

Facility Name Heritage Woods of Charleston Report Period Beginning: 01/01/12 Ending: 12/31/12

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	68	Single Unit Apartment	68	24,888	1
2		Double Unit Apartment			2
3		Other			3
4	68	TOTALS	68	24,888	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	8,649	6,795		15,444	5
6	Double Unit					6
7	Other					7
8	TOTALS	8,649	6,795		15,444	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 62.05%

D. Indicate the number of paid bed-hold days the SLF had during this year
232 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 2 (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: 2012 Fiscal Year: 2012

* 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. _____

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	129,718	89,687	1,836	221,241		221,241	1
2	Housekeeping, Laundry and Maintenance	52,617	10,526	8,720	71,863		71,863	2
3	Heat and Other Utilities			72,095	72,095	(7,862)	64,233	3
4	Other (specify):			14,654	14,654		14,654	4
5	TOTAL General Services	182,335	100,213	97,305	379,853	(7,862)	371,991	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	184,240	1,398		185,638		185,638	6
7	Activities and Social Services	24,442	2,664		27,106		27,106	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	208,682	4,062		212,744		212,744	9
	C. General Administration							
10	Administrative and Clerical	87,314	6,807	181,992	276,113	(6,949)	269,164	10
11	Marketing Materials, Promotions and Advertising	36,706	8,897	37,385	82,988		82,988	11
12	Employee Benefits and Payroll Taxes			106,491	106,491		106,491	12
13	Insurance-Property, Liability and Malpractice			27,373	27,373		27,373	13
14	Other (specify):			36,186	36,186		36,186	14
15	TOTAL General Administration	124,020	15,704	389,427	529,151	(6,949)	522,202	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	515,037	119,979	486,732	1,121,748	(14,811)	1,106,937	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			468,528	468,528		468,528	17
18	Interest			293,156	293,156		293,156	18
19	Real Estate Taxes			8,177	8,177		8,177	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			24,300	24,300		24,300	22
23	TOTAL Ownership			794,161	794,161		794,161	23
24	GRAND TOTAL (Sum of lines 16 and 23)	515,037	119,979	1,280,893	1,915,909	(14,811)	1,901,098	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	\$ 25.30	1
2	Licensed Practical Nurses		15.00	2
3	Certified Nurse Assistants	6	9.65	3
4	Activity Director & Assistants	1	11.67	4
5	Social Service Workers			5
6	Head Cook	1	16.52	6
7	Cook Helpers/Assistants	5	9.18	7
8	Dishwashers			8
9	Maintenance Workers	1	15.56	9
10	Housekeepers	1	8.82	10
11	Laundry			11
12	Managers	1	26.99	12
13	Other Administrative			13
14	Clerical	1	14.95	14
15	Marketing	1	16.46	15
16	Other			16
17	Total (lines 1 thru 16)	19	\$	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	\$ 79,353	1
2			2
Total		\$ 79,353	3

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VIII. OWNERSHIP COSTS

A. Purchase price of land 35,000 Year land was acquired 2010

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	68			2011	\$ 8,926,302	\$ 324,560	28	\$ 318,797	\$ (5,764)	\$ 392,221	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				73,127	4,875	15	4,875	0	5,688	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)				\$ 8,999,429	\$ 329,435		\$ 323,672	\$ (5,763)	\$ 397,909	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	\$ 695,462	\$ 139,092	\$ 139,092	0	5	\$ 162,274	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 695,462	\$ 139,092	\$ 139,092	0		\$ 162,274	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:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

YES

NO

		1 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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	9/15/10	\$ 4,400,000	\$ 4,339,422	9/15/35	0.0650	\$ 281,312	1
2	IHDA		X	SECOND MORTGAGE	8/1/10	865,708	865,708	2/1/37	NONE		2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,265,708	\$ 5,205,130			\$ 281,312	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,265,708	\$ 5,205,130			\$ 281,312	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 12/31/12

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 158,981	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	306,146		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	33,242		6
7	Other Prepaid Expenses	2,201		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Utility deposit</u>	1,632		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 502,202	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	35,000		13
14	Buildings, at Historical Cost	8,926,302		14
15	Leasehold Improvements, at Historical Cost	73,127		15
16	Equipment, at Historical Cost	695,462		16
17	Accumulated Depreciation (book methods)	(560,184)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	519,743		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(28,349)		20
21	Restricted Funds	1,362,895		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,023,996	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,526,198	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 51,376	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,734		30
31	Accrued Taxes Payable	75,000		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>See page 7 Attachment</u>	263,203		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 423,313	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,236,708		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)	\$ 5,236,708	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,660,021	\$	45
46	TOTAL EQUITY	\$ 5,866,177	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,526,198	\$	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	\$ 1,405,416	1
2	Discounts and Allowances	(16,312)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,389,104	3
	B. Other Operating Revenue		
4	Special Services	49,607	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	9,327	8
9	Non-Resident Meals	7,808	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 66,742	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	257	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 257	14
	D. Other Revenue (specify):		
15	Preopening credits	14,829	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 14,829	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,470,932	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	379,853	19
20	Health Care/ Personal Care	212,744	20
21	General Administration	529,151	21
	B. Capital Expense		
22	Ownership	794,161	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)	\$ 1,915,909	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (444,977)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (444,977)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,200
Rubbish Removal	2,938
Vehicle Expense	2,849
Transportation Service	
Water Softener	1,811
Misc Operating	5,856
Total	14,654

C. General Administration - Other

Consulting	20,740
Legal	2,696
Accounting	
Audit	11,550
Contract labor	1,200
Bad Debt	
Total	36,186

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	
Amortization Expense	24,300

Remarketing and Trustee Fee
Property Damage Loss
Interest Income

Total	24,300
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Reclassifications and Adjustments

Heat & Other Utilities	(7,862) Cable
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Administrative and Clerical	(6,949) Telephone Revenue
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BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	24,412
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Unclaimed Property	
Unearned Revenue	524
Accrued Developer Fee	238,267
Reservation Deposit	

Total Other Current Liabilities 263,203