

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2008  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2008)**

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 Centralia

Address: 2049 East McCord Centralia 62801  
Number City Zip Code

County: Marion

Telephone Number: ( 618 ) 532-4590 Fax # ( 618 ) 532-4596

Federal Employer ID Number: 26-2591406

Date Current Owners were Certified: 01-20-09

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 _____	

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2008 to 12/31/2008 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

Paid Preparer

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

(Print Name and Title) \_\_\_\_\_

(Firm Name & Address) \_\_\_\_\_

(Telephone) ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

In the event there are further questions about this report, please contact:

Name: Selena Edgington Telephone Number: 815-935-1992 EXT 232  
Email Address: selena.edgington@bma-mgmt.com

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 Centralia

Report Period Beginning: 01/01/2008 Ending: 12/31/2008

**III. STATISTICAL DATA**

**A. Certified units; enter number of units and unit days**

Date of change in certified units 03/01/08

	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	74	Single Unit Apartment	74	22,644	1
2		Double Unit Apartment			2
3		Other			3
4	74	TOTALS	74	22,644	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	9,401	9,784		19,185	5
6	Double Unit					6
7	Other					7
8	TOTALS	9,401	9,784		19,185	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.72%

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

217 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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: 2008 Fiscal Year: 2008

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

Facility Name: Heritage Woods of Centralia

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

## 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	129,679	93,312	1,171	224,162		224,162	1
2	Housekeeping, Laundry and Maintenance	45,968	6,813	7,701	60,482		60,482	2
3	Heat and Other Utilities			84,364	84,364	(12,730)	71,634	3
4	Other (specify):			4,327	4,327		4,327	4
5	<b>TOTAL General Services</b>	175,647	100,125	97,563	373,335	(12,730)	360,605	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	213,666	776		214,442		214,442	6
7	Activities and Social Services	18,731	5,181		23,912		23,912	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	232,397	5,957		238,354		238,354	9
<b>C. General Administration</b>								
10	Administrative and Clerical	64,166	6,341	138,426	208,933	(11,767)	197,166	10
11	Marketing Materials, Promotions and Advertising	27,365	1,449	27,574	56,388		56,388	11
12	Employee Benefits and Payroll Taxes			90,957	90,957		90,957	12
13	Insurance-Property, Liability and Malpractice			35,144	35,144		35,144	13
14	Other (specify):			8,317	8,317		8,317	14
15	<b>TOTAL General Administration</b>	91,531	7,790	300,418	399,739	(11,767)	387,972	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	499,575	113,872	397,981	1,011,428	(24,497)	986,931	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			365,000	365,000		365,000	17
18	Interest			320,293	320,293		320,293	18
19	Real Estate Taxes			25,470	25,470		25,470	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			35,761	35,761		35,761	22
23	<b>TOTAL Ownership</b>			746,524	746,524		746,524	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	499,575	113,872	1,144,505	1,757,952	(24,497)	1,733,455	24

Facility Name: Heritage Woods of Centralia

Report Period Beginning 01/01/2008 Ending: 12/31/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 19.34	1
2	Licensed Practical Nurses	0	14.18	2
3	Certified Nurse Assistants	3	19.82	3
4	Activity Director & Assistants	1	10.68	4
5	Social Service Workers			5
6	Head Cook	1	11.69	6
7	Cook Helpers/Assistants	3	8.00	7
8	Dishwashers			8
9	Maintenance Workers	1	11.61	9
10	Housekeepers	1	7.85	10
11	Laundry			11
12	Managers	1	12.71	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>13</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				\$	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	BMA Management, LTD.	\$ 76,526	1
2			2
		<b>Total</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	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).

