

		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 Mt. Vernon

Address: 1033 S. 42nd St. Mt. Vernon 62864
 Number City Zip Code

County: Jefferson

Telephone Number: (618) 241-9518 Fax # 618-241-9516

Federal Employer ID Number: 26-0270753

Date Current Owners were Certified: 10-09-07

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 Mt. Vernon

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	145,195	125,046	1,328	271,569		271,569	1
2	Housekeeping, Laundry and Maintenance	51,009	9,862	15,325	76,196		76,196	2
3	Heat and Other Utilities			96,664	96,664	(15,222)	81,442	3
4	Other (specify):			4,963	4,963		4,963	4
5	TOTAL General Services	196,204	134,908	118,280	449,392	(15,222)	434,170	5
B. Health Care and Programs								
6	Health Care/ Personal Care	209,344	1,298		210,642		210,642	6
7	Activities and Social Services	23,585	3,604		27,189		27,189	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	232,929	4,902		237,831		237,831	9
C. General Administration								
10	Administrative and Clerical	74,037	8,566	152,181	234,784	(14,568)	220,216	10
11	Marketing Materials, Promotions and Advertising	18,252	901	28,430	47,583		47,583	11
12	Employee Benefits and Payroll Taxes			112,765	112,765		112,765	12
13	Insurance-Property, Liability and Malpractice			31,560	31,560		31,560	13
14	Other (specify):			7,253	7,253		7,253	14
15	TOTAL General Administration	92,289	9,467	332,189	433,945	(14,568)	419,377	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	521,422	149,277	450,469	1,121,168	(29,790)	1,091,378	16
Capital Expenses								
D. Ownership								
17	Depreciation			438,000	438,000		438,000	17
18	Interest			421,145	421,145		421,145	18
19	Real Estate Taxes			7,617	7,617		7,617	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			63,768	63,768		63,768	22
23	TOTAL Ownership			930,530	930,530		930,530	23
24	GRAND TOTAL (Sum of lines 16 and 23)	521,422	149,277	1,380,999	2,051,698	(29,790)	2,021,908	24

Facility Name: Heritage Woods of Mt. Vernon

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	\$ 19.66	1
2	Licensed Practical Nurses	0	14.11	2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants			4
5	Social Service Workers	1	11.27	5
6	Head Cook	1	12.88	6
7	Cook Helpers/Assistants	7	8.15	7
8	Dishwashers			8
9	Maintenance Workers	1	14.63	9
10	Housekeepers	2	7.74	10
11	Laundry			11
12	Managers	2	25.98	12
13	Other Administrative	1	11.67	13
14	Clerical			14
15	Marketing	1	18.93	15
16	Other			16
17	Total (lines 1 thru 16)	17	\$	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.	\$ 92,163 1
2		
		Total \$ 92,163 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 Mt. Vernon

Report Period Beginning:

01/01/2008

Ending:

12/31/2008

VIII. OWNERSHIP COSTS

A. Purchase price of land 189,832 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	66			2007	\$ 5,394,411	\$ 196,164	28	\$ 192,658	\$ (3,506)	\$ 286,071	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land Improvements				604,542	57,432	15	40,303	(17,129)	87,660	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)				\$ 5,998,953	\$ 253,596		\$ 232,961	\$ (20,635)	\$ 373,731	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	\$ 619,320	\$ 168,348	\$ 123,864	(44,484)	5	\$ 269,996	18
19	Vehicles	50,160	16,056	10,032	(6,024)	5	26,088	19
20	TOTAL (lines 18 and 19)	\$ 669,480	\$ 184,404	\$ 133,896	(50,508)		\$ 296,084	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 Mt. Vernon

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	Midland States Bank		X	First Mortgage - refinanced	12/31/08	\$ 6,450,000	\$ 6,450,000	1/1/14	variable	\$
2	Marine Bank		X	First Mortgage	10/31/07	5,757,675		/ /	0.0775	421,145
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 12,207,675	\$ 6,450,000			\$ 421,145
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 12,207,675	\$ 6,450,000			\$ 421,145

* 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 Mt. Vernon

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	\$ 37,773	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	321,066		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,090		6
7	Other Prepaid Expenses	2,317		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 369,246	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	794,374		13
14	Buildings, at Historical Cost	5,394,411		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	669,480		16
17	Accumulated Depreciation (book methods)	(669,815)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	273,670		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(95,651)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>CIP</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,366,469	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,735,715	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 22,649	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	30,000		29
30	Accrued Salaries Payable	26,457		30
31	Accrued Taxes Payable	4,622		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>	19,637		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 103,365	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,450,000		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)	\$ 6,450,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,553,365	\$	45
46	TOTAL EQUITY	\$ 182,350	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,735,715	\$	47

Facility Name: Heritage Woods of Mt. Vernon

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	\$ 1,757,138	1
2	Discounts and Allowances	(453)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,756,685	3
	B. Other Operating Revenue		
4	Special Services	77,197	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	10,873	8
9	Non-Resident Meals	2,219	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 90,289	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	See page 8 Attachment	791	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 791	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,847,765	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	449,392	19
20	Health Care/ Personal Care	237,831	20
21	General Administration	433,945	21
	B. Capital Expense		
22	Ownership	930,530	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)	\$ 2,051,698	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (203,933)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (203,933)	31