

		FOR BHF USE			

LL2

Supportive Living Facility

**2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2012)**

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.

<p>I. Facility ID Number: <u>1000040</u></p> <p>Facility Name: <u>Heritage Woods of Benton</u></p> <p>Address: <u>1305 Bailey Lane</u> <u>Benton</u> <u>62812</u> <small>Number City Zip Code</small></p> <p>County: <u>Franklin</u></p> <p>Telephone Number: <u>815-432-4560</u> Fax # <u>815-432-4562</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>01/13/05</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input checked="" type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Selena Edgington</u> Telephone Number: <u>815-935-1992 EXT 232</u> Email Address: _____</p>	<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	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/12</u> to <u>12/31/12</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:50%; vertical-align: top;"> <p>Officer or Administrator of Provider</p> <p>(Signed) _____</p> <p>(Type or Print Name) <u>David J. Mitchell</u></p> <p>(Title) <u>CFO, BMA Management, LTD.</u></p> </td> <td style="width:50%; vertical-align: top;"> <p>(Date) <u>4/29/2013</u></p> </td> </tr> <tr> <td style="width:50%; vertical-align: top;"> <p>Paid Preparer</p> <p>(Signed) _____</p> <p>(Print Name and Title) _____</p> <p>(Firm Name & Address) _____</p> <p>(Telephone) <u>()</u> Fax # <u>()</u></p> </td> <td style="width:50%; vertical-align: top;"> <p>(Date) _____</p> </td> </tr> </table> <p align="right">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</p>	<p>Officer or Administrator of Provider</p> <p>(Signed) _____</p> <p>(Type or Print Name) <u>David J. Mitchell</u></p> <p>(Title) <u>CFO, BMA Management, LTD.</u></p>	<p>(Date) <u>4/29/2013</u></p>	<p>Paid Preparer</p> <p>(Signed) _____</p> <p>(Print Name and Title) _____</p> <p>(Firm Name & Address) _____</p> <p>(Telephone) <u>()</u> Fax # <u>()</u></p>	<p>(Date) _____</p>
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Facility Name Heritage Woods of Benton

Report Period Beginning: 01/01/12 Ending: 12/31/12

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	100	Single Unit Apartment	100	36,600	1
2		Double Unit Apartment			2
3		Other			3
4	100	TOTALS	100	36,600	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	27,709	6,500		34,209	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,709	6,500		34,209	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.47%

D. Indicate the number of paid bed-hold days the SLF had during this year 364 Also, indicate the number of unpaid bed-hold days the SLF had during this year. **(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: 2012 Fiscal Year: 2012

* 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 Benton

Report Period Beginning:

01/01/12

Ending:

12/31/12

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	203,331	166,816	1,891	372,038		372,038	1
2	Housekeeping, Laundry and Maintenance	97,366	18,620	45,896	161,882		161,882	2
3	Heat and Other Utilities			127,371	127,371	(16,384)	110,987	3
4	Other (specify):			8,783	8,783		8,783	4
5	TOTAL General Services	300,697	185,436	183,941	670,074	(16,384)	653,690	5
B. Health Care and Programs								
6	Health Care/ Personal Care	391,010	1,754		392,764		392,764	6
7	Activities and Social Services	30,800	3,483		34,283		34,283	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	421,810	5,237		427,047		427,047	9
C. General Administration								
10	Administrative and Clerical	104,404	9,678	264,518	378,600	(17,128)	361,472	10
11	Marketing Materials, Promotions and Advertising	41,042	9,942	30,712	81,696		81,696	11
12	Employee Benefits and Payroll Taxes			255,911	255,911		255,911	12
13	Insurance-Property, Liability and Malpractice			66,249	66,249		66,249	13
14	Other (specify):			70,892	70,892		70,892	14
15	TOTAL General Administration	145,446	19,620	688,282	853,348	(17,128)	836,220	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	867,953	210,293	872,223	1,950,469	(33,512)	1,916,957	16
Capital Expenses								
D. Ownership								
17	Depreciation			334,851	334,851		334,851	17
18	Interest			366,234	366,234		366,234	18
19	Real Estate Taxes			78,606	78,606		78,606	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			290,390	290,390		290,390	22
23	TOTAL Ownership			1,070,081	1,070,081		1,070,081	23
24	GRAND TOTAL (Sum of lines 16 and 23)	867,953	210,293	1,942,304	3,020,550	(33,512)	2,987,038	24

