

		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:** 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
<b>IRS Exemption Code</b> _____	<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.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) <u>David J. Mitchell</u>	
	(Title) <u>CFO, BMA Management, LTD</u>	
<b>Paid Preparer</b>	(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: 01/01/13 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	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	15,896	10,597		26,493	5
6	Double Unit					6
7	Other					7
8	TOTALS	15,896	10,597		26,493	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.)       95.50%      

**D. Indicate the number of paid bed-hold days the SLF had during this year**       206       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 DeKalb

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase		147,335	2,234	149,569		149,569	1
2	Housekeeping, Laundry and Maintenance		17,404	60,393	77,797		77,797	2
3	Heat and Other Utilities			130,526	130,526	(28,071)	102,455	3
4	Other (specify):			7,308	7,308		7,308	4
5	<b>TOTAL General Services</b>		164,739	200,461	365,200	(28,071)	337,129	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care		2,931		2,931		2,931	6
7	Activities and Social Services		10,919		10,919		10,919	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>		13,850		13,850		13,850	9
<b>C. General Administration</b>								
10	Administrative and Clerical		11,863	221,511	233,374	(15,381)	217,993	10
11	Marketing Materials, Promotions and Advertising		6,143	42,856	48,999		48,999	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			13,310	13,310		13,310	13
14	Other (specify):			1,270,023	1,270,023		1,270,023	14
15	<b>TOTAL General Administration</b>		18,006	1,547,700	1,565,706	(15,381)	1,550,325	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>		196,595	1,748,161	1,944,756	(43,452)	1,901,304	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			357,644	357,644		357,644	17
18	Interest			470,995	470,995		470,995	18
19	Real Estate Taxes			57,110	57,110		57,110	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			251,496	251,496		251,496	22
23	<b>TOTAL Ownership</b>			1,137,245	1,137,245		1,137,245	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>		196,595	2,885,406	3,082,001	(43,452)	3,038,549	24

Facility Name: Heritage Woods of DeKalb

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	\$ 31.39	1
2	Licensed Practical Nurses	1	20.68	2
3	Certified Nurse Assistants	13	10.66	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	15.14	5
6	Head Cook	1	22.09	6
7	Cook Helpers/Assistants	8	9.33	7
8	Dishwashers			8
9	Maintenance Workers	1	18.80	9
10	Housekeepers	2	8.54	10
11	Laundry			11
12	Managers	1	38.73	12
13	Other Administrative	2	16.00	13
14	Clerical			14
15	Marketing	1	23.66	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>32</b>	<b>\$</b>	<b>17</b>

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
				<b>Total</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$ 141,855	1
2		2
<b>Total</b>		<b>3</b>

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:

01/01/13

Ending:

12/31/13

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	\$ 1,623,267	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	LAND IMPROVEMENTS				443,798	27,649	15	29,587	1,938	194,872	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	\$ 320,569		\$ 322,507	\$ 1,938	\$ 1,818,139	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	\$ 616,295	\$ 37,075	\$ 123,259	86,184	5	\$ 613,132	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 616,295	\$ 37,075	\$ 123,259	86,184		\$ 613,132	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: 01/01/13

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	<b>TOTAL</b>				\$			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				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		AMALGAMATED BANK		X	FIRST MORTGAGE	6/1/07	\$ 8,000,000	\$ 7,625,000	12/1/41	0.0610	\$ 470,995	1
2		AMALGAMATED BANK		X	SECOND MORTGAGE	6/6/07	360,000	360,000	12/1/42	NONE		2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 8,360,000	\$ 7,985,000			\$ 470,995	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 8,360,000	\$ 7,985,000			\$ 470,995	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: 01/01/13

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 125,198	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	465,771 (29,522)		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	305		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 561,752	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	204,014		13
14	Buildings, at Historical Cost	8,055,313		14
15	Leasehold Improvements, at Historical Cost	443,798		15
16	Equipment, at Historical Cost	616,295		16
17	Accumulated Depreciation (book methods)	(2,431,271)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	449,801		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(85,716)		20
21	Restricted Funds	1,250,099		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 8,502,333	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,064,085	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 249,879	\$	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	58,511		31
32	Accrued Interest Payable	38,759		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	48,096		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 395,245	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,985,000		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 7,985,000	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,380,245	\$	45
46	<b>TOTAL EQUITY</b>	\$ 683,840	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 9,064,085	\$	47

\*(See instructions.)

Facility Name: Heritage Woods of DeKalb

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	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,742,810	1
2	Discounts and Allowances	(5,308)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,737,502</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	96,745	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	14,927	8
9	Non-Resident Meals	5,959	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 117,630</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	16,371	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 16,371</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Late Fees/Resident Relations	288	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 288</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,871,791</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	365,200	19
20	Health Care/ Personal Care	13,850	20
21	General Administration	1,565,706	21
<b>B. Capital Expense</b>			
22	Ownership	1,137,245	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 3,082,001</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (210,210)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (210,210)</b>	<b>31</b>

## **COST CENTER EXPENSES**

### A. General Services - Other

Exterminating	1,235
Rubbish Removal	3,122
Vehicle Expense	
Transportation Service	
Water Softener	2,051
Misc Operating	900
<b>Total</b>	<b>7,308</b>

### C. General Administration - Other

Consulting	31,063
Legal	185
Accounting	105
Audit	11,185
Contract labor-Serv Prov	1,194,645
Bad Debt	32,840
Contract labor	
<b>Total</b>	<b>1,270,023</b>

### D. Ownership

Letter of Credit	
Mortgage Insurance Premium	
Bond & Draw Fee	3,200
Partnership Management Fee	-
Asset Management Fee	17,388
Incentive Manangement Fee	213,894
Tax Credit Fee & Incentive Fee	1,500

Amortization Expense	14,784
Remarketing and Trustee Fee	730
Property Damage Loss	
Gain on Sale	
<b>Total</b>	<b>251,496</b>

Reclassifications and Adjustments

Heat & Other Utilities (28,071) Cable

Administrative and Clerical (15,381) Telephone Revenue

## BALANCE SHEET

### C. Current Liabilities

Accrued Liabilities	21,352
Accrued Asset Mgmt Fee	17,388
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Unclaimed Property	54
Unearned Revenue	9,302
Accrued MIP	
Reservation Deposit	
<b>Total Other Current Liabilities</b>	<b>48,096</b>