

Facility Name Plum Creek SLF

Report Period Beginning: 1/1/2014 Ending: 12/31/2014

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	28,105	1
2	25	Double Unit Apartment	25	9,125	2
3		Other			3
4	102	TOTALS	102	37,230	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	24,139	1,195		25,334	5
6	Double Unit	6,675	1,591		8,266	6
7	Other					7
8	TOTALS	30,814	2,786		33,600	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.25%

D. Indicate the number of paid bed-hold days the SLF had during this year 882 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 598 (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. _____

STATE OF ILLINOIS

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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	Supplies	Other	Total				
A. General Services		1	2	3	4	5	6		
1	Dietary and Food Purchase	268,129	265,233		533,362		533,362	1	
2	Housekeeping, Laundry and Maintenance	65,173	13,735	106,042	184,950	(12,261)	172,689	2	
3	Heat and Other Utilities			86,576	86,576		86,576	3	
4	Other (specify):							4	
5	TOTAL General Services	333,302	278,968	192,618	804,888	(12,261)	792,627	5	
B. Health Care and Programs									
6	Health Care/ Personal Care	355,158	8,345		363,503		363,503	6	
7	Activities and Social Services	30,039	14,966		45,005	(5,750)	39,255	7	
8	Other (specify):							8	
9	TOTAL Health Care and Programs	385,197	23,311		408,508	(5,750)	402,758	9	
C. General Administration									
10	Administrative and Clerical	200,330	60,524		260,854		260,854	10	
11	Marketing Materials, Promotions and Advertising	41,365	32,454		73,819		73,819	11	
12	Employee Benefits and Payroll Taxes	97,610	17,602		115,212		115,212	12	
13	Insurance-Property, Liability and Malpractice			160,227	160,227		160,227	13	
14	Other (specify):Professional & Management Fees			232,856	232,856		232,856	14	
15	TOTAL General Administration	339,305	110,580	393,083	842,968		842,968	15	
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,057,804	412,859	585,701	2,056,364	(18,011)	2,038,353	16	
Capital Expenses									
D. Ownership									
17	Depreciation			414,000	414,000		414,000	17	
18	Interest			723,999	723,999		723,999	18	
19	Real Estate Taxes			72,000	72,000		72,000	19	
20	Rent -- Facility and Grounds							20	
21	Rent -- Equipment							21	
22	Other (specify):Amortization of Prepaid Closing Cost			18,000	18,000		18,000	22	
23	TOTAL Ownership			1,227,999	1,227,999		1,227,999	23	
24	GRAND TOTAL (Sum of lines 16 and 23)	1,057,804	412,859	1,813,700	3,284,363	(18,011)	3,266,352	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	2	\$ 24.25	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11	10.70	3
4	Activity Director & Assistants	1	15.00	4
5	Social Service Workers			5
6	Head Cook	1	18.00	6
7	Cook Helpers/Assistants	10	10.00	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	2	14.25	13
14	Clerical	4	18.28	14
15	Marketing	1	17.50	15
16	Other			16
17	Total (lines 1 thru 16)	36	\$ 13.19	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	Royal Care Mangement	\$ 210,000	1
2			2
Total		\$ 210,000	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	102		2006	2006	\$ 12,602,734	\$ 465,764	40	\$ 315,068	\$ (150,696)	\$ 4,244,611	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2007	10,518	263	40	263			6
7	Building Improvement			2007	3,392	85	40	85			7
8	Building Improvement			2009	8,578	214	40	214			8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,625,222	\$ 466,326		\$ 315,630	\$ (150,696)	\$ 4,244,611	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	\$ 472,832	\$ 3,340	\$ 67,547	64,207	7	\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 472,832	\$ 3,340	\$ 67,547		\$	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	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	
		Related**	YES			NO	Amount of Note				
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			X	Building Purchase / Remodel	4/1/06	\$ 11,600,000	\$ 10,575,000	12/1/37	0.0650	\$ 723,999	1
2					/ /			/ /			2
3					/ /			/ /			3
Working Capital											
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,600,000	\$ 10,575,000			\$ 723,999	7
B. Non-Facility Related											
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,600,000	\$ 10,575,000			\$ 723,999	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 12/31/2014 (last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 146,973	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	299,687		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,844		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)	\$ 454,504	\$	10
	B. Long-Term Assets			
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 Cos	129,195		15
16	Equipment, at Historical Cost	489,658		16
17	Accumulated Depreciation (book methods)	(4,244,611)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	797,538		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(210,681)		20
21	Restricted Funds	2,115,533		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,434,884	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,889,388	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 39,686	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	10,573		30
31	Accrued Taxes Payable	45,958		31
32	Accrued Interest Payable	81,989		32
33	Deferred Compensation			33
34	Federal and State Income Taxes	2,665		34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 180,871	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	10,575,000		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)	\$ 10,575,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,755,871	\$	45
46	TOTAL EQUITY	\$ 2,133,517	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,889,388	\$	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	\$ 3,363,703	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,363,703	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	501	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 501	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	124	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 124	14
D. Other Revenue (specify):			
15	Ancillary Telephone Service	23,660	15
16	Food Stamp Allowances	102,962	16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 126,622	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,490,950	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	792,627	19
20	Health Care/ Personal Care	402,758	20
21	General Administration	842,968	21
B. Capital Expense			
22	Ownership	1,227,999	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 3,266,352	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 224,598	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 224,598	31

Plum Creek Does not employ a Human Resources professional.

Evergreen Real Estate Services, LLC is a party related to the General Partner which provides Human Resources services to the facility.

	Date	Name	Account	Cost to Facility	Underlying Cost to the Related Party
PROFESSIONAL FEES					
Human Resources					
	01/24/2014	Evergreen Real Estate Services, LLC	4110-35 PROFESSIONAL FEES:Human Resources	1,000.00	1,000.00
	02/24/2014	Evergreen Real Estate Services, LLC	4110-35 PROFESSIONAL FEES:Human Resources	1,000.00	1,000.00
	03/15/2014	Evergreen Real Estate Services, LLC	4110-35 PROFESSIONAL FEES:Human Resources	1,000.00	1,000.00
	04/28/2014	Evergreen Real Estate Services, LLC	4110-35 PROFESSIONAL FEES:Human Resources	1,063.00	1,063.00
	05/31/2014	Evergreen Real Estate Services, LLC	4110-35 PROFESSIONAL FEES:Human Resources	1,045.00	1,045.00
	06/30/2014	Evergreen Real Estate Services, LLC	4110-35 PROFESSIONAL FEES:Human Resources	1,000.00	1,000.00
	07/31/2014	Evergreen Real Estate Services, LLC	4110-35 PROFESSIONAL FEES:Human Resources	1,000.00	1,000.00
	08/22/2014	Evergreen Real Estate Services, LLC	4110-35 PROFESSIONAL FEES:Human Resources	1,000.00	1,000.00
	09/30/2014	Evergreen Real Estate Services, LLC	4110-35 PROFESSIONAL FEES:Human Resources	1,000.00	1,000.00
	11/30/2014	Evergreen Real Estate Services, LLC	4110-35 PROFESSIONAL FEES:Human Resources	63.00	63.00
	11/30/2014	Evergreen Real Estate Services, LLC	4110-35 PROFESSIONAL FEES:Human Resources	1,000.00	1,000.00
	12/31/2014	Evergreen Real Estate Services, LLC	4110-35 PROFESSIONAL FEES:Human Resources	1,000.00	1,000.00
TOTAL				11,171.00	11,171.00

