

		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.

<p>I. Facility ID Number: <u>1000067</u></p> <p>Facility Name: <u>Brookstone Estates Tuscola</u></p> <p>Address: <u>1050 E North Line Rd</u> <u>Tuscola</u> <u>61953</u> <small>Number City Zip Code</small></p> <p>County: <u>Douglas</u></p> <p>Telephone Number: (<u>217</u>) <u>253-6300</u> Fax # ()</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>06/01/15</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>Leticia U Gonzalez</u> Telephone Number: (<u>312</u>) <u>673-4360</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>06/01/15</u> to <u>12/31/15</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>Jeremy Zednick</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>VP of Accounting</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) <u>Chris Joos Partner</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Plante Moran 65 E. State Street, Suite 600 Columbus, Ohio 43215</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(614) 849-3000</u> Fax <u>(614) 221-3535</u></td> <td></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>Jeremy Zednick</u>			(Title) <u>VP of Accounting</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) <u>Chris Joos Partner</u>			(Firm Name & Address) <u>Plante Moran 65 E. State Street, Suite 600 Columbus, Ohio 43215</u>			(Telephone) <u>(614) 849-3000</u> Fax <u>(614) 221-3535</u>	
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Facility Name Brookstone Estates Tuscola

Report Period Beginning: 06/01/15 Ending: 12/31/15

III. STATISTICAL DATA

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

Date of change in certified units / /

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	46	Single Unit Apartment	46	9,844	1
2		Double Unit Apartment			2
3		Other			3
4	46	TOTALS	46	9,844	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	3,355	6,056		9,411	5
6	Double Unit					6
7	Other					7
8	TOTALS	3,355	6,056		9,411	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.60%

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

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

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

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO
Tax Year: 12/31/15 Fiscal Year: 12/31/15

* 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: Brookstone Estates Tuscola

Report Period Beginning:

06/01/15

Ending:

12/31/15

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	60,367	7,323	56,859	124,549		124,549	1
2	Housekeeping, Laundry and Maintenance	23,409		14,987	38,396		38,396	2
3	Heat and Other Utilities			29,736	29,736	(3,990)	25,746	3
4	Other (specify): Transportation and Waste removal	10,155		1,224	11,379		11,379	4
5	TOTAL General Services	93,931	7,323	102,806	204,060	(3,990)	200,070	5
B. Health Care and Programs								
6	Health Care/ Personal Care	103,265	315	3,017	106,597		106,597	6
7	Activities and Social Services	3,569		681	4,250		4,250	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	106,834	315	3,698	110,847		110,847	9
C. General Administration								
10	Administrative and Clerical	35,789	5,300	74,600	115,689		115,689	10
11	Marketing Materials, Promotions and Advertising	470		12,712	13,182		13,182	11
12	Employee Benefits and Payroll Taxes			38,191	38,191		38,191	12
13	Insurance-Property, Liability and Malpractice			18,377	18,377		18,377	13
14	Other (specify): Bad Debt and Misc Exp			4,381	4,381	(4,381)		14
15	TOTAL General Administration	36,259	5,300	148,261	189,820	(4,381)	185,439	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	237,024	12,938	254,765	504,727	(8,371)	496,356	16
Capital Expenses								
D. Ownership								
17	Depreciation			321	321		321	17
18	Interest							18
19	Real Estate Taxes			48,976	48,976		48,976	19
20	Rent -- Facility and Grounds			421,541	421,541		421,541	20
21	Rent -- Equipment			1,365	1,365		1,365	21
22	Other (specify):							22
23	TOTAL Ownership			472,203	472,203		472,203	23
24	GRAND TOTAL (Sum of lines 16 and 23)	237,024	12,938	726,968	976,930	(8,371)	968,559	24

Facility Name: Brookstone Estates Tuscola

Report Period Beginning 06/01/15

Ending: 12/31/15

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0	\$ 26.00	1
2	Licensed Practical Nurses	1	24.39	2
3	Certified Nurse Assistants	7	10.06	3
4	Activity Director & Assistants	1	9.91	4
5	Social Service Workers			5
6	Head Cook	2	10.44	6
7	Cook Helpers/Assistants	2	9.64	7
8	Dishwashers			8
9	Maintenance Workers	1	9.87	9
10	Housekeepers	1	10.94	10
11	Laundry			11
12	Managers	2	15.58	12
13	Other Administrative	0	12.54	13
14	Clerical			14
15	Marketing			15
16	Other	1	9.40	16
17	Total (lines 1 thru 16)	18	\$	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				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Seniro Lifestyle Corporation	\$ 50,574	1
2			2
Total		\$ 50,574	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

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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: _____ If yes, what is the value of those services? \$ _____
 (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: Brookstone Estates Tuscola

Report Period Beginning:

06/01/15

Ending:

12/31/15

VIII. OWNERSHIP COSTS

A. Purchase price of land N/A

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Kithchen Renovation		2015	2015	19,779	120	27	120		120	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 19,779	\$ 120		\$ 120	\$	\$ 120	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	\$ 4,384	\$ 202	\$ 202		5-7	\$ 202	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 4,384	\$ 202	\$ 202		\$ 202	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: Brookstone Estates Tuscola

Report Period Beginning: 06/01/15

Ending: 12/31/15

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: WC-Tuscola LLC

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	2004	46	06/01/15	\$ 421,541	5		3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		46		\$ 421,541			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 1,365

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**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1					/ /	\$	\$	/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$	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: Brookstone Estates Tuscola

Report Period Beginning: 06/01/15

Ending:

12/31/15

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 80,215	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	182,177 (47,400)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	(12,855)		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 202,137	\$	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	19,779		15
16	Equipment, at Historical Cost	4,384		16
17	Accumulated Depreciation (book methods)	(321)		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): Deposits	3,760		22
23	Other(specify):	.		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 27,602	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 229,739	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 43,003	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	19,947		30
31	Accrued Taxes Payable	85,158		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Rent	189,775		35
36	Medicaid Takeback	4,033		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 341,916	\$	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	Intercompany Loans	(36,074)		42
43	Deferred Revenues	27,199		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ (8,875)	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 333,041	\$	45
46	TOTAL EQUITY	\$ (103,302)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 229,739	\$	47

*(See instructions.)

Facility Name: Brookstone Estates Tuscola

Report Period Beginning: 06/01/15

Ending:

12/31/15

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	\$ 845,629	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 845,629	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			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 845,629	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	200,070	19
20	Health Care/ Personal Care	110,847	20
21	General Administration	185,439	21
B. Capital Expense			
22	Ownership	472,203	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify): Non-Allowable Costs	8,371	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 976,930	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (131,301)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (131,301)	31

Brookestone Estates Tuscola
Automobile Schedule
2015

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Lease Costs</u>
N/A			

Brookestone Estates Tuscola

12/31/2015

Non Allowable Cost Adjustments and Reclasses

NON ALLOWABLE COST ADJUSTMENTS

TB Acct	Client Acct	Description	Amount	Part IV Line
9765.00	5790350000	Bad Debt Expense	4,236.96	IS 14.3
9729.20	5890350000	Miscellaneous Expense	922.12	IS 14.3
9729.20	5912346000	Special Events - Corp. Directive	14.07	IS 14.3
9729.20	5915346000	Special Events (Off-Site)	793.59	IS 14.3
9729.20	AJE2A	Misc Expense Offset	(1,585.30)	IS 14.3
7126.00	5545340000	Television Cost Expense	3,990.49	IS 3.3
			<u>8,371.93</u>	

RECLASSES

None