

Facility Name Pioneer Gardens

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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	108	Single Unit Apartment	108	39,420	1
2	12	Double Unit Apartment	12	4,380	2
3		Other			3
4	120	TOTALS	120	43,800	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	34,397			34,397	5
6	Double Unit	4,380			4,380	6
7	Other					7
8	TOTALS	38,777			38,777	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.53%

D. Indicate the number of paid bed-hold days the SLF had during this year 170 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: 12/31/2015 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? YES If yes, did the facility make all of the required payments of interest and principle? YES
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	233,173	291,920	20,190	545,283		545,283	1
2	Housekeeping, Laundry and Maintenance	128,775	19,021	75,300	223,096		223,096	2
3	Heat and Other Utilities			247,954	247,954		247,954	3
4	Other (specify):							4
5	TOTAL General Services	361,948	310,941	343,444	1,016,333		1,016,333	5
B. Health Care and Programs								
6	Health Care/ Personal Care	701,520	14,928	3,362	719,810		719,810	6
7	Activities and Social Services	28,392	1,752	14,175	44,319		44,319	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	729,912	16,680	17,537	764,129		764,129	9
C. General Administration								
10	Administrative and Clerical	227,066	24,270	114,420	365,756		365,756	10
11	Marketing Materials, Promotions and Advertising	50,347		2,398	52,746		52,746	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify):							14
15	TOTAL General Administration	277,414	24,270	116,819	418,502		418,502	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,369,273	351,891	477,799	2,198,964		2,198,964	16
Capital Expenses								
D. Ownership								
17	Depreciation			706,788	706,788		706,788	17
18	Interest			589,597	589,597		589,597	18
19	Real Estate Taxes			92,484	92,484		92,484	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): MIP,MGMT,AMORTZ)			162,149	162,149		162,149	22
23	TOTAL Ownership			1,551,018	1,551,018		1,551,018	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,369,273	351,891	2,028,817	3,749,982		3,749,982	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	\$ 19.76	1
2	Licensed Practical Nurses	5	25.94	2
3	Certified Nurse Assistants	19	13.91	3
4	Activity Director & Assistants	1	13.65	4
5	Social Service Workers			5
6	Head Cook	1	23.36	6
7	Cook Helpers/Assistants	6	8.57	7
8	Dishwashers	2	8.67	8
9	Maintenance Workers	3	10.57	9
10	Housekeepers	4	8.82	10
11	Laundry			11
12	Managers	1	35.64	12
13	Other Administrative	5	21.88	13
14	Clerical	2	10.00	14
15	Marketing	2	21.90	15
16	Other	10	10.00	16
17	Total (lines 1 thru 16)	62	\$	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

	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				2006	\$ 19,602,654	\$ 710,400	28	\$ 700,095	\$ (10,305)	\$ 7,277,186	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				\$ 19,602,654	\$ 710,400		\$ 700,095	\$ (10,305)	\$ 7,277,186	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		\$ 4,288	\$	\$ 4,288	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 4,288	\$	\$ 4,288	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		Midland Bank		X	Mortgage	8/1/04	\$ 11,340,000	\$ 10,333,751	3/1/46	5.6500	\$ 595,955	1
2		City of Chicago		X	Mortgage	8/1/04	1,828,000	1,828,000	8/1/46			2
3		Federal Home Loan		X	Mortgage	8/1/04	500,000	500,000	/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 13,668,000	\$ 12,661,751			\$ 595,955	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 13,668,000	\$ 12,661,751			\$ 595,955	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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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 167,839	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	550,451		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	33,556		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)	\$ 751,846	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	230,000		13
14	Buildings, at Historical Cost	19,038,373		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	568,569		16
17	Accumulated Depreciation (book methods)	(6,572,786)		17
18	Deferred Charges	527,398		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,223,716		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,015,270	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,767,116	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	98,047		29
30	Accrued Salaries Payable	49,697		30
31	Accrued Taxes Payable	92,000		31
32	Accrued Interest Payable	49,403		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 289,147	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	3,797,370		38
39	Mortgage Payable	10,492,632		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Accrued Management Fees	1,224,662		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 15,514,664	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 15,803,811	\$	45
46	TOTAL EQUITY	\$ (864,195)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,939,616	\$	47

*(See instructions.)

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XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 4,467,646	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,467,646	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	656	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 656	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)	\$ 4,468,302	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	1,016,333	19
20	Health Care/ Personal Care	764,129	20
21	General Administration	418,502	21
	B. Capital Expense		
22	Ownership	1,551,018	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)	\$ 3,749,982	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 718,321	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 718,321	31