

		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: 1000140

Facility Name: HERITAGE WOODS OF GURNEE LLC

Address: 3775 GRAND AVENUE GURNEE 60031

County: LAKE

Telephone Number: (847) 623-6300 Fax # 847 623-6305

Federal Employer ID Number:

Date Current Owners were Certified: 10/18/2012

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	

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			

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

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

Email Address:

Facility Name **HERITAGE WOODS OF GURNEE**

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	105	Single Unit Apartment	105		38,325	1	
2		Double Unit Apartment				2	
3		Other				3	
4	105	TOTALS	105		38,325	4	

B. Census-For the entire report period.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
Resident Days by Unit and Primary Source of Payment						
5	Single Unit	26,527	9,752		36,279	5
6	Double Unit					6
7	Other					7
8	TOTALS	26,527	9,752		36,279	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.66%

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

1,015 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **104 (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

MODIFIED	
ACCUAL	CASH*
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 GURNEE

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	243,736	191,237	2,304	437,277		437,277	1
2	Housekeeping, Laundry and Maintenance	77,214	15,495	73,046	165,755		165,755	2
3	Heat and Other Utilities			154,003	154,003	(24,509)	129,494	3
4	Other (specify):			31,153	31,153		31,153	4
5	TOTAL General Services	320,950	206,732	260,506	788,188	(24,509)	763,679	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	449,936	2,243		452,179		452,179	6
7	Activities and Social Services	31,779	3,230		35,009		35,009	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	481,715	5,473		487,188		487,188	9
	C. General Administration							
10	Administrative and Clerical	156,187	10,666	311,168	478,021	(29,094)	448,927	10
11	Marketing Materials, Promotions and Advertising	65,711	6,320	34,473	106,504		106,504	11
12	Employee Benefits and Payroll Taxes			283,080	283,080		283,080	12
13	Insurance-Property, Liability and Malpractice			50,916	50,916		50,916	13
14	Other (specify):			221,215	221,215		221,215	14
15	TOTAL General Administration	221,898	16,986	900,852	1,139,736	(29,094)	1,110,642	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,024,563	229,191	1,161,358	2,415,112	(53,603)	2,361,509	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			766,344	766,344		766,344	17
18	Interest			506,098	506,098		506,098	18
19	Real Estate Taxes			140,058	140,058		140,058	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			379,489	379,489		379,489	22
23	TOTAL Ownership			1,791,989	1,791,989		1,791,989	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,024,563	229,191	2,953,347	4,207,101	(53,603)	4,153,498	24

Facility Name: HERITAGE WOODS OF GURNEE

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	20.55	2
3	Certified Nurse Assistants	14	10.74	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	10	9.76	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	2	8.78	10
11	Laundry			11
12	Managers	5	22.93	12
13	Other Administrative	4	20.31	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)	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	\$	191,063	1
2				2
Total		\$	191,063	3

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,233,458 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	105			2008	\$ 14,720,586	\$ 535,118	27.5	\$ 535,294	\$ 176	\$ 1,204,217	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	LAND IMPROVEMENTS				534,376	35,801	15	35,625	(176)	80,112	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)				\$ 15,254,962	\$ 570,919		\$ 570,919	\$ 0	\$ 1,284,330	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	\$ 982,614	\$ 195,426	\$ 196,523	1,097	5	\$ 439,581	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 982,614	\$ 195,426	\$ 196,523	1,097		\$ 439,581	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 GURNEE

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	CENTENNIAL MORTGAGE		X	FIRST MORTGAGE	08/01/11	\$ 11,550,000	\$ 11,321,949	11/01/52	4.4500	\$ 506,097.62	1
2					/ /	\$	\$	/ /		\$	2
3					/ /	\$	\$	/ /		\$	3
4								/ /		\$	4
5					/ /			/ /		\$	5
	Working Capital										
4						\$	\$			\$	4
5					/ /	\$	\$	/ /		\$	5
6					/ /	\$	\$	/ /		\$	6
7	TOTAL Facility Related					\$ 11,550,000	\$ 11,321,949			\$ 506,098	7
	B. Non-Facility Related										
8					/ /	\$	\$	/ /		\$	8
9					/ /	\$	\$	/ /		\$	9
10	TOTALS (lines 7, 8 and 9)					\$ 11,550,000	\$ 11,321,949			\$ 506,098	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 GURNEE

