

Facility Name: Heritage Woods of Flora

Report Period Beginning:

01/01/2009

Ending: 12/31/2009

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	131,375	86,345	1,793	219,513		219,513	1
2	Housekeeping, Laundry and Maintenance	53,028	11,840	21,993	86,861		86,861	2
3	Heat and Other Utilities			68,199	68,199	(2,978)	65,221	3
4	Other (specify):			4,017	4,017		4,017	4
5	TOTAL General Services	184,403	98,185	96,002	378,590	(2,978)	375,612	5
B. Health Care and Programs								
6	Health Care/ Personal Care	181,627	1,339		182,966		182,966	6
7	Activities and Social Services		2,861		2,861		2,861	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	181,627	4,200		185,827		185,827	9
C. General Administration								
10	Administrative and Clerical	66,768	8,433	472,323	547,524	(12,966)	534,558	10
11	Marketing Materials, Promotions and Advertising	26,718	2,785	11,833	41,336		41,336	11
12	Employee Benefits and Payroll Taxes			136,103	136,103		136,103	12
13	Insurance-Property, Liability and Malpractice			7,047	7,047		7,047	13
14	Other (specify):			4,820	4,820		4,820	14
15	TOTAL General Administration	93,486	11,218	632,126	736,830	(12,966)	723,864	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	459,516	113,603	728,128	1,301,247	(15,944)	1,285,303	16
Capital Expenses								
D. Ownership								
17	Depreciation							17
18	Interest			3,006	3,006		3,006	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			3,750	3,750		3,750	22
23	TOTAL Ownership			6,756	6,756		6,756	23
24	GRAND TOTAL (Sum of lines 16 and 23)	459,516	113,603	734,884	1,308,003	(15,944)	1,292,059	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	\$ 19.03	1
2	Licensed Practical Nurses	1	13.50	2
3	Certified Nurse Assistants	7	8.46	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	12.77	6
7	Cook Helpers/Assistants	6	8.54	7
8	Dishwashers			8
9	Maintenance Workers	1	14.29	9
10	Housekeepers	2	7.93	10
11	Laundry			11
12	Managers	1	22.54	12
13	Other Administrative	1	9.73	13
14	Clerical			14
15	Marketing	1	12.66	15
16	Other			16
17	Total (lines 1 thru 16)	21	\$	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	\$ 66,391	1
2			2
		Total	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
DSI Ottawa Operator, LLC		Ottawa	
DSI Manteno Operator, LLC		Manteno	
DSI Watseka Operator, LLC		Watseska	

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

N/A - LEASED

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: DSI Flora Owner, LLC

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	2000	52	10/24/07	\$ 351,030	30		3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		52		\$ 351,030			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ included in building lease

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1						/ /	\$		/ /		\$	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4		COUNTRY BANK		X	LINE OF CREDIT	11/1/09	300,000	107,042	11/1/10	VARIABLE	2,717	4
5						/ /			/ /			5
6		INT ON SECURITY DEP				/ /			/ /		289	6
7		TOTAL Facility Related					\$ 300,000	\$ 107,042			\$ 3,006	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 300,000	\$ 107,042			\$ 3,006	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 12/31/2009

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 31,758	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	216,774		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,350		6
7	Other Prepaid Expenses	1,361		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 257,243	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			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			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 257,243	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 16,108	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	29,264		28
29	Short-Term Notes Payable	107,042		29
30	Accrued Salaries Payable	19,686		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Liabilites	5,662		35
36	Unearned Revenue	159		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 177,921	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 177,921	\$	45
46	TOTAL EQUITY	\$ 79,322	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 257,243	\$	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	\$ 1,395,230	1
2	Discounts and Allowances	(2,672)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,392,558	3
B. Other Operating Revenue			
4	Special Services	62,447	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	14,084	8
9	Non-Resident Meals	6,145	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 82,676	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	354	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 354	14
D. Other Revenue (specify):			
15	Vending & Deposit Fee	718	15
16	Fundraisers & Misc Revenue	6,619	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,337	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,482,925	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	378,590	19
20	Health Care/ Personal Care	185,827	20
21	General Administration	736,830	21
B. Capital Expense			
22	Ownership	6,756	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)	\$ 1,308,003	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 174,922	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 174,922	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,769
Rubbish Removal	1,578
Transportation Service	670
Water Softener	
Window Washing	
Misc Operating Expenses	
Total	4,017

C. General Administration - Other

Consulting	204
Legal	-
Accounting	60
Audit	4,500
Bad Debt	56
Total	4,820

D. Ownership

Letter of Credit	2,750
Mortgage Insurance Premium	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	
Business Interruption	
Property Damage Loss	1,000
Total	3,750

Reclassifications and Adjustments

Heat & Other Utilities (2,978) Cable

Administrative and Clerical (12,966) Telephone Revenue

