

Facility Name The Manor at Craig Farm

Report Period Beginning: 01/01/12 Ending: 12/31/12

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	24	Single Unit Apartment	24	8,784	1
2	26	Double Unit Apartment	26	9,516	2
3		Other			3
4	50	TOTALS	50	18,300	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	3,807	3,222		7,029	5
6	Double Unit	2,483	6,999		9,482	6
7	Other					7
8	TOTALS	6,290	10,221		16,511	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.22%

D. Indicate the number of paid bed-hold days the SLF had during this year 167 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 2 (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: 2012 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? 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 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	24,718	107,058	93,496	225,272	(7,904)	217,368	1
2	Housekeeping, Laundry and Maintenance	15,633	12,906	80,583	109,122		109,122	2
3	Heat and Other Utilities			47,336	47,336	(2,352)	44,984	3
4	Other (specify): Waste Removal			5,285	5,285		5,285	4
5	TOTAL General Services	40,351	119,964	226,700	387,015	(10,256)	376,759	5
B. Health Care and Programs								
6	Health Care/ Personal Care	56,660	7,137	222,907	286,703		286,703	6
7	Activities and Social Services	6,128	4,732	22,247	33,108		33,108	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	62,788	11,869	245,154	319,811		319,811	9
C. General Administration								
10	Administrative and Clerical	14,761	4,837	175,606	195,204		195,204	10
11	Marketing Materials, Promotions and Advertising		4,734	5,624	10,358		10,358	11
12	Employee Benefits and Payroll Taxes			10,700	10,700		10,700	12
13	Insurance-Property, Liability and Malpractice			20,304	20,304		20,304	13
14	Other (specify):							14
15	TOTAL General Administration	14,761	9,572	212,235	236,567		236,567	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	117,900	141,405	684,088	943,393	(10,256)	933,137	16
Capital Expenses								
D. Ownership								
17	Depreciation			201,703	201,703	11,134	212,837	17
18	Interest			203,039	203,039		203,039	18
19	Real Estate Taxes			22,543	22,543		22,543	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			3,681	3,681		3,681	21
22	Other (specify): See Attachment 1			1,748	1,748		1,748	22
23	TOTAL Ownership			432,713	432,713	11,134	443,847	23
24	GRAND TOTAL (Sum of lines 16 and 23)	117,900	141,405	1,116,801	1,376,107	878	1,376,984	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	1	\$ 25.00	1
2	Licensed Practical Nurses	3	14.06	2
3	Certified Nurse Assistants	7	9.54	3
4	Activity Director & Assistants	1	12.77	4
5	Social Service Workers			5
6	Head Cook	1	12.68	6
7	Cook Helpers/Assistants	2	9.56	7
8	Dishwashers	2	8.55	8
9	Maintenance Workers	1	8.37	9
10	Housekeepers	1	8.85	10
11	Laundry	1	9.17	11
12	Managers	1	21.70	12
13	Other Administrative			13
14	Clerical	1	10.30	14
15	Marketing			15
16	Other Transport Aide	1	9.40	16
17	Total (lines 1 thru 16)	23		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
The Prairie's		Carbondale	
Clinton Manor Nursing Home		New Baden	
See Attached Schedule			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Greer Management Services		Carlyle		Management Co.	
JMG, LLC		Carlyle		Staffing Svc.	

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 55,090 & 9,654 Year land was acquired 2007 & 2010

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	40		2007	2007	\$ 4,018,051	\$ 146,111	28	\$ 146,111	\$ 0	\$ 779,258	1
2	10		2010	2010	900,000	32,727	28	32,727	(0)	92,727	2
3											3
4											4
5											5
Improvement Type											
6	Flooring		2010		2,206	441	5	441	(0)	1,250	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)				\$ 4,920,257	\$ 179,279		\$ 179,279	\$ (0)	\$ 873,236	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	\$ 249,131	\$ 22,423	\$ 33,557	11,134	5	\$ 248,187	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 249,131	\$ 22,423	\$ 33,557	11,134		\$ 248,187	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: Greer Managements Services, Inc. (Vehicle 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 \$ 3,681

