

		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 Moline

Address: 5500 46th Avenue Drive Moline 61265
Number City Zip Code

County: Rock Island

Telephone Number: 309-736-5655 Fax # 309-736-5651

Federal Employer ID Number: 20-5702204

Date Current Owners were Certified: 11-17-08

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 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 Moline

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	203,724	154,777	2,428	360,929		360,929	1
2	Housekeeping, Laundry and Maintenance	71,610	18,383	39,569	129,562		129,562	2
3	Heat and Other Utilities			89,974	89,974	(17,258)	72,716	3
4	Other (specify):			12,868	12,868		12,868	4
5	TOTAL General Services	275,334	173,160	144,839	593,333	(17,258)	576,075	5
B. Health Care and Programs								
6	Health Care/ Personal Care	381,607	2,637		384,244		384,244	6
7	Activities and Social Services	23,467	5,651		29,118		29,118	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	405,074	8,288		413,362		413,362	9
C. General Administration								
10	Administrative and Clerical	143,065	12,355	247,978	403,398	(19,202)	384,196	10
11	Marketing Materials, Promotions and Advertising	54,284	4,482	89,842	148,608		148,608	11
12	Employee Benefits and Payroll Taxes			176,355	176,355		176,355	12
13	Insurance-Property, Liability and Malpractice			39,235	39,235		39,235	13
14	Other (specify):			49,059	49,059		49,059	14
15	TOTAL General Administration	197,349	16,837	602,469	816,655	(19,202)	797,453	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	877,757	198,285	747,308	1,823,350	(36,460)	1,786,890	16
Capital Expenses								
D. Ownership								
17	Depreciation			632,526	632,526		632,526	17
18	Interest			652,200	652,200		652,200	18
19	Real Estate Taxes			103,661	103,661		103,661	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			29,811	29,811		29,811	22
23	TOTAL Ownership			1,418,198	1,418,198		1,418,198	23
24	GRAND TOTAL (Sum of lines 16 and 23)	877,757	198,285	2,165,506	3,241,548	(36,460)	3,205,088	24

Facility Name: Heritage Woods of Moline

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	2	\$ 26.19	1
2	Licensed Practical Nurses	0	18.50	2
3	Certified Nurse Assistants	14	9.29	3
4	Activity Director & Assistants	1	11.64	4
5	Social Service Workers			5
6	Head Cook	1	30.77	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	1	16.45	9
10	Housekeepers	2	8.69	10
11	Laundry			11
12	Managers	1	32.63	12
13	Other Administrative	2	17.33	13
14	Clerical			14
15	Marketing	1	24.32	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.	\$ 143,158	1	
2			2	
		Total	\$ 143,158	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 Moline

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 158,031 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	99			2008	\$ 11,235,240	\$ 408,323	28	\$ 408,554	\$ 231	\$ 723,643	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements			265,361	24,590	15	17,691	(6,899)	37,483	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)				\$ 11,500,601	\$ 432,913		\$ 426,245	\$ (6,668)	\$ 761,126	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	\$ 623,790	\$ 199,613	\$ 124,758	(74,855)	5	\$ 324,371	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 623,790	\$ 199,613	\$ 124,758	(74,855)		\$ 324,371	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 Moline**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	\$ 240,931	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	563,263		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	25,446		6
7	Other Prepaid Expenses	2,369		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 832,009	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	158,031		13
14	Buildings, at Historical Cost	11,235,240		14
15	Leasehold Improvements, at Historical Cost	265,361		15
16	Equipment, at Historical Cost	623,790		16
17	Accumulated Depreciation (book methods)	(1,085,497)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	544,051		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(32,936)		20
21	Restricted Funds	1,627,029		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,335,069	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,167,078	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 26,208	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	700		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	38,285		30
31	Accrued Taxes Payable	87,000		31
32	Accrued Interest Payable	54,350		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	453,393		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 659,936	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	10,870,000		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)	\$ 10,870,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,529,936	\$	45
46	TOTAL EQUITY	\$ 2,637,142	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,167,078	\$	47

Facility Name: Heritage Woods of Moline

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	\$ 2,841,243	1
2	Discounts and Allowances	(92,909)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,748,334	3
B. Other Operating Revenue			
4	Special Services	86,873	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	12,517	8
9	Non-Resident Meals	7,215	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 106,605	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,054	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,054	14
D. Other Revenue (specify):			
15	Deposit Fee	950	15
16	Fundraisers & Vending	426	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,376	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,858,369	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	593,333	19
20	Health Care/ Personal Care	413,362	20
21	General Administration	816,655	21
B. Capital Expense			
22	Ownership	1,418,198	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)	\$ 3,241,548	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (383,179)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (383,179)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	2,808
Rubbish Removal	5,265
Vehicle Expense	4,379
Misc Operating Expenses	416
Total	12,868

C. General Administration - Other

Consulting	23,432
Legal	7,400
Accounting	45
Audit	10,700
Bad Debt	7,482
Total	49,059

D. Ownership

Mortgage Service Fee	-
Mortgage Insurance Premium	-
Bond & Draw Fee	3,200
Asset Management Fee	5,004
Incentive Management Fee	-
Tax Credit Fee & Incentive Fee	1,975
Amortization Expense	19,632
Business Interruption	
Property Damage Loss	
Total	29,811

Reclassifications and Adjustments

Heat & Other Utilities (17,258) Cable

Administrative and Clerical (18,849) Telephone Revenue
Administrative and Clerical (353) Internet Service

(19,202)

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	26,814
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Accrued Developer Fee	412,828
Unearned Revenue	13,751
Accrued MIP	
Total Other Current Liabilities	453,393