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: 1000003

Facility Name: Heritage Woods of Flora

Address: 1003 West 4th Street (Number) Flora (City) 62839 (Zip Code)

County: Clay

Telephone Number: 618-662-4599 **Fax #** 618-662-6179

Federal Employer ID Number:

Date Current Owners were Certified: 10-25-07

Type of Ownership:

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

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 # ( )

In the event there are further questions about this report, please contact:
Name: Selena Edgington **Telephone Number:** 815-935-1992
Email Address:

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 Flora 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 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	52	Single Unit Apartment	52	18,980	1
2		Double Unit Apartment			2
3		Other			3
4	52	TOTALS	52	18,980	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	9,831	8,718		18,549	5
6	Double Unit					6
7	Other					7
8	TOTALS	9,831	8,718		18,549	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.73%

D. Indicate the number of paid bed-hold days the SLF had during this year 176 **Also, indicate the number of unpaid bed-hold days the SLF had during this y** zero **(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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

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 [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] 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. _____

Facility Name: Heritage Woods of Flora **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 Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclassifications and Adjustments 5	Adjusted Total 6	
	A. General Services							
1	Dietary and Food Purchase	142,682	96,805	1,804	241,291		241,291	1
2	Housekeeping, Laundry and Maintenance	52,304	12,040	95,233	159,577		159,577	2
3	Heat and Other Utilities			3,724	3,724	(3,892)	(168)	3
4	Other (specify):			4,396	4,396		4,396	4
5	**TOTAL General Services**	194,986	108,845	105,157	408,988	(3,892)	405,096	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	187,650	1,087		188,737		188,737	6
7	Activities and Social Services		2,784		2,784		2,784	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	187,650	3,871		191,521		191,521	9
	C. General Administration							
10	Administrative and Clerical	72,004	6,621	481,131	559,756	(13,170)	546,586	10
11	Marketing Materials, Promotions and Advertising	27,582	3,392	17,758	48,732		48,732	11
12	Employee Benefits and Payroll Taxes			142,020	142,020		142,020	12
13	Insurance-Property, Liability and Malpractice			6,467	6,467		6,467	13
14	Other (specify):			5,419	5,419		5,419	14
15	**TOTAL General Administration**	99,586	10,013	652,795	762,394	(13,170)	749,224	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	482,222	122,729	757,952	1,362,903	(17,062)	1,345,841	16
	Capital Expenses							
	D. Ownership							
17	Depreciation							17
18	Interest			1,736	1,736		1,736	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			2,355	2,355		2,355	22
23	**TOTAL Ownership**			4,091	4,091		4,091	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	482,222	122,729	762,043	1,366,994	(17,062)	1,349,932	24

Facility Name: Heritage Woods of Flora 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	$ 19.79	1
2	Licensed Practical Nurses	1	13.93	2
3	Certified Nurse Assistants	7	8.91	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	11.65	6
7	Cook Helpers/Assistants	7	8.83	7
8	Dishwashers			8
9	Maintenance Workers	1	14.75	9
10	Housekeepers	15	8.21	10
11	Laundry			11
12	Managers	1	24.79	12
13	Other Administrative	1	10.03	13
14	Clerical			14
15	Marketing	1	12.78	15
16	Other			16
17	Total (lines 1 thru 16)	34	$	17

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.	$ 69,409	1
2			2
		Total $ 69,409	3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES		OTHER RELATED BUSINESS ENTITIES		
Name 1	City 2	Name 3	City 4	Type of Business 5
DSI Ottawa Operator LLC	Ottawa			
DSI Manteno Operator LLC	Manteno			
DSI Watseka Operator LLC	Watseka			

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 [X]
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 [X]
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).

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

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 Flora **Report Period Beginning:** 01/01/2010 **Ending:** 2/31/2010

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: DSI Flora Owner, LLC

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? [ ] YES [X] 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	2000	52	10/24/07	$ 350,645	30		3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		52		$ 350,645			7

8. Is movable equipment rental included in building rental? [X] 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 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related Long-Term										
1					/ /	$	$	/ /		$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	COUNTRY BANK		X	LINE OF CREDIT	11/1/10	271,000	ZERO	10/31/111	VARIABLE	1,736	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 271,000	$			$ 1,736	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 271,000	$			$ 1,736	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 Flora **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	$ 44,161	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	49,402		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,327		6
7	Other Prepaid Expenses	1,803		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 102,693	$	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			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			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)**	$	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 102,693	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 25,507	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	23,301		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	30,597		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 79,405	$	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)**	$ 79,405	$	45
46	**TOTAL EQUITY**	$ 23,288	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 102,693	$	47

***(See instructions.)**

Facility Name: Heritage Woods of Flora **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	**$ 1,455,486**	1
2	Discounts and Allowances	**(191)**	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	**$ 1,455,295**	3
	B. Other Operating Revenue		
4	Special Services	**64,152**	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	**16,334**	8
9	Non-Resident Meals	**7,258**	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	**$ 87,744**	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	**226**	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	**$ 226**	14
	D. Other Revenue (specify):		
15	**Insurance Adjustment**	**2,216**	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	**$ 2,216**	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	**$ 1,545,481**	18

		2	
	Expenses	**Amount**	
	A. Operating Expenses		
19	General Services	**408,988**	19
20	Health Care/ Personal Care	**191,521**	20
21	General Administration	**762,394**	21
	B. Capital Expense		
22	Ownership	**4,091**	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)**	**$ 1,366,994**	28
29	**Income Before Income Taxes (line 18 minus line 28)**	**$ 178,487**	29
30	**Income Taxes**	**$**	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	**$ 178,487**	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,800
Rubbish Removal	1,579
Vehicle Expense	-
Transportation Service	1,017
Water Softener	-
Misc Operating	-
Total	**4,396**

C. General Administration - Other

Consulting	471
Legal	-
Accounting	-
Audit	3,349
Contract labor	1,000
Bad Debt	599
Total	**5,419**

D. Ownership

Assessment Income	-
Letter of Credit	1,355
Mortgage Insurance Premium	-
Partnership Management Fee	-
Asset Management Fee	-
Incentive Manangement Fee	-
Tax Credit Fee & Incentive Fee	-
Amortization Expense	-
Remarketing and Trustee Fee	-
Property Damage Loss	1,000
Interest Income	
Total	**2,355**

Reclassifications and Adjustments

Heat & Other Utilities	(3,892)	Cable
Administrative and Clerical	(13,170)	Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	4,235
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Security Deposits	23,714
Unearned Revenue	48
Accrued MIP	
Reservation Deposit	2,600
Total Other Current Liabilities	**30,597**