

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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>1000098</u></p> <p>Facility Name: <u>WOODRIDGE SUPPORTIVE LIVING RESIDENCE OF GENESEO LLC</u></p> <p>Address: <u>620 OLIVIA COURT</u> <u>GENESEO</u> <u>61254</u> <small>Number City Zip Code</small></p> <p>County: <u>HENRY</u></p> <p>Telephone Number: (<u>847</u>) <u>679-8219</u> Fax # (<u>847</u>) <u>679-7377</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>07/02/2008</u></p> <p>Type of Ownership:</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>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: <u>BOB KAGDA</u> Telephone Number: (<u>847</u>) <u>675-3585</u> Email Address: _____</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	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>01/01/2011</u> to <u>12/31/2011</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) <u>MARSHALL MAUER</u> (Title) <u>TREASURER</u> </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Print Name and Title) _____ (Firm Name & Address) <u>KRUPNICK, BOKOR, KAGDA & BROOKS LTD</u> <u>3750 W DEVON LINCOLNWOOD, IL 60712</u> (Telephone) (<u>847</u>) <u>675-3585</u> Fax (<u>847</u>) <u>675-5777</u> </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) <u>MARSHALL MAUER</u> (Title) <u>TREASURER</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) <u>KRUPNICK, BOKOR, KAGDA & BROOKS LTD</u> <u>3750 W DEVON LINCOLNWOOD, IL 60712</u> (Telephone) (<u>847</u>) <u>675-3585</u> Fax (<u>847</u>) <u>675-5777</u>
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Facility Name: WOODRIDGE SUPPORTIVE LIVING RESIDENCE OF GE

Report Period Beginning:

01/01/2011

Ending: 12/31/2011

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	110,975	127,629	1,838	240,442		240,442	1
2	Housekeeping, Laundry and Maintenance	63,833	31,616	6,296	101,745		101,745	2
3	Heat and Other Utilities			86,276	86,276	2,193	88,469	3
4	Other (specify): SCAVENGER			2,130	2,130		2,130	4
5	TOTAL General Services	174,808	159,245	96,540	430,593	2,193	432,786	5
B. Health Care and Programs								
6	Health Care/ Personal Care	275,880	2,297		278,177		278,177	6
7	Activities and Social Services	30,805	4,326		35,131		35,131	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	306,685	6,623		313,308		313,308	9
C. General Administration								
10	Administrative and Clerical	68,001	8,973	49,422	126,396	(2,193)	124,203	10
11	Marketing Materials, Promotions and Advertising			34,585	34,585		34,585	11
12	Employee Benefits and Payroll Taxes			92,738	92,738		92,738	12
13	Insurance-Property, Liability and Malpractice			20,861	20,861		20,861	13
14	Other (specify):							14
15	TOTAL General Administration	68,001	8,973	197,606	274,580	(2,193)	272,387	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	549,494	174,841	294,146	1,018,481		1,018,481	16
Capital Expenses								
D. Ownership								
17	Depreciation			7,606	7,606	162,116	169,722	17
18	Interest			4,983	4,983	233,958	238,941	18
19	Real Estate Taxes			36,000	36,000	(1,446)	34,554	19
20	Rent -- Facility and Grounds			372,200	372,200	(372,200)		20
21	Rent -- Equipment			7,800	7,800		7,800	21
22	Other (specify):							22
23	TOTAL Ownership			428,589	428,589	22,428	451,017	23
24	GRAND TOTAL (Sum of lines 16 and 23)	549,494	174,841	722,735	1,447,070	22,428	1,469,498	24

Facility Name: **WOODRIDGE SUPPORTIVE LIVING RESIDENCE OF GENESEO**

Report Period Beginning **01/01/2011**

Ending:

12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.5	\$ 19.43	1
2	Licensed Practical Nurses	0.5	16.63	2
3	Certified Nurse Assistants	8.0	10.39	3
4	Activity Director & Assistants	1.5	12.75	4
5	Social Service Workers			5
6	Head Cook	3.0	10.82	6
7	Cook Helpers/Assistants	3.5	8.52	7
8	Dishwashers			8
9	Maintenance Workers	1.0	15.42	9
10	Housekeepers	2.0	10.48	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.0	24.47	13
14	Clerical	1.0	16.06	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	23.0	\$	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	NA	\$ 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 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? \$ 16,599

(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 SUPPORTIVE LIVING RESIDENCE OF G...

