

		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.

<p>I. Facility ID Number: <u>1000112</u></p> <p>Facility Name: <u>Timberlake Senior Living</u></p> <p>Address: <u>2521 Empowerment Dr</u> <u>Springfield</u> <u>62703</u> <small>Number City Zip Code</small></p> <p>County: <u>Sangamon</u></p> <p>Telephone Number: (<u>217</u>) <u>321-2100</u> Fax # <u>217 321-2130</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>3/13/2009</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 checked="" 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 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>Kenna Hudson</u> Telephone Number: (<u>314 587-7924</u> Email Address: <u>khudson.co@christianhomes.org</u></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 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	_____	<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>1/1/2015</u> to <u>12/31/2015</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Jerry Doss</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>President</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Kenna Hudson</u> <u>Controller</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Midwest Chrstian Villages, Inc</u> <u>622 Emerson Rd. Suite 310, St. Louis, MO 63141</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>314 587-7900</u> Fax <u>314-587-7916</u></td> <td></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>Jerry Doss</u>			(Title) <u>President</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) <u>Kenna Hudson</u> <u>Controller</u>			(Firm Name & Address) <u>Midwest Chrstian Villages, Inc</u> <u>622 Emerson Rd. Suite 310, St. Louis, MO 63141</u>			(Telephone) <u>314 587-7900</u> Fax <u>314-587-7916</u>	
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Facility Name Timberlake Senior Living

Report Period Beginning: 1/1/2015 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	59	Single Unit Apartment	59	21,535	1
2	1	Double Unit Apartment	1	365	2
3		Other			3
4	60	TOTALS	60	21,900	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	18,385	2,022		20,407	5
6	Double Unit		61		61	6
7	Other					7
8	TOTALS	18,385	2,083		20,468	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.46%

D. Indicate the number of paid bed-hold days the SLF had during this year 413 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 95 (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: 12/31/2015 Fiscal Year: 12/31/2015

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principle? Yes

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: Timberlake Senior Living

Report Period Beginning:

1/1/2015

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			
A. General Services								
1	Dietary and Food Purchase	154,929	142,566	3,930	301,425	(180)	301,246	1
2	Housekeeping, Laundry and Maintenance	52,732	15,184	45,098	113,014		113,014	2
3	Heat and Other Utilities			95,796	95,796	(2,971)	92,825	3
4	Other (specify): Trash			3,699	3,699		3,699	4
5	TOTAL General Services	207,661	157,750	148,524	513,934	(3,150)	510,784	5
B. Health Care and Programs								
6	Health Care/ Personal Care	321,431	5,479	1,421	328,332		328,332	6
7	Activities and Social Services	29,865	4,154	1,750	35,769		35,769	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	351,296	9,633	3,172	364,100		364,100	9
C. General Administration								
10	Administrative and Clerical	110,030	5,329	226,930	342,289	(54,559)	287,730	10
11	Marketing Materials, Promotions and Advertising	11,622	12,673	110	24,405		24,405	11
12	Employee Benefits and Payroll Taxes			136,563	136,563		136,563	12
13	Insurance-Property, Liability and Malpractice			44,764	44,764		44,764	13
14	Other (specify):							14
15	TOTAL General Administration	121,652	18,002	408,367	548,021	(54,559)	493,462	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	680,608	185,385	560,062	1,426,055	(57,709)	1,368,346	16
Capital Expenses								
D. Ownership								
17	Depreciation			300,107	300,107	(58,759)	241,348	17
18	Interest			180,295	180,295		180,295	18
19	Real Estate Taxes			8,471	8,471		8,471	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Mortgage Insurance			34,721	34,721		34,721	22
23	TOTAL Ownership			523,594	523,594	(58,759)	464,836	23
24	GRAND TOTAL (Sum of lines 16 and 23)	680,608	185,385	1,083,656	1,949,650	(116,468)	1,833,182	24

Facility Name: Timberlake Senior Living

Report Period Beginning 1/1/2015

Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.35	\$ 19.56	1
2	Licensed Practical Nurses	2.36	19.47	2
3	Certified Nurse Assistants	9.28	10.97	3
4	Activity Director & Assistants	1.06	13.53	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.18	9.11	7
8	Dishwashers			8
9	Maintenance Workers	1.14	14.44	9
10	Housekeepers	1.01	8.82	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.54	34.38	13
14	Clerical			14
15	Marketing	0.38	14.61	15
16	Other			16
17	Total (lines 1 thru 16)	25	\$	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	\$	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
Midwest Christian Villages, Inc		St. Louis, MO		Management	

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: Timberlake Senior Living

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

VIII. OWNERSHIP COSTS

A. Purchase price of land 75,000 Year land was acquired 2007

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	60		2009	2009	\$ 7,851,185	\$ 281,350	35	\$ 224,320	\$ (57,030)	\$ 1,955,143	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Landscaping, Engineering & Soil Survey		2009	83,291	5,553	20	4,165	(1,388)	36,093	6
7		Grading, Seeding, Drain Tile		2010	8,382	559	20	419	(140)	3,073	7
8		Concrete Improvements		2011	12,021	801	20	601	(200)	4,007	8
9		Landscaping		2014	1,800	120	15	120		180	9
10		Carpet		2014			5			185	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,956,679	\$ 288,383		\$ 229,624	\$ (58,759)	\$ 1,998,682	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	\$ 526,235	\$ 11,724	\$ 11,724	\$	5	\$ 494,838	18
19	Vehicles	11,523				5	11,523	19
20	TOTAL (lines 18 and 19)	\$ 537,758	\$ 11,724	\$ 11,724	\$		\$ 506,361	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: Timberlake Senior Living

Report Period Beginning: 1/1/2015

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				/ /				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		See Attached				/ /	\$ 5,215,422	\$ 4,585,604	/ /		\$ 180,295	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 5,215,422	\$ 4,585,604			\$ 180,295	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 5,215,422	\$ 4,585,604			\$ 180,295	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: **Timberlake Senior Living**Report Period Beginning: **1/1/2015**

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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 172,687	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 49,610)	314,134		3
4	Supply Inventory (priced at)	489		4
5	Short-Term Investments			5
6	Prepaid Insurance	38,292		6
7	Other Prepaid Expenses	7,007		7
8	Accounts Receivable (owners or related parties)	3,956		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 536,564	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	75,000		13
14	Buildings, at Historical Cost	7,851,185		14
15	Leasehold Improvements, at Historical Cost	105,494		15
16	Equipment, at Historical Cost	537,758		16
17	Accumulated Depreciation (book methods)	(2,505,043)		17
18	Deferred Charges	135,278		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	211,120		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,410,792	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,947,356	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 19,940	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	27,203		30
31	Accrued Taxes Payable	10,488		31
32	Accrued Interest Payable	4,539		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Liabilities	14,731		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 76,901	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,585,604		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Due to General Partner	704,562		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,290,166	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,367,067	\$	45
46	TOTAL EQUITY	\$ 1,580,290	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,947,356	\$	47

*(See instructions.)

Facility Name: Timberlake Senior Living

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

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	\$ 1,852,294	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,852,294	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	180	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 180	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	547	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 547	14
D. Other Revenue (specify):			
15	See Attached	16,656	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 16,656	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,869,677	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	513,934	19
20	Health Care/ Personal Care	364,100	20
21	General Administration	548,021	21
B. Capital Expense			
22	Ownership	523,594	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)	\$ 1,949,650	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (79,973)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (79,973)	31