FOR BHF USE

LL2

Supportive Living Facility

2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)

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: 1000048

Facility Name: BOWMAN ESTATES

Address: 1968 N BOWMAN AVENUE (Number) DANVILLE (City) 61832 (Zip Code)

County: VERMILION

Telephone Number: (217) 431-4200 **Fax #** 217 431-4252

Federal Employer ID Number:

Date Current Owners were Certified: 10/31/2005

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: Thomas Staszak **Telephone Number:** (815) 935-1992

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 01/01/2015 to 12/31/2015 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, Gardant Management Solutions

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 BOWMAN ESTATES Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	76	Single Unit Apartment	76	27,740	1
2		Double Unit Apartment			2
3		Other			3
4	76	TOTALS	76	27,740	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	22,403	4,778		27,181	5
6	Double Unit					6
7	Other					7
8	TOTALS	22,403	4,778		27,181	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.98%

D. Indicate the number of paid bed-hold days the SLF had during this year 455 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 99 **(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: 2015 Fiscal Year: 2015
* 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.**

Facility Name: BOWMAN ESTATES **Report Period Beginning: 01/01/2015 Ending: 12/31/2015**

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	213,053	137,126	1,475	351,654		351,654	1
2	Housekeeping, Laundry and Maintenance	72,346	16,215	30,924	119,485		119,485	2
3	Heat and Other Utilities			101,970	101,970	(17,859)	84,111	3
4	Other (specify): See Page 3 Attachment			28,775	28,775		28,775	4
5	**TOTAL General Services**	285,399	153,341	163,144	601,884	(17,859)	584,025	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	360,683	7,833		368,516		368,516	6
7	Activities and Social Services	30,893	3,875		34,768		34,768	7
8	Other (specify): See Attachment							8
9	**TOTAL Health Care and Programs**	391,576	11,708		403,284		403,284	9
	C. General Administration							
10	Administrative and Clerical	119,786	32,609	237,125	389,520	(23,234)	366,286	10
11	Marketing Materials, Promotions and Advertising	40,497	5,044	23,314	68,855		68,855	11
12	Employee Benefits and Payroll Taxes			226,588	226,588		226,588	12
13	Insurance-Property, Liability and Malpractice			32,530	32,530		32,530	13
14	Other (specify): See Page 3 Attachment			47,059	47,059		47,059	14
15	**TOTAL General Administration**	160,283	37,653	566,616	764,552	(23,234)	741,318	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	837,258	202,702	729,760	1,769,720	(41,093)	1,728,627	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			276,942	276,942		276,942	17
18	Interest			139,026	139,026		139,026	18
19	Real Estate Taxes			59,049	59,049		59,049	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Page 3 Attachment			627,739	627,739		627,739	22
23	**TOTAL Ownership**			1,102,756	1,102,756		1,102,756	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	837,258	202,702	1,832,516	2,872,476	(41,093)	2,831,383	24

Facility Name: BOWMAN ESTATES Report Period Beginning 01/01/2015 Ending: 12/31/2015

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 12	1
2	Licensed Practical Nurses	1	19.33	2
3	Certified Nurse Assistants	13	9.80	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9	9.28	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	8.81	10
11	Laundry			11
12	Managers	5	20.93	12
13	Other Administrative	3	19.36	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	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	Gardant Management Solutions	$ 132,974	1
2			2
	Total	$ 132,974	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 Busines	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: BOWMAN ESTATES Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VIII. OWNERSHIP COSTS

A. Purchase price of land 296,261 Year land was acquired 2004 & 2012

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	76			2005	$ 6,519,739	$ 237,081	28	$ 232,848	$ (4,234)	$ 2,558,085	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				386,694	22,854	15	25,780	2,926	283,950	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)				$ 6,906,433	$ 259,935		$ 258,627	$ (1,308)	$ 2,842,035	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	$ 623,951	$ 17,007	$ 124,790	$ 107,783	5	$ 601,285	18
19	Vehicles	22,608		4,522	4,522	5	22,608	19
20	TOTAL (lines 18 and 19)	$ 646,559	$ 17,007	$ 129,312	112,305		$ 623,893	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: BOWMAN ESTATES Report Period Beginning: 01/01/2015 Ending: 2/31/2015

