

Facility Name Eden Supportive Living

Report Period Beginning: 1/1/06 Ending: 12/31/06

III. STATISTICAL DATA

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

Date of change in certified units 84/365/365

	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	33	Single Unit Apartment	33	12,045	1
2	51	Double Unit Apartment	51	18,615	2
3		Other		18,615	3
4	84	TOTALS	84	49,275	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	10,711	604		11,315	5
6	Double Unit	31,796			31,796	6
7	Other					7
8	TOTALS	42,507	604		43,111	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.49%

D. Indicate the number of paid bed-hold days the SLF had during this year
 Also, indicate the number of unpaid bed-hold days the SLF had during this year. _____ **(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 Fiscal Year: 12/31

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the required payments of interest and principle? _____

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	276,989	237,673	1,350	516,012		516,012	1
2	Housekeeping, Laundry and Maintenance	70,275	33,424	96,212	199,911		199,911	2
3	Heat and Other Utilities			144,856	144,856		144,856	3
4	Other (specify):							4
5	TOTAL General Services	347,264	271,097	242,418	860,779		860,779	5
B. Health Care and Programs								
6	Health Care/ Personal Care	346,560	4,292		350,852		350,852	6
7	Activities and Social Services		6,786		6,786		6,786	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	346,560	11,078		357,638		357,638	9
C. General Administration								
10	Administrative and Clerical	287,112	29,701		316,813		316,813	10
11	Marketing Materials, Promotions and Advertising			25,826	25,826		25,826	11
12	Employee Benefits and Payroll Taxes			131,585	131,585		131,585	12
13	Insurance-Property, Liability and Malpractice			44,177	44,177		44,177	13
14	Other (specify): See Statement 1			41,647	41,647		41,647	14
15	TOTAL General Administration	287,112	29,701	243,235	560,048		560,048	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	980,936	311,876	485,653	1,778,465		1,778,465	16
Capital Expenses								
D. Ownership								
17	Depreciation			246,706	246,706		246,706	17
18	Interest			603,167	603,167		603,167	18
19	Real Estate Taxes			48,500	48,500		48,500	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Statement 2			133,852	133,852		133,852	22
23	TOTAL Ownership			1,032,225	1,032,225		1,032,225	23
24	GRAND TOTAL (Sum of lines 16 and 23)	980,936	311,876	1,517,878	2,810,690		2,810,690	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	\$ 31.73	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	19	9.00	3
4	Activity Director & Assistants	2	10.99	4
5	Social Service Workers			5
6	Head Cook	1	14.33	6
7	Cook Helpers/Assistants	10	8.61	7
8	Dishwashers	3	6.83	8
9	Maintenance Workers	1	9.00	9
10	Housekeepers	2	7.59	10
11	Laundry	1	7.00	11
12	Managers	1	37.02	12
13	Other Administrative			13
14	Clerical	2	16.12	14
15	Marketing	1	13.25	15
16	Other			16
17	Total (lines 1 thru 16)	44	\$	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	NONE			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	NONE	\$ 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
None			

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 189,617 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	84		1999	2005	\$ 8,039,286	\$ 161,231	40	\$ 161,231	\$	\$ 577,010	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)				\$ 8,039,286	\$ 161,231		\$ 161,231	\$	\$ 577,010	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	\$ 184,088	\$ 32,591	\$ 32,591	\$	5-7	\$ 52,901	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 184,088	\$ 32,591	\$ 32,591	\$		\$ 52,901	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	NONE				22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

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IX. RENTAL COSTS N/A

A. Building and Fixed Equipment

1. Name of Party Holding Lease: 4131 Sheridan Properties, Ltd. (RELATED ENTITY)

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	2000	84	5/11/99	\$ 621,654	40		3
4	Additions	2005		5/11/99				4
5				/ /				5
6				/ /				6
7	TOTAL		84		\$ 621,654			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		
	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	MMA MORT INV CORP		X	Rehab and SLF conversion	11/25/03	\$ 9,400,000	\$ 9,282,219	02/01/45	5.7200	\$ 603,167
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 9,400,000	\$ 9,282,219			\$ 603,167
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 9,400,000	\$ 9,282,219			\$ 603,167

* 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

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Facility Name: **Eden Supportive Living**Report Period Beginning: **1/1/06**

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12/31/06**12/31/06****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/06**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 510,737	\$ 510,737	1
2	Cash-Patient Deposits	94,533	94,533	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 8,300)	905,885	905,885	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,347	31,347	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)	\$ 1,542,502	\$ 1,542,502	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	189,617	189,617	13
14	Buildings, at Historical Cost	8,039,286	8,039,286	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	184,088	184,088	16
17	Accumulated Depreciation (book methods)	(629,911)	(629,911)	17
18	Deferred Charges	955,862	955,862	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	141,887	141,887	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,880,829	\$ 8,880,829	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,423,331	\$ 10,423,331	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 64,077	\$ 64,077	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	91,933	91,933	28
29	Short-Term Notes Payable	69,631	69,631	29
30	Accrued Salaries Payable	21,192	21,192	30
31	Accrued Taxes Payable	48,500	48,500	31
32	Accrued Interest Payable	44,245	44,245	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35	Accrued fees, owners (payable from surplus cash)			35
36		248,000	248,000	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 587,578	\$ 587,578	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,212,588	9,212,588	39
40	Bonds Payable			40
41	Deferred Compensation			41
Other Long-Term Liabilities(specify):				
42	Commercial sec. Deposits	5,100	5,100	42
43	Due to owners (from surplus cash)	602,178	602,178	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 9,819,866	\$ 9,819,866	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,407,444	\$ 10,407,444	45
46	TOTAL EQUITY	\$ 15,887	\$ 15,887	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,423,331	\$ 10,423,331	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	\$ 3,320,766	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,320,766	3
B. Other Operating Revenue			
4	Special Services	27,349	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)	\$ 27,349	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	16,539	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 16,539	14
D. Other Revenue (specify):			
15	Store rents	37,300	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 37,300	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,401,954	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	860,779	19
20	Health Care/ Personal Care	357,638	20
21	General Administration	560,048	21
B. Capital Expense			
22	Ownership	1,032,225	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify): Statement 3	245,705	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,056,395	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 345,559	29
30	Income Taxes NA	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 345,559	31

STATEMENT 1 PART IV, LINE 14, COLUMN 3 - OTHER GENERAL ADMINISTRATION

Renting expenses	\$ 5,174
Legal fees	12,561
Payroll processing	2,372
Bad debts	8,300
Other office and general costs	<u>13,240</u>
	<u>\$ 41,647</u>

STATEMENT 2 PART IV, LINE 22, COLUMN 3 - OTHER OWNERSHIP

Mortgage insurance premium	\$ 47,000
Amortization expense	<u>86,852</u>
	<u>\$ 133,852</u>

STATEMENT 3 PART XII, LINE 25 - OTHER EXPENSES

Entity interest income	\$ (2,295)
Legal fees accrued to owner	48,000
Management fees accrued to owner	<u>200,000</u>
Total other expenses	245,705
Total costs per Part IV, Line 24, Col. 6	<u>2,810,690</u>
Total expenses per Part XII, Line 28	<u>\$3,056,395</u>