

		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: 1000078

Facility Name: Heritage Woods of Mt. Vernon

Address: 1033 S. 42nd Street Mt. Vernon 62864

NumberCityZip 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
 ☐ PROPRIETARY
 ☐ GOVERNMENTAL

☐ Charitable Corp.
 ☐ Individual
 ☐ State

☐ Trust
 ☐ Partnership
 ☐ County

IRS Exemption Code _____
 ☐ Corporation
 ☐ Other _____

☒ 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 01/01/12 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

(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

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

A. Certified units; enter number of units and unit days

E. Does page 3 include expenses for services or investments not directly related to SLF services?

F. Does the BALANCE SHEET reflect any non-SLF assets?

**G. List all services provided by your facility for non-residents.
(E.g., day care, "meals on wheels", outpatient therapy)**

H. ACCOUNTING BASIS

ACCUAL	☒	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.

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	98.19%
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D. Indicate the number of paid bed-hold days the SLF had during this year
212 Also, indicate the number of unpaid bed-hold days the SLF
 had during this year. 7 **(Do not include bed-hold days in Section B.)**

STATE OF ILLINOIS

Page 3

Facility Name: Heritage Woods of Mt. Vernon

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	158,446	118,467	2,098	279,011		279,011	1
2	Housekeeping, Laundry and Maintenance	62,819	10,424	27,850	101,093		101,093	2
3	Heat and Other Utilities			82,561	82,561	(15,808)	66,753	3
4	Other (specify):			6,912	6,912		6,912	4
5	TOTAL General Services	221,265	128,891	119,421	469,577	(15,808)	453,769	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	251,540	1,884		253,424		253,424	6
7	Activities and Social Services	26,543	3,479		30,022		30,022	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	278,083	5,363		283,446		283,446	9
	C. General Administration							
10	Administrative and Clerical	74,062	15,428	612,353	701,843	(13,110)	688,733	10
11	Marketing Materials, Promotions and Advertising	18,498	4,299	12,959	35,756		35,756	11
12	Employee Benefits and Payroll Taxes			151,117	151,117		151,117	12
13	Insurance-Property, Liability and Malpractice			18,230	18,230		18,230	13
14	Other (specify):			7,861	7,861		7,861	14
15	TOTAL General Administration	92,560	19,727	802,520	914,807	(13,110)	901,697	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	591,908	153,981	921,941	1,667,830	(28,918)	1,638,912	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			2,889	2,889		2,889	17
18	Interest			1,608	1,608		1,608	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			10,262	10,262		10,262	22
23	TOTAL Ownership			14,759	14,759		14,759	23
24	GRAND TOTAL (Sum of lines 16 and 23)	591,908	153,981	936,700	1,682,589	(28,918)	1,653,671	24

Facility Name: Heritage Woods of Mt. Vernon

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	\$ 20.99	1
2	Licensed Practical Nurses	1	16.65	2
3	Certified Nurse Assistants	10	9.14	3
4	Activity Director & Assistants	1	12.68	4
5	Social Service Workers			5
6	Head Cook	2	11.39	6
7	Cook Helpers/Assistants	6	8.95	7
8	Dishwashers			8
9	Maintenance Workers	1	15.95	9
10	Housekeepers	2	9.28	10
11	Laundry			11
12	Managers	1	28.63	12
13	Other Administrative			13
14	Clerical	1	15.47	14
15	Marketing	1	17.67	15
16	Other			16
17	Total (lines 1 thru 16)	27	\$	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	\$ 97,785	1
2			2
Total		\$ 97,785	3

VIII. OWNERSHIP COSTS

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

Report Period Beginning: 01/01/12

Ending: 12/31/12

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building	2007	66	7/1/2011 / /	\$ 451952	30		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					/ /	\$		/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Midland States Bank		X	Line of Credit	11/1/11	430,000		11/1/12	0.0424	1,608	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 430,000	\$			\$ 1,608	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 430,000	\$			\$ 1,608	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 Mt. Vernon

Report Period Beginning: 01/01/12

Ending:

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	\$ 36,554	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	384,504		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,904		6
7	Other Prepaid Expenses	4,532		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 441,494	\$	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			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	153,928		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(56,441)		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)	\$ 97,487	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 538,981	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 14,713	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,154		30
31	Accrued Taxes Payable			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	21,143		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 69,010	\$	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)	\$ 69,010	\$	45
46	TOTAL EQUITY	\$ 469,971	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 538,981	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Mt. Vernon

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	\$ 1,929,646	1
2	Discounts and Allowances	(2,151)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,927,495	3
	B. Other Operating Revenue		
4	Special Services	73,924	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	8,120	8
9	Non-Resident Meals	3,000	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 85,044	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			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)	\$ 2,012,539	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	469,577	19
20	Health Care/ Personal Care	283,446	20
21	General Administration	914,807	21
	B. Capital Expense		
22	Ownership	14,759	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)	\$ 1,682,589	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 329,950	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 329,950	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	935
Rubbish Removal	3,778
Vehicle Expense	2,199
Transportation Service	
Water Softener	
Misc Operating	
Total	6,912

C. General Administration - Other

Consulting	574
Legal	279
Accounting	90
Audit	3,375
Contract labor	1,200
Bad Debt	2,343
Total	7,861

D. Ownership

Letter of Credit	
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	10,262

Remarketing and Trustee Fee
Property Damage Loss
Interest Income

Total	10,262
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Reclassifications and Adjustments

Heat & Other Utilities	(15,808) Cable
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Administrative and Clerical	(13,110) Telephone Revenue
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BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	8,009
Accrued Asset Mgmt Fee	-
Accrued Partnership Fee	-
Accrued Incentive Mgmt Fee	-
Unclaimed Property	8
Unearned Revenue	11,726
Accrued MIP	
Reservation Deposit	1,400

Total Other Current Liabilities 21,143