

Facility Name Heritage Woods of Centralia

Report Period Beginning: 01/01/2007 Ending: 12/31/2007

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	27	Single Unit Apartment	20	7,300	1
2		Double Unit Apartment	6	2,555	2
3		Other			3
4	27	TOTALS	26	9,855	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	4,447	5,014		9,461	5
6	Double Unit					6
7	Other					7
8	TOTALS	4,447	5,014		9,461	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.00%

D. Indicate the number of paid bed-hold days the SLF had during this year
131 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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: 12/31/07 Fiscal Year: 12/31/07

* 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	62,325	45,286	1,381	108,992		108,992	1
2	Housekeeping, Laundry and Maintenance	24,390	4,302	4,382	33,074		33,074	2
3	Heat and Other Utilities			57,510	57,510	(3,876)	53,634	3
4	Other (specify):			2,670	2,670		2,670	4
5	TOTAL General Services	86,715	49,588	65,943	202,246	(3,876)	198,370	5
B. Health Care and Programs								
6	Health Care/ Personal Care	105,281	544		105,825		105,825	6
7	Activities and Social Services	4,130	283		4,413		4,413	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	109,411	827		110,238		110,238	9
C. General Administration								
10	Administrative and Clerical	5,439	4,516	59,121	69,076		69,076	10
11	Marketing Materials, Promotions and Advertising			681	681		681	11
12	Employee Benefits and Payroll Taxes			24,585	24,585		24,585	12
13	Insurance-Property, Liability and Malpractice			29,710	29,710		29,710	13
14	Other (specify):			28,857	28,857		28,857	14
15	TOTAL General Administration	5,439	4,516	142,954	152,909		152,909	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	201,565	54,931	208,897	465,393	(3,876)	461,517	16
Capital Expenses								
D. Ownership								
17	Depreciation			57,248	57,248		57,248	17
18	Interest			122,880	122,880		122,880	18
19	Real Estate Taxes			19,224	19,224		19,224	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			50,124	50,124		50,124	22
23	TOTAL Ownership			249,476	249,476		249,476	23
24	GRAND TOTAL (Sum of lines 16 and 23)	201,565	54,931	458,373	714,869	(3,876)	710,993	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
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	6	8.68	3
4	Activity Director & Assistants	1	7.76	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3	9.06	7
8	Dishwashers			8
9	Maintenance Workers	0	10.75	9
10	Housekeepers	1	7.54	10
11	Laundry			11
12	Managers	0	15.45	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	11	\$	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	BMA Management, LTD.	\$ 38,047 1
2		2
Total		\$ 38,047 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 <u>1</u>	City <u>2</u>
_____	_____
_____	_____
_____	_____

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 25,000 Year land was acquired 2004

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	27			2005	\$ 873,000	\$ 31,742	28	\$ 31,742	\$	\$ 62,166	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)				\$ 873,000	\$ 31,742		\$ 31,742	\$	\$ 62,166	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	\$ 95,000	\$ 23,266	\$ 23,266	\$	5	\$ 36,842	18
19	Vehicles	7,000	2,240	2,240		5	3,640	19
20	TOTAL (lines 18 and 19)	\$ 102,000	\$ 25,506	\$ 25,506	\$		\$ 40,482	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	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	Country Bank		X	Mortgage	1/19/06	\$ 1,717,000	\$ 1,679,779	NA	0.0700	\$ 120,178	1
2	Country Bank		X	Line of Credit	NA			NA		2,702	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 1,717,000	\$ 1,679,779			\$ 122,880	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 1,717,000	\$ 1,679,779			\$ 122,880	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 12/31/2007

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 25,950	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	68,612		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,672		6
7	Other Prepaid Expenses	185		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 104,419	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	25,000		13
14	Buildings, at Historical Cost	873,000		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	102,000		16
17	Accumulated Depreciation (book methods)	(102,648)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	717,859		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(100,248)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Land Option</u>	2,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,516,963	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,621,382	\$	25

		1	2	
		Operating	After	
			Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 9,809	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	7,246		30
31	Accrued Taxes Payable	19,116		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35	Accrued Liabilities & Unearned Rev	6,637		35
36	Security Deposits	250		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 43,058	\$	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable			38
39	Mortgage Payable	1,679,779		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)	\$ 1,679,779	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,722,837	\$	45
46	TOTAL EQUITY	\$ (101,455)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,621,382	\$	47

*(See instructions.)

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	\$ 672,049	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 672,049	3
B. Other Operating Revenue			
4	Special Services	14,485	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	7,472	8
9	Non-Resident Meals	817	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 22,774	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	Worker's Comp Dividends	4,301	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,301	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 699,124	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	202,246	19
20	Health Care/ Personal Care	110,238	20
21	General Administration	152,909	21
B. Capital Expense			
22	Ownership	249,476	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)	\$ 714,869	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (15,745)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (15,745)	31

Cost Center Expenses

A. General Services - Other

Exterminating	636
Rubbish Removal	1,511
Vehicle Expense	478
Transportation Service	45
Total	2,670

C. General Administration - Other

Consulting	
Legal	
Accounting	50
Audit	
Bad Debt	507
Contract Labor	28,300
Total	28,857

D. Ownership

Mortgage Service Fee	
Mortgage Insurance Premium	
Partnership Management Fee	
Asset Management Fee	
Incentive Management Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	50,124
Organizational Expense	
Total	50,124

Reclassifications and Adjustments

Heat & Other Utilities (3,876) Cable Expense

Administrative and Clerical - Telephone Revenue