

Facility Name Manor at Mason Woods

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	30	Single Unit Apartment	30	10,980	1
2	10	Double Unit Apartment	10	3,660	2
3		Other			3
4	40	TOTALS	40	14,640	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	5,910	4,157		10,067	5
6	Double Unit	923	2,654		3,577	6
7	Other					7
8	TOTALS	6,833	6,811		13,644	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.20%

D. Indicate the number of paid bed-hold days the SLF had during this year 449 Also, indicate the number of unpaid bed-hold days the SLF had during this year. (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)

N/A

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? X NO

Tax Year: 2008 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? YES If yes, did the facility make all of the required payments of interest and principle? YES

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 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase		93,043	82,779	175,822	(1,631)	174,191	1
2	Housekeeping, Laundry and Maintenance		17,357	92,683	110,040		110,040	2
3	Heat and Other Utilities			48,945	48,945	(1,568)	47,377	3
4	Other (specify):							4
5	TOTAL General Services		110,400	224,408	334,808	(3,199)	331,609	5
B. Health Care and Programs								
6	Health Care/ Personal Care		2,137	225,056	227,192		227,192	6
7	Activities and Social Services		4,029	16,416	20,445		20,445	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		6,166	241,472	247,637		247,637	9
C. General Administration								
10	Administrative and Clerical		7,694	173,832	181,526		181,526	10
11	Marketing Materials, Promotions and Advertising		1,326	4,554	5,880		5,880	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			21,175	21,175		21,175	13
14	Other (specify):							14
15	TOTAL General Administration		9,020	199,561	208,581		208,581	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		125,586	665,440	791,026	(3,199)	787,827	16
Capital Expenses								
D. Ownership								
17	Depreciation			105,059	105,059		105,059	17
18	Interest			86,640	86,640		86,640	18
19	Real Estate Taxes			38,270	38,270		38,270	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,262	1,262		1,262	21
22	Other (specify): Bad Debt & Replacement Tax			11,185	11,185	(11,185)		22
23	TOTAL Ownership			242,416	242,416	(11,185)	231,231	23
24	GRAND TOTAL (Sum of lines 16 and 23)		125,586	907,856	1,033,442	(14,384)	1,019,058	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
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)		\$	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		\$ 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 <u>1</u>	City <u>2</u>
The Prairie's	Carbondale
St. Ann's Healthcare	Chester
Clinton Manor Nursing Home	New Baden
See Attached Schedule	

OTHER RELATED BUSINESS ENTITIES

Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
Greer Management Services	Carlyle	Management Co
JMG, LLC	Carlyle	Staffing Svc

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 COSTSA. Purchase price of land 27,947 Year land was acquired 2003

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	30		2004	2004	\$ 1,879,570	\$ 68,348	28	\$ 68,348	\$	\$ 313,262	1
2	10		2006	2006	520,000	13,333	28	13,333		39,444	2
3											3
4											4
5											5
Improvement Type											
6	Door Opener		2004	2004	3,128	114	28	114		465	6
7	Hand Rails		2005	2005	2,382	87	28	87		318	7
8	Automatic Door Opener		2005	2005	3,362	122	28	122		407	8
9	Vinyl Flooring		2008	2008	6,823	910	5	910		910	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 2,415,265	\$ 82,914		\$ 82,914	\$	\$ 354,806	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	\$ 81,244	\$ 15,537	\$ 15,537	\$	5	\$ 57,126	18
19	Vehicles	25,727	5,376	5,376		5	16,770	19
20	TOTAL (lines 18 and 19)	\$ 106,971	\$ 20,913	\$ 20,913	\$		\$ 73,896	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: N/A

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 \$ 1,262

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	Murphy-Wall State Bank	X		Mortgage	6/30/03	\$ 490,000	\$ 422,831	6/30/23	6.9200	\$ 29,640	1
2	IL Hsg Development Auth		X	Mortgage	6/30/03	750,000	678,611	1/1/25	1.0000	6,884	2
3	See Attached Schedule				/ /	677,600	654,303	/ /		50,116	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 1,917,600	\$ 1,755,745			\$ 86,640	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 1,917,600	\$ 1,755,745			\$ 86,640	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

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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	\$ 532,400	\$	1
2	Cash-Patient Deposits	1,000		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	152,468		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,846		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)	\$ 694,714	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	27,947		13
14	Buildings, at Historical Cost	2,406,393		14
15	Leasehold Improvements, at Historical Cost	8,872		15
16	Equipment, at Historical Cost	106,971		16
17	Accumulated Depreciation (book methods)	(428,701)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	80,752		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(22,093)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,180,141	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,874,855	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 52,825	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	42,876		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Other Accrued Liabilities	65,005		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 160,706	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	1,712,869		39
40	Bonds Payable			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)	\$ 1,712,869	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,873,575	\$	45
46	TOTAL EQUITY	\$ 1,001,280	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,874,855	\$	47

*(See instructions.)

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XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,123,861	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 1,123,861	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	498	8
9	Non-Resident Meals	1,631	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 2,129	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	5,527	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 5,527	14
	D. Other Revenue (specify):		
15	Cable TV	1,568	15
16	Sale of Fixed Asset	3,834	16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 5,402	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 1,136,919	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	334,808	19
20	Health Care/ Personal Care	247,637	20
21	General Administration	208,581	21
	B. Capital Expense		
22	Ownership	242,416	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)	\$ 1,033,442	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 103,477	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 103,477	31

IV: ADJUSTMENTS

Line	Amount	Description
1	(1,631.00)	Non-allowable meals not directly related to SLF resident care.
3	(1,568.00)	Non-allowable Cable TV expense.
22	(11,185.00)	Non-allowable expenses of: Bad Debt \$10,100 Replacement Tax 1,085

VII: RELATED ORGANIZATIONS

A.	RELATED SLF's & HEALTH CARE BUSINESSES			
	<u>Name</u> <u>1</u>	<u>City</u> <u>2</u>		
	Manor at Craig Farms	Chester		
	Manor at Salem Woods	Salem		

C.	Related Organization	Nature of Expenditure	Facility Book Value	Actual Cost
	Greer Management Services, Inc.	Management Services	\$ 57,103	\$ 57,984
	JMG II, LLC	Staffing Services	\$ 458,872	\$ 448,225

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	Village Bank		X	Vehicle	6/2/05	7,600	0	6/30/08	4.9900	25	1
2	Murphy-Wall State Bank	X		Construction Loan	1/1/06	520,000	520,000		7.7500	39,306	2
3	Murphy-Wall State Bank	X		Mortgage	4/26/06	150,000	134,303	4/26/09	7.7500	10,785	3
4	Page Total					677,600	654,303			50,116	4