

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><b>I. Facility ID Number:</b> <u>1000096</u></p> <p><b>Facility Name:</b> <u>Heritage Woods of Moline SLF, LP</u></p> <p><b>Address:</b> <u>5500 46th Avenue Dr.</u> <u>Moline</u> <u>61265</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Rock Island</u></p> <p><b>Telephone Number:</b> <u>309-736-5655</u> <b>Fax #</b> <u>309-736-5651</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>11/17/08</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> _____</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>	<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	_____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/11</u> to <u>12/31/11</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%;"><b>Officer or Administrator of Provider</b></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><b>Paid Preparer</b></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 &amp; Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) ( ) _____</td> <td>Fax # ( ) _____</td> </tr> </table>	<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 # ( ) _____
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	(Telephone) ( ) _____	Fax # ( ) _____																																												
<p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Selena Edgington</u> <b>Telephone Number:</b> <u>815-935-1992 EXT 232</u>  <b>Email Address:</b> _____</p>	<p align="center"><b>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</b></p>																																													



Facility Name: Heritage Woods of Moline SLF, 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	229,390	182,010	2,112	413,512		413,512	1
2	Housekeeping, Laundry and Maintenance	104,346	19,786	57,124	181,256		181,256	2
3	Heat and Other Utilities			104,447	104,447	(21,468)	82,979	3
4	Other (specify):			19,380	19,380		19,380	4
5	<b>TOTAL General Services</b>	333,736	201,796	183,063	718,595	(21,468)	697,127	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	369,152	2,067		371,219		371,219	6
7	Activities and Social Services	25,534	5,815		31,349		31,349	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	394,686	7,882		402,568		402,568	9
<b>C. General Administration</b>								
10	Administrative and Clerical	159,110	12,823	281,472	453,405	(24,157)	429,248	10
11	Marketing Materials, Promotions and Advertising	49,649	7,095	50,366	107,110		107,110	11
12	Employee Benefits and Payroll Taxes			203,890	203,890		203,890	12
13	Insurance-Property, Liability and Malpractice			40,096	40,096		40,096	13
14	Other (specify):			47,737	47,737		47,737	14
15	<b>TOTAL General Administration</b>	208,759	19,918	623,561	852,238	(24,157)	828,081	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	937,181	229,596	806,624	1,973,401	(45,625)	1,927,776	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			500,937	500,937		500,937	17
18	Interest			643,775	643,775		643,775	18
19	Real Estate Taxes			86,493	86,493		86,493	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			541,489	541,489		541,489	22
23	<b>TOTAL Ownership</b>			1,772,694	1,772,694		1,772,694	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	937,181	229,596	2,579,318	3,746,095	(45,625)	3,700,470	24

Facility Name: Heritage Woods of Moline SLF, 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	\$ 24.64	1
2	Licensed Practical Nurses	1	18.14	2
3	Certified Nurse Assistants	9	14.13	3
4	Activity Director & Assistants	1	12.22	4
5	Social Service Workers			5
6	Head Cook	1	17.10	6
7	Cook Helpers/Assistants	10	8.92	7
8	Dishwashers			8
9	Maintenance Workers	1	16.45	9
10	Housekeepers	4	8.92	10
11	Laundry			11
12	Managers	1	32.36	12
13	Other Administrative	3	15.42	13
14	Clerical			14
15	Marketing	1	22.25	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>34</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	\$ 171,147	1
2			2
<b>Total</b>		<b>\$ 171,147</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).

Facility Name: Heritage Woods of Moline SLF, LP

Report Period Beginning:

01/01/11

Ending:

12/31/11

VIII. OWNERSHIP COSTS

A. Purchase price of land 158,031 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	99			2008	\$ 11,235,240	\$ 408,554	28	\$ 401,259	\$ (7,295)	\$ 1,540,751	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Land Improvements			265,361	20,522	15	17,691	(2,831)	80,793	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)				\$ 11,500,601	\$ 429,076		\$ 418,949	\$ (10,127)	\$ 1,621,544	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	\$ 623,790	\$ 71,861	\$ 124,758	52,897	5	\$ 516,000	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 623,790	\$ 71,861	\$ 124,758	52,897		\$ 516,000	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 Moline SLF, LP

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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	\$ 158,535	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	544,621		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,691		6
7	Other Prepaid Expenses	1,876		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>	\$ 733,723	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	423,392		13
14	Buildings, at Historical Cost	11,235,240		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	623,790		16
17	Accumulated Depreciation (book methods)	(2,137,544)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	544,051		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(72,200)		20
21	Restricted Funds	1,748,434		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>	\$ 12,365,163	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 13,098,886	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 32,463	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	45,939		30
31	Accrued Taxes Payable	90,409		31
32	Accrued Interest Payable	53,125		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	533,323		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 755,259	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,625,000		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>	\$ 10,625,000	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 11,380,259	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,718,627	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 13,098,886	\$	47

\*(See instructions.)

Facility Name: Heritage Woods of Moline SLF, LP

Report Period Beginning: 01/01/11

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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	\$ 3,255,433	1
2	Discounts and Allowances	(3,916)	2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 3,251,517	3
<b>B. Other Operating Revenue</b>			
4	Special Services	121,269	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	19,320	8
9	Non-Resident Meals	10,100	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 150,689	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	160	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 160	14
<b>D. Other Revenue (specify):</b>			
15	Deposit Revenue/Vending	356	15
16	Insurance Dividend	729	16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 1,085	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 3,403,451	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	718,595	19
20	Health Care/ Personal Care	402,568	20
21	General Administration	852,238	21
<b>B. Capital Expense</b>			
22	Ownership	1,772,694	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</b> (sum of lines 19 thru 27)	\$ 3,746,095	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (342,644)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (342,644)	31

**COST CENTER EXPENSES**

## A. General Services - Other

Exterminating	2,111
Rubbish Removal	8,861
Vehicle Expense	8,374
Transportation Service	-
Water Softener	-
Misc Operating	34
<b>Total</b>	<b>19,380</b>

## C. General Administration - Other

Consulting	19,075
Legal	2,105
Accounting	100
Audit	10,585
Contract labor	1,200
Bad Debt	14,672
<b>Total</b>	<b>47,737</b>

## D. Ownership

Letter of Credit	-
Bond & Draw Fee	3,907
Mortgage Service Fee	-
Partnership Management Fee	50,000
Asset Management Fee	5,004
Incentive Manangement Fee	458,471
Tax Credit Fee & Incentive Fee	1,975
Amortization Expense	19,632
Remarketing and Trustee Fee	-
Property Damage Loss	2,500
Interest Income	-
<b>Total</b>	<b>541,489</b>

## Reclassifications and Adjustments

Heat & Other Utilities (21,468) Cable

Administrative and Clerical (24,157) Telephone Revenue

**BALANCE SHEET**

C. Current Liabilities

Accrued Liabilities	10,655
Accrued Asset Mgmt Fee	-
Accrued Partnership Fee	50,000
Accrued Incentive Mgmt Fee	458,471
Security Deposits	
Unearned Revenue	14,142
Accrued MIP	
Reservation Deposit	
Unclaimed Property	55
<b>Total Other Current Liabilities</b>	<b>533,323</b>