

		FOR BHF USE			

LL2

Supportive Living Facility

2012

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2012)

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: 1000115

Facility Name: Heritage Woods of Bolingbrook

Address: 550 Kildeer Bolingbrook 60440

Number City Zip Code

County: Will

Telephone Number: 630-783-9640 Fax # 630-783-9648

Federal Employer ID Number: _____

Date Current Owners were Certified: 02/27/09

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT

☐ Charitable Corp.

☐ Trust

IRS Exemption Code _____

☐ PROPRIETARY

☐ Individual

☒ Partnership

☐ Corporation

☐ "Sub-S" Corp.

☐ Limited Liability Co.

☐ Trust

☐ Other _____

☐ GOVERNMENTAL

☐ State

☐ County

☐ 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 01/01/12 to 12/31/12 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) _____ 4/29/2013
(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: Selena Edgington Telephone Number: 815-935-1992 EXT 232

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

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

Date of change in certified units

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.

539 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **47 (Do not include bed-hold days in Section B.)**

STATE OF ILLINOIS

Page 3

Facility Name: Heritage Woods of Bolingbrook

Report Period Beginning:

01/01/12

Ending:

12/31/12

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		185,951	1,725	187,676		187,676	1
2	Housekeeping, Laundry and Maintenance		25,479	42,699	68,178		68,178	2
3	Heat and Other Utilities			165,982	165,982	(27,058)	138,924	3
4	Other (specify):			13,869	13,869		13,869	4
5	TOTAL General Services		211,430	224,275	435,705	(27,058)	408,647	5
	B. Health Care and Programs							
6	Health Care/ Personal Care		1,131		1,131		1,131	6
7	Activities and Social Services		4,718		4,718		4,718	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		5,849		5,849		5,849	9
	C. General Administration							
10	Administrative and Clerical		15,061	267,819	282,880	(23,514)	259,366	10
11	Marketing Materials, Promotions and Advertising		13,581	28,987	42,568		42,568	11
12	Employee Benefits and Payroll Taxes			17,969	17,969		17,969	12
13	Insurance-Property, Liability and Malpractice			1,433,208	1,433,208		1,433,208	13
14	Other (specify):							14
15	TOTAL General Administration		28,642	1,747,983	1,776,625	(23,514)	1,753,111	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		245,921	1,972,258	2,218,179	(50,572)	2,167,607	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			551,010	551,010		551,010	17
18	Interest			832,092	832,092		832,092	18
19	Real Estate Taxes			91,184	91,184		91,184	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			716,347	716,347		716,347	22
23	TOTAL Ownership			2,190,633	2,190,633		2,190,633	23
24	GRAND TOTAL (Sum of lines 16 and 23)		245,921	4,162,891	4,408,812	(50,572)	4,358,240	24

CONTRACT LABOR

Facility Name: Heritage Woods of Bolingbrook

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

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)		\$	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	\$	191,492	1
2				2
Total		\$	191,492	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? \$

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

VIII. OWNERSHIP COSTS

A. Purchase price of land 815,542 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	105			2009	\$ 12,529,068	\$ 456,283	28	\$ 447,467	\$ (8,816)	\$ 1,780,297	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				242,571	16,171	15	16,171	0	63,338	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)				\$ 12,771,639	\$ 472,454		\$ 463,638	\$ (8,816)	\$ 1,843,635	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	\$ 665,448	\$ 78,556	\$ 133,090	54,534	5	\$ 535,560	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 665,448	\$ 78,556	\$ 133,090	54,534		\$ 535,560	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 Bolingbrook

Report Period Beginning: 01/01/12

Ending: 12/31/12

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		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	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.
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

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	Amalgamated Bank		X	First Mortgage/Bond	12/1/07	\$ 11,900,000	\$ 11,675,000	12/1/42	0.0007	\$ 824,630	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,900,000	\$ 11,675,000			\$ 824,630	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,900,000	\$ 11,675,000			\$ 824,630	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 Bolingbrook**Report Period Beginning: **01/01/12**

Ending:

12/31/12**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/12

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 194,234	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	390,422		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	851		6
7	Other Prepaid Expenses	4,963		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 590,470	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	815,542		13
14	Buildings, at Historical Cost	12,529,068		14
15	Leasehold Improvements, at Historical Cost	242,571		15
16	Equipment, at Historical Cost	665,448		16
17	Accumulated Depreciation (book methods)	(2,379,195)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	544,440		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(67,532)		20
21	Restricted Funds	2,380,057		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,730,399	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,320,869	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 42,498	\$	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	89,247		31
32	Accrued Interest Payable	75,535		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	721,888		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 929,168	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	11,675,000		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)	\$ 11,675,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,604,168	\$	45
46	TOTAL EQUITY	\$ 2,716,701	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,320,869	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Bolingbrook

Report Period Beginning: 01/01/12

Ending:

12/31/12

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,684,740	1
2	Discounts and Allowances	(3,020)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,681,720	3
	B. Other Operating Revenue		
4	Special Services	196,358	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	10,056	8
9	Non-Resident Meals	2,603	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 209,017	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	23,690	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 23,690	14
	D. Other Revenue (specify):		
15	Lease income	3,600	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,600	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,918,027	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	435,705	19
20	Health Care/ Personal Care	5,849	20
21	General Administration	1,776,625	21
	B. Capital Expense		
22	Ownership	2,190,633	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)	\$ 4,408,812	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (490,785)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (490,785)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	2,415
Rubbish Removal	2,042
Vehicle Expense	
Transportation Service	
Water Softener	
Misc Operating	9,412
Total	13,869

C. General Administration - Other

Consulting	23,544
Legal	3,094
Accounting	90
Audit	10,785
Contract labor - Serv Prov	1,376,701
Bad Debt	17,794
Contract labor	1,200
Total	1,433,208

D. Ownership

Letter of Credit	
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	16,392
Incentive Manangement Fee	672,854
Tax Credit Fee & Incentive Fee	2,075

Amortization Expense	17,193
Remarketing and Trustee Fee	3,833
Property Damage Loss	
Financing fees	4,000
 Total	 716,347

Reclassifications and Adjustments

Heat & Other Utilities (27,058) Cable

Administrative and Clerical (23,514) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	27,493
Accrued Asset Mgmt Fee	16,392
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	672,854
Unclaimed Property	242
Unearned Revenue	4,907
Accrued Developer Fee	
Reservation Deposit	

Total Other Current Liabilities 721,888