



Facility Name Heritage Woods of Batavia II

Report Period Beginning: 01/01/2008 Ending: 12/31/2008

**III. STATISTICAL DATA**

**A. Certified units; enter number of units and unit days**

Date of change in certified units 03/01/08

	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	55	16,830	1
2		Double Unit Apartment			2
3		Other			3
4		TOTALS	55	16,830	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	6,900	8,782		15,682	5
6	Double Unit					6
7	Other					7
8	TOTALS	6,900	8,782		15,682	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.18%

D. Indicate the number of paid bed-hold days the SLF had during this year 341 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 22 (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)

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**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 2008 Fiscal Year: 2008

\* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principle? Yes

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. \_\_\_\_\_

Facility Name: Heritage Woods of Batavia II

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase		88,524	198	88,722		88,722	1
2	Housekeeping, Laundry and Maintenance		17,310	29,294	46,604		46,604	2
3	Heat and Other Utilities			54,947	54,947	(7,297)	47,650	3
4	Other (specify):			3,706	3,706		3,706	4
5	<b>TOTAL General Services</b>		105,834	88,145	193,979	(7,297)	186,682	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care		750		750		750	6
7	Activities and Social Services		2,819		2,819		2,819	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>		3,569		3,569		3,569	9
<b>C. General Administration</b>								
10	Administrative and Clerical		8,368	117,825	126,193	(5,792)	120,401	10
11	Marketing Materials, Promotions and Advertising			29,339	29,339		29,339	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			15,394	15,394		15,394	13
14	Other (specify):			503,297	503,297		503,297	14
15	<b>TOTAL General Administration</b>		8,368	665,855	674,223	(5,792)	668,431	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>		117,771	754,000	871,771	(13,089)	858,682	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			282,896	282,896		282,896	17
18	Interest			337,827	337,827		337,827	18
19	Real Estate Taxes			29,690	29,690		29,690	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			123,966	123,966		123,966	22
23	<b>TOTAL Ownership</b>			774,379	774,379		774,379	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>		117,771	1,528,379	1,646,150	(13,089)	1,633,061	24

Facility Name: Heritage Woods of Batavia II

Report Period Beginning: 01/01/2008 Ending: 12/31/2008

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0	\$ 31.95	1
2	Licensed Practical Nurses	7	12.61	2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	1	13.54	4
5	Social Service Workers			5
6	Head Cook	0	25.71	6
7	Cook Helpers/Assistants	5	9.01	7
8	Dishwashers			8
9	Maintenance Workers	0	12.83	9
10	Housekeepers	1	8.31	10
11	Laundry			11
12	Managers	0	40.70	12
13	Other Administrative	1	14.93	13
14	Clerical			14
15	Marketing	0	29.22	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>17</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

		Amount of Fee	
1	BMA Management, LTD.	\$ 79,091	1
2			2
<b>Total</b>		<b>\$ 79,091</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 <u>1</u>	City <u>2</u>
Heritage Woods of Batavia	Batavia

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).

Facility Name: Heritage Woods of Batavia II

Report Period Beginning: 01/01/2008

Ending: 12/31/2008

VIII. OWNERSHIP COSTS

A. Purchase price of land 570,483 Year land was acquired 2007

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	55			2008	\$ 6,953,281	\$ 200,185	28	\$ 206,943	\$ 6,758	\$ 200,185	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Land Improvements			230,715	11,536	15	12,818	1,282	11,536	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)				\$ 7,183,996	\$ 211,721		\$ 219,761	\$ 8,040	\$ 211,721	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	\$ 355,876	\$ 71,175	\$ 59,313	(11,862)	5	\$ 71,175	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 355,876	\$ 71,175	\$ 59,313	(11,862)		\$ 71,175	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 Batavia II

Report Period Beginning: 01/01/2008

Ending: 2/31/2008

**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	<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	
	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				
	<b>A. Directly Facility Related Long-Term</b>										
1	IHDA		X	First Mortgage	12/1/06	\$ 7,000,000	\$ 6,969,811	5/1/48	0.0580	\$ 337,827	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 7,000,000	\$ 6,969,811			\$ 337,827	7
	<b>B. Non-Facility Related</b>										
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 7,000,000	\$ 6,969,811			\$ 337,827	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.

Facility Name: Heritage Woods of Batavia II

Report Period Beginning: 01/01/2008

Ending:

12/31/2008

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2008

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 29,777	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	372,422		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,349		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 414,548	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	801,198		13
14	Buildings, at Historical Cost	6,953,281		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	355,876		16
17	Accumulated Depreciation (book methods)	(282,896)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	288,349		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(6,914)		20
21	Restricted Funds	920,196		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <b>CIP</b>			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 9,029,090	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 9,443,638	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 2,468	\$	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	30,804		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<a href="#">See Page 7 Attachment</a>	560,268		35
36				36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 593,540	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,969,811		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</b> (sum of lines 38 thru 43)	\$ 6,969,811	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 7,563,351	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,880,287	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 9,443,638	\$	47

\*(See instructions.)

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

	1	Amount	
<b>Revenue</b>			
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 1,558,571	1
2	Discounts and Allowances	(2,290)	2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 1,556,281	3
<b>B. Other Operating Revenue</b>			
4	Special Services	24,665	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	6,893	8
9	Non-Resident Meals	51	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 31,609	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	66,145	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 66,145	14
<b>D. Other Revenue (specify):</b>			
15	Deposit Fee	1,650	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 1,650	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 1,655,685	18

	2	Amount	
<b>Expenses</b>			
<b>A. Operating Expenses</b>			
19	General Services	193,979	19
20	Health Care/ Personal Care	3,569	20
21	General Administration	674,223	21
<b>B. Capital Expense</b>			
22	Ownership	774,379	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 1,646,150	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ 9,535	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ 9,535	31

Cost Center Expenses

A. General Services - Other

Exterminating	429
Rubbish Removal	2,906
Vehicle Expense	371
Misc Operating Expenses	
Total	<b>3,706</b>

C. General Administration - Other

Consulting	
Legal	580
Accounting	8,752
Audit	31,600
Contract Labor	436,285
Bad Debt	26,080
Total	<b>503,297</b>

D. Ownership

Financing Fees	6,300
Mortgage Insurance Premium	29,167
Partnership Management Fee	
Asset Management Fee	8,333
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	6,914
Organizational Expense	65,752
Property Damage Loss	7,500
Total	<b>123,966</b>

Reclassifications and Adjustments

Heat & Other Utilities (7,297) Cable

Administrative and Clerical (5,792) Telephone Revenue

## BALANCE SHEET

### C. Current Liabilities

Accrued Liabilities	17,128
Accrued Asset Mgmt Fee	8,333
Accrued Developer Fee	515,613
Unearned Revenue	4,115
Accrued MIP	15,079

**Total Other Current Liabilities**      **560,268**