

Facility Name Cambridge House of Maryville

Report Period Beginning: 01/01/2006 Ending: 12/31/2006

III. STATISTICAL DATA

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

Date of change in certified units / /

	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		Single Unit Apartment	100	21,400	1
2		Double Unit Apartment	3	642	2
3		Other			3
4		TOTALS	103	22,042	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	9,835	7,280		17,115	5
6	Double Unit					6
7	Other					7
8	TOTALS	9,835	7,280		17,115	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 77.65%

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

237 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 23 (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)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2006 Fiscal Year: 12/31/2006

* 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. _____

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	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	96,163	87,641		183,804		183,804	1
2	Housekeeping, Laundry and Maintenance	39,510	10,643	14,951	65,104		65,104	2
3	Heat and Other Utilities			48,189	48,189	(5,169)	43,020	3
4	Other (specify):			3,078	3,078		3,078	4
5	TOTAL General Services	135,673	98,284	66,218	300,175	(5,169)	295,006	5
B. Health Care and Programs								
6	Health Care/ Personal Care	190,050	2,287	7,178	199,515	(9,621)	189,894	6
7	Activities and Social Services	12,346	1,178	5,513	19,037		19,037	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	202,396	3,465	12,691	218,552	(9,621)	208,931	9
C. General Administration								
10	Administrative and Clerical	68,289	6,362	129,561	204,212	(10,693)	193,519	10
11	Marketing Materials, Promotions and Advertising	46,658	7,865	9,575	64,098		64,098	11
12	Employee Benefits and Payroll Taxes			72,038	72,038		72,038	12
13	Insurance-Property, Liability and Malpractice			2,854	2,854		2,854	13
14	Other (specify):			8,600	8,600		8,600	14
15	TOTAL General Administration	114,947	14,227	222,628	351,802	(10,693)	341,109	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	453,016	115,976	301,537	870,529	(25,483)	845,046	16
Capital Expenses								
D. Ownership								
17	Depreciation			395,816	395,816		395,816	17
18	Interest			8,532	8,532	(7)	8,525	18
19	Real Estate Taxes			36,452	36,452		36,452	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			81,041	81,041		81,041	22
23	TOTAL Ownership			521,841	521,841	(7)	521,834	23
24	GRAND TOTAL (Sum of lines 16 and 23)	453,016	115,976	823,378	1,392,370	(25,490)	1,366,880	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	\$ 23.61	1
2	Licensed Practical Nurses	1	15.15	2
3	Certified Nurse Assistants	12	9.54	3
4	Activity Director & Assistants	1	9.81	4
5	Social Service Workers			5
6	Head Cook	1	13.19	6
7	Cook Helpers/Assistants	7	8.39	7
8	Dishwashers			8
9	Maintenance Workers	1	10.40	9
10	Housekeepers	3	7.57	10
11	Laundry			11
12	Managers	1	34.23	12
13	Other Administrative	1	17.53	13
14	Clerical	1	12.37	14
15	Marketing	1	38.14	15
16	Other			16
17	Total (lines 1 thru 16)	30	\$	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	\$ 72,736	1
2			2
Total		\$ 72,736	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
Cambridge House of O'Fallon		O'Fallon	

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 650,127 Year land was acquired 2004

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	103			2006	\$ 9,624,699	\$ 218,769	28	\$ 218,769	\$	\$ 218,769	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land Improvements				334,649	16,732	15	16,732		16,732	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)				\$ 9,959,348	\$ 235,501		\$ 235,501	\$	\$ 235,501	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	\$ 801,576	\$ 160,315	\$ 160,315	\$	5	\$ 160,315	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 801,576	\$ 160,315	\$ 160,315	\$		\$ 160,315	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: 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**				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	IHDA		X	Mortgage Loan	12/1/06	\$ 6,950,000	\$ 6,945,637	12/1/41	0.0648	\$ 8,532	1					
2					/ /			/ /			2					
3					/ /			/ /			3					
Working Capital																
4					/ /			/ /			4					
5					/ /			/ /			5					
6					/ /			/ /			6					
7	TOTAL Facility Related					\$ 6,950,000	\$ 6,945,637			\$ 8,532	7					
B. Non-Facility Related																
8					/ /			/ /			8					
9					/ /			/ /			9					
10	TOTALS (lines 7, 8 and 9)					\$ 6,950,000	\$ 6,945,637			\$ 8,532	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 12/31/2006

