

Facility Name Hickory Estates of Pana LLC

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 12-12-05

	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	39	Single Unit Apartment	39	14,235	1
2	7	Double Unit Apartment	7	2,555	2
3		Other			3
4	46	TOTALS	46	16,790	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	2,166	8,266		10,432	5
6	Double Unit	78	2,378		2,456	6
7	Other					7
8	TOTALS	2,244	10,644		12,888	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.76%

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

51 Also, indicate the number of unpaid bed-hold days the SLF had during this year. NONE (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: 2006 Fiscal Year: 12-31-06

* 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. _____

STATE OF ILLINOIS

Page 3

Facility Name: Hickory Estates of Pana LLC

Report Period Beginning:

1-1-06

Ending:

12-31-06

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total		
		Salary/Wage	Supplies	Other	Total				
	A. General Services	1	2	3	4	5	6		
1	Dietary and Food Purchase	55,000	69,810	1,262	126,072		126,072	1	
2	Housekeeping, Laundry and Maintenance	8,588	9,983	8,829	27,400		27,400	2	
3	Heat and Other Utilities			42,408	42,408	(5,460)	36,948	3	
4	Other (specify):			5,310	5,310		5,310	4	
5	TOTAL General Services	63,588	79,793	57,809	201,190	(5,460)	195,730	5	
B. Health Care and Programs									
6	Health Care/ Personal Care	82,062	261	3,170	85,493		85,493	6	
7	Activities and Social Services		1,719		1,719		1,719	7	
8	Other (specify):							8	
9	TOTAL Health Care and Programs	82,062	1,980	3,170	87,212		87,212	9	
C. General Administration									
10	Administrative and Clerical	54,968	4,004	19,349	78,321		78,321	10	
11	Marketing Materials, Promotions and Advertising		517	7,603	8,120		8,120	11	
12	Employee Benefits and Payroll Taxes	17,187			17,187		17,187	12	
13	Insurance-Property, Liability and Malpractice			8,352	8,352		8,352	13	
14	Other (specify):			8,707	8,707		8,707	14	
15	TOTAL General Administration	72,155	4,521	44,011	120,687		120,687	15	
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	217,805	86,294	104,990	409,089	(5,460)	403,629	16	
Capital Expenses									
D. Ownership									
17	Depreciation			2,294	2,294		2,294	17	
18	Interest			24,467	24,467		24,467	18	
19	Real Estate Taxes							19	
20	Rent -- Facility and Grounds			279,425	279,425		279,425	20	
21	Rent -- Equipment							21	
22	Other (specify):							22	
23	TOTAL Ownership			306,186	306,186		306,186	23	
24	GRAND TOTAL (Sum of lines 16 and 23)	217,805	86,294	411,176	715,275	(5,460)	709,815	24	

Facility Name: Hickory Estates of Pana LLC

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

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	21	7.25	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	2	9.50	6
7	Cook Helpers/Assistants	17	6.50	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	5	6.50	10
11	Laundry			11
12	Managers	2	15.13	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other	1	6.50	16
17	Total (lines 1 thru 16)	48	\$ 51	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	Housing Authority of Christian County	\$ 14,502 1
2		
Total		\$ 14,502 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
The Parkway		Pana		New Construction	
C.C.I.C.S.		Pana		501c3 Non-Profit	
_____		_____		_____	

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).

Facility Name: Hickory Estates of Pana LLC

Report Period Beginning: 1-1-06

Ending: 12-31-06

VIII. OWNERSHIP COSTS

A. Purchase price of land 149,311 Year land was acquired 2003

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	46		2005	2004	\$ 3,345,189	\$ 121,627	28	\$ 121,627	\$	\$ 182,440	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Building and Site Improvements		2005	37,391	2,492	28	2,492		3,739	6
7		Building and Site Improvements		2006	5,891	196	15	196		196	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)				\$ 3,388,471	\$ 124,315		\$ 124,315	\$	\$ 186,375	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	5,987	1,197	1,197		5	2,294	19
20	TOTAL (lines 18 and 19)	\$ 5,987	\$ 1,197	\$ 1,197	\$		\$ 2,294	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: Hickory Estates of Pana LLC

Report Period Beginning: 1-1-06

Ending: 12-31-06

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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					/ /	\$		/ /			\$	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: Hickory Estates of Pana LLC

Report Period Beginning: 1-1-06

Ending:

12-31-06

12-31-06

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12-31-06

(last day of reporting year)

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 71,153	\$ 755,543	1
2	Cash-Patient Deposits	38,981	38,981	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	60,775	60,775	3
4	Supply Inventory (priced <u>cost</u>)	7,166	7,166	4
5	Short-Term Investments			5
6	Prepaid Insurance	14,250	14,250	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)		(205)	8
9	Other(specify): <u>Line of Credit</u>	10,000	(9,374)	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 202,325	\$ 867,136	10
B. Long-Term Assets				
11	Long-Term Notes Receivable		509,000	11
12	Long-Term Investments			12
13	Land		654,334	13
14	Buildings, at Historical Cost		4,972,092	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,987	47,268	16
17	Accumulated Depreciation (book methods)	(2,294)	(1,382,533)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		18,843	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Building Improvements</u>	5,891	356,809	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,584	\$ 5,175,813	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 211,909	\$ 6,042,949	25

*(See instructions.)

