

		FOR BHF USE			

LL2

Supportive Living Facility

**2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)**

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>1000140</u></p> <p>Facility Name: <u>HERITAGE WOODS OF GURNEE LLC</u></p> <hr/> <p>Address: <u>3775 GRAND AVENUE</u> <u>GURNEE</u> <u>60031</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>LAKE</u></p> <p>Telephone Number: <u>(847) 623-6300</u> Fax # <u>847 623-6305</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>8/21/2013</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>Thomas Staszak</u> Telephone Number: <u>(815) 935-1992</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>01/01/2018</u> to <u>12/31/2018</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>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Greg Echols</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO, Gardant Management Solutions</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>()</u> _____</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>Greg Echols</u>			(Title) <u>CFO, Gardant Management Solutions</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) <u>()</u> _____	Fax # () _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) <u>()</u> _____	Fax # () _____																																												

Facility Name: HERITAGE WOODS OF GURNEE LLC

Report Period Beginning:

01/01/2018

Ending: 12/31/2018

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	277,140	199,533	1,902	478,575		478,575	1
2	Housekeeping, Laundry and Maintenance	109,728	46,934	98,270	254,932		254,932	2
3	Heat and Other Utilities			161,299	161,299	(30,544)	130,755	3
4	Other (specify):			35,277	35,277		35,277	4
5	TOTAL General Services	386,868	246,467	296,748	930,083	(30,544)	899,540	5
B. Health Care and Programs								
6	Health Care/ Personal Care	504,915	17,309		522,224		522,224	6
7	Activities and Social Services	34,851	6,359		41,210		41,210	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	539,766	23,668		563,434		563,434	9
C. General Administration								
10	Administrative and Clerical	176,118	38,872	310,435	525,425	(27,743)	497,682	10
11	Marketing Materials, Promotions and Advertising	61,628	13,553	34,163	109,344		109,344	11
12	Employee Benefits and Payroll Taxes			292,429	292,429		292,429	12
13	Insurance-Property, Liability and Malpractice			49,226	49,226		49,226	13
14	Other (specify):			201,098	201,098	(26,778)	174,319	14
15	TOTAL General Administration	237,746	52,425	887,351	1,177,522	(54,521)	1,123,000	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,164,380	322,560	1,184,099	2,671,039	(85,065)	2,585,974	16
Capital Expenses								
D. Ownership								
17	Depreciation			582,015	582,015		582,015	17
18	Interest			369,490	369,490	(22,575)	346,915	18
19	Real Estate Taxes			110,721	110,721		110,721	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,250	9,250		9,250	21
22	Other (specify):			523,267	523,267		523,267	22
23	TOTAL Ownership			1,594,743	1,594,743	(22,575)	1,572,168	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,164,380	322,560	2,778,842	4,265,782	(107,640)	4,158,142	24

Facility Name: HERITAGE WOODS OF GURNEE LLC

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

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 12	1
2	Licensed Practical Nurses	2	23.06	2
3	Certified Nurse Assistants	13	12.39	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10	11.37	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	9.65	10
11	Laundry			11
12	Managers	6	22.47	12
13	Other Administrative	4	22.11	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	Total (lines 1 thru 16)	36	\$	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	Gardant Management Solutions	\$ 205,116	1	
2			2	
		Total	\$ 205,116	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 GURNEE LLC

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,233,458 Year land was acquired 2008

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	105			2008	\$ 14,747,008	\$ 536,254	27.5	\$ 536,255	\$ 1	\$ 3,346,931	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			541,276	36,085	15	36,085	0	223,685	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)				\$ 15,288,284	\$ 572,339		\$ 572,340	\$ 1	\$ 3,570,615	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	\$ 1,023,707	\$ 9,676	\$ 102,371	92,694	10	\$ 989,993	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 1,023,707	\$ 9,676	\$ 102,371	92,694		\$ 989,993	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 GURNEE LLC

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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

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	CENTENNIAL MORTGAGE		X	FIRST MORTGAGE	8/1/11	\$ 11,550,000	\$ 10,759,070	11/1/52	0.0445	\$ 369,490
2										
3										
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 11,550,000	\$ 10,759,070			\$ 369,490
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 11,550,000	\$ 10,759,070			\$ 369,490

* 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 GURNEE LLC

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 826,678	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (143,878))	665,666		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	59,569		6
7	Other Prepaid Expenses	8,902		7
8	Accounts Receivable (owners or related parties)	12,142		8
9	Other(specify): See Page 7 Attachment	5,089		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,578,046	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,233,458		13
14	Buildings, at Historical Cost	14,747,008		14
15	Leasehold Improvements, at Historical Cost	541,276		15
16	Equipment, at Historical Cost	1,023,707		16
17	Accumulated Depreciation (book methods)	(4,560,608)		17
18	Deferred Charges	261		18
19	Organization & Pre-Operating Costs	114,892		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(71,806)		20
21	Restricted Funds	1,547,188		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Page 7 Attachment	5,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,580,376	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,158,423	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 201,164	\$	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	111,207		31
32	Accrued Interest Payable	30,574		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	618,271		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 961,216	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,415,359		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)	\$ 10,415,359	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,376,575	\$	45
46	TOTAL EQUITY	\$ 4,781,847	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,158,423	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF GURNEE LLC

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

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

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,049,004	1
2	Discounts and Allowances	(19,561)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,029,443	3
B. Other Operating Revenue			
4	Special Services	138,960	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	6,538	8
9	Non-Resident Meals	1,700	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 147,198	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	22,575	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 22,575	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	13,925	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 13,925	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,213,141	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	930,083	19
20	Health Care/ Personal Care	563,434	20
21	General Administration	1,177,522	21
B. Capital Expense			
22	Ownership	1,594,743	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)	\$ 4,265,782	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (52,641)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (52,641)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,964,023	32
33	Private Pay - Net Inpatient Revenue	2,065,420	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,029,443	37

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	1,289
1102-9973-0-0	A/R-Insurance Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	3,800
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		5,089

Other Long Term Assets Detail		Amt
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	5,000
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		5,000.00

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	34,778
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	479,006
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	28,181
2112-0105-0-0	Accrued Liabilities	29,214
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0140-0-0	Accrued Vacation	-
2112-0144-0-0	Payroll Union Dues	-
2112-0146-0-0	Payroll Benefits	-
2112-0150-0-0	Security Deposits	-
2112-0154-0-0	Unclaimed Property	9,412
2112-0155-0-0	Reservation Deposit	1,500
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	36,179
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		618,271

Income Statement PG 8 Other

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other (Late fees, call pendants, NSF fees)	4,993
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
3300-3393-0-0	Insurance Adjustments	5,333
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

PG8-15.1	13,925
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