

		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 Batavia II

Address: 1079 East Wilson Street Batavia 60510
Number City Zip Code

County: Kane

Telephone Number: (630) 406-9440 Fax # (630) 406-9451

Federal Employer ID Number: 20-4040746

Date Current Owners were Certified: 02-27-08

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 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 Batavia II

Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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	55	Single Unit Apartment	55	20,075	1
2		Double Unit Apartment			2
3		Other			3
4	55	TOTALS	55	20,075	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	1,367	8,398		9,765	5
6	Double Unit					6
7	Other					7
8	TOTALS	1,367	8,398		9,765	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 48.64%

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

 367 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 27 (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: 12/31/2009 Fiscal Year: 12/31/2009

* 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 Batavia II

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		101,676	697	102,373		102,373	1
2	Housekeeping, Laundry and Maintenance		11,619	44,058	55,677		55,677	2
3	Heat and Other Utilities			74,896	74,896	(9,647)	65,249	3
4	Other (specify): See Page 3 Attachment			6,655	6,655		6,655	4
5	TOTAL General Services		113,295	126,306	239,601	(9,647)	229,954	5
B. Health Care and Programs								
6	Health Care/ Personal Care		1,313		1,313		1,313	6
7	Activities and Social Services		3,957		3,957		3,957	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		5,270		5,270		5,270	9
C. General Administration								
10	Administrative and Clerical		6,861	167,243	174,104	(9,404)	164,700	10
11	Marketing Materials, Promotions and Advertising		2,169	23,919	26,088		26,088	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			21,182	21,182		21,182	13
14	Other (specify): See Page 3 Attachment			553,335	553,335		553,335	14
15	TOTAL General Administration		9,030	765,679	774,709	(9,404)	765,305	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		127,595	891,985	1,019,580	(19,051)	1,000,529	16
Capital Expenses								
D. Ownership								
17	Depreciation			388,820	388,820		388,820	17
18	Interest			402,999	402,999		402,999	18
19	Real Estate Taxes			63,529	63,529		63,529	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Page 3 Attachment			184,498	184,498		184,498	22
23	TOTAL Ownership			1,039,846	1,039,846		1,039,846	23
24	GRAND TOTAL (Sum of lines 16 and 23)		127,595	1,931,831	2,059,426	(19,051)	2,040,375	24

Facility Name: Heritage Woods of Batavia II

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	\$ 28.72	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9	11.36	3
4	Activity Director & Assistants	1	13.52	4
5	Social Service Workers			5
6	Head Cook	0	26.72	6
7	Cook Helpers/Assistants	6	9.31	7
8	Dishwashers			8
9	Maintenance Workers	1	12.84	9
10	Housekeepers	2	8.76	10
11	Laundry			11
12	Managers	0	39.41	12
13	Other Administrative			13
14	Clerical	1	26.97	14
15	Marketing	0	23.58	15
16	Other			16
17	Total (lines 1 thru 16)	21	\$	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

	Name	Amount of Fee	
1	BMA Management, LTD	\$ 103,149	1
2			2
		Total	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
Heritage Woods of Batavia		Batavia	

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 Batavia II

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 570,483 Year land was acquired 2007

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	55			2008	\$ 6,953,281	\$ 252,821	28	\$ 206,943	\$ (45,878)	\$ 453,006	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements			236,738	22,119	15	15,783	(6,336)	33,655	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)				\$ 7,190,019	\$ 274,940		\$ 222,726	\$ (52,214)	\$ 486,661	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	\$ 355,876	\$ 113,880	\$ 59,313	(54,567)	5	\$ 185,055	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 355,876	\$ 113,880	\$ 59,313	(54,567)		\$ 185,055	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 Batavia II

Report Period Beginning: 01/01/2009

Ending: 2/31/2009

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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

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	IHDA		X	First Mortgage	12/1/06	\$ 7,000,000	\$ 6,922,288	5/1/48	0.0580	\$ 402,999
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 7,000,000	\$ 6,922,288			\$ 402,999
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 7,000,000	\$ 6,922,288			\$ 402,999

* 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 Batavia II

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	\$ 578,246	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	343,456		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,366		6
7	Other Prepaid Expenses	413		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 934,481	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	807,221		13
14	Buildings, at Historical Cost	6,953,281		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	355,876		16
17	Accumulated Depreciation (book methods)	(671,716)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	288,349		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(15,211)		20
21	Restricted Funds	1,045,394		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,763,194	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,697,675	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 83,444	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	48,317		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	724,493		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 856,254	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,922,288		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)	\$ 6,922,288	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,778,542	\$	45
46	TOTAL EQUITY	\$ 1,919,134	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,697,676	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Batavia II

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.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 2,001,600	1
2	Discounts and Allowances	(5,527)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,996,073	3
B. Other Operating Revenue			
4	Special Services	63,188	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	10,136	8
9	Non-Resident Meals	75	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 73,399	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	13,506	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13,506	14
D. Other Revenue (specify):			
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,082,978	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	239,601	19
20	Health Care/ Personal Care	5,270	20
21	General Administration	774,709	21
B. Capital Expense			
22	Ownership		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)	\$ 1,019,580	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,063,398	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,063,398	31

Cost Center Expenses

A. General Services - Other

Exterminating	420
Rubbish Removal	3,727
Vehicle Expense	388
Water Softener	2,120
Total	6,655

C. General Administration - Other

Consulting	
Legal	2,068
Accounting	15
Audit	11,852
Contract Labor	536,760
Bad Debt	2,640
Total	553,335

D. Ownership

Mortgage Service Fee	17,496
Mortgage Insurance Premium	35,004
Partnership Management Fee	
Asset Management Fee	13,427
Incentive Manangement Fee	58,262
Tax Credit Fee & Incentive Fee	1,150
Amortization Expense	8,297
Developer Fee Interest	45,862
Property Damage Loss	5,000
Total	184,498

Reclassifications and Adjustments

Heat & Other Utilities (9,647) Cable

Administrative and Clerical (9,404) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	35,635
Accrued Incentive Mgmt Fee	58,262
Accrued Asset Mgmt Fee	21,760
Accrued Developer Fee	500,317
Unearned Revenue	12,574
Accrued MIP	50,083
Developer Fee Interest	45,862

Total Other Current Liabilities **724,493**