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: 1000113

Facility Name: WOODRIDGE SL RESID 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 01/01/2015 to 12/31/2015 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) MARSHALL MAUER
(Title) TREASURER

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 RESID PONTIAC Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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			3
4	60	TOTALS	60	21,900	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	7,568	9,567		17,135	5
6	Double Unit					6
7	Other					7
8	TOTALS	7,568	9,567		17,135	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 78.24%

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 RESID PONTIAC **Report Period Beginning: 01/01/2015 Ending: 12/31/2015**

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	112,401	147,932	1,618	261,951		261,951	1
2	Housekeeping, Laundry and Maintenance	67,021	32,608	17,657	117,286		117,286	2
3	Heat and Other Utilities			61,922	61,922	1,638	63,560	3
4	Other (specify):							4
5	**TOTAL General Services**	179,422	180,540	81,197	441,159	1,638	442,797	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	455,480	3,615	1,000	460,095		460,095	6
7	Activities and Social Services	38,247	12,929		51,176		51,176	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	493,727	16,544	1,000	511,271		511,271	9
	C. General Administration							
10	Administrative and Clerical	56,358	12,892	54,605	123,855	(2,033)	121,822	10
11	Marketing Materials, Promotions and Advertising			15,981	15,981		15,981	11
12	Employee Benefits and Payroll Taxes			138,470	138,470		138,470	12
13	Insurance-Property, Liability and Malpractice			20,568	20,568		20,568	13
14	Other (specify):							14
15	**TOTAL General Administration**	56,358	12,892	229,624	298,874	(2,033)	296,841	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	729,507	209,976	311,821	1,251,304	(395)	1,250,909	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			10,779	10,779	141,682	152,461	17
18	Interest			501	501	141,271	141,772	18
19	Real Estate Taxes			62,715	62,715		62,715	19
20	Rent -- Facility and Grounds			277,200	277,200	(277,200)		20
21	Rent -- Equipment			7,824	7,824		7,824	21
22	Other (specify):							22
23	**TOTAL Ownership**			359,019	359,019	5,753	364,772	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	729,507	209,976	670,840	1,610,323	5,358	1,615,681	24

Facility Name: WOODRIDGE SL RESID PONTIAC Report Period Beginning 01/01/2015 Ending: 12/31/2015

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	24.55	2
3	Certified Nurse Assistants	11	10.55	3
4	Activity Director & Assistants	1	12.15	4
5	Social Service Workers			5
6	Head Cook	3	10.25	6
7	Cook Helpers/Assistants	2	9.55	7
8	Dishwashers			8
9	Maintenance Workers	1	11.45	9
10	Housekeepers	1	9.20	10
11	Laundry			11
12	Managers	1	19.25	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	22	$	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	$ 19,362	1
2					2
3					3
4					4
5					5
			Total	$ 19362	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		OTHER RELATED BUSINESS ENTITIES		
Name 1	City 2	Name 3	City 4	Type of Business 5
WOODRIDGE OF GALESBURG	GALESBURG	SCHEDULE ATTACHED		
WOODRIDGE OF GENESEO	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? $ 55,315
(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 RESID PONTIAC Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	$	$ 961,682	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	PLUMBING REPAIRS			2010	2,148	78	27.5	78		2,346	6
7	FRONT DOOR - SIDELITE			2010	4,927	179	27.5	179		5,324	7
8	DOOR			2011	1,843	67	27.5	67		2,047	8
9	SEWER WORK			2011	3,016	110	27.5	110		3,434	9
10	TRANSMITTER			2012	2,355	86	27.5	86		276	10
11	SPRINKLER REPAIRS			2013	3,656	133	27.5	133		372	11
12	WIRING & DVR			2013	4,648	169	27.5	169		389	12
13	WOOD DOOR			2013	597	22	27.5	22		49	13
14	FIRE DAMAGE REPAIR-NET OF INSURANCE			2013	3,251	119	27.5	119		243	14
15	CARPET, DINING ROOM, SUITE			2014	11,880	432	27.5	432		706	15
16	REPAIR WATER HEATER.ALARM,NURSE CALL,AC			2014	11,410	357	27.5	357		597	16
17	TOTAL (lines 1 thru 16)				$ 3,921,325	$ 143,434		$ 143,434	$	$ 977,465	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	$ 353,290	$ 8,424	$ 35,329	26,905	10 YRS	$ 204,113	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 353,290	$ 8,424	$ 35,329	26,905		$ 204,113	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

STATE OF ILLINOIS

Facility Name: WOODRIDGE SL RESID PONTIAC **Report Period Begin**

VIII. OWNERSHIP COSTS

	Improvement Type			
6	TECH SUPPORT & MATERIAL	2014	2,869	104
7	ELECTRICAL WORK ON DOOR & SWING OPERATOR	2014	3,787	138
8	FENCE	2014	2,488	166
9	NURSE CALL MONITOR	2014	1,578	57
10	WIRELESS ACCESS POINT	2015	1,858	67
11	DOORS	2015	1,369	41
12	LANDSCAPING	2015	11,100	493
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26	TOTAL (lines 1 thru 16)		$ 3,946,374	$ 144,500

