	FOR BHF USE	

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)

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: 1000033

Facility Name: THE POINTE AT KILPATRICK

Address: 14230 S KILPATRICK (Number) CRESTWOOD (City) 60445 (Zip Code)

County: COOK

Telephone Number: (708) 293-0010 **Fax #** 708) 293-0020

Federal Employer ID Number:

Date Current Owners were Certified: 12/01/03

Type of Ownership:

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2020 to 12/31/2020 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)	(SEE ATTACHED ACCOUNTANTS' REPORT) (Date)
	(Print Name and Title)	KATHLEEN MCNAMARA VICE-PRESIDENT
	(Firm Name & Address)	KBKB, LTD. 6201 W. HOWARD STREET SUITE 201, NILES, IL 607
	(Telephone)	(847) 675-3585 Fax (847) 675-5777

In the event there are further questions about this report, please contact:
Name: KATHLEEN MCNAMARA Telephone Number: (847) 675-3585
Email Address:

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 THE POINTE AT KILPATRICK Report Period Beginning: 1/1/2020 Ending: 12/31/2020

III. STATISTICAL DATA

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

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	44	Single Unit Apartment	44	16,104	1
2	78	Double Unit Apartment	79	28,548	2
3		Other			3
4	122	TOTALS	123	44,652	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	7,746	5,617		13,363	5
6	Double Unit	18,243	6,609		24,852	6
7	Other					7
8	TOTALS	25,989	12,226		38,215	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.58%

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 [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 2020 Fiscal Year: 2020
* 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 principal? ______
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 principal? ______
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 principal? ______
If no, explain.

Facility Name: THE POINTE AT KILPATRICK | Report Period Beginning: 1/1/2020 | Ending: 12/31/2020

IV. COST CENTER EXPENSES (please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclassifications and Adjustments 5	Adjusted Total 6	
	A. General Services							
1	Dietary and Food Purchase	427,864	376,874	14,041	818,779	(1,749)	817,030	1
2	Housekeeping, Laundry and Maintenance	194,349	71,076	61,270	326,695		326,695	2
3	Heat and Other Utilities			144,010	144,010	(37,546)	106,464	3
4	Other (specify):Scavenger & Exterminating Services			20,946	20,946		20,946	4
5	**TOTAL General Services**	622,213	447,950	240,267	1,310,430	(39,295)	1,271,135	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	1,000,194	38,507		1,038,701		1,038,701	6
7	Activities and Social Services	94,950	13,553		108,503		108,503	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	1,095,144	52,060		1,147,204		1,147,204	9
	C. General Administration							
10	Administrative and Clerical	300,323	23,476	950,914	1,274,713	(1,616)	1,273,097	10
11	Marketing Materials, Promotions and Advertising	123,274		18,096	141,370		141,370	11
12	Employee Benefits and Payroll Taxes			382,284	382,284		382,284	12
13	Insurance-Property, Liability and Malpractice			74,321	74,321		74,321	13
14	Other (specify):							14
15	**TOTAL General Administration**	423,597	23,476	1,425,615	1,872,688	(1,616)	1,871,072	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	2,140,954	523,486	1,665,882	4,330,322	(40,911)	4,289,411	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			578,259	578,259		578,259	17
18	Interest			220,036	220,036	(4,773)	215,263	18
19	Real Estate Taxes			152,839	152,839		152,839	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			20,553	20,553		20,553	21
22	Other (specify):Mortgage Insurance			42,593	42,593		42,593	22
23	**TOTAL Ownership**			1,014,280	1,014,280	(4,773)	1,009,507	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	2,140,954	523,486	2,680,162	5,344,602	(45,684)	5,298,918	24

