

FOR BHF USE							

LL2

Supportive Living Facility

2010

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2010)

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: 1000015

Facility Name: Heritage Woods of Chicago

Address: 2800 West Fulton Chicago 60612

Number City Zip Code

County: Cook

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

Federal Employer ID Number: _____

Date Current Owners were Certified: 08/14/02

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☒	Partnership	☐	County
IRS Exemption Code _____		☐	Corporation	☐	Other _____
		☐	"Sub-S" Corp.	_____	
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other _____		

In the event there are further questions about this report, please contact:

Name: Selena Edgington Telephone Number: 815-935-1992

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 01/01/2010 to 12/31/2010 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, BMA Management, LTD.</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) <u>()</u> _____	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 Chicago

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	Single Unit Apartment	110	40,150
2	Double Unit Apartment		
3	Other		
4	TOTALS	110	40,150

B. Census-For the entire report period.

1	2	3	4	5
Type of Unit	Resident Days by Unit and Primary Source of Payment			
	Medicaid Recipient	Private Pay	Other	Total
5	Single Unit	25,785	797	26,582
6	Double Unit			
7	Other			
8	TOTALS	25,785	797	26,582

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

66.21%

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

794

 Also, indicate the number of unpaid bed-hold days the SLF had during this year.

265

 (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

X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES

NO

X

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

NONE

H. ACCOUNTING BASIS

ACCRUAL

X

MODIFIED CASH*CASH*

I. Is your fiscal year identical to your tax year?

X

 YES NO

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

* 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 Chicago

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	192,649	144,909	2,157	339,715		339,715	1
2	Housekeeping, Laundry and Maintenance	76,049	44,229	159,471	279,749		279,749	2
3	Heat and Other Utilities			153,770	153,770		153,770	3
4	Other (specify):			31,707	31,707		31,707	4
5	TOTAL General Services	268,698	189,138	347,105	804,941		804,941	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	332,038	3,268		335,306		335,306	6
7	Activities and Social Services	32,735	8,307		41,042		41,042	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	364,773	11,575		376,348		376,348	9
	C. General Administration							
10	Administrative and Clerical	246,134	15,215	275,102	536,451		536,451	10
11	Marketing Materials, Promotions and Advertising	63,623	6,908	54,014	124,545		124,545	11
12	Employee Benefits and Payroll Taxes			181,990	181,990		181,990	12
13	Insurance-Property, Liability and Malpractice			44,351	44,351		44,351	13
14	Other (specify):			122,515	122,515		122,515	14
15	TOTAL General Administration	309,757	22,123	677,972	1,009,852		1,009,852	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	943,228	222,836	1,025,077	2,191,141		2,191,141	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			297,619	297,619		297,619	17
18	Interest			15,746	15,746		15,746	18
19	Real Estate Taxes			79,906	79,906		79,906	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			106,686	106,686		106,686	22
23	TOTAL Ownership			499,957	499,957		499,957	23
24	GRAND TOTAL (Sum of lines 16 and 23)	943,228	222,836	1,525,034	2,691,098		2,691,098	24

Facility Name: Heritage Woods of Chicago

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 34.16	1
2	Licensed Practical Nurses	1	20.67	2
3	Certified Nurse Assistants	12	9.76	3
4	Activity Director & Assistants	1	14.95	4
5	Social Service Workers			5
6	Head Cook	1	24.55	6
7	Cook Helpers/Assistants	8	10.58	7
8	Dishwashers			8
9	Maintenance Workers	1	19.17	9
10	Housekeepers	2	9.00	10
11	Laundry			11
12	Managers	1	40.68	12
13	Other Administrative			13
14	Clerical			14
15	Marketing	0	26.52	15
16	Other			16
17	Total (lines 1 thru 16)	28	\$	17

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).

