

STATE OF ILLINOIS

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Facility Name: Autumn Leaves Retirement Center

Report Period Beginning:

01/01/2006

Ending: 12/31/2006

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	67,450	62,469	325	130,244		130,244	1
2	Housekeeping, Laundry and Maintenance	25,061	8,249	7,990	41,300		41,300	2
3	Heat and Other Utilities			45,324	45,324		45,324	3
4	Other (specify):			3,197	3,197		3,197	4
5	TOTAL General Services	92,511	70,718	56,836	220,065		220,065	5
B. Health Care and Programs								
6	Health Care/ Personal Care	102,937	374	2,957	106,268	(3,256)	103,012	6
7	Activities and Social Services	6,487	204	525	7,216		7,216	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	109,424	578	3,482	113,484	(3,256)	110,228	9
C. General Administration								
10	Administrative and Clerical	34,368	4,519	42,707	81,594		81,594	10
11	Marketing Materials, Promotions and Advertising			1,099	1,099		1,099	11
12	Employee Benefits and Payroll Taxes			31,327	31,327		31,327	12
13	Insurance-Property, Liability and Malpractice			29,426	29,426		29,426	13
14	Other (specify):			565	565		565	14
15	TOTAL General Administration	34,368	4,519	105,124	144,011		144,011	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	236,303	75,815	165,442	477,560	(3,256)	474,304	16
Capital Expenses								
D. Ownership								
17	Depreciation							17
18	Interest			125,395	125,395		125,395	18
19	Real Estate Taxes			19,599	19,599		19,599	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			144,994	144,994		144,994	23
24	GRAND TOTAL (Sum of lines 16 and 23)	236,303	75,815	310,436	622,554	(3,256)	619,298	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	4	11.10	3
4	Activity Director & Assistants	0	7.62	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3	10.21	7
8	Dishwashers			8
9	Maintenance Workers	0	10.75	9
10	Housekeepers	2	8.99	10
11	Laundry			11
12	Managers	1	15.10	12
13	Other Administrative	0	78.75	13
14	Clerical	1	11.33	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	13	\$	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

	Management fees paid to unrelated parties	Amount of Fee	
1	BMA Management, LTD	\$ 28,031	1
2			2
Total		\$ 28,031	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 _____ 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
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)				\$	\$		\$	\$	\$	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

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Report Period Beginning: 01/01/2006

Ending: 2/31/2006

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: None

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					
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
A. Directly Facility Related											
Long-Term											
1	Country Bank		X	Mortgage	1/19/06	\$ 1,717,000	\$ 1,699,779	N/A	0.0700	\$ 121,298	1
2	Country Bank		X	Line of Credit	N/A	N/A	55,256	N/A	Variable	4,097	2
3					/ /			/ /			3
Working Capital											
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 1,717,000	\$ 1,755,035			\$ 125,395	7
B. Non-Facility Related											
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 1,717,000	\$ 1,755,035			\$ 125,395	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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Ending:

12/31/2006

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

	1	2	
	Operating	After	
		Consolidation*	
A. Current Assets			
1	Cash on Hand and in Banks	\$ 7,298	\$ 1
2	Cash-Patient Deposits		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	72,364	3
4	Supply Inventory (priced at)		4
5	Short-Term Investments		5
6	Prepaid Insurance	812	6
7	Other Prepaid Expenses	12	7
8	Accounts Receivable (owners or related parties)		8
9	Other(specify):		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 80,486	\$ 10
B. Long-Term Assets			
11	Long-Term Notes Receivable		11
12	Long-Term Investments		12
13	Land		13
14	Buildings, at Historical Cost	917,859	14
15	Leasehold Improvements, at Historical Cost		15
16	Equipment, at Historical Cost	102,000	16
17	Accumulated Depreciation (book methods)		17
18	Deferred Charges		18
19	Organization & Pre-Operating Costs	700,000	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)	\$ 1,719,859	\$ 24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,800,345	\$ 25

	1	2	
	Operating	After	
		Consolidation*	
C. Current Liabilities			
26	Accounts Payable	\$ 8,087	\$ 26
27	Officer's Accounts Payable		27
28	Accounts Payable-Patient Deposits	250	28
29	Short-Term Notes Payable		29
30	Accrued Salaries Payable	6,923	30
31	Accrued Taxes Payable	19,117	31
32	Accrued Interest Payable		32
33	Deferred Compensation		33
34	Federal and State Income Taxes		34
	Other Current Liabilities(specify):		
35	Unearned Revenue	1,119	35
36	Line of Credit	55,256	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 90,752	\$ 37
D. Long-Term Liabilities			
38	Long-Term Notes Payable		38
39	Mortgage Payable	1,699,779	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)	\$ 1,699,779	\$ 44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,790,531	\$ 45
46	TOTAL EQUITY	\$ 9,814	\$ 46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,800,345	\$ 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	\$ 614,067	1
2	Discounts and Allowances	(919)	2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 613,148	3
B. Other Operating Revenue			
4	Special Services	6,874	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	3,256	8
9	Non-Resident Meals	6,543	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 16,673	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	2,547	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 2,547	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 632,368	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	220,065	19
20	Health Care/ Personal Care	113,484	20
21	General Administration	144,011	21
B. Capital Expense			
22	Ownership	144,994	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)	\$ 622,554	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 9,814	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 9,814	31

Cost Center Expenses

A. General Services - Other

Exterminating	\$	630
Rubbish Removal	\$	1,780
Vehicle Expense	\$	664
Misc Operating Expenses		
Window Washing		
Transportation Expense	\$	123
Total	\$	3,197

C. General Administration - Other

Legal		
Accounting	\$	140
Audit		
Contract Labor		
Bad Debt	\$	425
Total	\$	565

D. Ownership

Financing Fees		
Letter of Credit Fee		
Bond & Draw Fee		
Remarketing & Trustee Fee		
Mortgage Service Fee		
Mortgage Insurance Premium		
Partnership Management Fee		
Asset Management Fee		
Incentive Manangement Fee		
Tax Credit Fee & Incentive Fee		
Organizational Expense		
Amortization Expense		
Business Interruption		
Total	\$	-

Income Statement

D. Other Revenue

Cable		Offset against expense
Convenience Store		
Deposit Fee		
Telephone Connection		Offset against expense
Telephone Usage		Offset against expense
Miscellaneous	\$ 2,547	
Property Tax Adjustments		
	\$ 2,547	