

		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: 1000129

Facility Name: Heritage Woods of Belvidere

Address: 4730 Squaw Prairie Rd Belvidere 61008

NumberCityZip Code

County: Boone

Telephone Number: (815) 544-9495 Fax # (815) 544-9525

Federal Employer ID Number: _____

Date Current Owners were Certified: 04/25/2011

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
 ☐ PROPRIETARY
 ☐ GOVERNMENTAL

☐ Charitable Corp.
 ☐ Individual
 ☐ State

☐ Trust
 ☐ Partnership
 ☐ County

IRS Exemption Code _____
 ☐ Corporation
 ☐ Other _____

☒ 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

(Title) CFO, BMA Management, LTD

Paid Preparer

(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 Belvidere 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	<u>120</u>	Single Unit Apartment	<u>120</u>	<u>43,800</u>	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,800	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>29,411</u>	<u>13,775</u>		<u>43,186</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,411	13,775		43,186	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.60%

D. Indicate the number of paid bed-hold days the SLF had during this year 566 Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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

Page 3

Facility Name: Heritage Woods of Belvidere

Report Period Beginning:

01/01/13

Ending:

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	274,211	219,589	1,932	495,732		495,732	1
2	Housekeeping, Laundry and Maintenance	122,464	23,357	62,673	208,494		208,494	2
3	Heat and Other Utilities			159,971	159,971	(27,418)	132,553	3
4	Other (specify):			21,132	21,132		21,132	4
5	TOTAL General Services	396,675	242,946	245,708	885,329	(27,418)	857,911	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	559,577	2,588		562,165		562,165	6
7	Activities and Social Services	30,340	8,683		39,023		39,023	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	589,917	11,271		601,188		601,188	9
	C. General Administration							
10	Administrative and Clerical	147,657	18,762	319,203	485,622	(16,146)	469,476	10
11	Marketing Materials, Promotions and Advertising	48,294	5,119	37,433	90,846		90,846	11
12	Employee Benefits and Payroll Taxes			273,535	273,535		273,535	12
13	Insurance-Property, Liability and Malpractice			51,433	51,433		51,433	13
14	Other (specify):			295,575	295,575		295,575	14
15	TOTAL General Administration	195,951	23,881	977,179	1,197,011	(16,146)	1,180,865	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,182,543	278,098	1,222,887	2,683,528	(43,564)	2,639,964	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			814,772	814,772		814,772	17
18	Interest			612,244	612,244		612,244	18
19	Real Estate Taxes			150,515	150,515		150,515	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			73,364	73,364		73,364	22
23	TOTAL Ownership			1,650,895	1,650,895		1,650,895	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,182,543	278,098	2,873,782	4,334,423	(43,564)	4,290,859	24

Facility Name: Heritage Woods of Belvidere

Report Period Beginning 01/01/13 Ending: 12/31/13

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 29.69	1
2	Licensed Practical Nurses	2	19.07	2
3	Certified Nurse Assistants	20	10.41	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	11.76	5
6	Head Cook	2	14.18	6
7	Cook Helpers/Assistants	11	9.39	7
8	Dishwashers			8
9	Maintenance Workers	2	16.01	9
10	Housekeepers	3	8.97	10
11	Laundry			11
12	Managers	1	31.60	12
13	Other Administrative	3	14.59	13
14	Clerical			14
15	Marketing	1	24.19	15
16	Other			16
17	Total (lines 1 thru 16)	46	\$	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	\$ 221,762	1
2			2
Total		\$ 221,762	3

Facility Name: Heritage Woods of Belvidere Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. OWNERSHIP COSTS

A. Purchase price of land 99 Year land was acquired 2011

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	120			2011	\$ 16,617,308	\$ 604,223	28	\$ 604,266	\$ 43	\$ 1,638,077	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	LAND IMPROVEMENTS				553,830	36,922	15	36,922		92,305	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)				\$ 17,171,138	\$ 641,145		\$ 641,188	\$ 43	\$ 1,730,382	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	\$ 868,136	\$ 173,627	\$ 173,627	0	5	\$ 434,068	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 868,136	\$ 173,627	\$ 173,627	0		\$ 434,068	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 Belvidere

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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*		8. Is movable equipment rental included in building rental? 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	CENTENNIAL MORTGAGE		X	FIRST MORTGAGE	12/30/09	\$ 10,875,000	\$ 10,704,855	9/1/51	0.0570	\$ 612,244	1
2	IHDA		X	SECOND MORTGAGE	12/30/09	5,997,823	5,997,823	10/1/51	NONE		2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 16,872,823	\$ 16,702,678			\$ 612,244	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 16,872,823	\$ 16,702,678			\$ 612,244	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 Belvidere

Report Period Beginning: 01/01/13

Ending:

12/31/13

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	\$ 1,373,084	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,368,005 (69,055)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	21,131		6
7	Other Prepaid Expenses	52,181		7
8	Accounts Receivable (owners or related parties)	2,213		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,747,559	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	99		13
14	Buildings, at Historical Cost	16,617,308		14
15	Leasehold Improvements, at Historical Cost	553,830		15
16	Equipment, at Historical Cost	868,136		16
17	Accumulated Depreciation (book methods)	(2,164,449)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	697,235		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(64,019)		20
21	Restricted Funds	1,454,177		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,962,317	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 20,709,876	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 51,007	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	68,460		30
31	Accrued Taxes Payable	107,757		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	181,013		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 408,237	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	16,702,678		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)	\$ 16,702,678	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 17,110,915	\$	45
46	TOTAL EQUITY	\$ 3,598,961	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 20,709,876	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Belvidere

Report Period Beginning: 01/01/13

Ending:

12/31/13

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	\$ 4,372,349	1
2	Discounts and Allowances	(114,596)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,257,754	3
	B. Other Operating Revenue		
4	Special Services	91,223	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	25,842	8
9	Non-Resident Meals	8,380	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 125,444	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	24,268	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 24,268	14
	D. Other Revenue (specify):		
15	Insurance Adjustments	7,061	15
16	Late Fees/Bank Fees	1,852	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 8,913	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,416,379	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	885,329	19
20	Health Care/ Personal Care	601,188	20
21	General Administration	1,197,011	21
	B. Capital Expense		
22	Ownership	1,650,895	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)	\$ 4,334,423	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 81,956	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 81,956	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,820
Rubbish Removal	6,642
Vehicle Expense	4,803
Transportation Service	
Water Softener	7,867
Misc Operating	
Total	21,132

C. General Administration - Other

Consulting	20,099
Legal	1,628
Accounting	105
Audit	17,592
Contract labor-Serv Prov	1,200
Bad Debt	254,951
Contract labor	
Total	295,575

D. Ownership

Letter of Credit	
Mortgage Insurance Premium	47,569
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	2,400

Amortization Expense	23,395
Remarketing and Trustee Fee	
Property Damage Loss	
Gain on Sale	
Total	73,364

Reclassifications and Adjustments

Heat & Other Utilities (27,418) Cable

Administrative and Clerical (16,146) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	79,613
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Unclaimed Property	
Unearned Revenue	101,400
Accrued MIP	
Reservation Deposit	

Total Other Current Liabilities 181,013