

		FOR BHF USE			

LL2

Supportive Living Facility

**2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2008)**

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 Name: QUINCY SENIOR & FAMILY RESOURCE CTR

Address: 639 YORK STREET QUINCY 62301
Number City Zip Code

County: ADAMS

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

Federal Employer ID Number: 37-1409741

Date Current Owners were Certified: 04/04/2003

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input 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 checked="" 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 type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2008 to 12/31/2008 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 # ()

In the event there are further questions about this report, please contact:

Name: TODD SHACKELFORD Telephone Number: (217) 223-7904
Email Address: _____

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 & FAMILY RESOURCE CTR

Report Period Beginning:

1/1/2008

Ending: 12/31/2008

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		189,318		189,318		189,318	1
2	Housekeeping, Laundry and Maintenance	34,548	48,091	15,000	97,639		97,639	2
3	Heat and Other Utilities			88,138	88,138	(8,904)	79,234	3
4	Other (specify):							4
5	TOTAL General Services	34,548	237,409	103,138	375,095	(8,904)	366,191	5
B. Health Care and Programs								
6	Health Care/ Personal Care	371,126	8,129		379,255		379,255	6
7	Activities and Social Services	2,666	9,133	18,814	30,613		30,613	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	373,792	17,262	18,814	409,868		409,868	9
C. General Administration								
10	Administrative and Clerical	48,877	3,230	105,388	157,495		157,495	10
11	Marketing Materials, Promotions and Advertising			7,703	7,703		7,703	11
12	Employee Benefits and Payroll Taxes	157,516			157,516		157,516	12
13	Insurance-Property, Liability and Malpractice	25,351			25,351		25,351	13
14	Other (specify):							14
15	TOTAL General Administration	231,744	3,230	113,091	348,065		348,065	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	640,084	257,901	235,043	1,133,028	(8,904)	1,124,124	16
Capital Expenses								
D. Ownership								
17	Depreciation			264,081	264,081		264,081	17
18	Interest			350,902	350,902		350,902	18
19	Real Estate Taxes			139	139		139	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): MORTGAGE PREMIUM INSURNACE & AMORTIZATION			40,817	40,817		40,817	22
23	TOTAL Ownership			655,939	655,939		655,939	23
24	GRAND TOTAL (Sum of lines 16 and 23)	640,084	257,901	890,982	1,788,967	(8,904)	1,780,063	24

Facility Name: QUINCY SENIOR & FAMILY RESOURCE CTR

Report Period Beginning 1/1/2008

Ending: 12/31/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 22.00	1
2	Licensed Practical Nurses	2	15.00	2
3	Certified Nurse Assistants	11	9.00	3
4	Activity Director & Assistants			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	7.75	10
11	Laundry	1	7.75	11
12	Managers	1	16.20	12
13	Other Administrative	1	7.75	13
14	Clerical			14
15	Marketing			15
16	Other	5	7.75	16
17	Total (lines 1 thru 16)	23	\$ 11.65	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				\$	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	\$ 86,122 1
2		
Total		\$ 86,122 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
NDC EQUITY FUNDS IV		NEW YORK, NY	
WEST CENTRAL ILLINOIS AREA AGEN		QUINCY, IL	

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: _____ 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: QUINCY SENIOR & FAMILY RESOURCE CTR

Report Period Beginning:

1/1/2008

Ending:

12/31/2008

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	\$		\$ 264,081	\$ 264,081	\$ 1,506,978	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	\$		\$ 264,081	\$ 264,081	\$ 1,506,978	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 & FAMILY RESOURCE CTR

Report Period Beginning: 1/1/2008

Ending: 2/31/2008

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 \$ _____

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				/ /	\$	\$	/ /		\$	1
2				/ /			/ /			2
3				/ /			/ /			3
	Working Capital									
4				/ /			/ /			4
5				/ /			/ /			5
6				/ /			/ /			6
7	TOTAL Facility Related				\$	\$			\$	7
	B. Non-Facility Related									
8				/ /			/ /			8
9				/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)				\$	\$			\$	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 & FAMILY RESOURCE CTR**Report Period Beginning: **1/1/2008**

Ending:

12/31/2008**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2008**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 170,867	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	2,579		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	8,309		7
8	Accounts Receivable (owners or related parties)	284,094		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 465,849	\$	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)	(1,506,978)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	182,356		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Unamortized Mortgage Loan	514,627		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,274,713	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,740,562	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 50,453	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	75,996		30
31	Accrued Taxes Payable	1,688		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Current Maturities on Mortgage Loan	26,071		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 154,208	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	820,233		38
39	Mortgage Payable	4,051,503		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)	\$ 4,994,365	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,148,573	\$	45
46	TOTAL EQUITY	\$ 1,591,989	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,740,562	\$	47

Facility Name: QUINCY SENIOR & FAMILY RESOURCE CTR

Report Period Beginning: 1/1/2008

Ending:

12/31/2008

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	\$ 673,310	1
2	Discounts and Allowances	23,959	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 697,269	3
	B. Other Operating Revenue		
4	Special Services	741,666	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)	\$ 741,666	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			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,438,935	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	155,949	19
20	Health Care/ Personal Care	784,169	20
21	General Administration	167,561	21
	B. Capital Expense		
22	Ownership	396,815	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	Depreciation	264,081	26
27	Amortization	20,393	27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,788,968	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (350,033)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (350,033)	31