

		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: 1000061					II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER				
Facility Name: <u>Pioneer Gardens</u>									
Address: <u>3800 S MLKing Dr</u> <u>Chicago</u> <u>60653</u>									
Number City Zip Code									
County: <u>Cook</u>									
Telephone Number: (<u>773</u>) <u>420-4100</u> Fax # <u>773</u> <u>420-4118</u>									
Federal Employer ID Number: _____									
Date Current Owners were Certified: <u>74/25/2006</u>									
Type of Ownership:									
☐ VOLUNTARY, NON-PROFIT					☐ PROPRIETARY				
☐ Charitable Corp.					☐ Individual				
☐ Trust					☐ State				
IRS Exemption Code _____					☒ Partnership				
					☐ County				
					☐ Other _____				
					☐ "Sub-S" Corp. _____				
					☐ Limited Liability Co. _____				
					☐ Trust				
					☐ Other _____				
In the event there are further questions about this report, please contact:									
Name: <u>Rev. E.R. Williams</u>					Officer or Administrator of Provider				
Telephone Number: <u>815-739-6841</u>					(Signed) _____				
Email Address: _____					(Type or Print Name) <u>Rev. E.R. Williams</u>				
					(Title) <u>President</u>				
					Paid Preparer				
					(Signed) _____				
					(Print Name and Title) _____				
					(Firm Name & Address) _____				
					(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____				
					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				

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	231,983	312,348	8,096	552,427		552,427	1
2	Housekeeping, Laundry and Maintenance	171,054	40,242	190,900	402,196		402,196	2
3	Heat and Other Utilities			242,326	242,326	(32,243)	210,083	3
4	Other (specify): Waste Management &Security	124,389		21,825	146,214		146,214	4
5	TOTAL General Services	527,426	352,590	463,147	1,343,163	(32,243)	1,310,920	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	765,198	3,422	4,600	773,220		773,220	6
7	Activities and Social Services	50,455		21,186	71,641		71,641	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	815,653	3,422	25,786	844,861		844,861	9
	C. General Administration							
10	Administrative and Clerical	275,925		146,103	422,028		422,028	10
11	Marketing Materials, Promotions and Advertising	68,962	4,569	1,593	75,124		75,124	11
12	Employee Benefits and Payroll Taxes			228,558	228,558		228,558	12
13	Insurance-Property, Liability and Malpractice			75,176	75,176		75,176	13
14	Other (specify): Property Management Fee			217,418	217,418		217,418	14
15	TOTAL General Administration	344,887	4,569	668,848	1,018,304		1,018,304	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,687,966	360,581	1,157,781	3,206,328	(32,243)	3,174,085	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			710,746	710,746		710,746	17
18	Interest			603,716	603,716		603,716	18
19	Real Estate Taxes			108,503	108,503		108,503	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):MIP,MGMT FEE AMORTZ.			163,958	163,958		163,958	22
23	TOTAL Ownership			1,586,923	1,586,923		1,586,923	23

24	GRAND TOTAL (Sum of lines 16 and 23)	1,687,966	360,581	2,744,704	4,793,251	(32,243)	4,761,008	24
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Facility Name: Pioneer Gardens

Report Period Beginning 1/1/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 19.69	1
2	Licensed Practical Nurses	4	27.57	2
3	Certified Nurse Assistants	18	11.51	3
4	Activity Director & Assistants	2	11.34	4
5	Social Service Workers			5
6	Head Cook	1	12.28	6
7	Cook Helpers/Assistants	7	10.42	7
8	Dishwashers	2	8.95	8
9	Maintenance Workers	5	10.70	9
10	Housekeepers	3	9.28	10
11	Laundry			11
12	Managers	2	33.98	12
13	Other Administrative	2	21.88	13
14	Clerical	3	9.53	14
15	Marketing	2	16.60	15
16	Other Security	6	10.00	16
17	Total (lines 1 thru 16)	58	\$	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
South Parkway Management		Chicago		Property Mgmt	

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: Pioneer Gardens Report Period Beginning: 1/1/2013 Ending: 12/31/2013

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				2006	\$ 19,602,654	\$ 710,746	28	\$ 700,095	\$ (10,651)	\$ 5,868,386	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				\$ 19,602,654	\$ 710,746		\$ 700,095	\$ (10,651)	\$ 5,868,386	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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	FURNITURE & FIXTURES	\$ 4,288	\$	\$ \$ 4,288	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 4,288	\$	\$ 4,288	24

Facility Name: Pioneer Gardens Report Period Beginning: 1/1/2013 Ending:

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	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	MIDLAND BANK		X	MORTGAGE	8/1/04	11,340,000	\$ 10,611,918	3/1/46	5.6500	\$ 603,716	1
2	CITY OF CHICAGO		X	MORTGAGE	8/1/04	1,828,000	1,828,000	8/1/46			2
3	FEDERAL HOME LOAN		X	MORTGAGE	8/1/04	500,000	500,000	8/1/46			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,668,000	\$ 12,939,918			\$ 603,716	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 13,668,000	\$ 12,939,918			\$ 603,716	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.

STATE OF ILLINOIS

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Facility Name: Pioneer Gardens

Report Period Beginning: 1/1/2013

Ending: 12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 101,183	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	365,665		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,777		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 498,625	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	230,000		13
14	Buildings, at Historical Cost	19,038,373		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	568,569		16
17	Accumulated Depreciation (book methods)	(5,868,386)		17
18	Deferred Charges	553,888		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,500,232		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 16,022,676	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,521,301	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 156,706	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	98,047		29
30	Accrued Salaries Payable	41,048		30
31	Accrued Taxes Payable	92,000		31
32	Accrued Interest Payable	49,964		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 437,765	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	3,768,019		38
39	Mortgage Payable	10,611,918		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Accrued Management Fees	1,672,816		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 16,052,753	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 16,490,518	\$	45
46	TOTAL EQUITY	\$ 30,783	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,521,301	\$	47

*(See instructions.)

Facility Name: Pioneer Gardens

Report Period Beginning: 1/1/2013

Ending: 12/31/2013

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	\$ 3,593,281	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,593,281	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	1,102	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,102	14
	D. Other Revenue (specify):		
15			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)	\$ 3,594,383	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,310,920	19
20	Health Care/ Personal Care	844,861	20
21	General Administration	1,018,304	21
	B. Capital Expense		
22	Ownership	1,586,923	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)	\$ 4,761,008	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (1,166,625)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (1,166,625)	31

A GENERAL SERVICES			
4. OTHER	WASTE		\$15,876
	SECURITY		<u>\$5,949</u>
	TOTAL		\$21,825

D OWNERSHIP			
22	OTHER MANAGEMENT FEES		\$84,000
	AMORTIZATION DEFERRED COST		\$26,780
	MIP		<u>\$53,178</u>
	TOTAL		\$163,958

VII RELATED ORGANIZATIONS			
A. OTHER RELATED BUSINESS ENTITIES			
	SERVICE PROERTY MGMT		
	COST		\$217,418
	MARKUP	NONE	

