



Facility Name Pioneer GardensReport Period Beginning: 1/1/2009 Ending: 12/31/2009

## 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	108	Single Unit Apartment	108	39,420	1
2	12	Double Unit Apartment	12	4,380	2
3		Other			3
4	120	TOTALS	120	43,800	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	37,153	710		37,863	5
6	Double Unit	3,235	1,065		4,300	6
7	Other					7
8	TOTALS	40,388	1,775		42,163	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.26%

D. Indicate the number of paid bed-hold days the SLF had during this year

89 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 198 (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

ACCRUAL  MODIFIED CASH\*  CASH\* I. Is your fiscal year identical to your tax year?  YES  NOTax Year: 2009 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? YES If yes, did the facility make all of the required payments of interest and principle? YESIf 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	205,585	244,392	533	450,510		450,510	1
2	Housekeeping, Laundry and Maintenance	135,789	31,007	112,523	279,319		279,319	2
3	Heat and Other Utilities			266,494	266,494	(29,224)	237,270	3
4	Other (specify):	80,007	231	13,317	93,555		93,555	4
5	<b>TOTAL General Services</b>	<b>421,381</b>	<b>275,630</b>	<b>392,867</b>	<b>1,089,878</b>	<b>(29,224)</b>	<b>1,060,654</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	655,147	8,143		663,290		663,290	6
7	Activities and Social Services	20,615		6,786	27,401		27,401	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>675,762</b>	<b>8,143</b>	<b>6,786</b>	<b>690,691</b>		<b>690,691</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	221,368	17,342	159,127	397,837		397,837	10
11	Marketing Materials, Promotions and Advertising	70,048		12,143	82,191		82,191	11
12	Employee Benefits and Payroll Taxes	185,811			185,811		185,811	12
13	Insurance-Property, Liability and Malpractice			125,802	125,802		125,802	13
14	Other (specify): Property Management Fee			234,563	234,563		234,563	14
15	<b>TOTAL General Administration</b>	<b>477,227</b>	<b>17,342</b>	<b>531,635</b>	<b>1,026,204</b>		<b>1,026,204</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,574,370</b>	<b>301,115</b>	<b>931,288</b>	<b>2,806,773</b>	<b>(29,224)</b>	<b>2,777,549</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			759,578	759,578		759,578	17
18	Interest			625,390	625,390		625,390	18
19	Real Estate Taxes			102,945	102,945		102,945	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			111,791	111,791		111,791	22
23	<b>TOTAL Ownership</b>			<b>1,599,704</b>	<b>1,599,704</b>		<b>1,599,704</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,574,370</b>	<b>301,115</b>	<b>2,530,992</b>	<b>4,406,477</b>	<b>(29,224)</b>	<b>4,377,253</b>	<b>24</b>

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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	28.50	1
2	Licensed Practical Nurses	2	23.00	2
3	Certified Nurse Assistants	21	10.25	3
4	Activity Director & Assistants	1	9.61	4
5	Social Service Workers			5
6	Head Cook	1	16.83	6
7	Cook Helpers/Assistants	6	9.50	7
8	Dishwashers	2	8.25	8
9	Maintenance Workers	4	10.00	9
10	Housekeepers	2	8.25	10
11	Laundry			11
12	Managers	2	25.00	12
13	Other Administrative	2	19.00	13
14	Clerical	3	8.58	14
15	Marketing	2	20.12	15
16	Other	3	9.10	16
17	<b>Total (lines 1 thru 16)</b>	<b>52</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

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
South Parkway Management		Chicago		Property Mgmt	

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 230,000 Year land was acquired 2004

