

		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: 1000045

Facility Name: HERITAGE WOODS OF MANTENO

Address: 355 DIVERSATCH DRIVE MANTENO 60950

County: KANKAKEE

Telephone Number: (815) 468-3553 Fax # 815 468-3888

Federal Employer ID Number:

Date Current Owners were Certified: 10/25/2007

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	

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

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

Name: FAITH STEWART Telephone Number: 815-935-1992 EXT. 257

Email Address:

Facility Name HERITAGE WOODS OF MANTENO

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	81	Single Unit Apartment	81	29,565	1
2	6	Double Unit Apartment	6	2,190	2
3		Other			3
4	87	TOTALS	87	31,755	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	20,360	10,867		31,227	5
6	Double Unit					6
7	Other					7
8	TOTALS	20,360	10,867		31,227	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.34%

D. Indicate the number of paid bed-hold days the SLF had during this year 262 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 X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO X

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL X MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? X 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 MANTENO

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	223,547	163,323	2,289	389,159		389,159	1
2	Housekeeping, Laundry and Maintenance	89,759	25,453	49,203	164,415		164,415	2
3	Heat and Other Utilities			163,398	163,398	(23,181)	140,217	3
4	Other (specify):			18,832	18,832		18,832	4
5	TOTAL General Services	313,306	188,776	233,722	735,804	(23,181)	712,623	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	409,463	2,418		411,881		411,881	6
7	Activities and Social Services	26,026	8,857		34,883		34,883	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	435,489	11,275		446,764		446,764	9
	C. General Administration							
10	Administrative and Clerical	125,671	32,812	239,123	397,606	(35,269)	362,337	10
11	Marketing Materials, Promotions and Advertising	26,224	7,375	14,644	48,243		48,243	11
12	Employee Benefits and Payroll Taxes			257,064	257,064		257,064	12
13	Insurance-Property, Liability and Malpractice			39,883	39,883		39,883	13
14	Other (specify):			54,222	54,222		54,222	14
15	TOTAL General Administration	151,895	40,187	604,936	797,018	(35,269)	761,749	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	900,690	240,238	838,658	1,979,586	(58,450)	1,921,136	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			289,619	289,619		289,619	17
18	Interest			274,685	274,685		274,685	18
19	Real Estate Taxes			149,802	149,802		149,802	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			49,669	49,669		49,669	22
23	TOTAL Ownership			763,775	763,775		763,775	23
24	GRAND TOTAL (Sum of lines 16 and 23)	900,690	240,238	1,602,433	2,743,361	(58,450)	2,684,911	24

Facility Name: HERITAGE WOODS OF MANTENO

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	20.36	2
3	Certified Nurse Assistants	15	9.93	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	9.04	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	8.80	10
11	Laundry			11
12	Managers	5	22.07	12
13	Other Administrative	3	19.84	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)	37	\$	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
DSI FLORA OPERATOR & OWNER		FLORA	
DSI OTTAWA OPERATOR & OWNER		OTTAWA	
DSI WATSEKA OPERATOR & OWNER		WATSEKA	

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? \$

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	\$	156,304	1
2				2
Total		\$	156,304	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

VIII. OWNERSHIP COSTS

A. Purchase price of land 229,234 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	87			2005	\$ 7,384,981	\$ 268,545	28	\$ 268,545	\$ 0	\$ 1,924,570	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	LAND IMPROVEMENTS						28				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)				\$ 7,384,981	\$ 268,545		\$ 268,545	\$ 0	\$ 1,924,570	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	\$ 360,802	\$ 21,074	\$ 72160.4	51,086	5	\$ 312,014	18
19	Vehicles	20,817		4163.43	4,163	5	20,817	19
20	TOTAL (lines 18 and 19)	\$ 381,619	\$ 21,074	\$ 76,324	55,249		\$ 332,831	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 MANTENO

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	Heartland Bank		X	Mortgage	9/1/2013	\$ 9,596,500	\$ 9,223,099	8/1/47	0.0302	\$ 268,992.01	1
2					/ /	\$	\$	/ /		\$	2
3					/ /	\$	\$	/ /		\$	3
	Working Capital										
4	PEOPLES BANK		X	LINE OF CREDIT	11/26/13	\$ 800,000	\$ 300,418	11/24/14	VARIABLE	\$	4
5						\$	\$			\$	5
6					/ /	\$	\$	/ /		\$	6
7	TOTAL Facility Related					\$ 1,600,000	\$ 9,223,099			\$ 268,992	7
	B. Non-Facility Related										
8					/ /	\$	\$	/ /		\$	8
9					/ /	\$	\$	/ /		\$	9
10	TOTALS (lines 7, 8 and 9)					\$ 1,600,000	\$ 9,223,099			\$ 268,992	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 MANTENO

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	\$ 3,361,695	1
2	Discounts and Allowances	(8,763)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,352,932	3
	B. Other Operating Revenue		
4	Special Services	115,143	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	18,868	8
9	Non-Resident Meals	6,067	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 140,078	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	7,048	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 7,048	14
	D. Other Revenue (specify):		
15			15
16	Insurance Adjustments	12,211	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,211	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,512,269	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	735,804	19
20	Health Care/ Personal Care	446,764	20
21	General Administration	797,018	21
	B. Capital Expense		
22	Ownership	763,775	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)	\$ 2,743,361	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 768,908	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 768,908	31

Facility Name: **HERITAGE WOODS OF MANTENO**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	\$ 44,578	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	510,743 (21,762)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,076		6
7	Other Prepaid Expenses	35,365		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	4,473		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 601,474	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	229,234		13
14	Buildings, at Historical Cost	7,384,981		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	381,619		16
17	Accumulated Depreciation (book methods)	(2,257,401)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	3,138,136		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(238,717)		20
21	Restricted Funds	255,163		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,893,014	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,494,488	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 33,641	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,783		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	15,500		30
31	Accrued Taxes Payable	149,563		31
32	Accrued Interest Payable	23,211		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment	372,963		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 599,661	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,495,407		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)	\$ 9,495,407	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,095,068	\$	45
46	TOTAL EQUITY	\$ (600,580)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,494,488	\$	47

*(See instructions.)

Expenses PG 3 Other

	General Services Detail	Amt
5200-5124-0-0	Exterminating	1,365
5200-5127-0-0	Rubbish Removal	5,197
5300-5140-0-0	Security & Monitoring	7,024
5200-5130-0-0	Vehicle Expense	4,157
5200-5131-0-0	Transportation Service	61
5200-5132-0-0	Water Softener	1,028
5200-5133-0-0	Window Washing	-
5200-5137-0-0	Miscellaneous Oper Expense	-

18,832

	General Administration Detail	Amt
5160-5060-0-0	Consulting	300
5160-5063-0-0	Legal	21,590
5160-5064-0-0	Accounting	-
5160-5066-0-0	Audit	16,111
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	1,200
5180-9999-0-0	Total Bad Debt	15,021

54,222

	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	46,489
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	510
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	2,670
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	-
		49,669

Balance Sheet

Other Current Assets Detail			Current Liabilities Detail		
		Amt			Amt
1102-9970-0-0	A/R-Medicaid Food Stamps	1,500	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	41,737
1102-9976-0-0	A/R-Other	2,973	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	1,098
			2112-0155-0-0	Reservation Deposit	16,800
			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	12,910
			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	300,418
			2112-0175-0-0	Loan - Vehicle	-
		4,473			372,963

