

		FOR BHF USE			

LL2

Supportive Living Facility

2014

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2014)

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: 1000145

Facility Name: ST ANTHONY OF LANSING

Address: 3025 SPRING LAKE DR LANSING 60438

Number City Zip Code

County: COOK

Telephone Number: (708) 474-6100 Fax # 708 474-6102

Federal Employer ID Number:

Date Current Owners were Certified: 8/21/2013

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT

☐ Charitable Corp.

☐ Trust

IRS Exemption Code

☐ PROPRIETARY

☐ Individual

☐ Partnership

☐ Corporation

☐ "Sub-S" Corp.

☒ Limited Liability Co.

☐ Trust

☐ Other

☐ GOVERNMENTAL

☐ State

☐ County

☐ Other

In the event there are further questions about this report, please contact:

Name: SHANE ALLEE Telephone Number: 815-935-1992 EXT. 246

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 01/01/2014 to 12/31/2014 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 **ST. ANTHONY SLF, LLC**

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units

11 / 11

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	125	Single Unit Apartment	125		45,625	1	
2		Double Unit Apartment				2	
3		Other				3	
4		TOTALS			45,625	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	28,343	5,350		33,693	5
6	Double Unit					6
7	Other					7
8	TOTALS	28,343	5,350		33,693	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 73.85%

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

572 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

ACCUAL		MODIFIED	
		CASH*	CASH*
	X		

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

Tax Year: 2014 Fiscal Year: 2014

* 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: ST. ANTHONY SLF, LLC

Report Period Beginning:

01/01/2014

Ending: 12/31/2014

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	257,798	185,003	2,177	444,978		444,978	1
2	Housekeeping, Laundry and Maintenance	88,995	12,322	28,462	129,779		129,779	2
3	Heat and Other Utilities			187,120	187,120	(23,762)	163,358	3
4	Other (specify):			32,905	32,905		32,905	4
5	TOTAL General Services	346,793	197,325	250,664	794,782	(23,762)	771,020	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	420,983	3,999		424,982		424,982	6
7	Activities and Social Services	33,229	3,400		36,629		36,629	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	454,212	7,399		461,611		461,611	9
	C. General Administration							
10	Administrative and Clerical	158,702	17,345	280,117	456,164	(25,617)	430,547	10
11	Marketing Materials, Promotions and Advertising	50,208	15,069	43,686	108,963		108,963	11
12	Employee Benefits and Payroll Taxes			250,608	250,608		250,608	12
13	Insurance-Property, Liability and Malpractice			75,703	75,703		75,703	13
14	Other (specify):			94,046	94,046		94,046	14
15	TOTAL General Administration	208,910	32,414	744,160	985,484	(25,617)	959,867	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,009,915	237,138	994,824	2,241,877	(49,378)	2,192,499	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			598,375	598,375		598,375	17
18	Interest			1,141,825	1,141,825		1,141,825	18
19	Real Estate Taxes			321,000	321,000		321,000	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			112,336	112,336		112,336	22
23	TOTAL Ownership			2,173,536	2,173,536		2,173,536	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,009,915	237,138	3,168,360	4,415,413	(49,378)	4,366,035	24

Facility Name: ST. ANTHONY SLF, LLC

Report Period Beginning 01/01/2014 Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	\$ Inc line 1	1
2	Licensed Practical Nurses	1	23.23	2
3	Certified Nurse Assistants	13	10.72	3
4	Activity Director & Assistants	Inc line 12	Inc line 1	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10	9.60	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	8.83	10
11	Laundry			11
12	Managers	5	23.52	12
13	Other Administrative	4	20.94	13
14	Clerical	Inc line 13	Inc line 1	14
15	Marketing	Inc line 12	Inc line 1	15
16	Other			16
17	Total (lines 1 thru 16)	36	\$	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
DEER PATH SLF, LLC	HUNTLEY

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	\$ 173,220	1
2			2
Total		\$ 173,220	3

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).

Facility Name: ST. ANTHONY SLF, LLC Report Period Beginning: 01/01/2014 Ending: 12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 2,558,268 Year land was acquired 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	125			2013	\$ 17,631,220	\$ 440,628	40	\$ 440,781	\$ 153	\$ 601,778	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	LAND IMPROVEMENTS				327,005	16,350	20	16,350	0	22,353	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)				\$ 17,958,225	\$ 456,978		\$ 457,131	\$ 153	\$ 624,131	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	\$ 1,418,632	\$ 141,397	\$ 141863.2	466	10	\$ 191,422	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,418,632	\$ 141,397	\$ 141,863	466		\$ 191,422	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: ST. ANTHONY SLF, LLC

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	AMALGAMATED		X	FIRST MORTGAGE	7/13/2012	\$ 18,630,000	\$ 18,630,000	12/1/2032	0.0650	\$ 1,141,824.50	1
2	COUNTY OF COOK		X	SECOND MORTGAGE	7/12/2012	\$ 3,000,000	\$ 3,000,000	7/12/2054	0.0000	\$	2
3							\$			\$	3
	Working Capital										
4											4
5											5
6											6
7	TOTAL Facility Related					\$ 21,630,000	\$ 21,630,000			\$ 1,141,825	7
	B. Non-Facility Related										
8						\$	\$				8
9						\$					9
10	TOTALS (lines 7, 8 and 9)					\$ 21,630,000	21,630,000			\$ 1,141,825	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: **ST. ANTHONY SLF, LLC**

