

		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: 1000098

Facility Name: WOODRIDGE SL RES OF GENESEO

Address: 620 OLIVIA COURT GENESEO 61254
Number City Zip Code

County: HENRY

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

Federal Employer ID Number: _____

Date Current Owners were Certified: 07/02/2008

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
IRS Exemption Code _____	<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 12/31/2014 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) <u>MARSHALL MAUER</u>	
	(Title) <u>TREASURER</u>	
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 WOODRIDGE SL RES OF GENESEO

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	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	50	Single Unit Apartment	50	18,250	1
2	10	Double Unit Apartment	10	3,650	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	8,127	11,515		19,642	5
6	Double Unit	82	356		438	6
7	Other					7
8	TOTALS	8,209	11,871		20,080	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.69%

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)

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 GENESEO

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 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	116,767	136,367	1,953	255,087		255,087	1
2	Housekeeping, Laundry and Maintenance	45,451	34,861	9,960	90,272		90,272	2
3	Heat and Other Utilities			88,022	88,022	2,412	90,434	3
4	Other (specify):							4
5	TOTAL General Services	162,218	171,228	99,935	433,381	2,412	435,793	5
B. Health Care and Programs								
6	Health Care/ Personal Care	279,712	1,052	9,000	289,764		289,764	6
7	Activities and Social Services	30,600	6,052		36,652		36,652	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	310,312	7,104	9,000	326,416		326,416	9
C. General Administration								
10	Administrative and Clerical	102,168	7,799	84,976	194,943	(2,412)	192,531	10
11	Marketing Materials, Promotions and Advertising			24,951	24,951		24,951	11
12	Employee Benefits and Payroll Taxes			101,347	101,347		101,347	12
13	Insurance-Property, Liability and Malpractice			19,115	19,115		19,115	13
14	Other (specify): CONTRIBUTIONS			400	400	(400)		14
15	TOTAL General Administration	102,168	7,799	230,789	340,756	(2,812)	337,944	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	574,698	186,131	339,724	1,100,553	(400)	1,100,153	16
Capital Expenses								
D. Ownership								
17	Depreciation			3,739	3,739	148,701	152,440	17
18	Interest			525	525	192,748	193,273	18
19	Real Estate Taxes					44,441	44,441	19
20	Rent -- Facility and Grounds			340,000	340,000	(340,000)		20
21	Rent -- Equipment			8,118	8,118		8,118	21
22	Other (specify):							22
23	TOTAL Ownership			352,382	352,382	45,890	398,272	23
24	GRAND TOTAL (Sum of lines 16 and 23)	574,698	186,131	692,106	1,452,935	45,490	1,498,425	24

Facility Name: WOODRIDGE SL RES OF GENESEO

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	\$ 20.80	1
2	Licensed Practical Nurses	1	15.00	2
3	Certified Nurse Assistants	11	9.75	3
4	Activity Director & Assistants	2	12.00	4
5	Social Service Workers			5
6	Head Cook	2	11.75	6
7	Cook Helpers/Assistants	5	9.20	7
8	Dishwashers			8
9	Maintenance Workers	1	15.95	9
10	Housekeepers	3	8.90	10
11	Laundry			11
12	Managers	1	26.00	12
13	Other Administrative			13
14	Clerical	1	17.65	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	28	\$	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	E MARYLES-CLERICAL	8.3	8.4	\$ 18,162	1
2					2
3					3
4					4
5					5
				Total	6
				\$ 18,162	

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
WOODRIDGE OF GALESBURG		GALESBURG	
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 GENESEO

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 251,148 Year land was acquired 2007

