

		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: 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 # 773-772-7662

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	☐	_____

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

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

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	<u>110</u>	Single Unit Apartment	<u>110</u>	<u>40,260</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>110</u>	TOTALS	<u>110</u>	<u>40,260</u>	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	<u>32,180</u>	<u>1,341</u>		<u>33,521</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>32,180</u>	<u>1,341</u>		<u>33,521</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 83.26%

D. Indicate the number of paid bed-hold days the SLF had during this year 810 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 91 (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: 2012 Fiscal Year: 2012

* 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:

01/01/12

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	219,335	192,783	1,772	413,890		413,890	1
2	Housekeeping, Laundry and Maintenance	91,033	48,878	137,575	277,486		277,486	2
3	Heat and Other Utilities			157,292	157,292		157,292	3
4	Other (specify):			28,272	28,272		28,272	4
5	TOTAL General Services	310,368	241,661	324,911	876,940		876,940	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	358,733	3,848		362,581		362,581	6
7	Activities and Social Services	35,243	6,149		41,392		41,392	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	393,976	9,997		403,973		403,973	9
	C. General Administration							
10	Administrative and Clerical	237,126	17,608	303,181	557,915		557,915	10
11	Marketing Materials, Promotions and Advertising	60,634	15,118	41,837	117,589		117,589	11
12	Employee Benefits and Payroll Taxes			193,217	193,217		193,217	12
13	Insurance-Property, Liability and Malpractice			49,883	49,883		49,883	13
14	Other (specify):			62,457	62,457		62,457	14
15	TOTAL General Administration	297,760	32,726	650,575	981,061		981,061	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,002,104	284,384	975,486	2,261,974		2,261,974	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			280,336	280,336		280,336	17
18	Interest			15,150	15,150		15,150	18
19	Real Estate Taxes			93,950	93,950		93,950	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			71,211	71,211		71,211	22
23	TOTAL Ownership			460,647	460,647		460,647	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,002,104	284,384	1,436,133	2,722,621		2,722,621	24

Facility Name: Heritage Woods of Chicago

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	\$ 33.78	1
2	Licensed Practical Nurses	1	20.07	2
3	Certified Nurse Assistants	13	9.49	3
4	Activity Director & Assistants	1	17.32	4
5	Social Service Workers			5
6	Head Cook	1	26.52	6
7	Cook Helpers/Assistants	9	9.78	7
8	Dishwashers			8
9	Maintenance Workers	1	20.56	9
10	Housekeepers	2	8.84	10
11	Laundry			11
12	Managers	1	43.98	12
13	Other Administrative	4	18.18	13
14	Clerical	1	21.08	14
15	Marketing			15
16	Other	1	25.06	16
17	Total (lines 1 thru 16)	36	\$	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	\$ 195,324	1
2			2
Total		\$ 195,324	3

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	\$ 10,941,830	\$ 273,545	40	\$ 273,546	\$ 1	\$ 2,799,346	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				\$ 10,941,830	\$ 273,545		\$ 273,546	\$ 1	\$ 2,799,346	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	\$ 473,747	\$ 20,656	\$ 94,749	74,093	5	\$ 429,416	18
19	Vehicles	25,000	1,226	5,000	3,774	5	5,041	19
20	TOTAL (lines 18 and 19)	\$ 498,747	\$ 21,882	\$ 99,749	77,867		\$ 434,457	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: 01/01/12

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 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**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 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	\$ 2,380,000	10/01/31/	VARIABLE	\$ 7,422	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		
4	Renaissance Social Services		X	FOURTH MORTGAGE	12/1/99	300,000	300,000	12/31/29	NONE		
5	IDHA		X	FIFTH MORTGAGE	11/1/01	875,000	772,403	10/1/31	0.0100	7,728	
					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,536,977	\$ 6,764,380			\$ 15,150	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,536,977	\$ 6,764,380			\$ 15,150	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: 01/01/12

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	\$ 984,116	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	464,220		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	16,022		6
7	Other Prepaid Expenses	39,077		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,503,435	\$	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	10,941,830		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	498,947		16
17	Accumulated Depreciation (book methods)	(3,214,577)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	361,248		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(150,933)		20
21	Restricted Funds	862,542		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,408,004	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,911,439	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 246,063	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	100,022		30
31	Accrued Taxes Payable	115,000		31
32	Accrued Interest Payable	5,793		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	207,513		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 674,391	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,240,251		38
39	Mortgage Payable	6,764,380		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)	\$ 9,004,631	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,679,022	\$	45
46	TOTAL EQUITY	\$ 1,232,417	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,911,439	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Chicago

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	\$ 3,220,683	1
2	Discounts and Allowances	(54,108)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,166,575	3
	B. Other Operating Revenue		
4	Special Services	142,909	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	1,245	8
9	Non-Resident Meals	2,025	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 146,179	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	948	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 948	14
	D. Other Revenue (specify):		
15	Property tax adj	18,809	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 18,809	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,332,511	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	876,940	19
20	Health Care/ Personal Care	403,973	20
21	General Administration	981,061	21
	B. Capital Expense		
22	Ownership	460,647	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)	\$ 2,722,621	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 609,890	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 609,890	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	5,656
Rubbish Removal	12,125
Vehicle Expense	3,096
Transportation Service	6,395
Window washing	1,000
Misc Operating	
Total	28,272

C. General Administration - Other

Consulting	4,929
Legal	20,517
Accounting	90
Audit	12,595
Contract labor	1,200
Bad Debt	23,126
Total	62,457

D. Ownership

Letter of Credit	41,199
Mortgage Insurance Premium	
Bond and draw fee	2,700
Partnership Management Fee	10,000
Asset Management Fee	
Settlement	5,000
Tax Credit Fee & Incentive Fee	2,750
Amortization Expense	12,084

Remarketing and Trustee Fee	2,503
Property Damage Loss	862
Gain on sale of asset	(5,887)

Total	71,211
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Reclassifications and Adjustments

Heat & Other Utilities	- Cable
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Administrative and Clerical	- Telephone Revenue
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BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	37,822
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	110,000
Accrued Incentive Mgmt Fee	
Unclaimed Property	1,458
Unearned Revenue	2,418
Accrued Developer Fee	55,815
Reservation Deposit	

Total Other Current Liabilities 207,513