

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

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>1000078</u></p> <p>Facility Name: <u>Heritage Woods of Mt Vernon</u></p> <hr/> <p>Address: <u>1033 South 42nd St</u> <u>Mt Vernon</u> <u>62864</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Jefferson</u></p> <p>Telephone Number: <u>618-241-9518</u> Fax # <u>618-241-9516</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>10/09/07</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 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 checked="" 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:</p> <p>Name: <u>Selena Edgington</u> Telephone Number: <u>815-935-1992 EXT 232</u></p> <p>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 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 _____	_____	<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>01/01/13</u> to <u>12/31/13</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 align="center">Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>David J. Mitchell</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO, BMA Management, LTD</u></td> <td></td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>()</u> _____</td> <td>Fax # () _____</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>	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 # () _____
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Facility Name: Heritage Woods of Mt Vernon

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	174,505	127,875	1,962	304,342		304,342	1
2	Housekeeping, Laundry and Maintenance	68,786	12,911	43,528	125,225		125,225	2
3	Heat and Other Utilities			76,641	76,641	(14,893)	61,748	3
4	Other (specify):			9,810	9,810		9,810	4
5	TOTAL General Services	243,291	140,786	131,941	516,018	(14,893)	501,125	5
B. Health Care and Programs								
6	Health Care/ Personal Care	262,074	1,908		263,982		263,982	6
7	Activities and Social Services	27,314	3,509		30,823		30,823	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	289,388	5,417		294,805		294,805	9
C. General Administration								
10	Administrative and Clerical	83,214	9,009	164,642	256,865	(10,578)	246,287	10
11	Marketing Materials, Promotions and Advertising	20,510	3,927	19,980	44,417		44,417	11
12	Employee Benefits and Payroll Taxes			167,514	167,514		167,514	12
13	Insurance-Property, Liability and Malpractice			16,652	16,652		16,652	13
14	Other (specify):			12,608	12,608		12,608	14
15	TOTAL General Administration	103,724	12,936	381,396	498,056	(10,578)	487,478	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	636,403	159,139	513,337	1,308,879	(25,471)	1,283,408	16
Capital Expenses								
D. Ownership								
17	Depreciation							17
18	Interest			95	95		95	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			442,168	442,168		442,168	20
21	Rent -- Equipment							21
22	Other (specify):			10,776	10,776		10,776	22
23	TOTAL Ownership			453,039	453,039		453,039	23
24	GRAND TOTAL (Sum of lines 16 and 23)	636,403	159,139	966,376	1,761,918	(25,471)	1,736,447	24

Facility Name: Heritage Woods of Mt Vernon

Report Period Beginning: 01/01/13 Ending: 12/31/13

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 21.61	1
2	Licensed Practical Nurses	1	17.11	2
3	Certified Nurse Assistants	10	9.38	3
4	Activity Director & Assistants	1	13.08	4
5	Social Service Workers			5
6	Head Cook	1	10.52	6
7	Cook Helpers/Assistants	7	9.03	7
8	Dishwashers			8
9	Maintenance Workers	1	16.09	9
10	Housekeepers	2	9.60	10
11	Laundry			11
12	Managers	1	28.14	12
13	Other Administrative	1	12.89	13
14	Clerical			14
15	Marketing	1	18.39	15
16	Other			16
17	Total (lines 1 thru 16)	27	\$	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	\$ 103,427	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:

01/01/13

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12/31/13

VIII. OWNERSHIP COSTS

A. Purchase price of land \$

Year land was acquired

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				\$	\$		\$	\$	\$	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	\$	\$	\$	\$		\$	18
19	Vehicles	50,160		10032	10,032	5	50,160	19
20	TOTAL (lines 18 and 19)	\$ 50,160	\$	\$ 10,032	10,032		\$ 50,160	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: 01/01/13

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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**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1						/ /	\$		/ /		\$	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4		MIDLAND STATES BANK		X	LINE OF CREDIT	11/1/12	430,000		11/1/13	VARIABLE	95	4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 430,000	\$			\$ 95	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 430,000	\$			\$ 95	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: 01/01/13

Ending:

12/31/13

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 73,895	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	367,073 (7,606)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	6,552		6
7	Other Prepaid Expenses	17,114		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 457,028	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	50,160		16
17	Accumulated Depreciation (book methods)	(50,160)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	153,928		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(66,703)		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)	\$ 87,225	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 544,253	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 52,094	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	36,308		30
31	Accrued Taxes Payable			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	23,025		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 111,427	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 111,427	\$	45
46	TOTAL EQUITY	\$ 432,826	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 544,253	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Mt Vernon

Report Period Beginning: 01/01/13

Ending:

12/31/13

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,961,335	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,961,335	3
	B. Other Operating Revenue		
4	Special Services	65,784	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	8,675	8
9	Non-Resident Meals	1,702	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 76,161	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	8,043	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 8,043	14
	D. Other Revenue (specify):		
15	Late Fees	99	15
16	Contract Services	135	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 234	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,045,772	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	516,018	19
20	Health Care/ Personal Care	294,805	20
21	General Administration	498,056	21
	B. Capital Expense		
22	Ownership	453,039	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)	\$ 1,761,918	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 283,854	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 283,854	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,020
Rubbish Removal	4,398
Vehicle Expense	4,392
Transportation Service	
Water Softener	
Misc Operating	
Total	9,810

C. General Administration - Other

Consulting	54
Legal	35
Accounting	-
Audit	3,512
Contract labor-Serv Prov	1,200
Bad Debt	7,807
Contract labor	
Total	12,608

D. Ownership

Financing Fees	514
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	

Tax Credit Fee & Incentive Fee	
Amortization Expense	10,262
Remarketing and Trustee Fee	
Property Damage Loss	
Gain on Sale	
Total	10,776

Reclassifications and Adjustments

Heat & Other Utilities (14,893) Cable

Administrative and Clerical (10,578) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	9,659
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Unclaimed Property	8
Unearned Revenue	12,158
Accrued MIP	
Reservation Deposit	1,200
Total Other Current Liabilities	23,025