161	1,562,704	3,277,848		3,277,848	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			695,113	695,113		695,113	17
18	Interest			784,774	784,774		784,774	18
19	Real Estate Taxes			49,500	49,500		49,500	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			4,369	4,369		4,369	21
22	Other (specify):							22
23	TOTAL Ownership			1,533,756	1,533,756		1,533,756	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,585,984	129,161	3,096,460	4,811,604		4,811,604	24

Facility Name: **Prairie Green Dixie Crossing**Report Period Beginning **1/1/2014**

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12/31/2014**V. STAFFING AND SALARY COSTS (Please report each line separately.)**

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 35.24	1
2	Licensed Practical Nurses	4	24.70	2
3	Certified Nurse Assistants	17	9.96	3
4	Activity Director & Assistants	2	16.06	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9	10.72	7
8	Dishwashers	2	9.03	8
9	Maintenance Workers	2	11.12	9
10	Housekeepers	2	10.61	10
11	Laundry			11
12	Managers	2	31.23	12
13	Other Administrative	3	15.15	13
14	Clerical			14
15	Marketing	2	25.40	15
16	Other			16
17	Total (lines 1 thru 16)	47	\$	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
See Exhibit 4			

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: Senior Lifestyle CorporationIf yes, what is the value of those services? \$ 134,681

(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				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties**Amount of Fee**

1		\$	1
2			2
Total		\$	3

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VIII. OWNERSHIP COSTS

A. Purchase price of land 1 Year land was acquired 2013

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	144		2013	2013	\$ 17,336,349	\$ 630,413	27	\$ 630,413	\$	\$ 788,016	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvement		2013	2013	22,853	1,085	15	1,085		13,083	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)				\$ 17,359,202	\$ 631,498		\$ 631,498	\$	\$ 801,099	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	\$ 392,002	\$ 63,615	\$ 63,615		5	\$ 284,645	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 392,002	\$ 63,615	\$ 63,615	\$		\$ 284,645	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

Facility Name: Prairie Green Dixie CrossingReport Period Beginning: 1/1/2014Ending: 2/31/2014**IX. RENTAL COSTS****A. Building and Fixed Equipment**1. Name of Party Holding Lease: N/A2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ YES ☐ NO☐ YES ☐ NO

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO9. Rental amount for movable equipment \$ 11,730

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.

		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

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					/ /	\$			/ /		\$		1		
2					/ /				/ /				2		
3					/ /				/ /				3		
	Working Capital														
4					/ /				/ /				4		
5					/ /				/ /				5		
6					/ /				/ /				6		
7	TOTAL Facility Related					\$		\$			\$		7		
	B. Non-Facility Related														
8	IHDA		X	Build Property	5/31/12	18,500,000	18,031,211	6/1/43	4.3000	784,774		8			
9					/ /			/ /				9			
10	TOTALS (lines 7, 8 and 9)					\$	18,500,000	\$	18,031,211		\$	784,774	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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Facility Name: **Prairie Green Dixie Crossing**Report Period Beginning: **1/1/2014**

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12/31/2014**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2014**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 3,253,359	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	710,812		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	72,130		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)	\$ 4,036,300	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1		13
14	Buildings, at Historical Cost	17,336,349		14
15	Leasehold Improvements, at Historical Cost	22,853		15
16	Equipment, at Historical Cost	392,003		16
17	Accumulated Depreciation (book methods)	(1,085,744)		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): Deposits	111,097		22
23	Other(specify): CIP	5,227		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 16,781,785	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 20,818,086	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 587,371	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	(59,769)		30
31	Accrued Taxes Payable	131,808		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	17,151		34
	Other Current Liabilities(specify):			
35	Accured Accouting Fees	36,059		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 712,620	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	18,031,212		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Intercompany Loan	3,109,480		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 21,140,692	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 21,853,312	\$	45
46	TOTAL EQUITY	\$ (1,035,226)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 20,818,086	\$	47

*(See instructions.)

Facility Name: Prairie Green Dixie Crossing

Report Period Beginning: 1/1/2014

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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	\$ 3,559,890	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,559,890	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			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,559,890	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,109,090	19
20	Health Care/ Personal Care	811,608	20
21	General Administration	1,357,149	21
	B. Capital Expense		
22	Ownership	1,533,756	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses	1,000	24
25	Other (specify): Bad Debt	390,556	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 5,203,160	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (1,643,271)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (1,643,271)	31

