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: 1000112

Facility Name: Timberlake Senior Living

Address: 2521 Empowerment Dr (Number) | Springfield (City) | 62703 (Zip Code)

County: Sangamon

Telephone Number: (217) 321-2100 **Fax #** (217) 321-2130

Federal Employer ID Number:

Date Current Owners were Certified: 3/13/2009

Type of Ownership:

	VOLUNTARY, NON-PROFIT	X	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: 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 1/1/2017 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) Jerry Doss

(Title) President

Paid Preparer

(Signed) (Date)

(Print Name and Title) Chuck Schmitz, Chief Financial Officer

(Firm Name & Address) Midwest Christian Villages, Inc, 622 Emerson Rd. Suite 310, St. Louis, MO 63141

(Telephone) 314) 587-7900 Fax 314-587-7916

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 Timberlake Senior Living Report Period Beginning: 1/1/2017 Ending: 12/31/2017

III. STATISTICAL DATA

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

	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	60	Single Unit Apartment	60	21,900	1
2		Double Unit Apartment			2
3		Other			3
4	60	TOTALS	60	21,900	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	17,266	1,493		18,759	5
6	Double Unit					6
7	Other					7
8	TOTALS	17,266	1,493		18,759	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.66%

D. Indicate the number of paid bed-hold days the SLF had during this year 195 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 8 **(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? [ ] YES [ ] NO
Tax Year: 12/31/2017 Fiscal Year: 12/31/2017
* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes **If yes, did the facility make all of the required payments of interest and principle?** Yes
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?** N/A
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?** N/A
If no, explain.

Facility Name: Timberlake Senior Living **Report Period Beginning: 1/1/2017 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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	140,796	135,158	8,413	284,366		284,366	1
2	Housekeeping, Laundry and Maintenance	71,548	19,670	54,899	146,117		146,117	2
3	Heat and Other Utilities			101,332	101,332	(4,761)	96,571	3
4	Other (specify): Trash			4,644	4,644		4,644	4
5	**TOTAL General Services**	212,344	154,828	169,287	536,459	(4,761)	531,698	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	298,802	1,260	2,638	302,700		302,700	6
7	Activities and Social Services	22,075	2,647	1,156	25,877		25,877	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	320,877	3,907	3,794	328,577		328,577	9
	C. General Administration							
10	Administrative and Clerical	115,820	4,394	237,455	357,669	(49,760)	307,909	10
11	Marketing Materials, Promotions and Advertising		7,315	7,968	15,283		15,283	11
12	Employee Benefits and Payroll Taxes			129,359	129,359		129,359	12
13	Insurance-Property, Liability and Malpractice			49,953	49,953		49,953	13
14	Other (specify):							14
15	**TOTAL General Administration**	115,820	11,709	424,735	552,265	(49,760)	502,504	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	649,041	170,444	597,815	1,417,300	(54,521)	1,362,779	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			303,715	303,715	(57,518)	246,197	17
18	Interest			178,621	178,621		178,621	18
19	Real Estate Taxes			25,756	25,756		25,756	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Mortgage Insurance			18,198	18,198		18,198	22
23	**TOTAL Ownership**			526,291	526,291	(57,518)	468,773	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	649,041	170,444	1,124,106	1,943,591	(112,039)	1,831,552	24

Facility Name: Timberlake Senior Living **Report Period Beginning: 1/1/2017 Ending: 12/31/2017**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		$	1
2	Licensed Practical Nurses	0.98	19.44	2
3	Certified Nurse Assistants	9.43	11.37	3
4	Activity Director & Assistants	1.01	10.24	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	5.84	11.91	7
8	Dishwashers			8
9	Maintenance Workers	0.86	16.66	9
10	Housekeepers	1.81	9.32	10
11	Laundry			11
12	Managers	2.00	21.29	12
13	Other Administrative	0.90	13.37	13
14	Clerical			14
15	Marketing			15
16	Other AL Coordinator	0.95	21.26	16
17	Total (lines 1 thru 16)	24	$	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
				Midwest Christian Villages, Inc.		St. Louis, MO		Management	

