

		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

NumberCityZip 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:

☐ 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 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.

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

HFS 3745C (N-4-05)

IL478-2471

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	<u>92</u>	Single Unit Apartment	<u>92</u>	<u>33,580</u>	1
2	<u>8</u>	Double Unit Apartment	<u>8</u>	<u>2,920</u>	2
3		Other			3
4	<u>100</u>	TOTALS	<u>100</u>	<u>36,500</u>	4

B. Census-For the entire report period.

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

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. _____

STATE OF ILLINOIS

Page 3

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			
	A. General Services							
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	TOTAL General Services	308,394	167,119	225,589	701,102	(13,906)	687,196	5
	B. Health Care and Programs							
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	TOTAL Health Care and Programs	428,222	6,218		434,440		434,440	9
	C. General Administration							
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	TOTAL General Administration	135,859	14,510	620,015	770,384	(16,689)	753,695	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	872,475	187,847	845,604	1,905,926	(30,595)	1,875,331	16
	Capital Expenses							
	D. Ownership							
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	TOTAL Ownership			1,014,598	1,014,598		1,014,598	23
24	GRAND TOTAL (Sum of lines 16 and 23)	872,475	187,847	1,860,202	2,920,524	(30,595)	2,889,929	24

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	Total (lines 1 thru 16)	37	\$	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? \$

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	\$ 141,748	1
2			2
Total		\$ 141,748	3

Facility Name: Heritage Woods/Benton LP Report Period Beginning: 01/01/11 Ending: 12/31/11

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
	Improvement Type										
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

Ending: 12/31/11

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	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	IHDA		X	First Mortgage	12/20/02	\$ 7,730,000	\$ 6,698,350	2/1/35	0.0540	\$ 374,345	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,730,000	\$ 6,698,350			\$ 374,345	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,730,000	\$ 6,698,350			\$ 374,345	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/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 Operating	2 After Consolidation*	
	A. Current Assets			
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	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 750,148	\$	10
	B. Long-Term Assets			
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	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,302,692	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,052,840	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
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
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	63,593		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 324,119	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,852,299		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)	\$ 6,852,299	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,176,418	\$	45
46	TOTAL EQUITY	\$ 876,422	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 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.)

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,774,924	1
2	Discounts and Allowances	(28,982)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,745,942	3
	B. Other Operating Revenue		
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	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 138,057	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	4,002	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 4,002	14
	D. Other Revenue (specify):		
15	Insurance Adjustments	3,637	15
16	A/P Credit	604	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,241	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,892,242	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	701,102	19
20	Health Care/ Personal Care	434,440	20
21	General Administration	770,384	21
	B. Capital Expense		
22	Ownership	1,014,598	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)	\$ 2,920,524	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (28,282)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (28,282)	31

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	7,871

C. General Administration - Other

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

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	100,673

Reclassifications and Adjustments

Heat & 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	-
Total Other Current Liabilities	63,593