

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2011  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2011)**

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:** 1000040

**Facility Name:** Heritage Woods/Benton LP

**Address:** 1305 Bailey Lane Benton 62812  
Number City Zip Code

**County:** Franklin

**Telephone Number:** 815-432-4560 **Fax #** 815-432-4562

**Federal Employer ID Number:** \_\_\_\_\_

**Date Current Owners were Certified:** 01/13/05

**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
<b>IRS Exemption Code</b> _____	<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	_____

**In the event there are further questions about this report, please contact:**  
**Name:** Selena Edgington **Telephone Number:** 815-935-1992 EXT 232  
**Email Address:** \_\_\_\_\_

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/11 to 12/31/11 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.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) <u>David J. Mitchell</u>	
	(Title) <u>CFO, BMA Management, LTD.</u>	
<b>Paid Preparer</b>	(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/Benton LP

Report Period Beginning: 01/01/11 Ending: 12/31/11

**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	92	Single Unit Apartment	92	33,580	1
2	8	Double Unit Apartment	8	2,920	2
3		Other			3
4	100	TOTALS	100	36,500	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	26,979	6,329		33,308	5
6	Double Unit					6
7	Other					7
8	TOTALS	26,979	6,329		33,308	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.25%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
493 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 107 (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)

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**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 12/31/11 Fiscal Year: 12/31/11

\* 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/Benton LP

Report Period Beginning:

01/01/11

Ending:

12/31/11

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	211,243	167,119	1,775	380,137		380,137	1
2	Housekeeping, Laundry and Maintenance	97,151		61,775	158,926		158,926	2
3	Heat and Other Utilities			154,168	154,168	(13,906)	140,262	3
4	Other (specify):			7,871	7,871		7,871	4
5	<b>TOTAL General Services</b>	<b>308,394</b>	<b>167,119</b>	<b>225,589</b>	<b>701,102</b>	<b>(13,906)</b>	<b>687,196</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	398,349	2,002		400,351		400,351	6
7	Activities and Social Services	29,873	4,216		34,089		34,089	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>428,222</b>	<b>6,218</b>		<b>434,440</b>		<b>434,440</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	95,874	10,681	266,028	372,583	(16,689)	355,894	10
11	Marketing Materials, Promotions and Advertising	39,985	3,829	32,245	76,059		76,059	11
12	Employee Benefits and Payroll Taxes			214,958	214,958		214,958	12
13	Insurance-Property, Liability and Malpractice			65,822	65,822		65,822	13
14	Other (specify):			40,962	40,962		40,962	14
15	<b>TOTAL General Administration</b>	<b>135,859</b>	<b>14,510</b>	<b>620,015</b>	<b>770,384</b>	<b>(16,689)</b>	<b>753,695</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>872,475</b>	<b>187,847</b>	<b>845,604</b>	<b>1,905,926</b>	<b>(30,595)</b>	<b>1,875,331</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			361,756	361,756		361,756	17
18	Interest			374,345	374,345		374,345	18
19	Real Estate Taxes			177,824	177,824		177,824	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			100,673	100,673		100,673	22
23	<b>TOTAL Ownership</b>			<b>1,014,598</b>	<b>1,014,598</b>		<b>1,014,598</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>872,475</b>	<b>187,847</b>	<b>1,860,202</b>	<b>2,920,524</b>	<b>(30,595)</b>	<b>2,889,929</b>	<b>24</b>

Facility Name: Heritage Woods/Benton LP

Report Period Beginning 01/01/11 Ending: 12/31/11

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 25.37	1
2	Licensed Practical Nurses	1	18.94	2
3	Certified Nurse Assistants	16	9.70	3
4	Activity Director & Assistants	1	14.28	4
5	Social Service Workers			5
6	Head Cook	1	14.59	6
7	Cook Helpers/Assistants	10	8.99	7
8	Dishwashers			8
9	Maintenance Workers	1	17.58	9
10	Housekeepers	3	8.88	10
11	Laundry			11
12	Managers	1	17.05	12
13	Other Administrative	2	12.24	13
14	Clerical			14
15	Marketing	1	17.63	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>37</b>	<b>\$</b>	<b>17</b>

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
<b>Total</b>				<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	BMA Management, LTD	\$ 141,748	1
2			2
<b>Total</b>		<b>\$ 141,748</b>	<b>3</b>

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).

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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	\$ 294,667	28	\$ 289,391	\$ (5,276)	\$ 2,142,084	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Land Improvements			429,303	56,364	15	28,620	(27,744)	236,920	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	\$ 351,031		\$ 318,011	\$ (33,020)	\$ 2,379,004	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	\$ 874,929	\$ 10,725	\$ 174,986	164,261	5	\$ 838,199	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 874,929	\$ 10,725	\$ 174,986	164,261		\$ 838,199	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/Benton LP

Report Period Beginning: 01/01/11

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 88,834	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	610,598		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	46,177		6
7	Other Prepaid Expenses	4,539		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 750,148	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	511,014		13
14	Buildings, at Historical Cost	8,102,940		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	874,929		16
17	Accumulated Depreciation (book methods)	(3,217,202)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	452,518		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(105,588)		20
21	Restricted Funds	684,081		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 7,302,692	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 8,052,840	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 37,615	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	45,087		30
31	Accrued Taxes Payable	177,824		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	63,593		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 324,119	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,852,299		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 6,852,299	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 7,176,418	\$	45
46	<b>TOTAL EQUITY</b>	\$ 876,422	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 8,052,840	\$	47

\*(See instructions.)

Facility Name: Heritage Woods/Benton LP

Report Period Beginning: 01/01/11

Ending:

12/31/11

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,774,924	1
2	Discounts and Allowances	(28,982)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,745,942</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	112,909	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	19,057	8
9	Non-Resident Meals	6,091	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 138,057</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	4,002	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 4,002</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Insurance Adjustments	3,637	15
16	A/P Credit	604	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 4,241</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,892,242</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	701,102	19
20	Health Care/ Personal Care	434,440	20
21	General Administration	770,384	21
<b>B. Capital Expense</b>			
22	Ownership	1,014,598	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 2,920,524</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (28,282)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (28,282)</b>	<b>31</b>

**COST CENTER EXPENSES**

## A. General Services - Other

Exterminating	2,325
Rubbish Removal	4,484
Vehicle Expense	1,062
Transportation Service	-
Water Softener	-
Misc Operating	-
Total	<b>7,871</b>

## C. General Administration - Other

Consulting	-
Legal	316
Accounting	50
Audit	12,885
Contract labor	1,200
Bad Debt	26,511
Total	<b>40,962</b>

## D. Ownership

Letter of Credit	-
Mortgage Insurance Premium	34,301
Mortgage Service Fee	17,331
Partnership Management Fee	2,237
Asset Management Fee	15,293
Incentive Manangement Fee	11,677
Tax Credit Fee & Incentive Fee	2,250
Amortization Expense	15,084
Remarketing and Trustee Fee	-
Property Damage Loss	2,500
Interest Income	
Total	<b>100,673</b>

## Reclassifications and Adjustments

Heat &amp; Other Utilities (13,906) Cable

Administrative and Clerical (16,689) Telephone Revenue

**BALANCE SHEET**

C. Current Liabilities

Accrued Liabilities	15,057
Accrued Asset Mgmt Fee	15,293
Accrued Partnership Fee	2,237
Accrued Incentive Mgmt Fee	-
Unclaimed Property	6,725
Unearned Revenue	24,281
Accrued MIP	
Reservation Deposit	-
<b>Total Other Current Liabilities</b>	<b>63,593</b>