





## STATE OF ILLINOIS

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Facility Name: Heritage Woods of Batavia

Report Period Beginning:

01/01/2006

Ending: 12/31/2006

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	223,237	162,766	843	386,846		386,846	1
2	Housekeeping, Laundry and Maintenance	86,240	23,454	41,709	151,403		151,403	2
3	Heat and Other Utilities			106,762	106,762	(16,474)	90,288	3
4	Other (specify):			9,560	9,560		9,560	4
5	<b>TOTAL General Services</b>	309,477	186,220	158,874	654,571	(16,474)	638,097	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	444,397	1,913	9,165	455,475	(12,273)	443,202	6
7	Activities and Social Services	29,876	3,092	3,505	36,473		36,473	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	474,273	5,005	12,670	491,948	(12,273)	479,675	9
<b>C. General Administration</b>								
10	Administrative and Clerical	147,685	16,636	177,415	341,736	(17,080)	324,656	10
11	Marketing Materials, Promotions and Advertising	66,265	23,443	5,329	95,037		95,037	11
12	Employee Benefits and Payroll Taxes			212,606	212,606		212,606	12
13	Insurance-Property, Liability and Malpractice			48,087	48,087		48,087	13
14	Other (specify):			19,188	19,188		19,188	14
15	<b>TOTAL General Administration</b>	213,950	40,079	462,625	716,654	(17,080)	699,574	15
16	<b>TOTAL Operating Expense</b> (Sum of lines 5, 9 and 15)	997,700	231,304	634,169	1,863,173	(45,827)	1,817,346	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			400,517	400,517		400,517	17
18	Interest			498,470	498,470		498,470	18
19	Real Estate Taxes			79,475	79,475		79,475	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			417,165	417,165		417,165	22
23	<b>TOTAL Ownership</b>			1,395,627	1,395,627		1,395,627	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	997,700	231,304	2,029,796	3,258,800	(45,827)	3,212,973	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	2	\$ 23.91	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	17	9.23	3
4	Activity Director & Assistants	1	14.53	4
5	Social Service Workers			5
6	Head Cook	1	12.13	6
7	Cook Helpers/Assistants	10	9.17	7
8	Dishwashers			8
9	Maintenance Workers	1	12.43	9
10	Housekeepers	3	8.28	10
11	Laundry			11
12	Managers	1	40.90	12
13	Other Administrative	1	15.93	13
14	Clerical	1	12.16	14
15	Marketing	1	29.65	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>40</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>

VI. (B) Management fees paid to unrelated parties

	Management fees paid to unrelated parties	Amount of Fee	
1	BMA Management, LTD.	\$ 116,820	1
2			2
<b>Total</b>		<b>\$ 116,820</b>	<b>3</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
_____		_____	
_____		_____	
_____		_____	

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 928,771 Year land was acquired 2001

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	93			2003	\$ 8,569,550	\$ 311,589	28	\$ 311,589	\$	\$ 1,023,557	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Land Improvements			292,138	19,486	15	19,486		68,186	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)				\$ 8,861,688	\$ 331,075		\$ 331,075	\$	\$ 1,091,743	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	\$ 584,105	\$ 67,289	\$ 67,289	\$	5	\$ 483,172	18
19	Vehicles	11,216	2,153	2,153		5	7,985	19
20	TOTAL (lines 18 and 19)	\$ 595,321	\$ 69,442	\$ 69,442	\$		\$ 491,157	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: None

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	2		3	4	6		7	8	9				
		Related**				Amount of Note						Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance							
<b>A. Directly Facility Related</b>														
<b>Long-Term</b>														
1	IHDA		X	First Mortgage Loan	5/1/02	\$ 7,335,000	\$ 7,097,143	2/1/44	0.0688	\$ 491,559	1			
2	IHDA		X	Second Mortgage Loan	5/1/03	750,000	679,179	6/1/32	0.0100	6,911	2			
3					/ /			/ /			3			
<b>Working Capital</b>														
4					/ /			/ /			4			
5					/ /			/ /			5			
6					/ /			/ /			6			
7	<b>TOTAL Facility Related</b>					\$ 8,085,000	\$ 7,776,322			\$ 498,470	7			
<b>B. Non-Facility Related</b>														
8					/ /			/ /			8			
9					/ /			/ /			9			
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 8,085,000	\$ 7,776,322			\$ 498,470	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 12/31/2006

