FOR BHF USE

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)

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: 1000042

Facility Name: Aurora Supportive Living

Address: 1599 Farnsworth (Number) Aurora (City) 60505 (Zip Code)

County: Kane

Telephone Number: (630) 896-7778 **Fax #** ( )

Federal Employer ID Number:

Date Current Owners were Certified: 11/12/2004

Type of Ownership:

	VOLUNTARY, NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Andrew B. Cutler **Telephone Number:** (847) 374-0400
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 1/1/2016 to 12/31/2016 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)
(Title)

Paid Preparer
(Signed)
(Date)
(Print Name and Title) Andrew B. Cutler, Managing Director
(Firm Name & Address) FGMK, LLC, 2801 Lakeside Dr., 3rd Floor, Bannockburn, IL 60015
(Telephone) (847) 374-0400 Fax # (847) 374-0420

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 Aurora Supportive Living Report Period Beginning: 1/1/2016 Ending: 12/31/2016

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units N/A

	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	123	Single Unit Apartment	123	45,018	1
2	13	Double Unit Apartment	13	4,758	2
3		Other			3
4	136	TOTALS	136	49,776	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	36,532	3,086		39,618	5
6	Double Unit					6
7	Other					7
8	TOTALS	36,532	3,086		39,618	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 79.59%

D. Indicate the number of paid bed-hold days the SLF had during this year 518 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 120 **(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)
None

H. ACCOUNTING BASIS
ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31 Fiscal Year: 12/31
* 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?** N/A
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?** N/A
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?** N/A
If no, explain.

Facility Name: Aurora Supportive Living **Report Period Beginning: 1/1/2016 Ending: 12/31/2016**

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	217,073	245,421	(330)	462,164		462,164	1
2	Housekeeping, Laundry and Maintenance	111,442	75,890	33,548	220,880		220,880	2
3	Heat and Other Utilities			131,313	131,313		131,313	3
4	Other (specify):Scavenger			15,675	15,675		15,675	4
5	**TOTAL General Services**	328,515	321,311	180,206	830,032		830,032	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	747,241			747,241		747,241	6
7	Activities and Social Services	40,370	26,562		66,932		66,932	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	787,611	26,562		814,173		814,173	9
	C. General Administration							
10	Administrative and Clerical	208,672	7,843	491,158	707,673	(121,172)	586,501	10
11	Marketing Materials, Promotions and Advertising			10,524	10,524		10,524	11
12	Employee Benefits and Payroll Taxes			271,654	271,654		271,654	12
13	Insurance-Property, Liability and Malpractice			72,104	72,104		72,104	13
14	Other (specify):							14
15	**TOTAL General Administration**	208,672	7,843	845,440	1,061,955	(121,172)	940,783	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,324,798	355,716	1,025,646	2,706,160	(121,172)	2,584,988	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			30,000	30,000	230,467	260,467	17
18	Interest			94,657	94,657	147,090	241,747	18
19	Real Estate Taxes			199,416	199,416		199,416	19
20	Rent -- Facility and Grounds			599,349	599,349	(599,349)		20
21	Rent -- Equipment			8,319	8,319		8,319	21
22	Other (specify):							22
23	**TOTAL Ownership**			931,741	931,741	(221,792)	709,949	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,324,798	355,716	1,957,387	3,637,901	(342,964)	3,294,937	24

Detail lines 29 and 35 of Page 5 starting in C12. **DO NOT DRAG AND DROP CELLS.**

The amounts in column F will transfer to the Adj. Summary column automatically.
The amounts in the Adj. Summary column are linked to pages Summary A and B.

STATE OF ILLINOIS **Page 3A**

Aurora Supportive Living

Report Period Beginning: **1/1/2013**
Ending: **12/31/2013**

	NON-ALLOWABLE EXPENSES	Amount	Sch. IV Line Reference	
1	Non-Straight Line Depreciation	$ (12,039)	17	1
2				2
3	Cable TV	(23,907)	10	3
4	Bank Charges	(111)	10	4
5	Bad Debts	(127,668)	10	5
6	Non-Allowable Interest Expense	(94,657)	18	6
7	Penalties and Fines	(379)	10	7
8	Francjhise Tax	(250)	10	8
9	Interest Income	(59)	18	9
10				10
11	BUILDING COMPANY:			11
12	Rent Expense	(599,349)	20	12
13	Interest Expense	241,806	18	13
14	Accounting Fees	31,143	10	14
15	Depreciation	242,506	17	15
16				16
17	APEX Management Fee	(120,000)	10	17
18	Allowable Management Fee	120,000	10	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51	**Total**	(342,964)		51

Facility Name: Aurora Supportive Living **Report Period Beginning: 1/1/2016 Ending: 12/31/2016**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	$ 36.78	1
2	Licensed Practical Nurses	4	20.85	2
3	Certified Nurse Assistants	14	14.86	3
4	Activity Director & Assistants	1	19.41	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9	11.49	7
8	Dishwashers			8
9	Maintenance Workers	1	23.17	9
10	Housekeepers	3	9.92	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1	35.17	13
14	Clerical	4	16.93	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	39	$ 20.95	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		$	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	

