

Facility Name Heritage Woods of McLeansboro

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	41	Single Unit Apartment	41	14,965	1
2		Double Unit Apartment			2
3		Other			3
4	41	TOTALS	41	14,965	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	5,754	4,340		10,094	5
6	Double Unit					6
7	Other					7
8	TOTALS	5,754	4,340		10,094	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 67.45%

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

112 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 3 (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	96,347	53,672	1,767	151,786		151,786	1
2	Housekeeping, Laundry and Maintenance	32,849	7,553	4,327	44,729		44,729	2
3	Heat and Other Utilities			59,627	59,627	(6,311)	53,316	3
4	Other (specify): See Page 3 Attachment			4,947	4,947		4,947	4
5	TOTAL General Services	129,196	61,225	70,668	261,089	(6,311)	254,778	5
B. Health Care and Programs								
6	Health Care/ Personal Care	101,872	1,061		102,933		102,933	6
7	Activities and Social Services	20,543	2,608		23,151		23,151	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	122,415	3,669		126,084		126,084	9
C. General Administration								
10	Administrative and Clerical	67,548	7,290	96,127	170,965	(7,505)	163,460	10
11	Marketing Materials, Promotions and Advertising	5,318	2,483	16,765	24,566		24,566	11
12	Employee Benefits and Payroll Taxes			66,424	66,424		66,424	12
13	Insurance-Property, Liability and Malpractice			16,420	16,420		16,420	13
14	Other (specify): See Page 3 Attachment			34,519	34,519		34,519	14
15	TOTAL General Administration	72,866	9,773	230,255	312,894	(7,505)	305,389	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	324,477	74,667	300,923	700,067	(13,816)	686,251	16
Capital Expenses								
D. Ownership								
17	Depreciation			382,846	382,846		382,846	17
18	Interest			193,735	193,735		193,735	18
19	Real Estate Taxes			37,133	37,133		37,133	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Page 3 Attachment			12,131	12,131		12,131	22
23	TOTAL Ownership			625,845	625,845		625,845	23
24	GRAND TOTAL (Sum of lines 16 and 23)	324,477	74,667	926,768	1,325,912	(13,816)	1,312,096	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
2	Licensed Practical Nurses		13.50	2
3	Certified Nurse Assistants	5	9.36	3
4	Activity Director & Assistants	1	10.87	4
5	Social Service Workers			5
6	Head Cook	1	11.08	6
7	Cook Helpers/Assistants	4	8.47	7
8	Dishwashers			8
9	Maintenance Workers	1	12.19	9
10	Housekeepers	1	7.98	10
11	Laundry			11
12	Managers	1	21.26	12
13	Other Administrative	1	13.01	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	15	\$	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	\$ 30,072	1	
2			2	
		Total	\$ 30,072	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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 145,000 Year land was acquired 2005

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	41			2008	\$ 4,948,747	\$ 187,413	28	\$ 176,741	\$ (10,672)	\$ 187,413	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements		2008	352,520	27,458	15	23,501	(3,957)	27,458	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)				\$ 5,301,267	\$ 214,871		\$ 200,242	\$ (14,629)	\$ 214,871	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	\$ 472,081	\$ 199,601	\$ 94,416	(105,185)	5	\$ 199,601	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 472,081	\$ 199,601	\$ 94,416	(105,185)		\$ 199,601	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	Loan Fees	\$ 150,373	\$ 7,519	\$ 7,519	21
22	Tax Credits	12,519	1,252	1,252	22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 162,892	\$ 8,771	\$ 8,771	24

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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	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		IL Housing Development Auth	X		First Mortgage	2/28/08	\$ 2,760,000	\$ 2,736,275	9/1/39	6.0000	\$ 173,102	1
2		IL Housing Development Auth	X		Second Mortgage	2/28/08	2,000,000	2,000,000	9/1/29	1.0000	20,367	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 4,760,000	\$ 4,736,275			\$ 193,469	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 4,760,000	\$ 4,736,275			\$ 193,469	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	\$ 58,022	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	171,673		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,047		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	126		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 233,868	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	145,000		13
14	Buildings, at Historical Cost	4,948,747		14
15	Leasehold Improvements, at Historical Cost	352,520		15
16	Equipment, at Historical Cost	472,081		16
17	Accumulated Depreciation (book methods)	(414,472)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	162,892		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(8,771)		20
21	Restricted Funds	669,335		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,327,332	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,561,200	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 23,547	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	14,614		30
31	Accrued Taxes Payable	36,984		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	392,703		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 467,848	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,736,275		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)	\$ 4,736,275	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,204,123	\$	45
46	TOTAL EQUITY	\$ 1,357,077	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,561,200	\$	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	\$ 786,835	1
2	Discounts and Allowances	(8,702)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 778,133	3
B. Other Operating Revenue			
4	Special Services	36,268	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	5,643	8
9	Non-Resident Meals	8,913	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 50,824	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	8,681	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 8,681	14
D. Other Revenue (specify):			
15	See page 8 attachment	21,208	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 21,208	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 858,846	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	261,089	19
20	Health Care/ Personal Care	126,084	20
21	General Administration	312,894	21
B. Capital Expense			
22	Ownership	625,845	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)	\$ 1,325,912	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (467,066)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (467,066)	31

Other General Services

Exterminating	\$	1,275
Rubbish Removal	\$	3,100
Vehicle Expense	\$	572

Total Other GS **\$ 4,947**

Other General Administration

Consulting	\$	2,640
Legal	\$	1,333
Accounting	\$	20,200
Audit	\$	9,300
Bad Debt	\$	1,011
Payroll Processing	\$	35

Total Other GA **\$ 34,519**

Other Ownership Expenses

Amortization	\$	8,771
Organizational Expense	\$	360
Asset Management Fee	\$	3,000

Total Other OE **\$ 12,131**

Adjustments

Telephone Revenue	\$	(7,505)
Cable Revenue	\$	(6,311)

Total Adjustments **\$ (13,816)**

Other Current Liabilities

Accrued Asset Managemetn Fee	3000
Accrued Developer Fee	379725
Accrued Liabilites	7328
Unearned Revenue	2578
AP Affiliate: BMA Mgmt	72
Total Other Current Liabilities	392703

Other Revenue

Reimbursements from Constructio	\$ 12,019
Refunds	\$ 4
Audit Adjustments	\$ 9,185

Total Other Revenue \$ 21,208