

STATE OF ILLINOIS

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Facility Name: The Glenwood

Report Period Beginning:

1/1/05

Ending:

11/15/05

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	27,840	73,533		101,373		101,373	1
2	Housekeeping, Laundry and Maintenance	26,880	34,378		61,258		61,258	2
3	Heat and Other Utilities			39,187	39,187		39,187	3
4	Other (specify):							4
5	TOTAL General Services	54,720	107,912	39,187	201,819		201,819	5
B. Health Care and Programs								
6	Health Care/ Personal Care	83,795		10,263	94,058		94,058	6
7	Activities and Social Services	13,440	1,674		15,114		15,114	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	97,235	1,674	10,263	109,172		109,172	9
C. General Administration								
10	Administrative and Clerical	65,762	1,916	15,445	83,123		83,123	10
11	Marketing Materials, Promotions and Advertising		4,265		4,265		4,265	11
12	Employee Benefits and Payroll Taxes	24,055			24,055		24,055	12
13	Insurance-Property, Liability and Malpractice			20,294	20,294		20,294	13
14	Other (specify):							14
15	TOTAL General Administration	89,817	6,181	35,739	131,737		131,737	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	241,772	115,767	85,189	442,728		442,728	16
Capital Expenses								
D. Ownership								
17	Depreciation			57,180	57,180		57,180	17
18	Interest			82,922	82,922		82,922	18
19	Real Estate Taxes			1,844	1,844		1,844	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			588	588		588	21
22	Other (specify):							22
23	TOTAL Ownership			142,534	142,534		142,534	23
24	GRAND TOTAL (Sum of lines 16 and 23)	241,772	115,767	227,723	585,262		585,262	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
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	8	7.50	3
4	Activity Director & Assistants	1	7.00	4
5	Social Service Workers			5
6	Head Cook	1	7.45	6
7	Cook Helpers/Assistants	1	7.25	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	7.05	10
11	Laundry			11
12	Managers	1	14.00	12
13	Other Administrative	1	8.35	13
14	Clerical			14
15	Marketing			15
16	Other	2	7.00	16
17	Total (lines 1 thru 16)	16	\$	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	\$	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).

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VIII. OWNERSHIP COSTS

A. Purchase price of land 47,515 Year land was acquired 1999

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				1999	\$ 1,461,608	\$ 45,195	39	\$ 37,477	\$ (7,718)	\$ 379,480	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Addition/renovation		2002	326,623	9,498	39	8,375	(1,123)	32,815	6
7		New air conditioner		2005	7,912						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)				\$ 1,796,143	\$ 54,693		\$ 45,852	\$ (8,841)	\$ 412,295	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	10,114	2,487	2,023	(464)	5	6,183	19
20	TOTAL (lines 18 and 19)	\$ 10,114	\$ 2,487	\$ 2,023	(464)		\$ 6,183	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: _____

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	2		3	4	6		7	8	9	
		Related**				Amount of Note					
		YES	NO			Original	Balance				
A. Directly Facility Related											
Long-Term											
1	Peoples State Bank		x	Construction (refinanced)	9/24/04	\$ 3,117,233	\$ 2,963,247	8/27/19	6.2500	\$ 82,205	1
2	City of Robinson		x	Construction	8/23/99	50,000	16,336	8/23/09	5.0000	718	2
3					/ /			/ /			3
Working Capital											
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 3,167,233	\$ 2,979,583			\$ 82,923	7
B. Non-Facility Related											
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 3,167,233	\$ 2,979,583			\$ 82,923	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 11/15/05

(last day of reporting year)

	1	2	
	Operating	After	
		Consolidation*	
A. Current Assets			
1	Cash on Hand and in Banks	\$ 43,584	\$ 1
2	Cash-Patient Deposits		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)		3
4	Supply Inventory (priced at)		4
5	Short-Term Investments		5
6	Prepaid Insurance		6
7	Other Prepaid Expenses		7
8	Accounts Receivable (owners or related parties)	69,383	8
9	Other(specify):		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 112,967	\$ 10
B. Long-Term Assets			
11	Long-Term Notes Receivable		11
12	Long-Term Investments		12
13	Land	47,515	13
14	Buildings, at Historical Cost	1,796,143	14
15	Leasehold Improvements, at Historical Cost		15
16	Equipment, at Historical Cost	10,114	16
17	Accumulated Depreciation (book methods)	(418,478)	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):		22
23	Other(specify):		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,435,294	\$ 24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,548,261	\$ 25

	1	2	
	Operating	After	
		Consolidation*	
C. Current Liabilities			
26	Accounts Payable	\$	\$ 26
27	Officer's Accounts Payable		27
28	Accounts Payable-Patient Deposits	19,250	28
29	Short-Term Notes Payable		29
30	Accrued Salaries Payable		30
31	Accrued Taxes Payable	172	31
32	Accrued Interest Payable		32
33	Deferred Compensation		33
34	Federal and State Income Taxes		34
	Other Current Liabilities(specify):		
35			35
36			36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 19,422	\$ 37
D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,497,960	38
39	Mortgage Payable		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)	\$ 1,497,960	\$ 44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,517,382	\$ 45
46	TOTAL EQUITY	\$ 30,879	\$ 46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,548,261	\$ 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	\$ 801,924	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 801,924	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	60	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 60	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	635	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 635	14
D. Other Revenue (specify):			
15			15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 802,618	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	201,819	19
20	Health Care/ Personal Care	109,172	20
21	General Administration	131,737	21
B. Capital Expense			
22	Ownership	142,534	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)	\$ 585,262	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 217,356	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 217,356	31