

		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: 1000057

Facility Name: JACKSON PARK SLF

Address: 1448 E 75TH ST CHICAGO 60649

Number City Zip Code

County: COOK

Telephone Number: (773) 667-6500 Fax # (773) 667-1875

Federal Employer ID Number:

Date Current Owners were Certified: 02/09/2006

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: ANDREW B. CUTLER Telephone Number: (847) 374-0400

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 1/1/2012 to 12/31/2012 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)

(Title)

Paid Preparer

(Signed) (Date)

(Print Name and Title) ANDREW B. CUTLER

(Firm Name & Address) FGMK, LLC 2801 LAKESIDE DRIVE BANNOCKBURN, IL 60015

(Telephone) (847) 374-0400 Fax (847) 34-0420

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 JACKSON PARK SLF

Report Period Beginning: 1/1/2012 Ending: 12/31/2012

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	123	Single Unit Apartment	123	44,895	1
2	13	Double Unit Apartment	13	4,745	2
3		Other			3
4	136	TOTALS	136	49,640	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	45,190	680		45,870	5
6	Double Unit					6
7	Other					7
8	TOTALS	45,190	680		45,870	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.41%

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

597 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 27 (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 X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO X

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

N/A

H. ACCOUNTING BASIS

ACCRUAL X MODIFIED CASH* CASH*

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

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

* 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? N/A If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? If yes, did the facility make all of the

required payments of interest and principle? N/A If no, explain. N/A

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. N/A

STATE OF ILLINOIS

Page 3

Facility Name: JACKSON PARK SLF

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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					5	6	
1	Dietary and Food Purchase	212,932	247,460	39,940	500,332		500,332	1
2	Housekeeping, Laundry and Maintenance	225,825	61,801	56,175	343,801	(28,721)	315,080	2
3	Heat and Other Utilities			136,410	136,410		136,410	3
4	Other (specify):							4
5	TOTAL General Services	438,757	309,261	232,525	980,543	(28,721)	951,822	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	422,456	11,632	10,298	444,386	4,908	449,294	6
7	Activities and Social Services	52,346	3,659		56,005		56,005	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	474,802	15,291	10,298	500,391	4,908	505,299	9
	C. General Administration							
10	Administrative and Clerical	177,664	5,327	383,856	566,847	(81,522)	485,325	10
11	Marketing Materials, Promotions and Advertising	35,203		5,955	41,158		41,158	11
12	Employee Benefits and Payroll Taxes			196,373	196,373	40,289	236,662	12
13	Insurance-Property, Liability and Malpractice			80,624	80,624	(723)	79,901	13
14	Other (specify):							14
15	TOTAL General Administration	212,867	5,327	666,808	885,002	(41,957)	843,045	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,126,426	329,879	909,631	2,365,936	(65,770)	2,300,166	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			12,725	12,725	264,432	277,157	17
18	Interest			161,817	161,817	993,090	1,154,907	18
19	Real Estate Taxes			46,609	46,609		46,609	19
20	Rent -- Facility and Grounds			810,612	810,612	(807,067)	3,545	20
21	Rent -- Equipment			8,176	8,176	1,156	9,332	21
22	Other (specify):					232,022	232,022	22
23	TOTAL Ownership			1,039,939	1,039,939	683,633	1,723,572	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,126,426	329,879	1,949,570	3,405,875	617,863	4,023,738	24

Report Period Beginning: 1/1/2012
Ending: 12/31/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (51,205)	17	1
2	Misc Income	0	10	2
3	Interest Income	(129)	18	3
4	Cable TV	(16,794)	10	4
5	Bank Charges	(9,427)	10	5
6	Bad Debts	(97,042)	10	6
7	Non-Allowable Interest Expense	(161,817)	18	7
8	Non-Allowable Legal	(6,650)	10	8
9	Non-Allowable R&M Expense - Stujac	(24,998)	2	9
10	Non-Allowable Insurance - Stujac	(1,155)	13	10
11	BUILDING COMPANY:			11
12	Rent Income	(810,612)	20	12
13	Amortization	232,022	22	13
14	Interest Expense	1,155,306	18	14
15	Legal & Accounting Fees	10,295	10	15
16	Other Professional Fees	0	10	16
17	Interest Income	(270)	18	17
18	Depreciation	313,347	17	18
19	Bank Charges	70	10	19
20	Franchise Taxes	250	10	20
21				21
22	Non-Allowable Association (Political Lobby)	(679)	10	22
23				23
24	PPD Laundry/Maintenance	(1,990)	02	24
25	PPD Employee Benefits	(33)	12	25
26	PPD G&A	(1,870)	10	26
27				27
28	MANAGEMENT OFFICE ALLOCATION:			28
29	Management Office Allocation	(23,136)	10	29
30	General and Administrative Expenses	15,338	10	30
31				31
32				32
33				33
34	APEX HEALTHCARE ALLOCATION:			34
35	Health Care Salaries	4,908	06	35
36	Employee Benefits-Healthcare	3,918	12	36
37	Administrative Salaries	157,995	10	37
38	Emp. Ben. - Gen. Admin.	36,404	12	38
39	General and Administrative Expenses	16,923	10	39
40	Seminars	2,174	10	40
41	Auto & Travel	24,528	10	41
42	Insurance	432	13	42
43	Depreciation	2,290	17	43
44	Rent	3,545	20	44
45	Equipment Rental	1,156	21	45
46	Facility Wages reimbursed	(1,733)	02	46
47	Management Office Allocation	(153,497)	10	47
48				48
49				49
50				50
51	Total	617,863		51

