

		FOR BHF USE			

LL2

Supportive Living Facility

**2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)**

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>I. Facility ID Number: <u>1000106</u></p> <p>Facility Name: <u>WOODRIDGE SUPP LVG RESIDENCE</u></p> <p>Address: <u>261 NORTH LINWOOD RD</u> <u>GALESBURG</u> <u>61401</u> <small>Number City Zip Code</small></p> <p>County: <u>KNOX</u></p> <p>Telephone Number: <u>(847) 679-8219</u> Fax # <u>(847) 679-7377</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>10/15/2008</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.</td> <td><input checked="" type="checkbox"/> PROPRIETARY Individual</td> <td><input type="checkbox"/> GOVERNMENTAL 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>IRS Exemption Code _____</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>In the event there are further questions about this report, please contact: Name: _____ Telephone Number: (_____) _____ Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input checked="" type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL 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 _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2016</u> to <u>12/31/2016</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>MARSHALL MAUER</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>TREASURER</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) (_____) _____</td> <td>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) _____	(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 # (_____) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input checked="" type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL State																																									
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	(Print Name and Title) _____																																										
	(Firm Name & Address) _____																																										
	(Telephone) (_____) _____	Fax # (_____) _____																																									

Facility Name: WOODRIDGE SUPP LVG RESIDENCE

Report Period Beginning:

01/01/2016

Ending: 12/31/2016

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	153,002	130,816	1,695	285,513		285,513	1
2	Housekeeping, Laundry and Maintenance	73,281	38,905	13,588	125,774		125,774	2
3	Heat and Other Utilities			63,154	63,154	3,109	66,263	3
4	Other (specify):							4
5	TOTAL General Services	226,283	169,721	78,437	474,441	3,109	477,550	5
B. Health Care and Programs								
6	Health Care/ Personal Care	366,010	3,433		369,443		369,443	6
7	Activities and Social Services	22,551	6,860		29,411		29,411	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	388,561	10,293		398,854		398,854	9
C. General Administration								
10	Administrative and Clerical	57,805	5,844	131,652	195,301	8,211	203,512	10
11	Marketing Materials, Promotions and Advertising			6,348	6,348		6,348	11
12	Employee Benefits and Payroll Taxes			136,984	136,984		136,984	12
13	Insurance-Property, Liability and Malpractice			18,215	18,215	6,373	24,588	13
14	Other (specify):							14
15	TOTAL General Administration	57,805	5,844	293,199	356,848	14,584	371,432	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	672,649	185,858	371,636	1,230,143	17,693	1,247,836	16
Capital Expenses								
D. Ownership								
17	Depreciation			7,572	7,572	109,494	117,066	17
18	Interest			381	381	182,459	182,840	18
19	Real Estate Taxes					89,160	89,160	19
20	Rent -- Facility and Grounds			420,000	420,000	(420,000)		20
21	Rent -- Equipment			17,347	17,347		17,347	21
22	Other (specify):							22
23	TOTAL Ownership			445,300	445,300	(38,887)	406,413	23
24	GRAND TOTAL (Sum of lines 16 and 23)	672,649	185,858	816,936	1,675,443	(21,194)	1,654,249	24

Facility Name: WOODRIDGE SUPP LVG RESIDENCE

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

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	17.95	2
3	Certified Nurse Assistants	15	9.80	3
4	Activity Director & Assistants	1	13.36	4
5	Social Service Workers			5
6	Head Cook	2	10.45	6
7	Cook Helpers/Assistants	6	9.86	7
8	Dishwashers			8
9	Maintenance Workers	1	13.57	9
10	Housekeepers	3	9.82	10
11	Laundry			11
12	Managers	1	23.79	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	ESTHER MARYLES	0.0833	8.5	\$ 18,762	1
2					2
3					3
4					4
5					5
				Total	\$ 18762 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		GENESEO	

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? \$ 58,039

(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 SUPP LVG RESIDENCE

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	\$ 109,494	27.5	\$ 109,494		\$ 1,224,830	1
2											2
3											3
4		RELATED PARTY			7,245	186	35	207	21	4,830	4
5											5
Improvement Type											
6		WATERSOFTENER		2009	9,217	335	27.5	335		2,499	6
7		SIDEWALK REPAIR		2010	3,300	120	27.5	120		775	7
8		CARPETING		2010	3,268	119	27.5	119		768	8
9		FURNACE REPAIRS		2012	706	26	27.5	26		128	9
10		CARPETING		2012	6,195	225	27.5	225		909	10
11		REPLACED CAMERAS & DVR		2013	4,982	181	27.5	181		648	11
12		OFFSET SUPPLY TRAP		2013	2,126	77	27.5	77		237	12
13		NURSE CALL, PENDANT, WIRELESS CONNECTION		2014	18,640	678	27.5	678		1,537	13
14		REPAIR LEAK, INSTALL RECIRCULATING PUMP		2014	6,505	237	27.5	237		663	14
15		ROOF WORK		2014	1,522	55	27.5	55		115	15
16		DOOR		2015	2,025	74	27.5	74		86	16
17		TOTAL (lines 1 thru 16)			\$ 4,336,012	\$ 111,807		\$ 111,828	\$ 21	\$ 1,238,025	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	\$ 258,077	\$ 5,360	\$ 25,808	20,448	10 YRS	\$ 169,458	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 258,077	\$ 5,360	\$ 25,808	20,448		\$ 169,458	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 SUPP LVG RESIDENCE

