

		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: 1000101

Facility Name: HERITAGE WOODS OF MCHENRY

Address: 4609 W CRYSTAL LAKE MCHENRY 60050

Number City Zip Code

County: MCHENRY

Telephone Number: (815) 344-2690 Fax # 815 344-2691

Federal Employer ID Number:

Date Current Owners were Certified: 07/23/2008

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: 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	
	(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 MCHENRY

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	100	Single Unit Apartment	100	36,500	1
2		Double Unit Apartment			2
3		Other			3
4	100	TOTALS	100	36,500	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	30,269	3,093		33,362	5
6	Double Unit					6
7	Other					7
8	TOTALS	30,269	3,093		33,362	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.40%

D. Indicate the number of paid bed-hold days the SLF had during this year 520 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

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Facility Name: HERITAGE WOODS OF MCHENRY

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	252,814	192,049	1,758	446,621		446,621	1
2	Housekeeping, Laundry and Maintenance	105,693	25,812	53,955	185,460		185,460	2
3	Heat and Other Utilities			141,152	141,152	(32,417)	108,735	3
4	Other (specify):			22,852	22,852		22,852	4
5	TOTAL General Services	358,507	217,861	219,717	796,085	(32,417)	763,668	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	474,918	2,261		477,179		477,179	6
7	Activities and Social Services	35,892	6,520		42,412		42,412	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	510,810	8,781		519,591		519,591	9
	C. General Administration							
10	Administrative and Clerical	181,253	19,733	265,825	466,811	(24,846)	441,965	10
11	Marketing Materials, Promotions and Advertising	67,510	4,551	42,309	114,370		114,370	11
12	Employee Benefits and Payroll Taxes			328,413	328,413		328,413	12
13	Insurance-Property, Liability and Malpractice			41,834	41,834		41,834	13
14	Other (specify):			202,518	202,518		202,518	14
15	TOTAL General Administration	248,763	24,284	880,899	1,153,946	(24,846)	1,129,100	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,118,080	250,926	1,100,616	2,469,622	(57,263)	2,412,359	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			495,318	495,318		495,318	17
18	Interest			722,596	722,596		722,596	18
19	Real Estate Taxes			94,579	94,579		94,579	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			213,665	213,665		213,665	22
23	TOTAL Ownership			1,526,158	1,526,158		1,526,158	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,118,080	250,926	2,626,774	3,995,780	(57,263)	3,938,517	24

Facility Name: HERITAGE WOODS OF MCHENRY

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	23.93	2
3	Certified Nurse Assistants	15	11.41	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	9.95	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	9.81	10
11	Laundry			11
12	Managers	5	24.54	12
13	Other Administrative	4	22.14	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)	38	\$	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	\$	154,362	1
2				2
Total		\$	154,362	3

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,030,680 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	100			2008	\$ 11,273,977	\$ 409,963	28	\$ 409,963	\$ (0)	\$ 2,681,840	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	LAND IMPROVEMENTS				1,504,099	75,958	15	100,273	24,315	749,192	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)				\$ 12,778,076	\$ 485,921		\$ 510,236	\$ 24,315	\$ 3,431,032	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	\$ 680,425	\$ 9,397	\$ 136085	126,688	5	\$ 666,329	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 680,425	\$ 9,397	\$ 136,085	126,688		\$ 666,329	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 MCHENRY**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	AMALGAMATED BANK		X	FIRST MORTGAGE/BOND	07/01/07	\$ 12,450,000	\$ 11,690,000	12/01/41	.0610	\$ 722,595.80	1
2					/ /	\$	\$	/ /		\$	2
3					/ /	\$	\$	/ /		\$	3
	Working Capital										
4										\$	4
5	ILLINOIS NATIONAL BAN		X	LINE OF CREDIT	12/20/13	\$ 500,000	\$ 15,600	12/20/15	VARIABLE	\$	5
6					/ /	\$	\$	/ /		\$	6
7	TOTAL Facility Related					\$ 13,450,000	\$ 11,705,600			\$ 722,596	7
	B. Non-Facility Related										
8					/ /	\$	\$	/ /		\$	8
9					/ /	\$	\$	/ /		\$	9
10	TOTALS (lines 7, 8 and 9)					\$ 13,450,000	\$ 11,705,600			\$ 722,596	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 MCHENRY**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	\$ 137,763	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	640,534 (136,227)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,260		6
7	Other Prepaid Expenses	2,465		7
8	Accounts Receivable (owners or related parties)	294		8
9	Other(specify):	16,723		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 674,813	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,030,680		13
14	Buildings, at Historical Cost	11,273,977		14
15	Leasehold Improvements, at Historical Cost	1,504,099		15
16	Equipment, at Historical Cost	680,425		16
17	Accumulated Depreciation (book methods)	(4,097,361)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	522,927		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(111,329)		20
21	Restricted Funds	1,791,761		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,595,179	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,269,992	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 34,410	\$	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	96,444		31
32	Accrued Interest Payable	59,424		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment	230,059		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 420,338	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	11,690,000		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)	\$ 11,690,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,110,338	\$	45
46	TOTAL EQUITY	\$ 1,159,654	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 13,269,992	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MCHENRY

