

Facility Name Heritage Woods of Batavia

Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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	93	Single Unit Apartment	93	33,945	1
2		Double Unit Apartment			2
3		Other			3
4	93	TOTALS	93	33,945	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	23,258	9,968		33,226	5
6	Double Unit					6
7	Other					7
8	TOTALS	23,258	9,968		33,226	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.88%

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

440 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 128 (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: 12/31/2009 Fiscal Year: 12/31/2009

* 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. _____

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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		172,418	1,176	173,594		173,594	1
2	Housekeeping, Laundry and Maintenance		20,647	74,366	95,013		95,013	2
3	Heat and Other Utilities			143,624	143,624	(16,244)	127,380	3
4	Other (specify):			11,242	11,242		11,242	4
5	TOTAL General Services		193,065	230,408	423,473	(16,244)	407,229	5
B. Health Care and Programs								
6	Health Care/ Personal Care		2,215		2,215		2,215	6
7	Activities and Social Services		6,677		6,677		6,677	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		8,892		8,892		8,892	9
C. General Administration								
10	Administrative and Clerical		11,583	262,432	274,015	(14,664)	259,351	10
11	Marketing Materials, Promotions and Advertising		3,663	40,393	44,056		44,056	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			36,390	36,390		36,390	13
14	Other (specify):			1,427,068	1,427,068		1,427,068	14
15	TOTAL General Administration		15,246	1,766,283	1,781,529	(14,664)	1,766,865	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		217,203	1,996,691	2,213,894	(30,908)	2,182,986	16
Capital Expenses								
D. Ownership								
17	Depreciation			356,235	356,235		356,235	17
18	Interest			477,926	477,926		477,926	18
19	Real Estate Taxes			113,820	113,820		113,820	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			399,857	399,857		399,857	22
23	TOTAL Ownership			1,347,838	1,347,838		1,347,838	23
24	GRAND TOTAL (Sum of lines 16 and 23)		217,203	3,344,529	3,561,732	(30,908)	3,530,824	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	\$ 28.72	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	15	11.36	3
4	Activity Director & Assistants	1	13.52	4
5	Social Service Workers			5
6	Head Cook	1	26.72	6
7	Cook Helpers/Assistants	11	9.31	7
8	Dishwashers			8
9	Maintenance Workers	1	12.84	9
10	Housekeepers	3	8.76	10
11	Laundry			11
12	Managers	1	39.41	12
13	Other Administrative			13
14	Clerical	2	26.97	14
15	Marketing	1	23.58	15
16	Other			16
17	Total (lines 1 thru 16)	36	\$	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	\$ 169,668	1
2			2
Total		\$ 169,668	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 Batavia II		Batavia	

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 878,771 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	\$ 8,616,819	\$ 313,308	28	\$ 307,744	\$ (5,564)	\$ 1,961,087	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land Improvements				292,138	19,476	15	19,479	3	126,614	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)				\$ 8,908,957	\$ 332,784		\$ 327,223	\$ (5,561)	\$ 2,087,701	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	\$ 614,432	\$ 6,760	\$ 122,886	116,126	5	\$ 592,022	18
19	Vehicles	52,160	16,691	10,432	(6,259)	5	27,123	19
20	TOTAL (lines 18 and 19)	\$ 666,592	\$ 23,451	\$ 133,318	109,867		\$ 619,145	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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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2009

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 352,802	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	696,019		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,956		6
7	Other Prepaid Expenses	8,677		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Prepaid MIP	30,353		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,108,807	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,170,909		13
14	Buildings, at Historical Cost	8,616,819		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	666,592		16
17	Accumulated Depreciation (book methods)	(2,706,846)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	498,975		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(269,674)		20
21	Restricted Funds	991,222		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,967,997	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,076,804	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 364,490	\$	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	98,323		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See page 7 Attachment	106,647		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 569,460	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,409,142		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)	\$ 7,409,142	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,978,602	\$	45
46	TOTAL EQUITY	\$ 2,098,200	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,076,802	\$	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	\$ 3,253,193	1
2	Discounts and Allowances	(2,009)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,251,184	3
	B. Other Operating Revenue		
4	Special Services	108,912	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	17,155	8
9	Non-Resident Meals	2,868	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 128,935	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	13,901	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13,901	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	14,040	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 14,040	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,408,060	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	423,473	19
20	Health Care/ Personal Care	8,892	20
21	General Administration	1,781,529	21
	B. Capital Expense		
22	Ownership	1,347,838	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)	\$ 3,561,732	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (153,672)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (153,672)	31

Cost Center Expenses

A. General Services - Other

Exterminating	725
Rubbish Removal	6,294
Vehicle Expense	650
Water Softener	3,573
Total	11,242

C. General Administration - Other

Consulting	
Legal	2,900
Accounting	30
Audit	11,798
Contract Labor	1,409,914
Bad Debt	2,426
Total	1,427,068

D. Ownership

Mortgage Service Fee	19,640
Mortgage Insurance Premium	34,437
Partnership Management Fee	50,000
Asset Management Fee	23,250
Incentive Manangement Fee	260,442
Tax Credit Fee & Incentive Fee	1,775
Amortization Expense	10,313
Extra ordinary items	
Property Damage Loss	
Total	399,857

Reclassifications and Adjustments

Heat & Other Utilities (16,244) Cable

Administrative and Clerical (14,664) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	29,243
Accrued Partnership Mgmt Fee	50,000
Accrued Asset Management Fee	23,250
Unearned Revenue	4,154

Total Other Current Liabilities **106,647**

INCOME STATEMENT

D. Other Revenue

Insurance adjustments	8,668
Vending	
Medicaid interest	
Donations	413
Property Lease Income	3,600
2008 Vendor Overpayment	1,335
Refund	24
Total Other Revenue	14,040