

		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: 1000113

Facility Name: WOODRIDGE SL RES OF PONTIAC

Address: 120 N DEERFIELD ROAD PONTIAC 61764
Number City Zip Code

County: LIVINGSTON

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

Federal Employer ID Number: _____

Date Current Owners were Certified: 03/02/2009

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) _____	(Title) _____
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 PONTIAC

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		213	3
4	60	TOTALS	60	22,113	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	6,367	7,645		14,012	5
6	Double Unit	213			213	6
7	Other					7
8	TOTALS	6,580	7,645		14,225	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 64.33%

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 PONTIAC

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	96,726	112,336	2,206	211,268		211,268	1
2	Housekeeping, Laundry and Maintenance	58,433	34,419	18,751	111,603		111,603	2
3	Heat and Other Utilities			68,448	68,448	1,689	70,137	3
4	Other (specify):							4
5	TOTAL General Services	155,159	146,755	89,405	391,319	1,689	393,008	5
B. Health Care and Programs								
6	Health Care/ Personal Care	357,774	2,486	9,000	369,260		369,260	6
7	Activities and Social Services	34,844	9,236		44,080		44,080	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	392,618	11,722	9,000	413,340		413,340	9
C. General Administration								
10	Administrative and Clerical	56,508	16,581	64,861	137,951	(1,689)	136,262	10
11	Marketing Materials, Promotions and Advertising			15,791	15,791		15,791	11
12	Employee Benefits and Payroll Taxes			110,131	110,131		110,131	12
13	Insurance-Property, Liability and Malpractice			20,817	20,817		20,817	13
14	Other (specify): CONTRIBUTIONS				400	(400)		14
15	TOTAL General Administration	56,508	16,581	211,600	285,090	(2,089)	283,001	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	604,285	175,058	310,005	1,089,748	(400)	1,089,348	16
Capital Expenses								
D. Ownership								
17	Depreciation			5,963	5,963	150,294	156,257	17
18	Interest			490	490	146,569	147,059	18
19	Real Estate Taxes			62,414	62,414		62,414	19
20	Rent -- Facility and Grounds			277,200	277,200	(277,200)		20
21	Rent -- Equipment			7,824	7,824		7,824	21
22	Other (specify):							22
23	TOTAL Ownership			353,891	353,891	19,663	373,554	23
24	GRAND TOTAL (Sum of lines 16 and 23)	604,285	175,058	663,896	1,443,639	19,263	1,462,902	24

Facility Name: WOODRIDGE SL RES OF PONTIAC

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	2	24.25	2
3	Certified Nurse Assistants	10	10.45	3
4	Activity Director & Assistants	1	12.10	4
5	Social Service Workers			5
6	Head Cook	3	10.25	6
7	Cook Helpers/Assistants	2	9.50	7
8	Dishwashers			8
9	Maintenance Workers	1	11.45	9
10	Housekeepers	1	9.15	10
11	Laundry			11
12	Managers	1	18.50	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	21	\$ 105.65	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	8.3	8.4	\$ 18,162	1
2					2
3					3
4					4
5					5
				Total	\$ 18162 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
WOODRIDGE OF GALESBURG			
WOODRIDGE OF GENESEO			
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 PONTIAC

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 172,766 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		2009	2009	\$ 3,871,594	\$ 141,682	27.5	\$ 141,682	\$	\$ 820,000	1
2											2
3											3
4											4
5											5
Improvement Type											
6		PLUMBING REPAIRS		2010	2,148	78	27.5	78		2,268	6
7		FRONT DOOR - SIDELITE		2010	4,927	179	27.5	179		5,145	7
8		DOOR		2011	1,843	67	27.5	67		1,980	8
9		SEWER WORK		2011	3,016	110	27.5	110		3,324	9
10		TRANSMITTER		2012	2,355	86	27.5	86		190	10
11		SPRINKLER REPAIRS		2013	3,656	133	27.5	133		239	11
12		WIRING & DVR		2013	4,648	169	27.5	169		220	12
13		WOOD DOOR		2013	597	22	27.5	22		27	13
14		FIRE DAMAGE REPAIR-NET OF INSURANCE		2013	3,251	95	27.5	95		124	14
15		CARPET, DINING ROOM, SUITE		2014	11,880	274	27.5	274		274	15
16		REPAIR WATER HEATER.ALARM,NURSE CALL,AC		2014	11,410	240	27.5	240		240	16
17		TOTAL (lines 1 thru 16)			\$ 3,921,325	\$ 143,135		\$ 143,135	\$	\$ 834,031	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	\$ 354,725	\$ 12,947	\$ 35,472	22,525	10 YRS	\$ 177,208	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 354,725	\$ 12,947	\$ 35,472	22,525		\$ 177,208	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

