

Facility Name Heritage Woods of Aledo

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	66	Single Unit Apartment	66	24,090	1
2		Double Unit Apartment			2
3		Other			3
4	66	TOTALS	66	24,090	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	6,189	16,733		22,922	5
6	Double Unit					6
7	Other					7
8	TOTALS	6,189	16,733		22,922	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.15%

D. Indicate the number of paid bed-hold days the SLF had during this year
 91 Also, indicate the number of unpaid bed-hold days the SLF had during this year. **(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: 12/31/2010 Fiscal Year: 12/31/2010

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No 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? 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 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	158,231	102,992	1,544	262,767		262,767	1
2	Housekeeping, Laundry and Maintenance	50,873	13,748	31,209	95,830		95,830	2
3	Heat and Other Utilities			99,107	99,107		99,107	3
4	Other (specify):			6,854	6,854	(11,812)	(4,958)	4
5	TOTAL General Services	209,104	116,740	138,714	464,558	(11,812)	452,746	5
B. Health Care and Programs								
6	Health Care/ Personal Care	231,772	1,381		233,153		233,153	6
7	Activities and Social Services	9,454	2,551		12,005		12,005	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	241,226	3,932		245,158		245,158	9
C. General Administration								
10	Administrative and Clerical	75,928	7,486	150,086	233,500	(13,024)	220,476	10
11	Marketing Materials, Promotions and Advertising	39,812	2,386	25,909	68,107		68,107	11
12	Employee Benefits and Payroll Taxes			149,019	149,019		149,019	12
13	Insurance-Property, Liability and Malpractice			26,515	26,515		26,515	13
14	Other (specify): SEE ATTACHMENT PG 3			10,357	10,357		10,357	14
15	TOTAL General Administration	115,740	9,872	361,886	487,498	(13,024)	474,474	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	566,070	130,544	500,600	1,197,214	(24,836)	1,172,378	16
Capital Expenses								
D. Ownership								
17	Depreciation			210,962	210,962		210,962	17
18	Interest			396,981	396,981		396,981	18
19	Real Estate Taxes			56,275	56,275		56,275	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): SEE ATTACHMENT PG 3			67,044	67,044		67,044	22
23	TOTAL Ownership			731,262	731,262		731,262	23
24	GRAND TOTAL (Sum of lines 16 and 23)	566,070	130,544	1,231,862	1,928,476	(24,836)	1,903,640	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	1	17.96	2
3	Certified Nurse Assistants	10	9.47	3
4	Activity Director & Assistants		10.46	4
5	Social Service Workers			5
6	Head Cook	1	13.79	6
7	Cook Helpers/Assistants	7	8.96	7
8	Dishwashers			8
9	Maintenance Workers	1	11.58	9
10	Housekeepers	2	8.22	10
11	Laundry			11
12	Managers	1	23.14	12
13	Other Administrative			13
14	Clerical	1	13.56	14
15	Marketing	1	18.41	15
16	Other			16
17	Total (lines 1 thru 16)	25	\$	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.	\$ 67,413	1
2			2
Total		\$ 67,413	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 234,500 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	66			2006	\$ 5,773,537	\$ 147,192	28	\$ 206,198	\$ 59,006	\$ 607,167	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land Improvements				8,788	660	15	586	(74)	2,721	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)				\$ 5,782,325	\$ 147,852		\$ 206,784	\$ 58,932	\$ 609,888	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	\$ 487,591	\$ 63,110	\$ 97,518	34,408	5	\$ 487,591	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 487,591	\$ 63,110	\$ 97,518	34,408		\$ 487,591	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: 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					Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
			YES	NO									Original	Balance			
		A. Directly Facility Related															
		Long-Term															
1		The Country Bank	X		First Mortgage	11/15/06	\$ 4,594,335	\$ 4,353,441	11/15/11	0.0639	\$ 284,026	1					
2		The Country Bank	X		Second Mortgage	11/15/06	1,305,665	1,237,203	11/15/11	0.0639	80,782	2					
3						/ /			/ /		6	3					
		Working Capital															
4		The Country Bank	X		Infrastructure Loan	11/15/06	550,000	496,500	11/15/11	0.0639	32,167	4					
5						/ /			/ /			5					
6						/ /			/ /			6					
7		TOTAL Facility Related					\$ 6,450,000	\$ 6,087,144			\$ 396,981	7					
		B. Non-Facility Related															
8						/ /			/ /			8					
9						/ /			/ /			9					
10		TOTALS (lines 7, 8 and 9)					\$ 6,450,000	\$ 6,087,144			\$ 396,981	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 12/31/2010

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 147,619	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	42,213		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,947		6
7	Other Prepaid Expenses	8,909		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): SECURITY DEPOSITS	240		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 207,928	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	243,288		13
14	Buildings, at Historical Cost	5,773,537		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	487,591		16
17	Accumulated Depreciation (book methods)	(1,097,479)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	754,325		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(276,561)		20
21	Restricted Funds	111,671		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): CIP	70,169		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,066,541	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,274,469	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 187,341	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	496,500		29
30	Accrued Salaries Payable	28,446		30
31	Accrued Taxes Payable	56,724		31
32	Accrued Interest Payable	15,876		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SEE ATTACHMENT PG 7	14,755		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 799,642	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,590,644		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)	\$ 5,590,644	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,390,286	\$	45
46	TOTAL EQUITY	\$ (115,817)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,274,469	\$	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	\$ 1,866,768	1
2	Discounts and Allowances	(6,500)	2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 1,860,268	3
B. Other Operating Revenue			
4	Special Services	48,438	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	10,994	8
9	Non-Resident Meals	7,494	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 66,926	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	394	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 394	14
D. Other Revenue (specify):			
15			15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 1,927,588	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	464,558	19
20	Health Care/ Personal Care	245,158	20
21	General Administration	487,498	21
B. Capital Expense			
22	Ownership	731,262	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 1,928,476	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (888)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (888)	31

IV. COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,000
Rubbish Removal	1,758
Vehicle Expense	930
Water Softener	<u>3,166</u>
TOTAL	<u><u>6,854</u></u>

C. General Administration - Other

Consulting	6,000
Legal	310
Audit	581
Contract Labor	1,000
Bad Debt Expense	<u>2,466</u>
TOTAL	<u><u>10,357</u></u>

D. Ownership

Amortization Expense	67,044
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Reclassification and Adjustments

Heat & Other Utilities	(11,812) Cable
Administrative and Clerical	(13,024) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	7,455
Reservation Deposit	1,600
Unearned Revenue	<u>5,700</u>
	<u>14,755</u>