FOR BHF USE

LL2

Supportive Living Facility

2017

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

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: 1000154

Facility Name: MONTCLARE SL COM OF LAWNDALE

Address: 4339 WEST 18TH ST (N/A Number) CHICAGO 60623 (Zip Code)

County: COOK

Telephone Number: (773) 277-0288 **Fax #** 773 277-0312

Federal Employer ID Number:

Date Current Owners were Certified: 6/22/2017

Type of Ownership:

	VOLUNTARY, NON-PROFIT		PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			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 01/01/2017 to 12/31/2017 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) Greg Echols
(Title) CFO, Gardant Management Solutions

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: Thomas Staszak **Telephone Number:** (815) 935-1992
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 MONTCLARE SL COM OF LAWNDALE 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 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	120	Single Unit Apartment	120	43,800	1
2		Double Unit Apartment			2
3		N/A - (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	3,320	299		3,619	5
6	Double Unit					6
7	Other					7
8	TOTALS	3,320	299		3,619	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 8.26%

D. Indicate the number of paid bed-hold days the SLF had during this year 64 **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 [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: 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?** No
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: MONTCLARE SL COM OF LAWNDALE **Report Period Beginning: 01/01/2017 Ending: 12/31/2017**

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	5	6	
	A. General Services							
1	Dietary and Food Purchase	57,683	36,931	1,062	95,676		95,676	1
2	Housekeeping, Laundry and Maintenance	34,072	7,490	10,811	52,373		52,373	2
3	Heat and Other Utilities			61,635	61,635	(308)	61,327	3
4	Other (specify): See Page 3 Attachment			73,657	73,657		73,657	4
5	**TOTAL General Services**	91,755	44,421	147,165	283,341	(308)	283,033	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	105,620	9,229		114,849		114,849	
7	Activities and So N/A - Cost certification entry not complete	14,960	7,217		22,177		22,177	
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	120,580	16,446		137,026		137,026	
	C. General Administration							
10	Administrative and Clerical	89,478	16,635	86,152	192,265	(3,796)	188,469	10
11	Marketing Materials, Promotions and Advertising	33,386	13,955	28,538	75,879		75,879	11
12	Employee Benefits and Payroll Taxes			89,188	89,188		89,188	12
13	Insurance-Property, Liability and Malpractice			27,741	27,741		27,741	13
14	Other (specify): See Page 3 Attachment			32,437	32,437	(434)	32,003	14
15	**TOTAL General Administration**	122,864	30,590	264,056	417,510	(4,230)	413,280	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	335,199	91,457	411,220	837,876	(4,538)	833,338	16
	Capital Expenses							
	D. Ownership							
17	Depreciation							17
18	Interest			246,533	246,533		246,533	18
19	Real Estate Taxes			61,800	61,800		61,800	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			5,932	5,932		5,932	21
22	Other (specify): See Page 3 Attachment			24,997	24,997		24,997	22
23	**TOTAL Ownership**			339,262	339,262		339,262	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	335,199	91,457	750,482	1,177,138	(4,538)	1,172,600	24

Facility Name: MONTCLARE SL COM OF LAWNDALE Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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		#DIV/0!	2
3	Certified Nurse Assistants	2	12.23	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	1	11.40	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers N/A - Cost certif	1	11.30	10
11	Laundry			11
12	Managers	3	23.65	12
13	Other Administrative	3	23.04	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)	10	$	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
###					4
###					5
			Total	$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Gardant Management Solutions	$ 39,000	1
2			2
		Total $ 39,000	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

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 [ ] NO [X]
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: MONTCLARE SL COM OF LAWNDALE Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land $ Year land was acquired 2016

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	120				$	$		$	$	$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements										6
7											7
8	N/A - Cost certification entry not completed										8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$	$		$	$	$	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					$		-	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		$	$	$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	$	$	$	24

Facility Name: MONTCLARE SL COM OF LAWNDALE Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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 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				Loan not closed yet as of 12/31/2017		$	$			$	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$	$			$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$	$			$	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: MONTCLARE SL COM OF LAWNDALE **Report Period Beginning:** 01/01/2017 **Ending:** 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 120,689	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (434))	199,854		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	36,021		6
7	Other Prepaid Expenses	12,570		7
8	Accounts Receivable (owners or related parties)	9,813		8
9	Other(specify): N/A - Cost certification e			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 378,948	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	8,130		16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	170,497		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Page 7 Attachment	313,726		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 492,353	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 871,300	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 252,749	$	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	61,800		31
32	Accrued Interest Payable	9,984		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	46,624		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 371,157	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	1,502,317		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)**	$ 1,502,317	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 1,873,473	$	45
46	**TOTAL EQUITY**	$ (1,002,173)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 871,300	$	47

***(See instructions.)**

Facility Name: MONTCLARE SL COM OF LAWNDALE **Report Period Beginning: 01/01/2017 Ending: 12/31/2017**

