



Facility Name Heritage Woods of South Elgin

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	132	Single Unit Apartment	132	26,136	1
2		Double Unit Apartment			2
3		Other			3
4	132	TOTALS	132	26,136	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	5,234	2,578		7,812	5
6	Double Unit					6
7	Other					7
8	TOTALS	5,234	2,578		7,812	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 29.89%

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

0 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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: 12/31/2009 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? X If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_  
If no, explain. \_\_\_\_\_

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? X 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? X 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	142,654	111,179	799	254,632		254,632	1
2	Housekeeping, Laundry and Maintenance	44,689	7,201	11,643	63,533		63,533	2
3	Heat and Other Utilities			64,726	64,726	(13,636)	51,090	3
4	Other (specify): See Page 3 Attachment			6,645	6,645		6,645	4
5	<b>TOTAL General Services</b>	187,343	118,380	83,813	389,536	(13,636)	375,900	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	204,596	2,683		207,279		207,279	6
7	Activities and Social Services	17,381	8,381		25,762		25,762	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	221,977	11,064		233,041		233,041	9
<b>C. General Administration</b>								
10	Administrative and Clerical	77,019	8,985	157,620	243,624	(7,578)	236,046	10
11	Marketing Materials, Promotions and Advertising	60,172	12,315	42,119	114,606		114,606	11
12	Employee Benefits and Payroll Taxes			96,313	96,313		96,313	12
13	Insurance-Property, Liability and Malpractice			17,215	17,215		17,215	13
14	Other (specify): See Page 3 Attachment			2,730	2,730		2,730	14
15	<b>TOTAL General Administration</b>	137,191	21,300	315,997	474,488	(7,578)	466,910	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	546,511	150,744	399,810	1,097,065	(21,214)	1,075,851	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			392,354	392,354		392,354	17
18	Interest			426,301	426,301		426,301	18
19	Real Estate Taxes			77,000	77,000		77,000	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Page 3 Attachment			121,686	121,686		121,686	22
23	<b>TOTAL Ownership</b>			1,017,341	1,017,341		1,017,341	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	546,511	150,744	1,417,151	2,114,406	(21,214)	2,093,192	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	\$ 32.81	1
2	Licensed Practical Nurses		19.92	2
3	Certified Nurse Assistants	6	10.82	3
4	Activity Director & Assistants	1	15.52	4
5	Social Service Workers			5
6	Head Cook	1	21.42	6
7	Cook Helpers/Assistants	6	9.26	7
8	Dishwashers			8
9	Maintenance Workers	1	19.36	9
10	Housekeepers	1	8.51	10
11	Laundry			11
12	Managers	1	42.89	12
13	Other Administrative			13
14	Clerical	1	16.21	14
15	Marketing	1	23.07	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>20</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	\$ 90,646	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 1,285,525 Year land was acquired 2007

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	132		2009		\$ 12,121,068	\$ 220,383	28	\$ 234,485	\$ 14,102	\$ 220,383	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Land Improvements				354,927	11,831	15	12,817	986	11,831	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)				\$ 12,475,995	\$ 232,214		\$ 247,302	\$ 15,088	\$ 232,214	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	\$ 803,403	\$ 160,140	\$ 87,035	(73,105)	5	\$ 160,140	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 803,403	\$ 160,140	\$ 87,035	(73,105)		\$ 160,140	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	\$ 125,373	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	713,656		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,926		6
7	Other Prepaid Expenses	595		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Utility Deposits</u>	7,360		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 874,910	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,640,452		13
14	Buildings, at Historical Cost	12,121,068		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	803,403		16
17	Accumulated Depreciation (book methods)	(392,354)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	214,816		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(88,928)		20
21	Restricted Funds	3,300		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 14,301,757	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 15,176,667	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 43,698	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	184,000		29
30	Accrued Salaries Payable	47,994		30
31	Accrued Taxes Payable	88,196		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>See Page 7 Attachment</u>	43,966		35
36				36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 407,854	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,870,000		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</b> (sum of lines 38 thru 43)	\$ 12,870,000	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 13,277,854	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,898,813	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 15,176,667	\$	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	\$ 1,698,584	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 1,698,584</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	33,259	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	6,410	8
9	Non-Resident Meals	3,668	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 43,337</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	7,578	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 7,578</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Nicor Credit	3,833	15
16	ComEd Credit	9,154	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 12,987</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 1,762,486</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	389,536	19
20	Health Care/ Personal Care	233,041	20
21	General Administration	474,488	21
<b>B. Capital Expense</b>			
22	Ownership	1,017,341	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>\$ 2,114,406</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (351,920)</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>\$ (351,920)</b>	<b>31</b>

Cost Center Expenses

A. General Services - Other

Exterminating	1,269
Rubbish Removal	2,721
Vehicle Expense	367
Water Softener	1,488
Miscellaneous Oper Expense	<u>800</u>
Total	<b>6,645</b>

C. General Administration - Other

Consulting	
Legal	630
Accounting	1,000
Audit	1,100
Bad Debt	<u></u>
Total	<b>2,730</b>

D. Ownership

Mortgage Service Fee	
Mortgage Insurance Premium	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	88,928
Organizational Expense	32,758
Property Damage Loss	<u></u>
Total	<b>121,686</b>

Reclassifications and Adjustments

Heat & Other Utilities (13,636) Cable

Administrative and Clerical (7,578) Telephone Revenue

**BALANCE SHEET**

C. Current Liabilities

Accrued Liabilities	9,917
Accrued Asset Management Fee	
Accrued Parntership Mgmt Fees	
Reservation Deposig	5,750
Unearned Revenue	28,299

**Total Other Current Liabilities**      **43,966**