

		FOR BHF USE			

LL2

Supportive Living Facility

2014

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2014)

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: 1000028

Facility Name: Bishop Edwin Conway Residence

Address: 1900 N Karlov Chicago 60639

Number City Zip Code

County: Cook

Telephone Number: (773) 252-9941 Fax # 773 252-9946

Federal Employer ID Number:

Date Current Owners were Certified:

Type of Ownership:

<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 type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input checked="" type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

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

Name: Amanda Anderson Telephone Number: (312) 655-7414

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 01-01/2014 to 12/31/2014 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) Eileen Higgins

(Title) Vice President

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 **Bishop Edwin Conway Residence**

Report Period Beginning: 01-01/2014 Ending: 12/31/2014

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	7	Single Unit Apartment	7	2,555	1		
2	15	Double Unit Apartment	15	5,475	2		
3		Other		3,650	3		
4	22	TOTALS	22	11,680	4		

B. Census-For the entire report period.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
Resident Days by Unit and Primary Source of Payment						
5	Single Unit	2,463			2,463	5
6	Double Unit	8,497			8,497	6
7	Other					7
8	TOTALS	10,960			10,960	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.84%

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

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

ACCUAL		MODIFIED	
		CASH*	CASH*
	x		

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

Tax Year: 2014 **Fiscal Year:** 2014

* 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? _____
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

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Facility Name: Bishop Edwin Conway Residnce

Report Period Beginning:

01-01/2014

Ending:

12/31/2014

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	83,999	103,232	6,827	194,058		194,058	1
2	Housekeeping, Laundry and Maintenance	78,085	115,961		194,046		194,046	2
3	Heat and Other Utilities			46,517	46,517		46,517	3
4	Other (specify):			136,296	136,296		136,296	4
5	TOTAL General Services	162,083	219,193	189,640	570,916		570,916	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	199,584	2,833		202,417		202,417	6
7	Activities and Social Services	28,974	2,954		31,928		31,928	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	228,558	5,787		234,345		234,345	9
	C. General Administration							
10	Administrative and Clerical	112,362	16,738	84,278	213,378	(662)	212,716	10
11	Marketing Materials, Promotions and Advertising			4,339	4,339		4,339	11
12	Employee Benefits and Payroll Taxes	226,690			226,690		226,690	12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify):							14
15	TOTAL General Administration	339,053	16,738	88,617	444,408	(662)	443,746	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	729,694	241,718	278,257	1,249,669	(662)	1,249,007	16
	Capital Expenses							
	D. Ownership							
17	Depreciation							17
18	Interest			164,307	164,307		164,307	18
19	Real Estate Taxes			59,598	59,598		59,598	19
20	Rent -- Facility and Grounds			10,400	10,400		10,400	20
21	Rent -- Equipment							21
22	Other (specify):			1,366	1,366		1,366	22
23	TOTAL Ownership			235,671	235,671		235,671	23
24	GRAND TOTAL (Sum of lines 16 and 23)	729,694	241,718	513,928	1,485,340	(662)	1,484,678	24

Facility Name: Bishop Edwin Conway Residnce

Report Period Beginning 01-01/2014 Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 33.00	1
2	Licensed Practical Nurses	2	18.95	2
3	Certified Nurse Assistants	6	10.92	3
4	Activity Director & Assistants	1	16.23	4
5	Social Service Workers			5
6	Head Cook	2	10.66	6
7	Cook Helpers/Assistants	3	9.01	7
8	Dishwashers			8
9	Maintenance Workers	1	18.51	9
10	Housekeepers	2	10.91	10
11	Laundry			11
12	Managers	1	27.79	12
13	Other Administrative	2	19.56	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	20	\$	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		\$	1
2			2
Total		\$	3

Facility Name: Bishop Edwin Conway Residnce

Report Period Beginning: 01-01/2014

Ending: 12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 236,734 Year land was acquired 2002

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	22		2003	2003	5404383 # \$	135,110	40	\$ 135,110	\$	(1,553,760)	1
2				2009	34817 #	1,886		1,886		(10,190)	2
3											3
4											4
5											5
	Improvement Type										
6			2003		79,597	3,980	10	3,980		(45,768)	6
7			2012		87,500	8,693	20	8,693		(22,304)	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)				\$ 5,606,297	\$ 149,669		\$ 149,669	\$	(1,632,022)	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	\$ 54,181	\$ 5,418	\$ 5,418	\$	10	\$ (29,348)	18
	Movable Equipment	20,184	2,019	2,019		10	(3,868)	
	Movable Equipment	23,086	2,309	2,309		10	(3,463)	
	Movable Equipment	7,656	2,552	2,552		3	(2,977)	
	Movable Equipment	11,281	313	313		3	(313)	
	Movable Equipment	31,142	1,817	1,817		10	(1,817)	
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 147,530	\$ 14,428	\$ 14,428	\$		(41,787)	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: Bishop Edwin Conway Residence Report Period Beginning: 01-01/2014 Ending: 2/31/2014

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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		YES NO
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	CCHD	X		Subordinate Mortgage	8/30/02	\$ 184,630	\$ 184,630	8/30/02	0.0657	\$ 12,130	1
2	CCHD	x		Subordinate Mortgage	4/30/02	121,752	121,752	4/30/02	0.0657	7,999	2
3	CCHD	x		Subordinate Mortgage	4/30/02	559,776	559,776	4/30/02	0.0657	8,789	3
4	CCHD	x		Subordinate Mortgage	3/12/02	423,000	423,000	3/12/02	0.0657	23,180	
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 1,289,158	\$ 1,289,158			\$ 52,098	7
	B. Non-Facility Related										
8	IHDA			Mortgage	12/31/04	750,000	750,000	8/31/33	0.0100	7,500	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 2,039,158	\$ 2,039,158			\$ 59,598	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: Bishop Edwin Conway Residence

Report Period Beginning: 01-01/2014

Ending: 12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 95,568	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	323,881		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			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)	\$ 419,449	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	236,734		13
14	Buildings, at Historical Cost	5,551,961		14
15	Leasehold Improvements, at Historical Cost	79,597		15
16	Equipment, at Historical Cost	412,960		16
17	Accumulated Depreciation (book methods)	(1,939,452)		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):Reserve Accounts	355,116		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,696,916	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,116,365	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 121,701	\$	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			31
32	Accrued Interest Payable	569,769		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35		2,165,384		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,856,854	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	2,039,158		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)	\$ 2,039,158	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,896,012	\$	45
46	TOTAL EQUITY	\$ 220,353	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,116,365	\$	47

*(See instructions.)

