

| | | | | | |
|--|--|-------------|--|--|--|
| | | FOR BHF USE | | | |
| | | | | | |
| | | | | | |
| | | | | | |

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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: 1000106

Facility Name: WOODRIDGE SL RESID GALESBURG

Address: 261 NORTH LINWOOD RD GALESBURG 61401
Number City Zip Code

County: KNOX

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

Federal Employer ID Number: _____

Date Current Owners were Certified: 10/15/2008

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 01/01/2015 to 12/31/2015 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 RESID GALESBURG

Report Period Beginning:

01/01/2015

Ending: 12/31/2015

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 | 142,206 | 142,427 | 1,970 | 286,603 | | 286,603 | 1 |
| 2 | Housekeeping, Laundry and Maintenance | 85,311 | 38,281 | 11,300 | 134,892 | | 134,892 | 2 |
| 3 | Heat and Other Utilities | | | 51,790 | 51,790 | 3,042 | 54,832 | 3 |
| 4 | Other (specify): | | | | | | | 4 |
| 5 | TOTAL General Services | 227,517 | 180,708 | 65,060 | 473,285 | 3,042 | 476,327 | 5 |
| B. Health Care and Programs | | | | | | | | |
| 6 | Health Care/ Personal Care | 341,495 | 3,812 | 1,000 | 346,307 | | 346,307 | 6 |
| 7 | Activities and Social Services | 21,493 | 5,546 | | 27,039 | | 27,039 | 7 |
| 8 | Other (specify): | | | | | | | 8 |
| 9 | TOTAL Health Care and Programs | 362,988 | 9,358 | 1,000 | 373,346 | | 373,346 | 9 |
| C. General Administration | | | | | | | | |
| 10 | Administrative and Clerical | 57,685 | 4,561 | 123,690 | 185,936 | 13,488 | 199,424 | 10 |
| 11 | Marketing Materials, Promotions and Advertising | | | 5,222 | 5,222 | | 5,222 | 11 |
| 12 | Employee Benefits and Payroll Taxes | | | 124,821 | 124,821 | | 124,821 | 12 |
| 13 | Insurance-Property, Liability and Malpractice | | | 16,276 | 16,276 | 6,482 | 22,758 | 13 |
| 14 | Other (specify): | | | | | | | 14 |
| 15 | TOTAL General Administration | 57,685 | 4,561 | 270,009 | 332,255 | 19,970 | 352,225 | 15 |
| 16 | TOTAL Operating Expense (Sum of lines 5, 9 and 15) | 648,190 | 194,627 | 336,069 | 1,178,886 | 23,012 | 1,201,898 | 16 |
| Capital Expenses | | | | | | | | |
| D. Ownership | | | | | | | | |
| 17 | Depreciation | | | 6,595 | 6,595 | 155,283 | 161,878 | 17 |
| 18 | Interest | | | 373 | 373 | 185,954 | 186,327 | 18 |
| 19 | Real Estate Taxes | | | | | 64,388 | 64,388 | 19 |
| 20 | Rent -- Facility and Grounds | | | 420,000 | 420,000 | (420,000) | | 20 |
| 21 | Rent -- Equipment | | | 8,856 | 8,856 | | 8,856 | 21 |
| 22 | Other (specify): | | | | | | | 22 |
| 23 | TOTAL Ownership | | | 435,824 | 435,824 | (14,375) | 421,449 | 23 |
| 24 | GRAND TOTAL (Sum of lines 16 and 23) | 648,190 | 194,627 | 771,893 | 1,614,710 | 8,637 | 1,623,347 | 24 |

