

		FOR BHF USE			

LL2

Supportive Living Facility

**2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2005)**

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: Churchview SLF

Address: 2626 W. 63rd St. Chicago 60629
Number City Zip Code

County: Cook

Telephone Number: 773-471-4444 Fax # 773-471-3935

Federal Employer ID Number: 36-4442761

Date Current Owners were Certified: 08/25/04

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: David Mitchell Telephone Number: 815-935-1992

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/05 to 12/31/05 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) David J. Mitchell

(Title) CFO, BMA Management, LTD

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: Churchview SLF

Report Period Beginning:

1/1/05

Ending:

12/31/05

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	161,917	98,597	1,566	262,080		262,080	1
2	Housekeeping, Laundry and Maintenance	54,514	38,491		93,005		93,005	2
3	Heat and Other Utilities			112,976	112,976	(2,944)	110,032	3
4	Other (specify):			7,732	7,732		7,732	4
5	TOTAL General Services	216,431	137,088	122,274	475,793	(2,944)	472,849	5
B. Health Care and Programs								
6	Health Care/ Personal Care	263,952	2,742		266,694		266,694	6
7	Activities and Social Services	34,088	2,107		36,195		36,195	7
8	Other (specify):			29	29	(29)		8
9	TOTAL Health Care and Programs	298,040	4,849	29	302,918	(29)	302,889	9
C. General Administration								
10	Administrative and Clerical	117,444	9,236	142,067	268,747	(14,304)	254,443	10
11	Marketing Materials, Promotions and Advertising	48,119	11,627	18,427	78,173		78,173	11
12	Employee Benefits and Payroll Taxes			126,844	126,844		126,844	12
13	Insurance-Property, Liability and Malpractice			57,124	57,124		57,124	13
14	Other (specify):							14
15	TOTAL General Administration	165,563	20,863	344,462	530,888	(14,304)	516,584	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	680,034	162,800	466,765	1,309,599	(17,277)	1,292,322	16
Capital Expenses								
D. Ownership								
17	Depreciation			663,448	663,448		663,448	17
18	Interest			186,575	186,575		186,575	18
19	Real Estate Taxes			73,290	73,290		73,290	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			228,039	228,039		228,039	22
23	TOTAL Ownership			1,151,352	1,151,352		1,151,352	23
24	GRAND TOTAL (Sum of lines 16 and 23)	680,034	162,800	1,618,117	2,460,951	(17,277)	2,443,674	24

Facility Name: Churchview SLF

Report Period Beginning 1/1/05

Ending: 12/31/05

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 26.94	1
2	Licensed Practical Nurses	1	17.49	2
3	Certified Nurse Assistants	9	8.36	3
4	Activity Director & Assistants	1	16.35	4
5	Social Service Workers			5
6	Head Cook	1	19.55	6
7	Cook Helpers/Assistants	7	8.76	7
8	Dishwashers			8
9	Maintenance Workers	1	13.15	9
10	Housekeepers	2	8.05	10
11	Laundry			11
12	Managers	1	34.72	12
13	Other Administrative	2	12.47	13
14	Clerical			14
15	Marketing	1	22.10	15
16	Other			16
17	Total (lines 1 thru 16)	26	\$	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	None			\$	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.	\$ 89,993	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

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: Churchview SLF

Report Period Beginning:

1/1/05

Ending:

12/31/05

VIII. OWNERSHIP COSTS

A. Purchase price of land 769,824 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	86				\$ 12,400,844	\$ 449,760	28	\$ 449,760	\$	\$ 608,659	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Land Improvements				292,999	22,946	15	22,946		32,163	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)				\$ 12,693,843	\$ 472,706		\$ 472,706	\$	\$ 640,822	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	\$ 234,906	\$ 64,602	\$ 64,602	\$	5	\$ 93,969	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 234,906	\$ 64,602	\$ 64,602	\$		\$ 93,969	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: Churchview SLF

Report Period Beginning: 1/1/2005

Ending: 12/31/12/31/2005

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: NO LEASE - PARTNERSHIP OWNS BUILDING & FIXED EQUIPMENT

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	HARRIS TRUST & SAVINGS BANK		X	FIRST MORTGAGE LOAN	3/1/03	\$ 7,555,000	\$ 7,370,000	9/1/33	0.0685	\$ 186,535
2	CITY OF CHICAGO DEPT. OF HOUSING		X	SECOND MORTGAGE LOAN	3/1/03	4,000,000	4,000,000	3/1/35	-	-
3					/ /			/ /		
Working Capital										
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 11,555,000	\$ 11,370,000			\$ 186,535
B. Non-Facility Related										
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 11,555,000	\$ 11,370,000			\$ 186,535

* 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: Churchview SLF

Report Period Beginning: 1/1/05

Ending:

12/31/05

12/31/05

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/05

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 234,510	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	493,792		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,975		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	364,394		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,111,671	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,595,646		13
14	Buildings, at Historical Cost	12,400,844		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	234,906		16
17	Accumulated Depreciation (book methods)	(734,791)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	582,880		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(222,074)		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)	\$ 13,857,411	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,969,082	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 58,796	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	23,406		30
31	Accrued Taxes Payable	64,000		31
32	Accrued Interest Payable	42,070		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Liabilities	37,575		35
36	Unearned Revenue & Accrued Developer Fe	1,257,142		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,482,989	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	11,370,000		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)	\$ 11,370,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,852,989	\$	45
46	TOTAL EQUITY	\$ 2,116,093	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,969,082	\$	47

Facility Name: Churchview SLF

Report Period Beginning: 1/1/05

Ending:

12/31/05

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

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,701,790	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,701,790	3
	B. Other Operating Revenue		
4	Special Services	47,472	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	23	7
8	Barber and Beauty Care	1,407	8
9	Non-Resident Meals	4,011	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 52,913	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,826	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,826	14
	D. Other Revenue (specify):		
15	Misc Revenue	739	15
16	Cable and Telephone	20,184	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 20,923	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,778,452	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	475,793	19
20	Health Care/ Personal Care	302,918	20
21	General Administration	530,888	21
	B. Capital Expense		
22	Ownership	1,151,352	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)	\$ 2,460,951	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (682,499)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (682,499)	31

Operating Expenses Page 3

A. General Services - Other	\$ 7,732
Exterminating	\$ 2,145
Rubbish Removal	\$ 4,573
Security & Monitoring	\$ 907
Other Materials & Supplies	\$ 107
	\$ 7,732
B. Healthcare and Programs - Other	\$ 29
Beauty Shop	\$ 29
D. Ownership - Other	\$228,039
Financing Fees	\$ 120
Participation Fee	\$ 56,670
Letter of Credit Fee	\$ 94,913
Bond & Draw Fee	\$ 9,000
Remarketing & Trustee Fee	\$ 14,036
Partnership Management Fee	\$ 43,000
Asset Management Fee	\$ 4,300
Organizational Expense	\$ 6,000
	\$228,039

Attachments Page 7

A. Current Assets - Other	\$364,394
Operating Reserve	\$316,103
Initial Operating Deficit	\$ 44,116
Security Deposits - Utilities	\$ 4,175
	\$364,394