

Facility Name: Barton Senior Residences of Zion

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			
A. General Services								
1	Dietary and Food Purchase	337,001	319,025	3,013	659,039		659,039	1
2	Housekeeping, Laundry and Maintenance	178,834	29,888	104,969	313,691		313,691	2
3	Heat and Other Utilities			183,310	183,310		183,310	3
4	Other (specify):							4
5	TOTAL General Services	515,835	348,913	291,292	1,156,040		1,156,040	5
B. Health Care and Programs								
6	Health Care/ Personal Care	560,921	12,016		572,937		572,937	6
7	Activities and Social Services	113,414	18,197	1,500	133,111		133,111	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	674,335	30,213	1,500	706,048		706,048	9
C. General Administration								
10	Administrative and Clerical	282,654	17,291	378,725	678,670		678,670	10
11	Marketing Materials, Promotions and Advertising			24,002	24,002		24,002	11
12	Employee Benefits and Payroll Taxes			234,686	234,686		234,686	12
13	Insurance-Property, Liability and Malpractice			93,954	93,954		93,954	13
14	Other (specify):							14
15	TOTAL General Administration	282,654	17,291	731,367	1,031,312		1,031,312	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,472,824	396,417	1,024,159	2,893,400		2,893,400	16
Capital Expenses								
D. Ownership								
17	Depreciation			888,735	888,735		888,735	17
18	Interest			499,480	499,480		499,480	18
19	Real Estate Taxes			164,365	164,365		164,365	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			649	649		649	21
22	Other (specify):			80,768	80,768		80,768	22
23	TOTAL Ownership			1,633,997	1,633,997		1,633,997	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,472,824	396,417	2,658,156	4,527,397		4,527,397	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	6,978	\$ 25.26	1
2	Licensed Practical Nurses	3,674	21.29	2
3	Certified Nurse Assistants	28,104	9.32	3
4	Activity Director & Assistants	4,152	16.30	4
5	Social Service Workers	2,275	18.51	5
6	Head Cook			6
7	Cook Helpers/Assistants	35,598	8.86	7
8	Dishwashers			8
9	Maintenance Workers	2,167	19.99	9
10	Housekeepers	13,762	9.44	10
11	Laundry			11
12	Managers	2,080	50.40	12
13	Other Administrative	3,451	19.95	13
14	Clerical	9,942	9.19	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	112,182	\$	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	\$	1
2		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	City
1 Clayton Residential Home Inc	2 Chicago
Central Plaza Home, Inc.	Chicago

OTHER RELATED BUSINESS ENTITIES

Name	City	Type of Business
3 Barton Management Inc.	4 Northfield	5 Management

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			2007	2007	\$ 14,442,739	\$ 525,138	30	\$ 481,425	\$ (43,713)	\$ 984,706	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Building Improvement		2007	2007	705,823	67,053	28	25,208	(41,845)	102,344	6
7	Building Improvement		2008		3,532	177	28	126	(51)	177	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)				\$ 15,152,094	\$ 592,368		\$ 506,759	\$ (85,609)	\$ 1,087,227	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	\$ 931,123	\$ 296,367	\$ 133,018	(163,349)		\$ 479,937	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 931,123	\$ 296,367	\$ 133,018	(163,349)	\$ 479,937	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 \$ 649

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	IHDA		X	Mortgage	/ /	\$ 8,950,000	\$ 8,819,619	6/1/42	5.5500	\$ 491,753	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,950,000	\$ 8,819,619			\$ 491,753	7
	B. Non-Facility Related										
8	Related Party	X		Working Capital	/ /	575,000	575,000	/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,525,000	\$ 9,394,619			\$ 491,753	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 12/31/08

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,129,238	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 50,000)	722,240		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,913		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)	\$ 1,864,391	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	500,000		13
14	Buildings, at Historical Cost	14,442,739		14
15	Leasehold Improvements, at Historical Cost	709,355		15
16	Equipment, at Historical Cost	931,123		16
17	Accumulated Depreciation (book methods)	(1,567,164)		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):	2,654,060		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,670,113	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 19,534,504	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 62,214	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	219,313		29
30	Accrued Salaries Payable	69,991		30
31	Accrued Taxes Payable	194,846		31
32	Accrued Interest Payable	40,791		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Expenses	81,412		35
36	Deferred Developer Fee	1,275,057		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,943,624	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	8,819,619		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)	\$ 8,819,619	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,763,243	\$	45
46	TOTAL EQUITY	\$ 8,771,261	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 19,534,504	\$	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	\$ 4,096,749	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,096,749	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	64,146	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 64,146	14
D. Other Revenue (specify):			
15	Miscellaneous Income	21,442	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 21,442	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,182,337	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,156,040	19
20	Health Care/ Personal Care	706,048	20
21	General Administration	1,031,312	21
B. Capital Expense			
22	Ownership	1,633,997	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)	\$ 4,527,397	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (345,060)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (345,060)	31