

Facility Name PONTIAC SUPPORTIVE LIVING

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	60	Single Unit Apartment	60	21,900	1
2		Double Unit Apartment			2
3		Other		340	3
4	60	TOTALS	60	22,240	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	8,532	8,469		17,001	5
6	Double Unit					6
7	Other					7
8	TOTALS	8,532	8,469		17,001	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.44%

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

 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	148,212	177,593	4,100	329,905		329,905	1
2	Housekeeping, Laundry and Maintenance	58,214	55,954	33,473	147,641	54,650	202,291	2
3	Heat and Other Utilities			55,120	55,120		55,120	3
4	Other (specify):			11,674	11,674		11,674	4
5	TOTAL General Services	206,426	233,547	104,367	544,340	54,650	598,990	5
B. Health Care and Programs								
6	Health Care/ Personal Care	291,820	2,643		294,463		294,463	6
7	Activities and Social Services	25,375		19,798	45,173		45,173	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	317,195	2,643	19,798	339,636		339,636	9
C. General Administration								
10	Administrative and Clerical	59,922	27,467	56,529	143,918	4,200	148,118	10
11	Marketing Materials, Promotions and Advertising	45,614		63,345	108,959		108,959	11
12	Employee Benefits and Payroll Taxes			117,499	117,499		117,499	12
13	Insurance-Property, Liability and Malpractice			22,200	22,200		22,200	13
14	Other (specify):							14
15	TOTAL General Administration	105,536	27,467	259,573	392,576	4,200	396,776	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	629,157	263,657	383,738	1,276,552	58,850	1,335,402	16
Capital Expenses								
D. Ownership								
17	Depreciation			6,679	6,679	196,587	203,266	17
18	Interest			5,276	5,276	235,729	241,005	18
19	Real Estate Taxes					59,021	59,021	19
20	Rent -- Facility and Grounds			438,320	438,320	(438,320)		20
21	Rent -- Equipment			10,944	10,944		10,944	21
22	Other (specify):							22
23	TOTAL Ownership			461,219	461,219	53,017	514,236	23
24	GRAND TOTAL (Sum of lines 16 and 23)	629,157	263,657	844,957	1,737,771	111,867	1,849,638	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
2	Licensed Practical Nurses	1.5	23.50	2
3	Certified Nurse Assistants	6.0	11.46	3
4	Activity Director & Assistants	1.0	11.10	4
5	Social Service Workers			5
6	Head Cook	1.0	18.50	6
7	Cook Helpers/Assistants	7.0	9.14	7
8	Dishwashers			8
9	Maintenance Workers	1.0	14.08	9
10	Housekeepers	1.0	9.00	10
11	Laundry			11
12	Managers	1.0	24.03	12
13	Other Administrative			13
14	Clerical	1.0	15.30	14
15	Marketing	1.0	21.83	15
16	Other			16
17	Total (lines 1 thru 16)	21.5	\$	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	NA			\$	1	
2					2	
3					3	
4					4	
5					5	
				Total	\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	NA	\$
2		
		Total
		\$

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 POINTE AT KILPATRICK		CRESTWOOD	
PARK POINT SUPPORTIVE LIVING		MORRIS	
CRYSTAL CREEK ASSISTED LIVING		MICHIGAN	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
PONTIAC LANDLORD LLC		PONTIAC		PROPCO	

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 750,000 Year land was acquired 2016

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	60		2016		\$ 4,278,757	\$	39	\$ 109,712	\$ 109,712	\$ 109,712	1
2											2
3											3
4											4
5											5
Improvement Type											
6		COUNTERTOPS, DOORS, FRAMES		2017	13,426		39	344	344	344	6
7		PARKING LOT REPAIRS		2017	17,300		15	1,153	1,153	1,153	7
8		ELECTRICAL WIRING CAFETERIA, OFFICE, DRINK		2017	5,377		39	138	138	138	8
9		DEMO AND REBUILD OFFICE & NOOK		2017	17,478		39	448	448	448	9
10											10
11											11
12											12
13											13
14											14
15						196,587			(196,587)		15
16											16
17	TOTAL (lines 1 thru 16)				\$ 4,332,338	\$ 196,587		\$ 111,796	\$ (84,791)	\$ 111,795	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	\$ 197,711	\$	\$ 19,771	19,771	10	\$ 19,771	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 197,711	\$	\$ 19,771	19,771		\$ 19,771	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: **PONTIAC SUPPORTIVE LIVING**

Report Period Beginning: **01/01/2017**

Ending: **2/31/2017**

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: NA

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	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	BUSEY BANK		X	MORTGAGE	11/30/16	\$ 6,000,000	\$ 6,000,000	11/30/19	3.2500	\$ 197,708
2	PONTIAC NORTHWEST HOLDIN	X		NOTE	11/30/16	750,000	750,000	11/30/18	5.0000	38,021
3					/ /			/ /		
	Working Capital									
4	BUSEY BANK		X	WORKING CAPITAL	/ /		100,000	/ /		5,276
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 6,750,000	\$ 6,850,000			\$ 241,005
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 6,750,000	\$ 6,850,000			\$ 241,005

* 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 12/31/2017

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 60,702	\$ 84,545	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	222,149	222,149	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,666	10,666	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): RE TAX ESCROW		20,213	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 293,517	\$ 337,573	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		750,000	13
14	Buildings, at Historical Cost		4,278,757	14
15	Leasehold Improvements, at Historical Cost		53,583	15
16	Equipment, at Historical Cost	11,132	197,711	16
17	Accumulated Depreciation (book methods)	(6,679)	(214,728)	17
18	Deferred Charges		16,319	18
19	Organization & Pre-Operating Costs		19,512	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(7,046)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): GOODWILL NET		2,226,667	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,453	\$ 7,320,775	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 297,970	\$ 7,658,348	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 4,045	\$ 13,045	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	8,002	8,002	28
29	Short-Term Notes Payable	100,000	950,000	29
30	Accrued Salaries Payable	13,429	13,429	30
31	Accrued Taxes Payable	1,568	63,568	31
32	Accrued Interest Payable		6,250	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)	\$ 127,044	\$ 1,054,294	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		6,750,000	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)	\$	\$ 6,750,000	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 127,044	\$ 7,804,294	45
46	TOTAL EQUITY	\$ 170,926	\$ (145,946)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 297,970	\$ 7,658,348	47

*(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	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,753,898	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,753,898	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		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	FOOD STAMPS	21,741	15
16	CABLE TV, PHONE	7,820	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 29,561	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,783,459	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	544,340	19
20	Health Care/ Personal Care	339,636	20
21	General Administration	392,576	21
B. Capital Expense			
22	Ownership	461,219	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)	\$ 1,737,771	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 45,688	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 45,688	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 881,110	32
33	Private Pay - Net Inpatient Revenue	872,788	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,753,898	37

PONTIAC SUPPORTIVE LIVING LLC
RELATED PARTY
PAGE 3 COLUMN 5

	LINE	
RENT	20	(438,320)
MAINTENANCE	2	54,650
PROFESSIONAL FEES	10	4,200
DEPRECIATION	17	196,587
INTEREST	18	235,729
REAL ESTATE TAX	19	59,021
		<u>111,867</u>
		<u><u>111,867</u></u>