

		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: 1000115

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: _____

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 _____	

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) () _____ Fax # () _____	

In the event there are further questions about this report, please contact:

Name: Selena Edgington **Telephone Number:** 815-935-1992
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 Bolingbrook

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	105	Single Unit Apartment	105	38,325	1
2		Double Unit Apartment			2
3		Other			3
4	105	TOTALS	105	38,325	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	31,393	5,540		36,933	5
6	Double Unit					6
7	Other					7
8	TOTALS	31,393	5,540		36,933	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.37%

D. Indicate the number of paid bed-hold days the SLF had during this year
542 Also, indicate the number of unpaid bed-hold days the SLF had during this year. zero (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)
NONE

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? NO If yes, did the facility make all of the required payments of interest and principle? _____

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 Bolingbrook

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 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	240,680	177,755	1,560	419,995		419,995	1
2	Housekeeping, Laundry and Maintenance	96,177	30,019	72,521	198,717		198,717	2
3	Heat and Other Utilities			169,514	169,514	(23,086)	146,428	3
4	Other (specify):			5,110	5,110		5,110	4
5	TOTAL General Services	336,857	207,774	248,705	793,336	(23,086)	770,250	5
B. Health Care and Programs								
6	Health Care/ Personal Care	456,984	2,809		459,793		459,793	6
7	Activities and Social Services	31,094	2,894		33,988		33,988	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	488,078	5,703		493,781		493,781	9
C. General Administration								
10	Administrative and Clerical	169,862	11,925	293,740	475,527	(29,012)	446,515	10
11	Marketing Materials, Promotions and Advertising	45,499	2,676	49,125	97,300		97,300	11
12	Employee Benefits and Payroll Taxes			201,721	201,721		201,721	12
13	Insurance-Property, Liability and Malpractice			44,716	44,716		44,716	13
14	Other (specify):			65,713	65,713		65,713	14
15	TOTAL General Administration	215,361	14,601	655,015	884,977	(29,012)	855,965	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,040,296	228,078	903,720	2,172,094	(52,098)	2,119,996	16
Capital Expenses								
D. Ownership								
17	Depreciation			675,892	675,892		675,892	17
18	Interest			876,908	876,908		876,908	18
19	Real Estate Taxes			66,409	66,409		66,409	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			69,122	69,122		69,122	22
23	TOTAL Ownership			1,688,331	1,688,331		1,688,331	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,040,296	228,078	2,592,051	3,860,425	(52,098)	3,808,327	24

Facility Name: Heritage Woods of Bolingbrook

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	\$ 27.14	1
2	Licensed Practical Nurses	1	20.70	2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	1	14.84	4
5	Social Service Workers			5
6	Head Cook	1	22.31	6
7	Cook Helpers/Assistants	10	9.18	7
8	Dishwashers			8
9	Maintenance Workers	1	19.84	9
10	Housekeepers	1	8.86	10
11	Laundry			11
12	Managers	1	40.20	12
13	Other Administrative	2	14.49	13
14	Clerical			14
15	Marketing	1	19.33	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.	\$ 185,926	1
2			2
Total		\$ 185,926	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:

01/01/2010

Ending:

12/31/2010

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	\$ 12,529,068	\$ 454,921	28	\$ 447,467	\$ (7,454)	\$ 869,093	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land Improvements				242,571	16,171	15	16,171	0	30,995	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)				\$ 12,771,639	\$ 471,092		\$ 463,638	\$ (7,454)	\$ 900,088	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	\$ 204,800	\$ 128,000	(76,800)	5	\$ 332,800	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 640,000	\$ 204,800	\$ 128,000	(76,800)		\$ 332,800	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: 01/01/2010

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

	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	Amalgamated Bank		X	First Mortgage/Bond	12/1/07	\$ 11,900,000	\$ 11,900,000	12/1/42	0.0007	\$ 876,908	1					
2					/ /			/ /			2					
3					/ /			/ /			3					
	Working Capital															
4					/ /			/ /			4					
5					/ /			/ /			5					
6					/ /			/ /			6					
7	TOTAL Facility Related					\$ 11,900,000	\$ 11,900,000			\$ 876,908	7					
	B. Non-Facility Related															
8					/ /			/ /			8					
9					/ /			/ /			9					
10	TOTALS (lines 7, 8 and 9)					\$ 11,900,000	\$ 11,900,000			\$ 876,908	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: 01/01/2010

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	\$ 170,867	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	227,906		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	719		6
7	Other Prepaid Expenses	5,319		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 404,811	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,058,113		13
14	Buildings, at Historical Cost	12,529,068		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	640,000		16
17	Accumulated Depreciation (book methods)	(1,232,888)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	544,440		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(33,146)		20
21	Restricted Funds	2,371,795		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,877,382	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,282,193	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 125,272	\$	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	70,862		31
32	Accrued Interest Payable	82,763		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	882,868		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,161,765	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	11,900,000		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)	\$ 11,900,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,061,765	\$	45
46	TOTAL EQUITY	\$ 3,220,428	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,282,193	\$	47

Facility Name: Heritage Woods of Bolingbrook

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	\$ 3,563,134	1
2	Discounts and Allowances	(8,056)	2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,555,078	3
B. Other Operating Revenue			
4	Special Services	179,585	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	12,975	8
9	Non-Resident Meals	5,095	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 197,655	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	368	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 368	14
D. Other Revenue (specify):			
15	Property Lease Income	4,300	15
16	Refunds and Jury Duty	981	16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 5,281	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,758,382	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	793,336	19
20	Health Care/ Personal Care	493,781	20
21	General Administration	884,977	21
B. Capital Expense			
22	Ownership	1,688,331	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)	\$ 3,860,425	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (102,043)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (102,043)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,940
Rubbish Removal	825
Vehicle Expense	1,345
Transportation Service	100
Water Softener	-
Misc Operating	900
Total	5,110

C. General Administration - Other

Consulting	28,573
Legal	14,896
Accounting	-
Audit	9,990
Contract labor	1,000
Bad Debt	11,254
Total	65,713

D. Ownership

Assessment Income	-
Bond and Draw Fee	-
Mortgage Insurance Premium	
Partnership Management Fee	
Asset Management Fee	15,450
Incentive Manangement Fee	31,920
Tax Credit Fee & Incentive Fee	1,000
Amortization Expense	17,193
Remarketing and Trustee Fee	3,559
Property Damage Loss	
Total	69,122

Reclassifications and Adjustments

Heat & Other Utilities (23,086) Cable

Administrative and Clerical (29,012) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	20,504
Accrued Asset Mgmt Fee	27,950
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	31,920
Accrued Developer Fee	800,733
Unearned Revenue	1,661
Accrued MIP	
Reservation Deposit	100
Total Other Current Liabilities	882,868