

		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: 1000121

Facility Name: HERITAGE WOODS OF DWIGHT

Address: 701 EAST MAZON AVE DWIGHT 60420

County: LIVINGSTON

Telephone Number: (815) 584-9280 Fax # 815 584-9283

Federal Employer ID Number:

Date Current Owners were Certified: 11/24/2009

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 type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> "Sub-S" Corp.	
	<input checked="" 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: FAITH STEWART Telephone Number: 815-935-1992 EXT. 257

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	
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 HERITAGE WOODS OF DWIGHT

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>68</u>	Single Unit Apartment	<u>68</u>	<u>24,820</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>68</u>	TOTALS	<u>68</u>	<u>24,820</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>13,451</u>	<u>9,761</u>		<u>23,212</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>13,451</u>	<u>9,761</u>		<u>23,212</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 93.52%

D. Indicate the number of paid bed-hold days the SLF had during this year
92 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? NO If yes, did the facility make all of the
required payments of interest and principle? _____
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 DWIGHT

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	177,382	119,445	2,212	299,039		299,039	1
2	Housekeeping, Laundry and Maintenance	70,544	19,720	44,075	134,339		134,339	2
3	Heat and Other Utilities			104,101	104,101	(14,913)	89,188	3
4	Other (specify):			19,108	19,108		19,108	4
5	TOTAL General Services	247,926	139,165	169,496	556,587	(14,913)	541,674	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	315,927	1,852		317,779		317,779	6
7	Activities and Social Services	22,505	3,003		25,508		25,508	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	338,432	4,855		343,287		343,287	9
	C. General Administration							
10	Administrative and Clerical	84,887	16,973	236,112	337,972	(31,423)	306,549	10
11	Marketing Materials, Promotions and Advertising	45,148	6,540	28,488	80,176		80,176	11
12	Employee Benefits and Payroll Taxes			212,593	212,593		212,593	12
13	Insurance-Property, Liability and Malpractice			27,718	27,718		27,718	13
14	Other (specify):			100,803	100,803		100,803	14
15	TOTAL General Administration	130,035	23,513	605,714	759,262	(31,423)	727,839	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	716,393	167,533	775,210	1,659,136	(46,336)	1,612,800	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			366,167	366,167		366,167	17
18	Interest			432,716	432,716		432,716	18
19	Real Estate Taxes			67,697	67,697		67,697	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			941	941		941	22
23	TOTAL Ownership			867,521	867,521		867,521	23
24	GRAND TOTAL (Sum of lines 16 and 23)	716,393	167,533	1,642,731	2,526,657	(46,336)	2,480,321	24

Facility Name: HERITAGE WOODS OF DWIGHT

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	19.59	2
3	Certified Nurse Assistants	10	11.11	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	7	9.23	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	2	8.72	10
11	Laundry			11
12	Managers	5	18.95	12
13	Other Administrative	2	20.67	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)	27	\$	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	\$	119,415	1
2				2
Total		\$	119,415	3

Facility Name: HERITAGE WOODS OF DWIGHT

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 295,541 Year land was acquired 2008

