

Facility Name: Mary Bryant Home For The Blind

Report Period Beginning:

04/01/2007

Ending: 03/31/2008

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	61,587	61,059	960	123,606		123,606	1
2	Housekeeping, Laundry and Maintenance	93,336	15,797		109,133		109,133	2
3	Heat and Other Utilities			114,380	114,380		114,380	3
4	Other (specify):							4
5	TOTAL General Services	154,923	76,856	115,340	347,119		347,119	5
B. Health Care and Programs								
6	Health Care/ Personal Care	183,713	2,721		186,434		186,434	6
7	Activities and Social Services	37,756	54,147	741	92,644		92,644	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	221,469	56,868	741	279,078		279,078	9
C. General Administration								
10	Administrative and Clerical	115,351		38,197	153,548		153,548	10
11	Marketing Materials, Promotions and Advertising			3,117	3,117		3,117	11
12	Employee Benefits and Payroll Taxes			99,062	99,062		99,062	12
13	Insurance-Property, Liability and Malpractice			48,374	48,374		48,374	13
14	Other (specify):							14
15	TOTAL General Administration	115,351		188,750	304,101		304,101	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	491,743	133,724	304,831	930,298		930,298	16
Capital Expenses								
D. Ownership								
17	Depreciation			67,801	67,801		67,801	17
18	Interest			33,287	33,287		33,287	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			101,088	101,088		101,088	23
24	GRAND TOTAL (Sum of lines 16 and 23)	491,743	133,724	405,919	1,031,386		1,031,386	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	\$ 20.00	1
2	Licensed Practical Nurses	1	14.00	2
3	Certified Nurse Assistants	5	10.00	3
4	Activity Director & Assistants	2	11.00	4
5	Social Service Workers	1	20.00	5
6	Head Cook	1	11.00	6
7	Cook Helpers/Assistants	2	10.00	7
8	Dishwashers			8
9	Maintenance Workers	2	10.00	9
10	Housekeepers	2	10.00	10
11	Laundry			11
12	Managers	1	26.00	12
13	Other Administrative	1	14.00	13
14	Clerical	1	13.00	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	20	\$	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 <u>1</u>	City <u>2</u>

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>

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				1982-1983	\$ 2,216,214	\$ 44,324		\$	\$	\$ 1,089,636	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Pavilion		Aug-91	28,791	720				11,998	6
7		Sidewalks		Jun-92	3,927	197				3,091	7
8		Remodeling		Oct-92	898	23				344	8
9		Outdoor Sign		Dec-93	988					988	9
10		Outdoor Lighting		Jan-94	624					624	10
11		A/C Coil		May-01	11,300	994				10,803	11
12		Roof Coil		Apr-02	6,000	857				5,143	12
13		Supportive Living Constr. - Phase I		Sep-04	387,565	9,689				33,599	13
14		Supportive Living Constr. - Phase II		Oct-06	151,922	3,798				5,294	14
15		A/C Unit		Oct-07	20,059	2,866				2,866	15
16											16
17		TOTAL (lines 1 thru 16)			\$ 2,828,288	\$ 63,468		\$	\$	\$ 1,164,386	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	\$ 223,496	\$ 1,040	\$			\$ 222,678	18
19	Vehicles	\$ 18,003	\$ 3,293				\$ 16,357	19
20	TOTAL (lines 18 and 19)	\$ 241,499	\$ 4,333	\$	\$		\$ 239,035	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: _____

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		
	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	Chase Bank			Mortgage	/ /	\$ 1,500,000	\$ 457,400	/ /		\$
2	IL Facilities Fund			Mortgage	/ /	387,118	322,362	/ /		14,064
3					/ /			/ /		19,223
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 1,887,118	\$ 779,762			\$ 33,287
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 1,887,118	\$ 779,762			\$ 33,287

* 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 03/31/2008

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 43,395	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)			3
4	Supply Inventory (priced : Cost)	6,664		4
5	Short-Term Investments	15,529		5
6	Prepaid Insurance			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)	\$ 65,588	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	147,030		13
14	Buildings, at Historical Cost	2,828,288		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	241,499		16
17	Accumulated Depreciation (book methods)	(1,403,421)		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):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,813,396	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,878,984	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,696	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,696	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	779,762		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)	\$ 779,762	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 781,458	\$	45
46	TOTAL EQUITY	\$ 1,097,526	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,878,984	\$	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	\$ 851,936	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 851,936	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	103,207	12
13	Interest and Other Investment Income	3,365	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 106,572	14
D. Other Revenue (specify):			
15	Gain on Sale of Vehicle	1,000	15
16	Sales - Low Vision Items	71,748	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 72,748	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,031,256	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	347,119	19
20	Health Care/ Personal Care	279,078	20
21	General Administration	304,101	21
B. Capital Expense			
22	Ownership	101,088	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)	\$ 1,031,386	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (130)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (130)	31