

Facility Name Prairie Living at Chautauqua

Report Period Beginning: 01/01/2008 Ending: 12/31/2008

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	71	Single Unit Apartment	71	25,986	1
2	4	Double Unit Apartment	4	1,464	2
3		Other			3
4	75	TOTALS	75	27,450	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	20,195	6,377		26,572	5
6	Double Unit					6
7	Other					7
8	TOTALS	20,195	6,377		26,572	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.80%

D. Indicate the number of paid bed-hold days the SLF had during this year 430 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 188 (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)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 2008 Fiscal Year: 2008

* 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. _____

Facility Name: Prairie Living at Chautauqua

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01/01/2008

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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		109,519	1,630	111,149		111,149	1
2	Housekeeping, Laundry and Maintenance		13,663	44,067	57,730		57,730	2
3	Heat and Other Utilities			93,512	93,512	(10,455)	83,057	3
4	Other (specify):			5,890	5,890		5,890	4
5	TOTAL General Services		123,182	145,099	268,281	(10,455)	257,826	5
B. Health Care and Programs								
6	Health Care/ Personal Care		1,770		1,770		1,770	6
7	Activities and Social Services		9,083		9,083		9,083	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		10,853		10,853		10,853	9
C. General Administration								
10	Administrative and Clerical		14,109	176,725	190,834	(15,569)	175,265	10
11	Marketing Materials, Promotions and Advertising		2,363	29,048	31,411		31,411	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			39,771	39,771		39,771	13
14	Other (specify):			921,176	921,176		921,176	14
15	TOTAL General Administration		16,472	1,166,720	1,183,192	(15,569)	1,167,623	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		150,507	1,311,819	1,462,326	(26,024)	1,436,302	16
Capital Expenses								
D. Ownership								
17	Depreciation			383,222	383,222		383,222	17
18	Interest			279,581	279,581		279,581	18
19	Real Estate Taxes			60,783	60,783		60,783	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			54,837	54,837		54,837	22
23	TOTAL Ownership			778,423	778,423		778,423	23
24	GRAND TOTAL (Sum of lines 16 and 23)		150,507	2,090,242	2,240,749	(26,024)	2,214,725	24

Facility Name: Prairie Living at Chautauqua

Report Period Beginning: 01/01/2008 Ending: 12/31/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 20.93	1
2	Licensed Practical Nurses	1	16.64	2
3	Certified Nurse Assistants	13	9.50	3
4	Activity Director & Assistants	1	11.83	4
5	Social Service Workers			5
6	Head Cook	1	14.73	6
7	Cook Helpers/Assistants	7	8.65	7
8	Dishwashers			8
9	Maintenance Workers	1	12.79	9
10	Housekeepers	2	7.86	10
11	Laundry			11
12	Managers	1	25.81	12
13	Other Administrative	2	12.17	13
14	Clerical			14
15	Marketing	1	16.03	15
16	Other			16
17	Total (lines 1 thru 16)	31	\$	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	BMA Management, LTD.	\$ 102,956	1
2			2
Total		\$ 102,956	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>

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>

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).

Facility Name: Prairie Living at ChautauquaReport Period Beginning: 01/01/2008Ending: 12/31/2008**VIII. OWNERSHIP COSTS**A. Purchase price of land 400,000 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	75			2004	\$ 7,514,459	\$ 273,226	28	\$ 268,374	\$ (4,852)	\$ 1,098,594	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements			83,733	6,029	15	5,582	(447)	29,492	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)				\$ 7,598,192	\$ 279,255		\$ 273,956	\$ (5,299)	\$ 1,128,086	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	\$ 892,198	\$ 98,835	\$ 178,440	79,605	5	\$ 790,415	18
19	Vehicles	44,552	5,132	8,910	3,778	5	36,853	19
20	TOTAL (lines 18 and 19)	\$ 936,750	\$ 103,967	\$ 187,350	83,383		\$ 827,268	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

