

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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>1000090</u></p> <p>Facility Name: <u>Heritage Woods of Yorkville</u></p> <p>Address: <u>242 Greenbriar Road</u> <u>Yorkville</u> <u>60560</u> <small>Number City Zip Code</small></p> <p>County: <u>Kendall</u></p> <p>Telephone Number: (<u>630</u>) <u>882-6502</u> Fax # (<u>630</u>) <u>882-6504</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>12/07/2007</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 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 checked="" 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: Name: <u>Grenshinka Osborne</u> Telephone Number: <u>(815) 935-1992 EXT 257</u> 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 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 checked="" 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>01/01/2011</u> to <u>12/31/2011</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%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) <u>David J. Mitchell</u> (Title) <u>CFO, BMA Management, LTD</u> </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____ </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) _____ (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) (<u> </u>) _____ Fax # (<u> </u>) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name Heritage Woods of Yorkville

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	87	Single Unit Apartment	87	31,755	1
2		Double Unit Apartment			2
3		Other			3
4	87	TOTALS	87	31,755	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	22,265	8,235		30,500	5
6	Double Unit					6
7	Other					7
8	TOTALS	22,265	8,235		30,500	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.05%

D. Indicate the number of paid bed-hold days the SLF had during this year 582 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 296 (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: 12/31/2011 Fiscal Year: 12/31/2011

* 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 Yorkville

Report Period Beginning:

01/01/2011

Ending: 12/31/2011

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	239,023	165,850	2,227	407,100		407,100	1
2	Housekeeping, Laundry and Maintenance	82,637	20,488	38,952	142,077		142,077	2
3	Heat and Other Utilities			176,540	176,540	(20,295)	156,245	3
4	Other (specify):			12,910	12,910		12,910	4
5	TOTAL General Services	321,660	186,338	230,629	738,627	(20,295)	718,332	5
B. Health Care and Programs								
6	Health Care/ Personal Care	390,883	2,424		393,307		393,307	6
7	Activities and Social Services	30,991	9,505		40,496		40,496	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	421,874	11,929		433,803		433,803	9
C. General Administration								
10	Administrative and Clerical	100,053	10,631	251,818	362,502	(18,243)	344,259	10
11	Marketing Materials, Promotions and Advertising	61,284	3,104	27,430	91,818		91,818	11
12	Employee Benefits and Payroll Taxes			197,282	197,282		197,282	12
13	Insurance-Property, Liability and Malpractice			35,471	35,471		35,471	13
14	Other (specify):			50,029	50,029		50,029	14
15	TOTAL General Administration	161,337	13,735	562,030	737,102	(18,243)	718,859	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	904,871	212,002	792,659	1,909,532	(38,538)	1,870,994	16
Capital Expenses								
D. Ownership								
17	Depreciation			396,546	396,546		396,546	17
18	Interest			500,411	500,411		500,411	18
19	Real Estate Taxes			93,168	93,168		93,168	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			22,108	22,108		22,108	22
23	TOTAL Ownership			1,012,233	1,012,233		1,012,233	23
24	GRAND TOTAL (Sum of lines 16 and 23)	904,871	212,002	1,804,892	2,921,765	(38,538)	2,883,227	24

Facility Name: Heritage Woods of Yorkville

Report Period Beginning 01/01/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 26.10	1
2	Licensed Practical Nurses	1	22.89	2
3	Certified Nurse Assistants	13	10.51	3
4	Activity Director & Assistants	1	14.42	4
5	Social Service Workers			5
6	Head Cook	1	20.54	6
7	Cook Helpers/Assistants	9	9.88	7
8	Dishwashers			8
9	Maintenance Workers	1	18.82	9
10	Housekeepers	2	8.62	10
11	Laundry			11
12	Managers	1	35.75	12
13	Other Administrative			13
14	Clerical	2	14.46	14
15	Marketing	1	27.22	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

	Name	Amount of Fee	
1	BMA Management, LTD	\$ 161,097	1
2			2
		Total	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 Yorkville

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 374,340 Year land was acquired 2005

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	87			2007	\$ 6,574,165	\$ 168,568	39	\$ 168,568	\$ 0	\$ 688,321	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements			978,860	64,836	15	65,257	421	263,676	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)				\$ 7,553,026	\$ 233,404		\$ 233,826	\$ 421	\$ 951,997	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	\$ 794,091	\$ 151,887	\$ 158,818	6,931	5	\$ 620,206	18
19	Vehicles	56,274	12,255	11,255	(1,000)	5	45,958	19
20	TOTAL (lines 18 and 19)	\$ 850,365	\$ 164,142	\$ 170,073	5,931		\$ 666,164	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 Yorkville

Report Period Beginning: 01/01/2011

Ending:

12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 478,049	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 15,471)	608,622		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	7,185		7
8	Accounts Receivable (owners or related parties)	15,310		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,109,166	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,353,200		13
14	Buildings, at Historical Cost	6,574,165		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	850,365		16
17	Accumulated Depreciation (book methods)	(1,618,161)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	99,000		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(85,141)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,173,428	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,282,595	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 39,127	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	41,951		30
31	Accrued Taxes Payable	84,500		31
32	Accrued Interest Payable	14,864		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SEE ATTACHMENTS PG 7	49,592		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 230,033	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,109,419		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)	\$ 8,109,419	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,339,452	\$	45
46	TOTAL EQUITY	\$ (56,857)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,282,595	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Yorkville

Report Period Beginning: 01/01/2011

Ending:

12/31/2011

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	\$ 3,100,915	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,100,915	3
	B. Other Operating Revenue		
4	Special Services	102,902	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	27,406	8
9	Non-Resident Meals	4,152	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 134,460	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	Contract Services	2,800	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,800	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,238,175	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	738,627	19
20	Health Care/ Personal Care	433,803	20
21	General Administration	737,102	21
	B. Capital Expense		
22	Ownership	1,012,233	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)	\$ 2,921,765	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 316,410	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 316,410	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,345
Rubbish Removal	5,451
Vehicle Expense	1,026
Transportation Service	
Water Softener	5,088
Misc Operating	
Total	12,910

C. General Administration - Other

Consulting	28,942
Legal	260
Accounting	320
Audit	5,518
Contract labor	1,200
Bad Debt	13,789
Total	50,029

D. Ownership

Mortgage Insurance Premium	-
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	22,108
Remarketing and Trustee Fee	
Property Damage Loss	
Interest Income	
Total	22,108

Reclassifications and Adjustments

Heat & Other Utilities (20,295) Cable

Administrative and Clerical (18,243) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	14,460
Accrued Vacation	17,179
Unclaimed Property	78
Reservation Deposits	9,200
Unearned Revenue	<u>8,675</u>

Total Other Current Liabilities 49,592