

		FOR BHF USE			

LL2

Supportive Living Facility

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)

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: 1000099

Facility Name: HERITAGE WOODS OF DEKALB

Address: 2626 N ANNIE GLIDDEN DEKALB 60115
 Number City Zip Code

County: DEKALB

Telephone Number: (815) 787-6500 Fax # 815 787-6560

Federal Employer ID Number: _____

Date Current Owners were Certified: 12/05/2008

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: SHANE ALLEE **Telephone Number:** 815-935-1992 EXT. 246

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 01/01/2014 to 12/31/2014 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 DEKALB

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	76	Single Unit Apartment	76	27,740	1
2		Double Unit Apartment			2
3		Other			3
4	76	TOTALS	76	27,740	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	16,780	10,167		26,947	5
6	Double Unit					6
7	Other					7
8	TOTALS	16,780	10,167		26,947	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.14%

D. Indicate the number of paid bed-hold days the SLF had during this year 339 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 118 (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: 2014 Fiscal Year: 2014

* 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 DEKALB

Report Period Beginning:

01/01/2014

Ending: 12/31/2014

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	216,854	153,838	1,968	372,660		372,660	1
2	Housekeeping, Laundry and Maintenance	77,208	20,903	52,499	150,610		150,610	2
3	Heat and Other Utilities			153,816	153,816	(28,600)	125,216	3
4	Other (specify):			17,647	17,647		17,647	4
5	TOTAL General Services	294,062	174,741	225,930	694,733	(28,600)	666,133	5
B. Health Care and Programs								
6	Health Care/ Personal Care	392,951	3,439		396,390		396,390	6
7	Activities and Social Services	31,644	10,031		41,675		41,675	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	424,595	13,470		438,065		438,065	9
C. General Administration								
10	Administrative and Clerical	142,194	11,978	262,934	417,106	(32,509)	384,597	10
11	Marketing Materials, Promotions and Advertising	49,121	6,723	45,537	101,381		101,381	11
12	Employee Benefits and Payroll Taxes			289,927	289,927		289,927	12
13	Insurance-Property, Liability and Malpractice			31,777	31,777		31,777	13
14	Other (specify):			69,433	69,433		69,433	14
15	TOTAL General Administration	191,315	18,701	699,608	909,624	(32,509)	877,115	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	909,972	206,912	925,538	2,042,422	(61,109)	1,981,313	16
Capital Expenses								
D. Ownership								
17	Depreciation			320,629	320,629		320,629	17
18	Interest			464,567	464,567		464,567	18
19	Real Estate Taxes			58,175	58,175		58,175	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			254,105	254,105		254,105	22
23	TOTAL Ownership			1,097,476	1,097,476		1,097,476	23
24	GRAND TOTAL (Sum of lines 16 and 23)	909,972	206,912	2,023,014	3,139,898	(61,109)	3,078,789	24

Facility Name: HERITAGE WOODS OF DEKALB

Report Period Beginning 01/01/2014 Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	\$ Inc line 1	1
2	Licensed Practical Nurses	1	21.25	2
3	Certified Nurse Assistants	13	10.50	3
4	Activity Director & Assistants	Inc line 12	Inc line 1	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8	9.52	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	2	8.89	10
11	Laundry			11
12	Managers	5	23.08	12
13	Other Administrative	3	22.55	13
14	Clerical	Inc line 13	Inc line 1	14
15	Marketing	Inc line 12	Inc line 1	15
16	Other			16
17	Total (lines 1 thru 16)	32	\$	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	\$ 146,168	1	
2			2	
		Total	\$ 146,168	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 DEKALB

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 204,014 Year land was acquired 2007

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	76			2008	\$ 8,055,314	\$ 292,920	28	\$ 292,921	\$ 1	\$ 1,916,187	1
2											2
3											3
4											4
5											5
Improvement Type											
6		LAND IMPROVEMENTS			443,798	26,184	15	29,587	3,403	221,056	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)				\$ 8,499,112	\$ 319,104		\$ 322,507	\$ 3,403	\$ 2,137,243	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	\$ 621,497	\$ 1,525	\$ 124,299	122,774	5	\$ 614,657	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 621,497	\$ 1,525	\$ 124,299	122,774		\$ 614,657	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 DEKALB

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

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	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 BANK		X	FIRST MORTGAGE	06/01/07	\$ 8,000,000	\$ 7,515,000	12/01/41	.0610	\$ 464,567.08	1
2	DEKALB CO SUPPORTIVE		X	SECOND MORTGAGE	06/06/07	\$ 360,000	\$ 360,000	12/01/42	NONE	\$	2
3					/ /	\$	\$	/ /		\$	3
	Working Capital										
4						\$	\$			\$	4
5					/ /	\$	\$	/ /		\$	5
6					/ /	\$	\$	/ /		\$	6
7	TOTAL Facility Related					\$ 8,360,000	\$ 7,875,000			\$ 464,567	7
	B. Non-Facility Related										
8					/ /	\$	\$	/ /		\$	8
9					/ /	\$	\$	/ /		\$	9
10	TOTALS (lines 7, 8 and 9)					\$ 8,360,000	\$ 7,875,000			\$ 464,567	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 DEKALB

