

		FOR BHF USE			

LL2

Supportive Living Facility

**2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2010)**

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: 1000033

Facility Name: THE POINTE AT KILPATRICK

Address: 14230 S. KILPATRICK CRESTWOOD 60445
Number City Zip Code

County: COOK

Telephone Number: (708) 293-0010 Fax # (708) 293-0020

Federal Employer ID Number: _____

Date Current Owners were Certified: 12/1/03

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" 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 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 checked="" 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: _____ **Telephone Number:** (_____) _____
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 01/01/10 to 12/31/10 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>MICHAEL C. BRAUN</u>	
	(Title) <u>CONTROLLER</u>	
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 THE POINTE AT KILPATRICK

Report Period Beginning: 01/01/10 Ending: 12/31/10

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	44	Single Unit Apartment	44	16,060	1
2	78	Double Unit Apartment	78	28,470	2
3		Other			3
4	122	TOTALS	122	44,530	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	7,986	4,172	1,339	13,497	5
6	Double Unit	17,182	5,399	3,182	25,763	6
7	Other- Studio	322	730		1,052	7
8	TOTALS	25,490	10,301	4,521	40,312	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.53%

D. Indicate the number of paid bed-hold days the SLF had during this year 451 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)

NONE

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 01/10-12/10 Fiscal Year: 01/10-12/10

* 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: THE POINTE AT KILPATRICK

Report Period Beginning:

01/01/10

Ending:

12/31/10

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	234,807	231,402	1,298	467,507	(32,324)	435,183	1
2	Housekeeping, Laundry and Maintenance	92,243	37,316	36,173	165,732		165,732	2
3	Heat and Other Utilities			120,862	120,862	(4,692)	116,170	3
4	Other (specify):			14,109	14,109		14,109	4
5	TOTAL General Services	327,050	268,718	172,442	768,210	(37,016)	731,194	5
B. Health Care and Programs								
6	Health Care/ Personal Care	403,548	6,931	150	410,629		410,629	6
7	Activities and Social Services	46,223	5,318		51,541		51,541	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	449,771	12,249	150	462,170		462,170	9
C. General Administration								
10	Administrative and Clerical	170,554	15,386	1,601,762	1,787,702	(7,697)	1,780,005	10
11	Marketing Materials, Promotions and Advertising	80,397		110,479	190,876		190,876	11
12	Employee Benefits and Payroll Taxes			220,215	220,215		220,215	12
13	Insurance-Property, Liability and Malpractice			73,828	73,828		73,828	13
14	Other (specify):			129,855	129,855	(36,000)	93,855	14
15	TOTAL General Administration	250,951	15,386	2,136,139	2,402,476	(43,697)	2,358,779	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,027,772	296,353	2,308,731	3,632,856	(80,713)	3,552,143	16
Capital Expenses								
D. Ownership								
17	Depreciation			517,472	517,472	48,771	566,243	17
18	Interest			596,952	596,952	(2,939)	594,013	18
19	Real Estate Taxes			(9,423)	(9,423)		(9,423)	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,379	7,379		7,379	21
22	Other (specify): MORTGAGE INSURANCE			47,739	47,739		47,739	22
23	TOTAL Ownership			1,160,119	1,160,119	45,832	1,205,951	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,027,772	296,353	3,468,850	4,792,975	(34,881)	4,758,094	24

Facility Name: THE POINTE AT KILPATRICK

Report Period Beginning: 01/01/10

Ending:

12/31/10

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 42.59	1
2	Licensed Practical Nurses	1	25.15	2
3	Certified Nurse Assistants	11	10.54	3
4	Activity Director & Assistants	2	11.84	4
5	Social Service Workers			5
6	Head Cook	3	12.50	6
7	Cook Helpers/Assistants	8	9.26	7
8	Dishwashers			8
9	Maintenance Workers	1	20.85	9
10	Housekeepers	2	11.65	10
11	Laundry			11
12	Managers	1	22.17	12
13	Other Administrative	1	30.47	13
14	Clerical	3	9.23	14
15	Marketing	2	19.52	15
16	Other			16
17	Total (lines 1 thru 16)	36	\$ 13.44	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	SHAEL BELLOWS GENERAL PARTNER	0.01%		\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$	1
2			2
Total		\$	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
SEE ATTACHED LIST OF RELATED ENTITIES			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
NONE					

