

		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.

I. Facility ID Number: 1000115

Facility Name: Senior Estates SLE, LP

Address: 550 Kildeer Dr. Bolingbrook 60440
Number City Zip Code

County: Will

Telephone Number: 630-783-9640 Fax # 630-783-9648

Federal Employer ID Number:

Date Current Owners were Certified: 02/27/09

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☒	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: Selena Edgington Telephone Number: 815-935-1992 EXT 232
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 01/01/11 to 12/31/11 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, BMA Management, LTD.

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	Senior Estates SLF, LP
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Report Period Beginning: 01/01/11 Ending: 12/31/11

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	105	Single Unit Apartment	105	38,325	1		
2		Double Unit Apartment			2		
3		Other			3		
4	105	TOTALS	105	38,325	4		

B. Census-For the entire report period.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
Resident Days by Unit and Primary Source of Payment						
5	Single Unit	29,597	6,942		36,539	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,597	6,942		36,539	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.34%

D. Indicate the number of paid bed-hold days the SLF had during this year

706 Also, indicate the number of unpaid bed-hold days the SLF had during this year. **90 (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 ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

**G. List all services provided by your facility for non-residents.
(E.g., day care, "meals on wheels", outpatient therapy)**

H. ACCOUNTING BASIS

		MODIFIED		
ACCRUAL	X	CASH*		CASH*

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31/11 **Fiscal Year:** 12/31/11

* 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.

STATE OF ILLINOIS

Page 3

Facility Name: Senior Estates SLF, LP

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		179,492	1,443	180,935		180,935	1
2	Housekeeping, Laundry and Maintenance		29,628	58,447	88,075		88,075	2
3	Heat and Other Utilities			172,097	172,097	24,404	196,501	3
4	Other (specify):			14,630	14,630		14,630	4
5	TOTAL General Services		209,120	246,617	455,737	24,404	480,141	5
	B. Health Care and Programs							
6	Health Care/ Personal Care		4,709		4,709		4,709	6
7	Activities and Social Services		12,215		12,215		12,215	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		16,924		16,924		16,924	9
	C. General Administration							
10	Administrative and Clerical		15,685	257,131	272,816	(27,892)	244,924	10
11	Marketing Materials, Promotions and Advertising		2,348	42,361	44,709		44,709	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			16,992	16,992		16,992	13
14	Other (specify):			1,379,686	1,379,686		1,379,686	14
15	TOTAL General Administration		18,033	1,696,170	1,714,203	(27,892)	1,686,311	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		244,077	1,942,787	2,186,864	(3,488)	2,183,376	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			595,297	595,297		595,297	17
18	Interest			832,358	832,358		832,358	18
19	Real Estate Taxes			91,303	91,303		91,303	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			88,530	88,530		88,530	22
23	TOTAL Ownership			1,607,488	1,607,488		1,607,488	23
24	GRAND TOTAL (Sum of lines 16 and 23)		244,077	3,550,275	3,794,352	(3,488)	3,790,864	24

Facility Name: Senior Estates SLF, LP

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	\$ 30.32	1
2	Licensed Practical Nurses	1	25.25	2
3	Certified Nurse Assistants	16	10.82	3
4	Activity Director & Assistants	1	15.68	4
5	Social Service Workers			5
6	Head Cook	1	22.96	6
7	Cook Helpers/Assistants	11	9.35	7
8	Dishwashers			8
9	Maintenance Workers	1	20.47	9
10	Housekeepers	3	8.93	10
11	Laundry			11
12	Managers	1	41.83	12
13	Other Administrative	3	14.53	13
14	Clerical			14
15	Marketing	1	22.31	15
16	Other			16
17	Total (lines 1 thru 16)	39	\$	17

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

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).

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.	\$ 185,175	1
2			2
Total		\$ 185,175	3

Facility Name: Senior Estates SLF, LP

Report Period Beginning:

01/01/11

Ending:

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VIII. OWNERSHIP COSTS

A. Purchase price of land 815,542 Year land was acquired 2007

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	105			2009	\$ 12,529,068	\$ 454,921	28	\$ 447,467	\$ (7,454)	\$ 1,324,014	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				242,571	16,172	15	16,171	(1)	47,167	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)				\$ 12,771,639	\$ 471,093		\$ 463,638	\$ (7,455)	\$ 1,371,181	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	\$ 652,840	\$ 124,204	\$ 130568	6,364	5	\$ 457,004	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 652,840	\$ 124,204	\$ 130,568	6,364		\$ 457,004	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:Senior Estates SLF, LP

Report Period Beginning:01/01/11

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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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		☐ YES ☐ NO
3	Original Building			/ /	\$			3	9. Rental amount for movable equipment \$
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	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Amalgamated Bank		X	First Mortgage/Bond	12/1/07	\$ 11,900,000	\$ 11,790,000	12/1/42	0.0007	\$ 832,358	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,900,000	\$ 11,790,000			\$ 832,358	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,900,000	\$ 11,790,000			\$ 832,358	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: Senior Estates SLF, LP

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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 210,826	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	900,980		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	808		6
7	Other Prepaid Expenses	1,597		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,114,211	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,058,113		13
14	Buildings, at Historical Cost	12,529,070		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	652,840		16
17	Accumulated Depreciation (book methods)	(1,828,184)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	544,440		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(50,338)		20
21	Restricted Funds	1,518,543		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,424,484	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,538,695	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 90,068	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	83,060		31
32	Accrued Interest Payable	73,721		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	291,127		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 537,976	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	11,790,000		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)	\$ 11,790,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,327,976	\$	45
46	TOTAL EQUITY	\$ 3,210,719	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,538,695	\$	47

*(See instructions.)

Facility Name: Senior Estates SLF, LP

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.)

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,589,877	1
2	Discounts and Allowances	(46,841)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,543,036	3
	B. Other Operating Revenue		
4	Special Services	189,955	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	12,962	8
9	Non-Resident Meals	2,748	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 205,665	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	161	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 161	14
	D. Other Revenue (specify):		
15	Deposit Fee/Vending	261	15
16	Property Lease Income	3,600	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,861	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,752,723	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	455,737	19
20	Health Care/ Personal Care	16,924	20
21	General Administration	1,714,203	21
	B. Capital Expense		
22	Ownership	1,607,488	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)	\$ 3,794,352	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (41,629)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (41,629)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,740
Rubbish Removal	1,181
Vehicle Expense	-
Transportation Service	-
Water Softener	-
Misc Operating	11,709
Total	14,630

C. General Administration - Other

Consulting	19,000
Legal	13,300
Accounting	237
Audit	10,010
Contract labor	1,302,568
Bad Debt	34,571
Total	1,379,686

D. Ownership

Developer Fee Interest	20,735
Remarketing and Trustee Fee	3,559
Mortgage Service Fee	-
Partnership Management Fee	-
Asset Management Fee	15,914
Incentive Manangement Fee	29,054
Tax Credit Fee & Incentive Fee	2,075
Amortization Expense	17,193
Remarketing and Trustee Fee	
Property Damage Loss	
Interest Income	
Total	88,530

Reclassifications and Adjustments

Heat & Other Utilities (24,404) Cable

Administrative and Clerical (27,892) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	18,613
Accrued Asset Mgmt Fee	43,864
Accrued Developer Fee	197,847
Accrued Incentive Mgmt Fee	29,054
Unclaimed Property	242
Unearned Revenue	1,507
Accrued MIP	
Reservation Deposit	
Total Other Current Liabilities	291,127