

		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: 1000020

Facility Name: BETH-ANNE PLACE

Address: 1143 N LAVERGNE CHICAGO 60651

Number City Zip Code

County: COOK

Telephone Number: (773) 287-2711 Fax # 773 287-2017

Federal Employer ID Number:

Date Current Owners were Certified:

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	☐	

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/2012 to 06/30/2013 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)

(Firm Name & Address)

(Telephone) () Fax # ()

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

Name: Linda Barnett Telephone Number: (773) 473-7870 ext. #111

Email Address: lbarnett@bethelnewlife.org

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 BETH-ANNE PLACE

Report Period Beginning: 7/1/2012 Ending: 6/30/2013

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days 85
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	<u>85</u>	Single Unit Apartment	<u>85</u>	<u>31,025</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>85</u>	TOTALS	<u>85</u>	<u>31,025</u>	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	<u>23,710</u>	<u>1,326</u>		<u>25,036</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>23,710</u>	<u>1,326</u>		<u>25,036</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 80.70%

D. Indicate the number of paid bed-hold days the SLF had during this year 87 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 725 (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: JUNE 30

* 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. NOT APPLICABLE

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? _____ If yes, did the facility make all of the required payments of interest and principle? _____
If no, explain. NOT APPLICABLE

Facility Name: BETH-ANNE PLACE

Report Period Beginning:

7/1/2012

Ending:

6/30/2013

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	243,384	108,384	21,106	372,874		372,874	1
2	Housekeeping, Laundry and Maintenance	110,445	149,081		259,526		259,526	2
3	Heat and Other Utilities			152,635	152,635		152,635	3
4	Other (specify): Security	19,586		114,271	133,857		133,857	4
5	TOTAL General Services	373,415	257,465	288,012	918,892		918,892	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	224,696	2,443		227,139		227,139	6
7	Activities and Social Services	85,775	847		86,622		86,622	7
8	Other (specify):		188		188		188	8
9	TOTAL Health Care and Programs	310,471	3,478		313,949		313,949	9
	C. General Administration							
10	Administrative and Clerical	198,157	18,156	30,089	246,402		246,402	10
11	Marketing Materials, Promotions and Advertising	46,805		9,582	56,387		56,387	11
12	Employee Benefits and Payroll Taxes	175,497			175,497		175,497	12
13	Insurance-Property, Liability and Malpractice			85,748	85,748		85,748	13
14	Other (specify):			73,415	73,415	(43,261)	30,154	14
15	TOTAL General Administration	420,458	18,156	198,834	637,448	(43,261)	594,187	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,104,344	279,099	486,846	1,870,289	(43,261)	1,827,028	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			312,832	312,832		312,832	17
18	Interest (I			3,533	3,533		3,533	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Management Fees			55,862	55,862		55,862	22
23	TOTAL Ownership			372,227	372,227		372,227	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,104,344	279,099	859,073	2,242,516	(43,261)	2,199,255	24

Facility Name: BETH-ANNE PLACE

Report Period Beginning 7/1/2012 Ending: 6/30/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 31.66	1
2	Licensed Practical Nurses	1	21.54	2
3	Certified Nurse Assistants	7	11.99	3
4	Activity Director & Assistants	1	12.37	4
5	Social Service Workers	2	21.55	5
6	Head Cook	1	12.00	6
7	Cook Helpers/Assistants	11	11.01	7
8	Dishwashers			8
9	Maintenance Workers	2	13.90	9
10	Housekeepers	3	9.41	10
11	Laundry			11
12	Managers	3	27.94	12
13	Other Administrative	2	17.50	13
14	Clerical	1	12.27	14
15	Marketing	1	28.20	15
16	Other Security	1	9.00	16
17	Total (lines 1 thru 16)	37	\$ 240.34	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

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).

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	HSR-EVERGREEN	\$ 55,862	1
2			2
Total		\$ 55,862	3

Facility Name: BETH-ANNE EXTENDED LIVING

Report Period Beginning:

7/1/2012

Ending:

6/30/2013

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired _____

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			2000	2002	\$ 100,000	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building			1/13/2003	10,547,485	263,687	40	263,687			6
7	Security System			2/1/2003	8,637	216	40	216			7
8	Outside Lighting			4/22/2004	3,937	98	40	98			8
9	Building Improvements			12/5/2011	203,609	22,778	9	22,778			9
10	Building Improvements			7/6/2012	25,958	2,596	10	2,596			10
11	Building Improvements			6/24/2013	8,500	71	10	71			11
12	Phone System			2/1/2003	41,616	4,162	10	4,162			12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 10,939,742	\$ 293,607		\$ 293,607	\$	\$	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	\$ 260,121	\$ 31,324	\$ 31,324	0		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 260,121	\$ 31,324	\$ 31,324	0		\$	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: BETH-ANNE PLACE

