

Facility Name Maple Point

Report Period Beginning: 12-15-08 Ending: 11/30/09

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	14	Single Unit Apartment	14	4,914	1
2	16	Double Unit Apartment	16	5,616	2
3		Other			3
4	30	TOTALS	30	10,530	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	780	5,452		6,232	5
6	Double Unit	254	1,337		1,591	6
7	Other					7
8	TOTALS	1,034	6,789		7,823	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 74.29%

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

216 Also, indicate the number of unpaid bed-hold days the SLF had during this year. (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 NO

Tax 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 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.

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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	62,001	54,857	2,224	119,082		119,082	1
2	Housekeeping, Laundry and Maintenance	11,617	7,213	5,963	24,793		24,793	2
3	Heat and Other Utilities			57,317	57,317		57,317	3
4	Other (specify):							4
5	TOTAL General Services	73,618	62,070	65,504	201,192		201,192	5
B. Health Care and Programs								
6	Health Care/ Personal Care	179,961	2,443	1,601	184,005		184,005	6
7	Activities and Social Services							7
8	Other (specify):							8
9	TOTAL Health Care and Programs	179,961	2,443	1,601	184,005		184,005	9
C. General Administration								
10	Administrative and Clerical	12,431	4,474	8,106	25,011		25,011	10
11	Marketing Materials, Promotions and Advertising			706	706		706	11
12	Employee Benefits and Payroll Taxes			54,278	54,278		54,278	12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify):							14
15	TOTAL General Administration	12,431	4,474	63,090	79,995		79,995	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	266,010	68,987	130,195	465,192		465,192	16
Capital Expenses								
D. Ownership								
17	Depreciation			147,038	147,038		147,038	17
18	Interest			155,755	155,755		155,755	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			302,793	302,793		302,793	23
24	GRAND TOTAL (Sum of lines 16 and 23)	266,010	68,987	432,988	767,985		767,985	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	0.76	\$	1
2	Licensed Practical Nurses	0.83	24.11	2
3	Certified Nurse Assistants	5.66	10.51	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2.63	11.34	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	0.60	9.32	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.32	19.14	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	10.80	\$	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				\$	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

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: _____ 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).

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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	30		2008	2008	\$ 3,768,693	\$ 124,599	30	\$ 124,599	\$	\$ 124,599	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Grounds landscaping		2009	36,739	1,837	10	1,837		1,837	6
7		Alarm / Nurse call system		2008	80,703	9,687	8	9,687		9,687	7
8		Window treatments & Decorating		2009	28,899	2,723	6	2,723		2,723	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,915,034	\$ 138,846		\$ 138,846	\$	\$ 138,846	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	\$ 114,507	\$ 8,192	\$ 8,192	\$	various	\$ 8,192	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 114,507	\$ 8,192	\$ 8,192	\$		\$ 8,192	20

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

X

	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	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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Bonds			Mortgage	/ /	\$	3,210,000	/ /		\$	155,755
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$	3,210,000			\$	155,755
		B. Non-Facility Related										
8						/ /			/ /		X	8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$	3,210,000			\$	155,755

* 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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11/30/09**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **11/30/09**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 504,437	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	14,060		3
4	Supply Inventory (priced at)	4,724		4
5	Short-Term Investments			5
6	Prepaid Insurance			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)	\$ 523,221	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	88,390		13
14	Buildings, at Historical Cost	3,915,034		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	114,507		16
17	Accumulated Depreciation (book methods)	(147,038)		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)	\$ 3,970,893	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,494,114	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 28,457	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	12,582		30
31	Accrued Taxes Payable	6,820		31
32	Accrued Interest Payable	24,913		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Security Deposits	44,673		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 117,445	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	1,210,000		39
40	Bonds Payable	2,000,000		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Due to Piatt Co.	49,628		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 3,259,628	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,377,073	\$	45
46	TOTAL EQUITY	\$ 1,117,041	\$ X	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,494,114	\$	47

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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	\$ 725,378	1
2	Discounts and Allowances	(26,207)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 699,171	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	7,089	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 7,089	11
	C. Non-Operating Revenue		
12	Contributions - PIATT COUNTY.	1,177,413	12
13	Interest and Other Investment Income	981	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,178,394	14
	D. Other Revenue (specify):		
15	Security Deposit Income	372	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 372	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,885,026	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	201,192	19
20	Health Care/ Personal Care	184,005	20
21	General Administration	79,995	21
	B. Capital Expense		
22	Ownership	302,793	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)	\$ 767,985	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,117,041	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,117,041	31