

Facility Name CHURCHVIEW SUPPORTVE LVG CTR

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	27,199	271		27,470	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,199	271		27,470	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.51%

D. Indicate the number of paid bed-hold days the SLF had during this year
892 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 23 (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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 2017 Fiscal Year: 2017

* 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. _____

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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	242,434	147,685	2,128	392,247		392,247	1
2	Housekeeping, Laundry and Maintenance	114,922	86,036	59,890	260,848		260,848	2
3	Heat and Other Utilities			198,647	198,647	(9,833)	188,814	3
4	Other (specify): See Page 3 Attachment			76,421	76,421		76,421	4
5	TOTAL General Services	357,356	233,721	337,086	928,163	(9,833)	918,330	5
B. Health Care and Programs								
6	Health Care/ Personal Care	415,347	11,133		426,480		426,480	6
7	Activities and Social Services	30,633	10,854		41,487		41,487	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	445,980	21,987		467,967		467,967	9
C. General Administration								
10	Administrative and Clerical	213,897	27,736	252,903	494,536	(9,304)	485,232	10
11	Marketing Materials, Promotions and Advertising	67,350	8,567	48,094	124,011		124,011	11
12	Employee Benefits and Payroll Taxes			304,586	304,586		304,586	12
13	Insurance-Property, Liability and Malpractice			44,063	44,063		44,063	13
14	Other (specify): See Page 3 Attachment			83,918	83,918	(24,482)	59,436	14
15	TOTAL General Administration	281,247	36,303	733,564	1,051,114	(33,786)	1,017,328	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,084,583	292,011	1,070,650	2,447,244	(43,619)	2,403,625	16
Capital Expenses								
D. Ownership								
17	Depreciation			497,607	497,607		497,607	17
18	Interest			48,471	48,471	(3,834)	44,637	18
19	Real Estate Taxes			93,427	93,427		93,427	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			11,492	11,492		11,492	21
22	Other (specify): See Page 3 Attachment			170,550	170,550	(8,441)	162,109	22
23	TOTAL Ownership			821,547	821,547	(12,275)	809,272	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,084,583	292,011	1,892,197	3,268,791	(55,894)	3,212,897	24

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	\$ Inc line 12	1
2	Licensed Practical Nurses	1	22.80	2
3	Certified Nurse Assistants	12	11.82	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8	11.82	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.59	10
11	Laundry			11
12	Managers	5	23.07	12
13	Other Administrative	4	20.74	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	Total (lines 1 thru 16)	33	\$	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

	Management fees paid to unrelated parties	Amount of Fee	
1	Gardant Management Solutions	\$ 146,906	1
2			2
Total		\$ 146,906	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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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).

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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	\$ 12,319,858	\$ 447,950	27.5	\$ 447,995	\$ 45	\$ 5,981,898	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			300,149	19,534	15	20,010	476	258,544	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)				\$ 12,620,007	\$ 467,484		\$ 468,005	\$ 521	\$ 6,240,442	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	\$ 507,477	\$ 30,123	\$ 101,495	71,372	5	\$ 378,736	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 507,477	\$ 30,123	\$ 101,495	71,372		\$ 378,736	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

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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	HARRIS TRUST & SAVING		X	FIRST MORTGAGE	3/1/2003	\$ 7,555,000	\$ 5,625,000	9/1/2033	variable	\$ 48,471
2	CITY OF CHICAGO DEPT C		X	Second Mortgage	3/1/2003	4,000,000	4,000,000	3/1/2035	none	
3										
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 11,555,000	\$ 9,625,000			\$ 48,471
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 11,555,000	\$ 9,625,000			\$ 48,471

* 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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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 771,047	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (61,765))	469,353		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,764		6
7	Other Prepaid Expenses	3,749		7
8	Accounts Receivable (owners or related parties)	13,137		8
9	Other(specify): See Page 7 Attachment	1,213		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,271,262	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,302,647		13
14	Buildings, at Historical Cost	12,319,858		14
15	Leasehold Improvements, at Historical Cost	300,149		15
16	Equipment, at Historical Cost	507,477		16
17	Accumulated Depreciation (book methods)	(6,619,178)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	205,780		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(205,780)		20
21	Restricted Funds	921,989		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,732,941	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,004,203	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 161,671	\$	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	90,790		31
32	Accrued Interest Payable	478		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	169,506		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 422,445	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,396,719		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)	\$ 9,396,719	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,819,164	\$	45
46	TOTAL EQUITY	\$ 185,038	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,004,203	\$	47

*(See instructions.)

