

Facility Name Prairie Living at Chautauqua

Report Period Beginning: 01/01/2009 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	71	Single Unit Apartment	25,915	27,375	1
2	4	Double Unit Apartment	1,460		2
3		Other			3
4	75	TOTALS	27,375	27,375	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	21,137	4,958		26,095	5
6	Double Unit					6
7	Other					7
8	TOTALS	21,137	4,958		26,095	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.32%

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

 625 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 40 (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: 12/31/09 Fiscal Year: 12/31/09

* 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	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase		112,166	1,699	113,865		113,865	1
2	Housekeeping, Laundry and Maintenance		13,947	47,422	61,369		61,369	2
3	Heat and Other Utilities			98,989	98,989	(9,949)	89,040	3
4	Other (specify):			4,635	4,635		4,635	4
5	TOTAL General Services		126,113	152,745	278,858	(9,949)	268,909	5
B. Health Care and Programs								
6	Health Care/ Personal Care		3,264		3,264		3,264	6
7	Activities and Social Services		6,896		6,896		6,896	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		10,160		10,160		10,160	9
C. General Administration								
10	Administrative and Clerical		14,447	192,510	206,957	(16,683)	190,274	10
11	Marketing Materials, Promotions and Advertising	13,531	1,768	23,213	38,512		38,512	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			31,902	31,902		31,902	13
14	Other (specify):			927,956	927,956		927,956	14
15	TOTAL General Administration	13,531	16,215	1,175,581	1,205,327	(16,683)	1,188,644	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	13,531	152,488	1,328,326	1,494,345	(26,632)	1,467,713	16
Capital Expenses								
D. Ownership								
17	Depreciation			374,439	374,439		374,439	17
18	Interest			277,182	277,182		277,182	18
19	Real Estate Taxes			62,669	62,669		62,669	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			59,714	59,714		59,714	22
23	TOTAL Ownership			774,004	774,004		774,004	23
24	GRAND TOTAL (Sum of lines 16 and 23)	13,531	152,488	2,102,330	2,268,349	(26,632)	2,241,717	24

Facility Name: **Prairie Living at Chautauqua**

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12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 19.90	1
2	Licensed Practical Nurses	1	17.13	2
3	Certified Nurse Assistants	13	9.99	3
4	Activity Director & Assistants	1	12.37	4
5	Social Service Workers			5
6	Head Cook	1	15.29	6
7	Cook Helpers/Assistants	8	9.00	7
8	Dishwashers			8
9	Maintenance Workers	1	13.34	9
10	Housekeepers	2	8.10	10
11	Laundry			11
12	Managers	1	26.32	12
13	Other Administrative	2	13.09	13
14	Clerical			14
15	Marketing	1	16.54	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	\$ 109,089	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	1	City	2
_____		_____	
_____		_____	
_____		_____	
_____		_____	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	

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 Chautauqua**

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

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	\$ 897,567	\$ 273,226	28	\$ 32,639	\$ (240,587)	\$ 1,371,820	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements			83,733	5,426	15	5,582	156	34,918	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)				\$ 981,300	\$ 278,652		\$ 38,221	\$ (240,431)	\$ 1,406,738	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	\$ 897,567	\$ 90,655	\$ 179,513	88,858	5	\$ 881,070	18
19	Vehicles	44,552	5,132	8,910	3,778	5	41,985	19
20	TOTAL (lines 18 and 19)	\$ 942,119	\$ 95,787	\$ 188,424	92,637		\$ 923,055	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: **01/01/2009**

Ending:

12/31/2009**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2009**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 194,611	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	445,518		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,914		6
7	Other Prepaid Expenses	1,150		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Security Deposits - Utility	500		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 659,693	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	400,000		13
14	Buildings, at Historical Cost	7,514,459		14
15	Leasehold Improvements, at Historical Cost	83,733		15
16	Equipment, at Historical Cost	942,119		16
17	Accumulated Depreciation (book methods)	(2,329,793)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	315,447		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(128,987)		20
21	Restricted Funds	534,817		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,331,795	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,991,488	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 45,623	\$	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	63,232		31
32	Accrued Interest Payable	38,500		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	142,825		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 290,180	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,362,815		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)	\$ 5,362,815	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,652,995	\$	45
46	TOTAL EQUITY	\$ 2,338,493	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,991,488	\$	47

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12/31/2009

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	\$ 2,089,890	1
2	Discounts and Allowances	(8,957)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,080,933	3
	B. Other Operating Revenue		
4	Special Services	78,966	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	17,736	8
9	Non-Resident Meals	7,851	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 104,553	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	13,017	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13,017	14
	D. Other Revenue (specify):		
15	Insurance claim overpayment	101	15
16	Vending	352	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 453	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,198,956	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	278,858	19
20	Health Care/ Personal Care	10,160	20
21	General Administration	1,205,327	21
	B. Capital Expense		
22	Ownership	774,004	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)	\$ 2,268,349	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (69,393)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (69,393)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,105
Rubbish Removal	2,272
Vehicle Expense	1,258
Misc Operating Expenses	-
Total	4,635

C. General Administration - Other

Consulting	-
Legal	1,433
Accounting	60
Audit	11,800
Contract Labor	891,969
Bad Debt	22,694
Total	927,956

D. Ownership

Assessment Income	(2,735)
Mortgage Service Fee	10,787
Mortgage Insurance Premium	22,188
Partnership Management Fee	-
Asset Management Fee	16,884
Incentive Manangement Fee	-
Tax Credit Fee & Incentive Fee	1,700
Amortization Expense	8,890
Business Interruption	-
Property Damage Loss	2,000
Total	59,714

Reclassifications and Adjustments

Heat & Other Utilities (9,949) Cable

Administrative and Clerical (16,683) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	19,353
Accrued Asset Mgmt Fee	49,189
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Accrued Developer Fee	44,864
Unearned Revenue	7,946
Accrued MIP	21,473
Total Other Current Liabilities	142,825