

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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.

<p>I. Facility ID Number: <u>1000007</u></p> <p>Facility Name: <u>DSI Ottawa Operator LLC</u></p> <p>Address: <u>801 E. Etna Rd.</u> <u>Ottawa</u> <u>61350</u> <small>Number City Zip Code</small></p> <p>County: <u>LaSalle</u></p> <p>Telephone Number: <u>815-431-1400</u> Fax # <u>815-431-9147</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>10/25/07</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Selena Edgington</u> Telephone Number: <u>815-935-1992 EXT 232</u> Email Address: _____</p>	<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 type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/11</u> to <u>12/31/11</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>David J. Mitchell</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO, BMA Management, LTD.</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) () _____</td> <td>Fax # () _____</td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>David J. Mitchell</u>			(Title) <u>CFO, BMA Management, LTD.</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) () _____	Fax # () _____
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	(Telephone) () _____	Fax # () _____																																												

Facility Name: DSI Ottawa Operator LLC

Report Period Beginning:

01/01/11

Ending:

12/31/11

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	203,492	155,312	1,774	360,578		360,578	1
2	Housekeeping, Laundry and Maintenance	87,158	14,864	80,580	182,602		182,602	2
3	Heat and Other Utilities			144,677	144,677	(16,203)	128,474	3
4	Other (specify):			8,196	8,196		8,196	4
5	TOTAL General Services	290,650	170,176	235,227	696,053	(16,203)	679,850	5
B. Health Care and Programs								
6	Health Care/ Personal Care	373,027	1,464		374,491		374,491	6
7	Activities and Social Services	22,937	1,778		24,715		24,715	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	395,964	3,242		399,206		399,206	9
C. General Administration								
10	Administrative and Clerical	98,886	10,223	806,164	915,273	(22,403)	892,870	10
11	Marketing Materials, Promotions and Advertising	34,482	3,382	23,728	61,592		61,592	11
12	Employee Benefits and Payroll Taxes			216,444	216,444		216,444	12
13	Insurance-Property, Liability and Malpractice			5,771	5,771		5,771	13
14	Other (specify):			15,992	15,992		15,992	14
15	TOTAL General Administration	133,368	13,605	1,068,099	1,215,072	(22,403)	1,192,669	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	819,982	187,023	1,303,326	2,310,331	(38,606)	2,271,725	16
Capital Expenses								
D. Ownership								
17	Depreciation							17
18	Interest			2,594	2,594		2,594	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			8,302	8,302		8,302	22
23	TOTAL Ownership			10,896	10,896		10,896	23
24	GRAND TOTAL (Sum of lines 16 and 23)	819,982	187,023	1,314,222	2,321,227	(38,606)	2,282,621	24

Facility Name: DSI Ottawa Operator LLC

Report Period Beginning 01/01/11

Ending: 12/31/11

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 24.64	1
2	Licensed Practical Nurses	1	19.12	2
3	Certified Nurse Assistants	14	9.99	3
4	Activity Director & Assistants	1	11.39	4
5	Social Service Workers			5
6	Head Cook	1	18.44	6
7	Cook Helpers/Assistants	8	9.31	7
8	Dishwashers			8
9	Maintenance Workers	1	16.43	9
10	Housekeepers	3	8.90	10
11	Laundry			11
12	Managers	1	27.08	12
13	Other Administrative			13
14	Clerical	1	14.46	14
15	Marketing	1	18.38	15
16	Other			16
17	Total (lines 1 thru 16)	33	\$	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	\$ 138,544	1
2			2
		Total	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

Name	1	City	2
DSI Flora Operator LLC		Flora	
DSI Manteno Operator LLC		Manteno	
DSI Watseka Operator LLC		Witseka	

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).

Facility Name: DSI Ottawa Operator LLC

Report Period Beginning:

01/01/11

Ending:

12/31/11

VIII. OWNERSHIP COSTS

N/A - Leased

A. Purchase price of land _____ Year land was acquired _____

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				\$	\$		\$	\$	\$	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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: DSI Ottawa Operator LLC

Report Period Beginning: 01/01/11

Ending: 12/31/11

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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	1999	84	10/24/07	\$ 582,956	30		3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		84		\$ 582,956			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		3	4	6		7	8	9	
			Related**	YES			NO	Amount of Note				
		A. Directly Facility Related										
		Long-Term										
1						/ /	\$		/ /		\$	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4		COUNTRY BANK		X	LINE OF CREDIT	11/1/10	372,000	212,407	10/31/11	VARIABLE	2,594	4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 372,000	\$ 212,407			\$ 2,594	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 372,000	\$ 212,407			\$ 2,594	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: DSI Ottawa Operator LLC

Report Period Beginning: 01/01/11

Ending:

12/31/11

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 28,522	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	418,601		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,041		6
7	Other Prepaid Expenses	8,260		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 464,424	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 464,424	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 35,752	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	212,407		29
30	Accrued Salaries Payable	41,515		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	35,402		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 325,076	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 325,076	\$	45
46	TOTAL EQUITY	\$ 139,348	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 464,424	\$	47

*(See instructions.)

Facility Name: DSI Ottawa Operator LLC

Report Period Beginning: 01/01/11

Ending:

12/31/11

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 2,957,151	1
2	Discounts and Allowances	(791)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,956,360	3
B. Other Operating Revenue			
4	Special Services	96,119	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	23,135	8
9	Non-Resident Meals	2,400	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 121,654	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	528	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 528	14
D. Other Revenue (specify):			
15	Deposit Fee/Vending	1,141	15
16	Insurance Adjustments	9,346	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,487	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,089,029	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	696,053	19
20	Health Care/ Personal Care	399,206	20
21	General Administration	1,215,072	21
B. Capital Expense			
22	Ownership	10,896	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)	\$ 2,321,227	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 767,802	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 767,802	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,080
Rubbish Removal	5,901
Vehicle Expense	
Transportation Service	40
Water Softener	1,175
Misc Operating	-
Total	8,196

C. General Administration - Other

Consulting	662
Legal	432
Accounting	50
Audit	3,925
Contract labor	1,200
Bad Debt	9,723
Total	15,992

D. Ownership

Letter of Credit	802
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	
Remarketing and Trustee Fee	
Property Damage Loss	7,500
Interest Income	
Total	8,302

Reclassifications and Adjustments

Heat & Other Utilities (16,203) Cable

Administrative and Clerical (22,403) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	16,113
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Security Deposits	15,333
Unclaimed Property	301
Unearned Revenue	2,455
Accrued MIP	
Reservation Deposit	1,200
Total Other Current Liabilities	35,402