

		FOR BHF USE			

LL2

Supportive Living Facility

**2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2005)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I.

Facility Name: Heritage Woods of Flora

Address: 1003 W. 4th St. Flora 62839
Number City Zip Code

County: Clay

Telephone Number: 618-662-4599 Fax # 618-662-6179

Federal Employer ID Number: 36-4387816

Date Current Owners were Certified: 5/15/2000

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

In the event there are further questions about this report, please contact:
Name: David Mitchell Telephone Number: 815-935-1992

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/05 to 12/31/05 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date) _____

(Type or Print Name) David J. Mitchell

(Title) CFO, BMA Management, LTD

Paid Preparer

(Signed) _____ (Date) _____

(Print Name and Title) _____

(Firm Name & Address) _____

(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
IL DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name: Heritage Woods of Flora

Report Period Beginning:

01/01/05

Ending:

12/31/05

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	113,265	82,214	1,525	197,004		197,004	1
2	Housekeeping, Laundry and Maintenance	49,210	32,431		81,641		81,641	2
3	Heat and Other Utilities			61,239	61,239	(2,771)	58,468	3
4	Other (specify):			7,227	7,227		7,227	4
5	TOTAL General Services	162,475	114,645	69,991	347,111	(2,771)	344,340	5
B. Health Care and Programs								
6	Health Care/ Personal Care	169,475	1,642		171,117		171,117	6
7	Activities and Social Services	506	1,774		2,280		2,280	7
8	Other (specify):			16	16	(16)		8
9	TOTAL Health Care and Programs	169,981	3,416	16	173,413	(16)	173,397	9
C. General Administration								
10	Administrative and Clerical	69,849	7,095	97,283	174,227	(12,195)	162,032	10
11	Marketing Materials, Promotions and Advertising	24,572	3,851	6,182	34,605		34,605	11
12	Employee Benefits and Payroll Taxes			120,814	120,814		120,814	12
13	Insurance-Property, Liability and Malpractice			25,216	25,216		25,216	13
14	Other (specify):							14
15	TOTAL General Administration	94,421			354,862	(12,195)	342,667	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	426,877	118,061	70,007	875,386	(14,982)	860,404	16
Capital Expenses								
D. Ownership								
17	Depreciation			138,204	138,204		138,204	17
18	Interest			120,505	120,505		120,505	18
19	Real Estate Taxes			46,848	46,848		46,848	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			12,773	12,773		12,773	22
23	TOTAL Ownership			318,330	318,330		318,330	23
24	GRAND TOTAL (Sum of lines 16 and 23)	426,877	118,061	388,337	1,193,716	(14,982)	1,178,734	24

Facility Name: Heritage Woods of Flora

Report Period Beginning 01/01/05

Ending:

12/31/05

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 15.83	1
2	Licensed Practical Nurses	0	13.70	2
3	Certified Nurse Assistants	7	8.33	3
4	Activity Director & Assistants	0	8.50	4
5	Social Service Workers			5
6	Head Cook	1	13.15	6
7	Cook Helpers/Assistants	6	7.32	7
8	Dishwashers			8
9	Maintenance Workers	1	13.28	9
10	Housekeepers	2	6.96	10
11	Laundry			11
12	Managers	1	25.26	12
13	Other Administrative	1	8.70	13
14	Clerical			14
15	Marketing	1	11.00	15
16	Other			16
17	Total (lines 1 thru 16)	21	\$	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	None			\$	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.	\$ 63,867	1
2			2
		Total	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
Heritage Woods of Ottawa		Ottawa, IL	
Heritage Woods of Manteno		Manteno, IL	
Heritage Woods of Watseka		Watsseka, IL	

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).

Facility Name: Heritage Woods of Flora

Report Period Beginning:

01/01/05

Ending:

12/31/05

VIII. OWNERSHIP COSTS

A. Purchase price of land 15,219 Year land was acquired 1999

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	52			2000	\$ 2,453,239	\$ 62,904	39	\$ 62,904	\$	\$ 353,674	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land improvements				238,565	15,131	15	15,131		102,391	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)				\$ 2,691,804	\$ 78,035		\$ 78,035	\$	\$ 456,065	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	\$ 422,087	\$ 37,278	\$ 37,278	\$	7	\$ 359,956	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 422,087	\$ 37,278	\$ 37,278	\$		\$ 359,956	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 Flora

Report Period Beginning: 1/1/2005

Ending: 12/31/12/31/2005

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: NO LEASE - OWNERSHIP OWNS BUILDING & FIXED EQUIPMENT

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	THE PRIVATE BANK		X	MORTGAGE LOAN - BONDS	10/23/01	\$ 3,250,000	\$ 2,950,000	10/23/16	VARIABLE	\$ 76,535
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 3,250,000	\$ 2,950,000			\$ 76,535
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 3,250,000	\$ 2,950,000			\$ 76,535

* 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 Flora

Report Period Beginning: 01/01/05

Ending:

12/31/05

12/31/05

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/05

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 287,608	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	86,768		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,004		6
7	Other Prepaid Expenses	5,362		7
8	Accounts Receivable (owners or related parties)	61,150		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 454,892	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	15,219		13
14	Buildings, at Historical Cost	2,453,239		14
15	Leasehold Improvements, at Historical Cost	238,565		15
16	Equipment, at Historical Cost	422,087		16
17	Accumulated Depreciation (book methods)	(816,021)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	406,994		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(200,086)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,519,997	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,974,889	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 21,049	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	11,793		30
31	Accrued Taxes Payable	71,765		31
32	Accrued Interest Payable	8,140		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Liabilities	175		35
36	Security Deposits	58,330		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 171,252	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	2,950,000		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)	\$ 2,950,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,121,252	\$	45
46	TOTAL EQUITY	\$ (146,363)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,974,889	\$	47

Facility Name: Heritage Woods of Flora

Report Period Beginning: 01/01/05

Ending:

12/31/05

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	\$ 1,224,757	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,224,757	3
B. Other Operating Revenue			
4	Special Services	26,459	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	2,213	8
9	Non-Resident Meals	6,978	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 35,650	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	4,118	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 4,118	14
D. Other Revenue (specify):			
15	Cable and Telephone	16,926	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 16,926	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,281,451	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	347,111	19
20	Health Care/ Personal Care	173,413	20
21	General Administration	354,862	21
B. Capital Expense			
22	Ownership	318,330	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)	\$ 1,193,716	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 87,735	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 87,735	31

Operating Expenses PG 3

A. General Services - Other	\$	7,227
Exterminating	\$	1,805
Security and Monitoring	\$	2,788
Rubbish Removal	\$	1,390
Vehicle Expense	\$	1,244
Window Washing		
Misc Operating Expenses		
	\$	7,227
B. Healthcare and Programs - Other	\$	16
Beauty Shop	\$	16
D. Ownership - Other	\$	12,773
Asset Management Fee	\$	12,773