

		FOR BHF USE			

LL2

Supportive Living Facility

2012

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2012)

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 Living Center

Address: 2626 West 63rd Street 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:

☐ VOLUNTARY, NON-PROFIT	☐ PROPRIETARY	☐ GOVERNMENTAL
☐ Charitable Corp.	☐ Individual	☐ State
☐ Trust	☒ Partnership	☐ County
IRS Exemption Code	☐ Corporation	☐ Other
	☐ "Sub-S" Corp.	
	☐ Limited Liability Co.	
	☐ Trust	
	☐ Other	

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

Name: Grenshinka Osborne Telephone Number: 815-935-1992 EXT 257

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 01/01/12 to 12/31/12 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) 4/29/2013
(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 Supportive Living Center

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

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	31,476	1		
2		Double Unit Apartment			2		
3		Other			3		
4	86	TOTALS	86	31,476	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	24,693	2,147		26,840	5
6	Double Unit					6
7	Other					7
8	TOTALS	24,693	2,147		26,840	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.27%

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

721 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **67 (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

		MODIFIED		
ACCRUAL	X	CASH*		CASH*

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

Tax Year: 2012 **Fiscal Year:** 2012

* 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.

STATE OF ILLINOIS

Page 3

Facility Name: Churchview Supportive Living Center

Report Period Beginning:

01/01/12

Ending:

12/31/12

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		137,389	2,058	139,447		139,447	1
2	Housekeeping, Laundry and Maintenance		34,388	105,013	139,401		139,401	2
3	Heat and Other Utilities			168,128	168,128	(6,864)	161,264	3
4	Other (specify):			23,705	23,705		23,705	4
5	TOTAL General Services		171,777	298,904	470,681	(6,864)	463,817	5
	B. Health Care and Programs							
6	Health Care/ Personal Care		2,075		2,075		2,075	6
7	Activities and Social Services		7,437		7,437		7,437	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		9,512		9,512		9,512	9
	C. General Administration							
10	Administrative and Clerical		14,632	196,279	210,911	(13,694)	197,217	10
11	Marketing Materials, Promotions and Advertising		11,459	46,360	57,819		57,819	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			17,465	17,465		17,465	13
14	Other (specify):			1,432,929	1,432,929		1,432,929	14
15	TOTAL General Administration		26,091	1,693,033	1,719,124	(13,694)	1,705,430	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		207,380	1,991,937	2,199,317	(20,558)	2,178,759	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			474,968	474,968		474,968	17
18	Interest			16,433	16,433		16,433	18
19	Real Estate Taxes			68,476	68,476		68,476	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			162,047	162,047		162,047	22
23	TOTAL Ownership			721,924	721,924		721,924	23
24	GRAND TOTAL (Sum of lines 16 and 23)		207,380	2,713,861	2,921,241	(20,558)	2,900,683	24

CONTRACT LABOR

Facility Name: Churchview Supportive Living Center

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

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			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)		\$	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	\$	131,747	1
2				2
Total		\$	131,747	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? \$

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:

01/01/12

Ending:

12/31/12

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)	\$ 3,742,119	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				292,999	17,306	15	19,533	2,227	174,125	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	\$ 464,949		\$ 459,226	\$ (5,723)	\$ 3,916,244	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	\$ 299,055	\$ 10,019	\$ 59,811	49,792	5	\$ 268,462	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 299,055	\$ 10,019	\$ 59,811	49,792		\$ 268,462	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: 01/01/12 Ending: 12/31/12

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	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		X	First Mortgage	3/1/03	\$ 7,555,000	\$ 6,510,000	9/1/33	Variable	\$ 16,433	1
2	City of Chicago Dept of Housing		X	Second Mortgage	3/1/03	4,000,000	4,000,000	3/1/35	NA		2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,555,000	\$ 10,510,000			\$ 16,433	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,555,000	\$ 10,510,000			\$ 16,433	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 Living Center

Report Period Beginning: 01/01/12

Ending:

12/31/12

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 125,139	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 8,365)	720,405		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,910		6
7	Other Prepaid Expenses	2,488		7
8	Accounts Receivable (owners or related parties)	8,365		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 860,308	\$	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	12,311,409		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	299,055		16
17	Accumulated Depreciation (book methods)	(4,184,706)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	582,880		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(310,414)		20
21	Restricted Funds	1,074,985		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,368,855	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,229,162	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 37,592	\$	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	100,122		31
32	Accrued Interest Payable	1,167		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SEE PAGE 7 ATTACHMENT	223,660		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 362,540	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	10,510,000		38
39	Mortgage Payable			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)	\$ 10,510,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,872,540	\$	45
46	TOTAL EQUITY	\$ 1,356,621	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,229,162	\$	47

*(See instructions.)

Facility Name: Churchview Supportive Living Center

Report Period Beginning: 01/01/12

Ending:

12/31/12

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,637,918	1
2	Discounts and Allowances	(76,285)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,561,634	3
	B. Other Operating Revenue		
4	Special Services	122,185	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	150	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 122,335	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	22,822	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 22,822	14
	D. Other Revenue (specify):		
15	Polling Place	309	15
16	Property Lease Income	23,150	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 23,459	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,730,249	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	470,681	19
20	Health Care/ Personal Care	9,512	20
21	General Administration	1,719,124	21
	B. Capital Expense		
22	Ownership	721,924	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)	\$ 2,921,241	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (190,992)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (190,992)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	8,223
Rubbish Removal	12,427
Vehicle Expense	
Transportation Service	3,055
Water Softener	
Misc Operating	
Total	23,705

C. General Administration - Other

Consulting	651
Legal	18,255
Accounting	55
Audit	9,168
Contract labor-Serv Prov	1,326,799
Bad Debt	76,801
Contract labor	1,200
Total	1,432,929

D. Ownership

Letter of Credit	84,232
Mortgage Insurance Premium	
Mortgage Service Fee	
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	13,345
Property Damage Loss	
Bond & Draw fee	2,400
 Total	 162,047

Reclassifications and Adjustments

Heat & Other Utilities (6,864) Cable

Administrative and Clerical (13,694) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	30,003
Accrued Asset Mgmt Fee	17,200
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	150,045
Unclaimed Property	15,572
Unearned Revenue	10,840
Accrued MIP	
Reservation Deposit	
Total Other Current Liabilities	223,660