

Facility Name Evergreen Place

Report Period Beginning: 01/01/07 Ending: 12/31/07

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	26	Single Unit Apartment	26	9,490	1
2		Double Unit Apartment			2
3		Other			3
4	26	TOTALS	26	9,490	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	2,494	5,481		7,975	5
6	Double Unit					6
7	Other					7
8	TOTALS	2,494	5,481		7,975	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.04%

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

ACCURAL MODIFIED CASH* CASH*

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

Tax Year: Fiscal Year:

* 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	49,108	55,406		104,514		104,514	1
2	Housekeeping, Laundry and Maintenance	33,436	12,434		45,871		45,871	2
3	Heat and Other Utilities			61,289	61,289		61,289	3
4	Other (specify):							4
5	TOTAL General Services	82,544	67,840	61,289	211,673		211,673	5
B. Health Care and Programs								
6	Health Care/ Personal Care	126,884	35		126,919		126,919	6
7	Activities and Social Services		1,885		1,885		1,885	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	126,884	1,920		128,804		128,804	9
C. General Administration								
10	Administrative and Clerical	45,441	2,609		48,050		48,050	10
11	Marketing Materials, Promotions and Advertising		1,023		1,023		1,023	11
12	Employee Benefits and Payroll Taxes			64,193	64,193		64,193	12
13	Insurance-Property, Liability and Malpractice			18,137	18,137		18,137	13
14	Other (specify):							14
15	TOTAL General Administration	45,441	3,632	82,330	131,403		131,403	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	254,869	73,392	143,619	471,880		471,880	16
Capital Expenses								
D. Ownership								
17	Depreciation							17
18	Interest							18
19	Real Estate Taxes			15,373	15,373		15,373	19
20	Rent -- Facility and Grounds			113,880	113,880		113,880	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			129,253	129,253		129,253	23
24	GRAND TOTAL (Sum of lines 16 and 23)	254,869	73,392	272,872	601,133		601,133	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	5	11.75	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			10
11	Laundry			11
12	Managers			12
13	Other Administrative	1	22.00	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	6	\$	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	1	City	2
Heritage Enterprises		Bloomington	

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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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Heritage Manor Real Estate LLC.

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	26	/ /	\$ 113,880		3
4	Additions		/ /			4
5			/ /			5
6			/ /			6
7	TOTAL	26		\$ 113,880		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			
		YES	NO			Original	Balance			
A. Directly Facility Related Long-Term										
1					/ /	\$	\$	/ /		\$
2					/ /			/ /		
3					/ /			/ /		
Working Capital										
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$	\$			\$
B. Non-Facility Related										
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$

* 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 12/31/07

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 13,828	\$	1
2	Cash-Patient Deposits	9,464		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	379,337		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	29,285		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)	\$ 431,914	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	25,000		13
14	Buildings, at Historical Cost	3,070,849		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	701,239		16
17	Accumulated Depreciation (book methods)	(1,517,360)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):	16,389		22
23	Other(specify):	296,588		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,592,705	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,024,619	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 245,880	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	145,043		30
31	Accrued Taxes Payable	16,528		31
32	Accrued Interest Payable	14,501		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35		9,464		35
36		63,333		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 494,749	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	2,466,297		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)	\$ 2,466,297	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,961,046	\$	45
46	TOTAL EQUITY	\$ 63,573	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 3,024,619	\$	47

*(See instructions.)

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XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 515,675	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 515,675	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		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 515,675	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	211,673	19
20	Health Care/ Personal Care	128,804	20
21	General Administration	131,403	21
	B. Capital Expense		
22	Ownership	129,253	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 601,133	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (85,458)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (85,458)	31

Heritage Enterprises
 Supportive Living Facility (SLF)
 For the Twelve months ending December 31, 2007

				Allocated		Direct		
				G&A		G&A		
				benefits	13713	3,777	Salary	45,441
				health ins	115680	31,863	supplies	2,609
				liab ins	65847	18,137	Promo	1,023
				work comp	52828	14,551	Taxes	14,003
						68,327		63,076
				Maint			Maint	
				wages	76879	21,175	Repairs	8,048
				utilities	222515	61,289		
				r/e taxes	55812	15,373		
						97,837		8,048
				Dietary			Dietary	
				Wages	178292	49,108		
				Food	189207	52,115		0
				Supplies	11949	3,291		0
					379448	104,514		0
				Laundry				
				Wages	42732	11,770		
				Supplies	9818	2,704		894
					52550	14,474		894
				Total Allo		285,152	Housekeeping	
							Salary	491
							Supplies	788
								1,279
							Nursing	
							Salaries	126,884
							Supplies	35
								126,919
							Activities	
							Supplies	1,885
							Total Direct	202,101
							Grnd Tot	487,253

12/31/07		

PRIVA'	5,481	6254
MEDIC	2,494	11701
MEDIC	0	3024
TOTAL	7,975	20979
LICEN:	9,490	28835
PERC:	84.04%	72.76%

ROUTINE	515,675	
NET ANC	0	
TOTAL C	515,675	

GENERAL	68,327	63076	131,403
PROPERTY	97,837	8048	105,885
DIETARY	104,514	0	104,514
LAUNDRY	14,474	894	15,368
HOUSEKEEPING	0	1279	1,279
NURSING	0	126919	126,919
OTHER SERVICES	0	1885	1,885
TOTAL	285,152	202101	487,253

GROSS INCOME	28,422	
CENTRAL	0	0
INTEREST	0	0
RENT	113,880	
DEPRECIATION	0	
AMORTIZATION	0	
FINANCIAL	113,880	

NET INCOME -85,458