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OF PROGRAM

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(Date)
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ERVICES
ie # (217) 782-1630

STATE OF ILLINOIS

Facility Name BETH-ANNE EXTENDED LIVING

#REF!

Report Period Beginning: 7/1/14

Ending:

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		Single Unit Apartment	85	31,025	1
2		Double Unit Apartment			2
3		Other			3
4		TOTALS	85	31,025	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	20,106	1,958		22,064	5
6	Double Unit					6
7	Other					7
8	TOTALS	20,106	1,958		22,064	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 71.12%D. Indicate the number of paid bed-hold days the SLF had during this year
406 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 293 (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 ☐Tax Year: Fiscal Year: 6/30/15

* 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? NO
If no, explain. NOT APPLICABLEK. 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? NO
If no, explain. NOT APPLICABLEL. 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. NOT APPLICABLE

NO

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NO

STATE OF ILLINOIS

Facility Name: BETH-ANNE PLACE

Report Period Beginning:

7/1/14

Ending:

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	200,324	234,673	4,879	439,876		439,876	1
2	Housekeeping, Laundry and Maintenance	87,787	78,804		166,591		166,591	2
3	Heat and Other Utilities			193,711	193,711		193,711	3
4	Other (specify):			106,016	106,016		106,016	4
5	TOTAL General Services	288,111	313,477	304,606	906,194		906,194	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	280,166	1,470	2,266	283,902		283,902	6
7	Activities and Social Services	72,065	2,784		74,849		74,849	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	352,231	4,254	2,266	358,751		358,751	9
	C. General Administration							
10	Administrative and Clerical	105,572	16,215	29,958	151,745		151,745	10
11	Marketing Materials, Promotions and Advertising		28,205	1,395	29,600		29,600	11
12	Employee Benefits and Payroll Taxes	193,185			193,185		193,185	12
13	Insurance-Property, Liability and Malpractice			59,380	59,380		59,380	13
14	Other (Managers)	166,672		143,445	310,117	(7,279)	302,838	14
15	TOTAL General Administration	465,428	44,420	234,178	744,026	(7,279)	736,747	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,105,770	362,151	541,050	2,008,971	(7,279)	2,001,692	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			314,841	314,841		314,841	17
18	Interest			537	537		537	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			50,447	50,447		50,447	22
23	TOTAL Ownership			365,825	365,825		365,825	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,105,770	362,151	906,875	2,374,796	(7,279)	2,367,517	24

STATE OF ILLINOIS

Facility Name: BETH-ANNE PLACE

Report Period Beginning 7/1/14 Ending:

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	25.00	1
2	Licensed Practical Nurses	4	21.00	2
3	Certified Nurse Assistants	16	11.30	3
4	Activity Director & Assistants	1	14.92	4
5	Social Service Workers	2	22.56	5
6	Head Cook	1	12.00	6
7	Cook Helpers/Assistants	7	11.60	7
8	Dishwashers			8
9	Maintenance Workers	1	11.43	9
10	Housekeepers	4	9.79	10
11	Laundry			11
12	Managers	3	27.51	12
13	Other Administrative	5	24.91	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	46	\$ 192.02	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

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES ☐

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).

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO C
RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Cost
1				\$
2				
3				
4				
5				
Total				\$

VI. (B) Management fees paid to unrelated parties

		A
1	EVERGREEN	\$
2		
Total		\$

6/30/15

OWNERS,

Amount of mpensation for is Reporting Period	
	1
	2
	3
	4
	5
	6

mount of Fee

50,447	1
	2
50,447	3

Type of Business 5

NO

☐

Facility Name: BETH-ANNE PLACE

Report Period Beginning:

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Ending:

6/30/15

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			2000	2002	\$ 100,000	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building			1/13/2013	10,547,485	263,687	40	263,687			6
7	Security system			2/1/2003	8,637	216	40	216			7
8	Outside Lighting			4/22/2004	3,937	98	40	98			8
9	Building improvement			12/5/2011	267,262	29,696	9	29,696			9
10	Building Improvement			7/6/2012	25,958	2,596	10	2,596			10
11	Building Improvement			7/9/2013	17,141	1,714	10	1,714			11
12	Building Improvement			8/1/2013	23,612	3,373	7	3,373			12
13	Land Imprpovement			8/15/2013	1,476	500	10	500			13
14	Equipment			11/30/2013	6,500	650	10	650			14
15	Capital improvement			11/20/2013	1,418	203	7	203			15
16	Building Improvement			1/24/2014	121,075	12,108	10	12,108			16
17	TOTAL (lines 1 thru 16)				\$ 11,124,501	\$ 314,841		\$ 314,841	\$	\$	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							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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: BETH-ANNE PLACE

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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		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					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$				\$	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.