Facility Name: Heritage Woods of Centralia

Report Period Beginning:

01/01/2008

Ending:

12/31/2008

VIII. OWNERSHIP COSTS

A. Purchase price of land 77,538 Year land was acquired 2006

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	74			2008	\$ 5,187,057	\$ 365,000	28	\$ 185,252	\$ (179,748)	\$ 365,000	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
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)				\$ 5,187,057	\$ 365,000		\$ 185,252	\$ (179,748)	\$ 365,000	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

Facility Name: Heritage Woods of Centralia

Report Period Beginning: 01/01/2008

Ending: 2/31/2008

**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	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</b>									
	<b>Long-Term</b>									
1	Country Bank		X	First Mortgage (Refinance)	7/25/08	\$ 6,587,500	\$ 6,546,085	7/25/38	0.0625	\$ 166,966
2	Country Bank		X	Line of Credit	/ /			/ /	Variable	1,286
3	Country Bank		X	First Mortgage	5/31/08	2,836,848		Done		152,041
	<b>Working Capital</b>									
4	Line of Credit		X	Country Bank	8/1/08			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 9,424,348	\$ 6,546,085			\$ 320,293
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 9,424,348	\$ 6,546,085			\$ 320,293

\* 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 Centralia

Report Period Beginning: 01/01/2008

Ending:

12/31/2008

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2008

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 108,953	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	399,437		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,592		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Utility Security Deposit</u>	250		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 518,232	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	77,537		13
14	Buildings, at Historical Cost	5,187,057		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)	(365,000)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	124,801		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(13,460)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>CIP</u>	1,453,461		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 6,464,396	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 6,982,628	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 142,823	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	86,704		29
30	Accrued Salaries Payable	21,600		30
31	Accrued Taxes Payable	25,470		31
32	Accrued Interest Payable	77,708		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>See Page 7 Attachment</u>	13,580		35
36				36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 367,885	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,546,085		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</b> (sum of lines 38 thru 43)	\$ 6,546,085	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 6,913,970	\$	45
46	<b>TOTAL EQUITY</b>	\$ 68,658	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 6,982,628	\$	47

Facility Name: Heritage Woods of Centralia

Report Period Beginning: 01/01/2008

Ending:

12/31/2008

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

		<b>1</b>	
	Revenue	Amount	
	<b>A. SLF Resident Care</b>		
<b>1</b>	Gross SLF Resident Revenue	\$ 1,467,911	<b>1</b>
<b>2</b>	Discounts and Allowances	(1,214)	<b>2</b>
<b>3</b>	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 1,466,697</b>	<b>3</b>
	<b>B. Other Operating Revenue</b>		
<b>4</b>	Special Services	54,558	<b>4</b>
<b>5</b>	Other Health Care Services		<b>5</b>
<b>6</b>	Special Grants		<b>6</b>
<b>7</b>	Gift and Coffee Shop		<b>7</b>
<b>8</b>	Barber and Beauty Care	14,454	<b>8</b>
<b>9</b>	Non-Resident Meals	5,610	<b>9</b>
<b>10</b>	Laundry		<b>10</b>
<b>11</b>	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 74,622</b>	<b>11</b>
	<b>C. Non-Operating Revenue</b>		
<b>12</b>	Contributions		<b>12</b>
<b>13</b>	Interest and Other Investment Income		<b>13</b>
<b>14</b>	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
	<b>D. Other Revenue (specify):</b>		
<b>15</b>	See Page 8 Attachment	6,880	<b>15</b>
<b>16</b>			<b>16</b>
<b>17</b>	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 6,880</b>	<b>17</b>
<b>18</b>	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 1,548,199</b>	<b>18</b>

		<b>2</b>	
	Expenses	Amount	
	<b>A. Operating Expenses</b>		
<b>19</b>	General Services	373,335	<b>19</b>
<b>20</b>	Health Care/ Personal Care	238,354	<b>20</b>
<b>21</b>	General Administration	399,739	<b>21</b>
	<b>B. Capital Expense</b>		
<b>22</b>	Ownership	746,524	<b>22</b>
	<b>C. Other Expenses</b>		
<b>23</b>	Special Cost Centers		<b>23</b>
<b>24</b>	Non-Operating Expenses		<b>24</b>
<b>25</b>	Other (specify):		<b>25</b>
<b>26</b>			<b>26</b>
<b>27</b>			<b>27</b>
<b>28</b>	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 1,757,952</b>	<b>28</b>
<b>29</b>	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (209,753)</b>	<b>29</b>
<b>30</b>	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
<b>31</b>	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (209,753)</b>	<b>31</b>