

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2015  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2015)**

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:** 1000042

**Facility Name:** Aurora Supportive Living

**Address:** 1599 Farnsworth Aurora 60505  
Number City Zip Code

**County:** Kane

**Telephone Number:** ( 630 ) 8967778 **Fax #** ( )

**Federal Employer ID Number:** \_\_\_\_\_

**Date Current Owners were Certified:** 11/12/2004

**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
<b>IRS Exemption Code</b> _____	<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:** Andrew B. Cutler **Telephone Number:** (847) 374-0400  
**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 01/01/2015 to 12/31/2015 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.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) _____	(Title) _____
<b>Paid Preparer</b>	(Signed) _____	(Date) _____
	(Print Name and Title) <u>Andrew B. Cutler</u> <u>Managing Director</u>	
	(Firm Name & Address) <u>FGMK, LLC</u> <u>2801 Lakeside Dr., 3rd Floor, Bannockburn, IL 60015</u>	
	(Telephone) <u>(847 ) 374-0400</u> <b>Fax #</b> <u>(847 ) 374-0420</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 Aurora Supportive Living

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

**III. STATISTICAL DATA**

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

Date of change in certified units N/A

	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	123	Single Unit Apartment	123	44,895	1
2	13	Double Unit Apartment	13	4,745	2
3		Other			3
4	136	TOTALS	136	49,640	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	29,039	2,649		31,688	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,039	2,649		31,688	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 63.84%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 394 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 91 (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 Fiscal Year: 12/31

\* 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? N/A

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? N/A

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? N/A

If no, explain. \_\_\_\_\_

Facility Name: Aurora Supportive Living

Report Period Beginning:

01/01/2015

Ending: 12/31/2015

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	161,043	195,845	43,145	400,033		400,033	1
2	Housekeeping, Laundry and Maintenance	114,546	53,801	24,464	192,811	384	193,195	2
3	Heat and Other Utilities			115,799	115,799		115,799	3
4	Other (specify): Scavenger/Alarm Services			13,781	13,781		13,781	4
5	<b>TOTAL General Services</b>	275,589	249,646	197,189	722,424	384	722,808	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	513,679			513,679		513,679	6
7	Activities and Social Services	29,670	17,372		47,042		47,042	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	543,349	17,372		560,721		560,721	9
<b>C. General Administration</b>								
10	Administrative and Clerical	168,876	5,406	367,389	541,671	(59,057)	482,614	10
11	Marketing Materials, Promotions and Advertising			1,587	1,587		1,587	11
12	Employee Benefits and Payroll Taxes			201,244	201,244	49,310	250,554	12
13	Insurance-Property, Liability and Malpractice			93,368	93,368	112	93,480	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	168,876	5,406	663,588	837,870	(9,635)	828,235	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	987,814	272,424	860,777	2,121,015	(9,251)	2,111,764	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			21,799	21,799	237,720	259,519	17
18	Interest			162,176	162,176	82,130	244,306	18
19	Real Estate Taxes			235,817	235,817		235,817	19
20	Rent -- Facility and Grounds			1,062,758	1,062,758	(1,057,970)	4,788	20
21	Rent -- Equipment			10,335	10,335	446	10,781	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			1,492,885	1,492,885	(737,674)	755,211	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	987,814	272,424	2,353,662	3,613,900	(746,925)	2,866,975	24

The amounts in column F will transfer to the Adj. Summary column automatically.  
 The amounts in the Adj. Summary column are linked to pages Summary A and B.

STATE OF ILLINOIS

COLES SUPPORTIVE LIVING

Report Period Beginning: 1/1/2013  
 Ending: 12/31/2013

Sch. IV Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Non-Straight Line Depreciation	\$ (6,608)	17	1
2				2
3	Cable TV	(22,333)	10	3
4	Bank Charges	(3,775)	10	4
5	Bad Debts	(127,667)	10	5
6	Non-Allowable Interest Expense	(162,176)	18	6
7	Penalties and Fines	0	10	7
8	Non-Allowable R&M Expense - Stujac	0	2	8
9	Interest Income	(591)	18	9
10	Franchise Tax	(250)	10	10
11	BUILDING COMPANY:			11
12	Rent Expense	(1,062,758)	20	12
13	Interest Expense	245,169	18	13
14	Accounting Fees	41,740	10	14
15	Depreciation	243,941	17	15
16	Interest Income	(272)	18	16
17				17
18				18
19				19
20				20
21	MANAGEMENT OFFICE ALLOCATION:			21
22	Management Office Allocation	(204)	10	22
23	General and Administrative Expenses	0	10	23
24				24

25				25
26				26
27				27
28				28
29	APEX HEALTHCARE ALLOCATION:			29
30	Administrative Salaries	152,965	10	30
31	Emp. Ben. - Gen. Admin.	49,310	12	31
32	General and Administrative Expenses	10,243	10	32
33	Seminars	47	10	33
34	Auto & Travel	10,177	10	34
35	Insurance	112	13	35
36	Depreciation	387	17	36
37	Rent	4,788	20	37
38	Equipment Rental	446	21	38
39	Building Supplies	384	02	39
40	Management Office Allocation	(120,000)	10	40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51	<b>Total</b>	(746,925)		51

Facility Name: Aurora Supportive Living

Report Period Beginning 01/01/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 54.48	1
2	Licensed Practical Nurses	3	24.77	2
3	Certified Nurse Assistants	11	11.42	3
4	Activity Director & Assistants	1	16.47	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7	10.50	7
8	Dishwashers			8
9	Maintenance Workers	2	16.95	9
10	Housekeepers	3	9.73	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0	87.27	13
14	Clerical	4	10.48	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>32</b>	<b>\$ 14.87</b>	<b>17</b>

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	Aaron Mann Administrative	Relative	8	\$ 54,974	1	
2					2	
3					3	
4					4	
5					5	
				<b>Total</b>	<b>\$ 54974</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee		
1	\$	1	
2		2	
<b>Total</b>		<b>\$</b>	<b>3</b>

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			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached					
Aurora Property, LLC				Building Co.	

