

FOR BHF USE					

LL2

**Supportive Living Facility**

**2013  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2013)**

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:** 1000119

**Facility Name:** Hickory Grove Apartments SLF

**Address:** 400 S Adams St Carthage 62321  
Number City Zip Code

**County:** Hancock

**Telephone Number:** ( 217 ) 357-6550 **Fax #** ( 217 ) 357-6549

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

**Date Current Owners were Certified:** 10/30/2009 Interim Certification

**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
<b>IRS Exemption Code</b> _____	<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	_____

**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 07/01/2012 to 06/30/2013 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) _____	<u>10/29/2011</u> (Date)
	(Type or Print Name) <u>Teresa Smith</u>	
	(Title) <u>Chief Financial Officer</u>	
<b>Paid Preparer</b>	(Signed) _____	_____ (Date)
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) ( _____ ) _____	<b>Fax #</b> ( _____ ) _____

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 Hickory Grove Apartments SLF

Report Period Beginning: 07/01/2012 Ending: 06/30/2013

**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	17	Single Unit Apartment	17	6,205	1
2	5	Double Unit Apartment	5	1,825	2
3		Other		1,218	3
4	22	TOTALS	22	9,248	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	2,776	3,744		6,520	5
6	Double Unit	700	365		1,065	6
7	Other	596	365		961	7
8	TOTALS	4,072	4,474		8,546	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.)       92.41%      

**D. Indicate the number of paid bed-hold days the SLF had during this year**       174       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:       6/30       Fiscal Year:       6/30      

\* 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?**       Yes       If yes, did the facility make all of the required payments of interest and principle?       Yes        
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: Hickory Grove Apartments SLF

Report Period Beginning:

07/01/2012

Ending: 06/30/2013

## 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	56,547	64,009	4,726	125,283		125,283	1
2	Housekeeping, Laundry and Maintenance		9,120	13,583	22,702	(4,779)	17,923	2
3	Heat and Other Utilities			27,859	27,859		27,859	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	56,547	73,129	46,168	175,844	(4,779)	171,064	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	169,103	1,739		170,842		170,842	6
7	Activities and Social Services		3,358	2,637	5,996	(35)	5,961	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	169,103	5,097	2,637	176,838	(35)	176,803	9
<b>C. General Administration</b>								
10	Administrative and Clerical	46,049	12,119	20,976	79,143		79,143	10
11	Marketing Materials, Promotions and Advertising			1,577	1,577		1,577	11
12	Employee Benefits and Payroll Taxes			30,205	30,205		30,205	12
13	Insurance-Property, Liability and Malpractice			17,568	17,568		17,568	13
14	Other (specify):			6,000	6,000		6,000	14
15	<b>TOTAL General Administration</b>	46,049	12,119	76,325	134,493		134,493	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	271,699	90,344	125,131	487,174	(4,814)	482,360	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			97,272	97,272		97,272	17
18	Interest			148,729	148,729		148,729	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			246,001	246,001		246,001	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	271,699	90,344	371,131	733,175	(4,814)	728,360	24

Facility Name: Hickory Grove Apartments SLF

Report Period Beginning 07/01/2012 Ending: 06/30/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.6	\$ 18.90	1
2	Licensed Practical Nurses	0.4	16.21	2
3	Certified Nurse Assistants	5.8	10.87	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	2	9.66	6
7	Cook Helpers/Assistants	1	9.66	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>10</b>	<b>\$ 10.57</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				\$	1	
2					2	
3					3	
4					4	
5					5	
				<b>Total</b>	<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

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

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: Hickory Grove Apartments SLF

Report Period Beginning:

07/01/2012

Ending:

06/30/2013

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	22			2009	\$ 3,063,804	\$ 76,595	40	\$ 76,595	\$ 0	\$	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Land		2009		32,696	2,046	15	2,180	682	7,502	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)				\$ 3,096,500	\$ 78,641		\$ 78,775	\$ 682	\$ 7,502	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	\$ 150,605	\$ 18,630	\$ 18,826	195	8	\$ 56,261	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 150,605	\$ 18,630	\$ 18,826	195		\$ 56,261	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: Hickory Grove Apartments SLF

Report Period Beginning: 07/01/2012

Ending: 06/30/2013

**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	<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**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		PR Mortgage		X	Permanent Mortgage	7/6/10	\$ 2,700,000	\$ 2,654,113	7/1/35	6.5800	\$ 138,241	1
2						/ /			/ /			2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 2,700,000	\$ 2,654,113			\$ 138,241	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 2,700,000	\$ 2,654,113			\$ 138,241	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: Hickory Grove Apartments SLF

Report Period Beginning: 07/01/2012

Ending:

06/30/2013

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2013

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 384,483	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	56,731		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	340		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	100		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 441,654	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	61,950		13
14	Buildings, at Historical Cost	3,063,804		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	150,605		16
17	Accumulated Depreciation (book methods)	(344,180)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	226,259		20
21	Restricted Funds	473,400		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>	\$ 3,631,838	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,073,492	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 8,977	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,700		29
30	Accrued Salaries Payable	10,795		30
31	Accrued Taxes Payable	9,411		31
32	Accrued Interest Payable			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>	\$ 30,884	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	1,194,726		38
39	Mortgage Payable	2,654,113		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>	\$ 3,848,839	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 3,879,722	\$	45
46	<b>TOTAL EQUITY</b>	\$ 193,770	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 4,073,492	\$	47

\*(See instructions.)

Facility Name: Hickory Grove Apartments SLF

Report Period Beginning: 07/01/2012

Ending:

06/30/2013

## 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	\$ 811,196	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 811,196</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	334	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 334</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions	985	12
13	Interest and Other Investment Income	814	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 1,799</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 813,329</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	171,064	19
20	Health Care/ Personal Care	176,803	20
21	General Administration	134,493	21
<b>B. Capital Expense</b>			
22	Ownership	246,001	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>\$ 728,361</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 84,968</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>\$ 84,968</b>	<b>31</b>

Nature of Purchase Facility	Book Value	Actual Cost
Meals	2,354.10	2,354.10
Fiscal Services	12,025.36	12,025.36
Maintenance	5,434.00	5,434.00







<b>Operating Expenses</b>		<b>Salary/Wage</b>	<b>Supplies</b>	<b>Other</b>	<b>Total</b>	<b>Adjustment</b>	<b>Total</b>		
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>		
<b>7</b>	Activities and Social Services		<b>3,358</b>	<b>2,637</b>	<b>5,996</b>	<b>(35)</b>	<b>5,961</b>	<b>7</b>	Adjustment for nonallowable expenses (Alcohol)
<b>2</b>	Housekeeping, Laundry and Maintenance		<b>9,120</b>	<b>13,583</b>	<b>22,702</b>	<b>(4,779)</b>	<b>17,923</b>	<b>2</b>	Adjustment for nonallowable expenses (Resident Cable)

