

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2009  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2009)**

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 Supportive Living Center

Address: 2626 West 63rd Street 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: 03/24/05

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 _____	

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2009 to 12/31/2009 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 # ( )

In the event there are further questions about this report, please contact:

Name: Grenshinka Osborne Telephone Number: \_\_\_\_\_  
Email Address: grenshinka.osborne@bma-mgmt.com

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 Supportive Living Center

Report Period Beginning: 01/01/2009 Ending: 12/31/2009

**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	86	Single Unit Apartment	86	31,390	1
2		Double Unit Apartment			2
3		Other			3
4	86	TOTALS	86	31,390	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	27,588	279		27,867	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,588	279		27,867	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.78%

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

717 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 287 (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)

H. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2009 Fiscal Year: 12/31/2009

\* 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: Churchview Supportive Living Center

Report Period Beginning:

01/01/2009

Ending: 12/31/2009

## 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	253	137,544	2,440	140,237		140,237	1
2	Housekeeping, Laundry and Maintenance		29,847	83,488	113,335		113,335	2
3	Heat and Other Utilities			139,130	139,130	(7,055)	132,075	3
4	Other (specify):			34,042	34,042		34,042	4
5	<b>TOTAL General Services</b>	253	167,391	259,100	426,744	(7,055)	419,689	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	318	2,083		2,401		2,401	6
7	Activities and Social Services			7,169	7,169		7,169	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	318	2,083	7,169	9,570		9,570	9
<b>C. General Administration</b>								
10	Administrative and Clerical		14,341	216,116	230,457	(13,898)	216,559	10
11	Marketing Materials, Promotions and Advertising		5,009	42,686	47,695		47,695	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			34,194	34,194		34,194	13
14	Other (specify):			1,139,631	1,139,631		1,139,631	14
15	<b>TOTAL General Administration</b>		19,350	1,432,627	1,451,977	(13,898)	1,438,079	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	571	188,824	1,698,896	1,888,291	(20,953)	1,867,338	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			491,076	491,076		491,076	17
18	Interest			54,129	54,129		54,129	18
19	Real Estate Taxes			91,325	91,325		91,325	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			175,920	175,920		175,920	22
23	<b>TOTAL Ownership</b>			812,450	812,450		812,450	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	571	188,824	2,511,346	2,700,741	(20,953)	2,679,788	24

Facility Name: Churchview Supportive Living Center

Report Period Beginning 01/01/2009

Ending:

12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	1	24.23	2
3	Certified Nurse Assistants	13	10.49	3
4	Activity Director & Assistants	1	18.39	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9	9.36	7
8	Dishwashers			8
9	Maintenance Workers	1	15.59	9
10	Housekeepers	3	8.61	10
11	Laundry			11
12	Managers	1	35.88	12
13	Other Administrative			13
14	Clerical	4	13.40	14
15	Marketing	1	23.28	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>34</b>	<b>\$</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				\$	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	BMA Management, LTD	\$	139,038	1	
2				2	
<b>Total</b>			<b>\$</b>	<b>139,038</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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Supportive Living Center

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,302,647 Year land was acquired 1998-2000

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			2004	\$ 12,311,409	\$ 447,643	28	\$ 439,693	\$ (7,950)	\$ 2,399,190	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Land Improvements				292,999	16,392	15	19,533	3,141	119,264	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)				\$ 12,604,408	\$ 464,035		\$ 459,226	\$ (4,809)	\$ 2,518,454	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	\$ 268,056	\$ 24,418	\$ 53,611	29,193	5	\$ 236,279	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 268,056	\$ 24,418	\$ 53,611	29,193		\$ 236,279	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 Supportive Living Center

Report Period Beginning: 01/01/2009

Ending: 2/31/2009

**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	<b>TOTAL</b>				\$			7

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

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				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	Harris Trust & Savings		X	First Mortgage	3/1/03	\$ 7,555,000	\$ 6,925,000	9/1/33	Variable	\$ 54,129	
2	City of Chicago De[t of Housing		X	Second Mortgage	3/1/03	4,000,000	4,000,000	3/1/35	N/A		
3					/ /			/ /			
	<b>Working Capital</b>										
4					/ /			/ /			
5					/ /			/ /			
6					/ /			/ /			
7	<b>TOTAL Facility Related</b>					\$ 11,555,000	\$ 10,925,000			\$ 54,129	
	<b>B. Non-Facility Related</b>										
8					/ /			/ /			
9					/ /			/ /			
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 11,555,000	\$ 10,925,000			\$ 54,129	

\* 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 Supportive Living Center

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2009

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 55,685	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	879,086		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,395		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 940,166	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,595,646		13
14	Buildings, at Historical Cost	12,311,409		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	268,056		16
17	Accumulated Depreciation (book methods)	(2,754,733)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	582,880		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(275,181)		20
21	Restricted Funds	1,143,756		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 12,871,833	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 13,811,999	\$	25

\*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 54,927	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	119,008		31
32	Accrued Interest Payable	2,996		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	417,651		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 594,582	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,925,000		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>	\$ 10,925,000	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 11,519,582	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,292,418	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 13,812,000	\$	47

Facility Name: Churchview Supportive Living Center

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

**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	\$ 2,682,120	1
2	Discounts and Allowances	(16,132)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,665,988</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	138,595	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	441	8
9	Non-Resident Meals	2,854	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 141,890</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	6,946	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 6,946</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Property Lease Income	21,186	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 21,186</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,836,010</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	426,744	19
20	Health Care/ Personal Care	9,570	20
21	General Administration	1,451,977	21
<b>B. Capital Expense</b>			
22	Ownership	812,450	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 (sum of lines 19 thru 27)</b>	<b>\$ 2,700,741</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 135,269</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 135,269</b>	<b>31</b>

Cost Center Expenses

A. General Services - Other

Exterminating	21,065
Rubbish Removal	9,528
Transportation Service	3,449
Misc Operating Expenses	
Total	<b>34,042</b>

C. General Administration - Other

Consulting	
Legal	3,849
Accounting	560
Audit	9,600
Bad Debt	34,674
Contract Labor	1,090,948
Total	<b>1,139,631</b>

D. Ownership

Letter of Credit Fee	88,893
Bond & Draw Fee	8,200
Partnership Management Fee	43,000
Asset Management Fee	4,121
Remarketing & Trustee Fee	15,932
Tax Credit Fee & Incentive Fee	2,150
Amortization Expense	12,624
Property Damage Loss	1,000
Total	<b>175,920</b>

Reclassifications and Adjustments

Heat & Other Utilities (7,509) Cable

Administrative and Clerical (13,898) Telephone Revenue

**BALANCE SHEET**

## C. Current Liabilities

Accrued Liabilities	23,768
Accrued Developer Fee	369,000
Unearned Revenue	20,583
Accrued Asset Management Fee	4,300

**Total Other Current Liabilities**      **417,651**