

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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

County: VERMILION

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

Federal Employer ID Number:

Date Current Owners were Certified: 10/31/2005

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other	

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

Name: Danel Erickson Telephone Number: (779) 771-6947

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 01/01/2021 to 12/31/2021 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) Greg Echols	
Paid Preparer	(Title) CFO, Gardant Management Solutions	
	(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

STATE OF ILLINOIS

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Facility Name: BOWMAN ESTATES

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

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	252,583	146,451	1,630	400,664	0	400,664	1
2	Housekeeping, Laundry and Maintenance	92,694	35,898	62,906	191,498	0	191,498	2
3	Heat and Other Utilities			116,042	116,042	(25,263)	90,779	3
4	Other (specify):	0	0	50,604	50,604	0	50,604	4
5	TOTAL General Services	345,277	182,349	231,182	758,807	(25,263)	733,544	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	540,089	20,993	0	561,082	0	561,082	6
7	Activities and Social Services	41,163	4,839	0	46,001	0	46,001	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	581,251	25,832	0	607,083	0	607,083	9
	C. General Administration							
10	Administrative and Clerical	185,948	35,996	317,388	539,332	(19,315)	520,017	10
11	Marketing Materials, Promotions and Advertising	55,207	6,323	58,214	119,745	0	119,745	11
12	Employee Benefits and Payroll Taxes	0	0	237,424	237,424	0	237,424	12
13	Insurance-Property, Liability and Malpractice	0	0	70,886	70,886	0	70,886	13
14	Other (specify):	0	0	44,092	44,092	(17,411)	26,681	14
15	TOTAL General Administration	241,155	42,319	728,003	1,011,478	(36,726)	974,752	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,167,683	250,500	959,185	2,377,368	(61,989)	2,315,379	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			277,628	277,628	0	277,628	17
18	Interest			182,111	182,111	(1,256)	180,855	18
19	Real Estate Taxes			64,889	64,889	0	64,889	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			14,021	14,021	0	14,021	21
22	Other (specify):	0	0	219,380	219,380	0	219,380	22
23	TOTAL Ownership	0	0	758,031	758,031	(1,256)	756,775	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,167,683	250,500	1,717,216	3,135,399	(63,245)	3,072,153	24

Facility Name: BOWMAN ESTATES

Report Period Beginning: 01/01/2021 Ending: 12/31/2021

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 12	1
2	Licensed Practical Nurses	0	27.95	2
3	Certified Nurse Assistants	13	15.10	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers	0	0.00	5
6	Head Cook	0	0.00	6
7	Cook Helpers/Assistants	8	12.52	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.90	10
11	Laundry	0	0.00	11
12	Managers	5	26.36	12
13	Other Administrative	3	25.80	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other	0	0.00	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
none			

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? \$

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				\$ 0	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	Gardant Management Solutions	\$ 177,964	1
2			2
Total		\$ 177,964	3

Facility Name: BOWMAN ESTATES

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

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	\$ 6,635,735	\$ 241,239	27.5	\$ 241,299	\$ 61	\$ 3,997,520	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				399,194	1,665	15.0	26,613	24,948	390,537	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 7,034,929	\$ 242,904		\$ 267,912	\$ 25,008	\$ 4,388,057	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	\$ 731,577	\$ 34,723	\$ 146,315	111,592	5	\$ 668,217	18
19	Vehicles	22,608	0	4,522	4,522	5	22,608	19
20	TOTAL (lines 18 and 19)	\$ 754,185	\$ 34,723	\$ 150,837	116,114		\$ 690,825	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

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		0		\$ 0			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	ORIX Real Estate Capital LLC		X	FIRST MORTGAGE	11/20/12	\$ 4,925,100	\$ 0	12/1/47	0.0295	\$ 51,956	1
2	Illinois National Bank		X	BRIDGE LOAN	5/28/21	\$ 6,650,000	\$ 6,650,000	5/28/23	0.0325	\$ 128,474	2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,575,100	\$ 6,650,000			\$ 180,431	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,575,100	\$ 6,650,000			\$ 180,431	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: 01/01/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,374,978	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (79,304))	713,321		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	62,197		6
7	Other Prepaid Expenses	114,785		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	43,792		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,309,073	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	296,261		13
14	Buildings, at Historical Cost	6,635,735		14
15	Leasehold Improvements, at Historical Cost	399,194		15
16	Equipment, at Historical Cost	754,185		16
17	Accumulated Depreciation (book methods)	(5,078,882)		17
18	Deferred Charges	343		18
19	Organization & Pre-Operating Costs	36,939		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(36,939)		20
21	Restricted Funds	0		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,006,835	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,315,908	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 24,744	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	60,305		30
31	Accrued Taxes Payable	67,580		31
32	Accrued Interest Payable	0		32
33	Deferred Compensation	(188)		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	213,953		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 366,394	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	6,603,567		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,603,567	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,969,961	\$ 0	45
46	TOTAL EQUITY	\$ (1,654,053)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,315,908	\$ 0	47

*(See instructions.)

