

		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: 1000078

Facility Name: Heritage Woods of Mt. Vernon, LLC

Address: 1033 S. 42nd St. Mt. Vernon 62864
Number City Zip Code

County: Jefferson

Telephone Number: 618-241-9518 Fax # 618-241-9516

Federal Employer ID Number: _____

Date Current Owners were Certified: 10/09/07

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☐ Charitable Corp.
☐ Trust

IRS Exemption Code _____

☐ PROPRIETARY
☐ Individual
☐ Partnership
☐ Corporation
☐ "Sub-S" Corp.
☒ Limited Liability Co.
☐ Trust
☐ Other _____

☐ GOVERNMENTAL
☐ State
☐ County
☐ 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

Facility Name Heritage Woods of Mt. Vernon, LLC

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>66</u>	Single Unit Apartment	<u>66</u>	<u>24,090</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>66</u>	TOTALS	<u>66</u>	<u>24,090</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>16,048</u>	<u>7,552</u>		<u>23,600</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>16,048</u>	<u>7,552</u>		<u>23,600</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 97.97%

D. Indicate the number of paid bed-hold days the SLF had during this year
250 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. none (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? 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. _____

STATE OF ILLINOIS

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Facility Name: Heritage Woods of Mt. Vernon, LLC

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	157,538	118,633	2,196	278,367		278,367	1
2	Housekeeping, Laundry and Maintenance	57,896	9,281	29,550	96,727		96,727	2
3	Heat and Other Utilities			97,489	97,489	(13,777)	83,712	3
4	Other (specify):			7,033	7,033		7,033	4
5	TOTAL General Services	215,434	127,914	136,268	479,616	(13,777)	465,839	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	249,316	2,213		251,529		251,529	6
7	Activities and Social Services	25,705	2,925		28,630		28,630	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	275,021	5,138		280,159		280,159	9
	C. General Administration							
10	Administrative and Clerical	86,677	8,768	349,867	445,312	(12,226)	433,086	10
11	Marketing Materials, Promotions and Advertising	25,483	1,167	13,776	40,426		40,426	11
12	Employee Benefits and Payroll Taxes			141,195	141,195		141,195	12
13	Insurance-Property, Liability and Malpractice			23,287	23,287		23,287	13
14	Other (specify):			19,601	19,601		19,601	14
15	TOTAL General Administration	112,160	9,935	547,726	669,821	(12,226)	657,595	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	602,615	142,987	683,994	1,429,596	(26,003)	1,403,593	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			190,891	190,891		190,891	17
18	Interest			182,687	182,687		182,687	18
19	Real Estate Taxes			1,665	1,665		1,665	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			43,173	43,173		43,173	22
23	TOTAL Ownership			418,416	418,416		418,416	23
24	GRAND TOTAL (Sum of lines 16 and 23)	602,615	142,987	1,102,410	1,848,012	(26,003)	1,822,009	24

Facility Name: Heritage Woods of Mt. Vernon, LLC

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	\$ 20.61	1
2	Licensed Practical Nurses	1	16.11	2
3	Certified Nurse Assistants	10	9.03	3
4	Activity Director & Assistants	1	12.31	4
5	Social Service Workers			5
6	Head Cook	1	12.50	6
7	Cook Helpers/Assistants	7	8.97	7
8	Dishwashers			8
9	Maintenance Workers	1	15.94	9
10	Housekeepers			10
11	Laundry			11
12	Managers	1	29.88	12
13	Other Administrative	1	12.14	13
14	Clerical			14
15	Marketing	1	23.29	15
16	Other			16
17	Total (lines 1 thru 16)	24	\$	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	\$ 100,026	1
2			2
Total		\$ 100,026	3

Facility Name: Heritage Woods of Mt. Vernon, LLC Report Period Beginning: 01/01/11 Ending: 12/31/11

VIII. OWNERSHIP COSTS N/A - LEASED

A. Purchase price of land Year land was acquired

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					\$	\$		\$	\$	\$	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)				\$	\$		\$	\$	\$	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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 Mt. Vernon, LLC

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Heritage Woods of Mt Vernon II LLC

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	2007	66	/ /	\$ 188,486	30		3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		66		\$ 188,486			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					/ /	\$		/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Midland States Bank		X	Line of Credit	11/1/11	430,000	45,520	11/1/12	0.0424	367	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 430,000	\$ 45,520			\$ 367	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 430,000	\$ 45,520			\$ 367	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.

STATE OF ILLINOIS

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Facility Name: Heritage Woods of Mt. Vernon, LLC

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	\$ (6,118)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	327,527		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,753		6
7	Other Prepaid Expenses	2,810		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 332,972	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	50,160		16
17	Accumulated Depreciation (book methods)	(47,271)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	153,928		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(46,179)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 110,638	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 443,610	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 14,082	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	45,520		29
30	Accrued Salaries Payable	29,200		30
31	Accrued Taxes Payable	1,817		31
32	Accrued Interest Payable	236		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	16,733		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 107,588	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 107,588	\$	45
46	TOTAL EQUITY	\$ 336,022	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 443,610	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Mt. Vernon, LLC

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	\$ 1,911,762	1
2	Discounts and Allowances	(301)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,911,461	3
	B. Other Operating Revenue		
4	Special Services	77,728	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	9,972	8
9	Non-Resident Meals	3,735	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 91,435	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 Fees	200	15
16	Insurance Dividend	2,934	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,134	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,006,030	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	479,616	19
20	Health Care/ Personal Care	280,159	20
21	General Administration	669,821	21
	B. Capital Expense		
22	Ownership	418,416	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)	\$ 1,848,012	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 158,018	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 158,018	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,020
Rubbish Removal	3,371
Vehicle Expense	2,642
Transportation Service	-
Water Softener	-
Misc Operating	-
Total	7,033

C. General Administration - Other

Consulting	-
Legal	4,959
Accounting	1,175
Audit	3,919
Contract labor	1,200
Bad Debt	8,348
Total	19,601

D. Ownership

Financing Fees	1,000
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	37,173
Remarketing and Trustee Fee	
Property Damage Loss	5,000
Interest Income	
Total	43,173

Reclassifications and Adjustments

Heat & Other Utilities (13,777) Cable

Administrative and Clerical (12,226) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	8,155
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Unclaimed Property	8
Security Deposits	
Unearned Revenue	7,170
Accrued MIP	
Reservation Deposit	1,400
Total Other Current Liabilities	16,733