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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	\$ 2,847,469	1
2	Discounts and Allowances	(24,532)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,822,937	3
B. Other Operating Revenue			
4	Special Services	127,747	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	189	8
9	Non-Resident Meals	4,060	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 131,996	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	3,834	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,834	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	878	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 878	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,959,645	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	928,163	19
20	Health Care/ Personal Care	467,967	20
21	General Administration	1,051,114	21
B. Capital Expense			
22	Ownership	821,547	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)	\$ 3,268,791	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (309,146)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (309,146)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,023,807	32
33	Private Pay - Net Inpatient Revenue	799,130	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,822,937	37

Expenses PG 3 Other

General Services Other		Health Care & Programs	General Administration Other		Amt	Ownership Other		Amt
5200-5000-0-0	Operating Allocation	-	5160-5060-0-0	Consulting	370	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	9,100	5160-5063-0-0	Legal	12,295	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	17,187	5160-5064-0-0	Accounting	155	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	4	5160-5066-0-0	Audit	18,218	9200-9201-1-0	Amortization - Loan Fees	21,944
5200-5131-0-0	Transportation Service	8,115	5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	42,015	5160-5068-0-0	Contract Labor	28,399	9200-9203-1-0	Mortgage Interest Premium	12,576
			5180-5079-0-0	Bad Debt - Resident	18,925	9200-9204-0-0	Mortgage Service Fee	-
			5180-5079-1-0	Bad Debt - Resident - Recovery	-	9200-9205-0-0	Mortgage Insurance Prem	-
			5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9206-0-0	Participation Fee	-
			5180-5081-0-0	Bad Debt - Medicaid Pending Denial	6,828	9200-9207-0-0	Letter of Credit Fee	87,915
			5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9200-9208-0-0	Bond & Draw Fee	2,400
			5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9200-9209-0-0	Remarketing and Trustee Fee	8,441
			5180-5083-0-0	Bad Debt - Medicaid MCO	(1,272)	9200-9210-0-0	Interest Expense-Note	-
			5190-5000-0-0	Other Admin Allocation	-	9200-9211-0-0	Interest Expense-LP	-
						9200-9212-0-0	Debt Write-Off	-
						9300-9301-0-0	Partnership Management Fee	43,000
						9300-9302-0-0	Asset Management Fee	4,300
						9300-9303-0-0	Incentive Management	-
						9300-9303-1-0	Incentive Asset Mgmt Fee	-
						9300-9304-0-0	Tax Credit Fees & Incentive Fee	2,150
						9300-9305-0-0	Organizational Expense	-
						9300-9306-0-0	Developer Fees	-
						9300-9307-0-0	Closing Costs	-
						9700-9702-0-0	Amortization Expense	(12,576)
						9900-9901-0-0	Prior Period Adjustments	-
						9900-9902-0-0	Dissolution of Business	-
						9900-9903-0-0	Loss (Gain) on Sale of Assets	-
						9900-9904-0-0	Business Interruption	-
						9900-9905-0-0	Settlement	400
						9900-9906-0-0	Property Damage Loss	-
						9900-9907-0-0	Abandonment Loss	-
						9900-9908-0-0	Grant Income	-
						9900-9909-0-0	Misc: Title, Recording, Transfe	-
		76,421						
					83,918			
								170,550

Balance Sheet PG 7 Other, See Attachment

Balance Sheet

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-	2111-0040-0-0	Construction Account Payable	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-	2112-0100-0-0	Accrued Asset Management Fee	8,600
1102-9973-0-0	A/R-Insurance Reimbursen	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	53,000
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	-
1102-9975-0-0	A/R-CIP	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9976-0-0	A/R-Other	1,213	2112-0105-0-0	Accrued Liabilities	74,038
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	-	2112-0115-0-0	Accrued Developer Fee	-
1105-0009-0-0	Transfer Account	-	2112-0130-0-0	Accrued MIP	-
1105-0012-0-0	Undeposited Funds	-	2112-0140-0-0	Accrued Vacation	-
			2112-0144-0-0	Payroll Union Dues	-
			2112-0146-0-0	Payroll Benefits	-
			2112-0150-0-0	Security Deposits	-
			2112-0154-0-0	Unclaimed Property	14,951
			2112-0155-0-0	Reservation Deposit	-
			2112-0156-0-0	Buy Down Credit	-
			2112-0157-0-0	Unapplied Last Month Rent	-
			2112-0158-0-0	Deferred Gain on Sale	-
			2112-0159-0-0	Unearned Revenue	18,916
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		1,213			169,506

Other Long Term Assets Detail		
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
		-

Income Statement PG 8 Other, See Attachment

Income Statement		
	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	(2,722)
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	3,600
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		878