

		FOR BHF USE			

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**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.

<p><b>I. Facility ID Number:</b> <u>1000098</u></p> <p><b>Facility Name:</b> <u>WOODRIDGE SL RESID GENESEO</u></p> <p><b>Address:</b> <u>620 OLIVIA COURT</u> <u>GENESEO</u> <u>61254</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>HENRY</u></p> <p><b>Telephone Number:</b> ( <u>847</u> ) <u>679-8219</u> <b>Fax #</b> ( <u>847</u> ) <u>679-7377</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>07/02/2008</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> _____ <b>Telephone Number:</b> ( _____ ) _____  <b>Email Address:</b> _____</p>	<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 _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2013</u> to <u>12/31/2013</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name &amp; Address) _____ (Telephone) ( _____ ) _____ Fax # ( _____ ) _____</td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) ( _____ ) _____ Fax # ( _____ ) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name: WOODRIDGE SL RESID GENESEO

Report Period Beginning:

01/01/2013

Ending: 12/31/2013

## 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	116,937	130,216	1,658	248,811		248,811	1
2	Housekeeping, Laundry and Maintenance	44,342	29,243	8,508	82,093		82,093	2
3	Heat and Other Utilities			79,607	79,607	2,365	81,972	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	161,279	159,459	89,773	410,511	2,365	412,876	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	278,838	1,744		280,582		280,582	6
7	Activities and Social Services	27,604	7,407		35,011		35,011	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	306,442	9,151		315,593		315,593	9
<b>C. General Administration</b>								
10	Administrative and Clerical	91,762	6,636	28,418	126,816	(2,365)	124,451	10
11	Marketing Materials, Promotions and Advertising			20,366	20,366		20,366	11
12	Employee Benefits and Payroll Taxes			109,570	109,570		109,570	12
13	Insurance-Property, Liability and Malpractice			19,385	19,385		19,385	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	91,762	6,636	177,739	276,137	(2,365)	273,772	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	559,483	175,246	267,512	1,002,241		1,002,241	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			3,322	3,322	152,993	156,315	17
18	Interest			2,318	2,318	105,876	108,194	18
19	Real Estate Taxes			48,260	48,260		48,260	19
20	Rent -- Facility and Grounds			314,977	314,977	(314,977)		20
21	Rent -- Equipment			14,599	14,599		14,599	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			383,476	383,476	(56,108)	327,368	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	559,483	175,246	650,988	1,385,717	(56,108)	1,329,609	24

Facility Name: WOODRIDGE SL RESID GENESEO

Report Period Beginning 01/01/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 20.75	1
2	Licensed Practical Nurses	1	14.98	2
3	Certified Nurse Assistants	11	9.75	3
4	Activity Director & Assistants	2	11.95	4
5	Social Service Workers			5
6	Head Cook	2	11.75	6
7	Cook Helpers/Assistants	5	9.15	7
8	Dishwashers			8
9	Maintenance Workers	1	15.95	9
10	Housekeepers	3	8.85	10
11	Laundry			11
12	Managers	1	26.00	12
13	Other Administrative			13
14	Clerical	1	17.51	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>28</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	\$ 15,162	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ 15162 6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee		
1	NA	\$ 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 GALESBURG			
WOODRIDGE OF PONTIAC			
SEE ATTACHED			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
SEE 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? \$ 19,739

(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 RESID GENESEO

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	60		2008	2008	\$ 4,064,630	\$ 148,701	28	\$ 148,701	\$	\$ 814,465	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		PLUMBING WORK		2010	2,938	107	28	107		334	6
7		DOOR		2011	1,925	70	28	70		184	7
8		CARPENTRY AND LABOR		2011	6,219	226	28	226		499	8
9		REPAIR WALLPAPER		2012	1,122	41	28	41		53	9
10		SIDEWALK		2012	11,344	378	15	378		6,239	10
11		LANDSCAPING		2013	4,553	25	15	25		25	11
12		WINDOW TREATMENTS/DECORATING		2013	5,463	66	28	66		66	12
13		DATA WIRING/DVR'S		2013	3,507	57	28	57		57	13
14		SPRINKLER REPAIRS, OFFSET TRAP SUPPLY		2013	3,620	25	28	25		25	14
15											15
16											16
17		TOTAL (lines 1 thru 16)			\$ 4,105,321	\$ 149,696		\$ 149,696	\$	\$ 821,947	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	\$ 224,695	\$ 5,486	\$ 22,469	16,983	10 YRS	\$ 112,685	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 224,695	\$ 5,486	\$ 22,469	16,983		\$ 112,685	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 RESID GENESEO**

Report Period Beginning: **01/01/2013**

Ending: **2/31/2013**

**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	<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	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				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	MB FINANCIAL		X	MORTGAGE	12/28/07	\$ 4,763,400	\$ 4,175,497	6/1/34	5.2500	\$ 105,876	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4	MB FINANCIAL		X	WORKING CAPITAL	11/7/09	125,000	59,186	11/5/14	5.0000	3,912	4
5			X	INSURANCE FINANCING	/ /			/ /		559	5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 4,888,400	\$ 4,234,683			\$ 110,347	7
	<b>B. Non-Facility Related</b>										
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 4,888,400	\$ 4,234,683			\$ 110,347	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 RESID GENESEO

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 204,133	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	172,583		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,141		6
7	Other Prepaid Expenses	959		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 400,816	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	40,691		15
16	Equipment, at Historical Cost	33,508		16
17	Accumulated Depreciation (book methods)	(35,128)		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): SECURITY DEPOSIT	3,000		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 42,071	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 442,887	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 199,283	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	22,917		29
30	Accrued Salaries Payable	47,828		30
31	Accrued Taxes Payable	49,864		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>	\$ 319,892	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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>	\$	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 319,892	\$	45
46	<b>TOTAL EQUITY</b>	\$ 122,995	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 442,887	\$	47

\*(See instructions.)

Facility Name: WOODRIDGE SL RESID GENESEO

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

## 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	\$ 1,865,929	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 1,865,929</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services	490	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>\$ 490</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	FOOD STAMPS	36,624	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 36,624</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 1,903,043</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	410,511	19
20	Health Care/ Personal Care	315,593	20
21	General Administration	276,137	21
<b>B. Capital Expense</b>			
22	Ownership	383,476	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	<b>PRIOR YEAR ADJUSTMENT</b>	<b>(6,193)</b>	<b>26</b>
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 1,379,524</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 523,519</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>\$ 523,519</b>	<b>31</b>

12/31/2013

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 3	CABLE TV	2,365
LINE 10	CABLE TV	(2,365)

RELATED PARTY LANDLORD

LINE 17	DEPRECIATION	152,993
LINE 18	MORTGAGE INTEREST	105,876
LINE 20	RENT	<u>(314,977)</u>
LINE 24	GRAND TOTAL	<u><u>(56,108)</u></u>

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

UTILITIES	183
REPAIRS & MAINT	1,522
EMP BEN-GEN SERV	37
PROFESSIONAL FES	393
DUES & SUBSCRIPTIONS	191
CLERICAL & GENERAL	11,349
SEMINARS & TRAVEL	146
AUTO EXP	380
INSURANCE	158
EMP. BEN.-GEN. ADMIN.	2,120
DEPRECIATION	356
INTEREST	563
REAL ESTATE TAXES	708
AUTO RENTAL	1,619



