

		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.

<p><b>I.</b></p> <p>Facility Name: <u>Heritage Woods of Manteno</u></p> <p>Address: <u>355 Diversatech</u> <u>Manteno</u> <u>60950</u>  <small>Number City Zip Code</small></p> <p>County: <u>Kankakee</u></p> <p>Telephone Number: <u>815-468-3553</u> Fax # <u>815-468-3888</u></p> <p>Federal Employer ID Number: <u>74-3088374</u></p> <p>Date Current Owners were Certified: <u>02/23/05</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact:  Name: <u>David Mitchell</u> Telephone Number: <u>815-935-1992</u></p>	<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 _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/05</u> to <u>12/31/05</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td rowspan="2" style="width:20%">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) <u>David J. Mitchell</u></td> <td></td> </tr> <tr> <td></td> <td colspan="2">(Title) <u>CFO, BMA Management, LTD</u></td> </tr> </table> <table border="1" style="width:100%"> <tr> <td rowspan="4" style="width:20%">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td>(Firm Name &amp; Address) _____</td> <td></td> </tr> <tr> <td>(Telephone) <u>( )</u> Fax # <u>( )</u></td> <td></td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) <u>David J. Mitchell</u>			(Title) <u>CFO, BMA Management, LTD</u>		Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) <u>( )</u> Fax # <u>( )</u>	
<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 _____																																									
Officer or Administrator of Provider	(Signed) _____	(Date) _____																																								
	(Type or Print Name) <u>David J. Mitchell</u>																																									
	(Title) <u>CFO, BMA Management, LTD</u>																																									
Paid Preparer	(Signed) _____	(Date) _____																																								
	(Print Name and Title) _____																																									
	(Firm Name & Address) _____																																									
	(Telephone) <u>( )</u> Fax # <u>( )</u>																																									

Facility Name Heritage Woods of Manteno

Report Period Beginning: 01/01/05 Ending: 12/31/05

**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	81	Single Unit Apartment	81	21,477	1
2	6	Double Unit Apartment	6		2
3		Other			3
4	87	TOTALS	87	21,477	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	11,493	8,322		19,815	5
6	Double Unit					6
7	Other					7
8	TOTALS	11,493	8,322		19,815	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.26%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 660 Also, indicate the number of unpaid bed-hold days the SLF had during this year. Zero (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**

ACCURAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 12/31/05 Fiscal Year: 12/31/05

\* 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. \_\_\_\_\_

Facility Name: Heritage Woods of Manteno

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	136,347	96,421	1,170	233,938		233,938	1
2	Housekeeping, Laundry and Maintenance	39,366	25,885		65,251		65,251	2
3	Heat and Other Utilities			77,092	77,092	(9,065)	68,027	3
4	Other (specify):			7,250	7,250		7,250	4
5	<b>TOTAL General Services</b>	175,713	122,306	85,512	383,531	(9,065)	374,466	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	214,932	1,293		216,225		216,225	6
7	Activities and Social Services	17,803	1,604		19,407		19,407	7
8	Other (specify):			2,480	2,480	(2,480)		8
9	<b>TOTAL Health Care and Programs</b>	232,735	2,897	2,480	238,112	(2,480)	235,632	9
<b>C. General Administration</b>								
10	Administrative and Clerical	62,306	8,734	78,386	149,426	(17,764)	131,662	10
11	Marketing Materials, Promotions and Advertising	25,570	4,412	9,965	39,947		39,947	11
12	Employee Benefits and Payroll Taxes			95,763	95,763		95,763	12
13	Insurance-Property, Liability and Malpractice			29,124	29,124		29,124	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	87,876	13,146	213,238	314,260	(17,764)	296,496	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	496,324	138,349	301,230	935,903	(29,309)	906,594	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			396,736	396,736		396,736	17
18	Interest			267,190	267,190		267,190	18
19	Real Estate Taxes			62,919	62,919		62,919	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			8,333	8,333		8,333	22
23	<b>TOTAL Ownership</b>			735,178	735,178		735,178	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	496,324	138,349	1,036,408	1,671,081	(29,309)	1,641,772	24