STATE OF ILLINOIS

Facility Name: WOODRIDGE SL RES OF PONTIAC

Report Period Beginning: 01/01/2014

Ending:

VIII. OWNERSHIP COSTS

Improvement Type							
6	TECH SUPPORT & MARERIAL	2014	2,869	78	27.5	78	0
7	ELECTRICAL WORK ON DOOR & SWING OPERATOR	2014	3,787	69	27.5	69	0
8	FENCE	2014	2,488	28	15.0	28	0
9							0
10							0
11							0
12							0
13							0
14							0
15							0
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							0
26	TOTAL (lines 1 thru 16)		\$ 3,930,469	\$ 143,310		\$ 143,310	\$ 0

78	6
69	7
28	8
	9
	10
	11
	12
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	22
	23
	24
	25
\$ 834,206	26

Facility Name: WOODRIDGE SL RES OF PONTIAC

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	BANK OF PONTIAC		X	MORTGAGE	12/4/08	\$ 3,939,300	\$ 3,553,092	4/15/14	5.7500	\$ 126,542	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	BANK OF PONTIAC		X	WORKING CAPITAL	5/1/09	725,000	555,940	/ /		20,027	4
5			X	INSURANCE FINANCING	/ /			/ /		490	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,664,300	\$ 4,109,032			\$ 147,059	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,664,300	\$ 4,109,032			\$ 147,059	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 PONTIAC

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	\$ 334	\$ 334	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	183,503	183,503	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	32,043	32,043	6
7	Other Prepaid Expenses	1,201	1,201	7
8	Accounts Receivable (owners or related parties)		374	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 217,081	\$ 217,455	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		172,766	13
14	Buildings, at Historical Cost		3,871,594	14
15	Leasehold Improvements, at Historical Cost	58,875	58,875	15
16	Equipment, at Historical Cost	37,524	329,539	16
17	Accumulated Depreciation (book methods)	(32,418)	(1,144,232)	17
18	Deferred Charges			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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 63,981	\$ 3,288,542	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 281,062	\$ 3,505,997	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 307,872	\$ 307,873	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	44,430	44,430	30
31	Accrued Taxes Payable	69,593	69,593	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)	\$ 421,895	\$ 421,896	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		4,109,032	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)	\$	\$ 4,109,032	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 421,895	\$ 4,530,928	45
46	TOTAL EQUITY	\$ (140,833)	\$ (1,024,931)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 281,062	\$ 3,505,997	47

*(See instructions.)

Facility Name: WOODRIDGE SL RES OF PONTIAC

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	\$ 1,253,526	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,253,526	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	150	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)	\$ 150	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	FOOD STAMPS	24,183	15
16	INSURANCE SETTLEMENT	8,375	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 32,558	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,286,234	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	391,319	19
20	Health Care/ Personal Care	413,340	20
21	General Administration	285,090	21
	B. Capital Expense		
22	Ownership	353,891	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify): PRIOR YEAR	13,130	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,456,769	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (170,535)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (170,535)	31

12/31/2014

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 3	CABLE TV	1,689
LINE 10	CABLE TV	(1,689)
LINE 14	CONTRIBUTIONS	(400)

RELATED PARTY LANDLORD

LINE 17	DEPRECIATION	150,294
LINE 18	MORTGAGE INTEREST	146,569
LINE 20	RENT	<u>(277,200)</u>
LINE 24	GRAND TOTAL	<u><u>19,263</u></u>

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES		12,000
	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 LEASE	1,803
EQUIPMENT RENTAL	<u>13</u>
	<u><u>20,609</u></u>