Facility Name: WOODRIDGE SL RESID GALESBURG

Report Period Beginning 01/01/2015 Ending: 12/31/2015

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 | 3 | 17.66 | 2 |
| 3 | Certified Nurse Assistants | 15 | 9.72 | 3 |
| 4 | Activity Director & Assistants | 1 | 13.25 | 4 |
| 5 | Social Service Workers | | | 5 |
| 6 | Head Cook | 2 | 10.30 | 6 |
| 7 | Cook Helpers/Assistants | 6 | 9.72 | 7 |
| 8 | Dishwashers | | | 8 |
| 9 | Maintenance Workers | 1 | 13.42 | 9 |
| 10 | Housekeepers | 3 | 9.81 | 10 |
| 11 | Laundry | | | 11 |
| 12 | Managers | 1 | 23.65 | 12 |
| 13 | Other Administrative | | | 13 |
| 14 | Clerical | | | 14 |
| 15 | Marketing | | | 15 |
| 16 | Other | | | 16 |
| 17 | Total (lines 1 thru 16) | 32 | \$ | 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 | NA | | | \$ | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| Total | | | | \$ | 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 GENESEO | | GENESE0 | |
| WOODRIDGE OF PONTIAC | | PONTIAC | |
| | | | |
| | | | |

OTHER RELATED BUSINESS ENTITIES

| Name | 3 | City | 4 | Type of Business | 5 |
|-------------------|---|------|---|------------------|---|
| SCHEDULE ATTACHED | | | | SCHEDULE ATTAC | |
| | | | | | |
| | | | | | |

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? \$ 55,315

(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 GALESBURG

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

VIII. OWNERSHIP COSTS

A. Purchase price of land 89,000 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 | | 2008 | 2008 | \$ 4,270,281 | \$ 155,283 | 27.5 | \$ 155,283 | \$ | \$ 1,115,336 | 1 |
| 2 | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | 5 |
| Improvement Type | | | | | | | | | | | |
| 6 | | WATERSOFTENER | | 2009 | 9,217 | 335 | 27.5 | 335 | | 2,164 | 6 |
| 7 | | SIDEWALK REPAIR | | 2010 | 3,300 | 120 | 27.5 | 120 | | 655 | 7 |
| 8 | | CARPETING | | 2010 | 3,268 | 119 | 27.5 | 119 | | 649 | 8 |
| 9 | | FURNACE REPAIRS | | 2012 | 706 | 26 | 27.5 | 26 | | 102 | 9 |
| 10 | | CARPETING | | 2012 | 6,195 | 225 | 27.5 | 225 | | 684 | 10 |
| 11 | | REPLACED CAMERAS & DVR | | 2013 | 4,982 | 181 | 27.5 | 181 | | 467 | 11 |
| 12 | | OFFSET SUPPLY TRAP | | 2013 | 2,126 | 77 | 27.5 | 77 | | 160 | 12 |
| 13 | | NURSE CALL, PENDANT, WIRELESS CONNECTION | | 2014 | 18,640 | 678 | 27.5 | 678 | | 859 | 13 |
| 14 | | REPAIR LEAK, INSTALL RECIRCULATING PUMP | | 2014 | 6,505 | 237 | 27.5 | 237 | | 426 | 14 |
| 15 | | ROOF WORK | | 2014 | 1,522 | 55 | 27.5 | 55 | | 60 | 15 |
| 16 | | DOOR | | 2015 | 2,025 | 12 | 28 | 12 | | 12 | 16 |
| 17 | | TOTAL (lines 1 thru 16) | | | \$ 4,328,767 | \$ 157,348 | | \$ 157,348 | \$ | \$ 1,121,574 | 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 | \$ 268,185 | \$ 5,285 | \$ 26,818 | 21,533 | 10 YRS | \$ 143,650 | 18 |
| 19 | Vehicles | | | | | | | 19 |
| 20 | TOTAL (lines 18 and 19) | \$ 268,185 | \$ 5,285 | \$ 26,818 | 21,533 | | \$ 143,650 | 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 GALESBURG**

Report Period Beginning: **01/01/2015**

Ending: **2/31/2015**

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 | \$ 4,743,200 | \$ 4,609,382 | 5/1/44 | 4.0000 | \$ 185,954 |
| 2 | | | | | / / | | | / / | | |
| 3 | | | | | / / | | | / / | | |
| | Working Capital | | | | | | | | | |
| 4 | | | X | INSURANCE FINANCING | / / | | | / / | | 373 |
| 5 | | | | | / / | | | / / | | |
| 6 | | | | | / / | | | / / | | |
| 7 | TOTAL Facility Related | | | | | \$ 4,743,200 | \$ 4,609,382 | | | \$ 186,327 |
| | B. Non-Facility Related | | | | | | | | | |
| 8 | | | | | / / | | | / / | | |
| 9 | | | | | / / | | | / / | | |
| 10 | TOTALS (lines 7, 8 and 9) | | | | | \$ 4,743,200 | \$ 4,609,382 | | | \$ 186,327 |

