





Facility Name: Evergreen Village Supportive Living

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	252,868	233,173		486,041		486,041	1
2	Housekeeping, Laundry and Maintenance	108,387	60,155		168,542		168,542	2
3	Heat and Other Utilities			200,862	200,862		200,862	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>361,255</b>	<b>293,328</b>	<b>200,862</b>	<b>855,445</b>		<b>855,445</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	531,649	2,721		534,370		534,370	6
7	Activities and Social Services	36,491	2,945		39,436		39,436	7
8	Other (specify):			16,921	16,921		16,921	8
9	<b>TOTAL Health Care and Programs</b>	<b>568,140</b>	<b>5,666</b>	<b>16,921</b>	<b>590,727</b>		<b>590,727</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	193,974	7,584	181,069	382,627	(4,054)	378,573	10
11	Marketing Materials, Promotions and Advertising			39,551	39,551		39,551	11
12	Employee Benefits and Payroll Taxes			184,060	184,060		184,060	12
13	Insurance-Property, Liability and Malpractice			52,087	52,087		52,087	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>193,974</b>	<b>7,584</b>	<b>456,767</b>	<b>658,325</b>	<b>(4,054)</b>	<b>654,271</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,123,369</b>	<b>306,578</b>	<b>674,550</b>	<b>2,104,497</b>	<b>(4,054)</b>	<b>2,100,443</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			356,354	356,354		356,354	17
18	Interest			546,655	546,655		546,655	18
19	Real Estate Taxes			157,229	157,229		157,229	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			3,282	3,282		3,282	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>1,063,520</b>	<b>1,063,520</b>		<b>1,063,520</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,123,369</b>	<b>306,578</b>	<b>1,738,070</b>	<b>3,168,017</b>	<b>(4,054)</b>	<b>3,163,963</b>	<b>24</b>

Facility Name: Evergreen Village Supportive Living

Report Period Beginning: 01/01/2010

Ending:

12/31/10

**V. STAFFING AND SALARY COSTS (Please report each line separately.)**

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3	\$ 25.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12	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	10	10.00	7
8	Dishwashers			8
9	Maintenance Workers	2	15.00	9
10	Housekeepers	2	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>34</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>\$</b>	<b>6</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 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	\$ 167,949	1
2			2
<b>Total</b>		<b>\$ 167,949</b>	<b>3</b>

Facility Name: Evergreen Village Supportive Living

Report Period Beginning:

01/01/2010

Ending:

12/31/10

**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	99				\$ 8,204,889	\$ 269,351		\$ 269,351	\$	\$ 783,627	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Exterior Sign		2008	12,609						6
7		Patio & Sidewalk & fence		2008	12,506						7
8		Generator		2009	118,123						8
9		Fire Alarm		2009	2,500						9
10		Power Supply		2010	7,360						10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,357,987	\$ 269,351		\$ 269,351	\$	\$ 783,627	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	\$ 594,996	\$ 88,829	\$ 88,829	\$		\$ 264,304	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 594,996	\$ 88,829	\$ 88,829	\$		\$ 264,304	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 Village Supportive Living

Report Period Beginning: 01/01/2010

Ending: 12/31/10

**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	<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		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
<b>A. Directly Facility Related</b>												
<b>Long-Term</b>												
1		Busey Bank		x	Mortgage	/ /	\$	8,681,000	/ /2043		546,655	1
2						/ /			/ /			2
3						/ /			/ /			3
<b>Working Capital</b>												
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$	8,681,000			546,655	7
<b>B. Non-Facility Related</b>												
8		Interest Income				/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$	8,681,000			546,655	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 Village Supportive Living

Report Period Beginning: 01/01/2010

Ending:

12/31/10

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 300	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	21,237		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,972		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	301,520		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 338,029	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	343,232		13
14	Buildings, at Historical Cost	8,357,987		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	594,996		16
17	Accumulated Depreciation (book methods)	(1,047,931)		17
18	Deferred Charges	69,677		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>	\$ 8,317,961	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 8,655,990	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 74,641	\$	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	148,149		31
32	Accrued Interest Payable	24,390		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<b>Resident Funds</b>			35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 247,180	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,681,000		39
40	Bonds Payable			40
41	Deferred Compensation			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>	\$ 8,681,000	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,928,180	\$	45
46	<b>TOTAL EQUITY</b>	\$ (272,190)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 8,655,990	\$	47

Facility Name: Evergreen Village Supportive Living

Report Period Beginning: 01/01/2010

Ending:

12/31/10

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,326,690	1
2	Discounts and Allowances	11,110	2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 3,337,800	3
<b>B. Other Operating Revenue</b>			
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	21,187	8
9	Non-Resident Meals		9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 21,187	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$	14
<b>D. Other Revenue (specify):</b>			
15			15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,358,987	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	855,445	19
20	Health Care/ Personal Care	590,727	20
21	General Administration	658,325	21
<b>B. Capital Expense</b>			
22	Ownership	1,063,520	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):	194	25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 3,168,211	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ 190,776	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ 190,776	31