Facility Name: THE POINTE AT KILPATRICK
Report Period Beginning 1/1/2020 Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	$ 34.72	1
2	Licensed Practical Nurses	5	27.34	2
3	Certified Nurse Assistants	20	15.91	3
4	Activity Director & Assistants	2	21.13	4
5	Social Service Workers			5
6	Head Cook	4	27.90	6
7	Cook Helpers/Assistants	13	14.91	7
8	Dishwashers	1	14.08	8
9	Maintenance Workers	2	22.92	9
10	Housekeepers	2	13.42	10
11	Laundry			11
12	Managers	7	29.26	12
13	Other Administrative			13
14	Clerical	3	17.72	14
15	Marketing	1	35.22	15
16	Other			16
17	Total (lines 1 thru 16)	62	$ 19.56	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
PARK POINT SUPPORTIVE LIVING	MORRIS
PONTIAC SUPPORTIVE LIVING	PONTIAC
CRYSTAL CREEK ASSISTANT LIVING	CANTON MI
THE POINTE AT JACKSONVILLE,LLC	JACKSONVILLE

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 [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: THE POINTE AT KILPATRICK | Report Period Beginning: 1/1/2020 | Ending: 12/31/2020

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				2003	$ 12,408,081	$ 451,203	27.5	$ 451,203	$	$ 7,659,161	1
2				2003	438,754	7,952	27.5	7,952		425,601	2
3				2003	300,000	10,909	27.5	10,909		166,818	3
4											4
5											5
	Improvement Type										
6	REMODEL NURSES' STATION, KITCHEN &										6
7	DINING AREA & RECEPTIONAL DESK			2013	46,000	1,673	27.5	1,673		12,547	7
8	REPLACE WALKS ON NORTHSIDE OF BUILDING										8
9	AND INSTALL ADA PLACARD			2014	7,850	285	27.5	285		1,722	9
10	ROOF SHINGLE AND FASCIA REPAIRS			2014	7,000	255	27.5	255		1,520	10
11	REMODELING SAMPLE SHARED SUITE #216A & B,										11
12	1 AND 3RD SAMPLE BEDROOM # 219 & #308			2015	58,058	2,110	27.5	2,110		11,606	12
13	BEDROOM UNITS #221,309 &319 INTERIOR										13
14	RENOVATION			2015	76,554	2,785	27.5	2,785		19,600	14
15	BEDROOM UNITS #104,106,119,121,124,125,126,128,										15
16	208,209,301,302,304 INTERIOR RENOVATION			2016	233,240	8,483	27.5	8,483		38,984	16
17	TOTAL (lines 1 thru 16)				$ 13,575,537	$ 485,655		$ 485,655	$	$ 8,337,559	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	$ 1,399,326	$ 71,953	$ 53,811	(18,142)	3-10	$ 1,076,263	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 1,399,326	$ 71,953	$ 53,811	(18,142)		$ 1,076,263	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 & ID Number THE POINTE AT KILPATRICK # Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		$ 13,575,537	$ 485,655		$ 485,655	$	$ 8,337,559	1
2	BEDROOM UNITS # 120, 122, 127, 205, 213, 223, 208, 209, 302,								2
3	304 INTERIOR RENOVATION	2017	113,657	4,134	27.5	4,134		15,731	3
4	WIRELESS ACCESS POINT THROUGH OUT THE BUILDING	2018	17,275	628	27.5	628		1,884	4
5	COURTYARD PLANTINGS - INSTALL MATERIALS	2018	10,045	365	27.5	365		1,095	5
6	INSTALLED NEW CERAMIC FLOOR & WALL TILES	2018	8,450	308	27.5	308		922	6
7	UPDATYE WIRELESS INTERNET THROUGH OUT BUILDING	2018	72,775	2,646	27.5	2,646		7,938	7
8	TWO BOILER AND STORAGE TANK REPLACEMENT	2018	51,600	1,876	27.5	1,876		5,628	8
9	INTERIOR COMMON AREA PAINTING	2018	18,400	669	27.5	669		2,007	9
10	REMODELING PARK BENCHES	2019	8,593	313	27.5	313		521	10
11	THREE BOILERS AND STORAGE TANK REPLACEMENT	2019	50,950	1,853	27.5	1,853		2,625	11
12	DINING ROOM REMODEL	2019	31,764	1,155	27.5	1,155		1,444	12
13	ROOFTOP UNIT DUCT WORK, DRAIN REPLACEMENT	2019	29,675	1,079	27.5	1,079		1,349	13
14	1ST FLOOR: FLOORING, CARPET TILE, PAINTING	2019	114,719	4,172	27.5	4,172		4,867	14
15	INSULATION-INSTALLED BUBBLE WRAP, TAPE,CLOSED-CI	2019	37,000	1,346	27.5	1,346		1,458	15
16	DINING ROOM REMODEL	2020	2,950	107	27.5	107		107	16
17									17
18									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	TOTAL (lines 1 thru 33)		$ 14,143,390	$ 506,306		$ 506,306	$	$ 8,385,135	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: THE POINTE AT KILPATRICK   Report Period Beginning: 1/1/2020   Ending: 2/31/2020

