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.

I. Facility ID Number: 1000022

Facility Name: QUINCY SENIOR & FAM RESOURCE

Address: 639 YORK (Number) QUINCY (City) 62301 (Zip Code)

County: ADAMS

Telephone Number: (217) 592-3668 **Fax #** (217) 592-3732

Federal Employer ID Number:

Date Current Owners were Certified: 04/04/2003

Type of Ownership:

	VOLUNTARY, NON-PROFIT		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: TODD SHACKELFORD **Telephone Number:** (217) 223-7904
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 01/01/2014 to 12/31/2014 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) LYNN NIEWOHNER
(Title) GENERAL AND MANAGING PARTNER

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 QUINCY SENIOR & FAM RESOURCE Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	51	Single Unit Apartment	51	18,615	1
2	6	Double Unit Apartment	6	2,190	2
3		Other			3
4	57	TOTALS	57	20,805	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	12,716	3,053		15,769	5
6	Double Unit	2,781			2,781	6
7	Other					7
8	TOTALS	15,497	3,053		18,550	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.16%

D. Indicate the number of paid bed-hold days the SLF had during this year 371 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 149 **(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: JAN-DEC Fiscal Year: JAN-DEC
* 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.

Facility Name: QUINCY SENIOR & FAM RESOURCE **Report Period Beginning: 01/01/2014 Ending: 12/31/2014**

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		176,167		176,167		176,167	1
2	Housekeeping, Laundry and Maintenance	21,479	50,183	23,272	94,934		94,934	2
3	Heat and Other Utilities			68,247	68,247	(10,171)	58,076	3
4	Other (specify):							4
5	**TOTAL General Services**	21,479	226,350	91,519	339,348	(10,171)	329,177	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	425,961	15,203	586	441,750		441,750	6
7	Activities and Social Services	24,215	17,340	28,886	70,441		70,441	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	450,176	32,543	29,472	512,191		512,191	9
	C. General Administration							
10	Administrative and Clerical	73,012	5,708	125,499	204,219	(221)	203,998	10
11	Marketing Materials, Promotions and Advertising			12,874	12,874		12,874	11
12	Employee Benefits and Payroll Taxes	213,352			213,352		213,352	12
13	Insurance-Property, Liability and Malpractice	27,832			27,832		27,832	13
14	Other (specify):							14
15	**TOTAL General Administration**	314,196	5,708	138,373	458,277	(221)	458,056	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	785,851	264,601	259,364	1,309,816	(10,392)	1,299,424	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			251,649	251,649		251,649	17
18	Interest			220,486	220,486		220,486	18
19	Real Estate Taxes			159	159		159	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			24,311	24,311		24,311	22
23	**TOTAL Ownership**			496,605	496,605		496,605	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	785,851	264,601	755,969	1,806,421	(10,392)	1,796,029	24

Facility Name: QUINCY SENIOR & FAM RESOURCE Report Period Beginning 01/01/2014 Ending: 12/31/2014

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	3	13.83	2
3	Certified Nurse Assistants	9	9.54	3
4	Activity Director & Assistants	1	9.50	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	8.25	10
11	Laundry			11
12	Managers	1	16.82	12
13	Other Administrative	2	9.85	13
14	Clerical			14
15	Marketing			15
16	Other	3	8.25	16
17	Total (lines 1 thru 16)	20	$	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	WEST CENTRAL ILLINOIS AREA AGENCY ON AGING	$ 99,050	1
2			2
	Total	$ 99,050	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
NDC EQUITY FUNDS IV	NEW YORK, NY			
WEST CENTRAL ILLINOIS AREA AGENCY ON AGING	QUINCY, IL			

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: QUINCY SENIOR & FAM RESOURCE Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	57		2002	2002	$ 7,006,426	$		$ 251,649	$ 251,649	$ 3,047,953	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				$ 7,006,426	$		$ 251,649	$ 251,649	$ 3,047,953	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	Vehicles							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: QUINCY SENIOR & FAM RESOURCE **Report Period Beginning:** 01/01/2014 **Ending:** 2/31/2014

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	P/R MORTGAGE		X	MORTGAGE LOAN	11/26/13	$ 4,195,900	$ 4,151,298	12/1/53	0.0422	$ 176,278	1
2	GENERAL PARTNER		X	SURPLUS	4/23/03	500,000	1,060,233	/ /	0.0800	40,000	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 4,695,900	$ 5,211,531			$ 216,278	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 4,695,900	$ 5,211,531			$ 216,278	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: QUINCY SENIOR & FAM RESOURCE **Report Period Beginning:** 01/01/2014 **Ending:** 12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 58,681	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	17,717		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,382		6
7	Other Prepaid Expenses	32,645		7
8	Accounts Receivable (owners or related parties)	67,127		8
9	Other(specify): MEDICAID	153,918		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 338,470	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	6,920,363		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	164,345		16
17	Accumulated Depreciation (book methods)	(3,047,953)		17
18	Deferred Charges	736,635		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(615,169)		20
21	Restricted Funds	354,865		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 4,513,086	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,851,556	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 139,511	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	53,352		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	6,049		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 198,912	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,060,233		38
39	Mortgage Payable	4,151,298		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	DEVELOPMENT FEE	122,629		42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 5,334,160	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 5,533,072	$	45
46	**TOTAL EQUITY**	$ (681,516)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 4,851,556	$	47

***(See instructions.)**

Facility Name: QUINCY SENIOR & FAM RESOURCE **Report Period Beginning: 01/01/2014 Ending: 12/31/2014**

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

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 1,671,765	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,671,765	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	758	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 758	14
	D. Other Revenue (specify):		
15	**OFFICE RENT REVENUE**	30,600	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 30,600	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,703,123	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	339,348	19
20	Health Care/ Personal Care	512,191	20
21	General Administration	458,277	21
	B. Capital Expense		
22	Ownership	496,605	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)**	$ 1,806,421	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (103,298)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (103,298)	31

Row 3, Column 5
Cable Television Expenses

Row 10, Column 3
Late Fee/Bank Charges