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: THE POINTE AT KILPATRICK

Report Period Beginning:

01/01/10

Ending:

12/31/10

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired _____

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	122			2003	\$ 12,408,081	\$ 451,158	27.5	\$ 451,203	\$ 45	\$ 3,177,131	1
2				2003	438,754	25,886	15	29,251	3,365	207,190	2
3				2005	300,000	10,908	27.5	10,909	1	57,727	3
4											4
5											5
Improvement Type											
6											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)				\$ 13,146,835	\$ 487,952		\$ 491,363	\$ 3,411	\$ 3,442,048	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	\$ 761,443	\$ 29,520	\$ 74,880	45,360	10 YEARS	\$ 470,593	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 761,443	\$ 29,520	\$ 74,880	45,360		\$ 470,593	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: THE POINTE AT KILPATRICK

Report Period Beginning: 01/01/10

Ending: 12/31/10

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	
		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

	Name of Lender	2		3	4	6		7	8	9						
		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	BERKADIA		X	MORTGAGE	12/1/02	\$ 10,000,000	\$ 9,515,992	1/1/44	0.0620	\$ 592,411	1					
2	LOAN COSTS		X		12/5/03	181,630	149,722	1/1/44		4,541	2					
3					/ /			/ /			3					
	Working Capital															
4					/ /			/ /			4					
5					/ /			/ /			5					
6					/ /			/ /			6					
7	TOTAL Facility Related					\$ 10,181,630	\$ 9,665,714			\$ 596,952	7					
	B. Non-Facility Related															
8					/ /			/ /			8					
9					/ /			/ /			9					
10	TOTALS (lines 7, 8 and 9)					\$ 10,181,630	\$ 9,665,714			\$ 596,952	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: THE POINTE AT KILPATRICK

Report Period Beginning: 01/01/10

Ending:

12/31/10

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,470,808	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>50,000</u>)	20,003		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	104,233		6
7	Other Prepaid Expenses	3,512		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): ESCROW DEPOSITS	779,510		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,378,066	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	350,000		13
14	Buildings, at Historical Cost	13,146,835		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	761,443		16
17	Accumulated Depreciation (book methods)	(4,175,009)		17
18	Deferred Charges	182,722		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,265,991	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,644,057	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 147,450	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	226,746		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	40,598		30
31	Accrued Taxes Payable	93,117		31
32	Accrued Interest Payable	49,166		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	MANAGEMENT FEES	1,304,191		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,861,268	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,515,992		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)	\$ 9,515,992	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,377,260	\$	45
46	TOTAL EQUITY	\$ 2,266,797	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 13,644,057	\$	47

Facility Name: THE POINTE AT KILPATRICK

Report Period Beginning: 01/01/10

Ending:

12/31/10

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	\$ 4,121,031	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 4,121,031	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,939	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 2,939	14
D. Other Revenue (specify):			
15	NET VENDING COMMISSIONS	215	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 215	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 4,124,185	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	768,210	19
20	Health Care/ Personal Care	462,170	20
21	General Administration	2,402,476	21
B. Capital Expense			
22	Ownership	1,160,119	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)	\$ 4,792,975	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (668,790)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (668,790)	31

