

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p>I. Facility ID Number: <u>1000035</u></p> <p>Facility Name: <u>The Manor at Mason Woods</u></p> <hr/> <p>Address: <u>223 Illinois Street</u> <u>Pinckneyville</u> <u>62274</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Perry</u></p> <p>Telephone Number: (<u>618</u>) <u>357-9770</u> Fax # (<u>618</u>) <u>357-9774</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>05/17/04</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY Individual</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input checked="" type="checkbox"/> Partnership Corporation</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code _____</td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp. Limited Liability Co.</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input checked="" type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL State	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership Corporation	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> "Sub-S" Corp. Limited Liability Co.	<input type="checkbox"/> Other _____		<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/13</u> to <u>12/31/13</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) <u>J. Michael Greer</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Title) <u>Partner</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Paid Preparer</td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Print Name and Title) <u>Deborah J. Edwards CPA</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Firm Name & Address) <u>Creason-Edwards & Cimarolli, PC 4000 N Belt West, Belleville, IL 62226</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Telephone) <u>(618)233-1001</u> Fax <u>(618)233-6009</u></td> <td style="border: none;"></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>J. Michael Greer</u>			(Title) <u>Partner</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) <u>Deborah J. Edwards CPA</u>			(Firm Name & Address) <u>Creason-Edwards & Cimarolli, PC 4000 N Belt West, Belleville, IL 62226</u>			(Telephone) <u>(618)233-1001</u> Fax <u>(618)233-6009</u>	
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<p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Deborah J. Edwards</u> Telephone Number: (<u>618</u>) <u>233-1001</u></p> <p>Email Address: _____</p>	<p align="center">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001</p> <p align="right">Phone # (217) 782-1630</p>																																				

Facility Name The Manor at Mason Woods

Report Period Beginning: 01/01/13 Ending: 12/31/13

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	30	Single Unit Apartment	30	10,950	1
2	10	Double Unit Apartment	10	3,650	2
3		Other			3
4	40	TOTALS	40	14,600	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	5,047	4,366		9,413	5
6	Double Unit	31	3,285		3,316	6
7	Other					7
8	TOTALS	5,078	7,651		12,729	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.18%

D. Indicate the number of paid bed-hold days the SLF had during this year 349 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 31 (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: 2013 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. _____

Facility Name: The Manor at Mason Woods

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	88,446	83,437	1,557	173,441	(493)	172,948	1
2	Housekeeping, Laundry and Maintenance	46,160	15,334	7,022	68,515		68,515	2
3	Heat and Other Utilities			35,212	35,212	(1,775)	33,437	3
4	Other (specify): Waste Removal			3,311	3,311		3,311	4
5	TOTAL General Services	134,606	98,771	47,103	280,480	(2,268)	278,212	5
B. Health Care and Programs								
6	Health Care/ Personal Care	202,905	9,164	3,099	215,168		215,168	6
7	Activities and Social Services	21,267	5,122	415	26,803		26,803	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	224,172	14,286	3,514	241,971		241,971	9
C. General Administration								
10	Administrative and Clerical	56,906	5,322	107,362	169,590		169,590	10
11	Marketing Materials, Promotions and Advertising		18,894	8,914	27,808		27,808	11
12	Employee Benefits and Payroll Taxes			40,263	40,263		40,263	12
13	Insurance-Property, Liability and Malpractice			19,424	19,424		19,424	13
14	Other (specify): Workmans Comp Insurance			22,774	22,774		22,774	14
15	TOTAL General Administration	56,906	24,216	198,737	279,859		279,859	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	415,684	137,272	249,354	802,310	(2,268)	800,042	16
Capital Expenses								
D. Ownership								
17	Depreciation			93,373	93,373		93,373	17
18	Interest			57,595	57,595		57,595	18
19	Real Estate Taxes			27,449	27,449		27,449	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,494	7,494		7,494	21
22	Other (specify): See Attachment 1			8,122	8,122	(6,889)	1,233	22
23	TOTAL Ownership			194,033	194,033	(6,889)	187,144	23
24	GRAND TOTAL (Sum of lines 16 and 23)	415,684	137,272	443,387	996,343	(9,157)	987,186	24

Facility Name: The Manor at Mason Woods

Report Period Beginning: 01/01/13 Ending: 12/31/13

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	17.20	2
3	Certified Nurse Assistants	6	9.64	3
4	Activity Director & Assistants	1	34.86	4
5	Social Service Workers			5
6	Head Cook	1	31.20	6
7	Cook Helpers/Assistants	3	9.84	7
8	Dishwashers	1	8.69	8
9	Maintenance Workers	1	10.13	9
10	Housekeepers	1	8.56	10
11	Laundry	1	9.39	11
12	Managers	1	69.90	12
13	Other Administrative			13
14	Clerical	1	10.11	14
15	Marketing			15
16	Other	1	8.85	16
17	Total (lines 1 thru 16)	22	\$	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	City
The Prairie's	Carbondale
Clinton Manor Nursing Home	New Baden
See Attachment 2	

OTHER RELATED BUSINESS ENTITIES

Name	City	Type of Business
Greer Management Services	Carlyle	Management Co

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).

