

Facility Name: Prairie Winds of Urbana

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

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	214,733	173,503	1,516	389,752		389,752	1
2	Housekeeping, Laundry and Maintenance	77,491	18,460	30,025	125,976		125,976	2
3	Heat and Other Utilities			138,596	138,596	(20,415)	118,181	3
4	Other (specify):			6,898	6,898		6,898	4
5	TOTAL General Services	292,224	191,963	177,035	661,222	(20,415)	640,807	5
B. Health Care and Programs								
6	Health Care/ Personal Care	323,424	2,220		325,644		325,644	6
7	Activities and Social Services	24,419	6,822		31,241		31,241	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	347,843	9,042		356,885		356,885	9
C. General Administration								
10	Administrative and Clerical	115,990	10,306	203,276	329,572	(20,087)	309,485	10
11	Marketing Materials, Promotions and Advertising	61,916	4,157	21,878	87,951		87,951	11
12	Employee Benefits and Payroll Taxes			144,480	144,480		144,480	12
13	Insurance-Property, Liability and Malpractice			46,057	46,057		46,057	13
14	Other (specify):			5,691	5,691		5,691	14
15	TOTAL General Administration	177,906	14,463	421,382	613,751	(20,087)	593,664	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	817,973	215,468	598,417	1,631,858	(40,502)	1,591,356	16
Capital Expenses								
D. Ownership								
17	Depreciation			285,324	285,324		285,324	17
18	Interest			490,813	490,813		490,813	18
19	Real Estate Taxes			132,595	132,595		132,595	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			11,688	11,688		11,688	22
23	TOTAL Ownership			920,420	920,420		920,420	23
24	GRAND TOTAL (Sum of lines 16 and 23)	817,973	215,468	1,518,837	2,552,278	(40,502)	2,511,776	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	\$ 23.54	1
2	Licensed Practical Nurses	1	17.58	2
3	Certified Nurse Assistants	11	10.37	3
4	Activity Director & Assistants	1	11.89	4
5	Social Service Workers			5
6	Head Cook	1	17.30	6
7	Cook Helpers/Assistants	9	8.92	7
8	Dishwashers			8
9	Maintenance Workers	1	16.28	9
10	Housekeepers	3	8.22	10
11	Laundry			11
12	Managers	1	30.63	12
13	Other Administrative	2	14.38	13
14	Clerical			14
15	Marketing	1	25.69	15
16	Other			16
17	Total (lines 1 thru 16)	32	\$	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	\$ 149,145	1
2			2
Total		\$ 149,145	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).

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VIII. OWNERSHIP COSTS

A. Purchase price of land 566,500 Year land was acquired 2007

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	92			2007	\$ 5,558,889	\$ 138,972	40	\$ 138,972	\$	\$ 231,620	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements			797,432	39,872	20	39,872		66,453	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)				\$ 6,356,321	\$ 178,844		\$ 178,844	\$	\$ 298,073	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	\$ 695,383	\$ 95,534	\$ 95,534	\$	5	\$ 159,224	18
19	Vehicles	60,414	8,630	8,630		7	14,384	19
20	TOTAL (lines 18 and 19)	\$ 755,797	\$ 104,164	\$ 104,164	\$		\$ 173,608	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 Winds of Urbana

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

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Busey Bank		X	First Mortgage	4/9/08	\$ 8,000,000	\$ 7,888,100	4/9/13	0.0575	\$ 490,710	1
2		Busey Bank		X	Line of Credit	NA	70,000	0	NA	Variable	103	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 8,070,000	\$ 7,888,100			\$ 490,813	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 8,070,000	\$ 7,888,100			\$ 490,813	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 Winds of Urbana**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	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 441,101	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	320,177		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,713		6
7	Other Prepaid Expenses	1,998		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Utility Security Deposit	1,646		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 776,635	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,363,932		13
14	Buildings, at Historical Cost	5,558,889		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	755,798		16
17	Accumulated Depreciation (book methods)	(471,682)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	70,017		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(16,006)		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)	\$ 7,260,948	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,037,583	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 28,345	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	30,479		30
31	Accrued Taxes Payable	137,088		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	58,421		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 254,333	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,888,100		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)	\$ 7,888,100	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,142,433	\$	45
46	TOTAL EQUITY	\$ (104,850)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,037,583	\$	47

*(See instructions.)

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Report Period Beginning: 01/01/2008

Ending:

12/31/2008

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	\$ 2,871,157	1
2	Discounts and Allowances	(792)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,870,365	3
B. Other Operating Revenue			
4	Special Services	90,615	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	14,033	8
9	Non-Resident Meals	9,976	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 114,624	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	Vendor Reimbursements	2,358	15
16	Donations	110	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,468	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,987,457	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	661,222	19
20	Health Care/ Personal Care	356,885	20
21	General Administration	613,751	21
B. Capital Expense			
22	Ownership	920,420	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)	\$ 2,552,278	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 435,179	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 435,179	31

Cost Center Expenses

A. General Services - Other

Exterminating	988
Rubbish Removal	2,571
Vehicle Expense	3,319
Misc Operating Expenses	20
Total	6,898

C. General Administration - Other

Consulting	
Legal	385
Accounting	45
Audit	3,711
Bad Debt	1,550
Total	5,691

D. Ownership

Mortgage Service Fee	
Mortgage Insurance Premium	
Partnership Management Fee	
Asset Management Fee	
Incentive Management Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	9,688
Business Interruption	
Property Damage Loss	2,000
Total	11,688

Reclassifications and Adjustments

Heat & Other Utilities (20,415) Cable

Administrative and Clerical (20,087) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	6,561
Accrued Mortgage Interest	28,978
Accrued Vacation	14,191
Reservation Deposits	7,350
Unearned Revenue	1,341

Total Other Current Liabilities **58,421**