* 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 GALESBURG

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

| | | 1 | 2 | |
|----|---|------------|----------------------|----|
| | | Operating | After Consolidation* | |
| | A. Current Assets | | | |
| 1 | Cash on Hand and in Banks | \$ 6,575 | \$ 23,113 | 1 |
| 2 | Cash-Patient Deposits | | | 2 |
| 3 | Accounts & Short-Term Notes Receivable-Patients (less allowance) | 129,218 | 129,218 | 3 |
| 4 | Supply Inventory (priced at) | | | 4 |
| 5 | Short-Term Investments | | | 5 |
| 6 | Prepaid Insurance | 21,745 | 35,729 | 6 |
| 7 | Other Prepaid Expenses | 381 | 381 | 7 |
| 8 | Accounts Receivable (owners or related parties) | 655,229 | 665,245 | 8 |
| 9 | Other(specify): ESCROWS | | 147,201 | 9 |
| 10 | TOTAL Current Assets (sum of lines 1 thru 9) | \$ 813,148 | \$ 1,000,887 | 10 |
| | B. Long-Term Assets | | | |
| 11 | Long-Term Notes Receivable | | | 11 |
| 12 | Long-Term Investments | | | 12 |
| 13 | Land | | 89,000 | 13 |
| 14 | Buildings, at Historical Cost | | 4,270,281 | 14 |
| 15 | Leasehold Improvements, at Historical Cost | 58,487 | 58,487 | 15 |
| 16 | Equipment, at Historical Cost | 51,083 | 268,184 | 16 |
| 17 | Accumulated Depreciation (book methods) | (44,918) | (1,377,355) | 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): DEFERRED LOAN COSTS NET | | 107,640 | 23 |
| 24 | TOTAL Long-Term Assets (sum of lines 11 thru 23) | \$ 64,652 | \$ 3,416,237 | 24 |
| 25 | TOTAL ASSETS (sum of lines 10 and 24) | \$ 877,800 | \$ 4,417,124 | 25 |

| | | 1 | 2 | |
|----|--|------------|----------------------|----|
| | | Operating | After Consolidation* | |
| | C. Current Liabilities | | | |
| 26 | Accounts Payable | \$ 66,310 | \$ 77,710 | 26 |
| 27 | Officer's Accounts Payable | | | 27 |
| 28 | Accounts Payable-Patient Deposits | | | 28 |
| 29 | Short-Term Notes Payable | | | 29 |
| 30 | Accrued Salaries Payable | 30,685 | 30,685 | 30 |
| 31 | Accrued Taxes Payable | 3,287 | 67,287 | 31 |
| 32 | Accrued Interest Payable | | 15,365 | 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) | \$ 100,282 | \$ 191,047 | 37 |
| | D. Long-Term Liabilities | | | |
| 38 | Long-Term Notes Payable | | | 38 |
| 39 | Mortgage Payable | | 4,609,382 | 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) | \$ | \$ 4,609,382 | 44 |
| 45 | TOTAL LIABILITIES (sum of lines 37 and 44) | \$ 100,282 | \$ 4,800,429 | 45 |
| 46 | TOTAL EQUITY | \$ 777,518 | \$ (383,305) | 46 |
| 47 | TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46) | \$ 877,800 | \$ 4,417,124 | 47 |

*(See instructions.)

Facility Name: WOODRIDGE SL RESID GALESBURG

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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 | \$ 1,920,268 | 1 |
| 2 | Discounts and Allowances | | 2 |
| 3 | SUBTOTAL Resident Care (line 1 minus line 2) | \$ 1,920,268 | 3 |
| | B. Other Operating Revenue | | |
| 4 | Special Services | | 4 |
| 5 | Other Health Care Services | 1,245 | 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) | \$ 1,245 | 11 |
| | C. Non-Operating Revenue | | |
| 12 | Contributions | | 12 |
| 13 | Interest and Other Investment Income | 34 | 13 |
| 14 | SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13) | \$ 34 | 14 |
| | D. Other Revenue (specify): | | |
| 15 | FOOD STAMPS | 21,993 | 15 |
| 16 | | | 16 |
| 17 | SUBTOTAL Other Revenue (sum of lines 15 and 16) | \$ 21,993 | 17 |
| 18 | TOTAL REVENUE (sum of lines 3, 11, 14 and 17) | \$ 1,943,540 | 18 |

