





Facility Name: Evergreen Place-Litchfield

Report Period Beginning:

01/01/09

Ending:

12/31/09

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	120,720	86,185		206,905		206,905	1
2	Housekeeping, Laundry and Maintenance	53,843	19,060		72,903		72,903	2
3	Heat and Other Utilities			103,974	103,974		103,974	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	174,563	105,245	103,974	383,782		383,782	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	205,855	1,312		207,167		207,167	6
7	Activities and Social Services	27,521	2,063		29,584		29,584	7
8	Other (specify):			3,896	3,896		3,896	8
9	<b>TOTAL Health Care and Programs</b>	233,376	3,375	3,896	240,647		240,647	9
<b>C. General Administration</b>								
10	Administrative and Clerical	140,596	13,089	183,609	337,294	(534)	336,760	10
11	Marketing Materials, Promotions and Advertising			47,933	47,933		47,933	11
12	Employee Benefits and Payroll Taxes			87,947	87,947		87,947	12
13	Insurance-Property, Liability and Malpractice			39,489	39,489		39,489	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	140,596	13,089	358,978	512,663	(534)	512,129	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	548,535	121,709	466,848	1,137,092	(534)	1,136,558	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			316,328	316,328		316,328	17
18	Interest			449,441	449,441	(169,006)	280,435	18
19	Real Estate Taxes			75,000	75,000		75,000	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			19,906	19,906		19,906	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			860,675	860,675	(169,006)	691,669	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	548,535	121,709	1,327,523	1,997,767	(169,540)	1,828,227	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	\$ 25.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	7	12.00	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	12.00	5
6	Head Cook	1	12.00	6
7	Cook Helpers/Assistants	5	10.00	7
8	Dishwashers			8
9	Maintenance Workers	1	15.00	9
10	Housekeepers	1	10.00	10
11	Laundry			11
12	Managers	1	40.00	12
13	Other Administrative	2	20.00	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>20</b>	<b>\$</b>	<b>17</b>

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
				<b>Total</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Heritage Operations Group LLC	\$ 132,935	1
2			2
		<b>Total</b>	<b>3</b>

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
Evergreen Streator LP		Streator	
Evergreen Village		Normal	
Evergreen Beardstown		Beardstown	

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	69			2008	\$ 9,158,540	\$ 247,080		\$ 247,080	\$	\$ 288,222	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Landscaping		2009	13,600						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)				\$ 9,172,140	\$ 247,080		\$ 247,080	\$	\$ 288,222	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	\$ 692,490	\$ 69,249	\$ 69,249	\$		\$ 80,790	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 692,490	\$ 69,249	\$ 69,249	\$		\$ 80,790	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: Evergreen Place-Litchfield

Report Period Beginning: 01/01/09

Ending: 12/31/09

**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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	IHDA		x	Mortgage	/ /2008	\$	\$ 8,066,459	/ /2043		\$ 427,922	1
2				Loan Fee Amortization	/ /			/ /		21,519	2
3					/ /			/ /			3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$	\$ 8,066,459			\$ 449,441	7
	<b>B. Non-Facility Related</b>										
8	Interst Income				/ /			/ /		-169,006	8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$ 8,066,459			\$ 280,435	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.

Facility Name: Evergreen Place-Litchfield

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Ending:

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 855,237	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	289,827		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	48,375		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(589,597)		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 603,842	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	788,611		13
14	Buildings, at Historical Cost	8,442,979		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	692,490		16
17	Accumulated Depreciation (book methods)	(369,011)		17
18	Deferred Charges	227,090		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	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 9,782,159	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 10,386,001	\$	25

\*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,939	\$	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	73,333		31
32	Accrued Interest Payable			32
33	Deferred Compensation	55,367		33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 130,639	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,066,459		39
40	Bonds Payable			40
41	Deferred Compensation	970,345		41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 9,036,804	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 9,167,443	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,218,558	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 10,386,001	\$	47

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

		<b>1</b>	
<b>Revenue</b>		<b>Amount</b>	
<b>A. SLF Resident Care</b>			
<b>1</b>	Gross SLF Resident Revenue	\$ 1,338,221	<b>1</b>
<b>2</b>	Discounts and Allowances	(58,413)	<b>2</b>
<b>3</b>	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 1,279,808</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
<b>4</b>	Special Services		<b>4</b>
<b>5</b>	Other Health Care Services	676	<b>5</b>
<b>6</b>	Special Grants		<b>6</b>
<b>7</b>	Gift and Coffee Shop		<b>7</b>
<b>8</b>	Barber and Beauty Care	4,337	<b>8</b>
<b>9</b>	Non-Resident Meals		<b>9</b>
<b>10</b>	Laundry		<b>10</b>
<b>11</b>	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 5,013</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
<b>12</b>	Contributions		<b>12</b>
<b>13</b>	Interest and Other Investment Income	169,006	<b>13</b>
<b>14</b>	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 169,006</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
<b>15</b>			<b>15</b>
<b>16</b>			<b>16</b>
<b>17</b>	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
<b>18</b>	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 1,453,827</b>	<b>18</b>

		<b>2</b>	
<b>Expenses</b>		<b>Amount</b>	
<b>A. Operating Expenses</b>			
<b>19</b>	General Services	383,782	<b>19</b>
<b>20</b>	Health Care/ Personal Care	240,647	<b>20</b>
<b>21</b>	General Administration	512,663	<b>21</b>
<b>B. Capital Expense</b>			
<b>22</b>	Ownership	860,675	<b>22</b>
<b>C. Other Expenses</b>			
<b>23</b>	Special Cost Centers		<b>23</b>
<b>24</b>	Non-Operating Expenses		<b>24</b>
<b>25</b>	Other (specify):		<b>25</b>
<b>26</b>			<b>26</b>
<b>27</b>			<b>27</b>
<b>28</b>	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 1,997,767</b>	<b>28</b>
<b>29</b>	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (543,940)</b>	<b>29</b>
<b>30</b>	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
<b>31</b>	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (543,940)</b>	<b>31</b>