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 137,107	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	418,240 (39,307)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,345		6
7	Other Prepaid Expenses	1,579		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,326		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 529,291	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	204,014		13
14	Buildings, at Historical Cost	8,055,314		14
15	Leasehold Improvements, at Historical Cost	443,798		15
16	Equipment, at Historical Cost	621,497		16
17	Accumulated Depreciation (book methods)	(2,751,900)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	449,801		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(100,500)		20
21	Restricted Funds	1,299,266		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,221,290	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,750,582	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 25,202	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	59,766		31
32	Accrued Interest Payable	38,201		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment	279,090		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 402,260	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,875,000		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)	\$ 7,875,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,277,260	\$	45
46	TOTAL EQUITY	\$ 473,322	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,750,582	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF DEKALB

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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	\$ 2,866,887	1
2	Discounts and Allowances	(47,533)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,819,354	3
B. Other Operating Revenue			
4	Special Services	100,561	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	16,656	8
9	Non-Resident Meals	7,548	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 124,765	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	6,136	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 6,136	14
D. Other Revenue (specify):			
15			15
16	Insurance Adjustments	2,892	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,892	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,953,147	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	694,733	19
20	Health Care/ Personal Care	438,065	20
21	General Administration	909,624	21
B. Capital Expense			
22	Ownership	1,097,476	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)	\$ 3,139,898	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (186,751)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (186,751)	31

Expenses PG 3 Other

General Services Detail		Amt
5200-5124-0-0	Exterminating	1,235
5200-5127-0-0	Rubbish Removal	3,412
5300-5140-0-0	Security & Monitoring	9,312
5200-5130-0-0	Vehicle Expense	846
5200-5131-0-0	Transportation Service	-
5200-5132-0-0	Water Softener	1,943
5200-5133-0-0	Window Washing	-
5200-5137-0-0	Miscellaneous Oper Expense	900

General Administration Detail		Amt
5160-5060-0-0	Consulting	25,000
5160-5063-0-0	Legal	1,328
5160-5064-0-0	Accounting	105
5160-5066-0-0	Audit	13,215
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	4,052
5180-9999-0-0	Total Bad Debt	25,732

17,647

69,433

	Ownership Other detail	Amt
9100-9101-0-0	Interest & Dividend Income	-
9100-9102-0-0	Assessment Income	-
9100-9103-0-0	Assessment Expense	-
9200-9202-0-0	Financing Fees	1,000
9200-9204-0-0	Mortgage Service Fee	-
9200-9205-0-0	Mortgage Insurance Prem	-
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	-
9200-9208-0-0	Bond & Draw Fee	3,200
9200-9209-0-0	Remarketing and Trustee Fee	576
9200-9212-0-0	Debt Write-Off	-
9300-9301-0-0	Partnership Management Fee	-
9300-9302-0-0	Asset Management Fee	17,911
9300-9303-0-0	Incentive Management	203,182
9300-9303-1-0	Incentive Asset Mgmt Fee	11,952
9300-9304-0-0	Tax Credit Fees & Incentive Fee	1,500
9300-9305-0-0	Organizational Expense	-
9300-9306-0-0	Developer Fees	-
9300-9307-0-0	Closing Costs	-
9700-9702-0-0	Amortization Expense	14,784
9900-9901-0-0	Prior Period Adjustments	-
9900-9902-0-0	Dissolution of Business	-
9900-9903-0-0	Loss (Gain) on Sale of Assets	-
9900-9904-0-0	Business Interruption	-
9900-9905-0-0	Settlement	-
9900-9906-0-0	Property Damage Loss	-
9900-9907-0-0	Abandonment Loss	-
9900-9908-0-0	Grant Income	-
9900-9909-0-0	Misc: Title, Recording, Transfer	-
		254,105

Balance Sheet

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9970-0-0	A/R-Medicaid Food Stamps	1,326	2112-0100-0-0	Accrued Asset Management Fee	17,911
1102-9971-0-0	A/R-Employee Advance	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	-
1102-9973-0-0	A/R-Insurance Reimbursement	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	203,182
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	11,952
1102-9975-0-0	A/R-CIP	-	2112-0105-0-0	Accrued Liabilities	39,711
1102-9976-0-0	A/R-Other	-	2112-0110-0-0	Accrued Insurance	-
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0115-0-0	Accrued Developer Fee	-
			2112-0130-0-0	Accrued MIP	-
			2112-0146-0-0	Payroll Benefits	-
			2112-0154-0-0	Unclaimed Property	54
			2112-0155-0-0	Reservation Deposit	-
			2112-0156-0-0	Buy Down Credit	-
			2112-0157-0-0	Unapplied Last Month Rent	-
			2112-0158-0-0	Deferred Gain on Sale	-
			2112-0159-0-0	Unearned Revenue	6,280
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
			2112-0170-0-0	Line of Credit	-
			2112-0175-0-0	Loan - Vehicle	-
		1,326			279,090

