





Facility Name: Heritage Woods of Yorkville

Report Period Beginning:

1/1/2009

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	230,478	166,763	2,017	399,258		399,258	1
2	Housekeeping, Laundry and Maintenance	74,492	17,961	46,406	138,859		138,859	2
3	Heat and Other Utilities			177,638	177,638	(20,244)	157,394	3
4	Other (specify):			9,982	9,982		9,982	4
5	<b>TOTAL General Services</b>	<b>304,970</b>	<b>184,724</b>	<b>236,043</b>	<b>725,737</b>	<b>(20,244)</b>	<b>705,493</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	407,496	2,492		409,988		409,988	6
7	Activities and Social Services	28,192	7,413		35,605		35,605	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>435,688</b>	<b>9,905</b>		<b>445,593</b>		<b>445,593</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	109,615	8,639	231,829	350,083	(21,809)	328,274	10
11	Marketing Materials, Promotions and Advertising	58,637	4,786	38,177	101,600		101,600	11
12	Employee Benefits and Payroll Taxes			175,254	175,254		175,254	12
13	Insurance-Property, Liability and Malpractice			34,471	34,471		34,471	13
14	Other (specify):			18,995	18,995		18,995	14
15	<b>TOTAL General Administration</b>	<b>168,252</b>	<b>13,425</b>	<b>498,726</b>	<b>680,403</b>	<b>(21,809)</b>	<b>658,594</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>908,910</b>	<b>208,054</b>	<b>734,769</b>	<b>1,851,733</b>	<b>(42,053)</b>	<b>1,809,680</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			395,904	395,904		395,904	17
18	Interest			551,024	551,024		551,024	18
19	Real Estate Taxes			73,151	73,151		73,151	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			24,280	24,280		24,280	22
23	<b>TOTAL Ownership</b>			<b>1,044,359</b>	<b>1,044,359</b>		<b>1,044,359</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>908,910</b>	<b>208,054</b>	<b>1,779,128</b>	<b>2,896,092</b>	<b>(42,053)</b>	<b>2,854,039</b>	<b>24</b>

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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	\$ 27.00	1
2	Licensed Practical Nurses	1	19.89	2
3	Certified Nurse Assistants	14	10.33	3
4	Activity Director & Assistants	1	13.56	4
5	Social Service Workers			5
6	Head Cook	1	18.99	6
7	Cook Helpers/Assistants	10	9.52	7
8	Dishwashers			8
9	Maintenance Workers	1	15.83	9
10	Housekeepers	2	8.17	10
11	Laundry			11
12	Managers	1	34.43	12
13	Other Administrative	1	14.39	13
14	Clerical			14
15	Marketing	1	21.55	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>35</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.	\$ 154,577	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 374,340 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	87			2007	\$ 6,574,165	\$ 168,564	39	\$ 168,568	\$ 4	\$ 351,180	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Land Improvements				973,361	64,200	15	64,891	691	133,888	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)				\$ 7,547,526	\$ 232,764		\$ 233,459	\$ 695	\$ 485,068	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	\$ 794,091	\$ 151,884	\$ 158,818	6,934	5	\$ 316,428	18
19	Vehicles	56,274	11,256	2,251	(9,005)	5	23,449	19
20	TOTAL (lines 18 and 19)	\$ 850,365	\$ 163,140	\$ 161,069	(2,071)		\$ 339,877	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	\$ 244,927	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	492,755		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,067		6
7	Other Prepaid Expenses	5,715		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 755,464	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,347,701		13
14	Buildings, at Historical Cost	6,574,165		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	850,364		16
17	Accumulated Depreciation (book methods)	(824,945)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	99,000		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(40,597)		20
21	Restricted Funds			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>	\$ 8,005,688	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 8,761,152	\$	25

\*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 39,664	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	55,816		30
31	Accrued Taxes Payable	74,858		31
32	Accrued Interest Payable	14,451		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Accrued Liabilities	25,002		35
36	Schedule	9,197		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 218,988	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,780,659		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>	\$ 8,780,659	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,999,647	\$	45
46	<b>TOTAL EQUITY</b>	\$ (238,495)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 8,761,152	\$	47

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

	1	Amount	
	<b>Revenue</b>		
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 3,006,691	1
2	Discounts and Allowances	(43,452)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,963,239</b>	<b>3</b>
	<b>B. Other Operating Revenue</b>		
4	Special Services	104,228	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	22,140	8
9	Non-Resident Meals	7,054	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 133,422</b>	<b>11</b>
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	700	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 700</b>	<b>14</b>
	<b>D. Other Revenue (specify):</b>		
15	Contract Services	900	15
16	Other Revenue		16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 900</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,098,261</b>	<b>18</b>

	2	Amount	
	<b>Expenses</b>		
	<b>A. Operating Expenses</b>		
19	General Services	725,737	19
20	Health Care/ Personal Care	445,593	20
21	General Administration	680,403	21
	<b>B. Capital Expense</b>		
22	Ownership	1,044,359	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>\$ 2,896,092</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 202,169</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>\$ 202,169</b>	<b>31</b>

Cost Center Expenses

A. General Services - Other

Exterminating	1,140
Rubbish Removal	7,664
Vehicle Expense	1,178
Misc Operating Expenses	
Total	<b>9,982</b>

C. General Administration - Other

Consulting	3,500
Legal	1,923
Accounting	45
Audit	8,800
Bad Debt	4,727
Total	<b>18,995</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	21,780
Business Interruption	
Property Damage Loss	2,500
Total	<b>24,280</b>

Reclassifications and Adjustments

Heat & Other Utilities (20,244) Cable

Administrative and Clerical (21,809) Telephone Revenue

**BALANCE SHEET**

C. Current Liabilities

Accrued Liabilities

Payroll Benefits

Reservation Deposits 8,750

Unearned Revenue 447

**Total Other Current Liabilities 9,197**