

		FOR BHF USE			

LL2

Supportive Living Facility

**2009
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2009)**

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 Aledo

Address: 405 SE 13th Avenue Aledo 61231
Number City Zip Code

County: Mercer

Telephone Number: (309) 582-1132 Fax # (309) 582-1133

Federal Employer ID Number: 26-1173738

Date Current Owners were Certified: 03-23-07

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 01/01/2009 to 12/31/2009 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 # ()

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

Name: Grenshinka Osborne Telephone Number: _____
Email Address: Grenshinka.Osborne@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 Aledo

Report Period Beginning:

01/01/2009

Ending: 12/31/2009

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	162,951	120,564	1,509	285,024		285,024	1
2	Housekeeping, Laundry and Maintenance	51,232	11,086	24,454	86,772		86,772	2
3	Heat and Other Utilities			95,907	95,907	(11,798)	84,109	3
4	Other (specify):			5,443	5,443		5,443	4
5	TOTAL General Services	214,183	131,650	127,313	473,146	(11,798)	461,348	5
B. Health Care and Programs								
6	Health Care/ Personal Care	234,650	1,922		236,572		236,572	6
7	Activities and Social Services		3,734		3,734		3,734	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	234,650	5,656		240,306		240,306	9
C. General Administration								
10	Administrative and Clerical	97,271	6,085	128,588	231,944	(15,651)	216,293	10
11	Marketing Materials, Promotions and Advertising	37,941	4,288	22,196	64,425		64,425	11
12	Employee Benefits and Payroll Taxes			150,502	150,502		150,502	12
13	Insurance-Property, Liability and Malpractice			26,382	26,382		26,382	13
14	Other (specify):			8,061	8,061		8,061	14
15	TOTAL General Administration	135,212	10,373	335,729	481,314	(15,651)	465,663	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	584,045	147,679	463,042	1,194,766	(27,449)	1,167,317	16
Capital Expenses								
D. Ownership								
17	Depreciation			284,390	284,390		284,390	17
18	Interest			407,869	407,869		407,869	18
19	Real Estate Taxes			25,135	25,135		25,135	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			67,044	67,044		67,044	22
23	TOTAL Ownership			784,438	784,438		784,438	23
24	GRAND TOTAL (Sum of lines 16 and 23)	584,045	147,679	1,247,480	1,979,204	(27,449)	1,951,755	24

Facility Name: Heritage Woods of Aledo

Report Period Beginning 01/01/2009

Ending:

12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	1	17.13	2
3	Certified Nurse Assistants	10	9.32	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	13.31	6
7	Cook Helpers/Assistants	7	8.67	7
8	Dishwashers			8
9	Maintenance Workers	1	11.48	9
10	Housekeepers	2	7.97	10
11	Laundry			11
12	Managers	1	32.37	12
13	Other Administrative	1	14.69	13
14	Clerical			14
15	Marketing	1	17.64	15
16	Other			16
17	Total (lines 1 thru 16)	25	\$	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	\$ 66,225	1
2			2
Total		\$ 66,225	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 Aledo

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 234,500 Year land was acquired 2005

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			2006	\$ 5,735,413	\$ 147,192	28	\$ 204,836	\$ 57,644	\$ 459,975	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements			8,788	660	15	586	(74)	2,061	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)				\$ 5,744,201	\$ 147,852		\$ 205,422	\$ 57,570	\$ 462,036	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	\$ 487,591	\$ 136,538	\$ 97,518	(39,020)	5	\$ 424,481	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 487,591	\$ 136,538	\$ 97,518	(39,020)		\$ 424,481	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 Aledo**Report Period Beginning: **01/01/2009**

Ending:

12/31/2009**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2009**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (12,523)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	169,273		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,745		6
7	Other Prepaid Expenses	1,852		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Security Deposits	240		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 171,587	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	243,288		13
14	Buildings, at Historical Cost	5,735,413		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	487,591		16
17	Accumulated Depreciation (book methods)	(886,517)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	754,325		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(209,517)		20
21	Restricted Funds	107,125		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): CIP	13,956		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,245,664	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,417,251	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 169,200	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	542,830		29
30	Accrued Salaries Payable	24,787		30
31	Accrued Taxes Payable	24,655		31
32	Accrued Interest Payable	16,105		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	5,308		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 782,885	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,672,292		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)	\$ 5,672,292	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,455,177	\$	45
46	TOTAL EQUITY	\$ (37,927)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,417,250	\$	47

Facility Name: Heritage Woods of Aledo

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,850,524	1
2	Discounts and Allowances	(43,571)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,806,953	3
	B. Other Operating Revenue		
4	Special Services	50,149	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	13,701	8
9	Non-Resident Meals	4,847	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 68,697	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	518	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 518	14
	D. Other Revenue (specify):		
15	Donations & Medicaid Interest	1,154	15
16	Contract Revenue	2,348	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,502	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,879,670	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	473,146	19
20	Health Care/ Personal Care	240,306	20
21	General Administration	481,314	21
	B. Capital Expense		
22	Ownership	784,438	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)	\$ 1,979,204	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (99,534)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (99,534)	31

Cost Center Expenses

A. General Services - Other

Exterminating	1,007
Rubbish Removal	1,750
Vehicle Expense	1,138
Water Softener	1,548
Total	5,443

C. General Administration - Other

Consulting	6,000
Legal	400
Accounting	60
Audit	1,520
Bad Debt	81
Total	8,061

D. Ownership

Mortgage Service Fee	
Mortgage Insurance Premium	
Partnership Management Fee	
Asset Management Fee	
Incentive Management Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	67,044
Business Interruption	
Property Damage Loss	
Total	67,044

Reclassifications and Adjustments

Heat & Other Utilities (11,798) Cable

Administrative and Clerical (15,651) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	3,443
Reservation Deposits	1,100
Unearned Revenue	765

Total Other Current Liabilities **5,308**