FOR BHF USE

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)

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: 1000081

Facility Name: Supportive Living of Wabash

Address: 532 Abelson Drive (Number) Carmi (City) 62821 (Zip Code)

County: White

Telephone Number: (618) 382-2900 **Fax #** 618 382-8067

Federal Employer ID Number:

Date Current Owners were Certified: 6/26/07

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 1/1/2018 to 12/31/2018 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) Chuck Schmitz
(Title) Chief Financial Officer

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 Supportive Living of Wabash Report Period Beginning: 1/1/2018 Ending: 12/31/2018

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units 6/26/2007

	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	49	Single Unit Apartment	49	17,885	1
2		Double Unit Apartment			2
3		Other			3
4	49	TOTALS	49	17,885	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	7,739	8,673		16,412	5
6	Double Unit					6
7	Other					7
8	TOTALS	7,739	8,673		16,412	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.76%

D. Indicate the number of paid bed-hold days the SLF had during this year 56 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 30 (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 Fiscal Year: 12/31
* 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 principal? N/A
If no, explain. N/A

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 principal? N/A
If no, explain. N/A

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 principal? N/A
If no, explain. N/A

Facility Name: Supportive Living of Wabash **Report Period Beginning: 1/1/2018 Ending: 12/31/2018**

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	**70,512**	**117,458**	**1,543**	**189,513**	**(5,070)**	**184,443**	1
2	Housekeeping, Laundry and Maintenance	**52,188**	**7,334**	**40,855**	**100,377**		**100,377**	2
3	Heat and Other Utilities			**119,938**	**119,938**	**(8,081)**	**111,857**	3
4	Other (specify) Trash			**1,456**	**1,456**		**1,456**	4
5	**TOTAL General Services**	**122,700**	**124,792**	**163,792**	**411,284**	**(13,151)**	**398,133**	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	**217,418**	**915**	**2,098**	**220,430**		**220,430**	6
7	Activities and Social Services	**35,343**	**1,613**	**1,246**	**38,202**		**38,202**	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	**252,761**	**2,528**	**3,344**	**258,632**		**258,632**	9
	C. General Administration							
10	Administrative and Clerical	**85,088**	**1,582**	**133,415**	**220,085**	**(6,768)**	**213,316**	10
11	Marketing Materials, Promotions and Advertising		**622**	**10,559**	**11,181**		**11,181**	11
12	Employee Benefits and Payroll Taxes			**94,656**	**94,656**		**94,656**	12
13	Insurance-Property, Liability and Malpractice			**40,699**	**40,699**		**40,699**	13
14	Other (specify):							14
15	**TOTAL General Administration**	**85,088**	**2,204**	**279,328**	**366,620**	**(6,768)**	**359,852**	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	**460,549**	**129,524**	**446,464**	**1,036,537**	**(19,919)**	**1,016,618**	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			**250,614**	**250,614**		**250,614**	17
18	Interest			**169,549**	**169,549**		**169,549**	18
19	Real Estate Taxes			**26,640**	**26,640**		**26,640**	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify) Mortgage Insurance			**22,283**	**22,283**		**22,283**	22
23	**TOTAL Ownership**			**469,086**	**469,086**		**469,086**	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	**460,549**	**129,524**	**915,550**	**1,505,623**	**(19,919)**	**1,485,704**	24

Facility Name: Supportive Living of Wabash Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.31	$ 24.19	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	5.74	10.96	3
4	Activity Director & Assistants	0.91	10.45	4
5	Social Service Workers			5
6	Head Cook	0.83	13.33	6
7	Cook Helpers/Assistants	2.17	9.44	7
8	Dishwashers			8
9	Maintenance Workers	0.87	16.71	9
10	Housekeepers	0.92	8.91	10
11	Laundry			11
12	Managers	0.95	27.27	12
13	Other Administrative	0.96	12.44	13
14	Clerical			14
15	Marketing			15
16	Other AL Coordinator	0.95	23.46	16
17	Total (lines 1 thru 16)	15	$	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	Lincoln			