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: Timberlake Senior Living Report Period Beginning: 1/1/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 75,000 Year land was acquired 2009

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		2009	2009	$ 7,810,693	$ 278,953	35	$ 223,163	$ (55,790)	$ 2,510,580	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Landscaping, Engineering, & Soil Survey			2009	83,291	5,553	20	4,165	(1,388)	47,661	6
7	Grading, Seeding, Drain Tile			2010	8,382	559	20	419	(140)	4,238	7
8	Concrete Improvements			2011	12,021	801	20	601	(200)	5,276	8
9	Landscaping			2014	1,800	120	15	120		430	9
10	Carpet			2014	1,106	221	5	221	0	737	10
11	6 Ranges, 2 Convection Ovens, LED Lights and Fixtures			2015	20,644	2,064	10	2,064	0	5,505	11
12	Kitchenette Remodel for All Units			2015	16,216	1,081	15	1,081	(0)	2,793	12
13	Carpet - Units 308 and 329			2015	2,526	505	5	505		1,179	13
14	2 Wall Mount Kitchen Faucets			2016	1,043	104	10	104		165	14
15	Driveway 15x10 Landscaping			2016	3,454	230	15	230	0	403	15
16	Siding/Trim for 14 Windows, 2 Wireless Door Buzzers			2017	11,050	1,019	10	1,019		1,018	16
17	TOTAL (lines 1 thru 16)				$ 7,972,226	$ 291,210		$ 233,692	$ (57,518)	$ 2,579,984	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	$ 564,087	$ 12,505	$ 12,505	$	5	$ 517,157	18
19	Vehicles	11,523				4	11,523	19
20	TOTAL (lines 18 and 19)	$ 575,610	$ 12,505	$ 12,505	$		$ 528,680	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: Timberlake Senior Living **Report Period Beginning:** 1/1/2017 **Ending:** 2/31/2017

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	See Attached				/ /	$ 5,212,422	$ 4,455,019	/ /		$ 178,621	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 5,212,422	$ 4,455,019			$ 178,621	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 5,212,422	$ 4,455,019			$ 178,621	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: Timberlake Senior Living **Report Period Beginning:** 1/1/2017 **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	$ 383,965	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 158,101)	345,216		3
4	Supply Inventory (priced at)	901		4
5	Short-Term Investments			5
6	Prepaid Insurance	54,054		6
7	Other Prepaid Expenses	6,506		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Management Fee Receivable	8,045		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 798,688	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	75,000		13
14	Buildings, at Historical Cost	7,863,278		14
15	Leasehold Improvements, at Historical Cost	108,949		15
16	Equipment, at Historical Cost	572,790		16
17	Accumulated Depreciation (book methods)	(3,107,662)		17
18	Deferred Charges	121,012		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	260,341		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,893,709	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,692,396	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 13,363	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	28,236		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Liabilities	33,627		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 75,226	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,455,019		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Accrued Real Estate Taxes	17,178		42
43	Due to General Partner/Unclaimed Property	705,162		43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 5,177,359	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 5,252,585	$	45
46	**TOTAL EQUITY**	$ 1,439,812	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 6,692,396	$	47

***(See instructions.)**

Facility Name: Timberlake Senior Living **Report Period Beginning: 1/1/2017 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	$ 1,749,690	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,749,690	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	331	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 331	14
	D. Other Revenue (specify):		
15	**Miscellaneous Revenue**	44,471	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 44,471	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,794,492	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	536,459	19
20	Health Care/ Personal Care	328,577	20
21	General Administration	552,265	21
	B. Capital Expense		
22	Ownership	526,291	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)**	$ 1,943,591	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (149,099)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (149,099)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 1,540,021	32
33	Private Pay - Net Inpatient Revenue	97,817	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) **Tax Credit Imp Rev**	111,853	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 1,749,690	37