Facility Name: JACKSON PARK SLF

Report Period Beginning 1/1/2012 Ending: 12/31/2012

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.82	\$ 27.41	1
2	Licensed Practical Nurses	4.46	22.29	2
3	Certified Nurse Assistants	7.69	10.57	3
4	Activity Director & Assistants	1.83	13.79	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.21	14.20	7
8	Dishwashers			8
9	Maintenance Workers	2.59	12.55	9
10	Housekeepers	6.95	10.95	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.71	21.93	13
14	Clerical	3.16	15.18	14
15	Marketing	0.99	17.03	15
16	Other		#REF!	16
17	Total (lines 1 thru 16)	37.40	\$ 14.48	17

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
See Attached	

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	Aaron Mann, Administrative	Relative	1.6	\$ 12,292	1
2					2
3					3
4					4
5					5
Total				\$ 12292	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

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: N/A If yes, what is the value of those services? \$ N/A
(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: JACKSON PARK SLF

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

VIII. OWNERSHIP COSTS

A. Purchase price of land 170,811 Year land was acquired 2005

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	136		2005	2005	\$ 8,007,168	\$ 291,141	35	\$ 228,776	\$ (62,365)	\$ 1,601,432	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements			2006	3,733		20	187	187	1,182	6
7	Leasehold Improvements			2007	43,456	1,871	20	2,173	302	11,492	7
8	Leasehold Improvements			2008	359,920		20	17,996	17,996	84,449	8
9	Leasehold Improvements			2009	16,374		20	819	819	3,262	9
10	Leasehold Improvements			2010	13,240		20	662	662	1,324	10
11	Leasehold Improvements			2011	3,400	680	20	170	(510)	283	11
12	Leasehold Improvements			2012	31,252	1,374	20	1,109	(265)	1,109	12
13							20				13
14							20				14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,478,543	\$ 295,066		\$ 251,892	\$ (43,174)	\$ 1,704,533	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	\$ 247,891	\$ 31,006	\$ 22,975	(8,031)	10	\$ 164,322	18
19	Vehicles					5		19
20	TOTAL (lines 18 and 19)	\$ 247,891	\$ 31,006	\$ 22,975	(8,031)		\$ 164,322	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

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	Alloc. Management Co.			/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 8,176

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	Walker & Dunlop		X	Mortgage	/ /	\$	7,678,500	/ /		\$ 1,155,306	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Venture Fund, LLC	X		Working Capital	/ /		4,609,219	/ /		161,817	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	12,287,719			\$ 1,317,123	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		-399	8
9	Non-Allowable Interest				/ /			/ /		-161,817	9
10	TOTALS (lines 7, 8 and 9)					\$	12,287,719			\$ 1,154,907	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: JACKSON PARK SLF

Report Period Beginning: 1/1/2012

Ending: 12/31/2012

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 614,467	\$ 1,374,572	1
2	Cash-Patient Deposits	10,865	10,865	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	587,487	587,487	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	62,108	62,108	6
7	Other Prepaid Expenses	5,039	5,039	7
8	Accounts Receivable (owners or related parties)	152,858	152,858	8
9	Other(specify): See Attachment	362,072	364,795	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,794,896	\$ 2,557,724	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		170,811	13
14	Buildings, at Historical Cost		8,007,168	14
15	Leasehold Improvements, at Historical Cost	74,342	74,342	15
16	Equipment, at Historical Cost	90,064	245,569	16
17	Accumulated Depreciation (book methods)	(57,724)	(2,228,103)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attachment	21,255	243,085	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 127,937	\$ 6,512,872	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,922,833	\$ 9,070,596	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 677,390	\$ 677,390	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	615,170	615,170	29
30	Accrued Salaries Payable	58,216	58,216	30
31	Accrued Taxes Payable	17,231	17,231	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attachment	2,813	364,885	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,370,820	\$ 1,732,892	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,924,083	3,994,049	38
39	Mortgage Payable		7,678,500	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)	\$ 1,924,083	\$ 11,672,549	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,294,903	\$ 13,405,441	45
46	TOTAL EQUITY	\$ (1,372,070)	\$ (4,334,845)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,922,833	\$ 9,070,596	47

*(See instructions.)

Facility Name: JACKSON PARK SLF

Report Period Beginning: 1/1/2012

Ending:

12/31/2012

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	\$ 4,511,608	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,511,608	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		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	129	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 129	14
	D. Other Revenue (specify):		
15	Misc. Income		15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,511,737	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	980,543	19
20	Health Care/ Personal Care	500,391	20
21	General Administration	885,002	21
	B. Capital Expense		
22	Ownership	1,039,939	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)	\$ 3,405,875	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,105,862	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,105,862	31

Page 6 Supp
Copier
Postage Meter
Total Equipment Rental

7,774
402
<u>8,176</u>

Page 7 Supp - Line 9 Other - Specify
Replacement Reserve
Escrowed RE Taxes and Insurance
Wage Escrow
Total

<u>Operating</u>	<u>After Consolidation</u>
332,975	332,975
29,097	29,097
-	2,723
<u>362,072</u>	<u>364,795</u>

Page 7 Supp - Line 23 Other - Specify
Deposits
Permanent Mortgage Costs
Amort - Permanent Mortgage Costs
Total

<u>Operating</u>	<u>After Consolidation</u>
21,255	21,255
-	222,168
-	(338)
<u>21,255</u>	<u>243,085</u>

Page 7 Supp - Line 36 Other - Specify
Unclaimed Property Withholding
Lessee Escrow - RET & INS
Lessee Escrow - Replacement Reserve
Total

<u>Operating</u>	<u>After Consolidation</u>
2,813	2,813
-	29,097
-	332,975
<u>2,813</u>	<u>364,885</u>

