

Facility Name: Evergreen Streator LP

Report Period Beginning:

01/01/2011

Ending: 12/31/2011

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	75,077	163,055		238,132		238,132	1
2	Housekeeping, Laundry and Maintenance	59,186	24,259		83,445		83,445	2
3	Heat and Other Utilities			95,926	95,926		95,926	3
4	Other (specify):							4
5	TOTAL General Services	134,263	187,314	95,926	417,503		417,503	5
B. Health Care and Programs								
6	Health Care/ Personal Care	259,040	812		259,852		259,852	6
7	Activities and Social Services	21,615	4,291	285	26,191		26,191	7
8	Other (specify):			8,383	8,383		8,383	8
9	TOTAL Health Care and Programs	280,655	5,103	8,668	294,426		294,426	9
C. General Administration								
10	Administrative and Clerical	158,085	6,233	150,824	315,142	(371)	314,771	10
11	Marketing Materials, Promotions and Advertising			58,852	58,852		58,852	11
12	Employee Benefits and Payroll Taxes			77,138	77,138		77,138	12
13	Insurance-Property, Liability and Malpractice			31,348	31,348		31,348	13
14	Other (specify):							14
15	TOTAL General Administration	158,085	6,233	318,162	482,480	(371)	482,109	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	573,003	198,650	422,756	1,194,409	(371)	1,194,038	16
Capital Expenses								
D. Ownership								
17	Depreciation			247,743	247,743		247,743	17
18	Interest			360,665	360,665	(489)	360,176	18
19	Real Estate Taxes			41,710	41,710		41,710	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,775	7,775		7,775	21
22	Other (specify):							22
23	TOTAL Ownership			657,893	657,893	(489)	657,404	23
24	GRAND TOTAL (Sum of lines 16 and 23)	573,003	198,650	1,080,649	1,852,302	(860)	1,851,442	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

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Heritage Operations Group LLC	\$ 75,980	1
2			2
Total		\$ 75,980	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	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).

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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	53				\$ 7,058,692	\$ 186,935		\$ 186,935	\$	\$ 591,127	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Landscaping		2009	1,570						6
7		Dishwasher		2009	5,026						7
8		Parking Lot Asphalt		2011	7,424						8
9		Patio		2011	3,562						9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,076,274	\$ 186,935		\$ 186,935	\$	\$ 591,127	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	\$ 601,584	\$ 60,808	\$ 60,808	\$		\$ 190,808	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 601,584	\$ 60,808	\$ 60,808	\$		\$ 190,808	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**	YES			NO	Purpose of Loan				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		IHDA		x	Mortgage	/ /	\$	6,459,886	/ /2043		\$	360,665
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$	6,459,886			\$	360,665
		B. Non-Facility Related										
8		Interest Income				/ /			/ /			-489
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$	6,459,886			\$	360,176

* 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	\$ 861,484	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	257,210		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	53,216		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)	\$ 1,171,910	\$	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	6,680,880		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	601,584		16
17	Accumulated Depreciation (book methods)	(781,935)		17
18	Deferred Charges	189,207		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)	\$ 7,146,110	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,318,020	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 72,044	\$	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	44,774		31
32	Accrued Interest Payable	29,578		32
33	Deferred Compensation	120,180		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35		824		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 267,400	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,459,886		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)	\$ 6,459,886	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,727,286	\$	45
46	TOTAL EQUITY	\$ 1,590,734	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,318,020	\$	47

*(See instructions.)

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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	\$ 1,888,863	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,888,863	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	10,513	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 10,513	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	489	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 489	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)	\$ 1,899,865	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	417,503	19
20	Health Care/ Personal Care	294,426	20
21	General Administration	482,480	21
B. Capital Expense			
22	Ownership	657,893	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)	\$ 1,852,302	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 47,563	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 47,563	31

Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg Line #	Adjustment Amount			
PETTY CASH	861,484						1,009	1,009	PETTY CA 861,484
CASH IN BANK							1,100	1,100	ACCTS RI 257,210
CASH IN BANK-PAYROLL							1,101	1,101	ALLOW. FOR UNCOLLECTIBLES
ACCOUNTS RECEIVABLE	257,210						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 53,216
A/R SUSPENSE-REFUNDS							1,220	1,220	OTHER PREPAID EXPENSES
ACCRUED INTEREST REC							1,300	1,300	DIETARY INVENTORY
PREPAID INSURANCE	53,216						1,310	1,310	SUPPLIES INVENTORY
OTHER PREPAID EXPENSES							1,320	1,320	LINEN INVENTORY
FOOD INVENTORY							1,409	1,409	LAND 456,374
SUPPLIES INVENTORY							1,450	1,450	FURNITU 601,584
LAND	456,374						1,460		-190,808
FURNITURE & EQUIPMENT	601,584						1,475	1,475	CODE AL 6,680,880
ACCUM DEPR-FURN & EQUIP	-190,808						1,490	1,490	ACCUM I -591,127
BUILDING & IMPROVEMENT	6,680,880						1,530	1,530	RESIDEN' 0
ACCUM DEPR-BUILDING	-591,127						1,550	1,550	LOAN FEI 189,207
RESIDENT FUNDS	0						1,551	1,551	LOAN FEES ADDED
LOAN FEES	189,207						1,850	1,850	INTERCO 0
REAL ESTATE TAX ESCROW							2,010	2,010	ACCOUN' -72,044
REIMBURSABLE PURCHASES							2,100	2,095	BONUSES PAYABLE
INTRACOMPANY	0						2,100	2,100	ACCRUEI 0
ACCOUNTS PAYABLE	-72,044						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

