

		FOR BHF USE			

LL2

Supportive Living Facility

2012

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2012)

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 Danville 61832

Number City Zip Code

County: Vermillion

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

Federal Employer ID Number:

Date Current Owners were Certified: 10-31-05

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: Grenshinka Osborne Telephone Number: 815-935-1992 EXT 257

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 01/01/12 to 12/31/12 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) 4/29/2013

(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 Bowman Estates

Report Period Beginning: 01/01/12 Ending: 12/31/12

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	<u>76</u>	Single Unit Apartment	<u>76</u>	<u>27,816</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>76</u>	TOTALS	<u>76</u>	<u>27,816</u>	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	<u>16,374</u>	<u>9,616</u>		<u>25,990</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>16,374</u>	<u>9,616</u>		<u>25,990</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.44%

D. Indicate the number of paid bed-hold days the SLF had during this year 465 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 ☒

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

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 2012 Fiscal Year: 2012

* 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: Bowman Estates

Report Period Beginning:

01/01/12

Ending:

12/31/12

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	188,905	133,701	1,631	324,237		324,237	1
2	Housekeeping, Laundry and Maintenance	67,800	13,218	45,833	126,851		126,851	2
3	Heat and Other Utilities			109,900	109,900	(15,764)	94,136	3
4	Other (specify):			18,212	18,212		18,212	4
5	TOTAL General Services	256,705	146,919	175,576	579,200	(15,764)	563,436	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	342,365	3,896		346,261		346,261	6
7	Activities and Social Services	29,747	4,287		34,034		34,034	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	372,112	8,183		380,295		380,295	9
	C. General Administration							
10	Administrative and Clerical	107,342	10,865	251,155	369,362	(14,949)	354,413	10
11	Marketing Materials, Promotions and Advertising	47,571	11,593	25,364	84,528		84,528	11
12	Employee Benefits and Payroll Taxes			203,063	203,063		203,063	12
13	Insurance-Property, Liability and Malpractice			31,772	31,772		31,772	13
14	Other (specify):			24,159	24,159		24,159	14
15	TOTAL General Administration	154,913	22,458	535,513	712,884	(14,949)	697,935	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	783,730	177,560	711,089	1,672,379	(30,713)	1,641,666	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			271,123	271,123		271,123	17
18	Interest			297,555	297,555		297,555	18
19	Real Estate Taxes			60,316	60,316		60,316	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			384,109	384,109		384,109	22
23	TOTAL Ownership			1,013,103	1,013,103		1,013,103	23
24	GRAND TOTAL (Sum of lines 16 and 23)	783,730	177,560	1,724,192	2,685,482	(30,713)	2,654,769	24

Facility Name: Bowman Estates

Report Period Beginning 01/01/12 Ending: 12/31/12

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 23.96	1
2	Licensed Practical Nurses	0	18.08	2
3	Certified Nurse Assistants	13	9.60	3
4	Activity Director & Assistants	1	14.21	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1	14.30	7
8	Dishwashers	8	9.66	8
9	Maintenance Workers			9
10	Housekeepers	1	16.66	10
11	Laundry	2	8.42	11
12	Managers	1	28.46	12
13	Other Administrative			13
14	Clerical	2	12.51	14
15	Marketing	1	21.58	15
16	Other			16
17	Total (lines 1 thru 16)	31	\$	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	\$ 114,813	1
2			2
Total		\$ 114,813	3

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	\$ 227,060	28	\$ 232,848	\$ 5,788	\$ 1,846,689	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				386,694	22,837	15	25,780	2,943	215,449	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	\$ 249,897		\$ 258,628	\$ 8,731	\$ 2,062,138	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	\$ 617,468	\$ 11,226	\$ 123,494	112,268	5	\$ 519,395	18
19	Vehicles	22,608		4,522	4,522	5	22,608	19
20	TOTAL (lines 18 and 19)	\$ 640,076	\$ 11,226	\$ 128,015	116,789		\$ 542,003	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: 01/01/12 Ending: 12/31/12

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	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	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	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	The Bank of Carbondale		X	First Mortgage	10/4/04	\$ 4,925,100	\$	11/20/12	0.0295	\$ 285,447	1
2	Lancaster Pollard		X	First Mortgage	11/20/12	\$ 4,925,100	\$ 4,918,390	12/1/47	0.0295	\$ 12,108	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,850,200	\$ 4,918,390			\$ 297,555	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,850,200	\$ 4,918,390			\$ 297,555	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: 01/01/12

Ending:

12/31/12

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 653,907	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	426,402		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	16,711		6
7	Other Prepaid Expenses	5,985		7
8	Accounts Receivable (owners or related parties)	126,745		8
9	Other(specify): <u>PREPAID MIP</u>	41,043		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,270,793	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	682,955		13
14	Buildings, at Historical Cost	6,519,739		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	640,076		16
17	Accumulated Depreciation (book methods)	(2,604,141)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	224,206		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(58,888)		20
21	Restricted Funds	911,003		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,314,950	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,585,743	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 63,478	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	46,038		30
31	Accrued Taxes Payable	63,372		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>SEE PAGE 7 ATTACHMENT</u>	374,170		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 547,058	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,918,390		38
39	Mortgage Payable			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)	\$ 4,918,390	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,465,448	\$	45
46	TOTAL EQUITY	\$ 2,120,295	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,585,743	\$	47

*(See instructions.)

Facility Name: Bowman Estates

Report Period Beginning: 01/01/12

Ending:

12/31/12

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	\$ 2,402,276	1
2	Discounts and Allowances	(27,549)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,374,727	3
	B. Other Operating Revenue		
4	Special Services	117,754	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	11,270	8
9	Non-Resident Meals	4,784	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 133,809	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	23,565	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 23,565	14
	D. Other Revenue (specify):		
15	Insurance Adjustments	4,712	15
16	Late and Call Pendand Income	1,094	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,806	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,537,905	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	579,200	19
20	Health Care/ Personal Care	380,295	20
21	General Administration	712,884	21
	B. Capital Expense		
22	Ownership	1,013,103	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)	\$ 2,685,482	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (147,577)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (147,577)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	708
Rubbish Removal	6,163
Vehicle Expense	11,341
Transportation Service	
Water Softener	
Misc Operating	
Total	18,212

C. General Administration - Other

Consulting	1,265
Legal	2,860
Accounting	2,310
Audit	10,210
Contract labor-Serv Prov	
Bad Debt	6,314
Contract labor	1,200
Total	24,159

D. Ownership

Financing Fees	136,906
Mortgage Insurance Premium	8,208
Mortgage Service Fee	
Partnership Management Fee	38,000
Asset Management Fee	7,600
Incentive Manangement Fee	113,973
Tax Credit Fee & Incentive Fee	1,600

Amortization Expense	76,720
Remarketing and Trustee Fee	
Property Damage Loss	1,102
Gain on Sale	
 Total	 384,109

Reclassifications and Adjustments

Heat & Other Utilities (15,764) Cable

Administrative and Clerical (14,949) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	58,611
Accrued Asset Mgmt Fee	7,600
Accrued Partnership Fee	76,000
Accrued Incentive Mgmt Fee	219,702
Unclaimed Property	808
Unearned Revenue	11,449
Accrued MIP	
Reservation Deposit	
Total Other Current Liabilities	374,170