



Facility Name Churchveiw Supportive Living Center

Report Period Beginning: 01/01/2007 Ending: 12/31/2007

**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	86	Single Unit Apartment	86	31,390	1
2		Double Unit Apartment			2
3		Other			3
4	86	TOTALS	86	31,390	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	27,383	1,420		28,803	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,383	1,420		28,803	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.)     91.76%    

**D. Indicate the number of paid bed-hold days the SLF had during this year**     507     Also, indicate the number of unpaid bed-hold days the SLF had during this year.     33     (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:     12/31/07     Fiscal Year:     12/31/07    

\* 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	199,672	146,063	1,523	347,258		347,258	1
2	Housekeeping, Laundry and Maintenance	70,741	17,054	43,439	131,234		131,234	2
3	Heat and Other Utilities			151,507	151,507	(11,127)	140,380	3
4	Other (specify):			7,715	7,715		7,715	4
5	<b>TOTAL General Services</b>	<b>270,413</b>	<b>163,117</b>	<b>204,184</b>	<b>637,714</b>	<b>(11,127)</b>	<b>626,587</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	337,921	1,878		339,799		339,799	6
7	Activities and Social Services	36,190	2,959		39,149		39,149	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>374,111</b>	<b>4,837</b>		<b>378,948</b>		<b>378,948</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	167,808	12,635	186,903	367,346	(15,607)	351,739	10
11	Marketing Materials, Promotions and Advertising	45,746	6,985	26,161	78,892		78,892	11
12	Employee Benefits and Payroll Taxes			181,924	181,924		181,924	12
13	Insurance-Property, Liability and Malpractice			66,191	66,191		66,191	13
14	Other (specify):			62,035	62,035		62,035	14
15	<b>TOTAL General Administration</b>	<b>213,554</b>	<b>19,620</b>	<b>523,214</b>	<b>756,388</b>	<b>(15,607)</b>	<b>740,781</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>858,078</b>	<b>187,574</b>	<b>727,398</b>	<b>1,773,050</b>	<b>(26,734)</b>	<b>1,746,316</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			504,953	504,953		504,953	17
18	Interest			272,506	272,506		272,506	18
19	Real Estate Taxes			139,458	139,458		139,458	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			168,111	168,111		168,111	22
23	<b>TOTAL Ownership</b>			<b>1,085,028</b>	<b>1,085,028</b>		<b>1,085,028</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>858,078</b>	<b>187,574</b>	<b>1,812,426</b>	<b>2,858,078</b>	<b>(26,734)</b>	<b>2,831,344</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	0	\$ 25.63	1
2	Licensed Practical Nurses	2	21.59	2
3	Certified Nurse Assistants	12	10.10	3
4	Activity Director & Assistants	1	17.34	4
5	Social Service Workers			5
6	Head Cook	1	20.73	6
7	Cook Helpers/Assistants	8	8.84	7
8	Dishwashers			8
9	Maintenance Workers	1	14.20	9
10	Housekeepers	2	8.23	10
11	Laundry			11
12	Managers	1	36.48	12
13	Other Administrative	3	12.68	13
14	Clerical			14
15	Marketing	1	21.96	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>33</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**

		Amount of Fee	
1	BMA Management, LTD.	\$ 129,258	1
2			2
<b>Total</b>		<b>\$ 129,258</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 1998-2000

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	\$ 447,643	28	\$ 447,643	\$	\$ 1,503,904	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Land Improvements			292,999	23,486	15	23,486		81,730	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	\$ 471,129		\$ 471,129	\$	\$ 1,585,634	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	\$ 33,824	\$ 33,824	\$	5	\$ 184,169	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 234,906	\$ 33,824	\$ 33,824	\$		\$ 184,169	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			
	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				
	<b>A. Directly Facility Related Long-Term</b>										
1	Harris Trust & Savings		X	First Mortgage	3/1/03	\$ 7,555,000	\$ 7,160,000	9/1/33	0.0685	\$ 272,506	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	\$ 11,160,000			\$ 272,506	7
	<b>B. Non-Facility Related</b>										
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 11,555,000	\$ 11,160,000			\$ 272,506	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.

Facility Name: **Churchveiv Supportive Living Center**  
**XI. BALANCE SHEET - Unrestricted Operating Fund.**

Report Period Beginning: **01/01/2007** Ending: **12/31/2007** **12/31/2007**  
 As of **12/31/2007** (last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 180,843	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	382,796		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,241		6
7	Other Prepaid Expenses	3,529		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>	\$ 584,409	\$	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)	(1,769,803)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	582,880		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(247,318)		20
21	Restricted Funds	703,056		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>	\$ 13,410,776	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 13,995,185	\$	25

		1	2	
		Operating	After	
			Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 54,835	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	31,989		30
31	Accrued Taxes Payable	144,578		31
32	Accrued Interest Payable	20,368		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>	20,978		35
36	<b>Accrued Developer Fee</b>	610,000		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 882,748	\$	37
<b>D. Long-Term Liabilities</b>				
38	Long-Term Notes Payable			38
39	Mortgage Payable	11,160,000		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 (sum of lines 38 thru 43)</b>	\$ 11,160,000	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 12,042,748	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,952,437	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 13,995,185	\$	47

\*(See instructions.)

## 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	\$ 2,473,280	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 2,473,280	3
<b>B. Other Operating Revenue</b>			
4	Special Services	108,054	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	1,213	8
9	Non-Resident Meals	3,011	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 112,278	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	10,714	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 10,714	14
<b>D. Other Revenue (specify):</b>			
15	2006 Property Taxes	7,987	15
16	Worker's Comp Credits & Dividends	4,720	16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 12,707	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 2,608,979	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	637,714	19
20	Health Care/ Personal Care	378,948	20
21	General Administration	756,388	21
<b>B. Capital Expense</b>			
22	Ownership	1,085,028	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)	\$ 2,858,078	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (249,099)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (249,099)	31

Cost Center Expenses

A. General Services - Other

Exterminating	2,076
Rubbish Removal	5,074
Vehicle Expense	
Transportation Service	565

Total **7,715**

C. General Administration - Other

Consulting	
Legal	5,209
Accounting	30
Audit	9,600
Bad Debt	46,071
Contract Labor	1,125

Total **62,035**

D. Ownership

Letter of Credit Fee	92,574
Bond & Draw Fee	2,400
Partnership Management Fee	43,000
Asset Management Fee	4,300
Remarketing & Trustee Fee	12,213
Tax Credit Fee & Incentive Fee	
Amortization Expense	12,624
Property Damage Loss	1,000

Total **168,111**

Reclassifications and Adjustments

Heat & Other Utilities (11,127) Cable Expense

Administrative and Clerical (15,607) Telephone Revenue