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	\$ 3,861,731	1
2	Discounts and Allowances	(16,862)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,844,869	3
	B. Other Operating Revenue		
4	Special Services	165,644	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	9,400	8
9	Non-Resident Meals	5,455	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 180,499	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	205	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 205	14
	D. Other Revenue (specify):		
15			15
16	Insurance Adjustments	11,419	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 11,419	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,036,992	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	796,085	19
20	Health Care/ Personal Care	519,591	20
21	General Administration	1,153,946	21
	B. Capital Expense		
22	Ownership	1,526,158	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)	\$ 3,995,780	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 41,212	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 41,212	31

Expenses PG 3 Other

	General Services Detail	Amt
5200-5124-0-0	Exterminating	1,825
5200-5127-0-0	Rubbish Removal	4,420
5300-5140-0-0	Security & Monitoring	4,008
5200-5130-0-0	Vehicle Expense	4,352
5200-5131-0-0	Transportation Service	-
5200-5132-0-0	Water Softener	8,248
5200-5133-0-0	Window Washing	-
5200-5137-0-0	Miscellaneous Oper Expense	-

	General Administration Detail	Amt
5160-5060-0-0	Consulting	32,000
5160-5063-0-0	Legal	1,603
5160-5064-0-0	Accounting	105
5160-5066-0-0	Audit	13,545
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	4,745
5180-9999-0-0	Total Bad Debt	150,519

22,852

202,518

	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	-
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	740
9200-9208-0-0	Bond & Draw Fee	3,200
9200-9209-0-0	Remarketing and Trustee Fee	-
9200-9212-0-0	Debt Write-Off	-
9300-9301-0-0	Partnership Management Fee	50,000
9300-9302-0-0	Asset Management Fee	5,004
9300-9303-0-0	Incentive Management	134,597
9300-9303-1-0	Incentive Asset Mgmt Fee	-
9300-9304-0-0	Tax Credit Fees & Incentive Fee	2,000
9300-9305-0-0	Organizational Expense	-
9300-9306-0-0	Developer Fees	-
9300-9307-0-0	Closing Costs	-
9700-9702-0-0	Amortization Expense	17,124
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	1,000
9900-9907-0-0	Abandonment Loss	-
9900-9908-0-0	Grant Income	-
9900-9909-0-0	Misc: Title, Recording, Transfer	-
		213,665

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	50,000	
1102-9973-0-0	A/R-Insurance Reimbursement	-		2112-0102-0-0	Accrued Incentive Mgmt Fee	134,597	
1102-9974-0-0	A/R-Subscription Receivable	-		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-	
1102-9975-0-0	A/R-CIP	16,723		2112-0105-0-0	Accrued Liabilities	19,107	
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	1,812	
				2112-0155-0-0	Reservation Deposit	100	
				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	8,843	
				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	15,600	
				2112-0175-0-0	Loan - Vehicle	-	
			16,723				230,059

