

Facility Name Evergreen Place

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	4,548	4,336		8,884	5
6	Double Unit					6
7	Other					7
8	TOTALS	4,548	4,336		8,884	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.61%

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)
none

H. ACCOUNTING BASIS

ACCRUAL 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	53,923	64,428		118,351		118,351	1
2	Housekeeping, Laundry and Maintenance	54,916	31,829		86,745		86,745	2
3	Heat and Other Utilities			76,339	76,339		76,339	3
4	Other (specify):							4
5	TOTAL General Services	108,839	96,257	76,339	281,436		281,436	5
B. Health Care and Programs								
6	Health Care/ Personal Care	107,589	138		107,727		107,727	6
7	Activities and Social Services		3,260		3,260		3,260	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	107,589	3,398		110,987		110,987	9
C. General Administration								
10	Administrative and Clerical	36,226	7,266		43,492		43,492	10
11	Marketing Materials, Promotions and Advertising			4,112	4,112		4,112	11
12	Employee Benefits and Payroll Taxes			82,966	82,966		82,966	12
13	Insurance-Property, Liability and Malpractice			10,386	10,386		10,386	13
14	Other (specify):							14
15	TOTAL General Administration	36,226	7,266	97,465	140,957		140,957	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	252,654	106,921	173,804	533,379		533,379	16
Capital Expenses								
D. Ownership								
17	Depreciation							17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			113,880	113,880		113,880	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			113,880	113,880		113,880	23
24	GRAND TOTAL (Sum of lines 16 and 23)	252,654	106,921	287,684	647,259		647,259	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

	NAME and FUNCTION	Amount of Fee	
1	Heritage Operations Group LLC	\$	1
2			2
Total		\$	3

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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	26				\$	\$		\$	\$	\$	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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Report Period Beginning: 01/01/2011

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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	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance			
	A. Directly Facility Related									
	Long-Term									
1			x	Mortgage	/ /	\$	\$	/ /2043		\$
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$	\$			\$
	B. Non-Facility Related									
8	Interest Income				/ /			/ /		
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 12/31/2011

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 722	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	751,633		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	32,520		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(1,117,404)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ (332,529)	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			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)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ (332,529)	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 194,383	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	218,841		30
31	Accrued Taxes Payable	2,812		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)	\$ 416,036	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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)	\$ (748,565)	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ (332,529)	\$	45
46	TOTAL EQUITY	\$	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ (332,529)	\$	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	\$ 664,228	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 664,228	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)	\$ 664,228	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	281,436	19
20	Health Care/ Personal Care	110,987	20
21	General Administration	140,957	21
	B. Capital Expense		
22	Ownership	113,880	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)	\$ 647,259	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 16,969	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 16,969	31

Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg . Adjustment Line #	Amount			
PETTY CASH	0					1,009	1,009	PETTY CA	0
CASH IN BANK						1,100	1,100	ACCTS RI	0
CASH IN BANK-PAYROLL						1,101	1,101	ALLOW. FOR UNCOLLECTIBLES	
ACCOUNTS RECEIVABLE	0					1,110	1,110	ACCTS RECEIV-M/C	
MEDICARE RECEIVABLES						1,125	1,125	ACCTS RECEIV-IPA	
IPA INCOME RECEIVABLE						1,135	1,135	ACCTS RECEIV-IC	
MEDICARE COST REPORT						1,140	1,140	UNAPPLIED CASH RECEIPTS	
ACCOUNTS RECEIVABLE-IC						1,145	1,145	A/R SUSPENSE-REFUNDS	
UNAPPLIED CASH RECEIPTS						1,200	1,200	PREPAID	0
A/R SUSPENSE-REFUNDS						1,220	1,220	OTHER PREPAID EXPENSES	
ACCRUED INTEREST REC						1,300	1,300	DIETARY INVENTORY	
PREPAID INSURANCE	0					1,310	1,310	SUPPLIES INVENTORY	
OTHER PREPAID EXPENSES						1,320	1,320	LINEN INVENTORY	
FOOD INVENTORY						1,409	1,409	LAND	0
SUPPLIES INVENTORY						1,450	1,450	FURNITU	0
LAND	0					1,460			0
FURNITURE & EQUIPMENT	0					1,475	1,475	CODE AL	0
ACCUM DEPR-FURN & EQUIP	0					1,490	1,490	ACCUM I	0
BUILDING & IMPROVEMENT	0					1,530	1,530	RESIDEN'	0
ACCUM DEPR-BUILDING	0					1,550	1,550	LOAN FEI	0
RESIDENT FUNDS	0					1,551	1,551	LOAN FEES ADDED	
LOAN FEES	0					1,850	1,850	INTERCO	0
REAL ESTATE TAX ESCROW						2,010	2,010	ACCOUN'	0
REIMBURSABLE PURCHASES						2,100	2,095	BONUSES PAYABLE	
INTRACOMPANY	0					2,100	2,100	ACCRUEI	0
ACCOUNTS PAYABLE	0					2,100	2,100	PR CLEARING-BENEFITS	
BONUSES PAYABLE						2,100	2,100	PR CLEARING-LABOR	
ACCRUED PAYROLL	0					2,110	2,110	ACCRUEI	0
ACCRUED VACATION PAY	0					2,120	2,120	U.C. TAXES PAYABLE	
UC TAXES PAYABLE						2,125	2,125	FICA TAX	0
FICA TAX PAYABLE	0	0				2,130	2,130	FEDERAL W/H TAX PAYABLE	
FIT PAYABLE						2,140	2,140	STATE W/H TAX PAYABLE	
STATE W/H PAYABLE		0				2,152	2,152	WORKERS COMP ACCRUAL	
EARNED INCOME CREDIT						2,225	2,225	EMPLOYEEE INSURANCE REFUND	
UC FED CREDIT REDUCTION						2,230	2,230	PAYROLL SAVINGS	
PAYROLL SAVINGS						2,235	2,240	UNITED FUND	

Living Facility (SLF)
 elve months ending December 31, 2011

12/31/11		

4,336	4208	
4,548	18366	
0	3331	
8,884	25905	34789
9,490	28835	
93.61%	89.84%	
664,228		
0		
664,228		
86,035	54922	140,957
91,504	25568	117,072
118,193	158	118,351
46,012	0	46,012
0	0	0
0	107727	107,727
0	3260	3,260
341,744	191635	533,379
130,849		
0		0
0	0	
113,880		
0		
0		

Allocated	
G&A	
benefits	0 0
health ins	254089 64,886
liab ins	40672 10,386
work comp	42143 10,762
	336,904 86,035
Maint	
wages	59384 15,165
utilities	298938 76,339
r/e taxes	0 0
	358,322 91,504
Dietary	
Wages	211158 53,923
Food	239834 61,246
Supplies	11843 3,024
	462835 118,193
Laundry/Hsk	
Wages	155663 39,751
Supplies	24517 6,261
	180180 46,012
Total Allo	1,338,241 341,744

Direct	
G&A	
Salary	36,226
supplies	7,266
Promo	4,112
Taxes	7,318
	54,922
Maint	
Repairs	25,568
	25,568
Dietary	
	0
	158
	158
Housekeeping	
Salary	0
Supplies	0
	0
Nursing	
Salaries	107,589
Supplies	138
	107,727
Activities	
Supplies	3,260