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: Supportive Living of Wabash Report Period Beginning: 1/1/2018 Ending: 12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 17,000 Year land was acquired 2006

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	49		2011 & Prior	2006	$ 5,979,500	$ 201,217	10-30	$ 201,217	$	$ 2,292,143	1
2			2012		11,279	851	5-10	851		6,773	2
3			2013		2,573	329	5	329		1,864	3
4			2014		9,837	1,803	5-10	1,803		8,467	4
5			2015/2016/2017/2018		103,265	19,193	5-10	19,193		38,918	5
	Improvement Type										
6	VARIOUS			2007 & 2010	89,579	5,888		5,888		68,970	6
7	Concrete Walking Path			2013	4,150	277		277		1,545	7
8	Landscaping			2014	5,804	1,161		1,161		5,513	8
9	Concrete Slab for Gazebo			2014	1,552	103		103		474	9
10	Gazebo			2014	4,890	611		611		2,802	10
11	Concrete & Landscaping			2015	1,996	100		100		307	11
12	Bocce Ball Court			2016	8,954	448		448		1,082	12
13	Asphalt Surface Parking Lot			2017	1,500	75		75		106	13
14	New Logo Dryvit Monument			2017	7,996	400		400		566	14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 6,232,876	$ 232,457		$ 232,457	$	$ 2,429,530	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	$ 432,564	$ 18,157	$ 18,157	$	VARIOUS	$ 342,102	18
19	Vehicles	50,639				VARIOUS	50,639	19
20	TOTAL (lines 18 and 19)	$ 483,203	$ 18,157	$ 18,157	$		$ 392,741	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: Supportive Living of Wabash Report Period Beginning: 1/1/2018 Ending: 2/31/2018

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	HUD - MORTGAGE		X	Refinance - Construction	9/1/13	$ 4,800,000	$ 4,413,532	10/1/48	3.7300	$ 166,241	1
2	HUD - NOTE PAY	X		Refinance - Startup Construction	9/1/13	750,000	200,000	10/1/48			2
3			X	Deferred Tax and Cred Fees & Org Cos	/ /	-86,840	-57,861	/ /		3,308	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 5,463,160	$ 4,555,671			$ 169,549	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 5,463,160	$ 4,555,671			$ 169,549	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: Supportive Living of Wabash **Report Period Beginning:** 1/1/2018 **Ending:** 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2018 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 523,501	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 13,704)	93,083		3
4	Supply Inventory (priced at)	1,022		4
5	Short-Term Investments			5
6	Prepaid Insurance	31,168		6
7	Other Prepaid Expenses	8,363		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 657,138	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	17,000		13
14	Buildings, at Historical Cost	6,106,455		14
15	Leasehold Improvements, at Historical Cost	126,421		15
16	Equipment, at Historical Cost	483,203		16
17	Accumulated Depreciation (book methods)	(2,822,271)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	491,368		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 4,402,176	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,059,314	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 19,895	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	42,036		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 Real Estate Taxes	25,939		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 87,870	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,613,532		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Accrued Liabilities	9,088		42
43	Deferred Org Costs	(57,861)		43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 4,564,759	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 4,652,629	$	45
46	**TOTAL EQUITY**	$ 406,685	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 5,059,314	$	47

***(See instructions.)**

Facility Name: Supportive Living of Wabash Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	$ 1,592,681	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,592,681	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	666	8
9	Non-Resident Meals	5,070	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 5,736	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	8,591	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 8,591	14
	D. Other Revenue (specify):		
15	**Miscellaneous Revenue**	(10)	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ (10)	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,606,998	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	411,284	19
20	Health Care/ Personal Care	258,632	20
21	General Administration	366,620	21
	B. Capital Expense		
22	Ownership	469,086	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)**	$ 1,505,623	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 101,375	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 101,375	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 755,398	32
33	Private Pay - Net Inpatient Revenue	567,051	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) Tax Credit	270,232	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 1,592,681	37