

		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: 1000121

Facility Name: Heritage Woods of Dwight

Address: 701 East Mazon Avenue Dwight 60420

Number City Zip Code

County: Livingston

Telephone Number: (815) 584-9280 Fax # (815) 584-9283

Federal Employer ID Number:

Date Current Owners were Certified: 11/24/2009

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: Grenshinka Osborne Telephone Number: (815) 935-1992 EXT 257

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)	David J. Mitchell	
Paid Preparer	(Title)	CFO, BMA Management, LTD	
	(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 Dwight**

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	68	Single Unit Apartment	68	24,820	1
2		Double Unit Apartment			2
3		Other			3
4	68	TOTALS	68	24,820	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	6,574	7,414		13,988	5
6	Double Unit					6
7	Other					7
8	TOTALS	6,574	7,414		13,988	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 56.36%

D. Indicate the number of paid bed-hold days the SLF had during this year
55 Also, indicate the number of unpaid bed-hold days the SLF
 had during this year. 1 **(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

ACCUAL		MODIFIED	
		CASH*	CASH*
	X		

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

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 1	Supplies 2	Other 3	Total 4			
	A. General Services					5	6	
1	Dietary and Food Purchase	110,551	73,983	2,077	186,611		186,611	1
2	Housekeeping, Laundry and Maintenance	48,874	7,600	12,567	69,041		69,041	2
3	Heat and Other Utilities			76,005	76,005	(9,141)	66,864	3
4	Other (specify): SEE ATTACHMENT PG 3			10,712	10,712		10,712	4
5	TOTAL General Services	159,425	81,583	101,361	342,369	(9,141)	333,228	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	165,611	1,477		167,088		167,088	6
7	Activities and Social Services	21,055	2,943		23,998		23,998	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	186,666	4,420		191,086		191,086	9
	C. General Administration							
10	Administrative and Clerical	64,501	9,962	153,701	228,164	(9,518)	218,646	10
11	Marketing Materials, Promotions and Advertising	32,400	7,534	52,049	91,983		91,983	11
12	Employee Benefits and Payroll Taxes			80,075	80,075		80,075	12
13	Insurance-Property, Liability and Malpractice			27,409	27,409		27,409	13
14	Other (specify): SEE ATTACHMENT PG 3			22,494	22,494		22,494	14
15	TOTAL General Administration	96,901	17,496	335,728	450,125	(9,518)	440,607	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	442,992	103,499	437,089	983,580	(18,659)	964,921	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			515,250	515,250		515,250	17
18	Interest			511,740	511,740		511,740	18
19	Real Estate Taxes			13,272	13,272		13,272	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): SEE ATTACHMENT PG 3			110,958	110,958		110,958	22
23	TOTAL Ownership			1,151,220	1,151,220		1,151,220	23
24	GRAND TOTAL (Sum of lines 16 and 23)	442,992	103,499	1,588,309	2,134,800	(18,659)	2,116,141	24

Facility Name: Heritage Woods of Dwight

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	\$ 25.74	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	6	9.22	3
4	Activity Director & Assistants	1	10.10	4
5	Social Service Workers			5
6	Head Cook	1	9.65	6
7	Cook Helpers/Assistants	4	9.66	7
8	Dishwashers			8
9	Maintenance Workers	1	16.92	9
10	Housekeepers	1	8.46	10
11	Laundry			11
12	Managers	1	18.19	12
13	Other Administrative			13
14	Clerical	1	24.18	14
15	Marketing	1	14.77	15
16	Other			16
17	Total (lines 1 thru 16)	18	\$	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	\$ 75,153	1
2			2
Total		\$ 75,153	3

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

VIII. OWNERSHIP COSTS

A. Purchase price of land 25,000 Year land was acquired 06/30/2008

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	68			2009	\$ 7,030,921	\$ 222,442	28	\$ 251,104	\$ 28,662	\$ 264,800	1
2											2
3											3
4											4
5											5
6	Improvement Type										
6	Land Improvements				725,190	21,070	15	48,346	27,276	29,128	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)				\$ 7,756,111	\$ 243,512		\$ 299,450	\$ 55,938	\$ 293,928	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	\$ 658,185	\$ 271,738	\$ 131,637	(140,101)	5	\$ 289,921	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 658,185	\$ 271,738	\$ 131,637	(140,101)		\$ 289,921	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 Dwight

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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		☐ YES ☒ NO
3	Original Building			/ /	\$			3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

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	Country Bank		X	First Mortgage	10/28/09	\$ 7,288,000	\$ 7,288,000	1/31/11	0.0690	\$ 509,157	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Country Bank		X	Line of Credit	6/11/10	300,000	76,607	6/11/11	0.0575	2,583	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,588,000	\$ 7,364,607			\$ 511,740	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,588,000	\$ 7,364,607			\$ 511,740	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 Dwight

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	\$ 33	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	147,496		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,414		6
7	Other Prepaid Expenses	3,289		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 164,232	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,020,731		13
14	Buildings, at Historical Cost	7,030,921		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	658,185		16
17	Accumulated Depreciation (book methods)	(583,849)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	133,650		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(128,364)		20
21	Restricted Funds	10,000		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,141,274	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,305,506	\$	25

*(See instructions.)

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 17,510	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	20,602		30
31	Accrued Taxes Payable	20,630		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SEE ATTACHMENT PG 7	90,201		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 148,943	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,288,000		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)	\$ 7,288,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,436,943	\$	45
46	TOTAL EQUITY	\$ 868,563	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,305,506	\$	47

Facility Name: Heritage Woods of Dwight

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	\$ 1,342,939	1
2	Discounts and Allowances	(48,266)	2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 1,294,673	3
	B. Other Operating Revenue		
4	Special Services	27,808	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	12,369	8
9	Non-Resident Meals	3,992	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 44,169	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	CONTRACT SERVICE	3,226	15
16	ENGINEER PAYING FOR CO#2 CONSTR	7,775	16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 11,001	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 1,349,843	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	342,369	19
20	Health Care/ Personal Care	191,086	20
21	General Administration	450,125	21
	B. Capital Expense		
22	Ownership	1,151,220	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)	\$ 2,134,800	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (784,957)	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (784,957)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,170
Rubbish Removal	5,121
Vehicle Expense	929
Water Softener	<u>3,492</u>
TOTAL	<u><u>10,712</u></u>

C. General Administration - Other

Consulting	15,314
Legal	1,780
Accounting	1,900
Audit	2,500
Contract Labor	<u>1,000</u>
TOTAL	<u><u>22,494</u></u>

D. Ownership

Mortgage Service Fee	200
Amortization Expense	108,258
Property Damage Loss	<u>2,500</u>
TOTAL	<u><u>110,958</u></u>

Reclassification and Adjustments

Heat & Other Utilities	(9,141)	Cable
Administrative and Clerical	(9,518)	Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	11,246
Reservation Deposit	600
Unearned Revenue	1,748
Line of Credit	<u>76,607</u>
Total Other Current Liabilities	<u>90,201</u>