

		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 Bolingbrook

Address: 550 Kildeer Bolingbrook 60440
Number City Zip Code

County: Will

Telephone Number: 630-783-9640 Fax # 630-783-9648

Federal Employer ID Number: 20-1995450

Date Current Owners were Certified: 02/27/09

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 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 01/01/2009 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) <u>David J. Mitchell</u>	
	(Title) <u>CFO, BMA Management, LTD.</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) <u>()</u> _____ Fax # <u>()</u> _____	

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 Bolingbrook

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		128,278	991	129,269		129,269	1
2	Housekeeping, Laundry and Maintenance		20,591	11,659	32,250		32,250	2
3	Heat and Other Utilities			107,981	107,981	(15,254)	92,727	3
4	Other (specify):			6,519	6,519		6,519	4
5	TOTAL General Services		148,869	127,150	276,019	(15,254)	260,765	5
B. Health Care and Programs								
6	Health Care/ Personal Care		2,304		2,304		2,304	6
7	Activities and Social Services		5,812		5,812		5,812	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		8,116		8,116		8,116	9
C. General Administration								
10	Administrative and Clerical		11,007	189,891	200,898	(19,284)	181,614	10
11	Marketing Materials, Promotions and Advertising		1,643	33,460	35,103		35,103	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			16,050	16,050		16,050	13
14	Other (specify):			1,023,826	1,023,826		1,023,826	14
15	TOTAL General Administration		12,650	1,263,227	1,275,877	(19,284)	1,256,593	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		169,635	1,390,377	1,560,012	(34,538)	1,525,474	16
Capital Expenses								
D. Ownership								
17	Depreciation			556,996	556,996		556,996	17
18	Interest			747,583	747,583		747,583	18
19	Real Estate Taxes			89,440	89,440		89,440	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			74,352	74,352		74,352	22
23	TOTAL Ownership			1,468,371	1,468,371		1,468,371	23
24	GRAND TOTAL (Sum of lines 16 and 23)		169,635	2,858,748	3,028,383	(34,538)	2,993,845	24

Facility Name: Heritage Woods of Bolingbrook

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	\$ 26.58	1
2	Licensed Practical Nurses	1	19.93	2
3	Certified Nurse Assistants	11	10.76	3
4	Activity Director & Assistants	1	14.57	4
5	Social Service Workers			5
6	Head Cook	1	21.77	6
7	Cook Helpers/Assistants	8	9.12	7
8	Dishwashers			8
9	Maintenance Workers	1	19.37	9
10	Housekeepers	2	8.66	10
11	Laundry			11
12	Managers	1	42.58	12
13	Other Administrative	2	15.51	13
14	Clerical			14
15	Marketing	1	23.24	15
16	Other			16
17	Total (lines 1 thru 16)	30	\$	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.	\$ 122,620	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
_____		_____	
_____		_____	
_____		_____	
_____		_____	

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 Bolingbrook

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 815,542 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	105			2009	\$ 12,425,157	\$ 414,172	28	\$ 451,823	\$ 37,651	\$ 414,172	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land Improvements				242,571	14,824	15	16,171	1,347	14,284	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)				\$ 12,667,728	\$ 428,996		\$ 467,994	\$ 38,998	\$ 428,456	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	\$ 640,000	\$ 128,000	\$ 128,000		5	\$ 128,000	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 640,000	\$ 128,000	\$ 128,000			\$ 128,000	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 Bolingbrook

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

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Will Kankakee Regional Deve		X	First Mortgage	12/1/07	\$ 11,900,000	\$ 11,900,000	12/1/42	7.0000	\$ 694,167	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4		COUNTRY BANK		X	LINE OF CREDIT	3/10/09	100,000		9/30/09	VARIABLE	3,004	4
5						/ /			/ /			5
6		INTEREST ON DEV FEE				/ /			/ /		50,412	6
7		TOTAL Facility Related					\$ 12,000,000	\$ 11,900,000			\$ 747,583	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 12,000,000	\$ 11,900,000			\$ 747,583	10

* 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 Bolingbrook

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	\$ 130,928	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	718,556		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,985		6
7	Other Prepaid Expenses	131		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Utility Security Deposits	13,270		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 878,870	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	815,542		13
14	Buildings, at Historical Cost	12,425,157		14
15	Leasehold Improvements, at Historical Cost	242,571		15
16	Equipment, at Historical Cost	640,000		16
17	Accumulated Depreciation (book methods)	(556,996)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	544,440		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(15,952)		20
21	Restricted Funds	1,525,665		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,620,427	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,499,297	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 25,509	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	1,900		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	71,940		31
32	Accrued Interest Payable	69,416		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,156,454		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,325,219	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	11,900,000		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)	\$ 11,900,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,225,219	\$	45
46	TOTAL EQUITY	\$ 3,274,078	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,499,297	\$	47

Facility Name: Heritage Woods of Bolingbrook

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	\$ 2,362,608	1
2	Discounts and Allowances	(11,918)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,350,690	3
	B. Other Operating Revenue		
4	Special Services	110,414	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	5,406	8
9	Non-Resident Meals	4,323	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 120,143	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	37,516	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 37,516	14
	D. Other Revenue (specify):		
15	Deposit Fee, Uniforms & Contract Services	9,228	15
16	Contract Services	200	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 9,428	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,517,777	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	276,019	19
20	Health Care/ Personal Care	8,116	20
21	General Administration	1,275,877	21
	B. Capital Expense		
22	Ownership	1,468,371	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)	\$ 3,028,383	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (510,606)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (510,606)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	2,395
Rubbish Removal	728
Vehicle Expense	
Misc Operating Expenses	896
Transportation Service	2,500
Total	6,519

C. General Administration - Other

Consulting	15,167
Legal	10,311
Accounting	18,300
Audit	10,150
Contract Labor	965,607
Bad Debt	4,291
Total	1,023,826

D. Ownership

Organizational Expense	42,700
Bond & Draw Fee	3,200
Partnership Management Fee	
Asset Management Fee	12,500
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	15,952
Business Interruption	
Property Damage Loss	
Total	74,352

Reclassifications and Adjustments

Heat & Other Utilities (15,254) Cable

Administrative and Clerical (18,786) Telephone
(498) Internet

(19,284)

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	15,635
Accrued Asset Management Fee	12,500
Accrued Developer Fee	1,107,052
Unearned Revenue	1,333
A/P Affiliate: Bolingbrook Service Provide	17,416
A/P Affiliate: BMA Management	2,518
Total Other Current Liabilities	1,156,454