Facility Name: The Manor at Mason Woods

Report Period Beginning:

01/01/13

Ending:

12/31/13

VIII. OWNERSHIP COSTS

A. Purchase price of land 28,447 Year land was acquired 2003

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		2004	2004	\$ 1,879,570	\$ 68,348	28	\$ 68,348	\$	\$ 655,002	1
2	10		2006	2006	520,000	13,333	28	13,333	(0)	106,111	2
3											3
4											4
5											5
Improvement Type											
6	Door Opener		2004	2004	3,128	114	28	114		1,033	6
7	Hand Rails		2005	2005	2,382	87	28	87		751	7
8	Automatic Door Opener		2005	2005	3,362	122	28	122		1,019	8
9	Vinyl Flooring		2008	2008	6,823	455	5	455		6,823	9
10	Flooring - Dining Room		2013	2013	11,620	2,324	5	2,324		2,324	10
11	Flooring - 400 Wing		2013	2013	6,598	440	5	440		440	11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 2,433,483	\$ 85,223		\$ 85,223	\$ (0)	\$ 773,503	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	\$ 125,811	\$ 8,151	\$ 8,151	\$	5	\$ 97,215	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 125,811	\$ 8,151	\$ 8,151	\$	\$ 97,215	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: The Manor at Mason Woods

Report Period Beginning: 01/01/13

Ending: 12/31/13

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Greer Management 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 \$ 7,494

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**	YES			NO	Purpose of Loan				
							Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Murphy-Wall State Bank	X		Mortgage	6/30/03	\$ 490,000	\$ 319,177	6/30/23	6.9200	\$ 23,287	1
2		IL Hsg Development Auth		X	Mortgage	6/30/03	750,000	581,633	1/1/25	1.0000	7,461	2
3		See Attachment 3				/ /	780,000	553,126	/ /		26,847	3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 2,020,000	\$ 1,453,936			\$ 57,595	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 2,020,000	\$ 1,453,936			\$ 57,595	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.

Facility Name: The Manor at Mason Woods

Report Period Beginning: 01/01/13

Ending:

12/31/13

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 494,902	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 14,167)	79,398		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,623		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	18,571		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 606,494	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	35,822		13
14	Buildings, at Historical Cost	2,399,570		14
15	Leasehold Improvements, at Historical Cost	33,912		15
16	Equipment, at Historical Cost	125,811		16
17	Accumulated Depreciation (book methods)	(870,718)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	80,752		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(28,258)		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)	\$ 1,776,891	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,383,385	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 9,188	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	72,054		29
30	Accrued Salaries Payable	18,868		30
31	Accrued Taxes Payable	2,823		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	2,089		34
	Other Current Liabilities(specify):			
35	Other Accrued Liabilities	50,234		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 155,256	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	1,381,882		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)	\$ 1,381,882	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,537,138	\$	45
46	TOTAL EQUITY	\$ 846,247	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,383,385	\$	47

*(See instructions.)

Facility Name: The Manor at Mason Woods

Report Period Beginning: 01/01/13

Ending:

12/31/13

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	\$ 1,129,940	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,129,940	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	136	8
9	Non-Resident Meals	493	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 629	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	6,451	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 6,451	14
D. Other Revenue (specify):			
15	Cable TV Income	1,775	15
16	Gain on Sale of Fixed Asset	1,478	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,253	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,140,273	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	280,480	19
20	Health Care/ Personal Care	241,971	20
21	General Administration	279,859	21
B. Capital Expense			
22	Ownership	194,033	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)	\$ 996,343	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 143,930	29
30	Income Taxes	\$ 2,089	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 141,841	31

**The Manor at Mason Woods
2013**

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

Line	Amount	Description
	504.00	Loan Cost Amortization
	729.00	Tax Credit Amortization
	4,800.00	Bad Debt Expense
	<u>2,089.00</u>	Replacement Tax
22	8,122.00	

Page 3, Schedule IV - Adjustments

Line	Amount	Description
1	(493.00)	Non-allowable meals not directly related to SLF resident care.
3	(1,775.00)	Non-allowable Cable TV expense.
22	<u>(6,889.00)</u>	Bad Debt Expense (4,800) □ Replacement Tax (2089)
	(9,157.00)	

VII: RELATED ORGANIZATIONS

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

C.	Related Organization	Nature of Expenditure	Facility Book Value	Actual Cost
	Greer Management Services, Inc	Mgmt Srv/Payroll Srv/Vehicle Ls	\$ 77,231	\$ 90,119

Facility Name: Manor at Mason Woods LP

Report Period Beginni 1/1/2013 Ending: 12/31/2013

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	Murphy-Wall State Bank	X		Mortgage	12/18/09	520,000	452,960	12/18/29	6.2500	19,993	1
2	PM Properties	X		Mortgage	7/1/12	55,000	50,083	6/30/15	6.0000	3,427	2
3	Michael Greer	X		Mortgage	7/1/12	55,000	50,083	6/30/15	6.0000	3,427	3
4	Page Total					630,000	553,126			26,847	

Page 6, Schedule IX - Item 10

Vehicle 1

Model	Grand Caravan
Year	2011
Make	Dodge
Model	Vue
Year	2004
Make	Saturn
Rental Expense	\$6,300.00
Vehicle Use	Resident Transportation