

		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.

<p>I. Facility ID Number: <u>1000029</u></p> <p>Facility Name: <u>Heritage Woods of Batavia I</u></p> <hr/> <p>Address: <u>1079 East Wilson St</u> <u>Batavia</u> <u>60510</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Kane</u></p> <p>Telephone Number: (<u>630</u>) <u>406-9440</u> Fax # (<u>630</u>) <u>406-9451</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>02/27/2008</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input checked="" type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Selena Edgington</u> Telephone Number: <u>815-935-1992 EXT 232</u></p> <p>Email Address: _____</p>	<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 _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/13</u> to <u>12/31/13</u> 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.</p> <p align="center">Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td rowspan="2" style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) <u>David J. Mitchell</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO, BMA Management, LTD</u></td> <td></td> </tr> </table> <table border="1" style="width:100%"> <tr> <td rowspan="4" style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td>(Telephone) (_____) _____</td> <td>Fax # (_____) _____</td> </tr> </table> <p align="right">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</p>	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 # (_____) _____
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	(Telephone) (_____) _____	Fax # (_____) _____																																								

Facility Name Heritage Woods of Batavia I

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	93	Single Unit Apartment	93	33,945	1
2		Double Unit Apartment			2
3		Other			3
4	93	TOTALS	93	33,945	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	25,340	8,447		33,787	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,340	8,447		33,787	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 99.53%

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

 360 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 31 (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? YES If yes, did the facility make all of the required payments of interest and principle? YES

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 Batavia I

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		169,164	1,357	170,521		170,521	1
2	Housekeeping, Laundry and Maintenance		19,887	44,971	64,858		64,858	2
3	Heat and Other Utilities			163,455	163,455	(24,038)	139,417	3
4	Other (specify):			13,280	13,280		13,280	4
5	TOTAL General Services		189,051	223,063	412,114	(24,038)	388,076	5
B. Health Care and Programs								
6	Health Care/ Personal Care		2,817		2,817		2,817	6
7	Activities and Social Services		5,563		5,563		5,563	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		8,380		8,380		8,380	9
C. General Administration								
10	Administrative and Clerical		10,225	264,539	274,764	(13,324)	261,440	10
11	Marketing Materials, Promotions and Advertising		5,988	38,895	44,883		44,883	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			19,900	19,900		19,900	13
14	Other (specify):			1,546,844	1,546,844		1,546,844	14
15	TOTAL General Administration		16,213	1,870,178	1,886,391	(13,324)	1,873,067	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		213,644	2,093,241	2,306,885	(37,362)	2,269,523	16
Capital Expenses								
D. Ownership								
17	Depreciation			379,624	379,624		379,624	17
18	Interest			443,264	443,264		443,264	18
19	Real Estate Taxes			109,331	109,331		109,331	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			520,891	520,891		520,891	22
23	TOTAL Ownership			1,453,110	1,453,110		1,453,110	23
24	GRAND TOTAL (Sum of lines 16 and 23)		213,644	3,546,351	3,759,995	(37,362)	3,722,633	24

Facility Name: Heritage Woods of Batavia I

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	2	\$ 31.97	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	15	11.90	3
4	Activity Director & Assistants	1	14.94	4
5	Social Service Workers			5
6	Head Cook	1	30.06	6
7	Cook Helpers/Assistants	12	10.42	7
8	Dishwashers			8
9	Maintenance Workers	1	16.17	9
10	Housekeepers	3	9.72	10
11	Laundry			11
12	Managers	1	44.72	12
13	Other Administrative	3	22.10	13
14	Clerical			14
15	Marketing	1	24.16	15
16	Other			16
17	Total (lines 1 thru 16)	40	\$	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	\$ 180,846	1	
2			2	
		Total	\$ 180,846	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
Heritage Woods of Batavia II		Batavia	

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 Batavia I

Report Period Beginning:

01/01/13

Ending:

12/31/13

VIII. OWNERSHIP COSTS

A. Purchase price of land 878,771 Year land was acquired 2001

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	93			2003	\$ 8,627,309	\$ 314,766	28	\$ 313,720	\$ (1,046)	\$ 3,215,952	1
2											2
3											3
4											4
5											5
Improvement Type											
6		LAND IMPROVEMENTS			292,138	19,476	15	19,476	(0)	204,518	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)				\$ 8,919,447	\$ 334,242		\$ 333,196	\$ (1,046)	\$ 3,420,470	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	\$ 794,412	\$ 45,382	\$ 158882	113,500	5	\$ 655,141	18
19	Vehicles	52,160		10432	10,432	5	52,160	19
20	TOTAL (lines 18 and 19)	\$ 846,572	\$ 45,382	\$ 169,314	123,932		\$ 707,301	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 Batavia I

Report Period Beginning: 01/01/13

Ending: 12/31/13

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	IHDA		X	FIRST MORTGAGE	5/1/02	\$ 7,335,000	\$ 6,288,612	2/1/44	0.0688	\$ 437,950
2	IHDA		X	SECOND MORTGAGE	5/1/02	750,000	518,598	6/1/32	0.0100	5,314
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 8,085,000	\$ 6,807,210			\$ 443,264
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 8,085,000	\$ 6,807,210			\$ 443,264

* 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 Batavia I

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	\$ 908,302	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	514,923 (3,546)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	32,758		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,452,437	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	878,771		13
14	Buildings, at Historical Cost	8,627,309		14
15	Leasehold Improvements, at Historical Cost	292,138		15
16	Equipment, at Historical Cost	846,572		16
17	Accumulated Depreciation (book methods)	(4,127,771)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	498,975		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(309,705)		20
21	Restricted Funds	661,300		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,367,589	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,820,026	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 437,525	\$	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	105,170		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	119,481		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 662,176	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,807,210		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)	\$ 6,807,210	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,469,386	\$	45
46	TOTAL EQUITY	\$ 1,350,640	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,820,026	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Batavia I

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	\$ 3,442,742	1
2	Discounts and Allowances	(1,045)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,441,697	3
	B. Other Operating Revenue		
4	Special Services	142,737	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	16,034	8
9	Non-Resident Meals	4,302	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 163,073	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	34,424	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 34,424	14
	D. Other Revenue (specify):		
15	Contract Services/Postage/Office Supplies	2,222	15
16	Property Lease Income	3,250	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,472	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,644,666	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	412,114	19
20	Health Care/ Personal Care	8,380	20
21	General Administration	1,886,391	21
	B. Capital Expense		
22	Ownership	1,453,110	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)	\$ 3,759,995	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (115,329)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (115,329)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	916
Rubbish Removal	9,706
Vehicle Expense	
Transportation Service	
Water Softener	2,658
Misc Operating	
Total	13,280

C. General Administration - Other

Consulting	1,876
Legal	147
Accounting	107
Audit	12,940
Contract labor-Serv Prov	1,529,186
Bad Debt	2,588
Contract labor	
Total	1,546,844

D. Ownership

Letter of Credit	
Mortgage Insurance Premium	31,828
Mortgage Service Fee	18,622
Partnership Management Fee	50,000
Asset Management Fee	23,250
Incentive Manangement Fee	386,284

Tax Credit Fee & Incentive Fee	1,800
Amortization Expense	9,107
Remarketing and Trustee Fee	
Property Damage Loss	
Gain on Sale	
Total	520,891

Reclassifications and Adjustments

Heat & Other Utilities (24,038) Cable

Administrative and Clerical (13,324) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	21,862
Accrued Asset Mgmt Fee	23,250
Accrued Partnership Fee	50,000
Accrued Incentive Mgmt Fee	
Unclaimed Property	3,521
Unearned Revenue	20,848
Accrued MIP	
Reservation Deposit	

Total Other Current Liabilities 119,481