

Facility Name Greenview Place

Report Period Beginning: 1/1/10 Ending: 12/31/10

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

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	105	Single Unit Apartment	105	38,325	1
2		Double Unit Apartment			2
3		Other			3
4	105	TOTALS	105	38,325	4

B. Census-For the entire report period.

1	2	3	4	5		
Type of Unit	Resident Days by Unit and Primary Source of Payment					
	Medicaid Recipient	Private Pay	Other	Total		
5	Single Unit	15,269	2,916		18,185	5
6	Double Unit					6
7	Other					7
8	TOTALS	15,269	2,916		18,185	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 47.45%

D. Indicate the number of paid bed-hold days the SLF had during this year N/A Also, indicate the number of unpaid bed-hold days the SLF had during this year. N/A (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 ☐ Non-allowable costs have been eliminated in Schedule IV, Column 5.

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: 12/31/10 Fiscal Year: 12/31/10
* 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. N/A

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? Yes
If no, explain. N/A

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? N/A
If no, explain. N/A

Facility Name: Greenview Place

Report Period Beginning:

1/1/10

Ending:

12/31/10

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	155,670	136,171		291,841	41,405	333,246	1
2	Housekeeping, Laundry and Maintenance	58,171	17,571	19,260	95,002		95,002	2
3	Heat and Other Utilities			54,711	54,711		54,711	3
4	Other (specify): Entertainment			72	72	(72)		4
5	TOTAL General Services	213,841	153,742	74,043	441,626	41,333	482,959	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	207,952	3,269	233,158	444,379	(47,000)	397,379	6
7	Activities and Social Services	34,200		65,000	99,200		99,200	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	242,152	3,269	298,158	543,579	(47,000)	496,579	9
	C. General Administration							
10	Administrative and Clerical	172,642	10,946	130,566	314,154	(20,807)	293,347	10
11	Marketing Materials, Promotions and Advertising	68,893		71,988	140,881	(140,881)		11
12	Employee Benefits and Payroll Taxes			147,314	147,314		147,314	12
13	Insurance-Property, Liability and Malpractice			82,406	82,406		82,406	13
14	Other (specify):							14
15	TOTAL General Administration	241,535	10,946	432,274	684,755	(161,688)	523,067	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	697,528	167,957	804,475	1,669,960	(167,355)	1,502,605	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			597,000	597,000		597,000	17
18	Interest			771,261	771,261	(10,785)	760,476	18
19	Real Estate Taxes			(5,789)	(5,789)		(5,789)	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Ownership Other			76,422	76,422	(76,422)		22
23	TOTAL Ownership			1,438,894	1,438,894	(87,207)	1,351,687	23
24	GRAND TOTAL (Sum of lines 16 and 23)	697,528	167,957	2,243,369	3,108,854	(254,562)	2,854,292	24

Facility Name: Greenview Place

Report Period Beginning 1/1/10 Ending: 12/31/10

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.04	\$ 34.00	1
2	Licensed Practical Nurses	1.65	20.91	2
3	Certified Nurse Assistants	7.43	10.00	3
4	Activity Director & Assistants	1.00	17.31	4
5	Social Service Workers			5
6	Head Cook	1.60	12.50	6
7	Cook Helpers/Assistants	4.72	9.00	7
8	Dishwashers			8
9	Maintenance Workers	1.00	14.00	9
10	Housekeepers			10
11	Laundry			11
12	Managers	3.00	23.61	12
13	Other Administrative	2.00	57.21	13
14	Clerical	2.55	31.17	14
15	Marketing	1.00	27.40	15
16	Other			16
17	Total (lines 1 thru 16)	26	\$ 23.37	17

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
See Attached Schedule 1 (A)	

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: N/A If yes, what is the value of those services? \$ N/A
(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).

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

Facility Name: Greenview Place

Report Period Beginning:

1/1/10

Ending:

12/31/10

VIII. OWNERSHIP COSTS

A. Purchase price of land 545,000 Year land was acquired 2009

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	105			2009	\$ 22,020,694	\$ 555,045	40	\$ 555,045	\$	610,027	1
2											2
3											3
4											4
5											5
6	Improvement Type										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)				\$ 22,020,694	\$ 555,045		\$ 555,045	\$	610,027	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	\$ 461,103	\$ 41,955	\$ 41,955	\$	10	\$ 47,018	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 461,103	\$ 41,955	\$ 41,955	\$		\$ 47,018	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	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

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			/ /	\$ N/A			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 \$

