

		FOR BHF USE			

LL2

Supportive Living Facility

**2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2010)**

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 ID Number: 1000029-ii

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: _____

Date Current Owners were Certified: 02/27/2008

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 01/01/2010 to 12/31/2010 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>) _____	

In the event there are further questions about this report, please contact:
Name: Grenshinka Osborne Telephone Number: (815) 935-1992 EXT 257
Email Address: _____

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: 01/01/2010 Ending: 12/31/2010

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	13,904	5,407		19,311	5
6	Double Unit					6
7	Other					7
8	TOTALS	13,904	5,407		19,311	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.19%

D. Indicate the number of paid bed-hold days the SLF had during this year 323 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 115 **(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: 12/31/2010 Fiscal Year: 12/31/2010

* 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:

01/01/2010

Ending: 12/31/2010

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		98,249	689	98,938		98,938	1
2	Housekeeping, Laundry and Maintenance		10,081	32,215	42,296		42,296	2
3	Heat and Other Utilities			72,702	72,702	(10,539)	62,163	3
4	Other (specify): SEE ATTACHMENT PG 3			8,191	8,191		8,191	4
5	TOTAL General Services		108,330	113,797	222,127	(10,539)	211,588	5
B. Health Care and Programs								
6	Health Care/ Personal Care		982		982		982	6
7	Activities and Social Services		2,787		2,787		2,787	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		3,769		3,769		3,769	9
C. General Administration								
10	Administrative and Clerical		7,142	169,179	176,321	(9,772)	166,549	10
11	Marketing Materials, Promotions and Advertising		2,142	21,672	23,814		23,814	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			21,642	21,642		21,642	13
14	Other (specify): SEE ATTACHMENT PG 3			569,693	569,693		569,693	14
15	TOTAL General Administration		9,284	782,186	791,470	(9,772)	781,698	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		121,383	895,983	1,017,366	(20,311)	997,055	16
Capital Expenses								
D. Ownership								
17	Depreciation			341,501	341,501		341,501	17
18	Interest			411,616	411,616		411,616	18
19	Real Estate Taxes			66,067	66,067		66,067	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): SEE ATTACHMENT PG 3			511,888	511,888		511,888	22
23	TOTAL Ownership			1,331,072	1,331,072		1,331,072	23
24	GRAND TOTAL (Sum of lines 16 and 23)		121,383	2,227,055	2,348,438	(20,311)	2,328,127	24

Facility Name: Heritage Woods of Batavia II

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 29.95	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9	11.72	3
4	Activity Director & Assistants	1	13.93	4
5	Social Service Workers			5
6	Head Cook		27.52	6
7	Cook Helpers/Assistants	6	9.70	7
8	Dishwashers			8
9	Maintenance Workers	1	13.47	9
10	Housekeepers	2	9.12	10
11	Laundry			11
12	Managers		40.96	12
13	Other Administrative			13
14	Clerical	1	19.06	14
15	Marketing		22.23	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

1	BMA Management, LTD	\$ 107,392	1
2			2
Total		\$ 107,392	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:

01/01/2010

Ending:

12/31/2010

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	\$ 248,331	\$ (4,490)	\$ 705,827	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land Improvements				236,738	20,128	15	15,783	(4,345)	53,783	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	\$ 272,949		\$ 264,114	\$ (8,835)	\$ 759,610	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	\$ 360,346	\$ 68,552	\$ 72,069	3,517	5	\$ 253,607	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 360,346	\$ 68,552	\$ 72,069	3,517		\$ 253,607	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: 01/01/2010

Ending: 2/31/2010

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					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	\$ 6,871,933	5/1/48	0.0580	\$ 400,168	1					
2						/ /			/ /			2					
3						/ /			/ /			3					
		Working Capital															
4						/ /			/ /			4					
5						/ /			/ /			5					
6						/ /			/ /			6					
7		TOTAL Facility Related						\$ 7,000,000	\$ 6,871,933			\$ 400,168	7				
		B. Non-Facility Related															
8						/ /			/ /			8					
9						/ /			/ /			9					
10		TOTALS (lines 7, 8 and 9)						\$ 7,000,000	\$ 6,871,933			\$ 400,168	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 Batavia II

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 667,521	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	353,335		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,986		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,033,842	\$	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	360,346		16
17	Accumulated Depreciation (book methods)	(1,013,217)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	288,349		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(23,515)		20
21	Restricted Funds	1,069,072		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,441,537	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,475,379	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 30,591	\$	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	57,997		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SEE ATTACHMENT PG 7	745,789		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 834,377	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,871,933		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)	\$ 6,871,933	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,706,310	\$	45
46	TOTAL EQUITY	\$ 1,769,066	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,475,376	\$	47

Facility Name: Heritage Woods of Batavia II

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

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	\$ 2,055,191	1
2	Discounts and Allowances	(100)	2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 2,055,091	3
B. Other Operating Revenue			
4	Special Services	72,018	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	12,776	8
9	Non-Resident Meals	141	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 84,935	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	5,843	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 5,843	14
D. Other Revenue (specify):			
15	Adj. MIP and Mortgage Svc Fee	52,500	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 52,500	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 2,198,369	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	222,127	19
20	Health Care/ Personal Care	3,769	20
21	General Administration	791,470	21
B. Capital Expense			
22	Ownership	1,331,072	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 2,348,438	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (150,069)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (150,069)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	432
Rubbish Removal	4,015
Vehicle Expense	482
Water Softener	<u>3,262</u>
TOTAL	<u><u>8,191</u></u>

C. General Administration - Other

Consulting	1,478
Legal	193
Audit	11,360
Contract Labor	556,250
Bad Debts Expense	<u>412</u>
TOTAL	<u><u>569,693</u></u>

D. Ownership

Asset Management Fee	10,000
Incentive Management	488,464
Tax Credit Fees & Incentive Fee	1,150
Amortization Expense	8,304
Property Damage Loss	<u>3,970</u>
TOTAL	<u><u>511,888</u></u>

Reclassifications and Adjustments

Heat & Other Utilities	(10,539) Cable
Administrative and Clerical	(9,772) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Asset Management Fees	31,760
Accrued Incentive Mgmt Fee	519,589
Accrued Liabilities	15,986
Accrued Developer Fee	138,504
Accrued Interest	11,448
Accrued MIP	15,079
Unearned Revenue	<u>13,423</u>

Total Other Current Liabilities 745,789