

		FOR BHF USE			

LL2

Supportive Living Facility

2014

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2014)

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

County: MACON

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

Federal Employer ID Number:

Date Current Owners were Certified: 06/23/2003

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other	

In the event there are further questions about this report, please contact:

Name: SHANE ALLEE Telephone Number: 815-935-1992 EXT. 246

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 01/01/2014 to 12/31/2014 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 EAGLE RIDGE SLF I

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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>76</u>	Single Unit Apartment	<u>76</u>	<u>27,740</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>76</u>	TOTALS	<u>76</u>	<u>27,740</u>	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	<u>22,804</u>	<u>4,138</u>		<u>26,942</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>22,804</u>	<u>4,138</u>		<u>26,942</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 97.12%

D. Indicate the number of paid bed-hold days the SLF had during this year
351 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. (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: 2014 Fiscal Year: 2014

* 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: EAGLE RIDGE SLF I

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	185,742	154,188	1,413	341,343		341,343	1
2	Housekeeping, Laundry and Maintenance	76,914	17,265	53,249	147,428		147,428	2
3	Heat and Other Utilities			101,232	101,232	(21,134)	80,098	3
4	Other (specify):			18,069	18,069		18,069	4
5	TOTAL General Services	262,656	171,453	173,963	608,072	(21,134)	586,938	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	399,970	2,611		402,581		402,581	6
7	Activities and Social Services	37,788	5,944		43,732		43,732	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	437,758	8,555		446,313		446,313	9
	C. General Administration							
10	Administrative and Clerical	160,910	9,123	251,057	421,090	(28,753)	392,337	10
11	Marketing Materials, Promotions and Advertising	45,552	4,409	37,614	87,575		87,575	11
12	Employee Benefits and Payroll Taxes			206,441	206,441		206,441	12
13	Insurance-Property, Liability and Malpractice			31,813	31,813		31,813	13
14	Other (specify):			191,704	191,704		191,704	14
15	TOTAL General Administration	206,462	13,532	718,629	938,623	(28,753)	909,870	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	906,876	193,540	892,592	1,993,008	(49,887)	1,943,121	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			300,536	300,536		300,536	17
18	Interest			279,174	279,174		279,174	18
19	Real Estate Taxes			58,124	58,124		58,124	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			198,356	198,356		198,356	22
23	TOTAL Ownership			836,190	836,190		836,190	23
24	GRAND TOTAL (Sum of lines 16 and 23)	906,876	193,540	1,728,782	2,829,198	(49,887)	2,779,311	24

Facility Name: EAGLE RIDGE SLF I

Report Period Beginning 01/01/2014 Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	\$ Inc line 1	1
2	Licensed Practical Nurses	1	20.02	2
3	Certified Nurse Assistants	14	10.23	3
4	Activity Director & Assistants	Inc line 12	Inc line 1	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8	9.45	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	2	9.32	10
11	Laundry			11
12	Managers	4	21.36	12
13	Other Administrative	4	20.71	13
14	Clerical	Inc line 13	Inc line 1	14
15	Marketing	Inc line 12	Inc line 1	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	

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	\$	131,905	1
2				2
Total		\$	131,905	3

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	\$ 5,992,197	\$ 217,716	28	\$ 217,898	\$ 182	\$ 2,510,891	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	LAND IMPROVEMENTS				351,206	23,412	15	23,414	2	263,403	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)				\$ 6,343,403	\$ 241,128		\$ 241,312	\$ 184	\$ 2,774,294	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	\$ 627,779	\$ 52,614	\$ 125555.722	72,942	5	\$ 596,501	18
19	Vehicles	35,373	6,794	7074.558	281	5	25,188	19
20	TOTAL (lines 18 and 19)	\$ 663,151	\$ 59,408	\$ 132,630	73,222		\$ 621,689	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: EAGLE RIDGE SLF I

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	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	11/01/02	\$ 5,041,000	\$ 4,583,951	02/01/44	.0605	\$ 279,173.58	1
2					/ /	\$	\$	/ /		\$	2
3					/ /	\$	\$	/ /		\$	3
	Working Capital										
4					/ /	\$	\$	/ /		\$	4
5					/ /	\$	\$	/ /		\$	5
6					/ /	\$	\$	/ /		\$	6
7	TOTAL Facility Related					\$ 5,041,000	\$ 4,583,951			\$ 279,174	7
	B. Non-Facility Related										
8					/ /	\$	\$	/ /		\$	8
9					/ /	\$	\$	/ /		\$	9
10	TOTALS (lines 7, 8 and 9)					\$ 5,041,000	\$ 4,583,951			\$ 279,174	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: EAGLE RIDGE SLF I

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 101,088	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	479,205 (5,455)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,908		6
7	Other Prepaid Expenses	7,743		7
8	Accounts Receivable (owners or related parties)	100,701		8
9	Other(specify):	2,000		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 695,190	\$	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	5,992,197		14
15	Leasehold Improvements, at Historical Cost	351,206		15
16	Equipment, at Historical Cost	663,151		16
17	Accumulated Depreciation (book methods)	(3,395,983)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	154,921		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(64,324)		20
21	Restricted Funds	1,148,708		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,031,763	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,726,953	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 92,713	\$	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	62,626		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment	547,935		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 703,274	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,583,951		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)	\$ 4,583,951	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,287,225	\$	45
46	TOTAL EQUITY	\$ 439,728	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,726,953	\$	47

*(See instructions.)