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	68			2009	\$ 5,516,383	\$ (633,710)	28	\$ 200,596	\$ 834,306	\$ 39,424	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	LAND IMPROVEMENTS				351,122	(93,247)	15	23,408	116,655	5,679	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)				\$ 5,867,505	\$ (726,957)		\$ 224,004	\$ 950,961	\$ 45,103	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	\$ 956,768	\$ (712,344)	\$ 63784.5	776,129	15	\$ 46,439	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 956,768	\$ (712,344)	\$ 63,785	776,129		\$ 46,439	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 DWIGHT**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 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☐ 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	MIDLAND STATES BANK		X	FIRST MORTGAGE	12/31/11	\$ 7,288,000	\$	9/30/14	.0690	\$ 359,347.22	1
2	LANCASTER POLLARD		X	FIRST MORTGAGE	9/30/14	\$ 7,035,200	\$ 7,019,611	10/1/49	.0395	\$ 71,473.83	2
3	PEOPLES BANK OF KANK		X	SECOND MORTGAGE	9/30/14	\$ 144,694	138,616	9/29/19	.0525	\$ 1,894.82	3
	Working Capital										
4						\$	\$			\$	4
5						\$	\$			\$	5
6					/ /	\$	\$	/ /		\$	6
7	TOTAL Facility Related					\$ 7,035,200	\$ 7,158,226			\$ 432,716	7
	B. Non-Facility Related										
8					/ /	\$	\$	/ /		\$	8
9					/ /	\$	\$	/ /		\$	9
10	TOTALS (lines 7, 8 and 9)					\$ 7,035,200	\$ 7,158,226			\$ 432,716	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 DWIGHT**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	\$ 141,035	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	383,858 (97,257)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	21,123		6
7	Other Prepaid Expenses	60,822		7
8	Accounts Receivable (owners or related parties)	1,985		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 511,565	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	295,541		13
14	Buildings, at Historical Cost	5,516,383		14
15	Leasehold Improvements, at Historical Cost	351,122		15
16	Equipment, at Historical Cost	956,768		16
17	Accumulated Depreciation (book methods)	(91,542)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	231,919		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(43,906)		20
21	Restricted Funds	140,731		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,357,016	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,868,581	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 28,075	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	12,928		30
31	Accrued Taxes Payable	70,719		31
32	Accrued Interest Payable	24,412		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment	30,671		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 166,805	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,158,226		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)	\$ 7,158,226	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,325,031	\$	45
46	TOTAL EQUITY	\$ 543,550	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,868,581	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF DWIGHT

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	\$ 2,396,002	1
2	Discounts and Allowances	(29,477)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,366,525	3
	B. Other Operating Revenue		
4	Special Services	76,251	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	14,606	8
9	Non-Resident Meals	7,106	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 97,963	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	5,321	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,321	14
	D. Other Revenue (specify):		
15			15
16	Insurance Adjustments	5,266	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,266	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,475,075	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	556,587	19
20	Health Care/ Personal Care	343,287	20
21	General Administration	759,262	21
	B. Capital Expense		
22	Ownership	867,521	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)	\$ 2,526,657	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (51,582)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (51,582)	31

Expenses PG 3 Other

	General Services Detail	Amt
5200-5124-0-0	Exterminating	1,320
5200-5127-0-0	Rubbish Removal	3,022
5300-5140-0-0	Security & Monitoring	7,503
5200-5130-0-0	Vehicle Expense	3,050
5200-5131-0-0	Transportation Service	-
5200-5132-0-0	Water Softener	4,213
5200-5133-0-0	Window Washing	-
5200-5137-0-0	Miscellaneous Oper Expense	-

19,108

	General Administration Detail	Amt
5160-5060-0-0	Consulting	1,500
5160-5063-0-0	Legal	1,709
5160-5064-0-0	Accounting	75
5160-5066-0-0	Audit	3,637
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	1,308
5180-9999-0-0	Total Bad Debt	92,574

100,803

	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	(18,524)
9200-9204-0-0	Mortgage Service Fee	-
9200-9205-0-0	Mortgage Insurance Prem	17,588
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	521
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	-
9300-9302-0-0	Asset Management Fee	-
9300-9303-0-0	Incentive Management	-
9300-9303-1-0	Incentive Asset Mgmt Fee	-
9300-9304-0-0	Tax Credit Fees & Incentive Fee	-
9300-9305-0-0	Organizational Expense	-
9300-9306-0-0	Developer Fees	-
9300-9307-0-0	Closing Costs	-
9700-9702-0-0	Amortization Expense	1,356
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	-
		941

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	-	
1102-9971-0-0	A/R-Employee Advance	-		2112-0101-0-0	Accrued Partnership Mgmt Fee	-	
1102-9973-0-0	A/R-Insurance Reimbursement	-		2112-0102-0-0	Accrued Incentive Mgmt Fee	-	
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	21,994	
1102-9976-0-0	A/R-Other	-		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	-	
				2112-0155-0-0	Reservation Deposit	400	
				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	8,277	
				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	-	
			-				30,671

