

		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 Chicago

Address: 2800 West Fulton Chicago 60612
 Number City Zip Code

County: Cook

Telephone Number: 773-722-2900 Fax # 773-722-7662

Federal Employer ID Number: 36-4318140

Date Current Owners were Certified: 08/14/02

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 _____	

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) () _____ 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 Chicago

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	110	Single Unit Apartment	110	40,150	1
2		Double Unit Apartment			2
3		Other			3
4	110	TOTALS	110	40,150	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	26,225	1,093		27,318	5
6	Double Unit					6
7	Other					7
8	TOTALS	26,225	1,093		27,318	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 68.04%

D. Indicate the number of paid bed-hold days the SLF had during this year
828 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 127 (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: 12/31/09 Fiscal Year: 12/31/09

* 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 Chicago

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	206,196	136,449	2,424	345,069		345,069	1
2	Housekeeping, Laundry and Maintenance	92,336	31,582	184,258	308,176		308,176	2
3	Heat and Other Utilities			139,508	139,508		139,508	3
4	Other (specify):			23,594	23,594		23,594	4
5	TOTAL General Services	298,532	168,031	349,784	816,347		816,347	5
B. Health Care and Programs								
6	Health Care/ Personal Care	335,715	3,743		339,458		339,458	6
7	Activities and Social Services	46,086	9,401		55,487		55,487	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	381,801	13,144		394,945		394,945	9
C. General Administration								
10	Administrative and Clerical	237,298	14,021	239,599	490,918		490,918	10
11	Marketing Materials, Promotions and Advertising	55,575	4,616	38,555	98,746		98,746	11
12	Employee Benefits and Payroll Taxes			190,980	190,980		190,980	12
13	Insurance-Property, Liability and Malpractice			44,620	44,620		44,620	13
14	Other (specify):			85,329	85,329		85,329	14
15	TOTAL General Administration	292,873	18,637	599,083	910,593		910,593	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	973,206	199,812	948,867	2,121,885		2,121,885	16
Capital Expenses								
D. Ownership								
17	Depreciation			278,501	278,501		278,501	17
18	Interest			38,948	38,948		38,948	18
19	Real Estate Taxes			69,746	69,746		69,746	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			98,537	98,537		98,537	22
23	TOTAL Ownership			485,732	485,732		485,732	23
24	GRAND TOTAL (Sum of lines 16 and 23)	973,206	199,812	1,434,599	2,607,617		2,607,617	24

Facility Name: Heritage Woods of Chicago

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	\$ 31.46	1
2	Licensed Practical Nurses	1	23.28	2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	1	17.52	4
5	Social Service Workers			5
6	Head Cook	1	23.74	6
7	Cook Helpers/Assistants	9	10.04	7
8	Dishwashers			8
9	Maintenance Workers	1	18.32	9
10	Housekeepers	3	8.87	10
11	Laundry			11
12	Managers	2	36.21	12
13	Other Administrative	4	16.74	13
14	Clerical			14
15	Marketing	1	23.15	15
16	Other			16
17	Total (lines 1 thru 16)	23	\$	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	\$ 160,722	1	
2			2	
		Total	\$ 160,722	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 Chicago

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 108,947 Year land was acquired 1999

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	110			2000	\$ 10,879,840	\$ 271,815	40	\$ 271,996	\$ 181	\$ 1,981,022	1
2											2
3											3
4											4
5											5
Improvement Type											
6											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)				\$ 10,879,840	\$ 271,815		\$ 271,996	\$ 181	\$ 1,981,022	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	\$ 364,150	\$ 4,622	\$ 72,830	68,208	5	\$ 350,763	18
19	Vehicles	4,800	2,064	960	(1,104)	5	2,064	19
20	TOTAL (lines 18 and 19)		\$ 368,950	\$ 6,686	\$ 73,790		\$ 352,827	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 Chicago

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		Harris Trust & Savings Bank		X	FIRST MORTGAGE	12/1/99	\$ 3,050,000	\$ 2,590,000	10/01/31/	VARIABLE	\$ 30,198	1
2		City of Chicago		X	SECOND MORTGAGE	12/1/99	2,011,977	2,011,977	12/1/34	NONE		2
3		City of Chicago		X	THIRD MORTGAGE	12/1/99	1,300,000	1,300,000	1/1/34	NONE		3
4		Renaissance Social Services		X	FOURTH MORTGAGE	12/1/99	300,000	300,000	12/31/29	NONE		3
5		IDHA		X	FIFTH MORTGAGE	11/1/01	875,000	840,168	10/1/31	0.0100	8,750	4
6									/ /			5
		Working Capital										
7		TOTAL Facility Related					\$ 7,536,977	\$ 7,042,145			\$ 38,948	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 7,536,977	\$ 7,042,145			\$ 38,948	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 Chicago

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	\$ 645,533	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	312,713		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,311		6
7	Other Prepaid Expenses	52,116		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Utility Security Deposit</u>	2,699		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,027,372	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	108,947		13
14	Buildings, at Historical Cost	10,879,840		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	368,950		16
17	Accumulated Depreciation (book methods)	(2,333,849)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	353,881		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(114,681)		20
21	Restricted Funds	304,597		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,567,685	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,595,057	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 568,672	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	2,230,251		29
30	Accrued Salaries Payable	49,609		30
31	Accrued Taxes Payable	80,316		31
32	Accrued Interest Payable	12,601		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>See page 7 Attachment</u>	343,664		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,285,113	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,042,145		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)	\$ 7,042,145	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,327,258	\$	45
46	TOTAL EQUITY	\$ 267,799	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,595,057	\$	47

Facility Name: Heritage Woods of Chicago

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	\$ 2,622,311	1
2	Discounts and Allowances	(42,736)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,579,575	3
	B. Other Operating Revenue		
4	Special Services	103,168	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	360	8
9	Non-Resident Meals	1,316	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 104,844	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	956	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 956	14
	D. Other Revenue (specify):		
15	Property Lease Income	21,636	15
16	Refund	90	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 21,726	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,707,101	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	816,347	19
20	Health Care/ Personal Care	394,945	20
21	General Administration	910,593	21
	B. Capital Expense		
22	Ownership	485,732	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)	\$ 2,607,617	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 99,484	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 99,484	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	3,220
Rubbish Removal	9,279
Vehicle Expense	4,288
Transportation Service	3,230
Misc Operating Expenses	3,577
Total	23,594

C. General Administration - Other

Consulting	1,296
Legal	38,127
Accounting	60
Audit	10,950
Bad Debt	34,896
Total	85,329

D. Ownership

Letter of Credit	54,864
Bond & Draw Fee	5,400
Remarketing & Turstee Fee	2,340
Partnership Management Fee	10,000
Organizational Expense	4,249
Tax Credit Fee & Incentive Fee	5,500
Amortization Expense	12,084
Gain on Sale of Asset	(900)
Property Damage Loss	5,000
Total	98,537

Reclassifications and Adjustments

Heat & Other Utilities - Cable

Administrative and Clerical - Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	38,322
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	80,000
Accrued Incentive Mgmt Fee	
Accrued Developer Fee	220,815
Unearned Revenue	4,527
Accrued MIP	
Total Other Current Liabilities	343,664