LINE		TOTAL
1	DIETARY AND FOOD PURCHASE	
	DIETITIAN - CONSULTANT	330
	REPAIRS AND MAINTENANCE	968
2	HOUSEKEEPING, LAUNDRY AND MAINTENANCE	
	GROUNDS MAINTENANCE	22,898
	PAINTING & DECORATING	2,356
	EQPT MAINTENANCE & REPAIRS	1,700
	ELEVATOR MAINTENANCE & REPAIRS	8,470
	LAUNDRY EQPT REPAIRS & MTCE	749
		36,173
3	HEAT AND OTHER UTILITIES	
	GAS	27,870
	ELECTRICITY	69,731
	WATER	18,569
	CABLE TV	4,692
		120,862
4	OTHER	
	SCAVENGER	8,157
	EXTERMINATING SERVICE	2,280
	FIRE SERVICE	3,672
	SECURITY SERVICE	
		14,109
6	HEALTH CARE/PERSONAL CARE	
	MEDICAL RECORDS	150
		150
7	ACTIVITIES AND SOCIAL SERVICES	
	SOCIAL WORKER	
		0
8	OTHER	
		0
10	ADMINISTRATIVE AND CLERICAL	
	PENALTIES	2,830
	TELEPHONE	13,600
	MANAGEMENT FEES	1,580,465
	BANK CHARGES	4,867
	THEFT & DAMAGE LOSS	
		0
		1,601,762

LINE	SCHED REF	TOTAL
11	MARKETING MATERIALS, PROMOTIONS & ADV.	
	MARKETING CONSULTANT/SERVICES	80,546
	YELLOW PAGES & NEWSPAPER ADS	10,284
	ADVERTISING & PROMOTIONS	19,649
		110,479
12	EMPLOYEE BENEFITS AND PAYROLL TAXES	
	PAYROLL TAXES	87,866
	WORKERS COMP. INSURANCE	38,178
	HEALTH INSURANCE	81,994
	EMPLOYEE PHYSICAL EXAMS	183
	PENSION PLAN CONTRIBUTIONS	4,894
	EMPLOYEE BENEFITS - OTHER	7,100
		220,215
13	INSURANCE - PROPERTY, LIABILITY	73,828
14	OTHER (GENERAL ADMINISTRATION)	
	EMPLOYEE WANT ADS	100
	POLITICAL CONTRIBUTIONS	
	CONTRIBUTIONS	600
	DATA PROCESSING	9,458
	DUES AND SUBSCRIPTIONS	3,608
	EDUCATION AND SEMINARS	1,957
	EQUIPMENT REPAIRS & MTCE	1,997
	EMPLOYEE BACKGROUND CHECKS	640
	LICENSES AND PERMITS	999
	MESSENGER SERVICES	3,161
	ACCOUNTING FEES	12,973
	LEGAL FEES	34,975
	OTHER PROFESSIONAL FEES	19,979
	BAD DEBTS	36,000
	TRANSPORTATION STAFF	3,408
		129,855
17	DEPRECIATION	517,472
18	INTEREST	596,952
19	REAL ESTATE TAXES	(9,423)
20	RENT -- FACILITY AND GROUNDS	0
21	RENT - EQUIPMENT	7,379
22	OTHER (OWNERSHIP)	
	MORTGAGE INSURANCE	47,739
		47,739

GRAND TOTAL COLUMN 3 OTHER

3,468,850

IV.COST CENTER EXPENSES PAGE 3 - COLUMN 5 (RECLASSIFICATIONS AND ADJUSTMENTS)

LINE

TOTAL

GENERAL EXPENSES		
1	FOOD STAMP REVENUE	(30,622)
3	CABLE TV - RESIDENT ROOMS	(4,692)
1	SALES TAX ON FOOD	(1,702)
		(37,016)
HEALTH CARE AND PROGRAMS		
		0
GENERAL ADMINISTRATION		
10	BANK CHARGES	(4,867)
10	PENALTIES	(2,830)
14	POLITICAL CONTRIBUTIONS	
14	BAD DEBTS	(36,000)
		0
		(43,697)
OWNERSHIP		
17	STRAIGHTLINE DEPRECIATION ADJ.	48,771
18	INTEREST INCOME	(2,939)
		0
		45,832
GRAND TOTAL - COLMN 5		(34,881)