

Facility Name	Heritage Woods of Belvidere-Ashburton Grove, LLC
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Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	120	Single Unit Apartment	120	247	1		
2		Double Unit Apartment			2		
3		Other			3		
4	120	TOTALS	120	247	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	11,581	8,047		19,628	5
6	Double Unit					6
7	Other					7
8	TOTALS	11,581	8,047		19,628	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 7946.56%

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

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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

ACCUAL	X	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

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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			
	A. General Services							
1	Dietary and Food Purchase	129,675	109,082	1,210	239,967		239,967	1
2	Housekeeping, Laundry and Maintenance	50,713	8,147	12,711	71,571		71,571	2
3	Heat and Other Utilities			91,035	91,035	(14,848)	76,187	3
4	Other (specify):			11,095	11,095		11,095	4
5	TOTAL General Services	180,388	117,229	116,051	413,668	(14,848)	398,820	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	249,321	1,954		251,275		251,275	6
7	Activities and Social Services	21,315	3,876		25,191		25,191	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	270,636	5,830		276,466		276,466	9
	C. General Administration							
10	Administrative and Clerical	92,691	12,931	174,950	280,572	(13,406)	267,166	10
11	Marketing Materials, Promotions and Advertising	60,946	2,241	33,210	96,397		96,397	11
12	Employee Benefits and Payroll Taxes			128,780	128,780		128,780	12
13	Insurance-Property, Liability and Malpractice			36,355	36,355		36,355	13
14	Other (specify):			42,063	42,063		42,063	14
15	TOTAL General Administration	153,637	15,172	415,358	584,167	(13,406)	570,761	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	604,661	138,231	531,409	1,274,301	(28,254)	1,246,047	16
	Capital Expenses							
	D. Ownership							
17	Depreciation							17
18	Interest			380,448	380,448		380,448	18
19	Real Estate Taxes			65,280	65,280		65,280	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			2,400	2,400		2,400	22
23	TOTAL Ownership			448,128	448,128		448,128	23
24	GRAND TOTAL (Sum of lines 16 and 23)	604,661	138,231	979,537	1,722,429	(28,254)	1,694,175	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	\$ 25.77	1
2	Licensed Practical Nurses	0	20.41	2
3	Certified Nurse Assistants	7	10.14	3
4	Activity Director & Assistants	1	14.46	4
5	Social Service Workers			5
6	Head Cook	1	17.97	6
7	Cook Helpers/Assistants	5	9.38	7
8	Dishwashers			8
9	Maintenance Workers	1	18.44	9
10	Housekeepers	1	8.85	10
11	Laundry			11
12	Managers	1	37.41	12
13	Other Administrative			13
14	Clerical	2	16.20	14
15	Marketing	1	26.21	15
16	Other			16
17	Total (lines 1 thru 16)	21	\$	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	\$ 97,708	1
2			2
Total		\$ 97,708	3

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VIII. OWNERSHIP COSTS

A. Purchase price of land Not Avail.

Year land was acquired

Not Avail.

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	55			2011	\$ Not Avail.	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				\$	\$		\$	\$	\$	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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	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	Centennial Mortgage		X	First Mortgage	12/30/09	\$ 10,875,000	\$ Not Avail.	9/1/51	0.0570	\$ 380,448	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,875,000	\$			\$ 380,448	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 10,875,000	\$			\$ 380,448	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 12/31/2011

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 183,072	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 17,825)	724,120		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,841		6
7	Other Prepaid Expenses	1,546		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>UTILITY SECURITY DEP</u>	7,835		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 937,415	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,720,392		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>CIP</u>	(13,742)		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,706,650	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,644,065	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 52,588	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	49,330		30
31	Accrued Taxes Payable	65,280		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>SEE ATTACHMENT PG 7</u>	24,340		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 191,538	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	2,197,999		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)	\$ 2,197,999	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,389,537	\$	45
46	TOTAL EQUITY	\$ 254,528	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,644,065	\$	47

*(See instructions.)

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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	\$ 1,928,540	1
2	Discounts and Allowances	(10,450)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,918,090	3
	B. Other Operating Revenue		
4	Special Services	35,206	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	13,284	8
9	Non-Resident Meals	8,359	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 56,849	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15		1,550	15
16		468	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,018	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,976,957	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	413,668	19
20	Health Care/ Personal Care	276,466	20
21	General Administration	584,167	21
	B. Capital Expense		
22	Ownership	448,128	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)	\$ 1,722,429	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 254,528	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 254,528	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,045
Rubbish Removal	3,336
Vehicle Expense	1,533
Transportation Service	
Water Softener	5,181
Misc Operating	
Total	11,095

C. General Administration - Other

Consulting	156
Legal	5,463
Accounting	-
Audit	12,281
Contract labor	800
Bad Debt	23,363
Total	42,063

D. Ownership

Letter of Credit	
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	2,400
Amortization Expense	
Remarketing and Trustee Fee	
Property Damage Loss	
Interest Income	
Total	2,400

Reclassifications and Adjustments

Heat & Other Utilities (14,848) Cable

Administrative and Clerical (13,406) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	16,404
Unearned Revenue	<u>7,936</u>
Total Other Current Liabilities	<u>24,340</u>