



Facility Name Heritage Woods of Benton

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	92	Single Unit Apartment	92	33,580	1
2	8	Double Unit Apartment	8	2,920	2
3		Other			3
4	100	TOTALS	100	36,500	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	27,939	6,553		34,492	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,939	6,553		34,492	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)     94.50%    

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

    759     Also, indicate the number of unpaid bed-hold days the SLF had during this year.     179     (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:     12/31/09     Fiscal Year:     12/31/09    

\* 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	199,993	166,355	1,723	368,071		368,071	1
2	Housekeeping, Laundry and Maintenance	92,775	23,014	44,807	160,596		160,596	2
3	Heat and Other Utilities			150,041	150,041	(13,003)	137,038	3
4	Other (specify):			6,490	6,490		6,490	4
5	<b>TOTAL General Services</b>	292,768	189,369	203,061	685,198	(13,003)	672,195	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	389,522	5,163		394,685		394,685	6
7	Activities and Social Services	28,195	9,650		37,845		37,845	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	417,717	14,813		432,530		432,530	9
<b>C. General Administration</b>								
10	Administrative and Clerical	99,114	12,890	260,897	372,901	(19,518)	353,383	10
11	Marketing Materials, Promotions and Advertising	38,655	3,095	41,907	83,657		83,657	11
12	Employee Benefits and Payroll Taxes			168,932	168,932		168,932	12
13	Insurance-Property, Liability and Malpractice			60,692	60,692		60,692	13
14	Other (specify):			51,057	51,057		51,057	14
15	<b>TOTAL General Administration</b>	137,769	15,985	583,485	737,239	(19,518)	717,721	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	848,254	220,167	786,546	1,854,967	(32,521)	1,822,446	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			368,786	368,786		368,786	17
18	Interest			389,314	389,314		389,314	18
19	Real Estate Taxes			45,150	45,150		45,150	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			202,411	202,411		202,411	22
23	<b>TOTAL Ownership</b>			1,005,661	1,005,661		1,005,661	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	848,254	220,167	1,792,207	2,860,628	(32,521)	2,828,107	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	\$ 22.73	1
2	Licensed Practical Nurses	1	15.51	2
3	Certified Nurse Assistants	15	9.15	3
4	Activity Director & Assistants	1	13.49	4
5	Social Service Workers			5
6	Head Cook	1	13.78	6
7	Cook Helpers/Assistants	9	8.67	7
8	Dishwashers			8
9	Maintenance Workers	1	14.65	9
10	Housekeepers	3	8.29	10
11	Laundry			11
12	Managers	1	27.00	12
13	Other Administrative	2	12.32	13
14	Clerical			14
15	Marketing	1	17.11	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>38</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>6</b>

**VI. (B) Management fees paid to unrelated parties**

		Amount of Fee	
1	BMA Management, LTD	\$ 138,376	1
2			2
		<b>Total</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 81,711 Year land was acquired 2002

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	100			2004	\$ 8,102,940	\$ 294,022	28	\$ 294,652	\$ 630	\$ 1,552,793	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Land Improvements				429,303	26,355	15	28,620	2,265	155,175	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)				\$ 8,532,243	\$ 320,377		\$ 323,273	\$ 2,896	\$ 1,707,968	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	\$ 827,401	\$ 48,409	\$ 165,480	117,071	5	\$ 680,397	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 827,401	\$ 48,409	\$ 165,480	117,071		\$ 680,397	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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 407,652	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	594,174		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	42,715		6
7	Other Prepaid Expenses	2,361		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>Prepaid MIP</b>	2,810		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,049,712	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	81,711		13
14	Buildings, at Historical Cost	8,102,940		14
15	Leasehold Improvements, at Historical Cost	429,303		15
16	Equipment, at Historical Cost	827,401		16
17	Accumulated Depreciation (book methods)	(2,388,365)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	452,518		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(75,420)		20
21	Restricted Funds	788,266		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>	\$ 8,218,354	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,268,066	\$	25

\*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 30,330	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,099		30
31	Accrued Taxes Payable	29,498		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>See page 7 attachment</b>	387,308		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 480,235	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,137,674		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>	\$ 7,137,674	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 7,617,909	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,650,157	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 9,268,066	\$	47

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## 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	\$ 2,785,716	1
2	Discounts and Allowances	(21,501)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,764,215</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	139,604	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	23,705	8
9	Non-Resident Meals	6,140	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 169,449</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	13,873	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 13,873</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Donation	100	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 100</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,947,637</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	685,198	19
20	Health Care/ Personal Care	432,530	20
21	General Administration	737,239	21
<b>B. Capital Expense</b>			
22	Ownership	1,005,661	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 (sum of lines 19 thru 27)</b>	<b>\$ 2,860,628</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 87,009</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 87,009</b>	<b>31</b>

**COST CENTER EXPENSES**

A. General Services - Other

Exterminating	2,161
Rubbish Removal	3,580
Vehicle Expense	749
Misc Operating Expenses	-
<b>Total</b>	<b>6,490</b>

C. General Administration - Other

Consulting	221
Legal	11,906
Accounting	610
Audit	12,350
Bad Debt	25,970
<b>Total</b>	<b>51,057</b>

D. Ownership

Mortgage Service Fee	18,024
Mortgage Insurance Premium	36,120
Partnership Management Fee	14,174
Asset Management Fee	14,174
Incentive Manangement Fee	106,899
Tax Credit Fee & Incentive Fee	2,250
Amortization Expense	10,770
Business Interruption	-
Property Damage Loss	-
<b>Total</b>	<b>202,411</b>

Reclassifications and Adjustments

Heat & Other Utilities (13,003) Cable

Administrative and Clerical (19,518) Telephone Revenue

**BALANCE SHEET**

C. Current Liabilities

Accrued Liabilities	12,697
Accrued Asset Mgmt Fee	14,508
Accrued Partnership Fee	14,174
Accrued Incentive Mgmt Fee	106,899
Accrued Developer Fee	237,523
Unearned Revenue	1,507

**Total Other Current Liabilities**      **387,308**