ıing: 1/31/2015 **Ending:** 12/31/2015

27.5	104	0	182	6
27.5	138	0	207	7
15.0	166	0	194	8
27.5	57	0	57	9
27.5	67	0	67	10
27.5	41	0	41	11
15.0	493	0	493	12
		0		13
		0		14
		0		15
				16
				17
				18
				19
				20
				21
				22
				23
				24
		0		25
	$ 144,500	$ 0	$ 978,706	26

Facility Name: WOODRIDGE SL RESID PONTIAC Report Period Beginning: 01/01/2015 Ending: 2/31/2015

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	$ 3,451,077	/ /	5.7500	$ 122,047	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	BANK OF PONTIAC		X	WORKING CAPITAL	5/1/09	725,000	522,401	/ /		19,224	4
5			X	INSURANCE FINANCING	/ /			/ /		501	5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 4,664,300	$ 3,973,478			$ 141,772	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 4,664,300	$ 3,973,478			$ 141,772	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 RESID PONTIAC **Report Period Beginning:** 01/01/2015 **Ending:** 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 17,373	$ 17,373	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	153,174	153,174	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	34,798	34,798	6
7	Other Prepaid Expenses	729	1,478	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 206,074	$ 206,823	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		172,766	13
14	Buildings, at Historical Cost		3,871,594	14
15	Leasehold Improvements, at Historical Cost	73,203	73,203	15
16	Equipment, at Historical Cost	61,275	353,290	16
17	Accumulated Depreciation (book methods)	(43,197)	(1,296,693)	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)**	$ 91,281	$ 3,174,160	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 297,355	$ 3,380,983	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 84,163	$ 84,163	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	59,755	59,755	30
31	Accrued Taxes Payable	71,149	71,149	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	INTERCOMPANY	204,117	204,117	35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 419,184	$ 419,184	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		522,401	38
39	Mortgage Payable		3,451,077	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)**	$	$ 3,973,478	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 419,184	$ 4,392,662	45
46	**TOTAL EQUITY**	$ (121,829)	$ (1,011,679)	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 297,355	$ 3,380,983	47

***(See instructions.)**

Facility Name: WOODRIDGE SL RESID PONTIAC **Report Period Beginning: 01/01/2015 Ending: 12/31/2015**

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	$ 1,627,959	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,627,959	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 STAMPS**	26,422	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 26,422	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,654,381	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	441,159	19
20	Health Care/ Personal Care	511,271	20
21	General Administration	298,874	21
	B. Capital Expense		
22	Ownership	359,019	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	**PRIOR ADJ**	25,054	26
27			27
28	**TOTAL EXPENSES (sum of lines 19 thru 27)**	$ 1,635,377	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 19,004	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 19,004	31

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 3	CABLE TV	1,638
LINE 10	CABLE TV	(1,638)
LINE 14	CONTRIBUTIONS	(395)
RELATED PARTY LANDLORD		
LINE 17	DEPRECIATION	141,682
LINE 18	MORTGAGE INTEREST	141,271
LINE 20	RENT	(277,200)
LINE 24	GRAND TOTAL	5,358

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES	
	UTILITIES	177
	REPAIRS & MAINT	1,311
	EMP BEN-GEN SERV	38
	PROFESSIONAL FES	508
	DUES & SUBSCRIPTIONS	467
	CLERICAL & GENERAL	15,243
	SEMINARS & TRAVEL	449
	AUTO EXP	371
	INSURANCE	523
	EMP. BEN.-GEN. ADMIN.	2,315
	DEPRECIATION	430
	INTEREST	358
	REAL ESTATE TAXES	671

REAL ESTATE TAXES PROTEST FEES	-
AUTO RENTAL	1,822

WOODRIDGE OF PONTIAC
RELATED HEALTHCARE ENTITIES

BRADLEY	BRADLEY
BRIDGEVIEW HEALTHCARE CENTER	BRIDGEVIEW
GROSSE POINT	NILES
OTTAWA PAVILION	OTTAWA
PARK RIDGE	PARK RIDGE
STERLING PAVILION	STERLING
WATERFRONT TERRACE	CHICAGO
WILLOW CREST	SANDWICH
WINDMILL NURSING PAVILION	SOUTH HOLLAND
WOODBRIDGE	CHICAGO

OTHER RELATED BUSINESSES

DYNAMIC HEALTHCARE CONSULTANTS	SKOKIE	BOOKKEEPING COMPANY
SEASONS HOSPICE	PARK RIDGE	HOSPICE
PONTIAC NORTHWEST HOLDINGS		BUILDING CO.