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	Buena Vista National Bk		X	Mortgage	8/31/07	\$ 1,955,000	\$ 1,848,715	8/31/27	7.6000	\$ 144,302
2	IL Hsg Development Auth		X	Mortgage	12/31/06	1,000,000	1,000,000	12/31/27	1.0000	10,833
3	Murphy Wall State Bank		X	Mortgage	8/4/10	900,000	841,501	8/4/30	6.0000	47,881
	Working Capital									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 3,855,000	\$ 3,690,216			\$ 203,016
	B. Non-Facility Related									
8					/ /			/ /		8
9					/ /			/ /		9
10	TOTALS (lines 7, 8 and 9)					\$ 3,855,000	\$ 3,690,216			\$ 203,016

* 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 12/31/12

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,028,095	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	158,332		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,828		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)	\$ 1,190,255	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	64,744		13
14	Buildings, at Historical Cost	4,918,051		14
15	Leasehold Improvements, at Historical Cost	2,206		15
16	Equipment, at Historical Cost	249,131		16
17	Accumulated Depreciation (book methods)	(1,088,109)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	30,212		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(9,322)		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)	\$ 4,166,914	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,357,169	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 38,072	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	53,491		29
30	Accrued Salaries Payable	17,000		30
31	Accrued Taxes Payable	26,151		31
32	Accrued Interest Payable	12,665		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Other Accrued Liabilities	27,501		35
36	Deferred Rent	2,349		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 177,229	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	3,636,724		39
40	Bonds Payable			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)	\$ 3,636,724	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,813,953	\$	45
46	TOTAL EQUITY	\$ 1,543,216	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,357,169	\$	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	\$ 1,437,348	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,437,348	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	7,904	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 7,904	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	206	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 206	14
D. Other Revenue (specify):			
15	Cable TV Income	2,352	15
16	Sundry Income	313	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,665	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,448,123	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	387,016	19
20	Health Care/ Personal Care	319,811	20
21	General Administration	236,567	21
B. Capital Expense			
22	Ownership	432,713	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)	\$ 1,376,107	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 72,016	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 72,016	31

**The Manor at Craig Farms
2012**

Page 3, Schedule IV, Section D - Other Ownership Expenses

Line	Amount	Description
	799.00	Loan Cost Amortization
	949.00	Tax Credit Amortization
	-	Replacement Tax
22	<u>1,748.00</u>	

Page 3, Schedule IV - Adjustments

Line	Amount	Description
1	(7,904.00)	Non-allowable meals not directly related to SLF resident care
3	(2,352.00)	Non-allowable Cable TV expense
17	<u>11,134.00</u>	Depreciation adjustment
	878.00	

**The Manor at Craig Farms
2012**

VII: RELATED ORGANIZATIONS

A.	RELATED SLF's & HEALTH CARE BUSINESSES			
	<u>Name</u> <u>1</u>	<u>City</u> <u>2</u>		
	Jerseyville Estates	Jerseyville		
	Manor at Mason Woods	Pinckneyville		
	Manor at Salem Woods	Salem		

C.	Related Organization	Nature of Expenditure	Facility Book Value	Actual Cost
	Greer Management Services, Inc.	Mgmt Srv/Payroll Srv/Vehicle Lse	\$ 77,652	\$ 80,552
	JMG II, LLC	Staffing Services	\$ 447,946	\$ 434,491

**The Manor at Craig Farms
2012**

Page 6, Schedule IX - Item 10

Vehicle 1

Model	Town & Country
Year	2010
Make	Chrysler
Vehicle Use	Resident Transportation

Vehicle 2

Model	Explorer
Year	2004
Make	Ford
Vehicle Use	Resident Transportation

Vehicle 3

Model	Town & Country
Year	2010
Make	Chrysler
Vehicle Use	Resident Transportation

Total Rental Expense \$2,000