| | 2 | Amount | |
|----|--|---------------------|-----------|
| | Expenses | | |
| | A. Operating Expenses | | |
| 19 | General Services | 473,285 | 19 |
| 20 | Health Care/ Personal Care | 373,346 | 20 |
| 21 | General Administration | 332,255 | 21 |
| | B. Capital Expense | | |
| 22 | Ownership | 435,824 | 22 |
| | C. Other Expenses | | |
| 23 | Special Cost Centers | | 23 |
| 24 | Non-Operating Expenses | | 24 |
| 25 | Other (specify): | | 25 |
| 26 | PRIOR ADJUSTMENT | 2,036 | 26 |
| 27 | | | 27 |
| 28 | TOTAL EXPENSES (sum of lines 19 thru 27) | \$ 1,616,746 | 28 |
| 29 | Income Before Income Taxes (line 18 minus line 28) | \$ 326,794 | 29 |
| 30 | Income Taxes | \$ 6,902 | 30 |
| 31 | NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30) | \$ 319,892 | 31 |

WOODRIDGE OF GALESBURG
12/31/2015

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

| | | |
|---------|---------------|---------|
| LINE 3 | CABLE TV | 3,042 |
| LINE 10 | CABLE TV | (3,042) |
| LINE 14 | CONTRIBUTIONS | (545) |

RELATED PARTY LANDLORD

| | | |
|---------|--------------------|---------------------|
| LINE 17 | DEPRECIATION | 155,283 |
| LINE 18 | MORTGAGE INTEREST | 185,954 |
| LINE 19 | REAL ESTATE TAXES | 64,388 |
| LINE 10 | PROFESSIONAL FEES | 17,075 |
| LINE 13 | PROPERTY INSURANCE | 6,482 |
| LINE 20 | RENT | <u>(420,000)</u> |
| LINE 24 | GRAND TOTAL | <u><u>8,637</u></u> |

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

| | | | |
|---------|----------------------|--------|--------|
| LINE 10 | MANAGEMENT FEES | | 62,750 |
| | UTILITIES | 177 | |
| | REPAIRS & MAINT | 1,311 | |
| | EMP BEN-GEN SERV | 38 | |
| | PROFESSIONAL FES | 508 | |
| | DUES & SUBSCRIPTIONS | 467 | |
| | CLERICAL & GENERAL | 15,243 | |
| | SEMINARS & TRAVEL | 449 | |
| | AUTO EXP | 371 | |
| | INSURANCE | 523 | |

| | |
|--------------------------------|---------------|
| EMP. BEN.-GEN. ADMIN. | 2,315 |
| DEPRECIATION | 430 |
| INTEREST | 358 |
| REAL ESTATE TAXES | 671 |
| REAL ESTATE TAXES PROTEST FEES | - |
| AUTO RENTAL | 1,822 |
| EQUIPMENT RENTAL | 13 |
| CLERICAL COMP | 19,362 |
| CLERICAL BENEFITS | 11,257 |
| | <u>55,315</u> |

WOODRIDGE OF GALESBURG
RELATED HEALTHCARE ENTITIES

BRADLEY
BRIDGEVIEW HEALTHCARE CENTER
GROSSE POINT
OTTAWA PAVILION
PARK RIDGE
STERLING PAVILION
WATERFRONT TERRACE
WILLOW CREST
WINDMILL NURSING PAVILION
WOODBIDGE

BRADLEY
BRIDGEVIEW
NILES
OTTAWA
PARK RIDGE
STERLING
CHICAGO
SANDWICH
SOUTH HOLLAND
CHICAGO

OTHER RELATED BUSINESSES

DYNAMIC HEALTHCARE CONSULTANTS SKOKIE
SEASONS HOSPICE PARK RIDGE
GALESBURG NORTHWEST HOLDINGS

BOOKKEEPING COMPANY
HOSPICE
BUILDING CO.