





## STATE OF ILLINOIS

Facility Name: Churchview Supportive Living Center

Report Period Beginning:

01/01/2006

Ending: 12/31/2006

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	197,582	127,793	1,429	326,804		326,804	1
2	Housekeeping, Laundry and Maintenance	67,313		56,940	124,253		124,253	2
3	Heat and Other Utilities			144,513	144,513	(7,623)	136,890	3
4	Other (specify):			7,417	7,417		7,417	4
5	<b>TOTAL General Services</b>	264,895	127,793	210,299	602,987	(7,623)	595,364	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	358,448	2,550	215	361,213	(1,240)	359,973	6
7	Activities and Social Services	35,205	1,583	2,647	39,435		39,435	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	393,653	4,133	2,862	400,648	(1,240)	399,408	9
<b>C. General Administration</b>								
10	Administrative and Clerical	163,751	10,789	165,819	340,359	(16,767)	323,592	10
11	Marketing Materials, Promotions and Advertising	47,507	18,389	11,714	77,610		77,610	11
12	Employee Benefits and Payroll Taxes			184,657	184,657		184,657	12
13	Insurance-Property, Liability and Malpractice			66,298	66,298		66,298	13
14	Other (specify):			41,548	41,548		41,548	14
15	<b>TOTAL General Administration</b>	211,258	29,178	470,036	710,472	(16,767)	693,705	15
16	<b>TOTAL Operating Expense</b> (Sum of lines 5, 9 and 15)	869,806	161,104	683,197	1,714,107	(25,630)	1,688,477	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			530,059	530,059		530,059	17
18	Interest			262,532	262,532	(4)	262,528	18
19	Real Estate Taxes			259,195	259,195		259,195	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			165,895	165,895		165,895	22
23	<b>TOTAL Ownership</b>			1,217,681	1,217,681	(4)	1,217,677	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	869,806	161,104	1,900,878	2,931,788	(25,634)	2,906,154	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	\$ 29.11	1
2	Licensed Practical Nurses	1	17.65	2
3	Certified Nurse Assistants	13	9.87	3
4	Activity Director & Assistants	1	16.86	4
5	Social Service Workers			5
6	Head Cook	3	13.32	6
7	Cook Helpers/Assistants	6	8.02	7
8	Dishwashers			8
9	Maintenance Workers	1	13.65	9
10	Housekeepers	2	8.24	10
11	Laundry			11
12	Managers	1	35.28	12
13	Other Administrative	3	12.72	13
14	Clerical	1	12.14	14
15	Marketing	1	22.24	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>34</b>	<b>\$</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

	Management fees paid to unrelated parties	Amount of Fee	
1	BMA Management, LTD	\$ 121,952	1
2			2
<b>Total</b>		<b>\$ 121,952</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 1,302,647 Year land was acquired Unknown

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	86			2004	\$ 12,311,409	\$ 447,602	28	\$ 447,602	\$	\$ 1,056,261	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Land Improvements				292,999	26,081	15	26,081		58,244	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)				\$ 12,604,408	\$ 473,683		\$ 473,683	\$	\$ 1,114,505	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	\$ 234,906	\$ 56,376	\$ 56,376	\$	5	\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 234,906	\$ 56,376	\$ 56,376	\$		\$	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: None

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**				Purpose of Loan	Date of Note					Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO									Original	Balance			
<b>A. Directly Facility Related</b>																
<b>Long-Term</b>																
1	Harris Trust \$ Savings		X	First Mortgage	3/1/03	\$ 7,555,000	\$ 7,270,000	9/1/33	0.0685	\$ 262,532	1					
2	City of Chicago Dept of Housing		X	Second Mortgage	3/1/03	4,000,000	4,000,000	3/1/35	N/A		2					
3					/ /			/ /			3					
<b>Working Capital</b>																
4					/ /			/ /			4					
5					/ /			/ /			5					
6					/ /			/ /			6					
7	<b>TOTAL Facility Related</b>					\$ 11,555,000	\$ 11,270,000			\$ 262,532	7					
<b>B. Non-Facility Related</b>																
8					/ /			/ /			8					
9					/ /			/ /			9					
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 11,555,000	\$ 11,270,000			\$ 262,532	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 12/31/2006