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.As of 12/31/2014

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 259,846	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,030,083 (74,689)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,304		6
7	Other Prepaid Expenses	8,832		7
8	Accounts Receivable (owners or related parties)	31,837		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,279,212	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,558,268		13
14	Buildings, at Historical Cost	17,631,220		14
15	Leasehold Improvements, at Historical Cost	327,005		15
16	Equipment, at Historical Cost	1,418,632		16
17	Accumulated Depreciation (book methods)	(815,553)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	1,481,508		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(135,414)		20
21	Restricted Funds	890,105		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 23,355,771	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 24,634,983	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 40,501	\$	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	321,000		31
32	Accrued Interest Payable	100,913		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment	2,229,026		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,691,439	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	21,630,000		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)	\$ 21,630,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 24,321,439	\$	45
46	TOTAL EQUITY	\$ 313,544	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 24,634,983	\$	47

*(See instructions.)

Facility Name: **ST. ANTHONY SLF, LLC**

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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	\$ 3,455,662	1
2	Discounts and Allowances	(33,262)	2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 3,422,400	3
	B. Other Operating Revenue		
4	Special Services	109,963	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	6,588	8
9	Non-Resident Meals	5,275	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 121,826	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	130	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 130	14
	D. Other Revenue (specify):		
15			15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,544,356	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	794,782	19
20	Health Care/ Personal Care	461,611	20
21	General Administration	985,484	21
	B. Capital Expense		
22	Ownership	2,173,536	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 4,415,413	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (871,057)	29
30	Income Taxes	\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (871,057)	31

Expenses PG 3 Other

General Services Detail		Amt	General Administration Detail		Amt	Ownership Other detail		Amt
5200-5124-0-0	Exterminating	14,253	5160-5060-0-0	Consulting	-	9100-9101-0-0	Interest & Dividend Income	-
5200-5127-0-0	Rubbish Removal	7,974	5160-5063-0-0	Legal	12,968	9100-9102-0-0	Assessment Income	-
5300-5140-0-0	Security & Monitoring	7,647	5160-5064-0-0	Accounting	-	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	2,978	5160-5066-0-0	Audit	21,415	9200-9202-0-0	Financing Fees	-
5200-5131-0-0	Transportation Service	53	5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9204-0-0	Mortgage Service Fee	-
5200-5132-0-0	Water Softener	-	5160-5068-0-0	Contract Labor	1,200	9200-9205-0-0	Mortgage Insurance Prem	-
5200-5133-0-0	Window Washing	-	5180-9999-0-0	Total Bad Debt	58,464	9200-9206-0-0	Participation Fee	-
5200-5137-0-0	Miscellaneous Oper Expense	-				9200-9207-0-0	Letter of Credit Fee	-
						9200-9208-0-0	Bond & Draw Fee	-
						9200-9209-0-0	Remarketing and Trustee Fee	3,625
						9200-9212-0-0	Debt Write-Off	-
						9300-9301-0-0	Partnership Management Fee	-
						9300-9302-0-0	Asset Management Fee	10,000
						9300-9303-0-0	Incentive Management	-
						9300-9303-1-0	Incentive Asset Mgmt Fee	-
						9300-9304-0-0	Tax Credit Fees & Incentive Fee	3,125
						9300-9305-0-0	Organizational Expense	-
						9300-9306-0-0	Developer Fees	-
						9300-9307-0-0	Closing Costs	-
						9700-9702-0-0	Amortization Expense	95,586
						9900-9901-0-0	Prior Period Adjustments	-
						9900-9902-0-0	Dissolution of Business	-
						9900-9903-0-0	Loss (Gain) on Sale of Assets	-
						9900-9904-0-0	Business Interruption	-
						9900-9905-0-0	Settlement	-
						9900-9906-0-0	Property Damage Loss	-
						9900-9907-0-0	Abandonment Loss	-
						9900-9908-0-0	Grant Income	-
						9900-9909-0-0	Misc: Title, Recording, Transfer	-
		32,905			94,046			112,336

Balance Sheet					
Other Current Assets Detail			Current Liabilities Detail		
		Amt			Amt
1102-9970-0-0	A/R-Medicaid Food Stamps	-	2112-0100-0-0	Accrued Asset Management Fee	10,000
1102-9971-0-0	A/R-Employee Advance	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	-
1102-9973-0-0	A/R-Insurance Reimbursement	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	-
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9975-0-0	A/R-CIP	-	2112-0105-0-0	Accrued Liabilities	32,437
1102-9976-0-0	A/R-Other	-	2112-0110-0-0	Accrued Insurance	-
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0115-0-0	Accrued Developer Fee	2,141,835
			2112-0130-0-0	Accrued MIP	-
			2112-0146-0-0	Payroll Benefits	-
			2112-0154-0-0	Unclaimed Property	-
			2112-0155-0-0	Reservation Deposit	700
			2112-0156-0-0	Buy Down Credit	-
			2112-0157-0-0	Unapplied Last Month Rent	-
			2112-0158-0-0	Deferred Gain on Sale	-
			2112-0159-0-0	Unearned Revenue	44,054
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
			2112-0170-0-0	Line of Credit	-
			2112-0175-0-0	Loan - Vehicle	-
		-			2,229,026