

		FOR BHF USE			

LL2

Supportive Living Facility

**2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)**

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.

<p>I. Facility ID Number: <u>1000124</u></p> <p>Facility Name: <u>Oakwood Estates</u></p> <p>Address: <u>200 South Logan St</u> <u>Stronghurst</u> <u>61480</u> <small>Number City Zip Code</small></p> <p>County: <u>Henderson</u></p> <p>Telephone Number: (<u>309</u>) <u>9247-1910</u> Fax # <u>309 924-1277</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>07/09/10</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input checked="" type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code <u>501c3</u></td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>James G. Hull, C.P.A.</u> Telephone Number: (<u>-1950</u>) Email Address: _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code <u>501c3</u>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust			<input type="checkbox"/> Other	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/14</u> to <u>12/31/14</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) _____ (Title) _____ </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Print Name and Title) <u>James G. Hull, C.P.A.</u> <u>Vice President</u> (Firm Name & Address) <u>WDM Computer Services, Inc.</u> <u>1900 Harrison, Quincy, IL 62301</u> (Telephone) <u>217- 228-1950</u> Fax <u>217-222-6053</u> </td> </tr> </table> <p align="right"> 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 </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Print Name and Title) <u>James G. Hull, C.P.A.</u> <u>Vice President</u> (Firm Name & Address) <u>WDM Computer Services, Inc.</u> <u>1900 Harrison, Quincy, IL 62301</u> (Telephone) <u>217- 228-1950</u> Fax <u>217-222-6053</u>
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Facility Name: Oakwood Estates

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	31,076	42,357	1,253	74,686	(3,391)	71,295	1
2	Housekeeping, Laundry and Maintenance		4,392	16,648	21,040		21,040	2
3	Heat and Other Utilities			20,928	20,928		20,928	3
4	Other (specify):			3,966	3,966	(2,930)	1,036	4
5	TOTAL General Services	31,076	46,749	42,795	120,620	(6,321)	114,299	5
B. Health Care and Programs								
6	Health Care/ Personal Care	153,322	1,776		155,098		155,098	6
7	Activities and Social Services		1,844		1,844		1,844	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	153,322	3,620		156,942		156,942	9
C. General Administration								
10	Administrative and Clerical	37,661	3,174	8,876	49,711		49,711	10
11	Marketing Materials, Promotions and Advertising			4,838	4,838		4,838	11
12	Employee Benefits and Payroll Taxes			36,994	36,994		36,994	12
13	Insurance-Property, Liability and Malpractice			9,286	9,286		9,286	13
14	Other (specify):			17,900	17,900	(195)	17,705	14
15	TOTAL General Administration	37,661	3,174	77,894	118,729	(195)	118,534	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	222,059	53,543	120,689	396,291	(6,516)	389,775	16
Capital Expenses								
D. Ownership								
17	Depreciation			53,260	53,260	(10)	53,250	17
18	Interest			67,713	67,713	(228)	67,485	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			232	232		232	21
22	Other (specify):							22
23	TOTAL Ownership			121,205	121,205	(238)	120,967	23
24	GRAND TOTAL (Sum of lines 16 and 23)	222,059	53,543	241,894	517,496	(6,754)	510,742	24

Facility Name: Oakwood Estates

Report Period Beginning 01/01/14

Ending:

12/31/14

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 15.36	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	6	11.03	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	10.94	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers	1	18.06	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	9	\$	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

Name	1	City	2
Henderson County Retirement Center		Stronghurst	

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: Henderson County Retirement Center 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).

Facility Name: Oakwood Estates

Report Period Beginning:

01/01/14

Ending:

12/31/14

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	20		2009	2009	\$ 1,631,080	\$ 41,823	39	\$ 41,822	\$ (1)	\$ 216,083	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements		2009	24,610	1,641	15	1,641		8,477	6
7		Building Repairs		2009	5,764	288	20	288		1,489	7
8		SLF FLOORING		2014	15,324	257	15	255	(2)	257	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 1,676,778	\$ 44,009		\$ 44,006	\$ (3)	\$ 226,306	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	\$ 71,791	\$ 9,251	\$ 9,244	(7)	9	\$ 44,892	18
19	Vehicles	3,675				5	3,675	19
20	TOTAL (lines 18 and 19)	\$ 75,466	\$ 9,251	\$ 9,244	(7)		\$ 48,567	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: Oakwood Estates

Report Period Beginning: 01/01/14

Ending: 12/31/14

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 \$ 232

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		3	4	6		7	8	9	
			Related**	YES			NO	Purpose of Loan				
							Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		USDA		X	MORTGAGE	10/22/08	\$ 673,400	\$ 618,324	10/22/38	4.5000	\$ 28,156	1
2		SECURITY SAVINGS		X	MORTGAGE	10/22/08	849,849	653,797	8/1/39	5.8750	39,557	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 1,523,249	\$ 1,272,121			\$ 67,713	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 1,523,249	\$ 1,272,121			\$ 67,713	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: Oakwood Estates

Report Period Beginning: 01/01/14

Ending:

12/31/14

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/14

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 72,825	\$ 374,933	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	44,936	372,822	3
4	Supply Inventory (priced : <u>Fifo</u>)	5,277	30,976	4
5	Short-Term Investments		510,715	5
6	Prepaid Insurance	15,094	26,024	6
7	Other Prepaid Expenses	3,505	14,710	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 141,637	\$ 1,330,180	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		22,500	13
14	Buildings, at Historical Cost	1,675,932	4,356,445	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	76,312	1,243,499	16
17	Accumulated Depreciation (book methods)	(274,873)	(2,888,265)	17
18	Deferred Charges	(28,620)	(28,620)	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>CIP</u>		(6,189)	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,448,751	\$ 2,699,370	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,590,388	\$ 4,029,550	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 5,220	\$ 85,734	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	15,169	96,234	30
31	Accrued Taxes Payable	4	298	31
32	Accrued Interest Payable	2,978	5,440	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll With</u>		2,256	35
36	<u>Real Estate Taxes</u>		1,345	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 23,371	\$ 191,307	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,272,121	1,902,293	38
39	Mortgage Payable			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)	\$ 1,272,121	\$ 1,902,293	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,295,492	\$ 2,093,600	45
46	TOTAL EQUITY	\$ 294,896	\$ 1,935,950	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,590,388	\$ 4,029,550	47

*(See instructions.)

Facility Name: Oakwood Estates

Report Period Beginning: 01/01/14

Ending:

12/31/14

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 600,984	1
2	Discounts and Allowances	(639)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 600,345	3
B. Other Operating Revenue			
4	Special Services	307	4
5	Other Health Care Services	6,960	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	3,391	9
10	Laundry	2,520	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 13,178	11
C. Non-Operating Revenue			
12	Contributions	1,086	12
13	Interest and Other Investment Income	228	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,314	14
D. Other Revenue (specify):			
15	See List Attached	7,337	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,337	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 622,174	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	120,620	19
20	Health Care/ Personal Care	156,942	20
21	General Administration	118,729	21
B. Capital Expense			
22	Ownership	121,205	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)	\$ 517,496	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 104,678	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 104,678	31

01/01/14 to 12/31/14

	Single PA	Double PA	Single PVT	Double PVT	Bedholds Paid	Bedholds Unpaid	
January	179	0	310	62	0	0	551
February	137	0	282	56	22	0	497
March	155	0	310	62	25	0	552
April	150	0	299	60	1	0	510
May	155	0	325	35	31	0	546
June	150	0	330	30	30	0	540
July	155	0	341	31	31	0	558
August	155	0	341	26	20	0	542
September	150	0	330	60	0	0	540
October	155	0	341	62	0	0	558
November	133	0	317	55	18	0	523
December	119	0	334	31	43	0	527
	1793	0	3860	570	221	0	6444

Oakwood Estates and Retirement Village
01/01/14 to 12/31/14

Schedule VII. B

Oakwood Receives clerical services from Henderson County Retirement Center in the amount of \$2,499.96
Averages 3.42 hrs per week at \$14.05 per hour.

Oakwood receives maintenance services from Henderson County Retirement Center in the amount of \$9,999.96
Averages around 12 hrs per week at \$16 per hour

Oakwood receives Laundry services from Henderson County Retirement Center in the amount of \$720.00

Schedule VII. C.

Related Org	Nature of Purchase	Book Value	Actual Cost
Henderson County Retirement Center	Food	\$0.00	\$0.00

Schedule XII, Line 15

Nursing Services	\$0.00
Applications Income	\$446.00
Income From Vehicle use	\$2,179.48
Equipment Rental Income	\$3,880.00
Miscellaneous Income	\$52.64
Rebates	\$78.50
Gain on sale of asset	\$700.00
Rounding	\$0.00
	<u>\$7,336.62</u>

Oakwood Estates and Retirement Village

01/01/14 to 12/31/14

Schedule IV, Line 3, Column 3

Gas	\$2,268.10
Electric	\$17,182.92
Water	\$1,476.72
	<u>\$20,927.74</u>

Schedule IV, Line 2, Column 3

Laundry Services	\$720.00
Maintenance Services-Oaklane	\$10,000.00
Outside Services-Maint	\$2,662.46
Repairs-Buildings	\$1,051.04
Repairs-Equipment	\$1,148.43
Repairs-Grounds	\$1,065.57
	<u>\$16,647.50</u>

Schedule IV, Line 14, Column 3

Dues and Subscription	\$1,939.80
License Fee	\$470.00
Vehicular Exp	\$1,662.78
Transportation	\$1,544.63
Bus Driver	\$0.00
Legal Exp.	\$1,880.00
Seminar Exp.	\$2,002.70
Training	\$1,518.95
Software Support	\$2,692.96
Data Processing	\$3,900.00
Contributions	\$195.00
Misc Exp.	\$93.50
	<u>\$17,900.32</u>

Oakwood Estates and Retirement Village

01/01/14 to 12/31/14

Schedule IV, Column 5

Line 14 Contributions \$195.00

Line 1 Employee and Guest Meals \$3,391.00

Line 18 Interest on unrestricted funds \$228.37

Line 17 Non-Straight Line Deprec \$10.00

Line 4 Resident Room Cable \$2,930.02

Schedule VII, Part A.

Oakwood Estates and Retirement Village is a wholly owned division of
Henderson County Retirement Center, Inc.