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

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 380,431	1
2	Discounts and Allowances	(1,437)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 378,994	3
	B. Other Operating Revenue		
4	Special Services	N/A 3,479	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	114	8
9	Non-Resident Meals	616	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 4,209	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	**See Page 8 Attachment**	1,762	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 1,762	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 384,965	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	283,341	19
20	Health Care/ Personal Care	137,026	20
21	General Administration	417,510	21
	B. Capital Expense		
22	Ownership	339,262	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)**	$ 1,177,138	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (792,173)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (792,173)	31
32	Medicaid - Net Inpatient Revenue	$ 223,699	32
33		155,295	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 378,994	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	-		9100-9101-0-0 Interest & Dividend Income	-
5200-5124-0-0	Exterminating	2,065		5160-5063-0-0	Legal	6,364		9100-9102-0-0 Assessment Income	-
5200-5127-0-0	Rubbish Removal	3,448		5160-5064-0-0	Accounting	-		9100-9103-0-0 Assessment Expense	-
5200-5130-0-0	Vehicle Expense	490		5160-5066-0-0	Audit	6,630		9200-9201-1-0 Amortization - Loan Fees	-
5200-5131-0-0	Transportation Service	2,244		5160-5067-0-0	Contract Labor-Serv Prov	-		9200-9202-0-0 Financing Fees	-
5300-5140-0-0	Security & Monitoring	65,410		5160-5068-0-0	Contract Labor	19,008		9200-9203-1-0 Mortgage Interest Premium	-
				5180-5079-0-0	Bad Debt - Resident	434		9200-9204-0-0 Mortgage Service Fee	-
				5180-5079-1-0	Bad Debt - Resident - Recovery	-		9200-9205-0-0 Mortgage Insurance Prem	12,637
				5180-5080-0-0	Bad Debt - Resident Prior Period	-		9200-9206-0-0 Participation Fee	-
				5180-5081-0-0	Bad Debt - Medicaid Pending Denial	-	########	9200-9207-0-0 Letter of Credit Fee	-
				5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	########	9200-9208-0-0 Bond & Draw Fee	-
			N/A - Cost certification entry not completed	5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-		9200-9209-0-0 Remarketing and Trustee Fee	-
				5180-5083-0-0	Bad Debt - Medicaid MCO	-		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	-
								9300-9302-0-0 Asset Management Fee	12,360
								9300-9303-0-0 Incentive Management	-
								9300-9303-1-0 Incentive Asset Mgmt Fee	-
								9300-9304-0-0 Tax Credit Fees & Incentive Fee	-
								9300-9305-0-0 Organizational Expense	-
								9300-9306-0-0 Developer Fees	-
								9300-9307-0-0 Closing Costs	-
								9700-9702-0-0 Amortization Expense	-
								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	-
								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	-
		73,657	-			32,437			24,997

Balance Sheet PG 7 Other

Balance Sheet

	Other Current Assets Detail	Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursemen	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0006-0-0	Security Deposit-Equip & Util	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
		-

	Other Long Term Assets Detail	
1201-0020-0-0	CIP	313,726
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
		313,725.99

	Current Liabilities Detail	Amt	
2111-0040-0-0	Construction Account Payable	-	
2112-0100-0-0	Accrued Asset Management Fee	12,360	
2112-0101-0-0	Accrued Partnership Mgmt Fee	-	
2112-0102-0-0	Accrued Incentive Mgmt Fee	-	
2112-0102-1-0	Accrued Incentive Asset Mgmt Fe	-	
2112-0105-0-0	Accrued Liabilities	32,009	
2112-0110-0-0	Accrued Insurance	-	
2112-0115-0-0	Accrued Developer Fee	-	
2112-0130-0-0	Accrued MIP	-	
2112-0140-0-0	Accrued Vacation	-	0
2112-0144-0-0	Payroll Union Dues	-	0
N/A - Cost 2112-0146-0-0	Payroll Benefits	-	
2112-0150-0-0	Security Deposits	-	
2112-0154-0-0	Unclaimed Property	-	0
2112-0155-0-0	Reservation Deposit	200	
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	2,055	
2112-0159-1-0	Medicaid Prepayments	-	
2112-0159-2-0	Prepaid Medicaid Clearing	-	
2112-0159-3-0	Prepaid Rent	-	
		46,624	

Income Statement PG 8 Other

Income Statement

	Other Revenue	Amt	
3300-3388-0-0	Contract Service-Serv Prov	-	
3300-3390-0-0	Other	187	
3300-3391-0-0	Property Tax Adjustments	-	
3300-3392-0-0	Property Lease Income	1,575	
3300-3393-0-0	Insurance Adjustments	-	
3300-3395-0-0	Developer Fee Income	-	
3300-3396-0-0	Home Office Rent Income	-	
			0
		1,762	0
		N/A - Cost certification entry not completed	
			0