



Facility Name Asbury Gardens

Report Period Beginning: 1/1/08 Ending: 12/31/08

**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	107	Single Unit Apartment	107	39,162	1
2	43	Double Unit Apartment	43	15,738	2
3		Other		4,458	3
4	150	TOTALS	150	59,358	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	26,708	13,664		40,372	5
6	Double Unit	9,541	5,376		14,917	6
7	Other					7
8	TOTALS	36,249	19,040		55,289	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.14%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 450 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 53 (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**

ACCURAL  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. \_\_\_\_\_

Facility Name: Asbury Gardens

Report Period Beginning:

1/1/08

Ending:

12/31/08

## 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	316,810	354,651	21,792	693,253		693,253	1
2	Housekeeping, Laundry and Maintenance	271,689	313,869	28,734	614,292		614,292	2
3	Heat and Other Utilities			373,692	373,692		373,692	3
4	Other (specify): Waste Removal			11,361	11,361		11,361	4
5	<b>TOTAL General Services</b>	588,499	668,520	435,579	1,692,598		1,692,598	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	468,469	10,379	227,537	706,385		706,385	6
7	Activities and Social Services	55,350	33,995	135,501	224,846		224,846	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	523,819	44,374	363,038	931,231		931,231	9
<b>C. General Administration</b>								
10	Administrative and Clerical	207,473	107,798	694,440	1,009,711		1,009,711	10
11	Marketing Materials, Promotions and Advertising	99,852	6,365		106,217		106,217	11
12	Employee Benefits and Payroll Taxes	178,967			178,967		178,967	12
13	Insurance-Property, Liability and Malpractice	47,242			47,242		47,242	13
14	Other (specify):			12,681	12,681	(12,681)		14
15	<b>TOTAL General Administration</b>	533,534	114,163	707,121	1,354,818	(12,681)	1,342,137	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,645,852	827,057	1,505,738	3,978,647	(12,681)	3,965,966	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation					502,161	502,161	17
18	Interest					549,575	549,575	18
19	Real Estate Taxes					30,772	30,772	19
20	Rent -- Facility and Grounds			86,252	86,252	(86,252)		20
21	Rent -- Equipment			16,283	16,283		16,283	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			102,535	102,535	996,256	1,098,791	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,645,852	827,057	1,608,273	4,081,182	983,575	5,064,757	24

Facility Name: Asbury Gardens

Report Period Beginning 1/1/08 Ending: 12/31/08

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3	\$ 36.40	1
2	Licensed Practical Nurses	2	22.22	2
3	Certified Nurse Assistants	10	11.78	3
4	Activity Director & Assistants	2	14.75	4
5	Social Service Workers			5
6	Head Cook	1	21.63	6
7	Cook Helpers/Assistants	12	10.31	7
8	Dishwashers	1	10.64	8
9	Maintenance Workers	4	20.90	9
10	Housekeepers	5	9.75	10
11	Laundry			11
12	Managers	1	36.06	12
13	Other Administrative	3	13.67	13
14	Clerical	1	22.21	14
15	Marketing	2	24.28	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>48</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	\$	1
2		2
<b>Total</b>		<b>\$</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
Asbury Court		Des Plaines	
Tinley Court		Tinley Park	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Ashley Management and Developer		Chicago		Management Co.	
Des Plaines Property		Des Plaines		Land	

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? \$ 15,000.00

(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).

Facility Name: Asbury Gardens

Report Period Beginning:

1/1/08

Ending:

12/31/08

**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											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	<b>TOTAL (lines 1 thru 16)</b>				\$	\$		\$	\$	\$	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	<b>TOTAL (lines 18 and 19)</b>	\$	\$	\$	\$		\$	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	<b>TOTALS (lines 21, 22 and 23)</b>	\$	\$	\$	24

Facility Name: Asbury Gardens

Report Period Beginning: 1/1/08

Ending: 12/31/08

**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					/ /	\$	\$	/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$	\$			\$	7
	<b>B. Non-Facility Related</b>										
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$			\$	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.

## STATE OF ILLINOIS

Page 7

Facility Name: Asbury Gardens

Report Period Beginning: 1/1/08

Ending:

12/31/08

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 266,756	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	740,158		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	15,555		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from employees	694		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,023,163	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			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>	\$	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,023,163	\$	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 142,330	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	248,779		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	91,881		30
31	Accrued Taxes Payable	2,788		31
32	Accrued Interest Payable			32
33	Deferred Compensation			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>	\$ 485,778	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	18,000		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	Accounts payable (owners or related parties)	977,298		42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 995,298	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 1,481,076	\$	45
46	<b>TOTAL EQUITY</b>	\$ (457,913)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,023,163	\$	47

\*(See instructions.)

Facility Name: Asbury Gardens

Report Period Beginning: 1/1/08

Ending:

12/31/08

**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	\$ 5,064,631	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 5,064,631	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		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$	14
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 5,064,631	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,692,598	19
20	Health Care/ Personal Care	931,231	20
21	General Administration	1,342,137	21
<b>B. Capital Expense</b>			
22	Ownership	1,098,791	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)	\$ 5,064,757	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (126)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (126)	31

**Expense Adjustments:**

Reconciliation Discrepanc	(100)	
Donations	(945)	
Writeoff	(5,384)	
Bank Service Charges	(102)	
Refund	(1,050)	
Taxes	(5,100)	
Total Operating Adj.	<u>\$ (12,681.00)</u>	pg. 3 IV. 14

Interest	549,575	pg. 3 IV. 18
Depreciation	502,161	pg. 3 IV. 17
Real Estate Taxes	30,772	pg. 3 IV. 19
Rent	(86,252.00)	pg. 3 IV. 20
Total Ownership Exp.	<u>\$ 996,256.00</u>	

**Total Expense Adj.** \$ 983,575.00

**Related Party Expenses:**

Interest	549,575	pg. 3 IV. 18
Depreciation	502,161	pg. 3 IV. 17
Real Estate Taxes	30,772	pg. 3 IV. 19
	<u>1,082,508</u>	

**Services Received from a Parent Co.:**

Accounting Fees	15,000	
	<u>15,000</u>	pg. 4, VII. B