

		FOR BHF USE			

LL2

Supportive Living Facility

2012

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2012)

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
		☐	Corporation	☐	Other _____
		☐	"Sub-S" Corp.		_____
		☐	Limited Liability Co.		_____
		☐	Trust		_____
		☐	Other		_____

IRS Exemption Code _____

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 01/01/12 to 12/31/12 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) _____ 4/29/2013
(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: 01/01/12 Ending: 12/31/12

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>99</u>	Single Unit Apartment	<u>99</u>	<u>36,234</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>99</u>	TOTALS	<u>99</u>	<u>36,234</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>18,645</u>	<u>16,535</u>		<u>35,180</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>18,645</u>	<u>16,535</u>		<u>35,180</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.09%

D. Indicate the number of paid bed-hold days the SLF had during this year 372 Also, indicate the number of unpaid bed-hold days the SLF had during this year. (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: 2012 Fiscal Year: 2012

* 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

Page 3

Facility Name: Heritage Woods of Moline

Report Period Beginning:

01/01/12

Ending:

12/31/12

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	226,461	181,061	2,134	409,656		409,656	1
2	Housekeeping, Laundry and Maintenance	105,446	23,847	49,404	178,697		178,697	2
3	Heat and Other Utilities			111,430	111,430	(20,940)	90,490	3
4	Other (specify):			20,336	20,336		20,336	4
5	TOTAL General Services	331,907	204,908	183,304	720,119	(20,940)	699,179	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	364,263	2,002		366,265		366,265	6
7	Activities and Social Services	26,172	4,619		30,791		30,791	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	390,435	6,621		397,056		397,056	9
	C. General Administration							
10	Administrative and Clerical	163,947	11,737	285,283	460,967	(22,410)	438,557	10
11	Marketing Materials, Promotions and Advertising	43,350	10,121	54,703	108,174		108,174	11
12	Employee Benefits and Payroll Taxes			212,013	212,013		212,013	12
13	Insurance-Property, Liability and Malpractice			41,195	41,195		41,195	13
14	Other (specify):			54,487	54,487		54,487	14
15	TOTAL General Administration	207,297	21,858	647,681	876,836	(22,410)	854,426	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	929,639	233,387	830,985	1,994,011	(43,350)	1,950,661	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			498,885	498,885		498,885	17
18	Interest			636,825	636,825		636,825	18
19	Real Estate Taxes			87,234	87,234		87,234	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			555,022	555,022		555,022	22
23	TOTAL Ownership			1,777,966	1,777,966		1,777,966	23
24	GRAND TOTAL (Sum of lines 16 and 23)	929,639	233,387	2,608,951	3,771,977	(43,350)	3,728,627	24

Facility Name: Heritage Woods of Moline

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

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 24.71	1
2	Licensed Practical Nurses	1	18.50	2
3	Certified Nurse Assistants	14	9.34	3
4	Activity Director & Assistants	1	12.54	4
5	Social Service Workers			5
6	Head Cook	1	16.07	6
7	Cook Helpers/Assistants	10	9.01	7
8	Dishwashers			8
9	Maintenance Workers	1	16.41	9
10	Housekeepers	4	9.08	10
11	Laundry			11
12	Managers	1	34.01	12
13	Other Administrative	2	13.80	13
14	Clerical	1	20.16	14
15	Marketing	1	24.20	15
16	Other			16
17	Total (lines 1 thru 16)	38	\$	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	\$ 170,530	1
2			2
Total		\$ 170,530	3

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				2008	\$ 11,235,240	\$ 408,555	28	\$ 401,259	\$ (7,296)	\$ 1,949,306	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				265,361	18,470	15	17,691	(779)	99,263	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	\$ 427,025		\$ 418,949	\$ (8,076)	\$ 2,048,569	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	\$ 587,860	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 623,790	\$ 71,861	\$ 124,758	52,897		\$ 587,860	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: 01/01/12

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

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	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.
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

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	\$ 10,490,000	12/1/41	0.0600	\$ 636,825	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,870,000	\$ 10,490,000			\$ 636,825	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 10,870,000	\$ 10,490,000			\$ 636,825	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: 01/01/12

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12/31/12

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 210,567	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	556,880		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	29,921		6
7	Other Prepaid Expenses	6,466		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 803,834	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	158,031		13
14	Buildings, at Historical Cost	11,235,240		14
15	Leasehold Improvements, at Historical Cost	265,361		15
16	Equipment, at Historical Cost	623,790		16
17	Accumulated Depreciation (book methods)	(2,636,429)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	544,051		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(91,832)		20
21	Restricted Funds	1,840,405		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,938,617	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,742,451	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 45,022	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	46,230		30
31	Accrued Taxes Payable	90,988		31
32	Accrued Interest Payable	52,450		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	586,249		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 820,939	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,490,000		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)	\$ 10,490,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,310,939	\$	45
46	TOTAL EQUITY	\$ 1,431,512	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,742,451	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Moline

Report Period Beginning: 01/01/12

Ending:

12/31/12

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	\$ 3,369,390	1
2	Discounts and Allowances	(3,292)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,366,098	3
	B. Other Operating Revenue		
4	Special Services	121,753	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	20,990	8
9	Non-Resident Meals	10,167	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 152,910	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	16,795	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 16,795	14
	D. Other Revenue (specify):		
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,535,803	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	720,119	19
20	Health Care/ Personal Care	397,056	20
21	General Administration	876,836	21
	B. Capital Expense		
22	Ownership	1,777,966	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)	\$ 3,771,977	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (236,174)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (236,174)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	2,428
Rubbish Removal	10,877
Vehicle Expense	6,481
Transportation Service	
Window washing	550
Misc Operating	
Total	20,336

C. General Administration - Other

Consulting	24,750
Legal	2,208
Accounting	90
Audit	10,785
Contract labor	1,200
Bad Debt	
Total	39,033

D. Ownership

Financing Fees	5,000
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	50,000
Asset Management Fee	5,004
Incentive Manangement Fee	467,711
Tax Credit Fee & Incentive Fee	1,975
Amortization Expense	19,632

Bond and Draw fee	3,200
Property Damage Loss	2,500
Interest Income	

Total	555,022
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Reclassifications and Adjustments

Heat & Other Utilities	(20,940) Cable
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Administrative and Clerical	(22,410) Telephone Revenue
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BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	26,947
Asset Management Fees	
Partnership Management Fees	50,000
Accrued Incentive Mgmt Fee	467,711
Unclaimed Property	55
Unearned Revenue	41,536
Accrued Developer Fee	
Reservation Deposit	

Total Other Current Liabilities 586,249