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: 1000080

Facility Name: Foxes Grove Supp Living Comm

Address: 395 Edwardsville Rd (Number) | Wood River (City) | 62095 (Zip Code)

County: Madison

Telephone Number: (618) 259-0851 **Fax #** (618) 259-0854

Federal Employer ID Number:

Date Current Owners were Certified: 07/01/2008

Type of Ownership:

[ ] VOLUNTARY, NON-PROFIT	[X] PROPRIETARY	[ ] GOVERNMENTAL
[ ] Charitable Corp.	[ ] Individual	[ ] State
[ ] Trust	[ ] Partnership	[ ] County
IRS Exemption Code	[X] Corporation	[ ] Other
	[ ] "Sub-S" Corp.	
	[ ] Limited Liability Co.	
	[ ] Trust	
	[ ] Other	

In the event there are further questions about this report, please contact:
Name: Larry Templin **Telephone Number:** (630) 361-2868
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 7/1/14 to 6/30/15 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) Jack McKittrick
(Title) Chief Financial Officer

Paid Preparer

(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) Larry Templin, Partner
(Firm Name & Address) Templin Healthcare Accounting Services, LLP, P.O. Box 9, Dunlap, IL 61525
(Telephone) (630) 361-2868 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: Foxes Grove Supp Living Comm Report Period Beginning: 7/1/14 Ending: 6/30/15

III. STATISTICAL DATA

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

Date of change in certified units: N/A

	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	83	Single Unit Apartment	83	30,295	1
2	11	Double Unit Apartment	11	4,015	2
3		Other		4,015	3
4	94	TOTALS	94	38,325	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	12,263	9,933		22,196	5
6	Double Unit	944	2,466		3,410	6
7	Other	933	1,187		2,120	7
8	TOTALS	14,140	13,586		27,726	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 72.34%

D. Indicate the number of paid bed-hold days the SLF had during this year None **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** None **(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)

None

H. ACCOUNTING BASIS

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

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

Tax Year: 6/30/2015 Fiscal Year: 6/30/2015

* 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?** N/A

If no, explain. N/A

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?** N/A

If no, explain. N/A

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?** N/A

If no, explain. N/A

Facility Name: Foxes Grove Supp Living Comm **Report Period Beginning: 7/1/14 Ending: 6/30/15**

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	200,941	225,453	1,607	428,001	(3,841)	424,160	1
2	Housekeeping, Laundry and Maintenance	123,999	27,510	161,252	312,761	(42,372)	270,389	2
3	Heat and Other Utilities			113,699	113,699	(5,583)	108,116	3
4	Other (specify): Waste Removal			9,067	9,067		9,067	4
5	**TOTAL General Services**	324,940	252,963	285,625	863,528	(51,796)	811,732	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	435,688	4,141	1,925	441,754	13,813	455,567	6
7	Activities and Social Services	24,403	10,751		35,154		35,154	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	460,091	14,892	1,925	476,908	13,813	490,721	9
	C. General Administration							
10	Administrative and Clerical	121,173	18,114	234,325	373,612	33,800	407,412	10
11	Marketing Materials, Promotions and Advertising	9,908		7,733	17,641	(17,641)		11
12	Employee Benefits and Payroll Taxes			137,778	137,778	9,845	147,623	12
13	Insurance-Property, Liability and Malpractice				29,720	39,023	68,743	13
14	Other (specify):							14
15	**TOTAL General Administration**	131,081	18,114	379,836	558,751	65,027	623,778	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	916,112	285,969	667,386	1,899,187	27,044	1,926,231	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			4,211	4,211	169,844	174,055	17
18	Interest			44,612	44,612	247,293	291,905	18
19	Real Estate Taxes					70,294	70,294	19
20	Rent -- Facility and Grounds			847,873	847,873	(844,548)	3,325	20
21	Rent -- Equipment					590	590	21
22	Other (specify):							22
23	**TOTAL Ownership**			896,696	896,696	(356,527)	540,169	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	916,112	285,969	1,564,082	2,795,883	(329,483)	2,466,400	24

Facility Name: Foxes Grove Supp Living Comm Report Period Beginning 7/1/14 Ending: 6/30/15

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 25.93	1
2	Licensed Practical Nurses	4	19.46	2
3	Certified Nurse Assistants	11	10.16	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	3	9.42	6
7	Cook Helpers/Assistants	8	9.53	7
8	Dishwashers			8
9	Maintenance Workers	3	9.84	9
10	Housekeepers	3	9.00	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1	29.02	13
14	Clerical	4	12.01	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	38	$	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	Mark Yampol (Salary) Administrative-See Att	None	0.98	$ 1,199	1
2	Mark Yampol (Consulting) Administrative-See Att	See Above	See Above	29,478	2
3	Hillel Yampol (Salary) Administrative-See Att	None	0.98	946	3
4	Christene Rene Yampol (Salary) Administrative-See Att	None	0.98	1,415	4
5					5
			Total	$ 33,038	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	None	$	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
See Attachment I				See Attachment I					

