

		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 Mt. Vernon

Address: 1033 S. 42nd Street Mt. Vernon 62864
Number City Zip Code

County: Jefferson

Telephone Number: 618-241-9518 Fax # 618-241-9516

Federal Employer ID Number: 26-0270753

Date Current Owners were Certified: 10-09-07

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 _____	

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) (____) _____ Fax # (____) _____	

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 Mt. Vernon

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	155,784	130,702	1,472	287,958		287,958	1
2	Housekeeping, Laundry and Maintenance	53,035	12,471	22,213	87,719		87,719	2
3	Heat and Other Utilities			95,478	95,478	(15,125)	80,353	3
4	Other (specify):			5,034	5,034		5,034	4
5	TOTAL General Services	208,819	143,173	124,197	476,189	(15,125)	461,064	5
B. Health Care and Programs								
6	Health Care/ Personal Care	240,664	1,467		242,131		242,131	6
7	Activities and Social Services	24,260	4,339		28,599		28,599	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	264,924	5,806		270,730		270,730	9
C. General Administration								
10	Administrative and Clerical	68,023	10,518	160,075	238,616	(15,007)	223,609	10
11	Marketing Materials, Promotions and Advertising	19,537	2,300	34,778	56,615		56,615	11
12	Employee Benefits and Payroll Taxes			133,214	133,214		133,214	12
13	Insurance-Property, Liability and Malpractice			26,475	26,475		26,475	13
14	Other (specify):			9,174	9,174		9,174	14
15	TOTAL General Administration	87,560	12,818	363,716	464,094	(15,007)	449,087	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	561,303	161,797	487,913	1,211,013	(30,132)	1,180,881	16
Capital Expenses								
D. Ownership								
17	Depreciation			372,296	372,296		372,296	17
18	Interest			319,375	319,375		319,375	18
19	Real Estate Taxes			6,060	6,060		6,060	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			15,309	15,309		15,309	22
23	TOTAL Ownership			713,040	713,040		713,040	23
24	GRAND TOTAL (Sum of lines 16 and 23)	561,303	161,797	1,200,953	1,924,053	(30,132)	1,893,921	24

Facility Name: Heritage Woods of Mt. Vernon

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	\$ 19.64	1
2	Licensed Practical Nurses	1	15.12	2
3	Certified Nurse Assistants	10	8.86	3
4	Activity Director & Assistants	1	11.61	4
5	Social Service Workers			5
6	Head Cook	1	12.44	6
7	Cook Helpers/Assistants	8	8.30	7
8	Dishwashers			8
9	Maintenance Workers	1	14.74	9
10	Housekeepers	2	8.18	10
11	Laundry			11
12	Managers	1	28.54	12
13	Other Administrative			13
14	Clerical			14
15	Marketing	1	16.85	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	\$ 96,698	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 Mt. Vernon

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 189,832 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	66			2007	\$ 5,394,411	\$ 196,156	28	\$ 196,160	\$ 4	\$ 482,227	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements			611,707	55,454	15	40,780	(14,674)	143,110	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)				\$ 6,006,118	\$ 251,610		\$ 236,941	\$ (14,669)	\$ 625,337	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	\$ 619,320	\$ 111,055	\$ 123,864	12,809	5	\$ 381,047	18
19	Vehicles	50,160	9,631	10,032	401	5	35,714	19
20	TOTAL (lines 18 and 19)	\$ 669,480	\$ 120,686	\$ 133,896	13,210		\$ 416,761	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 Mt. Vernon

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		MIDLAND STATES BANK		X	FIRST MORTGAGE	12/31/08	\$ 6,450,000	\$ 6,309,812	1/1/14	VARIABLE	\$ 315,574	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4		COUNTRY BANK		X	LINE OF CREDIT	8/7/09	500,000		7/31/10	VARIABLE	3,801	4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 6,950,000	\$ 6,309,812			\$ 319,375	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 6,950,000	\$ 6,309,812			\$ 319,375	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 Mt. Vernon

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	\$ 57,328	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	195,150		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,120		6
7	Other Prepaid Expenses	2,090		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 263,688	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	189,832		13
14	Buildings, at Historical Cost	5,394,411		14
15	Leasehold Improvements, at Historical Cost	611,707		15
16	Equipment, at Historical Cost	669,480		16
17	Accumulated Depreciation (book methods)	(1,042,098)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	166,662		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(28,202)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,961,792	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,225,480	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 12,220	\$	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	24,230		30
31	Accrued Taxes Payable	5,852		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Liabilities	9,379		35
36	Unearned Revenue	9,121		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 62,702	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,309,812		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)	\$ 6,309,812	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,372,514	\$	45
46	TOTAL EQUITY	\$ (147,034)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,225,480	\$	47

Facility Name: Heritage Woods of Mt. Vernon

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	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,843,701	1
2	Discounts and Allowances	(896)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,842,805	3
	B. Other Operating Revenue		
4	Special Services	91,248	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	9,641	8
9	Non-Resident Meals	2,971	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 103,860	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	3	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3	14
	D. Other Revenue (specify):		
15	Deposit Fee	150	15
16	Vending & Refunds	85	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 235	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,946,903	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	476,189	19
20	Health Care/ Personal Care	270,730	20
21	General Administration	464,094	21
	B. Capital Expense		
22	Ownership	713,040	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)	\$ 1,924,053	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 22,850	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 22,850	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,020
Rubbish Removal	2,692
Vehicle Expense	1,277
Misc Operating Expenses	45
Total	5,034

C. General Administration - Other

Consulting	276
Legal	250
Accounting	250
Audit	3,347
Bad Debt	5,051
Total	9,174

D. Ownership

Mortgage Service Fee	-
Mortgage Insurance Premium	-
Partnership Management Fee	-
Asset Management Fee	-
Incentive Manangement Fee	-
Tax Credit Fee & Incentive Fee	-
Amortization Expense	12,809
Business Interruption	-
Property Damage Loss	2,500
Total	15,309

Reclassifications and Adjustments

Heat & Other Utilities (15,125) Cable

Administrative and Clerical (15,007) Telephone Revenue

