

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

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: 1000041

Facility Name: Churchview Supportive Lv Ctr

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

County: Cook

Telephone Number: (773) 471-444 **Fax #** (773) 471-3935

Federal Employer ID Number: _____

Date Current Owners were Certified: 03/24/2005

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: Selena Edgington **Telephone Number:** 815-935-1992 EXT 232
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 01/01/13 to 12/31/13 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>David J. Mitchell</u>	
	(Title) <u>CFO, BMA Management, LTD</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 Churchview Supportive Lv Ctr

Report Period Beginning: 01/01/13 Ending: 12/31/13

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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
5	Single Unit	27,021	702		27,723	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,021	702		27,723	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.32%

D. Indicate the number of paid bed-hold days the SLF had during this year 366 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 8 (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: 2013 Fiscal Year: 2013

* 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 Lv Ctr

Report Period Beginning:

01/01/13

Ending:

12/31/13

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		138,273	1,984	140,257		140,257	1
2	Housekeeping, Laundry and Maintenance		45,348	123,863	169,211		169,211	2
3	Heat and Other Utilities			185,351	185,351	(7,262)	178,089	3
4	Other (specify):			26,231	26,231		26,231	4
5	TOTAL General Services		183,621	337,429	521,050	(7,262)	513,788	5
B. Health Care and Programs								
6	Health Care/ Personal Care		2,652		2,652		2,652	6
7	Activities and Social Services		8,320		8,320		8,320	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		10,972		10,972		10,972	9
C. General Administration								
10	Administrative and Clerical		12,631	215,078	227,709	(13,322)	214,387	10
11	Marketing Materials, Promotions and Advertising		9,699	35,773	45,472		45,472	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			21,783	21,783		21,783	13
14	Other (specify):			1,317,324	1,317,324		1,317,324	14
15	TOTAL General Administration		22,330	1,589,958	1,612,288	(13,322)	1,598,966	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		216,923	1,927,387	2,144,310	(20,584)	2,123,726	16
Capital Expenses								
D. Ownership								
17	Depreciation			489,701	489,701		489,701	17
18	Interest			10,223	10,223		10,223	18
19	Real Estate Taxes			31,606	31,606		31,606	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			157,866	157,866		157,866	22
23	TOTAL Ownership			689,396	689,396		689,396	23
24	GRAND TOTAL (Sum of lines 16 and 23)		216,923	2,616,783	2,833,706	(20,584)	2,813,122	24

Facility Name: Churchview Supportive Lv Ctr

Report Period Beginning 01/01/13

Ending: 12/31/13

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 32.54	1
2	Licensed Practical Nurses	1	24.40	2
3	Certified Nurse Assistants	11	10.42	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	20.69	5
6	Head Cook	1	14.22	6
7	Cook Helpers/Assistants	7	10.09	7
8	Dishwashers			8
9	Maintenance Workers	1	14.48	9
10	Housekeepers	3	9.82	10
11	Laundry			11
12	Managers	1	34.89	12
13	Other Administrative	3	15.65	13
14	Clerical			14
15	Marketing	1	25.66	15
16	Other			16
17	Total (lines 1 thru 16)	32	\$	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				\$	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	\$ 139,601 1
2		
		Total \$ 139,601 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 Supportive Lv Ctr

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	\$ 12,319,858	\$ 447,733	28	\$ 447,995	\$ 262	\$ 4,189,852	1
2											2
3											3
4											4
5											5
Improvement Type											
6	LAND IMPROVEMENTS				292,999	17,301	15	19,533	2,232	191,426	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)				\$ 12,612,857	\$ 465,034		\$ 467,528	\$ 2,494	\$ 4,381,278	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	\$ 351,590	\$ 24,667	\$ 70318	45,651	5	\$ 293,129	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 351,590	\$ 24,667	\$ 70,318	45,651		\$ 293,129	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 Lv Ctr

Report Period Beginning: 01/01/13

Ending: 12/31/13

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		HARRIS TRUST & SAVINGS	X		FIRST MORTGAGE	3/1/03	\$ 7,555,000	\$ 6,355,000	9/1/33	VARIABLE	\$ 10,754	1
2		CITY OF CHICAGO DEPT OF HO	X		SECOND MORTGAGE	3/1/35	4,000,000	4,000,000	3/1/35	NONE		2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 11,555,000	\$ 10,355,000			\$ 10,754	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 11,555,000	\$ 10,355,000			\$ 10,754	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: Churchview Supportive Lv Ctr

Report Period Beginning: 01/01/13

Ending:

12/31/13

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 158,252	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	857,846 (101,300)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	822		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 915,620	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,302,647		13
14	Buildings, at Historical Cost	12,319,858		14
15	Leasehold Improvements, at Historical Cost	292,999		15
16	Equipment, at Historical Cost	351,590		16
17	Accumulated Depreciation (book methods)	(4,674,407)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	582,880		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(323,034)		20
21	Restricted Funds	1,252,117		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,104,650	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,020,270	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 37,283	\$	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	67,470		31
32	Accrued Interest Payable	635		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	245,791		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 351,179	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,355,000		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)	\$ 10,355,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,706,179	\$	45
46	TOTAL EQUITY	\$ 1,314,091	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,020,270	\$	47

*(See instructions.)

Facility Name: Churchview Supportive Lv Ctr

Report Period Beginning: 01/01/13

Ending:

12/31/13

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	\$ 2,630,686	1
2	Discounts and Allowances	(32,651)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,598,035	3
B. Other Operating Revenue			
4	Special Services	130,127	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)	\$ 130,127	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	39,199	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 39,199	14
D. Other Revenue (specify):			
15	Bank Fees	23	15
16	Property Lease Income	23,844	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 23,867	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,791,228	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	521,050	19
20	Health Care/ Personal Care	10,972	20
21	General Administration	1,612,288	21
B. Capital Expense			
22	Ownership	689,396	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)	\$ 2,833,706	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (42,478)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (42,478)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	7,394
Rubbish Removal	14,748
Vehicle Expense	
Transportation Service	4,089
Water Softener	
Misc Operating	
Total	26,231

C. General Administration - Other

Consulting	1,320
Legal	25,782
Accounting	145
Audit	10,016
Contract labor-Serv Prov	1,270,367
Bad Debt	
Contract labor	9,694
Total	1,317,324

D. Ownership

Letter of Credit	82,313
Mortgage Insurance Premium	
Bond & Draw Fee	2,400
Partnership Management Fee	43,000
Asset Management Fee	4,300
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	2,150

Amortization Expense	12,620
Remarketing and Trustee Fee	11,083
Property Damage Loss	
Gain on Sale	
Total	157,866

Reclassifications and Adjustments

Heat & Other Utilities (7,262) Cable

Administrative and Clerical (13,322) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	41,350
Accrued Asset Mgmt Fee	4,300
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	150,045
Unclaimed Property	19,484
Unearned Revenue	30,612
Accrued MIP	
Reservation Deposit	

Total Other Current Liabilities 245,791