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: See Attachment I If yes, what is the value of those services? $ Not Determined
(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: Foxes Grove Supp Living Comm Report Period Beginning: 7/1/14 Ending: 6/30/15

VIII. OWNERSHIP COSTS

A. Purchase price of land 55,000 Year land was acquired 1987

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	46		1987	1987	$ 2,252,829	$	40	$ 56,321	$ 56,321	$ 1,576,982	1
2	48		1990	1990	1,928,599		40	48,215	48,215	1,209,392	2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements - Operating Entity										6
7											7
8	Carpet & Vinyl for 2 Bedrooms			2011	3,016	302	10	302		1,157	8
9	Carpet & Vinyl for 2 Bedrooms			2013	3,755	536	7	536		1,206	9
10	Carpet & Vinyl for 3 Bedrooms			2013	4,818	689	7	689		1,434	10
11	Carpet & Vinyl for 3 Bedrooms			2014	5,703	814	7	814		996	11
12											12
13											13
14	Building Improvements - Real Estate Entity				1,987,572			49,021	49,021	475,894	14
15	See Attached Schedule VI										15
16											16
17	TOTAL (lines 1 thru 16)				$ 6,186,292	$ 2,341		$ 155,898	$ 153,557	$ 3,267,061	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	$ 535,235	$ 1,870	$ 18,157	16,287	5	$ 448,908	18
19	Vehicles	17,052				4	17,052	19
20	TOTAL (lines 18 and 19)	$ 552,287	$ 1,870	$ 18,157	16,287		$ 465,960	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	N/A	$	$	$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	$	$	$	24

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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	Allocated from Mgmt Co.			/ /	3,325			5
6				/ /				6
7	TOTAL				$ 3,325			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	Berkadia		X	Mortgage	4/1/08	$ 9,324,500	$ 8,637,527	5/1/43	0.0565	$ 245,018	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	MidCap (Thru Allocation of		X	Revolving Line of Credit	8/1/09			12/31/15	0.0500	33,048	4
5	Bravo Holding Co.)				/ /	Miscellaneous Interest		/ /		57	5
6					/ /	Allocated from Home Office		/ /		8,596	6
7	TOTAL Facility Related					$ 9,324,500	$ 8,637,527			$ 286,719	7
	B. Non-Facility Related										
8					/ /	Less Interest Income Offset		/ /		(290)	8
9					/ /	Amortization Expense		/ /		5,476	9
10	TOTALS (lines 7, 8 and 9)					$ 9,324,500	$ 8,637,527			$ 291,905	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: Foxes Grove Supp Living Comm **Report Period Beginning:** 7/1/14 **Ending:** 6/30/15

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 6/30/15 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ (6,966)	$ (6,894)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 51,000)	219,607	219,607	3
4	Supply Inventory (priced Cost)	7,235	7,235	4
5	Short-Term Investments			5
6	Prepaid Insurance	20,604	26,057	6
7	Other Prepaid Expenses	3,388	3,388	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 243,868	$ 249,393	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		55,000	13
14	Buildings, at Historical Cost		4,181,428	14
15	Leasehold Improvements, at Historical Cost	17,292	2,004,864	15
16	Equipment, at Historical Cost	26,402	552,287	16
17	Accumulated Depreciation (book methods)	(26,304)	(3,733,021)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		141,532	21
22	Other Long-Term Assets (specify): Loan Costs		188,377	22
23	Other(specify): Deposits	734	734	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 18,124	$ 3,391,201	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 261,992	$ 3,640,594	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 92,447	$ 78,657	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	62,000	62,000	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	49,203	49,203	30
31	Accrued Taxes Payable	14,499	86,172	31
32	Accrued Interest Payable		6,119	32
33	Deferred Compensation			33
34	Federal and State Income Taxes	3,185	30,415	34
	Other Current Liabilities(specify):			
35	Accrued Expenses	105,310	116,510	35
36	Accrued Rent	635,033		36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 961,677	$ 429,076	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		8,637,527	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Due to Related Parties	4,536	4,536	42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 4,536	$ 8,642,063	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 966,213	$ 9,071,139	45
46	**TOTAL EQUITY**	$ (704,221)	$ (5,430,545)	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 261,992	$ 3,640,594	47

***(See instructions.)**

Facility Name: Foxes Grove Supp Living Comm **Report Period Beginning: 7/1/14 Ending: 6/30/15**

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	$ 2,278,265	1
2	Discounts and Allowances	160,587	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,438,852	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	1,050	8
9	Non-Resident Meals	4,879	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 5,929	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	241	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 241	14
	D. Other Revenue (specify):		
15	**See Attached Schedule V**	2,198	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 2,198	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 2,447,220	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	863,528	19
20	Health Care/ Personal Care	476,908	20
21	General Administration	558,751	21
	B. Capital Expense		
22	Ownership	896,696	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)**	$ 2,795,883	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (348,663)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (348,663)	31