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: N/A If yes, what is the value of those services? \$ N/A

(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: Aurora Supportive Living

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	136		2004	2004	\$ 6,599,506	\$ 243,941	35	\$ 188,557	\$ (55,384)	\$ 2,130,482	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Leashold Improvements			2005	9,192		20	460	460	4,381	6
7	Leashold Improvements			2006	48,312		20	2,416	2,416	20,069	7
8	Leashold Improvements			2007	69,208		20	3,460	3,460	27,827	8
9	Leashold Improvements			2008	459,294		20	22,965	22,965	164,228	9
10	Leashold Improvements			2009	242,036		20	12,102	12,102	76,970	10
11	Leashold Improvements			2001	6,874		20	344	344	1,635	11
12											12
13											13
14											14
15	Allocated APEX					387		387			15
16	Book Depreciation					21,799			(21,799)		16
17	TOTAL (lines 1 thru 16)				\$ 7,434,422	\$ 266,127		\$ 230,690	\$ (35,437)	\$ 2,425,591	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	\$ 288,285	\$	\$ 28,829	28,829	10	\$ 242,062	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 288,285	\$	\$ 28,829	28,829		\$ 242,062	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: Aurora Supportive Living

Report Period Beginning: 01/01/2015

Ending: 2/31/2015

**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	Alloc. Management Co.			/ /	446			5
6				/ /				6
7	<b>TOTAL</b>				\$ 446			7

8. Is movable equipment rental included in building rental?  
 YES  NO

9. Rental amount for movable equipment \$ 10,781

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				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	Walker & Dunlop		X	Mortgage	/ /	\$	6,165,702	/ /		\$ 245,169	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4	Venture Fund, LLC	X		Working Capital	/ /		2,495,478	/ /		162,176	4
5	N/P Related pArties	X		Working Capital	/ /		744,538	/ /			5
6	Due to Legacy		X	Note Payable	/ /		253,464	/ /			6
7	<b>TOTAL Facility Related</b>					\$	9,659,182			\$ 407,345	7
	<b>B. Non-Facility Related</b>										
8	Non-Allowable Interest				/ /			/ /		-162,176	8
9	Interest Income/Allocated Interest				/ /			/ /		-863	9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	9,659,182			\$ 244,306	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: **Aurora Supportive Living**Report Period Beginning: **01/01/2015**

Ending:

**12/31/2015****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2015**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 173,849	515,917	1
2	Cash-Patient Deposits	(5,782)	(5,782)	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	451,994	451,994	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	81,540	81,540	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	512,718	1,210,934	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,214,319	\$ 2,254,603	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost		6,599,506	14
15	Leasehold Improvements, at Historical Cost	56,978	56,978	15
16	Equipment, at Historical Cost	176,986	288,285	16
17	Accumulated Depreciation (book methods)	(202,672)	(2,943,720)	17
18	Deferred Charges			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):	22,303	137,907	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 53,595	\$ 4,138,956	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,267,914	\$ 6,393,559	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 419,852	419,852	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	998,002	998,002	29
30	Accrued Salaries Payable	15,213	15,213	30
31	Accrued Taxes Payable	16,573	16,573	31
32	Accrued Interest Payable	447,140	447,140	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>	4,316	584,615	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,901,096	\$ 2,481,395	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	2,495,478	2,495,478	38
39	Mortgage Payable		6,165,702	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 2,495,478	\$ 8,661,180	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 4,396,574	\$ 11,142,575	45
46	<b>TOTAL EQUITY</b>	\$ (3,128,660)	\$ (4,749,016)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,267,914	\$ 6,393,559	47

\*(See instructions.)

**Page 6**

<b>Description</b>	<b>Amount</b>
Copier	9,644
Postage Meter	691
Allocated Management Co.	446
Total Equipment Rental	10,781

**Page 7: Line 9 Other (Specify)**

<b>Description</b>	<b>Operating</b>	<b>Consolidated</b>
Real Estate Escrow	(30,497)	-30497
Insurance Escrow	(1,224)	-1224
Replacement Reserve	544,439	544439
Escrows Building Co.		698216
Total	512,718	1,210,934

**Page 7: Line 23 Other (specify)**

<b>Description</b>	<b>Operating</b>	<b>Consolidated</b>
Deposits	22,303	27,303
Permanent Mortgage Costs	-	122,662
Amort. Permanent Mortgage Costs	-	(12,058)
Total	22,303	137,907

**Page 7: Line 36 Other (specify)**

<b>Description</b>	<b>Operating</b>	<b>Consolidated</b>
Lessee Escrow - RET		-30497
<b>Lessee Escrow - INS</b>		<b>-1224</b>

Lessee Escrow - Replacement Reserve		445353
Unclaimed Property Withholding	4316	4316
Security Deposit		166667
Total	-	584,615

Facility Name: Aurora Supportive Living

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,362,774	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 3,362,774	3
<b>B. Other Operating Revenue</b>			
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	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	591	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 591	14
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 3,363,365	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	722,424	19
20	Health Care/ Personal Care	560,721	20
21	General Administration	837,870	21
<b>B. Capital Expense</b>			
22	Ownership	1,492,885	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 3,613,900	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (250,535)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (250,535)	31