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 251,148 Year land was acquired 2007

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	\$	\$ 517,063	1
2											2
3											3
4											4
5											5
Improvement Type											
6		PLUMBING WORK		2010	2,938	107	28	107		120	6
7		DOOR		2011	1,925	44	28	44		44	7
8		CARPENTRY AND LABOR		2011	6,219	47	28	47		47	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 4,075,712	\$ 148,899		\$ 148,899	\$	\$ 517,274	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	\$ 231,892	\$ 20,823	\$ 23,189	2,366	10 YRS	\$ 66,857	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 231,892	\$ 20,823	\$ 23,189	2,366		\$ 66,857	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 SUPPORTIVE LIVING RESIDENCE OF GENESI**

Report Period Beginning: **01/01/2011**

Ending: **2/31/2011**

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	MB FINANCIAL		X	MORTGAGE	12/28/07	\$ 4,763,400	\$ 4,349,334	6/1/34	5.2500	\$ 233,958	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	MB FINANCIAL		X	WORKING CAPITAL	11/17/09	125,000	72,917	11/5/14	5.0000	4,824	4
5			X	INSURANCE FINANCING	/ /			/ /		159	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,888,400	\$ 4,422,251			\$ 238,941	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,888,400	\$ 4,422,251			\$ 238,941	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 SUPPORTIVE LIVING RESIDENCE OF GENESEO**Report Period Beginning: **01/01/2011**

Ending:

12/31/2011**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2011**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 66,628	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	251,267		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	21,234		6
7	Other Prepaid Expenses	1,326		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 340,455	\$	10
	B. Long-Term Assets			
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	11,082		15
16	Equipment, at Historical Cost	30,241		16
17	Accumulated Depreciation (book methods)	(20,899)		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): DEPOSIT	3,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 23,424	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 363,879	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 87,050	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	34,956		30
31	Accrued Taxes Payable	4,132		31
32	Accrued Interest Payable			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)	\$ 126,138	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	72,917		38
39	Mortgage Payable			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)	\$ 72,917	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 199,055	\$	45
46	TOTAL EQUITY	\$ 164,824	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 363,879	\$	47

*(See instructions.)

Facility Name: WOODRIDGE SUPPORTIVE LIVING RESIDENCE OF

Report Period Beginning: 01/01/2011

Ending:

12/31/2011

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	\$ 1,819,587	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,819,587	3
B. Other Operating Revenue			
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		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	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	FOOD STAMP INCOME	32,792	15
16	OTHER SERVICES-PRIVATE	495	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 33,287	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,852,874	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	430,593	19
20	Health Care/ Personal Care	313,308	20
21	General Administration	274,580	21
B. Capital Expense			
22	Ownership	428,589	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,447,070	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 405,804	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 405,804	31

WOODRIDGE OF GENESEO
12/31/2011

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 3	CABLE TV	2,193
LINE 10	CABLE TV	(2,193)

RELATED PARTY LANDLORD

LINE 17	DEPRECIATION	162,116
LINE 18	MORTGAGE INTEREST	233,958
LINE 19	REAL ESTATE TAX	(36,000)
LINE 19	REAL ESTATE TAX	34,554
LINE 20	RENT	(372,200)
LINE 24	GRAND TOTAL	<u>22,428</u>

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

UTILITIES	185
REPAIRS & MAINT	1,142
EMP BEN-GEN SERV	17
PROFESSIONAL FES	114
DUES & SUBSCRIPTIONS	125
CLERICAL & GENERAL	9,235
SEMINARS & TRAVEL	134
AUTO EXP	233
INSURANCE	78
EMP. BEN.-GEN. ADMIN.	1,927
DEPRECIATION	372
INTEREST	657
REAL ESTATE TAXES	692
REAL ESTATE TAXES PROTEST FEE	122
EQUIPMENT RENTAL	1,565
	<u>16,599</u>

