

		FOR BHF USE			

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2020)

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: 1000083

Facility Name: Supportive Living Washington

Address: 1150 New Castle Road Washington 61571

County: Tazewell

Telephone Number: (309) 444-3641 Fax # 309 444-8763

Federal Employer ID Number:

Date Current Owners were Certified: 9/24/07

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
X Partnership
Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: Kenna Hudson Telephone Number: 314-587-7924
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 1/1/2020 to 12/31/2020 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) Chuck Schmitz
(Title) Chief Financial Officer

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

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	60	Single Unit Apartment	60	21,960	1
2		Double Unit Apartment			2
3		Other			3
4	60	TOTALS	60	21,960	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	14,746	6,402		21,148	5
6	Double Unit					6
7	Other					7
8	TOTALS	14,746	6,402		21,148	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.30%

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

264 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 46 (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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ 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 principal? N/A
If no, explain. N/A

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

STATE OF ILLINOIS

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Facility Name: Supportive Living Washington

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	135,041	150,485	1,101	286,627		286,627	1
2	Housekeeping, Laundry and Maintenance	92,726	13,439	76,595	182,760		182,760	2
3	Heat and Other Utilities			77,291	77,291	(1,449)	75,842	3
4	Other (specify): Trash			2,892	2,892		2,892	4
5	TOTAL General Services	227,767	163,924	157,879	549,570	(1,449)	548,120	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	511,719	19,309	6,063	537,091		537,091	6
7	Activities and Social Services	54,053	8,117	1,368	63,538		63,538	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	565,772	27,426	7,431	600,629		600,629	9
	C. General Administration							
10	Administrative and Clerical	143,685	10,353	252,401	406,440	(31,317)	375,123	10
11	Marketing Materials, Promotions and Advertising		5,279	4,800	10,079		10,079	11
12	Employee Benefits and Payroll Taxes			161,687	161,687		161,687	12
13	Insurance-Property, Liability and Malpractice			57,204	57,204		57,204	13
14	Other (specify):							14
15	TOTAL General Administration	143,685	15,633	476,093	635,411	(31,317)	604,094	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	937,224	206,983	641,403	1,785,610	(32,766)	1,752,844	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			334,557	334,557		334,557	17
18	Interest			181,395	181,395		181,395	18
19	Real Estate Taxes			64,679	64,679		64,679	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Mortgage Insurance			26,100	26,100		26,100	22
23	TOTAL Ownership			606,731	606,731		606,731	23
24	GRAND TOTAL (Sum of lines 16 and 23)	937,224	206,983	1,248,134	2,392,341	(32,766)	2,359,575	24

Facility Name: Supportive Living Washington

Report Period Beginning 1/1/2020 Ending: 12/31/2020

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	1.18	19.76	2
3	Certified Nurse Assistants	15.59	11.81	3
4	Activity Director & Assistants	1.64	17.85	4
5	Social Service Workers	0.08	24.00	5
6	Head Cook	1.56	16.21	6
7	Cook Helpers/Assistants	3.79	10.40	7
8	Dishwashers			8
9	Maintenance Workers	1.04	16.98	9
10	Housekeepers	2.54	10.32	10
11	Laundry			11
12	Managers	1.20	31.95	12
13	Other Administrative	1.86	15.73	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	30.48	\$	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
Midwest Christian Villages, Inc		St. Louis, MO	

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

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: Supportive Living Washington

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 89,000 Year land was acquired 2006

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	60		2014 & Prior	2006	\$ 7,878,828	\$ 263,904	VARIOUS	\$ 263,904	\$	\$ 3,503,696	1
2			2015&2016		60,655	6,474	5-10	6,474		35,212	2
3			2017		61,120	6,767	3-10	6,767		23,751	3
4			2018		42,895	5,051	5-10	5,051		12,593	4
5			2019&2020		55,939	6,083	5-10	6,083		10,017	5
Improvement Type											
6	Landscaping, Staking, Paving, Surfacing, Dumping Fees			2007	110,621	7,375	15	7,375		97,715	6
7	Signage			2011	6,208	621	10	621		5,690	7
8	Patio			2011	5,706	380	15	380		3,550	8
9	Landscaping			2011	6,968	465	15	465		4,181	9
10	Mulch			2012	1,660		3			1,660	10
11	Ramp			2012	2,640	176	12	176		1,525	11
12	Parking			2013	2,280		2			2,280	12
13	Sprinkler System			2016	28,650	1,910	15	1,910		8,277	13
14	Parking Lot Pavement Reseal			2018	4,893	245	20	245		591	14
15	New Sidewalk 4x420 IL per City Plans			2020	9,913	496	20	496		496	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,278,974	\$ 299,946		\$ 299,946	\$	\$ 3,711,234	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	\$ 370,618	\$ 27,225	\$ 27,225	\$		\$ 310,680	18
19	Vehicles	31,543	7,386	7,386			9,905	19
20	TOTAL (lines 18 and 19)	\$ 402,161	\$ 34,611	\$ 34,611	\$		\$ 320,585	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: Supportive Living Washington

Report Period Beginning: 1/1/2020

Ending: 2/31/2020

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	HUD		X	Refinance - Construction	9/1/13	\$ 5,840,000	\$ 5,159,222	10/1/48	3.7300	\$ 177,874	1
2			X	Deferred Tax Cred Fees & Org Costs	/ /	-93,218	-64,677	/ /		3,521	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,746,782	\$ 5,094,545			\$ 181,395	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,746,782	\$ 5,094,545			\$ 181,395	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.

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Facility Name: Supportive Living Washington

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 411,146	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 54,971)	138,237		3
4	Supply Inventory (priced at)	6,078		4
5	Short-Term Investments			5
6	Prepaid Insurance	23,232		6
7	Other Prepaid Expenses	11,147		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Receivable From Sheridan	965		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 590,806	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	89,000		13
14	Buildings, at Historical Cost	8,099,436		14
15	Leasehold Improvements, at Historical Cost	179,538		15
16	Equipment, at Historical Cost	402,161		16
17	Accumulated Depreciation (book methods)	(4,031,819)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	742,772		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Construction in Progress	14,254		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,495,342	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,086,148	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 51,807	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	49,844		30
31	Accrued Taxes Payable	63,147		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Liabilities	11,117		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 175,916	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,159,222		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Deferred Org Costs	(64,677)		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,094,545	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,270,461	\$	45
46	TOTAL EQUITY	\$ 815,687	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,086,148	\$	47

*(See instructions.)

Facility Name: Supportive Living Washington

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

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

1			
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,395,124	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,395,124	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	3,763	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,763	14
	D. Other Revenue (specify):		
15	Miscellaneous Revenue	56,810	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 56,810	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,455,698	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	549,570	19
20	Health Care/ Personal Care	600,629	20
21	General Administration	635,411	21
	B. Capital Expense		
22	Ownership	606,731	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)	\$ 2,392,341	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 63,357	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 63,357	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,697,338	32
33	Private Pay - Net Inpatient Revenue	349,621	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Tax Credit</u>	348,164	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,395,124	37