

		FOR BHF USE			

LL2

Supportive Living Facility

**2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2008)**

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 Name: Heritage Woods of Chicago

Address: 2800 W Fulton Chicago 60612
Number City Zip Code

County: Cook

Telephone Number: (773) 722-2900 Fax # (773) 722-7662

Federal Employer ID Number: 364318140

Date Current Owners were Certified: 08/14/02

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	_____

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2008 to 12/31/2008 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</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) <u>()</u> _____	Fax # () _____

In the event there are further questions about this report, please contact:
Name: Selena Edgington Telephone Number: 815-935-1992 EXT 232
Email Address: selena.edgington@bma-mgmt.com

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 Chicago

Report Period Beginning: 01/01/2008 Ending: 12/31/2008

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	110	Single Unit Apartment	110	40,260	1
2		Double Unit Apartment			2
3		Other			3
4	110	TOTALS	110	40,260	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	27,056			27,056	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,056			27,056	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 67.20%

D. Indicate the number of paid bed-hold days the SLF had during this year
621 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 11 (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: 2008 Fiscal Year: 2008

* 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 Chicago

Report Period Beginning:

01/01/2008

Ending: 12/31/2008

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	203,819	178,764	2,396	384,979		384,979	1
2	Housekeeping, Laundry and Maintenance	81,495	18,491	127,224	227,210		227,210	2
3	Heat and Other Utilities			158,159	158,159		158,159	3
4	Other (specify):			21,108	21,108		21,108	4
5	TOTAL General Services	285,314	197,255	308,887	791,456		791,456	5
B. Health Care and Programs								
6	Health Care/ Personal Care	315,632	3,724		319,356		319,356	6
7	Activities and Social Services	34,521	8,057		42,578		42,578	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	350,153	11,781		361,934		361,934	9
C. General Administration								
10	Administrative and Clerical	213,910	17,205	223,299	454,414		454,414	10
11	Marketing Materials, Promotions and Advertising	44,399	11,640	15,755	71,794		71,794	11
12	Employee Benefits and Payroll Taxes			186,521	186,521		186,521	12
13	Insurance-Property, Liability and Malpractice			57,256	57,256		57,256	13
14	Other (specify):			59,210	59,210		59,210	14
15	TOTAL General Administration	258,309	28,845	542,041	829,195		829,195	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	893,776	237,881	850,928	1,982,585		1,982,585	16
Capital Expenses								
D. Ownership								
17	Depreciation			275,673	275,673		275,673	17
18	Interest			75,621	75,621		75,621	18
19	Real Estate Taxes			90,074	90,074		90,074	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			95,118	95,118		95,118	22
23	TOTAL Ownership			536,486	536,486		536,486	23
24	GRAND TOTAL (Sum of lines 16 and 23)	893,776	237,881	1,387,414	2,519,071		2,519,071	24

Facility Name: Heritage Woods of Chicago

Report Period Beginning 01/01/2008 Ending: 12/31/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 27.11	1
2	Licensed Practical Nurses	1	24.21	2
3	Certified Nurse Assistants	11	9.34	3
4	Activity Director & Assistants	1	17.01	4
5	Social Service Workers			5
6	Head Cook	1	21.00	6
7	Cook Helpers/Assistants	9	9.51	7
8	Dishwashers			8
9	Maintenance Workers	1	18.61	9
10	Housekeepers	2	9.19	10
11	Laundry			11
12	Managers	1	37.45	12
13	Other Administrative	4	14.74	13
14	Clerical			14
15	Marketing	1	22.63	15
16	Other			16
17	Total (lines 1 thru 16)	33	\$	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	\$ 150,054	1
2			2
Total		\$ 150,054	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 <u>1</u>	City <u>2</u>

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>

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 Chicago

Report Period Beginning:

01/01/2008

Ending:

12/31/2008

VIII. OWNERSHIP COSTS

A. Purchase price of land 108,947 Year land was acquired 1999

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	110			2000	\$ 10,866,590	\$ 271,665	40	\$ 271,665	\$ (0)	\$ 1,709,207	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)				\$ 10,866,590	\$ 271,665		\$ 271,665	\$ (0)	\$ 1,709,207	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	\$ 350,461	\$ 4,008	\$ 70,092	66,084	5	\$ 346,281	18
19	Vehicles	4,800		960	960	5	-	19
20	TOTAL (lines 18 and 19)	\$ 355,261	\$ 4,008	\$ 71,052	67,044		\$ 346,281	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 Chicago