Facility Name: Prairie Living at Chautauqua

Report Period Beginning: 01/01/2008

Ending: 2/31/2008

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

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			
A. Directly Facility Related																
Long-Term																
1	IHDA		X	First Mortgage	12/1/03	\$ 4,438,000	\$ 4,330,032	5/1/45	0.0615	\$ 267,349	1					
2	IHDA		X	Second Mortgage	12/1/03	702,032	639,696	6/1/38	0.0100	6,497	2					
3	Villa Park, INC		X	Third Mortgage	12/8/03	335,000	335,000	1/1/44	None		3					
4	Villa Land Trust		X	Fourth Mortgage	1/31/03	110,000	110,000	12/31/23	0.0500	5,500	4					
5	Mid Country Bank		X	Vehicle Loan	2/10/05	44,552		10/10/08	0.0633	235	3					
Working Capital																
4					/ /			/ /			4					
5					/ /			/ /			5					
6					/ /			/ /			6					
7	TOTAL Facility Related					\$ 5,629,584	\$ 5,414,728			\$ 279,581	7					
B. Non-Facility Related																
8					/ /			/ /			8					
9					/ /			/ /			9					
10	TOTALS (lines 7, 8 and 9)					\$ 5,629,584	\$ 5,414,728			\$ 279,581	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: **Prairie Living at Chautauqua**Report Period Beginning: **01/01/2008**

Ending:

12/31/2008**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2008**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 285,781	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	323,266		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,954		6
7	Other Prepaid Expenses	1,756		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Utility Security Deposit	500		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 629,257	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	483,733		13
14	Buildings, at Historical Cost	7,514,459		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	936,750		16
17	Accumulated Depreciation (book methods)	(1,955,354)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	315,447		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(120,097)		20
21	Restricted Funds	510,650		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): CIP			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,685,588	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,314,845	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 79,302	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	60,783		31
32	Accrued Interest Payable	33,000		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	319,146		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 492,231	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,414,728		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)	\$ 5,414,728	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,906,959	\$	45
46	TOTAL EQUITY	\$ 2,407,886	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,314,845	\$	47

*(See instructions.)

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	\$ 2,005,330	1
2	Discounts and Allowances	(15,901)	2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 1,989,429	3
	B. Other Operating Revenue		
4	Special Services	73,281	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	15,647	8
9	Non-Resident Meals	5,993	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 94,921	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	16,287	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 16,287	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	10,752	15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 10,752	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 2,111,389	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	268,281	19
20	Health Care/ Personal Care	10,853	20
21	General Administration	1,183,192	21
	B. Capital Expense		
22	Ownership	778,423	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)	\$ 2,240,749	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (129,360)	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (129,360)	31

Cost Center Expenses

A. General Services - Other

Exterminating	1,100
Rubbish Removal	2,653
Vehicle Expense	2,137
Misc Operating Expenses	
Total	5,890

C. General Administration - Other

Consulting	
Legal	1,127
Accounting	60
Audit	12,600
Contract Labor	864,475
Bad Debt	42,914
Total	921,176

D. Ownership

Mortgage Service Fee	10,868
Mortgage Insurance Premium	21,754
Letter of Credit Fee	250
Asset Management Fee	16,392
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	1,700
Amortization Expense	8,892
Assessment Income	(6,019)
Property Damage Loss	1,000
Total	54,837

Reclassifications and Adjustments

Heat & Other Utilities (10,455) Cable

Administrative and Clerical (15,569) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	34,075
Payroll Benefits	
Reservation Deposits	
Unearned Revenue	1,287
Line of Credit	
Accrued Developer Fee	283,784
Total Other Current Liabilities	319,146

INCOME STATEMENT

D. Other Revenue

Insurance adjustments	2,889
Vending	292
Medicaid interest	7,014
Donations	143
Property Lease Income	
Refunds	414
Total Other Revenue	10,752