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	\$ 954,783	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,023,943 (188,581)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,569		6
7	Other Prepaid Expenses	48,470		7
8	Accounts Receivable (owners or related parties)	24,968		8
9	Other(specify):	18,764		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,896,916	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,233,458		13
14	Buildings, at Historical Cost	14,720,586		14
15	Leasehold Improvements, at Historical Cost	534,376		15
16	Equipment, at Historical Cost	982,614		16
17	Accumulated Depreciation (book methods)	(1,723,911)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	526,460		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(48,987)		20
21	Restricted Funds	800,730		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,025,326	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,922,243	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 31,211	\$	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	127,918		31
32	Accrued Interest Payable	41,986		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment	740,299		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 941,414	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	11,321,949		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)	\$ 11,321,949	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,263,363	\$	45
46	TOTAL EQUITY	\$ 6,658,880	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,922,243	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF GURNEE

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	\$ 3,826,140	1
2	Discounts and Allowances	(27,556)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,798,584	3
	B. Other Operating Revenue		
4	Special Services	122,143	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	9,280	8
9	Non-Resident Meals	3,192	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 134,615	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,618	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,618	14
	D. Other Revenue (specify):		
15	Property Tax Adjustments	18,314	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 18,314	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,953,131	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	788,188	19
20	Health Care/ Personal Care	487,188	20
21	General Administration	1,139,736	21
	B. Capital Expense		
22	Ownership	1,791,989	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)	\$ 4,207,101	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (253,970)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (253,970)	31

Expenses PG 3 Other

	General Services Detail	Amt
5200-5124-0-0	Exterminating	1,723
5200-5127-0-0	Rubbish Removal	4,539
5300-5140-0-0	Security & Monitoring	22,522
5200-5130-0-0	Vehicle Expense	1,420
5200-5131-0-0	Transportation Service	50
5200-5132-0-0	Water Softener	-
5200-5133-0-0	Window Washing	-
5200-5137-0-0	Miscellaneous Oper Expense	900

31,153

	General Administration Detail	Amt
5160-5060-0-0	Consulting	15,000
5160-5063-0-0	Legal	16,977
5160-5064-0-0	Accounting	605
5160-5066-0-0	Audit	10,960
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	20,141
5180-9999-0-0	Total Bad Debt	157,532

221,215

	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	-
9200-9205-0-0	Mortgage Insurance Prem	51,181
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	-
9300-9302-0-0	Asset Management Fee	30,900
9300-9303-0-0	Incentive Management	258,330
9300-9303-1-0	Incentive Asset Mgmt Fee	15,198
9300-9304-0-0	Tax Credit Fees & Incentive Fee	2,100
9300-9305-0-0	Organizational Expense	-
9300-9306-0-0	Developer Fees	-
9300-9307-0-0	Closing Costs	-
9700-9702-0-0	Amortization Expense	21,780
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	-
		379,489

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	30,900	
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	258,330	
1102-9974-0-0	A/R-Subscription Receivable	-		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	15,198	
1102-9975-0-0	A/R-CIP	-		2112-0105-0-0	Accrued Liabilities	39,281	
1102-9976-0-0	A/R-Other	18,764		2112-0110-0-0	Accrued Insurance	-	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0115-0-0	Accrued Developer Fee	342,393	
				2112-0130-0-0	Accrued MIP	-	
				2112-0146-0-0	Payroll Benefits	-	
				2112-0154-0-0	Unclaimed Property	-	
				2112-0155-0-0	Reservation Deposit	1,500	
				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	52,697	
				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	-	
			18,764				740,299