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	120			2006	\$ 19,565,567	\$ 767,337	28	\$ 711,475	\$ (55,862)	\$ 2,947,065	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	TOTAL (lines 1 thru 16)				\$ 19,565,567	\$ 767,337		\$ 711,475	\$ (55,862)	\$ 2,947,065	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	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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	FURNITURE & FIXTURES	\$ 4,288	\$ 494	\$ 3,547	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 4,288	\$ 494	\$ 3,547	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	<b>TOTAL</b>			\$			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						
		Name of Lender				Purpose of Loan	Date of Note					Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		Related**	YES									NO	Original			
	<b>A. Directly Facility Related</b>															
	<b>Long-Term</b>															
1	MIDLAND BANK		X	MORTGAGE	8/1/04	\$ 11,340,000	\$ 10,931,962	3/1/46	5.6500	\$ 625,390	1					
2	CITY OF CHICAGO		X	MORTGAGE	8/1/04	1,828,000	1,828,000	8/1/46			2					
3	FEDERAL HOME LOAN		X	MORTGAGE	8/1/04	500,000	500,000	8/1/46			3					
	<b>Working Capital</b>															
4					/ /			/ /			4					
5					/ /			/ /			5					
6					/ /			/ /			6					
7	<b>TOTAL Facility Related</b>					\$ 13,668,000	\$ 13,259,962			\$ 625,390	7					
	<b>B. Non-Facility Related</b>															
8					/ /			/ /			8					
9					/ /			/ /			9					
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 13,668,000	\$ 13,259,962			\$ 625,390	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 12/31/2009

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 652,217	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	433,000		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,815		6
7	Other Prepaid Expenses	17,839		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,123,871	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	230,000		13
14	Buildings, at Historical Cost	19,038,373		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	531,482		16
17	Accumulated Depreciation (book methods)	(2,950,612)		17
18	Deferred Charges	542,595		18
19	Organization & Pre-Operating Costs	747,402		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(84,806)		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>	\$ 18,054,434	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 19,178,305	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 85,843	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	193,254		29
30	Accrued Salaries Payable	17,884		30
31	Accrued Taxes Payable	127,000		31
32	Accrued Interest Payable	51,920		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<b>ACCRUED MANAGEMENT FEES</b>	309,274		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 785,175	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	1,576,098		38
39	Mortgage Payable	13,259,962		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	<b>ACCRUED MANAGEMENT FEES</b>	619,000		42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 15,455,060	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 16,240,235	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,938,070	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 19,178,305	\$	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	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,901,128	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,901,128</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	11,020	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 (sum of lines 4 thru 10)</b>	<b>\$ 11,020</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	2,613	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 2,613</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,914,761</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,060,654	19
20	Health Care/ Personal Care	690,691	20
21	General Administration	1,026,204	21
<b>B. Capital Expense</b>			
22	Ownership	1,599,704	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 (sum of lines 19 thru 27)</b>	<b>\$ 4,377,253</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (462,492)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (462,492)</b>	<b>31</b>

**IV. COST CENTER EXPENSES**

**A. GENERAL SERVICES**

<b>4 OTHER SECURITY SALARY</b>	<b>80,007</b>
<b>SECURITY SUPPLIES</b>	<b>231</b>
<b>SECURITY - OTHER</b>	<b>2,323</b>
<b>WASTE MANAGEMENT</b>	<b>10,994</b>
<b>TOTAL</b>	<b><u>93,555</u></b>

**C. GENERAL ADMINISTRATION**

<b>14 OTHER PROPERTY MANAGEMENT FEES</b>	<b>\$234,563</b>
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**D. OWNERSHIP**

<b>22 OTHER ASSET AND PARTNERSHIP</b>	
<b>MANAGEMENT FEES</b>	<b>84,000</b>
<b>AMORTIZATION-DEFERRED</b>	
<b>COSTS</b>	<b>27,791</b>
<b>TOTAL</b>	<b><u>111,791</u></b>

**VII. RELATED ORGANIZATIONS**

<b>C. SERVICE</b>	<b>PROPERTY MANAGEMENT SERVICES</b>	
<b>COST</b>		<b>\$234,563</b>
<b>MARKUP</b>	<b>NONE</b>	