

		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.

<p>I. Facility ID Number: <u>1000004</u></p> <p>Facility Name: <u>Heritage Woods of Centralia LLC</u></p> <p>Address: <u>2049 East McCord</u> <u>Centralia</u> <u>62801</u> <small>Number City Zip Code</small></p> <p>County: <u>Marion</u></p> <p>Telephone Number: (<u>618</u>) <u>532-4590</u> Fax # (<u>532</u>) <u>532-4596</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>01/20/2009</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: Name: <u>Grenshinka Osborne</u> Telephone Number: <u>(815) 935-1992 EXT. 257</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 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>01/01/2011</u> to <u>12/31/2011</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:20%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) <u>David J. Mitchell</u> (Title) <u>CFO, BMA Management, LTD.</u> </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () _____ 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) _____ (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 # () _____
<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 _____																												
Officer or Administrator of Provider	(Signed) _____ (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 # () _____																												

Facility Name: Heritage Woods of Centralia LLC

Report Period Beginning:

01/01/2011

Ending: 12/31/2011

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	213,308	166,466	2,061	381,835		381,835	1
2	Housekeeping, Laundry and Maintenance	86,642	19,215	43,725	149,582		149,582	2
3	Heat and Other Utilities			163,963	163,963	(20,673)	143,290	3
4	Other (specify):			13,919	13,919		13,919	4
5	TOTAL General Services	299,950	185,681	223,668	709,299	(20,673)	688,626	5
B. Health Care and Programs								
6	Health Care/ Personal Care	311,654	1,369		313,023		313,023	6
7	Activities and Social Services	24,329	4,228		28,557		28,557	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	335,983	5,597		341,580		341,580	9
C. General Administration								
10	Administrative and Clerical	81,158	10,030	235,584	326,772	(18,799)	307,973	10
11	Marketing Materials, Promotions and Advertising	42,469	2,268	38,917	83,654		83,654	11
12	Employee Benefits and Payroll Taxes			161,853	161,853		161,853	12
13	Insurance-Property, Liability and Malpractice			39,179	39,179		39,179	13
14	Other (specify):			21,312	21,312		21,312	14
15	TOTAL General Administration	123,627	12,298	496,845	632,770	(18,799)	613,971	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	759,560	203,576	720,513	1,683,649	(39,472)	1,644,177	16
Capital Expenses								
D. Ownership								
17	Depreciation			423,906	423,906		423,906	17
18	Interest			446,485	446,485		446,485	18
19	Real Estate Taxes			50,739	50,739		50,739	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			77,064	77,064		77,064	22
23	TOTAL Ownership			998,194	998,194		998,194	23
24	GRAND TOTAL (Sum of lines 16 and 23)	759,560	203,576	1,718,707	2,681,843	(39,472)	2,642,371	24

Facility Name: Heritage Woods of Centralia LLC

Report Period Beginning 01/01/2011

Ending:

12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 21.38	1
2	Licensed Practical Nurses	1	15.79	2
3	Certified Nurse Assistants	12	9.06	3
4	Activity Director & Assistants	1	11.65	4
5	Social Service Workers			5
6	Head Cook	1	18.12	6
7	Cook Helpers/Assistants	10	8.84	7
8	Dishwashers			8
9	Maintenance Workers	2	13.26	9
10	Housekeepers	3	8.45	10
11	Laundry			11
12	Managers	1	27.02	12
13	Other Administrative			13
14	Clerical	1	14.10	14
15	Marketing	1	12.46	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	
1	BMA Management, LTD.	\$ 131,917	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 Centralia LLC

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 102,538 Year land was acquired 2006

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	74			2008	\$ 8,412,348	\$ 414,572	28	\$ 300,441	\$ (114,131)	\$ 1,877,352	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)				\$ 8,412,348	\$ 414,572		\$ 300,441	\$ (114,131)	\$ 1,877,352	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	\$ 112,551	\$ 9,334	\$ 22,510	13,176	5	\$ 90,374	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 112,551	\$ 9,334	\$ 22,510	13,176		\$ 90,374	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 Centralia LLC

Report Period Beginning: 01/01/2011

Ending: 2/31/2011

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**	YES			NO	Amount of Note				
					Purpose of Loan	Date of Note	Original		Maturity Date			
		A. Directly Facility Related										
		Long-Term										
1		Midland States Bank		X	First Mortgage	11/18/11	\$ 8,099,129	\$ 8,084,091	11/18/16	0.0400	\$ 446,485	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 8,099,129	\$ 8,084,091			\$ 446,485	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 8,099,129	\$ 8,084,091			\$ 446,485	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 Centralia LLC

Report Period Beginning: 01/01/2011

Ending:

12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 48,799	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	535,376		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,144		6
7	Other Prepaid Expenses	3,737		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 603,057	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	102,538		13
14	Buildings, at Historical Cost	8,412,348		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	112,551		16
17	Accumulated Depreciation (book methods)	(1,967,726)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	994,928		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(405,017)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): CIP	2,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,251,622	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,854,679	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 50,128	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	37,819		30
31	Accrued Taxes Payable	105,459		31
32	Accrued Interest Payable	11,674		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SEE ATTACHMENT PG 7	44,722		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 249,802	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,084,091		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)	\$ 8,084,091	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,333,892	\$	45
46	TOTAL EQUITY	\$ (479,213)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,854,679	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Centralia LLC

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	\$ 2,549,571	1
2	Discounts and Allowances	(39,680)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,509,891	3
B. Other Operating Revenue			
4	Special Services	96,305	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	21,616	8
9	Non-Resident Meals	6,672	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 124,593	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	Deposit Fee	250	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 250	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,634,734	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	709,299	19
20	Health Care/ Personal Care	341,580	20
21	General Administration	632,770	21
B. Capital Expense			
22	Ownership	998,194	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)	\$ 2,681,843	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (47,109)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (47,109)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,710
Rubbish Removal	10,369
Vehicle Expense	1,835
Transportation Service	5
Water Softener	
Misc Operating	
Total	13,919

C. General Administration - Other

Consulting	-
Legal	90
Accounting	90
Audit	(5,390)
Contract labor	1,200
Bad Debt	25,322
Total	21,312

D. Ownership

Financing Fees	2,057
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	75,007
Remarketing and Trustee Fee	
Property Damage Loss	
Interest Income	
Total	77,064

Reclassifications and Adjustments

Heat & Other Utilities (20,673) Cable

Administrative and Clerical (18,799) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	6,032
Security Deposit	600
Reservation Deposit	2,200
Unearned Revenue	17,301
Line of Credit	<u>18,589</u>

Total Other Current Liabilities 44,722