

Facility Name Heritage Woods of Mt. Vernon

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		Single Unit Apartment	66	23,927	1
2		Double Unit Apartment			2
3		Other			3
4		TOTALS	66	23,927	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	7,172	4,162		11,334	5
6	Double Unit					6
7	Other					7
8	TOTALS	7,172	4,162		11,334	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 47.37%

D. Indicate the number of paid bed-hold days the SLF had during this year 158 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

ACCURAL 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	69,968	74,098	976	145,042		145,042	1
2	Housekeeping, Laundry and Maintenance	26,610	6,053	4,945	37,608		37,608	2
3	Heat and Other Utilities			47,332	47,332	(2,635)	44,697	3
4	Other (specify):			2,802	2,802		2,802	4
5	TOTAL General Services	96,578	80,151	56,055	232,784	(2,635)	230,149	5
B. Health Care and Programs								
6	Health Care/ Personal Care	109,698	955		110,653		110,653	6
7	Activities and Social Services	13,245	5,119		18,364		18,364	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	122,943	6,074		129,017		129,017	9
C. General Administration								
10	Administrative and Clerical	69,010	5,382	85,565	159,957	(7,392)	152,565	10
11	Marketing Materials, Promotions and Advertising	30,366	1,331	18,961	50,658		50,658	11
12	Employee Benefits and Payroll Taxes			69,333	69,333		69,333	12
13	Insurance-Property, Liability and Malpractice			22,857	22,857		22,857	13
14	Other (specify):			4,900	4,900		4,900	14
15	TOTAL General Administration	99,376	6,713	201,616	307,705	(7,392)	300,313	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	318,897	92,938	257,671	669,506	(10,027)	659,479	16
Capital Expenses								
D. Ownership								
17	Depreciation							17
18	Interest			276,063	276,063		276,063	18
19	Real Estate Taxes			1,617	1,617		1,617	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			277,680	277,680		277,680	23
24	GRAND TOTAL (Sum of lines 16 and 23)	318,897	92,938	535,351	947,186	(10,027)	937,159	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	20.30	1
2	Licensed Practical Nurses	0	14.02	2
3	Certified Nurse Assistants	4	8.61	3
4	Activity Director & Assistants	1	11.22	4
5	Social Service Workers			5
6	Head Cook	1	12.18	6
7	Cook Helpers/Assistants	3	8.00	7
8	Dishwashers			8
9	Maintenance Workers	0	14.72	9
10	Housekeepers	1	7.55	10
11	Laundry			11
12	Managers	1	26.68	12
13	Other Administrative	1	10.96	13
14	Clerical			14
15	Marketing	1	20.43	15
16	Other			16
17	Total (lines 1 thru 16)	13	\$	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.	\$ 47,524	1
2			2
Total		\$ 47,524	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 _____ 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					\$	\$		\$	\$	\$	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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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	Loan not closed yet				/ /	\$	\$	/ /		\$
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$	\$			\$
	B. Non-Facility Related									
8					/ /			/ /		
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.

STATE OF ILLINOIS

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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	\$ 6,510	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	239,302		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,549		6
7	Other Prepaid Expenses	2,682		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 259,043	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	4,460		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	(75,000)		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>CIP</u>	39,918		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ (30,622)	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 228,421	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 27,471	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	20,381		30
31	Accrued Taxes Payable	1,617		31
32	Accrued Interest Payable	207,434		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Liabilities & Unearned Rev	4,750		35
36	Reservation Deposits	2,100		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 263,753	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	(19,107)		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)	\$ (19,107)	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 244,646	\$	45
46	TOTAL EQUITY	\$ (16,225)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 228,421	\$	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	\$ 822,853	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 822,853	3
B. Other Operating Revenue			
4	Special Services	36,159	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	5,413	8
9	Non-Resident Meals	1,927	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 43,499	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	Contract Services	58,540	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 58,540	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 924,892	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	232,784	19
20	Health Care/ Personal Care	129,017	20
21	General Administration	307,705	21
B. Capital Expense			
22	Ownership	277,680	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)	\$ 947,186	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (22,294)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (22,294)	31

Cost Center Expenses

A. General Services - Other

Exterminating	960
Rubbish Removal	1,204
Vehicle Expense	638
Misc Operating Expenses	
Total	2,802

C. General Administration - Other

Consulting	
Legal	2,400
Accounting	
Audit	2,500
Bad Debt	
Total	4,900

D. Ownership

Mortgage Service Fee	
Mortgage Insurance Premium	
Partnership Management Fee	
Asset Management Fee	
Incentive Management Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	
Total	-

Reclassifications and Adjustments

Heat & Other Utilities (2,635) Cable Expense

Administrative and Clerical (7,392) Telephone Revenue