Facility Name: BOWMAN ESTATES

Report Period Beginning: 01/01/2021

Ending:

12/31/2021

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,645,217	1
2	Discounts and Allowances	(34,724)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,610,493	3
	B. Other Operating Revenue		
4	Special Services	199,693	4
5	Other Health Care Services	0	5
6	Special Grants	239,300	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	2,592	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 441,585	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	1,256	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,256	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	3,510	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,510	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,056,844	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	758,807	19
20	Health Care/ Personal Care	607,083	20
21	General Administration	1,011,478	21
	B. Capital Expense		
22	Ownership	758,031	22
	C. Other Expenses		
23	Special Cost Centers	0	23
24	Non-Operating Expenses	0	24
25	Other (specify):	0	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,135,399	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 921,445	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 921,445	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,340,493	32
33	Private Pay - Net Inpatient Revenue	1,267,975	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,608,468	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ -	Interest & Dividend Income	\$ -
PG3-4.1	\$ -	Assessment Income	\$ -
		Assessment Expense	\$ -
A. General Services		Amortization - Loan Fees	\$ 145,346
Other (specify):		Financing Fees	\$ 19,700
Exterminating	\$ 4,631	Mortgage Interest Premium	\$ -
Rubbish Removal	\$ 7,967	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 13,630	Mortgage Insurance Prem	\$ 8,401
Transportation Service	\$ -	Letter of Credit Fee	\$ -
Security & Monitoring	\$ 8,924	Bond & Draw Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 13,185	Remarketing and Trustee Fee	\$ -
Extraordinary COVID - Other	\$ 2,267	Interest Expense-Note	\$ -
PG3-4.3	\$ 50,604	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
C. General Administration		Partnership/Priority Mgmt Fee	\$ 12,000
Other (specify):		Asset Mgmt/Investor Service Fee	\$ 7,333
Consulting	\$ 4,630	Incentive Management	\$ -
Legal	\$ (1,528)	Incentive Asset Mgmt Fee	\$ -
Audit & Accounting	\$ 14,075	Tax Credit Fees	\$ 1,600
Contract Labor-Serv Prov	\$ -	Organizational Expense	\$ -
Contract Labor	\$ 9,504	Developer Fees	\$ -
Bad Debt - Resident	\$ 7,237	Amortization Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid Pending Denial	\$ 146	Loss (Gain) on Sale of Assets	\$ -
Bad Debt - Medicaid Pending - Recovery	\$ -	Settlement	\$ -
Bad Debt - Medicaid	\$ -	Property Damage Loss	\$ 25,000
Bad Debt - Medicaid Recovery	\$ -	Abandonment Loss	\$ -
Bad Debt - Medicaid MCO	\$ 10,028	Grant Income	\$ -
PG3-14.3	\$ 44,092	PG3-22.3	\$ 219,380

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$	25,263	
PG3-3.5	\$	25,263	
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$	2,592	
Internet Access	\$	-	
Telephone- Connection	\$	13,593	
Telephone- Usage	\$	330	
Contributions	\$	2,800	
PG3-10.5	\$	19,315	
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$	7,237	
Bad Debt - Resident - Recovery	\$	-	
Bad Debt - Medicaid Pending Denial	\$	146	
Bad Debt - Medicaid Pending - Recovery	\$	-	
Bad Debt - Medicaid	\$	-	
Bad Debt - Medicaid Recovery	\$	-	
Bad Debt - Medicaid MCO	\$	10,028	
PG3-14.5	\$	17,411	
D. Ownership			
Interest:			
Interest Income	\$	340	
Interest Income - Reserves	\$	917	
PG3-18.5	\$	1,256	
D. Ownership			
Other (specify):			
Goodwill Amortization	\$	-	
Remarketing and Trustee Fee	\$	-	
PG3-22.5	\$	-	

Balance Sheet PG 7 Other			
A. Other Current Asset Details		C. Current Liabilities Detail	
A/R-Employee Advance	\$ 171	Construction Account Payable	\$ -
A/R-Gardant Mgmt Solutions	\$ -	Accrued Asset Mgmt/Investor Service Fee	\$ -
A/R-Insurance Reimbursement	\$ 31,303	Accrued Partnership/Priority Mgmt Fee	\$ -
A/R-CIP	\$ -	Accrued Incentive Mgmt Fee	\$ -
A/R-Other	\$ 12,318	Accrued Incentive Asset Mgmt Fee	\$ -
A/R-TIF/Abatement	\$ -	Accrued Liabilities	\$ 81,158
PG7-9.1	\$ 43,792	Accrued Insurance	\$ -
B. Other Long Term Assets Detail		Accrued Developer Fee	\$ -
CIP	\$ -	Accrued MIP	\$ -
CIP- Land Option Addition	\$ -	Accrued Vacation	\$ -
CIP- Other Addition	\$ -	Payroll Union Dues	\$ -
PG7-23.1	\$ -	Payroll Benefits	\$ -
		Security Deposits Held	\$ -
		Unclaimed Property	\$ 5,562
		Reservation Deposit	\$ -
		Unearned Revenue - Resident	\$ 35,949
		Unearned Revenue - Medicaid	\$ 91,283
		Prepaid Medicaid Clearing	\$ -
		Prepaid Rent	\$ -
		PG7-35.1	\$ 213,953

Income Statement PG 8 Other			
D. Other Revenue			Notes
Contract Service-Serv Prov	\$	-	
Other	\$	135	Returned check fees
Property Tax Adjustments	\$	-	
Property Lease Income	\$	3,375	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	3,510	