



Facility Name Heritage Woods of Sterling

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 03/16/09

	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	0	Single Unit Apartment	76	21,052	1
2		Double Unit Apartment			2
3		Other			3
4		TOTALS	76	21,052	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	4,905	8,002		12,907	5
6	Double Unit					6
7	Other					7
8	TOTALS	4,905	8,002		12,907	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 61.31%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
20 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: 12/31/09 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		87,435	1,065	88,500		88,500	1
2	Housekeeping, Laundry and Maintenance		11,066	12,774	23,840		23,840	2
3	Heat and Other Utilities			50,659	50,659	(10,197)	40,462	3
4	Other (specify):			8,445	8,445		8,445	4
5	<b>TOTAL General Services</b>		98,501	72,943	171,444	(10,197)	161,247	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care		1,983		1,983		1,983	6
7	Activities and Social Services		2,339		2,339		2,339	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>		4,322		4,322		4,322	9
<b>C. General Administration</b>								
10	Administrative and Clerical		9,545	296,461	306,006	(8,137)	297,869	10
11	Marketing Materials, Promotions and Advertising		5,950	105,269	111,219		111,219	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			9,811	9,811		9,811	13
14	Other (specify):			595,784	595,784		595,784	14
15	<b>TOTAL General Administration</b>		15,495	1,007,325	1,022,820	(8,137)	1,014,683	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>		118,318	1,080,268	1,198,586	(18,334)	1,180,252	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			399,435	399,435		399,435	17
18	Interest			188,459	188,459		188,459	18
19	Real Estate Taxes			46,556	46,556		46,556	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			110,592	110,592		110,592	22
23	<b>TOTAL Ownership</b>			745,042	745,042		745,042	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>		118,318	1,825,310	1,943,628	(18,334)	1,925,294	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	\$ 22.24	1
2	Licensed Practical Nurses	1	16.28	2
3	Certified Nurse Assistants	8	11.61	3
4	Activity Director & Assistants	1	12.15	4
5	Social Service Workers			5
6	Head Cook	1	15.26	6
7	Cook Helpers/Assistants	6	8.47	7
8	Dishwashers			8
9	Maintenance Workers	1	14.54	9
10	Housekeepers	1	8.02	10
11	Laundry			11
12	Managers	1	26.92	12
13	Other Administrative			13
14	Clerical	3	13.73	14
15	Marketing	1	15.29	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>25</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>\$</b>	<b>6</b>

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

		Amount of Fee	
1	BMA Management, LTD.	\$ 60,991	1
2			2
<b>Total</b>		<b>\$ 60,991</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 140,336 Year land was acquired 2006

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	76			2009	\$ 7,604,546	\$ 230,441	27.5	\$ 230,441	\$	\$ 230,441	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Land Improvements			774,017	43,001	15	43,001		43,001	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)				\$ 8,378,563	\$ 273,442		\$ 273,442	\$	\$ 273,442	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	\$ 629,965	\$ 125,993	\$ 104,994	(20,999)	5	\$ 125,993	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 629,965	\$ 125,993	\$ 104,994	(20,999)		\$ 125,993	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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**12/31/2009****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	\$ 53,497	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	299,525		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	1,884		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>Utility Security Deposits</b>	13,205		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 368,111	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	914,353		13
14	Buildings, at Historical Cost	7,604,546		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	629,965		16
17	Accumulated Depreciation (book methods)	(399,435)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	88,438		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(5,484)		20
21	Restricted Funds	602,502		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>	\$ 9,434,885	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,802,996	\$	25

\*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 54,502	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	58,140		31
32	Accrued Interest Payable	10,563		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>	689,176		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 812,381	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,287,246		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>	\$ 5,287,246	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 6,099,627	\$	45
46	<b>TOTAL EQUITY</b>	\$ 3,703,369	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 9,802,996	\$	47

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

	Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 1,188,244	1
2	Discounts and Allowances	(151,280)	2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 1,036,964	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	38,678	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	3,950	8
9	Non-Resident Meals	4,197	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 46,825	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	3,044	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 3,044	14
	<b>D. Other Revenue (specify):</b>		
15	Vending	41	15
16	Deposit Fee	250	16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 291	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 1,087,124	18

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	171,444	19
20	Health Care/ Personal Care	4,322	20
21	General Administration	1,022,820	21
	<b>B. Capital Expense</b>		
22	Ownership	745,042	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</b> (sum of lines 19 thru 27)	\$ 1,943,628	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (856,504)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (856,504)	31



**COST CENTER EXPENSES**

General Services Other

Exterminating	\$ 1,035
Rubbish Removal	\$ 1,479
Transportation Expense	\$ 3,676
Water Softener	\$ 2,255
	<b>\$ 8,445</b>

General Administration Other

Legal Fees	\$ 1,792
Accounting	\$ 15,100
Audit	\$ 10,150
Contract Labor	\$ 567,358
Bad Debt Expense	\$ 1,384
	<b>\$ 595,784</b>

Ownership

Amortization Expense	\$ 5,484
Partnership Management Fee	\$ 11,250
Asset Management Fee	\$ 15,000
Organizational Expense	\$ 78,858
	<b>\$ 110,592</b>

Reclassifications and Adjustments

Heat & Other Utilities	\$ (10,197) Cable
Administrative and Clerical	\$ (8,049) Phone
	\$ (88) Internet
	<b>\$ (8,137)</b>

## BALANCE SHEET

### C. Current Liabilities

Accrued Asset Management Fee	\$ 15,000
Accrued Partnership Management Fee	\$ 11,250
Accrued Liabilities	\$ 26,476
Accrued Developer Fee	\$ 632,233
Reservation Deposit	\$ 2,000
Unearned Revenue	\$ 2,217
	<b>\$ 689,176</b>