

		FOR BHF USE			

LL2

Supportive Living Facility

2013

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2013)

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: 1000026

Facility Name: Eagle Ridge SLF I

Address: 875 McKinley Avenue Decatur 62526

Number City Zip Code

County: Macon

Telephone Number: 217-872-1282 Fax # 217-872-1227

Federal Employer ID Number:

Date Current Owners were Certified: 06/23/03

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 EXT 232

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 01/01/13 to 12/31/13 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 Eagle Ridge SLF I Report Period Beginning: 01/01/13 Ending: 12/31/13

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	76	Single Unit Apartment	76	27,740	1
2		Double Unit Apartment			2
3		Other			3
4	76	TOTALS	76	27,740	4

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	21,436	5,450		26,886	5
6	Double Unit					6
7	Other					7
8	TOTALS	21,436	5,450		26,886	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 96.92%

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

415 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 166 (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: 2013 Fiscal Year: 2013

* 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. _____

STATE OF ILLINOIS

Facility Name: Eagle Ridge SLF I

Report Period Beginning:

01/01/13

Ending:

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12/31/13

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		146,609	1,402	148,011		148,011	1
2	Housekeeping, Laundry and Maintenance		12,110	51,909	64,019		64,019	2
3	Heat and Other Utilities			96,025	96,025	(19,777)	76,248	3
4	Other (specify):			9,814	9,814		9,814	4
5	TOTAL General Services		158,719	159,150	317,869	(19,777)	298,092	5
	B. Health Care and Programs							
6	Health Care/ Personal Care		1,350		1,350		1,350	6
7	Activities and Social Services		10,964		10,964		10,964	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		12,314		12,314		12,314	9
	C. General Administration							
10	Administrative and Clerical		7,563	215,845	223,408	(13,487)	209,921	10
11	Marketing Materials, Promotions and Advertising		4,508	46,933	51,441		51,441	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			10,899	10,899		10,899	13
14	Other (specify):			1,299,976	1,299,976		1,299,976	14
15	TOTAL General Administration		12,071	1,573,653	1,585,724	(13,487)	1,572,237	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		183,104	1,732,803	1,915,907	(33,264)	1,882,643	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			282,971	282,971		282,971	17
18	Interest			282,440	282,440		282,440	18
19	Real Estate Taxes			63,327	63,327		63,327	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			260,413	260,413		260,413	22
23	TOTAL Ownership			889,151	889,151		889,151	23
24	GRAND TOTAL (Sum of lines 16 and 23)		183,104	2,621,954	2,805,058	(33,264)	2,771,794	24

Facility Name: Eagle Ridge SLF I

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 29.92	1
2	Licensed Practical Nurses	1	19.43	2
3	Certified Nurse Assistants	14	10.17	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	14.21	5
6	Head Cook	1	15.68	6
7	Cook Helpers/Assistants	7	9.18	7
8	Dishwashers			8
9	Maintenance Workers	1	18.08	9
10	Housekeepers	2	9.16	10
11	Laundry			11
12	Managers	1	34.91	12
13	Other Administrative	3	17.32	13
14	Clerical			14
15	Marketing	1	23.09	15
16	Other			16
17	Total (lines 1 thru 16)	33	\$	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
Eagle Ridge of Decatur II		Decatur	

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	\$ 130,091	1
2			2
Total		\$ 130,091	3

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).

Facility Name: Eagle Ridge SLF I Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. OWNERSHIP COSTS

A. Purchase price of land 181,886 Year land was acquired 2001

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	76			2003	\$ 5,982,196	\$ 217,534	28	\$ 217,534	\$ 0	\$ 2,293,175	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	LAND IMPROVEMENTS				351,206	23,414	15	23,414	(0)	239,991	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)				\$ 6,333,402	\$ 240,948		\$ 240,948	\$ 0	\$ 2,533,166	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	\$ 624,359	\$ 30,704	\$ 124872	94,168	5	\$ 543,887	18
19	Vehicles	35,373	11,319	7074.56	(4,244)	5	18,394	19
20	TOTAL (lines 18 and 19)	\$ 659,731	\$ 42,023	\$ 131,946	89,923		\$ 562,281	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

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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	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	IHDA		X	FIRST MORTGAGE`	11/1/02	\$ 5,041,000	\$ 4,639,723	2/1/44	0.0605	\$ 282,440	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,041,000	\$ 4,639,723			\$ 282,440	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,041,000	\$ 4,639,723			\$ 282,440	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.

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Facility Name: Eagle Ridge SLF I

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 274,937	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	433,254 (21,441)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	2,889		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 689,639	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	181,886		13
14	Buildings, at Historical Cost	5,982,196		14
15	Leasehold Improvements, at Historical Cost	351,206		15
16	Equipment, at Historical Cost	659,732		16
17	Accumulated Depreciation (book methods)	(3,095,447)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	154,921		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(61,144)		20
21	Restricted Funds	1,279,790		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,453,140	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,142,779	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 75,381	\$	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	66,387		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	668,015		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 809,783	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,639,723		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)	\$ 4,639,723	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,449,506	\$	45
46	TOTAL EQUITY	\$ 693,273	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,142,779	\$	47

*(See instructions.)

Facility Name: Eagle Ridge SLF I

Report Period Beginning: 01/01/13

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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	\$ 2,496,304	1
2	Discounts and Allowances	(5,209)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,491,094	3
	B. Other Operating Revenue		
4	Special Services	113,468	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	12,462	8
9	Non-Resident Meals	5,302	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 131,232	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	27,601	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 27,601	14
	D. Other Revenue (specify):		
15	Contract Services Reimbursement	4,484	15
16	Late Fees/Misc Admin	205	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,689	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,654,616	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	317,869	19
20	Health Care/ Personal Care	12,314	20
21	General Administration	1,585,724	21
	B. Capital Expense		
22	Ownership	889,151	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)	\$ 2,805,058	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (150,442)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (150,442)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	5,265
Rubbish Removal	4,549
Vehicle Expense	
Transportation Service	
Water Softener	
Misc Operating	
Total	9,814

C. General Administration - Other

Consulting	3,802
Legal	2,940
Accounting	98
Audit	13,560
Contract labor-Serv Prov	1,237,558
Bad Debt	42,018
Contract labor	
Total	1,299,976

D. Ownership

Letter of Credit	
Mortgage Insurance Premium	23,362
Mortgage Service Fee	11,671
Partnership Management Fee	1,000
Asset Management Fee	19,000
Incentive Manangement Fee	196,803

Tax Credit Fee & Incentive Fee	1,500
Amortization Expense	4,577
Remarketing and Trustee Fee	
Property Damage Loss	2,500
Gain on Sale	

Total	260,413
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Reclassifications and Adjustments

Heat & Other Utilities	(19,777) Cable
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Administrative and Clerical	(13,487) Telephone Revenue
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BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	18,125
Accrued Asset Mgmt Fee	19,000
Accrued Partnership Fee	1,000
Accrued Incentive Mgmt Fee	605,724
Unclaimed Property	97
Unearned Revenue	24,069
Accrued MIP	
Reservation Deposit	

Total Other Current Liabilities 668,015