

		FOR BHF USE			

LL2

Supportive Living Facility
2006
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2006)

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 Name: Bowman Estates

Address: 1968 N. Bowman Ave. Danville 61832
 Number City Zip Code

County: Iroquios

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

Federal Employer ID Number: 36-4438015

Date Current Owners were Certified: 10/31/05

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: Selena Edgington Telephone Number: 815-935-1992 ext 232

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2006 to 12/31/2006 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) <u>David J. Mitchell</u>	
	(Title) <u>CFO, BMA Management, LTD</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____	

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: 01/01/2006 Ending: 12/31/2006

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	76	Single Unit Apartment	76	27,740	1
2		Double Unit Apartment			2
3		Other			3
4	76	TOTALS	76	27,740	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	13,428	11,500		24,928	5
6	Double Unit					6
7	Other					7
8	TOTALS	13,428	11,500		24,928	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.86%

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

71 Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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)
None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2006 Fiscal Year: 12/31/2006

* 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. _____

Facility Name: Bowman Estates

Report Period Beginning:

01/01/2006

Ending: 12/31/2006

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	164,250	99,285	1,190	264,725		264,725	1
2	Housekeeping, Laundry and Maintenance	55,266	12,466	18,274	86,006		86,006	2
3	Heat and Other Utilities			89,794	89,794	(14,063)	75,731	3
4	Other (specify):			6,699	6,699		6,699	4
5	TOTAL General Services	219,516	111,751	115,957	447,224	(14,063)	433,161	5
B. Health Care and Programs								
6	Health Care/ Personal Care	289,319	964	13,369	303,652	(16,549)	287,103	6
7	Activities and Social Services	18,709	1,726	3,130	23,565		23,565	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	308,028	2,690	16,499	327,217	(16,549)	310,668	9
C. General Administration								
10	Administrative and Clerical	79,450	8,025	138,479	225,954	(15,187)	210,767	10
11	Marketing Materials, Promotions and Advertising	37,043	8,890	15,742	61,675		61,675	11
12	Employee Benefits and Payroll Taxes			117,738	117,738		117,738	12
13	Insurance-Property, Liability and Malpractice			42,629	42,629		42,629	13
14	Other (specify):			70,443	70,443		70,443	14
15	TOTAL General Administration	116,493	16,915	385,031	518,439	(15,187)	503,252	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	644,037	131,356	517,487	1,292,880	(45,799)	1,247,081	16
Capital Expenses								
D. Ownership								
17	Depreciation			428,335	428,335		428,335	17
18	Interest			342,563	342,563		342,563	18
19	Real Estate Taxes			81,800	81,800		81,800	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			80,150	80,150		80,150	22
23	TOTAL Ownership			932,848	932,848		932,848	23
24	GRAND TOTAL (Sum of lines 16 and 23)	644,037	131,356	1,450,335	2,225,728	(45,799)	2,179,929	24

Facility Name: Bowman Estates

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 17.95	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11	8.88	3
4	Activity Director & Assistants	1	11.72	4
5	Social Service Workers			5
6	Head Cook	3	8.91	6
7	Cook Helpers/Assistants	6	8.82	7
8	Dishwashers			8
9	Maintenance Workers	1	13.91	9
10	Housekeepers	2	7.35	10
11	Laundry			11
12	Managers	1	23.79	12
13	Other Administrative	0	9.56	13
14	Clerical	1	12.25	14
15	Marketing	1	16.51	15
16	Other			16
17	Total (lines 1 thru 16)	29	\$	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	BMA Management, LTD	\$ 90,484	1	
2			2	
		Total	\$ 90,484	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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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).

Facility Name: Bowman Estates

Report Period Beginning:

01/01/2006

Ending:

12/31/2006

VIII. OWNERSHIP COSTS

A. Purchase price of land 240,000 Year land was acquired 2004

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	\$ 6,515,618	\$ 236,908	28	\$ 236,908	\$ 187,585	\$ 424,493	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				386,694	25,792	15	25,792	12,877	38,669	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)				\$ 6,902,312	\$ 262,700		\$ 262,700	\$ 200,462	\$ 463,162	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	\$ 495,000	\$ 158,400	\$ 158,400	99,000	5	\$ 257,400	18
19	Vehicles	22,608	7,235	7,235	4,522	5	11,757	19
20	TOTAL (lines 18 and 19)	\$ 517,608	\$ 165,635	\$ 165,635	103,522		\$ 269,157	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: 01/01/2006

Ending: 2/31/2006

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: None

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	Bank of Carbondale		X	Mortgage Loan	1/31/06	\$ 4,900,000	\$ 4,851,204	1/1/36	0.0700	\$ 342,563	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,900,000	\$ 4,851,204			\$ 342,563	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,900,000	\$ 4,851,204			\$ 342,563	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: **01/01/2006**

Ending:

12/31/2006**12/31/2006****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2006**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 18,631	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	377,952		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	19,864		6
7	Other Prepaid Expenses	793		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 417,240	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	240,000		13
14	Buildings, at Historical Cost	6,515,618		14
15	Leasehold Improvements, at Historical Cost	386,694		15
16	Equipment, at Historical Cost	517,608		16
17	Accumulated Depreciation (book methods)	(732,319)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	158,234		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(41,480)		20
21	Restricted Funds	546,336		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,590,691	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,007,931	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 110,500	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,384		30
31	Accrued Taxes Payable	81,800		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Liabilities & Unearned Rev	20,536		35
36	Accrued Developer Fee	488,023		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 723,243	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,851,204		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)	\$ 4,851,204	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,574,447	\$	45
46	TOTAL EQUITY	\$ 2,433,484	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,007,931	\$	47

Facility Name: Bowman Estates

Report Period Beginning: 01/01/2006

Ending:

12/31/2006

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,789,695	1
2	Discounts and Allowances	(1,540)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,788,155	3
B. Other Operating Revenue			
4	Special Services	47,208	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	16,548	8
9	Non-Resident Meals	5,789	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 69,545	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	16,956	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 16,956	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	43,751	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 43,751	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,918,407	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	447,224	19
20	Health Care/ Personal Care	327,217	20
21	General Administration	518,439	21
B. Capital Expense			
22	Ownership	932,848	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)	\$ 2,225,728	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (307,321)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (307,321)	31

Cost Center Expenses

A. General Services - Other

Exterminating	\$	728
Rubbish Removal	\$	3,008
Vehicle Expense	\$	2,963
Misc Operating Expenses	\$	-
Total	\$	6,699

C. General Administration - Other

Legal	\$	48,311
Audit	\$	19,988
Bad Debt	\$	2,144
Total	\$	70,443

D. Ownership

Financing Fees	\$	30
Mortgage Service Fee	\$	-
Mortgage Insurance Premium	\$	-
Partnership Management Fee	\$	38,000
Asset Management Fee	\$	7,600
Incentive Management Fee	\$	-
Tax Credit Fee & Incentive Fee	\$	1,600
Organizational Expense	\$	24,212
Amortization Expense	\$	8,608
Settlement	\$	100
Total	\$	80,150

Income Statement

D. Other Revenue

Cable	\$	14,063	Offset against expense
Convenience Store	\$	103	
Deposit Fee			
Telephone Connection	\$	14,038	Offset against expense
Telephone Usage	\$	1,150	Offset against expense
Miscellaneous	\$	14,397	
Property Tax Adjustments			
	\$	43,751	