

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2010  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2010)**

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:** 1000041

**Facility Name:** Churchview Supportive Living Center

**Address:** 2626 West 63rd Street Chicago 60629  
Number City Zip Code

**County:** Cook

**Telephone Number:** ( 773 ) 471-444 Fax # ( 773 ) 471-3935

**Federal Employer ID Number:** \_\_\_\_\_

**Date Current Owners were Certified:** 03/24/2005

**Type of Ownership:**

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input 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 checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> 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 01/01/2010 to 12/31/2010 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) <u>David J. Mitchell</u>	
	(Title) <u>CFO, BMA Management, LTD.</u>	
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:** Grenshinka Osborne **Telephone Number:** ( 815 ) 935-1992 EXT 257  
**Email Address:** \_\_\_\_\_

**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 Churchview Supportive Living Center

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

**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	86	Single Unit Apartment	86	31,390	1
2		Double Unit Apartment			2
3		Other			3
4	86	TOTALS	86	31,390	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	26,391	267		26,658	5
6	Double Unit					6
7	Other					7
8	TOTALS	26,391	267		26,658	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.93%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
424 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 26 (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)

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**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

\* 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. \_\_\_\_\_

**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. \_\_\_\_\_

Facility Name: Churchview Supportive Living Center

Report Period Beginning:

01/01/2010

Ending: 12/31/2010

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase		130,682	2,355	133,037		133,037	1
2	Housekeeping, Laundry and Maintenance		35,054	113,820	148,874		148,874	2
3	Heat and Other Utilities			157,845	157,845	(6,835)	151,010	3
4	Other (specify): SEE ATTACHMENT PG 3			25,558	25,558		25,558	4
5	<b>TOTAL General Services</b>		165,736	299,578	465,314	(6,835)	458,479	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care		2,175		2,175		2,175	6
7	Activities and Social Services		6,124		6,124		6,124	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>		8,299		8,299		8,299	9
<b>C. General Administration</b>								
10	Administrative and Clerical		15,465	212,162	227,627	(13,353)	214,274	10
11	Marketing Materials, Promotions and Advertising		5,289	46,323	51,612		51,612	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			35,623	35,623		35,623	13
14	Other (specify): SEE ATTACHMENT PG 3			1,193,127	1,193,127		1,193,127	14
15	<b>TOTAL General Administration</b>		20,754	1,487,235	1,507,989	(13,353)	1,494,636	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>		194,789	1,786,813	1,981,602	(20,188)	1,961,414	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			481,043	481,043		481,043	17
18	Interest			31,059	31,059		31,059	18
19	Real Estate Taxes			166,352	166,352		166,352	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): SEE ATTACHMENT PG 3			538,446	538,446		538,446	22
23	<b>TOTAL Ownership</b>			1,216,900	1,216,900		1,216,900	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>		194,789	3,003,713	3,198,502	(20,188)	3,178,314	24

Facility Name: Churchview Supportive Living Center

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

**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	28.44	2
3	Certified Nurse Assistants	13	11.04	3
4	Activity Director & Assistants	1	18.96	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9	9.72	7
8	Dishwashers			8
9	Maintenance Workers	1	12.55	9
10	Housekeepers	3	8.86	10
11	Laundry			11
12	Managers	1	34.90	12
13	Other Administrative			13
14	Clerical	3	13.66	14
15	Marketing	1	24.59	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>33</b>	<b>\$</b>	<b>17</b>

**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
<b>Total</b>				<b>\$</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

Amount of Fee

1	BMA Management, LTD	\$	125,352	1	
2				2	
<b>Total</b>			<b>\$</b>	<b>125,352</b>	<b>3</b>

**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).

Facility Name: Churchview Supportive Living Center

Report Period Beginning:

01/01/2010

Ending:

12/31/2010

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,302,647 Year land was acquired 1998-2000

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	86			2004	\$ 12,311,409	\$ 447,643	28	\$ 439,693	\$ (7,950)	\$ 2,846,833	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Land Improvements				292,999	20,268	15	19,533	(735)	139,532	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)				\$ 12,604,408	\$ 467,911		\$ 459,226	\$ (8,685)	\$ 2,986,365	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	\$ 268,056	\$ 15,755	\$ 53,611	37,856	5	\$ 252,034	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 268,056	\$ 15,755	\$ 53,611	37,856		\$ 252,034	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: Churchview Supportive Living Center

Report Period Beginning: 01/01/2010

Ending: 2/31/2010

**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				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		Harris Trust & Savings		X	First Mortgage	3/1/03	\$ 7,555,000	\$ 6,795,000	9/1/33	Variable	\$ 31,059	1
2		City of Chicago Dept of Housing		X	Second Mortgage	3/1/03	4,000,000	4,000,000	3/1/35	NA		2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 11,555,000	\$ 10,795,000			\$ 31,059	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 11,555,000	\$ 10,795,000			\$ 31,059	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: Churchview Supportive Living Center

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 145,205	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	459,336		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,104		6
7	Other Prepaid Expenses	1,185		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 612,830	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,595,646		13
14	Buildings, at Historical Cost	12,311,409		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	268,056		16
17	Accumulated Depreciation (book methods)	(3,238,399)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	582,880		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(285,174)		20
21	Restricted Funds	1,233,518		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 12,467,936	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 13,080,766	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 54,979	\$	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	146,000		31
32	Accrued Interest Payable	2,645		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	SEE ATTACHMENT PG 7	353,028		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 556,652	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,795,000		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 10,795,000	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 11,351,652	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,729,114	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 13,080,766	\$	47

Facility Name: Churchview Supportive Living Center

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,491,515	1
2	Discounts and Allowances	(42,192)	2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 2,449,323	3
<b>B. Other Operating Revenue</b>			
4	Special Services	105,255	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	1,420	9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 106,675	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	3,068	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 3,068	14
<b>D. Other Revenue (specify):</b>			
15	<b>PROPERTY TAX ADJUSTMENTS</b>	7,134	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 7,134	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 2,566,200	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	465,314	19
20	Health Care/ Personal Care	8,299	20
21	General Administration	1,507,989	21
<b>B. Capital Expense</b>			
22	Ownership	1,216,900	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 3,198,502	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (632,302)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (632,302)	31



## COST CENTER EXPENSES

### A. General Services - Other

Exterminating	14,706
Rubbish Removal	10,079
Transportation Service	<u>773</u>
<b>TOTAL</b>	<b><u><u>25,558</u></u></b>

### C. General Administration - Other

Consulting	4,902
Legal	3,102
Audit	9,000
Contract Labor	1,156,309
Bad Debts Expense	<u>19,814</u>
<b>TOTAL</b>	<b><u><u>1,193,127</u></u></b>

### D. Ownership

Letter of Credit Fee	159,178
Bond & Draw Fee	2,400
Remarketing and Trustee Fee	13,753
Partnership Management Fee	43,000
Asset Management Fee	4,300
Tax Credit Fees & Incentive Fee	302,195
Amortization Expense	12,620
Property Damage Loss	<u>1,000</u>
<b>TOTAL</b>	<b><u><u>538,446</u></u></b>

### Reclassifications and Adjustments

Heat & Other Utilities	(6,835) Cable
Administrative and Clerical	(13,353) Telephone Revenue

**BALANCE SHEET**

C. Current Liabilities

Accrued Asset Management Fees	8,600
Accrued Incentive Mgmt Fee	300,045
Accrued Liabilities	30,180
Unearned Revenue	<u>14,203</u>

**Total Other Current Liabilities** 353,028