

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	5,696	18,036		23,732	5
6	Double Unit					6
7	Other					7
8	TOTALS	5,696	18,036		23,732	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 98.51%

D. Indicate the number of paid bed-hold days the SLF had during this year
211 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 13 (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: 12/31/2011 Fiscal Year: 12/31/2011

* 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. _____

STATE OF ILLINOIS

Page 3

Facility Name: Heritage Woods of Aledo

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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	171,208	111,037	1,572	283,817		283,817	1
2	Housekeeping, Laundry and Maintenance	55,176	14,925	34,461	104,562		104,562	2
3	Heat and Other Utilities			103,622	103,622	(15,162)	88,460	3
4	Other (specify):			6,990	6,990		6,990	4
5	TOTAL General Services	226,384	125,962	146,645	498,991	(15,162)	483,829	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	249,268	2,191		251,459		251,459	6
7	Activities and Social Services	9,781	4,489		14,270		14,270	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	259,049	6,680		265,729		265,729	9
	C. General Administration							
10	Administrative and Clerical	88,291	10,088	160,570	258,949	(13,332)	245,617	10
11	Marketing Materials, Promotions and Advertising	40,549	4,066	20,097	64,712		64,712	11
12	Employee Benefits and Payroll Taxes			142,063	142,063		142,063	12
13	Insurance-Property, Liability and Malpractice			26,716	26,716		26,716	13
14	Other (specify):			16,161	16,161		16,161	14
15	TOTAL General Administration	128,840	14,154	365,607	508,601	(13,332)	495,269	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	614,273	146,796	512,252	1,273,321	(28,494)	1,244,827	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			147,852	147,852		147,852	17
18	Interest			392,531	392,531		392,531	18
19	Real Estate Taxes			82,047	82,047		82,047	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			67,544	67,544		67,544	22
23	TOTAL Ownership			689,974	689,974		689,974	23
24	GRAND TOTAL (Sum of lines 16 and 23)	614,273	146,796	1,202,226	1,963,295	(28,494)	1,934,801	24

Facility Name: Heritage Woods of Aledo

Report Period Beginning 01/01/2011 Ending: 12/31/2011

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	18.22	2
3	Certified Nurse Assistants	11	9.46	3
4	Activity Director & Assistants	0	10.22	4
5	Social Service Workers			5
6	Head Cook	1	15.98	6
7	Cook Helpers/Assistants	7	9.12	7
8	Dishwashers			8
9	Maintenance Workers	1	11.95	9
10	Housekeepers	2	8.27	10
11	Laundry			11
12	Managers	1	32.39	12
13	Other Administrative			13
14	Clerical	1	12.00	14
15	Marketing	1	18.62	15
16	Other			16
17	Total (lines 1 thru 16)	26	\$	17

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).

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.	\$	82,018	1
2				2
Total		\$	82,018	3

Facility Name: Heritage Woods of Aledo

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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	\$ 754,359	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				8,788	660	15	586	(74)	3,381	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	\$ 757,740	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	\$ 492,136	\$ 909	\$ 98,427	97,518	5	\$ 487,591	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 492,136	\$ 909	\$ 98,427	97,518		\$ 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

Facility Name: Heritage Woods of Aledo

Report Period Beginning: 01/01/2011 Ending: 2/31/2011

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	2		3	4	6		7	8	9	
	Name of Lender	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	Peoples National Bank		X	First Mortgage	11/15/11	\$ 4,594,335	\$ 4,297,106	4/30/12	0.0639	\$ 286,430	1
2	Midland States Bank		X	Second Mortgage	11/15/11	1,305,665	1,218,242	2/15/12	0.0639	73,709	2
3					/ /			/ /			3
	Working Capital										
4	Blackhawk Bank		X	Infrastructure Loan	11/15/06	550,000	496,500	11/15/11	0.0639	32,392	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,450,000	\$ 6,011,848			\$ 392,531	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,450,000	\$ 6,011,848			\$ 392,531	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.

Facility Name: Heritage Woods of Aledo

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 122,644	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 557)	138,790		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,178		6
7	Other Prepaid Expenses	5,216		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>UTILITY DEPOSIT</u>	240		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 277,068	\$	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	492,136		16
17	Accumulated Depreciation (book methods)	(1,245,331)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	754,325		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(343,605)		20
21	Restricted Funds	143,078		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>CIP</u>	70,169		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,887,598	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,164,666	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 184,377	\$	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	30,647		30
31	Accrued Taxes Payable	89,268		31
32	Accrued Interest Payable	33,612		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>SEE ATTACHMENT PG 7</u>	17,944		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 852,348	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,515,348		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)	\$ 5,515,348	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,367,696	\$	45
46	TOTAL EQUITY	\$ (203,030)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,164,666	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Aledo

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	\$ 1,992,804	1
2	Discounts and Allowances	(6,568)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,986,236	3
	B. Other Operating Revenue		
4	Special Services	44,983	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	15,331	8
9	Non-Resident Meals	10,141	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 70,455	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	984	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 984	14
	D. Other Revenue (specify):		
15	Deposit Fee	50	15
16	Insurance Adjustments	2,357	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,407	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,060,082	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	498,991	19
20	Health Care/ Personal Care	265,729	20
21	General Administration	508,601	21
	B. Capital Expense		
22	Ownership	689,974	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)	\$ 1,963,295	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 96,787	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 96,787	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	825
Rubbish Removal	1,862
Vehicle Expense	1,072
Transportation Service	
Water Softener	3,231
Misc Operating	
Total	6,990

C. General Administration - Other

Consulting	6,000
Legal	4,146
Accounting	60
Audit	60
Contract labor	1,200
Bad Debt	4,695
Total	16,161

D. Ownership

Financing Fees	500
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	67,044
Remarketing and Trustee Fee	
Property Damage Loss	
Interest Income	-
Total	67,544

Reclassifications and Adjustments

Heat & Other Utilities (15,162) Cable

Administrative and Clerical (13,332) Telephone Revenue

C. Current Liabilities

Accrued Liabilities	1,013
Reservation Deposit	4,700
Unearned Revenue	<u>12,231</u>
	<u>17,944</u>