

Facility Name: Evergreen Place-Streator

Report Period Beginning:

01/01/2010

Ending:

12/31/10

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	70,862	149,647		220,509		220,509	1
2	Housekeeping, Laundry and Maintenance	57,987	25,917		83,904		83,904	2
3	Heat and Other Utilities			94,200	94,200		94,200	3
4	Other (specify):							4
5	TOTAL General Services	128,849	175,564	94,200	398,613		398,613	5
B. Health Care and Programs								
6	Health Care/ Personal Care	240,893	2,071		242,964		242,964	6
7	Activities and Social Services	30,196	2,767		32,963		32,963	7
8	Other (specify):			7,022	7,022		7,022	8
9	TOTAL Health Care and Programs	271,089	4,838	7,022	282,949		282,949	9
C. General Administration								
10	Administrative and Clerical	147,382	6,206	146,168	299,756	(1,194)	298,562	10
11	Marketing Materials, Promotions and Advertising			39,784	39,784		39,784	11
12	Employee Benefits and Payroll Taxes			58,411	58,411		58,411	12
13	Insurance-Property, Liability and Malpractice			32,051	32,051		32,051	13
14	Other (specify):							14
15	TOTAL General Administration	147,382	6,206	276,414	430,002	(1,194)	428,808	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	547,320	186,608	377,636	1,111,564	(1,194)	1,110,370	16
Capital Expenses								
D. Ownership								
17	Depreciation			247,139	247,139		247,139	17
18	Interest			370,321	370,321	(2,881)	367,440	18
19	Real Estate Taxes			14,235	14,235		14,235	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			4,518	4,518		4,518	21
22	Other (specify):							22
23	TOTAL Ownership			636,213	636,213	(2,881)	633,332	23
24	GRAND TOTAL (Sum of lines 16 and 23)	547,320	186,608	1,013,849	1,747,777	(4,075)	1,743,702	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	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

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 Litchfield LP		Litchfield	
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).

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	Heritage Operations Group LLC	\$ 75,634	1
2			2
Total		\$ 75,634	3

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VIII. OWNERSHIP COSTS

A. Purchase price of land 59,450 Year land was acquired 2008

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	53				\$ 7,058,692	\$ 186,753		\$ 186,753	\$	\$ 404,191	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Landscaping		2009		1,570						6
7	Dishwasher		2009		5,026						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)				\$ 7,065,288	\$ 186,753		\$ 186,753	\$	\$ 404,191	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	\$ 598,044	\$ 60,386	\$ 60,386	\$		\$ 130,000	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 598,044	\$ 60,386	\$ 60,386	\$		\$ 130,000	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	Name of Lender	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		IHDA		x	Mortgage	/ /	\$	6,611,255	/ /2043		370,321	1					
2						/ /			/ /			2					
3						/ /			/ /			3					
		Working Capital															
4						/ /			/ /			4					
5						/ /			/ /			5					
6						/ /			/ /			6					
7		TOTAL Facility Related					\$	6,611,255			370,321	7					
		B. Non-Facility Related															
8		Interest Income				/ /			/ /		-2,881	8					
9						/ /			/ /			9					
10		TOTALS (lines 7, 8 and 9)					\$	6,611,255			367,440	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.

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 858,989	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	53,013		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	56,019		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)	\$ 968,021	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	456,374		13
14	Buildings, at Historical Cost	6,669,894		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	598,044		16
17	Accumulated Depreciation (book methods)	(534,191)		17
18	Deferred Charges	194,172		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)	\$ 7,384,293	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,352,314	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 46,731	\$	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	45,707		31
32	Accrued Interest Payable	29,750		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Resident Funds	1,000		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 123,188	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,611,255		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)	\$ 6,611,255	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,734,443	\$	45
46	TOTAL EQUITY	\$ 1,617,871	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,352,314	\$	47

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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	\$ 1,722,296	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 1,722,296	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	8,433	8
9	Non-Resident Meals		9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 8,433	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,881	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 2,881	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)	\$ 1,733,610	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	398,613	19
20	Health Care/ Personal Care	282,949	20
21	General Administration	430,002	21
B. Capital Expense			
22	Ownership	636,213	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):	71	25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 1,747,848	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (14,238)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (14,238)	31