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.

I. Facility ID Number: 1000029-ii

Facility Name: Heritage Woods of Batavia LP II

Address: 1079 E. Wilson St. (Number) Batavia (City) 60510 (Zip Code)

County: Kane

Telephone Number: (630) 406-9440 **Fax #** (630) 406-9451

Federal Employer ID Number:

Date Current Owners were Certified: 02/27/2008

Type of Ownership:

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2011 to 12/31/2011 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

(Title) CFO, BMA Management, LTD

Paid Preparer

(Signed) (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

In the event there are further questions about this report, please contact:
Name: Grenshinka Osborne **Telephone Number:** (815) 935-1992 EXT 257
Email Address:

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 Batavia LP II 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 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	55	Single Unit Apartment	55	20,075	1
2		Double Unit Apartment			2
3		Other			3
4	55	TOTALS	55	20,075	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	15,160	4,528		19,688	5
6	Double Unit					6
7	Other					7
8	TOTALS	15,160	4,528		19,688	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.07%

D. Indicate the number of paid bed-hold days the SLF had during this year 264 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 30 **(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)

H. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31/2011 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? 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 Batavia LP II **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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase		100,523	736	101,259		101,259	1
2	Housekeeping, Laundry and Maintenance		10,093	37,771	47,864		47,864	2
3	Heat and Other Utilities			67,139	67,139	(11,389)	55,750	3
4	Other (specify):			8,977	8,977		8,977	4
5	**TOTAL General Services**		110,616	114,623	225,239	(11,389)	213,850	5
	B. Health Care and Programs							
6	Health Care/ Personal Care		1,370		1,370		1,370	6
7	Activities and Social Services		4,075		4,075		4,075	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**		5,445		5,445		5,445	9
	C. General Administration							
10	Administrative and Clerical		7,100	162,466	169,566	(10,528)	159,038	10
11	Marketing Materials, Promotions and Advertising		1,941	21,286	23,227		23,227	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			9,704	9,704		9,704	13
14	Other (specify):			592,580	592,580		592,580	14
15	**TOTAL General Administration**		9,041	786,036	795,077	(10,528)	784,549	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**		125,102	900,659	1,025,761	(21,917)	1,003,844	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			314,593	314,593		314,593	17
18	Interest			397,169	397,169		397,169	18
19	Real Estate Taxes			63,964	63,964		63,964	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			419,766	419,766		419,766	22
23	**TOTAL Ownership**			1,195,492	1,195,492		1,195,492	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**		125,102	2,096,151	2,221,253	(21,917)	2,199,336	24

Facility Name: Heritage Woods of Batavia LP II 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	$ 31.07	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9	11.78	3
4	Activity Director & Assistants	1	14.20	4
5	Social Service Workers			5
6	Head Cook	0	28.34	6
7	Cook Helpers/Assistants	6	9.77	7
8	Dishwashers			8
9	Maintenance Workers	1	14.77	9
10	Housekeepers	2	9.39	10
11	Laundry			11
12	Managers	0	42.67	12
13	Other Administrative			13
14	Clerical	1	19.44	14
15	Marketing	0	23.29	15
16	Other			16
17	Total (lines 1 thru 16)	21	$	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	BMA Management, LTD	$ 109,456	1
2			2
		Total $ 109,456	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				OTHER RELATED BUSINESS ENTITIES					
Name	1	City	2	Name	3	City	4	Type of Business	5
Heritage Woods of Batavia LP		Batavia							

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 [X]
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 [X]
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 Batavia LP II Report Period Beginning: 01/01/2011 Ending: 12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 570,483 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	55			2008	$ 6,953,281	$ 262,883	28	$ 248,331	$ (14,552)	$ 958,710	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				236,738	19,014	15	15,783	(3,231)	72,797	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)				$ 7,190,019	$ 281,897		$ 264,114	$ (17,783)	$ 1,031,507	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	$ 360,346	$ 42,696	$ 72,069	29,373	5	$ 296,303	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 360,346	$ 42,696	$ 72,069	29,373		$ 296,303	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 Batavia LP II **Report Period Beginning:** 01/01/2011 **Ending:** 2/31/2011

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	IHDA		X	First Mortgage	12/1/06	$ 7,000,000	$ 6,818,579	5/1/48	0.0580	$ 397,169	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 7,000,000	$ 6,818,579			$ 397,169	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 7,000,000	$ 6,818,579			$ 397,169	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 Batavia LP II **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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 629,014	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 3,362)	459,085		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,088,099	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	807,221		13
14	Buildings, at Historical Cost	6,953,281		14
15	Leasehold Improvements, at Historical Cost	360,346		15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)	(1,327,810)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	288,349		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(31,819)		20
21	Restricted Funds	1,043,697		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 8,093,264	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 9,181,364	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 39,333	$	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	61,584		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	555,193		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 656,110	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,818,579		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)**	$ 6,818,579	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 7,474,689	$	45
46	**TOTAL EQUITY**	$ 1,706,675	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 9,181,364	$	47

***(See instructions.)**

Facility Name: Heritage Woods of Batavia LP II **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.)

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 2,105,904	1
2	Discounts and Allowances	(3,261)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,102,643	3
	B. Other Operating Revenue		
4	Special Services	85,930	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	14,967	8
9	Non-Resident Meals	260	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 101,157	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	981	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 981	14
	D. Other Revenue (specify):		
15			15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 2,204,781	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	225,239	19
20	Health Care/ Personal Care	5,445	20
21	General Administration	795,077	21
	B. Capital Expense		
22	Ownership	1,195,492	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)**	$ 2,221,253	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (16,472)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (16,472)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	474
Rubbish Removal	4,307
Vehicle Expense	
Transportation Service	
Water Softener	3,840
Misc Operating	356
Total	**8,977**

C. General Administration - Other

Consulting	349
Legal	4,215
Accounting	22
Audit	11,625
Contract labor	575,223
Bad Debt	1,146
Total	**592,580**

D. Ownership

Letter of Credit	
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	10,000
Incentive Manangement Fee	375,711
Tax Credit Fee & Incentive Fee	1,150
Amortization Expense	8,304
Developer Fee	22,101
Property Damage Loss	2,500
Interest Income	
Total	**419,766**

Reclassifications and Adjustments

Heat & Other Utilities	(11,389)	Cable
Administrative and Clerical	(10,528)	Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Asset Management Fees	10,000
Accrued Incentive Mgmt Fee	504,957
Accrued Liabilities	19,546
Accrued MIP	15,079
Unclaimed Property	465
Unearned Revenue	5,146
Total Other Current Liabilities	**555,193**