Facility Name: Heritage Woods of Manteno

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	\$ 19.06	1
2	Licensed Practical Nurses	1	15.18	2
3	Certified Nurse Assistants	8	9.08	3
4	Activity Director & Assistants	1	10.07	4
5	Social Service Workers			5
6	Head Cook	1	11.69	6
7	Cook Helpers/Assistants	7	7.13	7
8	Dishwashers			8
9	Maintenance Workers	1	12.98	9
10	Housekeepers	1	6.82	10
11	Laundry			11
12	Managers	1	26.35	12
13	Other Administrative	1	14.09	13
14	Clerical			14
15	Marketing	0	19.60	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>23</b>	<b>\$</b>	<b>17</b>

**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
<b>Total</b>				<b>\$</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

		Amount of Fee	
1	BMA Management, Ltd.	\$ 41,667	1
2			2
<b>Total</b>		<b>\$ 41,667</b>	<b>3</b>

**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	City
Heritage Woods of Ottawa	Ottawa, IL
Heritage Woods of Flora	Flora, IL
Heritage Woods of Watseka	Watsseka, IL

**OTHER RELATED BUSINESS ENTITIES**

Name	City	Type of Business

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 Manteno

Report Period Beginning:

01/01/05

Ending:

12/31/05

VIII. OWNERSHIP COSTS

A. Purchase price of land 140,000 Year land was acquired 2001

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	87			2005	\$ 5,677,328	\$ 129,983	28	\$ 129,983	\$	\$ 129,983	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Land Improvements			669,490	33,475	15	33,475		33,475	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)				\$ 6,346,818	\$ 163,458		\$ 163,458	\$	\$ 163,458	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	\$ 1,046,693	\$ 209,339	\$ 209,339	\$	5	\$ 209,339	18
19	Vehicles	48,895	9,779	9,779		5	9,779	19
20	TOTAL (lines 18 and 19)	\$ 1,095,588	\$ 219,118	\$ 219,118	\$		\$ 219,118	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 Manteno

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	<b>TOTAL</b>				\$			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			
	<b>A. Directly Facility Related Long-Term</b>									
1	HOMESTAR BANK		X	MORTGAGE LOAN	12/22/04	\$ 5,850,000	\$ 5,850,000	12/22/29	0.0600	\$ 158,737
2	HOMESTAR BANK		X	VAN LOAN	11/28/05	30,895	30,457	11/28/10	0.0635	166
3					/ /			/ /		
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 5,880,895	\$ 5,880,457			\$ 158,903
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 5,880,895	\$ 5,880,457			\$ 158,903

\* 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.

## STATE OF ILLINOIS

Page 7

Facility Name: Heritage Woods of Manteno

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 127,992	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	215,712		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,311		6
7	Other Prepaid Expenses	253		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>Security Deposits-Utilities</b>	2,700		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 350,968	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	140,000		13
14	Buildings, at Historical Cost	7,605,499		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	48,895		16
17	Accumulated Depreciation (book methods)	(382,576)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	28,598		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(14,160)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 7,426,256	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 7,777,224	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 160,895	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	30,458		29
30	Accrued Salaries Payable	18,010		30
31	Accrued Taxes Payable	60,000		31
32	Accrued Interest Payable	5,030		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<b>Accrued Liabilities</b>	445		35
36	<b>Security Deposits</b>	74,294		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 349,132	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,850,000		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 5,850,000	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 6,199,132	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,578,092	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 7,777,224	\$	47

\*(See instructions.)

Facility Name: Heritage Woods of Manteno

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	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 1,538,244	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 1,538,244	3
<b>B. Other Operating Revenue</b>			
4	Special Services	23,262	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	3,419	8
9	Non-Resident Meals	3,828	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 30,509	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$	14
<b>D. Other Revenue (specify):</b>			
15	Cable and Telephone	21,220	15
16	Deposit Fee	1,700	16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 22,920	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 1,591,673	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	383,531	19
20	Health Care/ Personal Care	238,112	20
21	General Administration	314,260	21
<b>B. Capital Expense</b>			
22	Ownership	735,178	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 1,671,081	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (79,408)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (79,408)	31

Operating Expenses PG 3

A. General Services - Other	\$	7,250
Exterminating	\$	975
Security and Monitoring	\$	161
Rubbish Removal	\$	2,889
Vehicle Expense	\$	3,225
	\$	7,250
B. Healthcare and Programs - Other	\$	2,480
Beauty Shop	\$	2,480
D. Ownership - Other	\$	8,333
Asset Management Fee	\$	8,333