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: 1000085

Facility Name: HERITAGE WOODS OF ROCKFORD

Address: 202 N SHOWPLACE DR (Number) ROCKFORD (City) 61107 (Zip Code)

County: WINNABAGO

Telephone Number: (815) 332-5777 **Fax #** 815 332-3407

Federal Employer ID Number:

Date Current Owners were Certified: 09/03/2008

Type of Ownership:

	VOLUNTARY, NON-PROFIT		PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust	X	Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			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 ROCKFORD 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 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	99	Single Unit Apartment	99	36,135	1
2		Double Unit Apartment			2
3		Other			3
4	99	TOTALS	99	36,135	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	28,677	6,987		35,664	5
6	Double Unit					6
7	Other					7
8	TOTALS	28,677	6,987		35,664	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.70%

D. Indicate the number of paid bed-hold days the SLF had during this year 525 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 6 **(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? 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.

Facility Name: HERITAGE WOODS OF ROCKFORD **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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	220,064	180,176	1,663	401,903		401,903	1
2	Housekeeping, Laundry and Maintenance	100,727	17,936	70,558	189,221		189,221	2
3	Heat and Other Utilities			138,552	138,552	(30,081)	108,471	3
4	Other (specify):			35,153	35,153		35,153	4
5	**TOTAL General Services**	320,791	198,112	245,926	764,829	(30,081)	734,748	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	401,890	3,066		404,956		404,956	6
7	Activities and Social Services	33,576	7,508		41,084		41,084	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	435,466	10,574		446,040		446,040	9
	C. General Administration							
10	Administrative and Clerical	159,868	15,531	293,921	469,320	(54,309)	415,011	10
11	Marketing Materials, Promotions and Advertising	71,000	12,373	25,864	109,237		109,237	11
12	Employee Benefits and Payroll Taxes			278,283	278,283		278,283	12
13	Insurance-Property, Liability and Malpractice			41,274	41,274		41,274	13
14	Other (specify):			405,794	405,794		405,794	14
15	**TOTAL General Administration**	230,868	27,904	1,045,136	1,303,908	(54,309)	1,249,599	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	987,125	236,590	1,291,062	2,514,777	(84,390)	2,430,387	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			415,109	415,109		415,109	17
18	Interest			400,630	400,630		400,630	18
19	Real Estate Taxes			100,254	100,254		100,254	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			426,959	426,959		426,959	22
23	**TOTAL Ownership**			1,342,952	1,342,952		1,342,952	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	987,125	236,590	2,634,014	3,857,729	(84,390)	3,773,339	24

Facility Name: HERITAGE WOODS OF ROCKFORD 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	21.22	2
3	Certified Nurse Assistants	15	9.73	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	9	9.36	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	9.35	10
11	Laundry			11
12	Managers	5	23.44	12
13	Other Administrative	4	19.69	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

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	$ 145,437	1
2			2
		Total $ 145,437	3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES				OTHER RELATED BUSINESS ENTITIES					
Name	1	City	2	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 [X]
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 [X]
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).

Facility Name: HERITAGE WOODS OF ROCKFORD Report Period Beginning: 01/01/2014 Ending: 12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 416,192 Year land was acquired 2007

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	99			2007	$ 9,738,859	$ 322,541	28	$ 354,140	$ 31,599	$ 2,554,131	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	LAND IMPROVEMENTS				682,761	40,100	15	45,517	5,417	355,443	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)				$ 10,421,620	$ 362,641		$ 399,658	$ 37,017	$ 2,909,574	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	$ 747,339	$ 15,123	$ 149467.8	134,345	5	$ 635,367	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 747,339	$ 15,123	$ 149,468	134,345		$ 635,367	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 ROCKFORD 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