Facility Name: Bishop Edwin Conway Residence

Report Period Beginning: 01-01/2014

Ending:

12/31/2014

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	\$ 1,180,408	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,180,408	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		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	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)	\$ 1,180,408	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	570,916	19
20	Health Care/ Personal Care	234,345	20
21	General Administration	444,408	21
	B. Capital Expense		
22	Ownership	235,671	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)	\$ 1,485,340	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (304,932)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (304,932)	31

as of December 31, 2014

	12/31/14	12/31/13	Change
50 - Cortland Manor LLC./Bishop Conway Residence			
MB Financial - Bi	\$76,228.38	\$12,533.07	\$63,695.31
MB Financial - Co	\$18,339.28	\$21,853.83	(\$3,514.55)
Petty Cash	\$1,000.00	\$1,000.00	\$0.00
Accounts Receivable	\$263,054.30	\$302,231.90	(\$39,177.60)
Accrued Accounts	\$60,826.28	\$62,992.53	(\$2,166.25)
Prepaid Expense	\$0.00	\$946.00	(\$946.00)
IHDA Insurance E	\$102,198.06	\$89,597.04	\$12,601.02
IHDA Operating F	\$138,007.85	\$137,967.41	\$40.44
IHDA Replacemen	\$59,662.46	\$52,261.94	\$7,400.52
IHDA Rent Up Re	\$29,863.36	\$29,863.05	\$0.31
Deferred Tax Crec	\$35,991.00	\$35,991.00	\$0.00
Accumulated Amc	(\$51,586.31)	(\$50,220.32)	(\$1,365.99)
Deferred Debt Co:	\$40,980.00	\$40,980.00	\$0.00
Land	\$236,734.00	\$236,734.00	\$0.00
Land Improvemen	\$79,597.35	\$79,597.35	\$0.00
Buildings	\$261,978.00	\$261,978.00	\$0.00
Building Improver	\$5,289,982.76	\$5,264,621.76	\$25,361.00
Furniture & Fixtur	\$354,524.00	\$312,101.05	\$42,422.95
Autos	\$58,436.29	\$58,436.29	\$0.00
Accumulated Dep:	(\$1,586,465.55)	(\$1,440,565.14)	(\$145,900.41)
A/D Autos	(\$58,436.29)	(\$58,436.29)	\$0.00
Accumulated Dep:	(\$45,768.33)	(\$41,788.44)	(\$3,979.89)
Accumulated Dep:	(\$248,781.68)	(\$234,354.72)	(\$14,426.96)
Total Assets	\$5,116,365.21	\$5,176,321.31	(\$59,956.10)

nd Balance

For The Period Ending December 31, 2014

	Current Period			Year-To-Date			Annual Budget
	Actual	Budget	Variance	Actual	Budget	Variance	
50 - Cortland Manor LLC./Bishop Conway Residence							
Government Source	97,919	84,019	13,900	1,053,284	1,008,283	45,001	1,008,283
Vacancy Loss - Public	-42,710	-9,739	-32,971	-340,044	-116,846	-223,198	-116,846
Government Source	0	3,424	-3,424	40,985	41,088	-103	41,088
Program Fees - Non	13,402	6,240	7,162	121,524	74,869	46,655	74,869
Vacancy Loss - Rental	-160	-1,323	1,164	-35,748	-15,942	-19,806	-15,942
Rental Income Applied	17,947	17,947	0	215,364	215,364	0	215,364
Miscellaneous Income	125,000	0	125,000	125,000	0	125,000	0
IHDA Interest Income	42	0	42	42	0	42	0
Total Revenues	211,441	100,568	110,873	1,180,408	1,206,816	-26,408	1,206,816
e							
Salaries and	32,867	46,157	-13,290	503,004	553,906	-50,902	553,906
Employee Benefits	10,357	7,545	2,812	134,908	90,573	44,335	90,573
Retirement	3,625	5,765	-2,140	45,424	69,125	-23,701	69,125
Payroll Taxes	3,320	4,686	-1,366	46,360	56,221	-9,861	56,221
Total Payroll Expenses	50,169	64,153	-13,984	729,695	769,825	-40,130	769,825
;							
Professional Fees-Outside	421	213	208	6,314	2,600	3,714	2,600
Legal Expenses (Professional)	0	87	-87	0	1,000	-1,000	1,000
Professional Fees-Internal	162	0	162	1,304	0	1,304	0
Advertising Expenses	0	337	-337	1,836	4,000	-2,164	4,000
Audit/Accounting	0	1,250	-1,250	7,565	15,000	-7,435	15,000
Nurse Registry	7,686	337	7,349	26,145	4,000	22,145	4,000
Activities - Events	1,602	165	1,437	2,970	1,980	990	1,980

Marketing Expens	986	87	899	2,503	1,000	1,503	1,000
Security Payroll/C	25,481	11,287	14,194	131,134	135,400	-4,266	135,400

