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: 1000109

Facility Name: PARK POINT SUPORTIVE LIVING

Address: 1221 SOUTH EDGEWATER (Number) MORRIS (City) 60450 (Zip Code)

County: GRUNDY

Telephone Number: (815) 416-6200 **Fax #** (815) 416-6201

Federal Employer ID Number:

Date Current Owners were Certified: 06/27/2013

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: **Telephone Number:** ( )
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 01/01/2016 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) MICHAEL STEIN
(Title) MANAGER

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 PARK POINT SUPORTIVE LIVING Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	40	Single Unit Apartment	40	14,640	1
2	18	Double Unit Apartment	18	6,588	2
3		Other		886	3
4	58	TOTALS	58	22,114	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	6,894	12,797		19,691	5
6	Double Unit	245	641		886	6
7	Other					7
8	TOTALS	7,139	13,438		20,577	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.05%

D. Indicate the number of paid bed-hold days the SLF had during this year _____ **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	MODIFIED CASH*	CASH*
[X]	[ ]	[ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: _____ **Fiscal Year:** _____
*** 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: PARK POINT SUPORTIVE LIVING **Report Period Beginning: 01/01/2016 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	187,761	158,275	8,110	354,146		354,146	1
2	Housekeeping, Laundry and Maintenance	74,070	93,111	49,664	216,845		216,845	2
3	Heat and Other Utilities			50,234	50,234	10,457	60,691	3
4	Other (specify):							4
5	**TOTAL General Services**	261,831	251,386	108,008	621,225	10,457	631,682	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	349,107	6,114		355,221		355,221	6
7	Activities and Social Services	21,651	32,736		54,387		54,387	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	370,758	38,850		409,608		409,608	9
	C. General Administration							
10	Administrative and Clerical	124,414	14,640	66,911	205,965	(2,731)	203,234	10
11	Marketing Materials, Promotions and Advertising			39,258	39,258		39,258	11
12	Employee Benefits and Payroll Taxes			130,728	130,728		130,728	12
13	Insurance-Property, Liability and Malpractice			18,557	18,557	24,423	42,980	13
14	Other (specify): CONSULTING FEES			90,000	90,000		90,000	14
15	**TOTAL General Administration**	124,414	14,640	345,454	484,508	21,692	506,200	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	757,003	304,876	453,462	1,515,341	32,149	1,547,490	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					112,196	112,196	17
18	Interest			2,444	2,444	248,209	250,653	18
19	Real Estate Taxes					82,556	82,556	19
20	Rent -- Facility and Grounds			552,837	552,837	(552,837)		20
21	Rent -- Equipment			8,175	8,175		8,175	21
22	Other (specify):							22
23	**TOTAL Ownership**			563,456	563,456	(109,876)	453,580	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	757,003	304,876	1,016,918	2,078,797	(77,727)	2,001,070	24

Facility Name: PARK POINT SUPORTIVE LIVING **Report Period Beginning: 01/01/2016 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	$ 24.25	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	8	10.58	3
4	Activity Director & Assistants	1	10.50	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8	10.63	7
8	Dishwashers			8
9	Maintenance Workers	2	8.50	9
10	Housekeepers	2	8.50	10
11	Laundry			11
12	Managers	1	30.00	12
13	Other Administrative			13
14	Clerical	2	12.59	14
15	Marketing	1	23.00	15
16	Other			16
17	Total (lines 1 thru 16)	27	$	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	NA			$	1
2					2
3					3
4					4
5					5
			Total	$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	NA	$	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		OTHER RELATED BUSINESS ENTITIES		
Name 1	City 2	Name 3	City 4	Type of Business 5
THE POINT AT KILPATRICK	CRESTWOOD	MORRIS REAL ESTATE		PROPCO
CRYSTAL CREEK SUPPORTIVE LIVIN	CANTON, MI			
PONTIAC SUPPORTIVE LIVING LLC	PONTIAC			

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: PARK POINT SUPORTIVE LIVING **Report Period Beginning: 01/01/2016** **Ending: 12/31/2016**

