

Facility Name Heritage Woods of Ottawa

Report Period Beginning: 01/01/2005 Ending: 12/31/2005

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	76	Single Unit Apartment	76	30,660	1
2	8	Double Unit Apartment	8		2
3		Other			3
4	84	TOTALS	84	30,660	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	9,854	20,006		29,860	5
6	Double Unit					6
7	Other					7
8	TOTALS	9,854	20,006		29,860	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.39%

D. Indicate the number of paid bed-hold days the SLF had during this year

81 Also, indicate the number of unpaid bed-hold days the SLF had during this year. Zero (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)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/05 Fiscal Year: 12/31/05

* 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	181,302	150,694	1,647	333,643		333,643	1
2	Housekeeping, Laundry and Maintenance	78,842	65,415		144,257		144,257	2
3	Heat and Other Utilities			98,675	98,675	(11,114)	87,561	3
4	Other (specify):			9,031	9,031		9,031	4
5	TOTAL General Services	260,144	216,109	109,353	585,606	(11,114)	574,492	5
B. Health Care and Programs								
6	Health Care/ Personal Care	350,790	2,195		352,985		352,985	6
7	Activities and Social Services	20,533	1,094		21,627		21,627	7
8	Other (specify):			19,465	19,465	(19,465)		8
9	TOTAL Health Care and Programs	371,323	3,289	19,465	394,077	(19,465)	374,612	9
C. General Administration								
10	Administrative and Clerical	87,270	12,030	177,114	276,414	(20,777)	255,637	10
11	Marketing Materials, Promotions and Advertising	36,450	2,546	46,735	85,731		85,731	11
12	Employee Benefits and Payroll Taxes			201,601	201,601		201,601	12
13	Insurance-Property, Liability and Malpractice			48,934	48,934		48,934	13
14	Other (specify):							14
15	TOTAL General Administration	123,720	14,576	474,384	612,680	(20,777)	591,903	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	755,187	233,974	603,202	1,592,363	(51,356)	1,541,007	16
Capital Expenses								
D. Ownership								
17	Depreciation			257,130	257,130		257,130	17
18	Interest			283,453	283,453		283,453	18
19	Real Estate Taxes			43,845	43,845		43,845	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			24,547	24,547		24,547	22
23	TOTAL Ownership			608,975	608,975		608,975	23
24	GRAND TOTAL (Sum of lines 16 and 23)	755,187	233,974	1,212,177	2,201,338	(51,356)	2,149,982	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	\$ 18.37	1
2	Licensed Practical Nurses	1	16.83	2
3	Certified Nurse Assistants	15	9.44	3
4	Activity Director & Assistants	1	10.14	4
5	Social Service Workers			5
6	Head Cook	1	10.59	6
7	Cook Helpers/Assistants	9	8.42	7
8	Dishwashers			8
9	Maintenance Workers	1	13.76	9
10	Housekeepers	3	7.70	10
11	Laundry			11
12	Managers	1	24.82	12
13	Other Administrative	1	14.02	13
14	Clerical			14
15	Marketing	1	17.47	15
16	Other			16
17	Total (lines 1 thru 16)	35	\$	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	None			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	BMA Management, Ltd.	\$ 122,737	1
2			2
Total		\$ 122,737	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
Heritage Woods of Flora		Flora, IL	
Heritage Woods of Manteno		Manteno, IL	
Heritage Woods of Watseka		Watseska, IL	

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 350,000 Year land was acquired 1999

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	84			1999	\$ 4,506,306	\$ 115,546	39	\$ 115,546	\$	\$ 611,431	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements		1999	437,022	27,717	15	29,135	1,418	187,567	6
7		Land Improvements		2002	28,175	2,168	15	1,878	(290)	8,663	7
8		Dementia Conversion-Bldg		2004	139,036	5,056	28	5,056		5,688	8
9		Dementia Conversion-Land Improv		2004	1,676	166	15	112	(54)	1,864	9
10		Dementia Conversion-FFE		2004	45,287	17,209	5	9,058	(8,151)	64,761	10
11		Grab Bars Bathrooms		2001	6,566	586	7	938	352	5,101	11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 5,164,068	\$ 168,448		\$ 161,723	\$ (6,725)	\$ 885,075	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	\$ 593,885	\$ 52,451	\$ 10,035	(42,416)	7	\$ 506,465	18
19								19
20	TOTAL (lines 18 and 19)	\$ 593,885	\$ 52,451	\$ 10,035	(42,416)		\$ 506,465	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: Heritage Woods of OttawaReport Period Beginning: 1/1/2005Ending: 2/31/2005 12/31/2005**IX. RENTAL COSTS****A. Building and Fixed Equipment**1. Name of Party Holding Lease: NO LEASE - OWNERSHIP OWNS BUILDING & FIXED EQUIPMENT2. 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	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	YORKVILLE NATIONAL		X	MORTGAGE LOAN	9/11/00	\$ 5,300,000	\$ 4,785,611	10/13/08	0.0575	\$ 283,453
2	BANK				/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 5,300,000	\$ 4,785,611			\$ 283,453
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 5,300,000	\$ 4,785,611			\$ 283,453

* 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 12/31/2005

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 261,511	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	112,659		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,688		6
7	Other Prepaid Expenses	14,837		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 412,695	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	350,000		13
14	Buildings, at Historical Cost	4,645,342		14
15	Leasehold Improvements, at Historical Cost	468,550		15
16	Equipment, at Historical Cost	691,025		16
17	Accumulated Depreciation (book methods)	(1,391,540)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	233,232		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(233,232)		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)	\$ 4,763,377	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,176,072	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 27,029	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	21,118		30
31	Accrued Taxes Payable	44,400		31
32	Accrued Interest Payable	13,758		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Liabilities	875		35
36	Security Deposits	130,823		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 238,003	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,785,611		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)	\$ 4,785,611	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,023,614	\$	45
46	TOTAL EQUITY	\$ 152,458	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,176,072	\$	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	\$ 2,348,143	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,348,143	3
B. Other Operating Revenue			
4	Special Services	29,435	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	23,137	8
9	Non-Resident Meals	8,703	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 61,275	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,498	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,498	14
D. Other Revenue (specify):			
15	Cable and Telephone	45,828	15
16	Deposit Fee	850	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 46,678	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,458,594	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	585,606	19
20	Health Care/ Personal Care	394,077	20
21	General Administration	612,680	21
B. Capital Expense			
22	Ownership	608,975	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)	\$ 2,201,338	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 257,256	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 257,256	31

Operating Expenses PG 3

A. General Services - Other	\$	9,031
Exterminating	\$	996
Security and Monitoring	\$	6,054
Rubbish Removal	\$	1,978
Vehicle Expense	\$	3
	\$	9,031
B. Healthcare and Programs - Other	\$	19,465
Beauty Shop	\$	19,465
D. Ownership - Other	\$	24,547
Asset Management Fee	\$	24,547