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

Facility Name: Pioneer Gardens

Address: 3800 S MLKing Dr (Number) Chicago (City) 60653 (Zip Code)

County: Cook

Telephone Number: (773) 420-4100 **Fax #** 773 420-4118

Federal Employer ID Number:

Date Current Owners were Certified: 74/25/2006

Type of Ownership:

	VOLUNTARY, NON-PROFIT		PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust	X	Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Rev. E.R. Williams **Telephone Number:** 815-739-6841
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 1/1/2013 to 12/31/2013 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) Rev. E.R. Williams
(Title) 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 Pioneer Gardens Report Period Beginning: 1/1/2013 Ending: 12/31/2013

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	108	Single Unit Apartment	108	39,420	1
2	12	Double Unit Apartment	12	4,380	2
3		Other			3
4	120	TOTALS	120	43,800	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	35,272			35,272	5
6	Double Unit	2,980	820		3,800	6
7	Other					7
8	TOTALS	38,252	820		39,072	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.21%

D. Indicate the number of paid bed-hold days the SLF had during this year 234 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 123 **(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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS
ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31/2013 Fiscal Year:
* 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? YES **If yes, did the facility make all of the required payments of interest and principle?** YES
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: Pioneer Gardens **Report Period Beginning: 1/1/2013 Ending: 12/31/2013**

IV. COST CENTER EXPENSES (please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	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**

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				OTHER RELATED BUSINESS ENTITIES					
Name	1	City	2	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 [X]
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 [X] 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: 12/31/2013

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 [X] 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 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	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.

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	1 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	2 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	$5,949
	TOTAL	$21,825
D OWNERSHIP		
22 OTHER MANAGEMENT FEES		$84,000
AMORTIZATION DEFERRED COST		$26,780
MIP		$53,178
	TOTAL	$163,958
VII RELATED ORGANIZATIONS		
A. OTHER RELATED BUSINESS ENTITIES		
SERVICE PROERTY MGMT		
COST		$217,418
MARKUP	NONE	