N/A

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	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	DOH: Home Mortgage		X	Mortgage	4/1/08	\$ 2,800,000	\$ 2,800,000	6/1/48	0.0300	\$ 84,000	1
2	FHLB Mortgage		X	Mortgage	4/1/08	500,000	500,000	6/1/40			2
3	Total from attachment 2 (line 14)				/ /	14,900,000	13,366,667	/ /		537,891	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 18,200,000	\$ 16,666,667			\$ 621,891	7
	B. Non-Facility Related										
8					/ /	Amortization loan fees		/ /		15,000	8
9					/ /	Total from attachment 2 (line 19)		/ /		123,585	9
10	TOTALS (lines 7, 8 and 9)					\$ 18,200,000	\$ 16,666,667			\$ 760,476	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: Greenview Place

Report Period Beginning: 1/1/10

Ending:

12/31/10

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 170,783	\$ 170,783	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	399,964	399,964	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	861,416	861,416	5
6	Prepaid Insurance	52,404	52,404	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,484,567	\$ 1,484,567	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	545,000	545,000	13
14	Buildings, at Historical Cost	22,020,694	22,020,694	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	461,103	461,103	16
17	Accumulated Depreciation (book methods)	(657,045)	(657,045)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify): Bond Costs	246,852	246,852	22
23	Other(specify): Legal Fees & Leasing	138,840	138,840	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 22,755,444	\$ 22,755,444	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 24,240,011	\$ 24,240,011	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 57,829	\$ 57,829	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	28,000	28,000	31
32	Accrued Interest Payable	270,102	270,102	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment 1B	76,785	76,785	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 432,716	\$ 432,716	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,300,000	4,300,000	39
40	Bonds Payable	12,366,667	12,366,667	40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	See Attachment 1C	1,979,416	1,979,416	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 18,646,083	\$ 18,646,083	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 19,078,799	\$ 19,078,799	45
46	TOTAL EQUITY	\$ 5,161,210	\$ 5,161,210	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 24,240,011	\$ 24,240,011	47

*(See instructions.)

Facility Name: Greenview Place

Report Period Beginning: 1/1/10

Ending: 12/31/10

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	\$ 1,852,165	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 1,852,165	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	5,595	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 5,595	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	10,785	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 10,785	14
	D. Other Revenue (specify):		
15	See Attachment #1D	22,997	15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 22,997	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 1,891,542	18

2			
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	441,626	19
20	Health Care/ Personal Care	543,579	20
21	General Administration	684,755	21
	B. Capital Expense		
22	Ownership	1,438,894	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)	\$ 3,108,854	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (1,217,312)	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (1,217,316)	31

Sch. VII-Related Parties-Related Nursing Homes

<u>Name</u>	<u>City</u>
Renaissance Realty	Chicago, IL
RRG Development	Chicago, IL
St Luke Church	Chicago, IL
Renaissance Social Services	Chicago, IL
Lutheran Community Services For The Aged, Inc	Chicago, IL
National Equity Fund	Chicago, IL
St. Luke Housing Ministries	Chicago, IL

Sch. XI-Balance Sheet-Line 35: Other Current Liabilities

Accrued LP asset mgmt fee	15,000
Security Deposit	896
Key Deposit	35
Pet Deposit	2,102
Tenant Prepaid Rent	3,177
Tenant Deposits - Cleaning	2,702
Clearing Account	2
Due from Greenview Place	52,871
	<u>76,785</u>

Sch. XI-Balance Sheet-Line 42: Other Long-Term Liabilities

Accrued Developers Fee	1,418,943
Accrued Construction Costs	7,522
Accrued Unrealized loss on Swap	552,951
	<u>1,979,416</u>

Sch. XII. Income Statement-Line 15: Other Revenue

NSF Fee	73
Parking	2,708
Damage & Cleaning Charges	149
Miscellaneous Income	20,021

	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note				Maturity Date	Interest Rate (4 Digits)	Reporting Period		
		YES	NO			Original	Balance	Int. Expense						
	A. Directly Facility Related													
	Long-Term													
3	IHDA Trust Fund Mortgage		X	Mortgage	4/1/08	\$ 1,000,000	\$ 1,000,000	6/1/40	0.0100	\$ 5,833	3			
4	Series A Bond		X	Mortgage	4/1/08	13,900,000	12,366,667	6/1/40	0.0363	532,058	4			
5	Total (Attachment 2) to Schedule X - Line 3				/ /	14,900,000	13,366,667	/ /		537,891	5			
	B. Non-Facility Related													
8					/ /	Interest Income		/ /		-10,785	8			
9					/ /	Letter of Credit Expense		/ /		134,370	9			
	Total (Attachment 2) to Schedule X - Line 9									123,585				