

Facility Name: Heritage Woods of Ottawa

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	192,559	154,021	1,776	348,356		348,356	1
2	Housekeeping, Laundry and Maintenance	82,904	16,951	40,898	140,753		140,753	2
3	Heat and Other Utilities			142,379	142,379	(15,007)	127,372	3
4	Other (specify):			7,598	7,598		7,598	4
5	TOTAL General Services	275,463	170,972	192,651	639,086	(15,007)	624,079	5
B. Health Care and Programs								
6	Health Care/ Personal Care	367,203	4,170		371,373		371,373	6
7	Activities and Social Services	21,258	8,272		29,530		29,530	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	388,461	12,442		400,903		400,903	9
C. General Administration								
10	Administrative and Clerical	93,181	10,737	856,105	960,023	(26,337)	933,686	10
11	Marketing Materials, Promotions and Advertising	40,024	3,585	39,798	83,407		83,407	11
12	Employee Benefits and Payroll Taxes			200,854	200,854		200,854	12
13	Insurance-Property, Liability and Malpractice			11,383	11,383		11,383	13
14	Other (specify):			5,320	5,320		5,320	14
15	TOTAL General Administration	133,205	14,322	1,113,460	1,260,987	(26,337)	1,234,650	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	797,129	197,736	1,306,111	2,300,976	(41,344)	2,259,632	16
Capital Expenses								
D. Ownership								
17	Depreciation							17
18	Interest			822	822		822	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			1,250	1,250		1,250	22
23	TOTAL Ownership			2,072	2,072		2,072	23
24	GRAND TOTAL (Sum of lines 16 and 23)	797,129	197,736	1,308,183	2,303,048	(41,344)	2,261,704	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	\$ 23.39	1
2	Licensed Practical Nurses	1	17.25	2
3	Certified Nurse Assistants	14	9.79	3
4	Activity Director & Assistants	1	10.68	4
5	Social Service Workers			5
6	Head Cook	1	17.34	6
7	Cook Helpers/Assistants	8	8.93	7
8	Dishwashers			8
9	Maintenance Workers	1	15.45	9
10	Housekeepers	3	8.45	10
11	Laundry			11
12	Managers	1	25.59	12
13	Other Administrative	2	13.40	13
14	Clerical			14
15	Marketing	1	17.75	15
16	Other			16
17	Total (lines 1 thru 16)	33	\$	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	\$ 131,958	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	City
DSI Flora Operator, LLC	Flora
DSI Manteno Operator, LLC	Manteno
DSI Watseka Operator, LLC	Witseka

OTHER RELATED BUSINESS ENTITIES

Name	City	Type of Business

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 Ottawa 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	1999	84	10/24/07	\$ 636,775	30		3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		84		\$ 636,775			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**	YES			NO	Amount of Note				
		A. Directly Facility Related										
		Long-Term										
1						/ /	\$		/ /		\$	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4		COUNTRY BANK		X	LINE OF CREDIT	11/1/09	250,000	39,337	11/1/10	VARIABLE	445	4
5						/ /			/ /			5
6		INT ON SEC DEPOSITS				/ /			/ /		377	6
7		TOTAL Facility Related					\$ 250,000	\$ 39,337			\$ 822	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 250,000	\$ 39,337			\$ 822	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	\$ 26,362	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	358,067		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,417		6
7	Other Prepaid Expenses	7,651		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 405,497	\$	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)	\$ 405,497	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 20,321	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	36,392		28
29	Short-Term Notes Payable	39,337		29
30	Accrued Salaries Payable	35,467		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 Liabilities	15,293		35
36	Unearned Revenue	1,367		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 148,177	\$	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)	\$ 148,177	\$	45
46	TOTAL EQUITY	\$ 257,320	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 405,497	\$	47

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,810,041	1
2	Discounts and Allowances	(2,055)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,807,986	3
	B. Other Operating Revenue		
4	Special Services	86,273	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	33,241	8
9	Non-Resident Meals	2,455	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 121,969	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	409	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 409	14
	D. Other Revenue (specify):		
15	Refund & Vending	526	15
16	Deposit Fee	300	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 826	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,931,190	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	639,086	19
20	Health Care/ Personal Care	400,903	20
21	General Administration	1,260,987	21
	B. Capital Expense		
22	Ownership	2,072	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)	\$ 2,303,048	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 628,142	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 628,142	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,170
Rubbish Removal	4,555
Transportation Service	313
Water Softener	676
Window Washing	884
Misc Operating Expenses	
Total	7,598

C. General Administration - Other

Consulting	394
Legal	-
Accounting	60
Audit	4,500
Bad Debt	366
Total	5,320

D. Ownership

Letter of Credit	1,250
Mortgage Insurance Premium	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	
Business Interruption	
Property Damage Loss	
Total	1,250

Reclassifications and Adjustments

Heat & Other Utilities (15,007) Cable

Administrative and Clerical (26,337) Telephone Revenue