(last day of reporting year)

	1	2	
	Operating	After Consolidation*	
<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 108,653	\$ 1
2	Cash-Patient Deposits		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	698,602	3
4	Supply Inventory (priced at )		4
5	Short-Term Investments		5
6	Prepaid Insurance	48,205	6
7	Other Prepaid Expenses	4,086	7
8	Accounts Receivable (owners or related parties)		8
9	Other(specify):		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 859,546	\$ 10
<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable		11
12	Long-Term Investments		12
13	Land	928,771	13
14	Buildings, at Historical Cost	8,569,550	14
15	Leasehold Improvements, at Historical Cost	292,138	15
16	Equipment, at Historical Cost	595,321	16
17	Accumulated Depreciation (book methods)	(1,582,900)	17
18	Deferred Charges	98,284	18
19	Organization & Pre-Operating Costs	400,691	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(238,735)	20
21	Restricted Funds	835,081	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>	\$ 9,898,201	\$ 24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 10,757,747	\$ 25

	1	2	
	Operating	After Consolidation*	
<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 299,326	\$ 26
27	Officer's Accounts Payable		27
28	Accounts Payable-Patient Deposits		28
29	Short-Term Notes Payable		29
30	Accrued Salaries Payable	32,247	30
31	Accrued Taxes Payable	76,560	31
32	Accrued Interest Payable		32
33	Deferred Compensation		33
34	Federal and State Income Taxes		34
	<b>Other Current Liabilities(specify):</b>		
35	<b>Accrued Liabilities</b>	19,047	35
36	<b>Unearned Revenue</b>	1,955	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 429,135	\$ 37
<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable		38
39	Mortgage Payable	7,776,322	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>	\$ 7,776,322	\$ 44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,205,457	\$ 45
46	<b>TOTAL EQUITY</b>	\$ 2,552,290	\$ 46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 10,757,747	\$ 47

\*(See instructions.)

## 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	\$ 2,840,336	1
2	Discounts and Allowances	(4,547)	2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 2,835,789	3
<b>B. Other Operating Revenue</b>			
4	Special Services	27,034	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	12,273	8
9	Non-Resident Meals	2,994	9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 42,301	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	34,465	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 34,465	14
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	40,931	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 40,931	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 2,953,486	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	654,571	19
20	Health Care/ Personal Care	491,948	20
21	General Administration	716,654	21
<b>B. Capital Expense</b>			
22	Ownership	1,395,627	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 3,258,800	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (305,314)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (305,314)	31

## Cost Center Expenses

### A. General Services - Other

Exterminating	\$	1,016
Rubbish Removal	\$	4,769
Vehicle Expense	\$	1,699
Misc Operating Expenses	\$	2,076
Total	\$	<b>9,560</b>

### C. General Administration - Other

Legal	\$	5,789
Audit	\$	8,600
Bad Debt	\$	4,799
Total	\$	<b>19,188</b>

### D. Ownership

Mortgage Service Fee	\$	18,114
Mortgage Insurance Premium	\$	32,959
Partnership Management Fee	\$	50,000
Asset Management Fee	\$	23,250
Incentive Manangement Fee	\$	280,754
Tax Credit Fee & Incentive Fee	\$	1,775
Amortization Expense	\$	10,313
Total	\$	<b>417,165</b>

Income Statement

D. Other Revenue

Cable	\$	16,474	Offset against expense
Convenience Store	\$	958	
Deposit Fee			
Telephone Connection	\$	13,082	Offset against expense
Telephone Usage	\$	3,998	Offset against expense
Miscellaneous	\$	6,419	
Property Tax Adjustments			
	\$	<b>40,931</b>	