

		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:** 1000106

**Facility Name:** WOODRIDGE SL RES OF GALESBRG

**Address:** 261 NORTH LINWOOD RD GALESBURG 61401  
Number City Zip Code

**County:** KNOX

**Telephone Number:** ( 847 ) 679-8219 Fax # 847 ) 679-7377

**Federal Employer ID Number:** \_\_\_\_\_

**Date Current Owners were Certified:** 10/15/2008

**Type of Ownership:**

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

**In the event there are further questions about this report, please contact:**  
**Name:** \_\_\_\_\_ **Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_  
**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 12/31/14 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.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) <u>MARSHALL MAUER</u>	
	(Title) <u>TREASURER</u>	
<b>Paid Preparer</b>	(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 WOODRIDGE SL RES OF GALESBRG

Report Period Beginning: 01/01/2014 Ending: 12/31/14

**III. STATISTICAL DATA**

**A. Certified units; enter number of units and unit days**

Date of change in certified units       /      /      

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	51	Single Unit Apartment	51	18,615	1
2	9	Double Unit Apartment	9	3,285	2
3		Other			3
4	60	TOTALS	60	21,900	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
5	Single Unit	5,833	14,080		19,913	5
6	Double Unit	15	744		759	6
7	Other					7
8	TOTALS	5,848	14,824		20,672	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.39%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
 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

**F. Does the BALANCE SHEET reflect any non-SLF assets?**

YES  NO

**G. List all services provided by your facility for non-residents.**  
 (E.g., day care, "meals on wheels", outpatient therapy)

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**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year:                      Fiscal Year:                     

\* 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: WOODRIDGE SL RES OF GALESBRG

Report Period Beginning:

01/01/2014

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	121,205	139,809	1,702	262,716		262,716	1
2	Housekeeping, Laundry and Maintenance	89,252	39,869	11,584	140,705		140,705	2
3	Heat and Other Utilities			60,029	60,029	2,947	62,976	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>210,457</b>	<b>179,678</b>	<b>73,315</b>	<b>463,450</b>	<b>2,947</b>	<b>466,397</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	319,707	2,976	9,000	331,683		331,683	6
7	Activities and Social Services	21,452	2,273		23,725		23,725	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>341,159</b>	<b>5,249</b>	<b>9,000</b>	<b>355,408</b>		<b>355,408</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	54,292	6,780	97,333	158,405	(2,947)	155,458	10
11	Marketing Materials, Promotions and Advertising			13,931	13,931		13,931	11
12	Employee Benefits and Payroll Taxes			112,559	112,559		112,559	12
13	Insurance-Property, Liability and Malpractice			17,700	17,700		17,700	13
14	Other (specify): CONTRIBUTIONS			450	450	(450)		14
15	<b>TOTAL General Administration</b>	<b>54,292</b>	<b>6,780</b>	<b>241,973</b>	<b>303,045</b>	<b>(3,397)</b>	<b>299,648</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>605,908</b>	<b>191,707</b>	<b>324,288</b>	<b>1,121,903</b>	<b>(450)</b>	<b>1,121,453</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			6,267	6,267	157,505	163,772	17
18	Interest			692	692	137,438	138,130	18
19	Real Estate Taxes					58,022	58,022	19
20	Rent -- Facility and Grounds			375,000	375,000	(375,000)		20
21	Rent -- Equipment			8,673	8,673		8,673	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>390,632</b>	<b>390,632</b>	<b>(22,035)</b>	<b>368,597</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>605,908</b>	<b>191,707</b>	<b>714,920</b>	<b>1,512,535</b>	<b>(22,485)</b>	<b>1,490,050</b>	<b>24</b>

Facility Name: WOODRIDGE SL RES OF GALESBRG

Report Period Beginning 01/01/2014 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
2	Licensed Practical Nurses	3	17.35	2
3	Certified Nurse Assistants	14	9.50	3
4	Activity Director & Assistants	1	13.00	4
5	Social Service Workers			5
6	Head Cook	2	10.15	6
7	Cook Helpers/Assistants	6	9.65	7
8	Dishwashers			8
9	Maintenance Workers	1	13.00	9
10	Housekeepers	3	9.75	10
11	Laundry			11
12	Managers	1	23.15	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>31</b>	<b>\$</b>	<b>17</b>

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	E MARYLES-CLERICAL	8.3	8.4	\$ 18,162	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>6</b>
				\$ 18,162	

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>3</b>
\$		

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
WOODRIDGE OF GENESEO		GENESEO	
WOODRIDGE OF PONTIAC		PONTIAC	
SCHEDULE ATTACHED			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
SCHEDULE ATTACHED					

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: DYNAMIC HEALTHCARE CONSULTANTS If yes, what is the value of those services? \$ 20,609

(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: WOODRIDGE SL RES OF GALESBRG

Report Period Beginning:

01/01/2014

Ending:

12/31/14

VIII. OWNERSHIP COSTS

A. Purchase price of land 89,000 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	60		2008	2008	\$ 4,270,281	\$ 155,283	27.5	\$ 155,283	\$	\$ 960,053	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		WATERSOFTENER		2009	9,217	335	27.5	335		1,829	6
7		SIDEWALK REPAIR		2010	3,300	120	27.5	120		535	7
8		CARPETING		2010	3,268	119	27.5	119		530	8
9		FURNACE REPAIRS		2012	706	26	27.5	26		76	9
10		CARPETING		2012	6,195	225	27.5	225		459	10
11		REPLACED CAMERAS & DVR		2013	4,982	181	27.5	181		286	11
12		OFFSET SUPPLY TRAP		2013	2,126	77	27.5	77		83	12
13		NURSE CALL, PENDANT, WIRELESS CONNECTION		2014	18,640	181	27.5	181		181	13
14		REPAIR LEAK, INSTALL RECIRCULATING PUMP		2014	6,505	189	27.5	189		189	14
15		ROOF WORK		2014	1,522	5	27.5	5		5	15
16											16
17		TOTAL (lines 1 thru 16)			\$ 4,326,742	\$ 156,741		\$ 156,741	\$	\$ 964,226	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	\$ 256,737	\$ 7,031	\$ 25,674	18,643	10 YRS	\$ 122,117	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 256,737	\$ 7,031	\$ 25,674	18,643		\$ 122,117	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: WOODRIDGE SL RES OF GALESBRG

Report Period Beginning: 01/01/2014

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**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: N/A

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	<b>TOTAL</b>				\$			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		3	4	6		7	8	9	
			Related**	YES			NO	Amount of Note				
					Purpose of Loan	Date of Note	Original		Maturity Date			
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		HEARTLAND BANK		X	MORTGAGE	4/9/14	\$ 4,743,200	\$ 4,694,880	5/1/44	4.0000	\$ 137,438	1
2												2
3						/ /			/ /			3
		<b>Working Capital</b>										
4												4
5				X	INSURANCE FINANCING	/ /			/ /		692	5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 4,743,200	\$ 4,694,880			\$ 138,130	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 4,743,200	\$ 4,694,880			\$ 138,130	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: WOODRIDGE SL RES OF GALESBRG

Report Period Beginning: 01/01/2014

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 72,490	\$ 86,490	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	75,809	75,809	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	22,650	43,741	6
7	Other Prepaid Expenses	1,073	1,073	7
8	Accounts Receivable (owners or related parties)	752,029	752,029	8
9	Other(specify): <b>ESCROWS</b>		122,662	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 924,051	\$ 1,081,804	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		89,000	13
14	Buildings, at Historical Cost		4,270,281	14
15	Leasehold Improvements, at Historical Cost	56,462	56,462	15
16	Equipment, at Historical Cost	43,304	260,405	16
17	Accumulated Depreciation (book methods)	(38,323)	(1,215,477)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		114,308	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(2,858)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 61,443	\$ 3,572,121	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 985,494	\$ 4,653,925	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 88,865	\$ 93,865	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	46,215	46,215	30
31	Accrued Taxes Payable	5,284	67,284	31
32	Accrued Interest Payable		15,650	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 140,364	\$ 223,014	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		4,694,880	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$	\$ 4,694,880	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 140,364	\$ 4,917,894	45
46	<b>TOTAL EQUITY</b>	\$ 845,130	\$ (263,969)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 985,494	\$ 4,653,925	47

\*(See instructions.)

Facility Name: WOODRIDGE SL RES OF GALESBRG

Report Period Beginning: 01/01/2014

Ending:

12/31/14

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 1,907,105	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 1,907,105</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	495	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 495</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	FOOD STAMPS	17,526	15
16	PRIOR ADJUSTMENT	59,571	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 77,097</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 1,984,697</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	463,450	19
20	Health Care/ Personal Care	355,408	20
21	General Administration	303,045	21
<b>B. Capital Expense</b>			
22	Ownership	390,632	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 1,512,535</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 472,162</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 472,162</b>	<b>31</b>

12/31/2014

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 3	CABLE TV	2,947
LINE 10	CABLE TV	(2,947)
LINE 14	CONTRIBUTIONS	(450)

RELATED PARTY LANDLORD

LINE 17	DEPRECIATION	157,505
LINE 18	MORTGAGE INTEREST	137,438
LINE 19	REAL ESTATE TAXES	58,022
LINE 20	RENT	<u>(375,000)</u>
LINE 24	GRAND TOTAL	<u><u>(22,485)</u></u>

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES		48000
	UTILITIES	197	
	REPAIRS & MAINT	1,169	
	EMP BEN-GEN SERV	38	
	PROFESSIONAL FES	167	
	DUES & SUBSCRIPTIONS	499	
	CLERICAL & GENERAL	12,429	
	SEMINARS & TRAVEL	179	
	AUTO EXP	645	
	INSURANCE	(223)	
	EMP. BEN.-GEN. ADMIN.	2,208	
	DEPRECIATION	391	
	INTEREST	336	
	REAL ESTATE TAXES	673	

REAL ESTATE TAXES PROTEST FEES	84
AUTO RENTAL	1,803
EQUIPMENT RENTAL	13
	<hr/>
	20,609
	<hr/>





