	FOR BHF USE	

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)

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: 1000108

Facility Name: Maple Point

Address: 1000 Union Drive (Number) — Monticello (City) — 61856 (Zip Code)

County: Piatt

Telephone Number: (217) 762-2506 **Fax #** (217) 762-2507

Federal Employer ID Number: ______

Date Current Owners were Certified: 12/10/2008

Type of Ownership:

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 12/1/2015 to 11/30/2016 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)
	* *Subject to the attached Accountants Consulting Report*	
	(Print Name and Title) ______	
	(Firm Name & Address) Marcum LLP, 111 Pfingsten Road, Suite 300 Deerfield, IL 60015	
	(Telephone) (847) 282-6300	Fax (847) 282-6301

In the event there are further questions about this report, please contact:
Name: Steve Lavenda Telephone Number: (847) 282 - 6300
Email Address: ______

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: Maple Point
Report Period Beginning: 12/1/2015 Ending: 11/30/2016

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units: N/A

	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	14	Single Unit Apartment	14	5,124	1
2	16	Double Unit Apartment	16	5,856	2
3		Other		251	3
4	30	TOTALS	30	11,231	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	1,475	3,633	16	5,124	5
6	Double Unit	1,687	4,152	18	5,857	6
7	Other	72	178		250	7
8	TOTALS	3,234	7,963	34	11,231	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 100.00%

D. Indicate the number of paid bed-hold days the SLF had during this year 427 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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: 11/30/2016 Fiscal Year: 11/30/2016
* 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: Maple Point Report Period Beginning: 12/1/2015 Ending: 11/30/2016

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	86,952	113,971	3,024	203,947	(7,885)	196,062	1
2	Housekeeping, Laundry and Maintenance	35,477	9,260	25,010	69,747	9,088	78,835	2
3	Heat and Other Utilities			45,930	45,930		45,930	3
4	Other (specify):							4
5	**TOTAL General Services**	122,429	123,231	73,964	319,624	1,203	320,827	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	249,519	654		250,173		250,173	6
7	Activities and Social Services	27,665	4,604	17,113	49,382	(970)	48,412	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	277,184	5,258	17,113	299,555	(970)	298,585	9
	C. General Administration							
10	Administrative and Clerical	55,092	3,989	178,571	237,652	(11,957)	225,695	10
11	Marketing Materials, Promotions and Advertising			18,522	18,522		18,522	11
12	Employee Benefits and Payroll Taxes			141,878	141,878		141,878	12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify): PCSS Supplies							14
15	**TOTAL General Administration**	55,092	3,989	338,971	398,052	(11,957)	386,095	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	454,705	132,478	430,048	1,017,231	(11,724)	1,005,507	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			213,240	213,240	46,223	259,463	17
18	Interest			102,363	102,363	(1,045)	101,318	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			123	123		123	21
22	Other (specify):							22
23	**TOTAL Ownership**			315,726	315,726	45,178	360,904	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	454,705	132,478	745,774	1,332,957	33,454	1,366,411	24

Maple Point

Report Period Beginning: 12/1/2015

Ending: 11/30/2016

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	$ 46,223	17	1
2	Telephone Income	(5,481)	10	2
3	Transportation Income	(24)	10	3
4	Cable Income	(6,142)	10	4
5	Staff/Guest Meals	(7,885)	01	5
6	Activity Events/Donations	(970)	07	6
7	Interest Income	(1,045)	18	7
8	Overpayment Refund	(309)	10	8
9	Additional R&M	9,088	02	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
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94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	**Total**	33,454		101

Facility Name: Maple Point

Report Period Beginning: 12/1/2015 Ending: 11/30/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.05	$ 23.68	1
2	Licensed Practical Nurses	0.86	26.96	2
3	Certified Nurse Assistants	7.11	13.46	3
4	Activity Director & Assistants	1.11	12.02	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2.81	14.90	7
8	Dishwashers			8
9	Maintenance Workers	0.64	14.85	9
10	Housekeepers	0.64	11.84	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	26.49	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	14.21	$ 15.39	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		$	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
Piatt County Nursing Home	Monticello
Piatt County	Monticello