VIII. OWNERSHIP COSTS

A. Purchase price of land 100,000 **Year land was acquired** 2013

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	58		2013	2009	$ 2,674,498	$ 68,577	39	$ 68,577	$	$ 245,734	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	REROUTE GAS LINE			2014	8,799	225	39	225		527	6
7	ROOF NET OF INSURANCE			2014	35,130	901	39	901		2,112	7
8	LANDSCAPING			2015	10,204	680	15	680		1,020	8
9	WATER SOFTENER			2015	7,417	190	39	190		230	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 2,736,048	$ 70,573		$ 70,573	$	$ 249,623	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	$ 416,229	$ 58,079	$ 41,623	(16,456)	10	$ 150,498	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 416,229	$ 58,079	$ 41,623	(16,456)		$ 150,498	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: PARK POINT SUPORTIVE LIVING **Report Period Beginning:** 01/01/2016 **Ending:** 2/31/2016

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: NA

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	CAMBRIDGE		X	MORTGAGE	7/1/14	$ 6,560,000	$ 6,336,905	/ /	3.8900	$ 248,209	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	FIRST BANK		X	LINE OF CREDIT	/ /		100,000	/ /		2,444	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 6,560,000	$ 6,436,905			$ 250,653	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 6,560,000	$ 6,436,905			$ 250,653	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: PARK POINT SUPORTIVE LIVING **Report Period Beginning:** 01/01/2016 **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	$ 38,389	$ 50,329	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	398,912	398,912	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,523	54,730	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	405,918	405,918	8
9	Other(specify): ESCROWS		134,764	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 863,742	$ 1,044,653	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		100,000	13
14	Buildings, at Historical Cost		2,736,049	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost		416,229	16
17	Accumulated Depreciation (book methods)		(511,779)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		133,882	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(9,562)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): GOODWILL-NET		3,165,020	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$	$ 6,029,839	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 863,742	$ 7,074,492	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 6,502	$ 6,502	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	32,579	32,579	28
29	Short-Term Notes Payable	100,000	100,000	29
30	Accrued Salaries Payable	26,802	26,802	30
31	Accrued Taxes Payable	3,028	81,028	31
32	Accrued Interest Payable		20,542	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 168,911	$ 267,453	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		6,336,905	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)**	$	$ 6,336,905	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 168,911	$ 6,604,358	45
46	**TOTAL EQUITY**	$ 694,831	$ 470,134	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 863,742	$ 7,074,492	47

***(See instructions.)**

Facility Name: PARK POINT SUPORTIVE LIVING **Report Period Beginning: 01/01/2016 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	$ 2,541,094	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,541,094	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	19,370	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)**	$ 19,370	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$	14
	D. Other Revenue (specify):		
15	**FOOD STAMPS**	21,675	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 21,675	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 2,582,139	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	621,225	19
20	Health Care/ Personal Care	409,608	20
21	General Administration	484,508	21
	B. Capital Expense		
22	Ownership	563,456	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	**PRIOR PERIOD ADJ**		26
27			27
28	**TOTAL EXPENSES (sum of lines 19 thru 27)**	$ 2,078,797	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 503,342	29
30	**Income Taxes**	$ 1,768	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 501,574	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 700,747	32
33	Private Pay - Net Inpatient Revenue	1,840,347	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 2,541,094	37

PARK POINT SUPPORTIVE LIVING LLC
12/31/2016

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 3	CABLE TV	10,457
LINE 10	CABLE TV	(10,457)
LINE 14	CONTRIBUTION	(774)
LINE 17	NON STRAIGHT LINE DEPRECIATION	(16,456)

RELATED PARTY LANDLORD

LINE 17	DEPRECIATION	128,652
LINE 18	MORTGAGE INTEREST	248,209
LINE 19	REAL ESTATE TAXES	82,556
LINE 10	PROFESSIONAL FEES	8,500
LINE 13	PROPERTY INSURANCE	24,423
LINE 20	RENT	(552,837)
LINE 24	GRAND TOTAL	(77,727)