OTHER RELATED BUSINESS ENTITIES					
Name 3		City 4		Type of Business 5	
Aurora Property, LLC				Building Co,	

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** [X] **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: Aurora Supportive Living Report Period Beginning: 1/1/2016 Ending: 12/31/2016

VIII. OWNERSHIP COSTS

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	136		2004	2004	$ 6,599,506	$ 242,506	35	$ 188,557	$ (53,949)	$ 2,319,039	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements			2005	9,192		20	460	460	4,841	6
7	Leasehold Improvements			2006	48,312		20	2,416	2,416	22,485	7
8	Leasehold Improvements			2007	69,208		20	3,460	3,460	31,287	8
9	Leasehold Improvements			2008	459,294		20	22,965	22,965	187,193	9
10	Leasehold Improvements			2009	242,036		20	12,102	12,102	89,072	10
11	Leasehold Improvements			2010	6,874		20	344	344	1,979	11
12											12
13											13
14											14
15											15
16	Book Depreciation					30,000			(30,000)		16
17	TOTAL (lines 1 thru 16)				$ 7,434,422	$ 272,506		$ 230,303	$ (42,203)	$ 2,655,895	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	$ 301,635	$	$ 30,164	30,164	10	$ 272,226	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 301,635	$	$ 30,164	30,164		$ 272,226	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: Aurora Supportive Living **Report Period Beginning:** 1/1/2016 **Ending:** 2/31/2016

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?** [X] 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 [X] NO

9. **Rental amount for movable equipment $** 8,319

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	Walker & Dunlop		X	Mortgage	/ /	$	$ 6,079,128	/ /		$ 241,806	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Venture Fund, LLC	X		Working Capital	/ /		3,034,399	/ /		94,657	4
5	Due to Legacy		X	Note Payable	/ /		407,536	/ /			5
6	Due from APEX	X			/ /		-3,051	/ /			6
7	TOTAL Facility Related					$	$ 9,518,012			$ 336,463	7
	B. Non-Facility Related										
8	Non-Allowable Interest	X			/ /			/ /		-94,657	8
9	Interest Income				/ /			/ /		-59	9
10	TOTALS (lines 7, 8 and 9)					$	$ 9,518,012			$ 241,747	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: Aurora Supportive Living **Report Period Beginning:** 1/1/2016 **Ending:** 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 133,374	$ 700,235	1
2	Cash-Patient Deposits	(84,003)	(84,003)	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,136,860	1,136,860	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,948	17,948	6
7	Other Prepaid Expenses	338	338	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	697,640	1,517,585	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,902,157	$ 3,288,963	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost		6,599,506	14
15	Leasehold Improvements, at Historical Cost	56,978	56,978	15
16	Equipment, at Historical Cost	190,336	301,635	16
17	Accumulated Depreciation (book methods)	(232,672)	(3,216,226)	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): See Attached	22,303	134,715	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 36,945	$ 3,876,608	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,939,102	$ 7,165,571	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 722,144	$ 722,144	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	404,485	404,485	29
30	Accrued Salaries Payable	24,787	24,787	30
31	Accrued Taxes Payable	17,799	17,799	31
32	Accrued Interest Payable	447,140	447,140	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	4,316	581,382	36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 1,620,671	$ 2,197,737	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	3,034,399	3,034,399	38
39	Mortgage Payable		6,079,128	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)**	$ 3,034,399	$ 9,113,527	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 4,655,070	$ 11,311,264	45
46	**TOTAL EQUITY**	$ (2,715,968)	$ (4,145,693)	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 1,939,102	$ 7,165,571	47

***(See instructions.)**

Aurora Supportive Living

Page 6 & 7 Supplemental

1/1/16-12/31/16

Page 6

Description	Amount
Copier	7,663
Postage Meter	656
Total Equipment Rental	8,319

Page 7: Line 9 Other (Specify

Description	Operating	Consolidated
Real Estate Escrow	7,753	7,753
Insurance Escrow	83,840	83,840
Replacement Reserve	606,047	606,047
Add'l Building		110,408
Escrows Building Co.		709,537
Total	697,640	1,517,585

Page 7: Line 23 Other (specify)

Description	Operating	Consolidated
Deposits	22,303	27,303
Permanent Mortgage Costs	-	122,662
Amort. Permanent Mortgage Costs	-	(15,250)
Total	22,303	134,715

Page 7: Line 36 Other (specify)

Description	Operating	Consolidated
Lessee Escrow - RET		52,270
Lessee Escrow - INS		(96,653)
Lessee Escrow - Replacement Reserve		621,449
Unclaimed Property Withholding	4,316	4,316
Total	-	581,382

Facility Name: Aurora Supportive Living **Report Period Beginning: 1/1/2016 Ending: 12/31/2016**

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

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 4,148,214	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 4,148,214	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	59	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 59	14
	D. Other Revenue (specify):		
15			15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 4,148,273	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	830,032	19
20	Health Care/ Personal Care	814,173	20
21	General Administration	940,783	21
	B. Capital Expense		
22	Ownership	931,741	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)**	$ 3,516,729	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 631,544	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 631,544	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 2,660,932	32
33	Private Pay - Net Inpatient Revenue	1,487,282	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 4,148,214	37