

		FOR BHF USE					

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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.

<p>I.</p> <p>Facility Name: <u>THE POINTE AT KILPATRICK</u></p> <p>Address: <u>14230 S KILPATRICK</u> <u>CRESTWOOD</u> <u>60445</u> <small>Number City Zip Code</small></p> <p>County: <u>COOK</u></p> <p>Telephone Number: <u>(708) 293-0010</u> Fax # <u>(708) 293-0020</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>12/1/03</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>MICHAEL C. BRAUN</u> Telephone Number: <u>(847) 583-0100 X 126</u> Email Address: _____</p>	<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 _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/12</u> to <u>12/31/12</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Date) _____ (Type or Print Name) <u>MICHAEL C. BRAUN</u> (Title) <u>CONTROLLER</u> </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u> </td> </tr> </table> <p align="right">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</p>	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) <u>()</u> Fax # <u>()</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name: THE POINTE AT KILPATRICK

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	232,272	261,663	1,664	495,599	(37,639)	457,960	1
2	Housekeeping, Laundry and Maintenance	99,798	34,064	35,255	169,117		169,117	2
3	Heat and Other Utilities			120,018	120,018	(2,302)	117,716	3
4	Other (specify):			19,759	19,759		19,759	4
5	TOTAL General Services	332,070	295,727	176,696	804,493	(39,941)	764,552	5
B. Health Care and Programs								
6	Health Care/ Personal Care	455,304	4,663		459,967		459,967	6
7	Activities and Social Services	52,838	6,400		59,238		59,238	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	508,142	11,063		519,205		519,205	9
C. General Administration								
10	Administrative and Clerical	203,864	10,037	359,151	573,052	(1,131)	571,921	10
11	Marketing Materials, Promotions and Advertising	151,651		56,624	208,275		208,275	11
12	Employee Benefits and Payroll Taxes			296,075	296,075		296,075	12
13	Insurance-Property, Liability and Malpractice			68,522	68,522		68,522	13
14	Other (specify):			136,921	136,921	(500)	136,421	14
15	TOTAL General Administration	355,515	10,037	917,293	1,282,845	(1,631)	1,281,214	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,195,727	316,827	1,093,989	2,606,543	(41,572)	2,564,971	16
Capital Expenses								
D. Ownership								
17	Depreciation			518,084	518,084	53,898	571,982	17
18	Interest			682,012	682,012	(606)	681,406	18
19	Real Estate Taxes			86,232	86,232		86,232	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			15,641	15,641		15,641	21
22	Other (specify): MORTGAGE INSURANCE				46,761		46,761	22
23	TOTAL Ownership			1,301,969	1,348,730	53,292	1,402,022	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,195,727	316,827	2,395,958	3,955,273	11,720	3,966,993	24

Facility Name: THE POINTE AT KILPATRICK

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	\$ 43.73	1
2	Licensed Practical Nurses	1	25.40	2
3	Certified Nurse Assistants	11	10.72	3
4	Activity Director & Assistants	2	12.63	4
5	Social Service Workers			5
6	Head Cook	3	13.23	6
7	Cook Helpers/Assistants	8	9.51	7
8	Dishwashers			8
9	Maintenance Workers	1	22.00	9
10	Housekeepers	2	12.15	10
11	Laundry			11
12	Managers	1	23.89	12
13	Other Administrative	1	38.79	13
14	Clerical	3	10.04	14
15	Marketing	2	24.88	15
16	Other			16
17	Total (lines 1 thru 16)	36	\$ 14.84	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

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:

01/01/12

Ending:

12/31/12

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	\$ 451,203	27.5	\$ 451,203		\$ 4,079,537	1
2				2003	438,754	25,886	15	29,250	3,364	265,690	2
3				2003	300,000	10,909	27.5	10,909		79,546	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	\$ 487,998		\$ 491,362	\$ 3,364	\$ 4,424,773	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	\$ 874,824	\$ 30,086	\$ 80,620	50,534	10	\$ 246,288	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 874,824	\$ 30,086	\$ 80,620	50,534		\$ 246,288	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: 01/01/12

Ending:

12/31/12

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	\$ 4,054,461	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,054,461	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
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	606	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 606	14
D. Other Revenue (specify):			
15	VENDING COMMISSIONS	285	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 285	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,055,352	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	804,493	19
20	Health Care/ Personal Care	519,205	20
21	General Administration	1,282,845	21
B. Capital Expense			
22	Ownership	1,348,730	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)	\$ 3,955,273	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 100,079	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 100,079	31

Facility Name: THE POINTE AT KILPATRICK

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	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,299,047	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	724,141		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	175,713		6
7	Other Prepaid Expenses	22,071		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): ESCROW DEPOSITS	832,027		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,052,999	\$	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	12,846,835		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,196,497		16
17	Accumulated Depreciation (book methods)	(5,233,026)		17
18	Deferred Charges	264,128		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)	\$ 9,424,434	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,477,433	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 280,264	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	188,329		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	55,166		30
31	Accrued Taxes Payable	98,503		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	MANAGEMENT FEES	103,704		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 725,966	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,692,900		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)	\$ 9,692,900	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,418,866	\$	45
46	TOTAL EQUITY	\$ 2,058,567	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,477,433	\$	47

*(See instructions.)

