

		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 Moline

Address: 5500 46th Avenue Drive Moline 61265
Number City Zip Code

County: Rock Island

Telephone Number: (309) 736-5655 Fax # (309) 736-5651

Federal Employer ID Number: 20-5702204

Date Current Owners were Certified: 11-17-08

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

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) <u>David J. Mitchell</u>	
	(Title) <u>CFO</u>	
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 Moline

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			
A. General Services								
1	Dietary and Food Purchase	139,151	120,835	1,473	261,459		261,459	1
2	Housekeeping, Laundry and Maintenance	44,902	9,811	24,875	79,588		79,588	2
3	Heat and Other Utilities			68,943	68,943	(11,235)	57,708	3
4	Other (specify):			8,660	8,660		8,660	4
5	TOTAL General Services	184,053	130,646	103,951	418,650	(11,235)	407,415	5
B. Health Care and Programs								
6	Health Care/ Personal Care	249,407	2,390		251,797		251,797	6
7	Activities and Social Services	18,157	6,726		24,883		24,883	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	267,564	9,116		276,680		276,680	9
C. General Administration								
10	Administrative and Clerical	107,650	13,697	164,282	285,629	(11,388)	274,241	10
11	Marketing Materials, Promotions and Advertising	37,299	4,274	60,892	102,465		102,465	11
12	Employee Benefits and Payroll Taxes			128,631	128,631		128,631	12
13	Insurance-Property, Liability and Malpractice			44,490	44,490		44,490	13
14	Other (specify):			81,789	81,789		81,789	14
15	TOTAL General Administration	144,949	17,971	480,084	643,004	(11,388)	631,616	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	596,566	157,733	584,035	1,338,334	(22,623)	1,315,711	16
Capital Expenses								
D. Ownership								
17	Depreciation			452,971	452,971		452,971	17
18	Interest			489,150	489,150		489,150	18
19	Real Estate Taxes			45,891	45,891		45,891	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			41,293	41,293		41,293	22
23	TOTAL Ownership			1,029,305	1,029,305		1,029,305	23
24	GRAND TOTAL (Sum of lines 16 and 23)	596,566	157,733	1,613,340	2,367,639	(22,623)	2,345,016	24

Facility Name: Heritage Woods of Moline

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	\$ 25.40	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9	9.29	3
4	Activity Director & Assistants	1	11.67	4
5	Social Service Workers			5
6	Head Cook	2	9.23	6
7	Cook Helpers/Assistants	4	8.71	7
8	Dishwashers			8
9	Maintenance Workers	1	16.49	9
10	Housekeepers	1	8.48	10
11	Laundry			11
12	Managers	1	36.02	12
13	Other Administrative	2	16.48	13
14	Clerical			14
15	Marketing	1	24.84	15
16	Other			16
17	Total (lines 1 thru 16)	22	\$	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				\$	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	\$ 90,688	1
2			2
Total		\$ 90,688	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
_____		_____	
_____		_____	
_____		_____	

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 Moline

Report Period Beginning:

01/01/2008

Ending:

12/31/2008

VIII. OWNERSHIP COSTS

A. Purchase price of land 158,031 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	99			2008	\$ 11,223,499	\$ 315,320	28	\$ 300,629	\$ (14,691)	\$ 315,320	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements			257,851	12,893	15	12,893		12,893	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)				\$ 11,481,350	\$ 328,213		\$ 313,522	\$ (14,691)	\$ 328,213	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	\$ 623,790	\$ 124,758	\$ 124,758		5	\$ 124,758	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 623,790	\$ 124,758	\$ 124,758			\$ 124,758	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 Moline

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	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	Amalgamated Bank		X	First Mortgage	12/14/06	\$ 10,870,000	\$ 10,870,000	12/1/41	0.0600	\$ 489,150
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 10,870,000	\$ 10,870,000			\$ 489,150
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 10,870,000	\$ 10,870,000			\$ 489,150

* 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 Moline**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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 184,798	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	300,697		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	26,671		6
7	Other Prepaid Expenses	273		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 512,439	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	415,882		13
14	Buildings, at Historical Cost	11,223,499		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	623,790		16
17	Accumulated Depreciation (book methods)	(452,971)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	544,051		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(13,304)		20
21	Restricted Funds	1,704,654		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): CIP			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,045,601	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,558,040	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 93,618	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	30,731		30
31	Accrued Taxes Payable	56,430		31
32	Accrued Interest Payable	54,350		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,041,245		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,276,374	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,870,000		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)	\$ 10,870,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,146,374	\$	45
46	TOTAL EQUITY	\$ 2,411,666	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,558,040	\$	47

Facility Name: Heritage Woods of Moline

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.)

		1	
	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,817,594	1
2	Discounts and Allowances	(2,443)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,815,151	3
	B. Other Operating Revenue		
4	Special Services	40,024	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	6,529	8
9	Non-Resident Meals	4,884	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 51,437	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	30,560	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 30,560	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	10,907	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,907	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,908,055	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	418,650	19
20	Health Care/ Personal Care	276,680	20
21	General Administration	643,004	21
	B. Capital Expense		
22	Ownership	1,029,305	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)	\$ 2,367,639	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (459,584)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (459,584)	31