(last day of reporting year)

	1	2	
	Operating	After	
		Consolidation*	
<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 224,846	\$ 1
2	Cash-Patient Deposits		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	528,815	3
4	Supply Inventory (priced at )		4
5	Short-Term Investments		5
6	Prepaid Insurance	25,616	6
7	Other Prepaid Expenses	362	7
8	Accounts Receivable (owners or related parties)		8
9	Other(specify): <b>Security Deposits</b>	12,525	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 792,164	\$ 10
<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable		11
12	Long-Term Investments		12
13	Land	1,302,647	13
14	Buildings, at Historical Cost	12,311,409	14
15	Leasehold Improvements, at Historical Cost	292,999	15
16	Equipment, at Historical Cost	234,906	16
17	Accumulated Depreciation (book methods)	(1,264,850)	17
18	Deferred Charges	170,280	18
19	Organization & Pre-Operating Costs	412,600	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(234,694)	20
21	Restricted Funds	604,712	21
22	Other Long-Term Assets (specify):		22
23	Other(specify):		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 13,830,009	\$ 24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 14,622,173	\$ 25

	1	2	
	Operating	After	
		Consolidation*	
<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 63,439	\$ 26
27	Officer's Accounts Payable		27
28	Accounts Payable-Patient Deposits		28
29	Short-Term Notes Payable		29
30	Accrued Salaries Payable	28,463	30
31	Accrued Taxes Payable	150,000	31
32	Accrued Interest Payable	24,322	32
33	Deferred Compensation		33
34	Federal and State Income Taxes		34
	<b>Other Current Liabilities(specify):</b>		
35	<b>Accrued Liabilities &amp; Unearned Rev</b>	16,157	35
36	<b>Accrued Developer Fee</b>	1,113,582	36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 1,395,963	\$ 37
<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable		38
39	Mortgage Payable	11,270,000	39
40	Bonds Payable		40
41	Deferred Compensation		41
	<b>Other Long-Term Liabilities(specify):</b>		
42			42
43			43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$ 11,270,000	\$ 44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 12,665,963	\$ 45
46	<b>TOTAL EQUITY</b>	\$ 1,956,210	\$ 46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 14,622,173	\$ 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	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,361,360	1
2	Discounts and Allowances	(17,335)	2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 2,344,025	3
<b>B. Other Operating Revenue</b>			
4	Special Services	76,201	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	1,240	8
9	Non-Resident Meals	2,769	9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 80,210	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	4,165	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 4,165	14
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	81,569	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 81,569	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 2,509,969	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	602,987	19
20	Health Care/ Personal Care	400,648	20
21	General Administration	710,472	21
<b>B. Capital Expense</b>			
22	Ownership	1,217,681	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 2,931,788	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (421,819)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (421,819)	31

## Cost Center Expenses

### A. General Services - Other

Exterminating	\$	2,112
Rubbish Removal	\$	4,645
Vehicle Expense	\$	-
Misc Operating Expenses	\$	660
Total	\$	<b>7,417</b>

### C. General Administration - Other

Legal	\$	9,263
Accounting	\$	425
Audit	\$	16,100
Bad Debt	\$	15,760
Total	\$	<b>41,548</b>

### D. Ownership

Financing Fees	\$	-
Letter of Credit Fee	\$	93,666
Bond & Draw Fee	\$	2,400
Remarketing & Trustee Fee	\$	9,909
Mortgage Service Fee	\$	-
Mortgage Insurance Premium	\$	-
Partnership Management Fee	\$	43,000
Asset Management Fee	\$	4,300
Incentive Manangement Fee	\$	-
Tax Credit Fee & Incentive Fee	\$	-
Organizational Expense	\$	-
Amortization Expense	\$	12,620
Settlement	\$	-
Total	\$	<b>165,895</b>

Income Statement

D. Other Revenue

Cable	\$	7,624	Offset against expense
Convenience Store	\$	261	
Deposit Fee			
Telephone Connection	\$	12,835	Offset against expense
Telephone Usage	\$	3,932	Offset against expense
Miscellaneous	\$	56,917	
Property Tax Adjustments			
	\$	<b>81,569</b>	