Facility Name: EAGLE RIDGE SLF I

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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	\$ 2,524,574	1
2	Discounts and Allowances	(11,511)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,513,063	3
	B. Other Operating Revenue		
4	Special Services	110,256	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	13,064	8
9	Non-Resident Meals	4,578	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 127,898	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	9,234	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 9,234	14
	D. Other Revenue (specify):		
15			15
16	Insurance Adjustments	10,168	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,168	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,660,363	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	608,072	19
20	Health Care/ Personal Care	446,313	20
21	General Administration	938,623	21
	B. Capital Expense		
22	Ownership	836,190	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)	\$ 2,829,198	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (168,835)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (168,835)	31

Expenses PG 3 Other

General Services Detail			General Administration Detail		
		Amt			Amt
5200-5124-0-0	Exterminating	3,557	5160-5060-0-0	Consulting	4,188
5200-5127-0-0	Rubbish Removal	5,332	5160-5063-0-0	Legal	1,798
5300-5140-0-0	Security & Monitoring	5,437	5160-5064-0-0	Accounting	98
5200-5130-0-0	Vehicle Expense	3,677	5160-5066-0-0	Audit	13,575
5200-5131-0-0	Transportation Service	66	5160-5067-0-0	Contract Labor-Serv Prov	162,202
5200-5132-0-0	Water Softener	-	5160-5068-0-0	Contract Labor	3,659
5200-5133-0-0	Window Washing	-	5180-9999-0-0	Total Bad Debt	6,184
5200-5137-0-0	Miscellaneous Oper Expense	-			
18,069			191,704		

	Ownership Other detail	Amt
9100-9101-0-0	Interest & Dividend Income	-
9100-9102-0-0	Assessment Income	-
9100-9103-0-0	Assessment Expense	-
9200-9202-0-0	Financing Fees	-
9200-9204-0-0	Mortgage Service Fee	11,536
9200-9205-0-0	Mortgage Insurance Prem	22,077
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	-
9200-9208-0-0	Bond & Draw Fee	-
9200-9209-0-0	Remarketing and Trustee Fee	-
9200-9212-0-0	Debt Write-Off	-
9300-9301-0-0	Partnership Management Fee	1,000
9300-9302-0-0	Asset Management Fee	19,000
9300-9303-0-0	Incentive Management	140,063
9300-9303-1-0	Incentive Asset Mgmt Fee	-
9300-9304-0-0	Tax Credit Fees & Incentive Fee	1,500
9300-9305-0-0	Organizational Expense	-
9300-9306-0-0	Developer Fees	-
9300-9307-0-0	Closing Costs	-
9700-9702-0-0	Amortization Expense	3,180
9900-9901-0-0	Prior Period Adjustments	-
9900-9902-0-0	Dissolution of Business	-
9900-9903-0-0	Loss (Gain) on Sale of Assets	-
9900-9904-0-0	Business Interruption	-
9900-9905-0-0	Settlement	-
9900-9906-0-0	Property Damage Loss	-
9900-9907-0-0	Abandonment Loss	-
9900-9908-0-0	Grant Income	-
9900-9909-0-0	Misc: Title, Recording, Transfer	-
		198,356

Balance Sheet

Other Current Assets Detail			Amt	Current Liabilities Detail			Amt
1102-9970-0-0	A/R-Medicaid Food Stamps	-		2112-0100-0-0	Accrued Asset Management Fee	19,000	
1102-9971-0-0	A/R-Employee Advance	-		2112-0101-0-0	Accrued Partnership Mgmt Fee	1,000	
1102-9973-0-0	A/R-Insurance Reimbursement	-		2112-0102-0-0	Accrued Incentive Mgmt Fee	491,656	
1102-9974-0-0	A/R-Subscription Receivable	-		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-	
1102-9975-0-0	A/R-CIP	-		2112-0105-0-0	Accrued Liabilities	24,248	
1102-9976-0-0	A/R-Other	2,000		2112-0110-0-0	Accrued Insurance	-	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0115-0-0	Accrued Developer Fee	-	
				2112-0130-0-0	Accrued MIP	-	
				2112-0146-0-0	Payroll Benefits	-	
				2112-0154-0-0	Unclaimed Property	97	
				2112-0155-0-0	Reservation Deposit	-	
				2112-0156-0-0	Buy Down Credit	-	
				2112-0157-0-0	Unapplied Last Month Rent	-	
				2112-0158-0-0	Deferred Gain on Sale	-	
				2112-0159-0-0	Unearned Revenue	11,934	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
				2112-0170-0-0	Line of Credit	-	
				2112-0175-0-0	Loan - Vehicle	-	
			2,000				547,935