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$	\$ 112,371	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	38,800	38,800	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	1,557	1,557	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35	<u>See Attachments</u>		(124,706)	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 40,357	\$ 28,022	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable	425,000	523,797	38
39	Mortgage Payable		3,352,806	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)	\$ 425,000	\$ 3,876,603	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 465,357	\$ 3,904,625	45
46	TOTAL EQUITY	\$ (253,448)	\$ 2,138,324	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 211,909	\$ 6,042,949	47

Facility Name: Hickory Estates of Pana LLC

Report Period Beginning: 1-1-06

Ending: 12-31-06

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	\$ 731,363	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 731,363	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	1,889	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 1,889	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,956	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 1,956	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)	\$ 735,208	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	195,730	19
20	Health Care/ Personal Care	87,212	20
21	General Administration	120,687	21
B. Capital Expense			
22	Ownership	306,186	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)	\$ 709,815	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 25,393	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 25,393	31

LINE 3	Cable TV adjusted for residents	5,460.00
	TOTAL	5,460.00

LINE 4	Trash pickup	444.00
	Pest control	750.00
	Rug Cleaning	1,310.00
	Auto Expense	2,429.00
	Snow removal	100.00
	Fire alarms	277.00
	TOTAL	5,310.00

LINE 14	Training	194.00
	Shipping & Freight	9.00
	Licensing	328.00
	Legal/Professional	7,079.00
	Mileage	77.00
	Background checks	544.00
	Interest on Tenant Deposits	26.00
	Employee Recognition	450.00
	TOTAL	8,707.00

STATE OF ILLINOIS

Facility Name: Christian County Integrated Community Services

Report Period Beginning: 1-1-06

Ending:

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	\$ 161,965	\$ 755,543	1
2	Cash-Patient Deposits		38,981	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)		60,775	3
4	Supply Inventory (priced at)		7,166	4
5	Short-Term Investments			5
6	Prepaid Insurance		14,250	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)		(205)	8
9	Other(specify): A/R Voucher	(30,780)	(9,374)	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 131,185	\$ 867,136	10
B. Long-Term Assets				
11	Long-Term Notes Receivable		509,000	11
12	Long-Term Investments			12
13	Land	510,350	654,334	13
14	Buildings, at Historical Cost	3,355,318	4,972,092	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost		47,268	16
17	Accumulated Depreciation (book methods)	(182,440)	(1,382,533)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	18,843	18,843	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Building & Site Improvement	37,391	356,809	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,739,462	\$ 5,175,813	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,870,647	\$ 6,042,949	25

	1	2		
	Operating	After Consolidation*		
C. Current Liabilities				
26	Accounts Payable	\$ 111,702	\$ 112,371	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits		38,800	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable		1,557	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35	Donations	23,500	(124,706)	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 135,202	\$ 28,022	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable	98,797	523,797	38
39	Mortgage Payable	3,352,806	3,352,806	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)	\$ 3,451,603	\$ 3,876,603	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,586,805	\$ 3,904,625	45
46	TOTAL EQUITY	\$ 283,842	\$ 2,138,324	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 3,870,647	\$ 6,042,949	47

*(See instructions.)

STATE OF ILLINOIS

Page 7

Facility Name: Parkway

Report Period Beginning: 1-1-06

Ending:

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	\$ 522,425	\$ 755,543	1
2	Cash-Patient Deposits		38,981	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)		60,775	3
4	Supply Inventory (priced at)		7,166	4
5	Short-Term Investments			5
6	Prepaid Insurance		14,250	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(205)	(205)	8
9	Other(specify): HUD	11,406	(9,374)	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 533,626	\$ 867,136	10
B. Long-Term Assets				
11	Long-Term Notes Receivable	509,000	509,000	11
12	Long-Term Investments			12
13	Land	143,984	654,334	13
14	Buildings, at Historical Cost	1,616,774	4,972,092	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	41,281	47,268	16
17	Accumulated Depreciation (book methods)	(1,197,799)	(1,382,533)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		18,843	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Building Improvements	313,527	356,809	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,426,767	\$ 5,175,813	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,960,393	\$ 6,042,949	25

*(See instructions.)

	1	2		
	Operating	After Consolidation*		
C. Current Liabilities				
26	Accounts Payable	\$ 669	\$ 112,371	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits		38,800	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable		1,557	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35	See Attached	(148,206)	(124,706)	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ (147,537)	\$ 28,022	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable		523,797	38
39	Mortgage Payable		3,352,806	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)	\$	\$ 3,876,603	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ (147,537)	\$ 3,904,625	45
46	TOTAL EQUITY	\$ 2,107,930	\$ 2,138,324	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,960,393	\$ 6,042,949	47

The Parkway

Attachment

Other Current Liabilities

Tenant Security Deposit	(\$13,845.00)
Accounts Payable Public Housing	\$181,024.00
PILOT Current Year	(\$13,730.00)
Accrued Absences	(\$3,637.00)
Accrued Utilities	(\$1,606.00)
Total	\$148,206.00