

Facility Name Supportive Living of Washington

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 11/24/08

	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	52	Single Unit Apartment	52	18,980	1
2	8	Double Unit Apartment	8	2,920	2
3		Other		2,920	3
4	60	TOTALS	60	24,820	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	7,603	10,102		17,705	5
6	Double Unit	881	1,494		2,375	6
7	Other	881	1,494		2,375	7
8	TOTALS	9,365	13,090		22,455	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.47%

D. Indicate the number of paid bed-hold days the SLF had during this year
42 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)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31 Fiscal Year: 12/31

* 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? 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	85,114	123,095	2,574	210,783	(517)	210,266	1
2	Housekeeping, Laundry and Maintenance	31,989	11,874	21,048	64,911		64,911	2
3	Heat and Other Utilities			95,813	95,813	(4,400)	91,413	3
4	Other (specify): Trash			4,747	4,747		4,747	4
5	TOTAL General Services	117,103	134,969	124,182	376,254	(4,917)	371,337	5
B. Health Care and Programs								
6	Health Care/ Personal Care	229,441	909	268	230,618		230,618	6
7	Activities and Social Services	17,406	2,412	50	19,868		19,868	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	246,847	3,321	318	250,486		250,486	9
C. General Administration								
10	Administrative and Clerical	65,432	8,485	105,075	178,992	(2,217)	176,775	10
11	Marketing Materials, Promotions and Advertising			7,685	7,685		7,685	11
12	Employee Benefits and Payroll Taxes			78,267	78,267		78,267	12
13	Insurance-Property, Liability and Malpractice			17,836	17,836		17,836	13
14	Other (specify):							14
15	TOTAL General Administration	65,432	8,485	208,863	282,780	(2,217)	280,563	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	429,382	146,775	333,363	909,520	(7,134)	902,386	16
Capital Expenses								
D. Ownership								
17	Depreciation			302,000	302,000		302,000	17
18	Interest			493,891	493,891		493,891	18
19	Real Estate Taxes			124,595	124,595		124,595	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			3,738	3,738		3,738	21
22	Other (specify):							22
23	TOTAL Ownership			924,224	924,224		924,224	23
24	GRAND TOTAL (Sum of lines 16 and 23)	429,382	146,775	1,257,587	1,833,744	(7,134)	1,826,610	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	0.07	\$ 20.60	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	8.23	10.59	3
4	Activity Director & Assistants	0.68	12.13	4
5	Social Service Workers			5
6	Head Cook	0.73	15.61	6
7	Cook Helpers/Assistants	3.19	9.61	7
8	Dishwashers			8
9	Maintenance Workers	0.39	12.02	9
10	Housekeepers	1.18	9.14	10
11	Laundry			11
12	Managers	0.92	21.26	12
13	Other Administrative			13
14	Clerical	0.83	13.87	14
15	Marketing			15
16	Other	1.04	15.02	16
17	Total (lines 1 thru 16)	17.26	\$ 139.85	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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 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
Christian Homes, Inc.		Lincoln	

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).

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VIII. OWNERSHIP COSTSA. Purchase price of land 89,000 Year land was acquired 2006

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	60		2007	2006	\$ 7,389,337	\$ 243,163	30	\$ 243,163	\$	\$ 550,982	1
2					386,145	12,872	30	12,872		32,179	2
3											3
4											4
5											5
Improvement Type											
6	Landscaping		2007	2007	31,548	2,103	15	2,103		5,784	6
7	Staking Fees		2007	2007	11,643	776	15	776		2,134	7
8	Staking Fees		2007	2007	8,018	535	15	535		1,471	8
9	Paving & Surfacing		2007	2007	47,898	3,193	15	3,193		8,781	9
10	Dump Fees		2007	2007	11,514	768	15	768		2,111	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,886,103	\$ 263,410		\$ 263,410	\$	\$ 603,442	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	\$ 186,522	\$ 37,090	\$ 37,090	\$	Various	\$ 83,592	18
19	Vehicles	6,000	1,500	1,500		3	3,500	19
20	TOTAL (lines 18 and 19)	\$ 192,522	\$ 38,590	\$ 38,590	\$		\$ 87,092	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

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					Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
			YES	NO									Original	Balance			
		A. Directly Facility Related															
		Long-Term															
1		Christian Homes	X		Startup Construction	12/31/06	\$ 1,842,199	\$ 1,842,199	12/31/30	7.5000	\$ 159,667	1					
2		US Bank		X	Construction	10/31/06	4,900,000	4,822,440	12/1/23	6.7100	320,912	2					
3				X	Def Tax Credit Fees & Org Costs	/ /	1,597,512	227,397	/ /		13,312	3					
		Working Capital															
4						/ /			/ /			4					
5						/ /			/ /			5					
6						/ /			/ /			6					
7		TOTAL Facility Related					\$ 8,339,711	\$ 6,892,036			\$ 493,891	7					
		B. Non-Facility Related															
8						/ /			/ /			8					
9						/ /			/ /			9					
10		TOTALS (lines 7, 8 and 9)					\$ 8,339,711	\$ 6,892,036			\$ 493,891	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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 150,405	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	515,766		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,624		6
7	Other Prepaid Expenses	8,485		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 684,280	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	89,000		13
14	Buildings, at Historical Cost	7,775,482		14
15	Leasehold Improvements, at Historical Cost	110,621		15
16	Equipment, at Historical Cost	192,522		16
17	Accumulated Depreciation (book methods)	(690,534)		17
18	Deferred Charges	227,397		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	946,236		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,650,724	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,335,004	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 6,319	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,057		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	20,335		30
31	Accrued Taxes Payable	125,311		31
32	Accrued Interest Payable	446,359		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Due to Related Parties	28,657		35
36	See Attached Schedule	1,021,024		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,661,062	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,842,199		38
39	Mortgage Payable	4,822,440		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)	\$ 6,664,639	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,325,701	\$	45
46	TOTAL EQUITY	\$ 1,009,303	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,335,004	\$	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	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,899,871	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,899,871	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		8
9	Non-Resident Meals	517	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 517	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	6,281	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 6,281	14
D. Other Revenue (specify):			
15	Cable TV Revenue	12,919	15
16	Miscellaneous Revenue	49	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,968	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,919,637	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	376,254	19
20	Health Care/ Personal Care	250,486	20
21	General Administration	282,780	21
B. Capital Expense			
22	Ownership	924,224	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)	\$ 1,833,744	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 85,893	29
30	Income Taxes		30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 85,893	31

Washington Village Estates
12/31/2009

Schedule IV - Column 5
Adjustments

Line 1	Dietary and Food Purchases	(517) offset meal revenue
Line 3	Heat and Utilities	(4,400) offset cable TV revenue
Line 10	Administrative and Clerical	(49) offset miscellaneous revenue
Line 10	Administrative and Clerical	<u>(2,168) nonallowable bank charges</u>
		<u><u>(7,134)</u></u>

Schedule VII - Question C
Related Organizations - Transactions

<u>Related Party</u>	<u>Nature of Services</u>	<u>Cost on Books</u>	<u>Cost to Related Party</u>
Christian Homes, Inc.	Management Services	74,621	74,621

Schedule XI
Balance Sheet - Other Current Liabilities

Accrued Liabilities	6,919
Unclaimed Property	17
Contracts Payable	729,274
Accrued Management Fees	175,124
Developer Fee Current Portion	<u>109,690</u>
	<u><u>1,021,024</u></u>