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	\$ 4,064,630	\$ 148,701	27.5	\$ 148,701	\$	\$ 963,166	1
2											2
3											3
4											4
5											5
Improvement Type											
6		PLUMBING WORK		2010	2,938	107	27.5	107		441	6
7		DOOR		2011	1,925	70	27.5	70		254	7
8		CARPENTRY AND LABOR		2011	6,219	226	27.5	226		725	8
9		REPAIR WALLPAPER		2012	1,122	41	27.5	41		12	9
10		SIDEWALK		2012	11,344	378	15.0	378		6,617	10
11		LANDSCAPING		2013	4,553	304	15.0	304		329	11
12		WINDOW TREATMENTS/DECORATING		2013	5,463	198	27.5	198		264	12
13		DATA WIRING/DVR'S		2013	3,507	128	27.5	128		185	13
14		SPRINKLER REPAIRS, OFFSET TRAP SUPPLY		2013	3,620	131	27.5	131		156	14
15		NURSE CALL PAGERS,PENDANT,WIRELESS CONNE		2014	19,320	1,008	27.5	1,008		1,008	15
16											16
17		TOTAL (lines 1 thru 16)			\$ 4,124,641	\$ 151,292		\$ 151,292	\$	\$ 973,157	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	\$ 225,650	\$ 4,148	\$ 22,565	18,417		\$ 135,250	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 225,650	\$ 4,148	\$ 22,565	18,417		\$ 135,250	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 GENESEO

Report Period Beginning: 01/01/2014

Ending: 2/31/2014

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: NA

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 \$ _____

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	2	3	4	6	7	8	9			
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	HEARTLAND BANK		X	MORTGAGE	4/9/14	\$ 4,089,500	\$	5/1/44	4.0000	\$ 118,496	1
2	MB FINANCIAL		X	MORTGAGE	12/28/07	4,763,400		6/1/34	5.2500	72,401	2
3					/ /			/ /			3
	Working Capital										
4	MB FINANCIAL		X	WORKING CAPITAL	11/7/09	125,000		11/5/14	5.0000	1,851	4
5			X	INSURANCE FINANCING	/ /			/ /		525	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,977,900	\$			\$ 193,273	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,977,900	\$			\$ 193,273	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 GENESEO

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	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 160,273	\$ 207,065	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	138,669	138,669	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,454	35,212	6
7	Other Prepaid Expenses	2,566	2,566	7
8	Accounts Receivable (owners or related parties)		115,000	8
9	Other(specify): ESCROWS		123,514	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 319,962	\$ 622,026	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		251,148	13
14	Buildings, at Historical Cost		4,064,630	14
15	Leasehold Improvements, at Historical Cost	60,011	60,011	15
16	Equipment, at Historical Cost	34,463	236,115	16
17	Accumulated Depreciation (book methods)	(38,867)	(1,203,686)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		116,263	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(2,907)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): SECURITY DEPOSIT	3,000	3,000	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 58,607	\$ 3,524,574	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 378,569	\$ 4,146,600	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 176,320	\$ 651,722	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	52,729	52,729	30
31	Accrued Taxes Payable		46,000	31
32	Accrued Interest Payable		13,493	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)	\$ 229,049	\$ 763,944	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		4,047,840	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)	\$	\$ 4,047,840	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 229,049	\$ 4,811,784	45
46	TOTAL EQUITY	\$ 149,520	\$ (665,184)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 378,569	\$ 4,146,600	47

*(See instructions.)

Facility Name: WOODRIDGE SL RES OF GENESEO

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.)

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,853,807	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,853,807	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	405	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)	\$ 405	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	16	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 16	14
	D. Other Revenue (specify):		
15	FOOD STAMPS	27,641	15
16	PRIOR YEAR ADJ	47,589	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 75,230	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,929,458	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	433,381	19
20	Health Care/ Personal Care	326,416	20
21	General Administration	340,756	21
	B. Capital Expense		
22	Ownership	352,382	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)	\$ 1,452,935	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 476,523	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 476,523	31

12/31/2014

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 3	CABLE TV	2,412
LINE 10	CABLE TV	(2,412)
LINE 14	CONTRIBUTION	(400)

RELATED PARTY LANDLORD

LINE 17	DEPRECIATION	148,701
LINE 18	MORTGAGE INTEREST	192,748
LINE 19	REAL ESTATE TAXES	44,441
LINE 20	RENT	<u>(340,000)</u>
LINE 24	GRAND TOTAL	<u><u>45,490</u></u>

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES	48,000
	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	<u>13</u>
		<u><u>20,609</u></u>

