

Facility Name: WEST CENTRAL ILLINOIS HOUSING ASSOCIATION, L

Report Period Beginning:

01/01/2005

Ending: 12/31/2005

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		199,202		199,202		199,202	1
2	Housekeeping, Laundry and Maintenance	21,840	50,132		71,972		71,972	2
3	Heat and Other Utilities			64,565	64,565	10,037	74,602	3
4	Other (specify):							4
5	TOTAL General Services	21,840	249,334	64,565	335,739	10,037	345,776	5
B. Health Care and Programs								
6	Health Care/ Personal Care	390,501		3,471	393,972		393,972	6
7	Activities and Social Services	2,405	28,601	3,554	34,560		34,560	7
8	Other (specify): Legal/Audit			7,834	7,834		7,834	8
9	TOTAL Health Care and Programs	392,906	28,601	14,859	436,366		436,366	9
C. General Administration								
10	Administrative and Clerical	21,918	5,296	34,561	61,775		61,775	10
11	Marketing Materials, Promotions and Advertising		1,844		1,844		1,844	11
12	Employee Benefits and Payroll Taxes	225,710	702		226,412		226,412	12
13	Insurance-Property, Liability and Malpractice		17,337		17,337		17,337	13
14	Other (specify):							14
15	TOTAL General Administration						307,368	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	247,628	25,179	34,561	307,368		1,089,510	16
Capital Expenses								
D. Ownership								
17	Depreciation			285,761	285,761		285,761	17
18	Interest			355,203	355,203		355,203	18
19	Real Estate Taxes			89	89		89	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):Mortgage Premium Insurance			21,017	21,017		21,017	22
23	TOTAL Ownership			662,070	662,070		662,070	23
24	GRAND TOTAL (Sum of lines 16 and 23)	247,628	25,179	696,631	969,438		1,751,580	24

Facility Name: WEST CENTRAL ILLINOIS HOUSING ASSOCIATION, L.P.

Report Period Beginning: 01/01/2005 Ending: 12/31/2005

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 22.00	1
2	Licensed Practical Nurses	2	15.00	2
3	Certified Nurse Assistants	13	9.00	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	3	7.00	10
11	Laundry	1	7.00	11
12	Managers	1	14.90	12
13	Other Administrative			13
14	Clerical	1	9.60	14
15	Marketing			15
16	Other	5	6.75	16
17	Total (lines 1 thru 16)	27	\$ 11.41	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 <u>1</u>	City <u>2</u>
NDC EQUITY FUND IV	NEW YORK, NY

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>

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: WCI AREA AGENCY ON AGING If yes, what is the value of those services? \$ \$151,992

(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: WEST CENTRAL ILLINOIS HOUSING ASSOCIATION, L.P

Report Period Beginning: 01/01/2005

Ending: 12/31/2005

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired _____

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	1		2002	2002	\$ 7,006,426	\$	28	\$ 285,761	\$ 285,761	\$ 697,828	1
2											2
3											3
4											4
5											5
	Improvement Type										
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)				\$ 7,006,426	\$		\$ 285,761	\$ 285,761	\$ 697,828	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		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: WEST CENTRAL ILLINOIS HOUSING ASSOCIATION, L.P.

Report Period Beginning: 01/01/2005

Ending: 2/31/2005

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Amount of Note					
			YES	NO		Date of Note	Original	Balance	Maturity Date			
		A. Directly Facility Related Long-Term										
1						/ /	\$	\$	/ /		\$	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$	\$			\$	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$	\$			\$	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.

STATE OF ILLINOIS

Page 7

Facility Name: WEST CENTRAL ILLINOIS HOUSING ASSOCIATION, L.P.

Report Period Beginning: 01/01/2005

Ending:

12/31/2005

12/31/2005

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2005

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 316,174	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	24,770		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	7,944		7
8	Accounts Receivable (owners or related parties)	170,243		8
9	Other(specify):Misc current assets	9,909		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 529,040	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	575,807		12
13	Land			13
14	Buildings, at Historical Cost	6,920,363		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	164,345		16
17	Accumulated Depreciation (book methods)	(697,828)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	203,319		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,166,006	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,695,046	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 32,816	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	30,000		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	26,262		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Management Fee Payable	165,090		35
36	Maturities of Mortgage Loan	20,640		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 274,808	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	600,233		38
39	Mortgage Payable	4,125,939		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Developer Fees	676,599		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,402,771	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,677,579	\$	45
46	TOTAL EQUITY	\$ 2,017,467	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,695,046	\$	47

*(See instructions.)

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	\$ 690,292	1
2	Discounts and Allowances	722	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 691,014	3
B. Other Operating Revenue			
4	Special Services	717,958	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	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 717,958	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	7,381	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 7,381	14
D. Other Revenue (specify):			
15	Office Rent	15,300	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 15,300	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,431,653	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	323,936	19
20	Health Care/ Personal Care	458,206	20
21	General Administration	307,368	21
B. Capital Expense			
22	Ownership	662,070	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses	3,672	24
25	Other (specify):		25
26	Amortization	20,393	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,775,645	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (343,992)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (343,992)	31

Page 3, line 3 column 5: Adjustment of \$10,037.00 is classified as cable TV charges for residents' rooms.