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** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related Long-Term										
1	IHDA		X	FIRST MORTGAGE	08/24/06	$ 7,850,000	$ 6,984,034	03/01/38	.0540	$ 381,486.96	1
2	IHDA		X	SECOND MORTGAGE	08/24/06	$ 1,914,283	$ 1,914,283	03/01/38	.0100	$ 19,143	2
3					/ /	$	$	/ /		$	3
	Working Capital										
4					/ /	$	$	/ /		$	4
5					/ /	$	$	/ /		$	5
6					/ /	$	$	/ /		$	6
7	TOTAL Facility Related					$ 9,764,283	$ 8,898,317			$ 400,630	7
	B. Non-Facility Related										
8					/ /	$	$	/ /		$	8
9					/ /	$	$	/ /		$	9
10	TOTALS (lines 7, 8 and 9)					$ 9,764,283	$ 8,898,317			$ 400,630	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 ROCKFORD **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	$ 177,529	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	737,191 (93,349)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,147		6
7	Other Prepaid Expenses	17,740		7
8	Accounts Receivable (owners or related parties)	19,750		8
9	Other(specify):	10,874		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 882,883	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	416,192		13
14	Buildings, at Historical Cost	9,738,859		14
15	Leasehold Improvements, at Historical Cost	682,761		15
16	Equipment, at Historical Cost	747,339		16
17	Accumulated Depreciation (book methods)	(3,544,941)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	367,185		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(99,711)		20
21	Restricted Funds	2,337,868		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 10,645,552	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 11,528,435	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 107,389	$	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	102,805		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment	1,455,036		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 1,665,230	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,898,317		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)**	$ 8,898,317	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 10,563,547	$	45
46	**TOTAL EQUITY**	$ 964,888	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 11,528,435	$	47

***(See instructions.)**

Facility Name: HERITAGE WOODS OF ROCKFORD **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	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 3,466,094	1
2	Discounts and Allowances	4,891	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,470,985	3
	B. Other Operating Revenue		
4	Special Services	173,963	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	34,607	8
9	Non-Resident Meals	8,412	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 216,982	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	15,732	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 15,732	14
	D. Other Revenue (specify):		
15			15
16	**Insurance Adjustments**	7,743	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 7,743	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,711,442	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	764,829	19
20	Health Care/ Personal Care	446,040	20
21	General Administration	1,303,908	21
	B. Capital Expense		
22	Ownership	1,342,952	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)**	$ 3,857,729	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (146,287)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (146,287)	31

Expenses PG 3 Other

	General Services Detail	Amt
5200-5124-0-0	Exterminating	2,536
5200-5127-0-0	Rubbish Removal	9,460
5300-5140-0-0	Security & Monitoring	9,928
5200-5130-0-0	Vehicle Expense	6,047
5200-5131-0-0	Transportation Service	-
5200-5132-0-0	Water Softener	7,182
5200-5133-0-0	Window Washing	-
5200-5137-0-0	Miscellaneous Oper Expense	-
		35,153

	General Administration Detail	Amt
5160-5060-0-0	Consulting	278,239
5160-5063-0-0	Legal	9,249
5160-5064-0-0	Accounting	145
5160-5066-0-0	Audit	16,095
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	19,709
5180-9999-0-0	Total Bad Debt	82,357
		405,794

	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	33,072
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	32,782
9300-9303-0-0	Incentive Management	311,336
9300-9303-1-0	Incentive Asset Mgmt Fee	62,267
9300-9304-0-0	Tax Credit Fees & Incentive Fee	1,975
9300-9305-0-0	Organizational Expense	-
9300-9306-0-0	Developer Fees	-
9300-9307-0-0	Closing Costs	-
9700-9702-0-0	Amortization Expense	13,752
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	(28,225)
9900-9907-0-0	Abandonment Loss	-
9900-9908-0-0	Grant Income	-
9900-9909-0-0	Misc: Title, Recording, Transfer	-
		426,959

Balance Sheet

	Other Current Assets Detail	Amt
1102-9970-0-0	A/R-Medicaid Food Stamps	3,237
1102-9971-0-0	A/R-Employee Advance	-
1102-9973-0-0	A/R-Insurance Reimbursement	7,638
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	-
1102-9978-0-0	A/R-TIF/Abatement	-
		10,874

	Current Liabilities Detail	Amt
2112-0100-0-0	Accrued Asset Management Fee	32,782
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	1,122,358
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	136,704
2112-0105-0-0	Accrued Liabilities	37,063
2112-0110-0-0	Accrued Insurance	-
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	24,271
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	101,860
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	-
		1,455,036