

		FOR BHF USE			

LL2

Supportive Living Facility

2010

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2010)

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: 1000096

Facility Name: Heritage Woods of Moline

Address: 5500 46th Avenue Drive Moline 61265

Number City Zip Code

County: Rock Island

Telephone Number: 309-736-5655 Fax # 309-736-5651

Federal Employer ID Number:

Date Current Owners were Certified: 11-17-08

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☒	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:

Name: Selena Edgington Telephone Number: 815-935-1992

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 01/01/2010 to 12/31/2010 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.

Officer or Administrator of Provider	(Signed)		(Date)
	(Type or Print Name)	David J. Mitchell	
	(Title)	CFO, BMA Management, LTD.	
Paid Preparer	(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 of Moline

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	99	Single Unit Apartment	99	36,135
2		Double Unit Apartment		
3		Other		
4	99	TOTALS	99	36,135

B. Census-For the entire report period.

1	2	3	4	5	
Type of Unit	Resident Days by Unit and Primary Source of Payment				
	Medicaid Recipient	Private Pay	Other	Total	
5 Single Unit	20,652	14,352		35,004	5
6 Double Unit					6
7 Other					7
8 TOTALS	20,652	14,352		35,004	8

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

96.87%

D. Indicate the number of paid bed-hold days the SLF had during this year

361

Also, indicate the number of unpaid bed-hold days the SLF had during this year.

81

(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)

NONE

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year?

☒ YES ☐ NO

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding?

NO

If yes, did the facility make all of the required payments of interest and principle?

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.

HFS 3745C (N-4-05)

IL478-2471

Facility Name: Heritage Woods of Moline

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	222,971	174,630	2,217	399,818		399,818	1
2	Housekeeping, Laundry and Maintenance	103,899	21,983	50,987	176,869		176,869	2
3	Heat and Other Utilities			99,348	99,348	(20,820)	78,528	3
4	Other (specify):			15,234	15,234		15,234	4
5	TOTAL General Services	326,870	196,613	167,786	691,269	(20,820)	670,449	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	412,341	1,599		413,940		413,940	6
7	Activities and Social Services	22,907	4,717		27,624		27,624	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	435,248	6,316		441,564		441,564	9
	C. General Administration							
10	Administrative and Clerical	165,867	13,043	272,516	451,426	(22,807)	428,619	10
11	Marketing Materials, Promotions and Advertising	46,726	4,871	52,706	104,303		104,303	11
12	Employee Benefits and Payroll Taxes			239,495	239,495		239,495	12
13	Insurance-Property, Liability and Malpractice			39,573	39,573		39,573	13
14	Other (specify):			53,359	53,359		53,359	14
15	TOTAL General Administration	212,593	17,914	657,649	888,156	(22,807)	865,349	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	974,711	220,843	825,435	2,020,989	(43,627)	1,977,362	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			551,110	551,110		551,110	17
18	Interest			652,200	652,200		652,200	18
19	Real Estate Taxes			88,752	88,752		88,752	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			549,496	549,496		549,496	22
23	TOTAL Ownership			1,841,558	1,841,558		1,841,558	23
24	GRAND TOTAL (Sum of lines 16 and 23)	974,711	220,843	2,666,993	3,862,547	(43,627)	3,818,920	24

Facility Name: Heritage Woods of Moline

Report Period Beginning 01/01/2010 Ending: 12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 27.19	1
2	Licensed Practical Nurses	2	19.62	2
3	Certified Nurse Assistants	16	9.48	3
4	Activity Director & Assistants	1	11.83	4
5	Social Service Workers			5
6	Head Cook	1	12.31	6
7	Cook Helpers/Assistants	10	8.74	7
8	Dishwashers			8
9	Maintenance Workers	1	16.85	9
10	Housekeepers	4	8.77	10
11	Laundry			11
12	Managers	1	33.05	12
13	Other Administrative	3	15.23	13
14	Clerical			14
15	Marketing	1	0.24	15
16	Other			16
17	Total (lines 1 thru 16)	39	\$	17

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).

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.	\$ 166,414	1
2			2
Total		\$ 166,414	3

Facility Name: Heritage Woods of Moline Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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)	\$ 1,132,197	1
2											2
3											3
4											4
5											5
6	Improvement Type										
6	Land Improvements				265,361	22,788	15	17,691	(5,097)	60,271	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	\$ 431,342		\$ 418,949	\$ (12,393)	\$ 1,192,468	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	\$ 119,768	\$ 124,758	4,990	5	\$ 444,139	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 623,790	\$ 119,768	\$ 124,758	4,990		\$ 444,139	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 Report Period Beginning: 01/01/2010 Ending: 2/31/2010

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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		YES NO
3	Original Building			/ /	\$			3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	
									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	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	AMALGAMATED		X	FIRST MORTGAGE/BOND	12/14/06	\$ 10,870,000	\$ 10,750,000	12/1/41	0.0600	\$ 652,200	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,870,000	\$ 10,750,000			\$ 652,200	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 10,870,000	\$ 10,750,000			\$ 652,200	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 Moline

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 144,290	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	168,052		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,425		6
7	Other Prepaid Expenses	1,669		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 341,436	\$	10
	B. Long-Term Assets			
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)	(1,636,607)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	544,051		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(52,568)		20
21	Restricted Funds	2,215,845		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,353,143	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,694,579	\$	25

*(See instructions.)

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 33,665	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	44,853		30
31	Accrued Taxes Payable	90,019		31
32	Accrued Interest Payable	54,350		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	607,533		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 830,420	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	10,750,000		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)	\$ 10,750,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,580,420	\$	45
46	TOTAL EQUITY	\$ 2,114,159	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 13,694,579	\$	47

Facility Name: Heritage Woods of Moline

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

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	\$ 3,238,085	1
2	Discounts and Allowances	(17,251)	2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 3,220,834	3
	B. Other Operating Revenue		
4	Special Services	113,628	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	14,741	8
9	Non-Resident Meals	10,592	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 138,961	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,437	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 1,437	14
	D. Other Revenue (specify):		
15	Property Tax Adjustment	33,442	15
16	Insurance Adjustment	2,205	16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 35,647	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,396,879	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	691,269	19
20	Health Care/ Personal Care	441,564	20
21	General Administration	888,156	21
	B. Capital Expense		
22	Ownership	1,841,558	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 3,862,547	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (465,668)	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (465,668)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	2,546
Rubbish Removal	7,129
Vehicle Expense	5,162
Transportation Service	-
Misc Operating Expenses	397
Total	15,234

C. General Administration - Other

Consulting	20,770
Legal	2,838
Accounting	-
Audit	10,340
Contract labor	1,000
Bad Debt	18,411
Total	53,359

D. Ownership

Assessment Income	-
Bond and Draw Fee	4,205
Mortgage Insurance Premium	-
Partnership Management Fee	50,000
Asset Management Fee	5,004
Incentive Manangement Fee	468,680
Tax Credit Fee & Incentive Fee	1,975
Amortization Expense	19,632
Business Interruption	-
Property Damage Loss	-
Total	549,496

Reclassifications and Adjustments

Heat & Other Utilities (20,820) Cable

Administrative and Clerical (22,807) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	9,299
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	100,000
Accrued Incentive Mgmt Fee	475,995
Accrued Developer Fee	854
Unearned Revenue	21,285
Accrued MIP	
Reservation Deposit	100
Total Other Current Liabilities	607,533