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

	Improvement Type								
6	CONCRETE WORK						0		6
7	VENT REPAIR	2016	3,250	39	27.5	39	0	39	7
8		2016	3,800	46	27.5	46	0	46	8
9							0		9
10							0		10
11							0		11
12							0		12
13							0		13
14							0		14
15							0		15
16							0		16
17	TOTAL (lines 1 thru 16)		\$ 4,343,062	\$ 111,892		\$ 111,913	\$ 0	\$ 1,238,110	17

Facility Name: **WOODRIDGE SUPP LVG RESIDENCE**

Report Period Beginning: **01/01/2016**

Ending: **2/31/2016**

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	\$ 4,520,401	5/1/44	4.0000	\$ 182,459
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4			X	INSURANCE FINANCING	/ /			/ /		381
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 4,743,200	\$ 4,520,401			\$ 182,840
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 4,743,200	\$ 4,520,401			\$ 182,840

* 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 SUPP LVG RESIDENCE

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 14,453	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	152,466	152,466	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	22,103	35,837	6
7	Other Prepaid Expenses	1,147	1,147	7
8	Accounts Receivable (owners or related parties)	689,470	689,470	8
9	Other(specify): ESCROWS		172,222	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 865,186	\$ 1,065,595	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	65,537	65,537	15
16	Equipment, at Historical Cost	56,425	273,526	16
17	Accumulated Depreciation (book methods)	(52,490)	(1,165,540)	17
18	Deferred Charges		103,830	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)	\$ 69,472	\$ 3,636,634	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 934,658	\$ 4,702,229	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 92,229	\$ 92,229	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	40,088	40,088	30
31	Accrued Taxes Payable	4,836	82,836	31
32	Accrued Interest Payable		15,068	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)	\$ 137,153	\$ 230,221	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		4,520,401	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)	\$	\$ 4,520,401	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 137,153	\$ 4,750,622	45
46	TOTAL EQUITY	\$ 797,505	\$ (48,393)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 934,658	\$ 4,702,229	47

*(See instructions.)

Facility Name: WOODRIDGE SUPP LVG RESIDENCE

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,980,949	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,980,949	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services	1,396	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)	\$ 1,396	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	130	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 130	14
D. Other Revenue (specify):			
15	FOOD STAMPS	21,237	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 21,237	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,003,712	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	474,441	19
20	Health Care/ Personal Care	398,854	20
21	General Administration	356,848	21
B. Capital Expense			
22	Ownership	445,300	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	PRIOR YEAR ADJ	3,288	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,678,731	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 324,981	29
30	Income Taxes	\$ 4,995	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 319,986	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$	37

WOODRIDGE OF GALESBURG
12/31/2016

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 3	CABLE TV	3,109
LINE 10	CABLE TV	(3,109)
LINE 10	CONTRIBUTIONS	(250)

RELATED PARTY LANDLORD

LINE 17	DEPRECIATION	109,494
LINE 18	MORTGAGE INTEREST	182,459
LINE 19	REAL ESTATE TAXES	89,160
LINE 10	PROFESSIONAL FEES	11,570
LINE 13	PROPERTY INSURANCE	6,373
LINE 20	RENT	<u>(420,000)</u>
LINE 24	GRAND TOTAL	<u><u>(21,194)</u></u>

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES		75,000
	UTILITIES	173	
	REPAIRS & MAINT	1,110	
	EMP. BEN.-GEN. SERV.	36	
	PROFESSIONAL FES	975	
	DUES & SUBSCRIPTIONS	281	
	CLERICAL & GENERAL	17,452	
	SEMINARS & TRAVEL	324	
	AUTO EXP	270	
	INSURANCE	517	
	EMP. BEN.-GEN. ADMIN.	2,922	
	DEPRECIATION	468	
	INTEREST	407	
	REAL ESTATE TAXES	684	
	REAL ESTATE TAXES PROTEST FEES	-	
	AUTO RENTAL	1,967	
	EQUIPMENT RENTAL	135	
	CLERICAL COMP	18,762	
	CLERICAL BENEFITS	<u>11,557</u>	
		<u><u>58,039</u></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
SEASONS HOSPICE
GALESBURG NORTHWEST HOLDINGS

SKOKIE
PARK RIDGE

BOOKKEEPING COMPANY
HOSPICE
BUILDING CO.