



Facility Name Plum Creek SLF

Report Period Beginning: 1/1/16 Ending: 12/31/16

**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	77	Single Unit Apartment	77	28,182	1
2	25	Double Unit Apartment	25	9,150	2
3		Other			3
4	102	TOTALS	102	37,332	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	24,938	1,676		26,614	5
6	Double Unit	6,501	1,779		8,280	6
7	Other					7
8	TOTALS	31,439	3,455		34,894	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.47%

D. Indicate the number of paid bed-hold days the SLF had during this year 637 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 327 (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)

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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? \_\_\_\_\_ 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? \_\_\_\_\_ 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? \_\_\_\_\_ 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 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	260,734	263,186		523,920		523,920	1
2	Housekeeping, Laundry and Maintenance	63,990	11,152	121,452	196,594	(17,722)	178,872	2
3	Heat and Other Utilities			114,511	114,511		114,511	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>324,724</b>	<b>274,338</b>	<b>235,963</b>	<b>835,025</b>	<b>(17,722)</b>	<b>817,303</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	402,592	9,653		412,245		412,245	6
7	Activities and Social Services	31,723	19,121		50,844	(6,740)	44,104	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>434,315</b>	<b>28,774</b>		<b>463,089</b>	<b>(6,740)</b>	<b>456,349</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	220,868	67,083		287,951		287,951	10
11	Marketing Materials, Promotions and Advertising	36,538	39,539		76,077		76,077	11
12	Employee Benefits and Payroll Taxes	85,109	12,116		97,225		97,225	12
13	Insurance-Property, Liability and Malpractice			155,082	155,082		155,082	13
14	Other (specify): Professional & Management Fees			472,262	472,262		472,262	14
15	<b>TOTAL General Administration</b>	<b>342,515</b>	<b>118,738</b>	<b>627,344</b>	<b>1,088,597</b>		<b>1,088,597</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,101,554</b>	<b>421,850</b>	<b>863,307</b>	<b>2,386,711</b>	<b>(24,462)</b>	<b>2,362,249</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			492,618	492,618		492,618	17
18	Interest			672,507	672,507		672,507	18
19	Real Estate Taxes			100,000	100,000		100,000	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amortization of Prepaid Closing Costs			27,185	27,185		27,185	22
23	<b>TOTAL Ownership</b>			<b>1,292,310</b>	<b>1,292,310</b>		<b>1,292,310</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,101,554</b>	<b>421,850</b>	<b>2,155,617</b>	<b>3,679,021</b>	<b>(24,462)</b>	<b>3,654,559</b>	<b>24</b>

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**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			2
3	Certified Nurse Assistants	10	10.70	3
4	Activity Director & Assistants	1	14.42	4
5	Social Service Workers			5
6	Head Cook	1	17.30	6
7	Cook Helpers/Assistants	9	9.80	7
8	Dishwashers			8
9	Maintenance Workers	1	10.00	9
10	Housekeepers	2	8.25	10
11	Laundry			11
12	Managers	1	30.00	12
13	Other Administrative	3	26.89	13
14	Clerical	4	9.12	14
15	Marketing	1	16.82	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>35</b>	<b>\$ 13.45</b>	<b>17</b>

**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
<b>Total</b>				<b>\$</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

		Amount of Fee	
1	Royal Care Management Company	\$ 227,500	1
2			2
<b>Total</b>		<b>\$ 227,500</b>	<b>3</b>

**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					\$	\$		\$	\$	\$	1
2	102		2006	2006	12,602,734	492,056	40	315,068	(176,988)	4,741,814	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6											6
7		Building Improvement		2007	2,007	263	40	263			7
8											8
9		Building Improvement		2007	2,007	85	40	85			9
10											10
11		Building Improvement		2007	2,007	214	40	214			11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,608,755	\$ 492,618		\$ 315,630	\$ (176,988)	\$ 4,741,814	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	\$ 580,139	\$ 26,269	\$ 64,207	37,938	7	\$ 540,735	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 580,139	\$ 26,269	\$ 64,207	37,938		\$ 540,735	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: \_\_\_\_\_

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	<b>TOTAL</b>			\$			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	
		Related**				Amount of Note					
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
<b>A. Directly Facility Related</b>											
<b>Long-Term</b>											
1					/ /	\$		/ /		\$	1
2			X	Building Purchase / Remodel	4/1/06	11,600,000	10,140,000	12/1/37	0.0650	672,507	2
3					/ /			/ /			3
<b>Working Capital</b>											
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 11,600,000	\$ 10,140,000			\$ 672,507	7
<b>B. Non-Facility Related</b>											
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 11,600,000	\$ 10,140,000			\$ 672,507	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 12/31/2016

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 315,817	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	534,476		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,811		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 862,104</b>	<b>\$</b>	<b>10</b>
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	849,401		13
14	Buildings, at Historical Cost	12,508,851		14
15	Leasehold Improvements, at Historical Cost	129,195		15
16	Equipment, at Historical Cost	580,139		16
17	Accumulated Depreciation (book methods)	(5,282,548)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	815,538		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(292,236)		20
21	Restricted Funds	1,737,667		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 11,046,007</b>	<b>\$</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 11,908,111</b>	<b>\$</b>	<b>25</b>

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 24,821	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	18,140		30
31	Accrued Taxes Payable	97,105		31
32	Accrued Interest Payable	54,925		32
33	Deferred Compensation	193,414		33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	<b>\$ 388,405</b>	<b>\$</b>	<b>37</b>
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	10,140,000		40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	<b>\$ 10,140,000</b>	<b>\$</b>	<b>44</b>
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	<b>\$ 10,528,405</b>	<b>\$</b>	<b>45</b>
46	<b>TOTAL EQUITY</b>	<b>\$ 1,379,706</b>	<b>\$</b>	<b>46</b>
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	<b>\$ 11,908,111</b>	<b>\$</b>	<b>47</b>

\*(See instructions.)

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

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,564,577	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 3,564,577	3
<b>B. Other Operating Revenue</b>			
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	95	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 95	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	7,390	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 7,390	14
<b>D. Other Revenue (specify):</b>			
15	Ancillary Telephone Service	18,615	15
16	Food Stamp Allowance	117,260	16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 135,875	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 3,707,937	18

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	817,303	19
20	Health Care/ Personal Care	456,349	20
21	General Administration	1,088,597	21
<b>B. Capital Expense</b>			
22	Ownership	1,292,310	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 3,654,559	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ 53,378	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ 53,378	31
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 662,700	32
33	Private Pay - Net Inpatient Revenue	1,585,628	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care MCO's</u>	1,316,249	35
36	Other-(specify)		36
37	<b>TOTAL</b> (This total must agree to Line 3)	\$ 3,564,577	37