Report Period Beginning: 01/01/2008

Ending: 2/31/2008

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	Harris Trust & Savings Bank		X	First Mortgage	12/1/99	\$ 3,050,000	\$ 2,720,000	10/1/31	3.5000	\$ 64,246	1
2	City of Chicago		X	Second Mortgage	12/1/99	2,011,977	2,011,977	12/1/34			2
3	City of Chicago		X	Third Mortgage	12/1/99	1,300,000	1,300,000	1/1/34			3
4	Renaissance Social Services		X	Fourth Mortgage	12/1/99	300,000	300,000	12/31/29			3
5	IDHA		X	Fifth Mortgage	11/1/01	875,000	849,750	10/1/31	1.0000	8,498	3
6	Harris Trust & Savings Bank		X	Sixth Mortgage	12/1/99	2,200,000		/ /	1.2500	2,877	3
	Working Capital										
7					/ /			/ /			4
8					/ /			/ /			5
9					/ /			/ /			6
10	TOTAL Facility Related					\$ 9,736,977	\$ 7,181,727			\$ 75,621	7
	B. Non-Facility Related										
11					/ /			/ /			8
12					/ /			/ /			9
13	TOTALS (lines 10, 11 and 12)					\$ 9,736,977	\$ 7,181,727			\$ 75,621	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 Chicago

Report Period Beginning: 01/01/2008

Ending: 12/31/2008

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2008

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 141,362	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	569,571		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,011		6
7	Other Prepaid Expenses	3,532		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Utility Security Deposit</u>	2,699		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 732,175	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	108,947		13
14	Buildings, at Historical Cost	10,866,590		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	355,261		16
17	Accumulated Depreciation (book methods)	(2,055,488)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	353,881		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(102,597)		20
21	Restricted Funds	340,921		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,867,515	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,599,690	\$	25

		1	2	
		Operating	After	
			Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,763,150	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	40,560		30
31	Accrued Taxes Payable	87,060		31
32	Accrued Interest Payable	6,228		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35	<u>See Page 7 Attachment</u>	327,676		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,224,674	\$	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,181,727		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)	\$ 7,181,727	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,406,401	\$	45
46	TOTAL EQUITY	\$ 193,289	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,599,690	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Chicago

Report Period Beginning: 01/01/2008

Ending:

12/31/2008

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,475,541	1
2	Discounts and Allowances	(53,918)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,421,623	3
	B. Other Operating Revenue		
4	Special Services	67,298	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	475	8
9	Non-Resident Meals	737	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 68,510	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,223	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,223	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	37,214	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 37,214	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,528,570	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	791,456	19
20	Health Care/ Personal Care	361,934	20
21	General Administration	829,195	21
	B. Capital Expense		
22	Ownership	536,486	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)	\$ 2,519,071	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 9,499	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 9,499	31

Cost Center Expenses

A. General Services - Other

Exterminating	3,090
Rubbish Removal	10,280
Vehicle Expense	1,423
Transportation Service	6,274
Misc Operating Expenses	41

Total **21,108**

C. General Administration - Other

Consulting	19,385
Legal	18,252
Accounting	11,978
Audit	4,975
Bad Debt	4,203
Fidelity Bond	417

Total **59,210**

D. Ownership - Other

Mortgage Service Fee	
Mortgage Insurance Premium	35,879
Remarketing & Trustee Fee	5,292
Partnership Management Fee	9,996
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	2,825
Amortization Expense	12,084
Business Interruption	
Property Damage Loss	
Letter of Credit Fee	29,042

Total **95,118**

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	35,540
Accrued Partnership Management Fee	70,000
Accrued Developer Fee	220,815
Unearned Revenue	1,321

Total Other Current Liabilities **327,676**

Other Revenue

Property Lease Income	27,636
Insurance Adjustment	6,683
Election Site Revenue	250
Tax Refund	620
Waste Oil	59
Refunds	1,966

Total 37,214