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Busines: 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 [X]
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 [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: Maple Point | Report Period Beginning: 12/1/2015 | Ending: 11/30/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land ______ 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	30		2008	2008	$ 3,768,693	$ 125,351	30	$ 125,351	$	$ 1,002,872	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				141,386	87,889		7,587	7,587	67,070	6
7	Various			2008	80,703		20	9,687	9,687	77,496	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)				$ 3,990,782	$ 213,240		$ 142,625	$ 17,274	$ 1,147,438	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	$ 187,134	$	$ 17,458	17,458		$ 99,117	18
19	Vehicles	57,450		11,490	11,490		11,490	19
20	TOTAL (lines 18 and 19)	$ 244,584	$	$ 28,948	28,948		$ 110,607	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 & ID Number Maple Point   Report Period Beginning: 12/1/2015 Ending: 11/30/2016

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	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	Improvements	2009	36,739		20	3,674	3,674	27,555	2
3	Improvements	2009	28,899		20			28,899	3
4	Improvements	2010	8,783		20	293	293	1,904	4
5	Improvements	2010	875		20	88	88	572	5
6	Improvements	2010	2,230		20	149	149	968	6
7	Improvements	2012	2,897		20	290	290	1,450	7
8	Improvements	2012	899		20	90	90	450	8
9	Door	2014	2,819		20	141	141	423	9
10	Call Lights	2015	39,736		20	1,987	1,987	3,974	10
11	Security Cameras	2016	6,500		20	325	325	325	11
12	Havc Repairs	2016	4,849		20	242	242	242	12
13	Dining Room Carpet	2016	6,160		20	308	308	308	13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 141,386	$		$ 7,587	$ 7,587	$ 67,070	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Maple Point Report Period Beginning: 12/1/2015 Ending: 11/30/2016

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	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
6									6
7									7
8									8
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$	$		$	$	$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Maple Point Report Period Beginning: 12/1/2015 Ending: 11/30/2016

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	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
6									6
7									7
8									8
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$	$		$	$	$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Maple Point   Report Period Beginning: 12/1/2015   Ending: 1/30/2016

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 [X] 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 [X] NO

9. Rental amount for movable equipment $ 123

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	Debt Certificates		X			$	$ 867,600			$ 34,825	1
2	Revenue Bonds		X				1,682,600			67,538	2
3	AHT Hardware		X	Software Installment Loan			7,895				3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$	$ 2,558,095			$ 102,363	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(1,045)	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$	$ 2,558,095			$ 101,318	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: Maple Point | Report Period Beginning: 12/1/2015 | Ending: 11/30/2016

XI. BALANCE SHEET - Unrestricted Operating Fund. As of 11/30/2016 (last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 896,304	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,099,680		3
4	Supply Inventory (priced at)	7,498		4
5	Short-Term Investments			5
6	Prepaid Insurance			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)**	$ 2,003,482	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	88,390		13
14	Buildings, at Historical Cost	3,768,693		14
15	Leasehold Improvements, at Historical Cost	222,498		15
16	Equipment, at Historical Cost	221,654		16
17	Accumulated Depreciation (book methods)	(1,171,377)		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)**	$ 3,129,858	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,133,340	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ (32,548)	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	15,327		30
31	Accrued Taxes Payable	278,529		31
32	Accrued Interest Payable	9,261		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)**	$ 270,569	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,558,095		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	237		43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 2,558,332	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 2,828,901	$	45
46	**TOTAL EQUITY**	$ 2,304,439	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 5,133,340	$	47

*(See instructions.)

Facility Name: Maple Point Report Period Beginning: 12/1/2015 Ending: 11/30/2016

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 1,194,216	1
2	Discounts and Allowances	(73,240)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,120,976	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	321	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	1,737	8
9	Non-Resident Meals	7,885	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 9,943	11
	C. Non-Operating Revenue		
12	Contributions	835	12
13	Interest and Other Investment Income	1,045	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 1,880	14
	D. Other Revenue (specify):		
15		297,283	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 297,283	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,430,082	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	319,624	19
20	Health Care/ Personal Care	299,555	20
21	General Administration	398,052	21
	B. Capital Expense		
22	Ownership	315,726	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)**	$ 1,332,957	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 97,125	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 97,125	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 274,036	32
33	Private Pay - Net Inpatient Revenue	846,940	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 1,120,976	37