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: 1000113

Facility Name: WOODRIDGE SL RESD OF PONTIAC

Address: 120 N DEERFIELD RD (Number) PONTIAC (City) 61764 (Zip Code)

County: LIVINGSTON

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

Federal Employer ID Number:

Date Current Owners were Certified: 03/02/2009

Type of Ownership:

	VOLUNTARY, NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			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 01/01/2013 to 12/31/2013 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.

Officer or Administrator of Provider
(Signed)
(Date)
(Type or Print Name)
(Title)

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 RESD OF PONTIAC Report Period Beginning: 01/01/2013 Ending: 12/31/2013

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	50	Single Unit Apartment	50	18,250	1
2	10	Double Unit Apartment	10	3,650	2
3		Other		223	3
4	60	TOTALS	60	22,123	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	7,212	7,874		15,086	5
6	Double Unit	223			223	6
7	Other					7
8	TOTALS	7,435	7,874		15,309	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 69.20%

D. Indicate the number of paid bed-hold days the SLF had during this year _____ **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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets? YES [ ] NO [X]

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO

Tax Year: _____ Fiscal Year: _____

*** 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? NO **If yes, did the facility make all of the required payments of interest and principle?** _____ **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: WOODRIDGE SL RESD OF PONTIAC **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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	85,750	99,552	2,384	187,686		187,686	1
2	Housekeeping, Laundry and Maintenance	59,597	36,608	17,702	113,907		113,907	2
3	Heat and Other Utilities			59,870	59,870	926	60,796	3
4	Other (specify):							4
5	**TOTAL General Services**	145,347	136,160	79,956	361,463	926	362,389	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	331,167	2,854		334,021		334,021	6
7	Activities and Social Services	19,912	6,141		26,053		26,053	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	351,079	8,995		360,074		360,074	9
	C. General Administration							
10	Administrative and Clerical	45,830	17,155	63,807	126,792	(926)	125,866	10
11	Marketing Materials, Promotions and Advertising			15,822	15,822		15,822	11
12	Employee Benefits and Payroll Taxes			98,378	98,378		98,378	12
13	Insurance-Property, Liability and Malpractice			21,458	21,458		21,458	13
14	Other (specify):							14
15	**TOTAL General Administration**	45,830	17,155	199,465	262,450	(926)	261,524	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	542,256	162,310	279,421	983,987		983,987	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			4,596	4,596	158,502	163,098	17
18	Interest			437	437	142,996	143,433	18
19	Real Estate Taxes			64,836	64,836		64,836	19
20	Rent -- Facility and Grounds			287,000	287,000	(287,000)		20
21	Rent -- Equipment			17,866	17,866		17,866	21
22	Other (specify):							22
23	**TOTAL Ownership**			374,735	374,735	14,498	389,233	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	542,256	162,310	654,156	1,358,722	14,498	1,373,220	24

Facility Name: WOODRIDGE SL RESD OF PONTIAC 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
2	Licensed Practical Nurses	2	24.10	2
3	Certified Nurse Assistants	10	10.35	3
4	Activity Director & Assistants	1	12.00	4
5	Social Service Workers			5
6	Head Cook	3	10.25	6
7	Cook Helpers/Assistants	2	9.50	7
8	Dishwashers			8
9	Maintenance Workers	1	11.35	9
10	Housekeepers	1	9.00	10
11	Laundry			11
12	Managers	1	18.25	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	21	$	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	E MARYLES	8.3	8.4	$ 15,162	1
2					2
3					3
4					4
5					5
			Total	$ 15162	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				OTHER RELATED BUSINESS ENTITIES					
Name	1	City	2	Name	3	City	4	Type of Business	5
WOODRIDGE OF GALESBURG				SCHEDULE ATTACHED					
WOODRIDGE OF GENESEO									
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 [X] 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 [X] 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 RESD OF PONTIAC Report Period Beginning: 01/01/2013 Ending: 12/31/2013

VIII. OWNERSHIP COSTS

A. Purchase price of land 172,766 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		2009	2009	$ 3,871,594	$ 141,682	28	$ 141,682	$	$ 678,318	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	PLUMBING REPAIRS			2010	2,148	78	28	78		2,190	6
7	FRONT DOOR - SIDELITE			2010	4,927	179	28	179		4,966	7
8	DOOR			2011	1,843	67	28	67		1,913	8
9	SEWER WORK			2011	3,016	110	28	110		3,214	9
10	TRANSMITTER			2012	2,355	86	28	86		104	10
11	SPRINKLER REPAIRS			2013	3,656	106	28	106		106	11
12	WIRING & DVR			2013	4,648	51	28	51		51	12
13	WOOD DOOR			2013	597	5	28	5		5	13
14	FIRE DAMAGE REPAIR-NET OF INSURANCE			2013	3,251	29	28	29		29	14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 3,898,035	$ 142,393		$ 142,393	$	$ 690,896	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	$ 316,705	$ 18,739	$ 31,670	12,931	10 YRS	$ 154,683	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 316,705	$ 18,739	$ 31,670	12,931		$ 154,683	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 RESD OF PONTIAC **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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	BANK OF PONTIAC		X	MORTGAGE	12/4/08	$ 3,939,300	$ 3,650,612	4/15/14	5.7500	$ 142,996	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	BANK OF PONTIAC		X	WORKING CAPITAL	5/1/09	725,000	588,677	/ /		23,927	4
5			X	INSURANCE FINANCING	/ /			/ /		437	5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 4,664,300	$ 4,239,289			$ 167,360	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 4,664,300	$ 4,239,289			$ 167,360	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 RESD OF PONTIAC **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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 190,588	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	162,895		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	34,419		6
7	Other Prepaid Expenses	790		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 388,692	$	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	26,441		15
16	Equipment, at Historical Cost	34,997		16
17	Accumulated Depreciation (book methods)	(27,314)		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):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 34,124	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 422,816	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 280,105	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	42,929		30
31	Accrued Taxes Payable	70,939		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)**	$ 393,973	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			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)**	$	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 393,973	$	45
46	**TOTAL EQUITY**	$ 28,843	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 422,816	$	47

***(See instructions.)**

Facility Name: WOODRIDGE SL RESD OF PONTIAC **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.)

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 1,331,179	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,331,179	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	450	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)**	$ 450	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**	29,263	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 29,263	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,360,892	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	361,463	19
20	Health Care/ Personal Care	360,074	20
21	General Administration	262,450	21
	B. Capital Expense		
22	Ownership	374,735	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	**PRIOR YEAR ADJUSTMENT**	(4,397)	26
27			27
28	**TOTAL EXPENSES (sum of lines 19 thru 27)**	$ 1,354,325	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 6,567	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 6,567	31

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 3	CABLE TV	926
LINE 10	CABLE TV	(926)

RELATED PARTY LANDLORD

LINE 17	DEPRECIATION	158,502
LINE 18	MORTGAGE INTEREST	142,996
LINE 20	RENT	(287,000)
LINE 24	GRAND TOTAL	14,498

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 LEASE	1,619