STATE OF ILLINOIS

Facility Name: BETH-ANNE PLACE

Report Period Beginning: 7/1/14

Ending:

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/15

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 57,330	\$	1
2	Cash-Patient Deposits	16,044		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	235,692		3
4	Supply Inventory (priced at)	2,581		4
5	Short-Term Investments			5
6	Prepaid Insurance	56,236		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	3,937,366		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,305,249	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	107,600		13
14	Buildings, at Historical Cost	10,891,807		14
15	Leasehold Improvements, at Historical Cost	416,563		15
16	Equipment, at Historical Cost	16,576		16
17	Accumulated Depreciation (book methods)	(3,796,150)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	332,241		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,968,637	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,273,886	\$	25

		1 Operating	
	C. Current Liabilities		
26	Accounts Payable	\$ 117,104	\$
27	Officer's Accounts Payable		
28	Accounts Payable-Patient Deposits	15,765	
29	Short-Term Notes Payable		
30	Accrued Salaries Payable		
31	Accrued Taxes Payable		
32	Accrued Interest Payable		
33	Deferred Compensation		
34	Federal and State Income Taxes		
	Other Current Liabilities(specify):		
35	Accrued Vacation	16,239	
36			
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 149,108	\$
	D. Long-Term Liabilities		
38	Long-Term Notes Payable	160,918	
39	Mortgage Payable	9,988,700	
40	Bonds Payable		
41	Deferred Compensation		
	Other Long-Term Liabilities(specify):		
42			
43			
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 10,149,618	\$
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,298,726	\$
46	TOTAL EQUITY	\$ 1,975,160	\$
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,273,886	\$

*(See instructions.)

2 After Consolidation*	
	26
	27
	28
	29
	30
	31
	32
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	36
	37
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Facility Name: BETH-ANNE PLACE

Report Period Beginning: 7/1/14

Ending:

6/30/15

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	\$ 3,046,985	1
2	Discounts and Allowances	(316,370)	2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 2,730,615	3
	B. Other Operating Revenue		
4	Special Services	35,000	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	70,321	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 105,321	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Invest Income-Prompt Pymnt	1,949	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 1,949	14
	D. Other Revenue (specify):		
15	LINK	79,305	15
16	RESIDENT CHARGE	934	16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 80,239	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 2,918,124	18

2			
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	906,194	19
20	Health Care/ Personal Care	358,751	20
21	General Administration	736,747	21
	B. Capital Expense		
22	Ownership	365,825	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)	\$ 2,367,517	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 550,607	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 550,607	31

GENERAL SERVICES
LINE 1 COLUMN 3

Dining Consultant	2,540
Telephone	2,339
TOTAL	4,879

GENERAL SERVICES
LINE 3 COLUMN 3

Utilities	193,711
TOTAL	193,711

GENERAL SERVICES
LINE 4 COLUMN 3

Background Check	538
Drug Test	660
Exterminating	22,609
Elevator	12,792
Garbage & Trash	6,916
Security	60,806
Travel	1,695
TOTAL	106,016

HEALTH CARE AND PROGRAMS
LINE 6 COLUMN 3

Nurse Staffing	2,266
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TOTAL	2,266
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GENERAL ADMINISTRATION
LINE 10 COLUMN 3

Telephone	15,544
Conference	13,400
Legal	1,014

TOTAL	29,958
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GENERAL ADMINISTRATRION
LINE 11 COLUMN 3

Advertising & Marketing	1,395
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TOTAL	1,395
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GENERAL ADMINISTRATION
LINE 13 COLUMN 3

Insurance	52,365
Alarm System Contract	7,015
TOTAL	59,380

GENERAL ADMINISTRATRION
LINE 14 COLUMN 3

Repair & Maintenance	68,374
Printing	330
Professional Fees	40,332
Staff Development	1,241
Postage	17
Copier Maintenance	1,328
Membership Dues	954
License & Fees	4,006
Credit Reports	56
Conference	888
Bookkeeping	18,360
Recruitment	279
Bad Debt	7,279
TOTAL	143,444
Eliminate Bad Debt	(7,279)
TOTAL LESS BAD DEBT	136,165