(last day of reporting year)

	1	2	
	Operating	After	
		Consolidation*	
A. Current Assets			
1	Cash on Hand and in Banks	\$ 54,911	\$ 1
2	Cash-Patient Deposits		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	428,738	3
4	Supply Inventory (priced at)		4
5	Short-Term Investments		5
6	Prepaid Insurance	50,969	6
7	Other Prepaid Expenses	366	7
8	Accounts Receivable (owners or related parties)		8
9	Other(specify):		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 534,984	\$ 10
B. Long-Term Assets			
11	Long-Term Notes Receivable		11
12	Long-Term Investments		12
13	Land	650,127	13
14	Buildings, at Historical Cost	9,624,699	14
15	Leasehold Improvements, at Historical Cost	334,649	15
16	Equipment, at Historical Cost	801,576	16
17	Accumulated Depreciation (book methods)	(395,816)	17
18	Deferred Charges		18
19	Organization & Pre-Operating Costs	116,895	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(4,243)	20
21	Restricted Funds	1,591,817	21
22	Other Long-Term Assets (specify):		22
23	Other(specify):		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,719,704	\$ 24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,254,688	\$ 25

*(See instructions.)

	1	2	
	Operating	After	
		Consolidation*	
C. Current Liabilities			
26	Accounts Payable	\$ 35,015	\$ 26
27	Officer's Accounts Payable		27
28	Accounts Payable-Patient Deposits		28
29	Short-Term Notes Payable	40,000	29
30	Accrued Salaries Payable	27,064	30
31	Accrued Taxes Payable	89,000	31
32	Accrued Interest Payable	37,506	32
33	Deferred Compensation		33
34	Federal and State Income Taxes		34
	Other Current Liabilities(specify):		
35	Accrued Liabilities & Unearned Rev	9,618	35
36	Accrued Asset Mgmt Fee & Dev Fee	732,493	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 970,696	\$ 37
D. Long-Term Liabilities			
38	Long-Term Notes Payable		38
39	Mortgage Payable	6,945,636	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)	\$ 6,945,636	\$ 44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,916,332	\$ 45
46	TOTAL EQUITY	\$ 5,338,356	\$ 46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 13,254,688	\$ 47

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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	\$ 1,289,233	1
2	Discounts and Allowances	(635)	2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 1,288,598	3
B. Other Operating Revenue			
4	Special Services	15,956	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	9,621	8
9	Non-Resident Meals	3,422	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 28,999	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	11,871	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 11,871	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	17,811	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 17,811	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 1,347,279	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	300,175	19
20	Health Care/ Personal Care	218,552	20
21	General Administration	351,802	21
B. Capital Expense			
22	Ownership	521,841	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)	\$ 1,392,370	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (45,091)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (45,091)	31

Cost Center Expenses

A. General Services - Other

Exterminating	\$	800
Rubbish Removal	\$	1,646
Vehicle Expense	\$	320
Misc Operating Expenses		
Window Washing		
Transportation Expense	\$	312
Total	\$	3,078

C. General Administration - Other

Legal		
Accounting		
Audit	\$	8,600
Contract Labor		
Bad Debt		
Total	\$	8,600

D. Ownership

Financing Fees		
Letter of Credit Fee		
Bond & Draw Fee		
Remarketing & Trustee Fee		
Mortgage Service Fee	\$	1,448
Mortgage Insurance Premium	\$	5,423
Partnership Management Fee		
Asset Management Fee	\$	4,170
Incentive Manangement Fee		
Tax Credit Fee & Incentive Fee	\$	2,100
Organizational Expense	\$	63,657
Amortization Expense	\$	4,243
Business Interruption		
Total	\$	81,041

Income Statement

D. Other Revenue

Cable	\$	5,169	Offset against expense
Convenience Store			
Deposit Fee	\$	700	
Telephone Connection	\$	8,507	Offset against expense
Telephone Usage	\$	2,187	Offset against expense
Miscellaneous	\$	1,248	
Property Tax Adjustments			
	\$	17,811	