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	LANCASTER POLLARD		X	FIRST MORTGAGE	11/20/12	$ 4,925,100	$ 4,672,869	12/01/47	.0295	$ 139,026	1
2					/ /			/ /	.0000	$	2
3					/ /			/ /	.0000	$	3
4					/ /			/ /	.0000	$	4
5					/ /			/ /	.0000	$	5
	Working Capital										
6					/ /			/ /	.0000	$	6
7	TOTAL Facility Related					$ 4,925,100	$ 4,672,869			$ 139,026	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 4,925,100	$ 4,672,869			$ 139,026	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: BOWMAN ESTATES **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2015 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 677,253	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (30,764))	292,739		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	46,897		6
7	Other Prepaid Expenses	9,282		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 attachment	53		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,026,224	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	296,261		13
14	Buildings, at Historical Cost	6,519,739		14
15	Leasehold Improvements, at Historical Cost	386,694		15
16	Equipment, at Historical Cost	646,559		16
17	Accumulated Depreciation (book methods)	(3,465,928)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	224,206		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(79,316)		20
21	Restricted Funds	876,295		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,404,509	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,430,733	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 26,301	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	19,119		30
31	Accrued Taxes Payable	62,380		31
32	Accrued Interest Payable	11,487		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	433,047		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 552,334	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,672,869		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)**	$ 4,672,869	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 5,225,203	$	45
46	**TOTAL EQUITY**	$ 1,205,530	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 6,430,733	$	47

***(See instructions.)**

Facility Name: BOWMAN ESTATES **Report Period Beginning: 01/01/2015 Ending: 12/31/2015**

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	$ 2,606,362	1
2	Discounts and Allowances	(18,451)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,587,911	3
	B. Other Operating Revenue		
4	Special Services	125,444	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	9,117	8
9	Non-Resident Meals	4,590	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 139,151	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	3,116	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 3,116	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	3,655	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 3,655	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 2,733,833	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	601,884	19
20	Health Care/ Personal Care	403,284	20
21	General Administration	764,552	21
	B. Capital Expense		
22	Ownership	1,102,756	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)**	$ 2,872,476	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (138,644)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (138,644)	31

Expenses PG

	General Services Other	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	3,210
5200-5127-0-0	Rubbish Removal	9,380
5200-5130-0-0	Vehicle Expense	11,509
5200-5131-0-0	Transportation Service	-
5300-5140-0-0	Security & Monitoring	4,676

Health Care & Programs
5160-5060-0-0
5160-5063-0-0
5160-5064-0-0
5160-5066-0-0
5160-5067-0-0
5160-5068-0-0
5190-5000-0-0
5180-5079-0-0
5180-5079-1-0
5180-5080-0-0
5180-5081-0-0
5180-5081-1-0
5180-5082-0-0

	28,775	-

3 Other

General Administration Other	Amt
Consulting	-
Legal	1,768
Accounting	150
Audit	14,580
Contract Labor-Serv Prov	-
Contract Labor	4,189
Other Admin Allocation	0
Bad Debt - Resident	29,735
Bad Debt - Resident - Recovery	(803)
Bad Debt - Resident Prior Period	-
Bad Debt - Medicaid Pending Deni	(2,560)
Bad Debt - Medicaid Pending - Rec	-
Bad Debt - Medicaid Denial Prior F	-

	Ownership Other	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	23,564
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	-
9200-9210-0-0	Interest Expense-Note	-
9200-9211-0-0	Interest Expense-LP	-
9200-9212-0-0	Debt Write-Off	-
9300-9301-0-0	Partnership Management Fee	38,000
9300-9302-0-0	Asset Management Fee	17,600
9300-9303-0-0	Incentive Management	543,544
9300-9303-1-0	Incentive Asset Mgmt Fee	-
9300-9304-0-0	Tax Credit Fees & Incentive Fee	480
9300-9305-0-0	Organizational Expense	-
9300-9306-0-0	Developer Fees	-
9300-9307-0-0	Closing Costs	-
9700-9702-0-0	Amortization Expense	4,552
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	-

47,059

627,739

	Other Current Assets Detail	Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursement	-
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	-
1105-0006-0-0	Security Deposit-Equip & Util	53
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
		53

	Other Long Term Assets Detail	
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
		-

	Current Liabilities Detail	Amt
2112-0100-0-0	Accrued Asset Management Fee	8,800
2112-0101-0-0	Accrued Partnership Mgmt Fee	19,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	356,918
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	23,055
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0140-0-0	Accrued Vacation	-
2112-0146-0-0	Payroll Benefits	-
2112-0150-0-0	Security Deposits	-
2112-0154-0-0	Unclaimed Property	833
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	24,441
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
2111-0040-0-0	Construction Account Payable	-
2112-0140-0-0	Accrued Vacation	0
2112-0144-0-0	Payroll Union Dues	0
		433,047

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,215
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	2,440
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		3,655