Facility Name: Heritage Woods of Benton

Report Period Beginning 01/01/12 Ending: 12/31/12

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 26.04	1
2	Licensed Practical Nurses	1	15.99	2
3	Certified Nurse Assistants	15	9.78	3
4	Activity Director & Assistants	1	14.73	4
5	Social Service Workers			5
6	Head Cook	1	15.05	6
7	Cook Helpers/Assistants	9	9.09	7
8	Dishwashers			8
9	Maintenance Workers	1	16.74	9
10	Housekeepers			10
11	Laundry			11
12	Managers	1	28.60	12
13	Other Administrative	1	11.58	13
14	Clerical	1	14.83	14
15	Marketing	1	18.81	15
16	Other			16
17	Total (lines 1 thru 16)	33	\$	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

	Name	Amount of Fee	
1	BMA MANAGEMENT, LTD	\$ 147,430	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 Benton

Report Period Beginning:

01/01/12

Ending:

12/31/12

VIII. OWNERSHIP COSTS

A. Purchase price of land 81,711 Year land was acquired 2002

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	100			2004	\$ 8,102,940	\$ 294,652	28	\$ 289,391	\$ (5,261)	\$ 2,436,736	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land Improvements				429,303	25,495	15	28,620	3,125	262,415	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)				\$ 8,532,243	\$ 320,147		\$ 318,011	\$ (2,136)	\$ 2,699,151	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	\$ 875,592	\$ 14,704	\$ 175,118	160,414	5	\$ 852,903	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 875,592	\$ 14,704	\$ 175,118	160,414		\$ 852,903	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 Benton

Report Period Beginning: 01/01/12

Ending: 12/31/12

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

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**	YES			NO	Purpose of Loan				
							Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		IHDA		X	First Mortgage	12/20/02	\$ 7,730,000	\$ 6,534,454	2/1/35	0.0540	\$ 366,234	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 7,730,000	\$ 6,534,454			\$ 366,234	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 7,730,000	\$ 6,534,454			\$ 366,234	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 Benton

Report Period Beginning: 01/01/12

Ending:

12/31/12

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 327,380	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	596,184		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	50,497		6
7	Other Prepaid Expenses	4,894		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 978,955	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	81,710		13
14	Buildings, at Historical Cost	8,102,940		14
15	Leasehold Improvements, at Historical Cost	429,303		15
16	Equipment, at Historical Cost	875,592		16
17	Accumulated Depreciation (book methods)	(3,552,054)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	452,518		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(120,672)		20
21	Restricted Funds	746,000		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,015,337	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,994,292	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 32,377	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	48,970		30
31	Accrued Taxes Payable	88,000		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	277,757		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 447,104	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,697,657		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)	\$ 6,697,657	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,144,761	\$	45
46	TOTAL EQUITY	\$ 849,531	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,994,292	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Benton

Report Period Beginning: 01/01/12

Ending:

12/31/12

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	\$ 2,824,968	1
2	Discounts and Allowances	(37,284)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,787,684	3
B. Other Operating Revenue			
4	Special Services	161,210	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	16,982	8
9	Non-Resident Meals	5,878	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 184,070	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	21,905	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 21,905	14
D. Other Revenue (specify):			
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,993,659	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	670,074	19
20	Health Care/ Personal Care	427,047	20
21	General Administration	853,348	21
B. Capital Expense			
22	Ownership	1,070,081	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)	\$ 3,020,550	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (26,891)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (26,891)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	2,103
Rubbish Removal	4,965
Vehicle Expense	1,561
Transportation Service	154
Water Softener	
Misc Operating	
Total	8,783

C. General Administration - Other

Consulting	13,257
Legal	7,672
Accounting	
Audit	13,135
Contract labor	1,200
Bad Debt	35,628
Total	70,892

D. Ownership

Letter of Credit	
Mortgage Insurance Premium	34,098
Mortgage Service Fee	16,955
Partnership Management Fee	14,940
Asset Management Fee	14,940
Incentive Manangement Fee	189,623
Tax Credit Fee & Incentive Fee	2,250
Amortization Expense	15,084

Remarketing and Trustee Fee	
Property Damage Loss	2,500
Interest Income	

Total	290,390
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Reclassifications and Adjustments

Heat & Other Utilities	(16,384) Cable
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Administrative and Clerical	(17,128) Telephone Revenue
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BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	21,578
Accrued Asset Mgmt Fee	30,233
Accrued Partnership Fee	17,177
Accrued Incentive Mgmt Fee	189,623
Unclaimed Property	6,725
Unearned Revenue	12,421
Accrued Developer Fee	
Reservation Deposit	

Total Other Current Liabilities **277,757**