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 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	 NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	 Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	MERCHANTS CAPITAL	X		MORTGAGE	12/1/02	$ 10,000,000	$ 8,424,141	1/1/53	2.4200	$ 206,131	1
2	LOAN COST	X			12/5/03	123,675	67,129	/ /		2,267	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 10,123,675	$ 8,491,270			$ 208,398	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 10,123,675	$ 8,491,270			$ 208,398	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: THE POINTE AT KILPATRICK — Report Period Beginning: 1/1/2020 Ending: 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2020 (last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 6,405,696	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	398,817		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,727		6
7	Other Prepaid Expenses	119,340		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): ESCROW DEPOSITS	302,807		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 7,230,387	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	350,000		13
14	Buildings, at Historical Cost	14,143,389		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,399,326		16
17	Accumulated Depreciation (book methods)	(9,607,423)		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 LOAN FEES-NET	67,129		22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 6,352,421	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 13,582,808	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 28,010	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	70,178		28
29	Short-Term Notes Payable	176,196		29
30	Accrued Salaries Payable	73,556		30
31	Accrued Taxes Payable	155,870		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	PREPAID REVENUE	333,500		35
36	SBA PPP LOAN	505,900		36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 1,343,210	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,900,000		38
39	Mortgage Payable	8,247,945		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)**	$ 13,147,945	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 14,491,155	$	45
46	**TOTAL EQUITY**	$ (908,347)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 13,582,808	$	47

*(See instructions.)

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	$ 5,255,556	1
2	Discounts and Allowances	(157,318)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 5,098,238	3
	B. Other Operating Revenue		
4	Special Services	49,054	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)**	$ 49,054	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	4,773	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 4,773	14
	D. Other Revenue (specify):		
15	**STIMULUS PAYMENT**	812,958	15
16	**FOOD STAMPS**	118,536	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 931,494	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 6,083,559	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,310,430	19
20	Health Care/ Personal Care	1,147,204	20
21	General Administration	1,872,688	21
	B. Capital Expense		
22	Ownership	1,014,280	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	**ADJ OF PRIOR YEAR EXP**	39,169	26
27			27
28	**TOTAL EXPENSES (sum of lines 19 thru 27)**	$ 5,383,771	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 699,788	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 699,788	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 3,158,933	32
33	Private Pay - Net Inpatient Revenue	2,096,623	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 5,255,556	37

THE POINTE AT KILPATRICK, LP
01/01/2020-12/31/2020

PAGE 3 COLUMN 5 NOT ALLOWABLE EXPENSES		AMOUNT
LINE 1	SALES TAX ON FOOD	(1,749.00)
LINE 3	CABLE TV-RESIDENT ROOMS	(37,546.00)
LINE 10	PENALTIES	(475.00)
LINE 10	THEFT AND DAMAGE LOST	(1,141.00)
LINE 18	INTEREST INCOME	(4,773.00)
LINE 24	GRAND TOTAL	(45,684.00)