Report Period Beginning: 7/1/2012 Ending: 6/30/2013

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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			X	Line of Credit	7/1/09	200,000	71,513	6/1/15	4.000	3,533	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 200,000	\$ 71,513			\$ 3,533	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 200,000	\$ 71,513			\$ 3,533	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: BETH-ANNE PLACE

Report Period Beginning: 7/1/2012

Ending: 6/30/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2013

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 461,999	\$	1
2	Cash-Patient Deposits	21,389		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	340,252		3
4	Supply Inventory (priced at)	6,221		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	50,070		7
8	Accounts Receivable (owners or related parties)	2,940,630		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,820,561	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	100,000		13
14	Buildings, at Historical Cost	10,824,831		14
15	Leasehold Improvements, at Historical Cost	272,948		15
16	Equipment, at Historical Cost	41,223		16
17	Accumulated Depreciation (book methods)	(3,194,457)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	218,784		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,263,329	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,083,889	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 89,262	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	17,179		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	4,282		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	238		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Vacation	18,938		35
36	Prepaid revenue	40,624		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 170,523	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	232,431		38
39	Mortgage Payable	7,242,979		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)	\$ 7,475,410	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,645,933	\$	45
46	TOTAL EQUITY	\$ 4,437,957	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,083,889	\$	47

*(See instructions.)

Facility BETH-ANNE PLACE

Report Period Beginning: 7/1/2012

Ending:

6/30/2013

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	\$ 3,132,826	1
2	Discounts and Allowances	(205,175)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,927,651	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	21,883	9
10	Laundry	777	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 22,660	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income - not offsetted because it from the state for late IDPA payments	10,648	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 10,648	14
	D. Other Revenue (specify):		
15	LINK-vending	60,109	15
16	Amortization of Recoverable Capital Adv	298,958	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 359,067	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,320,025	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	918,958	19
20	Health Care/ Personal Care	313,949	20
21	General Administration	628,002	21
	B. Capital Expense		
22	Ownership	372,227	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)	\$ 2,233,136	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,086,889	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,086,889	31

GNERAL SERVICE
LINE 1 COLUMN 2

DIETARY CONSULTANT	21,106.00
TOTAL	21,106.00

GNERAL SERVICE
LINE 2 COLUMN 3

ELEVATOR INSPECTION	
TOTAL	-

GNERAL SERVICE
LINE 3 COLUMN 3

UTILITIES	152,635.00
TOTAL	152,635.00

GNERAL SERVICE
LINE 4 COLUMN 3

GARBAGE & TRASH REMOVAL	11,775.00
SECURITY GUARD SERVICE CONTRACT	100,888.00
BACKGROUND CHECK	1,042.00
EXTERMINATING	330.00
FIRE EXTINGUISHER	236.00
TOTAL	114,271.00

GNERAL ADMINISTRATION
LINE 10 COLUMN 3

AUDIT	5,428.00
LEGAL	
BANK CHARGES	
TELEPHONE/INTERNET	24,660.00
TRAVEL REIMBURSEMENT	
ANNUAL FILING	
TOTAL	30,088.00

GNERAL ADMINISTRATION
LINE 11 COLUMN 3

ADVERTISING-Marketing	9,545.00
TRAVEL REIMBURSEMENT	37.00
TOTAL	9,582.00

LINE 13 COLUMN 3

INSURANCE	85,748.00
TOTAL	85,748.00

GNERAL ADMINISTRATION
LINE 14 COLUMN 3

CONVENTIONS AND MEETINGS	700.00
COPIER LEASE AND MAINTENANCE	2,057.00
OUTSIDE PRINTING	150.00
MEMBERSHIP	7,645.00
REPAIRS AND MAINTENANCE	19.00
BOOKEEPING	18,360.00
STAFF DEVELOPMENT	1,157.00
QUALITY ASSURANCE	
HINCKLEY SCHMIDT (WATER COOLER)	66.46
BAD DEBT	43,261.00

TOTAL	73,415.46
--------------	------------------

BAD DEBT	(43,261.00)
----------	-------------

TOTAL AFTER ADJUSTMENT	30,154.46
-------------------------------	------------------

--	--