IV.COST CENTER EXPENSES

PAGE 3 COLUMN 3 OTHER

LINE		TOTAL
1	DIETARY AND FOOD PURCHASE	
	DIETITIAN - CONSULTANT	684
	REPAIRS AND MAINTENANCE	980
2	HOUSEKEEPING, LAUNDRY AND MAINTENANCE	
	GROUNDS MAINTENANCE	10,739
	PAINTING & DECORATING	9,690
	EQPT MAINTENANCE & REPAIRS	3,314
	ELEVATOR MAINTENANCE & REPAIRS	9,965
	LAUNDRY EQPT REPAIRS & MTCE	1,547
		35,255
3	HEAT AND OTHER UTILITIES	
	GAS	22,126
	ELECTRICITY	70,820
	WATER	24,770
	CABLE TV	2,302
		120,018
4	OTHER	
	SCAVENGER	12,095
	EXTERMINATING SERVICE	2,444
	FIRE SERVICE	5,220
	SECURITY SERVICE	
		19,759
6	HEALTH CARE/PERSONAL CARE	
	MEDICAL RECORDS	
		0
7	ACTIVITIES AND SOCIAL SERVICES	
	SOCIAL WORKER	

LINE	SCHED REF	TOTAL
11	MARKETING MATERIALS, PROMOTIONS & ADV.	
	MARKETING CONSULTANT/SERVICES	42,705
	YELLOW PAGES & NEWSPAPER ADS	7,523
	ADVERTISING & PROMOTIONS	6,396
		56,624
12	EMPLOYEE BENEFITS AND PAYROLL TAXES	
	PAYROLL TAXES	115,475
	WORKERS COMP. INSURANCE	42,674
	HEALTH INSURANCE	130,147
	EMPLOYEE PHYSICAL EXAMS	200
	PENSION PLAN CONTRIBUTIONS	254
	EMPLOYEE BENEFITS - OTHER	7,325
		296,075
13	INSURANCE - PROPERTY, LIABILITY	68,522
14	OTHER (GENERAL ADMINISTRATION)	
	EMPLOYEE WANT ADS	725
	POLITICAL CONTRIBUTIONS	500
	CONTRIBUTIONS	1,115
	DATA PROCESSING	17,517
	DUES AND SUBSCRIPTIONS	3,540
	EDUCATION AND SEMINARS	1,380
	EQUIPMENT REPAIRS & MTCE	2,019
	EMPLOYEE BACKGROUND CHECKS	320
	LICENSES AND PERMITS	1,601
	MESSENGER SERVICES	1,528
	ACCOUNTING FEES	12,025
	LEGAL FEES	37,991
	OTHER PROFESSIONAL FEES	50,403
	BAD DEBTS	

		0
8	OTHER	
	RN CONSULTANT	
		0
10	ADMINISTRATIVE AND CLERICAL	
	PENALTIES	654
	TELEPHONE	14,402
	MANAGEMENT FEES	343,618
	BANK CHARGES	477
	THEFT & DAMAGE LOSS	
		0
		359,151

17	TRANSPORTATION STAFF	6,257	136,921
18	DEPRECIATION	518,084	518,084
19	INTEREST	682,012	682,012
20	REAL ESTATE TAXES	86,232	86,232
21	RENT -- FACILITY AND GROUNDS		0
22	RENT - EQUIPMENT		0
	OTHER (OWNERSHIP)		
	MORTGAGE INSURANCE	46,761	46,761

GRAND TOTAL COLUMN 3 OTHER

2,427,078

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

LINE

TOTAL

	GENERAL EXPENSES		
1	FOOD STAMP REVENUE	(33,802)	
3	CABLE TV - RESIDENT ROOMS	(2,302)	
1	SALES TAX ON FOOD	(3,837)	
			(39,941)
	HEALTH CARE AND PROGRAMS		
			0
	GENERAL ADMINISTRATION		
10	BANK CHARGES	(477)	
10	PENALTIES	(654)	
14	POLITICAL CONTRIBUTIONS	(500)	
14	BAD DEBTS		
		0	(1,631)
	OWNERSHIP		
17	STRAIGHTLINE DEPRECIATION ADJ.	53,898	
18	INTEREST INCOME	(606)	
		0	53,292

GRAND TOTAL - COLMN 5

11,720