

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

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 Dr 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:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> 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 01/01/13 to 12/31/13 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) <u>David J. Mitchell</u>	
	(Title) <u>CFO, BMA Management, LTD</u>	
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: 01/01/13 Ending: 12/31/13

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	99	Single Unit Apartment	99	36,135	1
2		Double Unit Apartment			2
3		Other			3
4	99	TOTALS	99	36,135	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	23,949	11,438		35,387	5
6	Double Unit					6
7	Other					7
8	TOTALS	23,949	11,438		35,387	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.93%

D. Indicate the number of paid bed-hold days the SLF had during this year

257 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: 2013 Fiscal Year: 2013

* 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 Moline

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	222,053	183,379	2,291	407,723		407,723	1
2	Housekeeping, Laundry and Maintenance	107,638	23,664	61,581	192,883		192,883	2
3	Heat and Other Utilities			119,652	119,652	(21,907)	97,745	3
4	Other (specify):			21,219	21,219		21,219	4
5	TOTAL General Services	329,691	207,043	204,743	741,477	(21,907)	719,570	5
B. Health Care and Programs								
6	Health Care/ Personal Care	374,480	2,338		376,818		376,818	6
7	Activities and Social Services	27,051	5,151		32,202		32,202	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	401,531	7,489		409,020		409,020	9
C. General Administration								
10	Administrative and Clerical	168,137	12,327	286,306	466,770	(19,947)	446,823	10
11	Marketing Materials, Promotions and Advertising	45,799	10,402	51,812	108,013		108,013	11
12	Employee Benefits and Payroll Taxes			225,586	225,586		225,586	12
13	Insurance-Property, Liability and Malpractice			42,326	42,326		42,326	13
14	Other (specify):			69,424	69,424		69,424	14
15	TOTAL General Administration	213,936	22,729	675,454	912,119	(19,947)	892,172	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	945,158	237,261	880,197	2,062,616	(41,854)	2,020,762	16
Capital Expenses								
D. Ownership								
17	Depreciation			461,088	461,088		461,088	17
18	Interest			628,675	628,675		628,675	18
19	Real Estate Taxes			84,801	84,801		84,801	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			507,666	507,666		507,666	22
23	TOTAL Ownership			1,682,230	1,682,230		1,682,230	23
24	GRAND TOTAL (Sum of lines 16 and 23)	945,158	237,261	2,562,427	3,744,846	(41,854)	3,702,992	24

Facility Name: Heritage Woods of Moline

Report Period Beginning: 01/01/13 Ending: 12/31/13

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 25.38	1
2	Licensed Practical Nurses	1	19.20	2
3	Certified Nurse Assistants	14	9.48	3
4	Activity Director & Assistants	1	12.91	4
5	Social Service Workers			5
6	Head Cook	1	17.85	6
7	Cook Helpers/Assistants	10	9.08	7
8	Dishwashers			8
9	Maintenance Workers	1	17.73	9
10	Housekeepers	4	9.32	10
11	Laundry			11
12	Managers	1	34.42	12
13	Other Administrative	3	16.36	13
14	Clerical			14
15	Marketing	1	22.79	15
16	Other			16
17	Total (lines 1 thru 16)	37	\$	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	\$ 176,779	1
2			2
		Total	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

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).

Facility Name: Heritage Woods of Moline

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	99			2008	\$ 11,235,240	\$ 408,554	28	\$ 408,554	\$ 0	\$ 2,357,860	1
2											2
3											3
4											4
5											5
Improvement Type											
6		LAND IMPROVEMENTS			265,361	16,604	15	17,691	1,087	149,494	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	\$ 425,158		\$ 426,245	\$ 1,087	\$ 2,507,354	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	\$ 35,930	\$ 124,758	88,828	5	\$ 623,790	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 623,790	\$ 35,930	\$ 124,758	88,828		\$ 623,790	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

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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	
		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	Name of Lender	2		3	4	6		7	8	9	
			Related**	YES			NO	Purpose of Loan				
							Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		AMALGAMATED		X	FIRST MORTGAGE / BOND	12/14/06	\$ 10,870,000	\$ 10,345,000	12/1/41	0.0600	\$ 628,675	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 10,870,000	\$ 10,345,000			\$ 628,675	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 10,870,000	\$ 10,345,000			\$ 628,675	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: 01/01/13

Ending:

12/31/13

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 175,376	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	737,576 (22,821)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,193		6
7	Other Prepaid Expenses	15,621		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 933,945	\$	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)	(3,097,517)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	544,051		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(111,464)		20
21	Restricted Funds	1,720,359		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,337,851	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,271,796	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 42,996	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	55,005		30
31	Accrued Taxes Payable	90,038		31
32	Accrued Interest Payable	51,725		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	519,412		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 759,176	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,345,000		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)	\$ 10,345,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,104,176	\$	45
46	TOTAL EQUITY	\$ 1,167,620	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,271,796	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Moline

Report Period Beginning: 01/01/13

Ending:

12/31/13

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	\$ 3,352,797	1
2	Discounts and Allowances	(8,512)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,344,286	3
	B. Other Operating Revenue		
4	Special Services	133,401	4
5	Other Health Care Services	.	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	19,019	8
9	Non-Resident Meals	10,299	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 162,718	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	25,795	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 25,795	14
	D. Other Revenue (specify):		
15	Bank Fees	45	15
16	Contract Service - reimbursement	75	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 120	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,532,918	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	741,477	19
20	Health Care/ Personal Care	409,020	20
21	General Administration	912,119	21
	B. Capital Expense		
22	Ownership	1,682,230	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)	\$ 3,744,846	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (211,928)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (211,928)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	2,478
Rubbish Removal	11,408
Vehicle Expense	7,333
Transportation Service	
Water Softener	
Misc Operating	
Total	21,219

C. General Administration - Other

Consulting	35,332
Legal	235
Accounting	
Audit	11,140
Contract labor-Serv Prov	1,200
Bad Debt	21,517
Contract labor	
Total	69,424

D. Ownership

Bond & Draw Fee	3,941
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	50,000
Asset Management Fee	5,004
Incentive Manangement Fee	427,114

Tax Credit Fee & Incentive Fee	1,975
Amortization Expense	19,632
Remarketing and Trustee Fee	
Property Damage Loss	
Gain on Sale	
Total	507,666

Reclassifications and Adjustments

Heat & Other Utilities (21,907) Cable

Administrative and Clerical (19,947) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	20,750
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	50,000
Accrued Incentive Mgmt Fee	427,114
Unclaimed Property	56
Unearned Revenue	21,492
Accrued MIP	
Reservation Deposit	

Total Other Current Liabilities 519,412