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.	\$ 154,730	1
2			2
Total		\$ 154,730	3

Facility Name: Heritage Woods of Chicago Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	\$ 10,879,840	\$ 271,998	40	\$ 271,996	\$ (2)	\$ 2,253,020	1
2											2
3											3
4											4
5											5
6	Improvement Type										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)				\$ 10,879,840	\$ 271,998		\$ 271,996	\$ (2)	\$ 2,253,020	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	\$ 458,086	\$ 24,529	\$ 91,617	67,088	5	\$ 375,292	18
19	Vehicles	4,800	1,094	960	(134)	5	3,158	19
20	TOTAL (lines 18 and 19)		\$ 462,886	\$ 25,623	\$ 92,577	66,954	\$ 378,450	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: 01/01/2010

Ending: 2/31/2010

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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	\$ 2,520,000	10/01/31/	VARIABLE	\$ 15,927	1
2	City of Chicago		X	SECOND MORTGAGE	12/1/99	2,011,977	2,011,977	12/1/34	NONE		2
3	City of Chicago		X	THIRD MORTGAGE	12/1/99	1,300,000	1,300,000	1/1/34	NONE		3
4	Renaissance Social Services		X	FOURTH MORTGAGE	12/1/99	300,000	300,000	12/31/29	NONE		3
5	IDHA		X	FIFTH MORTGAGE	11/1/01	875,000	806,403	10/1/31	0.0100	6,047	4
6								/ /			5
6	Working Capital										
4				Prior Year Adjustment	/ /			/ /		-6,228	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,536,977	\$ 6,938,380			\$ 15,746	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,536,977	\$ 6,938,380			\$ 15,746	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: 01/01/2010

Ending: 12/31/2010

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 571,689	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	110,662		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	16,013		6
7	Other Prepaid Expenses	77,415		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Utility Security Deposits	2,699		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 778,478	\$	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	10,879,840		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	462,886		16
17	Accumulated Depreciation (book methods)	(2,631,470)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	353,881		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(126,765)		20
21	Restricted Funds	380,051		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,427,370	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,205,848	\$	25

*(See instructions.)

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 566,974	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	52,412		30
31	Accrued Taxes Payable	82,065		31
32	Accrued Interest Payable	6,159		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	337,462		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,045,072	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,240,251		38
39	Mortgage Payable	6,938,380		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)	\$ 9,178,631	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,223,703	\$	45
46	TOTAL EQUITY	\$ (17,855)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,205,848	\$	47

Facility Name: Heritage Woods of Chicago

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

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	\$ 2,601,425	1
2	Discounts and Allowances	(49,521)	2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 2,551,904	3
	B. Other Operating Revenue		
4	Special Services	80,769	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	180	8
9	Non-Resident Meals	968	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 81,917	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	486	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 486	14
	D. Other Revenue (specify):		
15	Contract Services	100	15
16	Insurance Adjustments & Lease Income	21,037	16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 21,137	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 2,655,444	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	804,941	19
20	Health Care/ Personal Care	376,348	20
21	General Administration	1,009,852	21
	B. Capital Expense		
22	Ownership	499,957	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 2,691,098	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (35,654)	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (35,654)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	5,772
Rubbish Removal	11,847
Vehicle Expense	4,694
Transportation Service	8,894
Misc Operating Expenses	500
Total	31,707

C. General Administration - Other

Consulting	68,400
Legal	8,363
Accounting	-
Audit	13,660
Contract labor	1,000
Bad Debt	31,092
Total	122,515

D. Ownership

Letter of Credit Fee	44,781
Bond and Draw Fee	2,700
Remarketing and Trustee Fee	2,635
Partnership Management Fee	10,000
Organizational Expense	26,736
Incentive Manangement Fee	-
Tax Credit Fee & Incentive Fee	2,750
Amortization Expense	12,084
Business Interruption	
Property Damage Loss	5,000
Total	106,686

Reclassifications and Adjustments

Heat & Other Utilities - Cable

Administrative and Clerical - Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	25,280
Accrued Asset Mgmt Fee	-
Accrued Partnership Fee	90,000
Accrued Incentive Mgmt Fee	-
Accrued Developer Fee	220,815
Unearned Revenue	1,367
Accrued MIP	
Reservation Deposit	
Total Other Current Liabilities	337,462