

		FOR BHF USE			

LL2

Supportive Living Facility

2011

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2011)

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: 1000119

Facility Name: Hancock County Supportive Living LLP bda Hickory Grove Apartments

Address: 400 S Adams St Carthage 62321

County: Hancock

Telephone Number: (217) 357-6550 Fax # (217) 357-6549

Federal Employer ID Number:

Date Current Owners were Certified: 10/30/2009 Interim Certification

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

X Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

In the event there are further questions about this report, please contact:

Name: Teresa Smith Telephone Number: (217) 357-8573

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 07/01/2010 to 06/30/2011 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) 10/24/2011

(Type or Print Name) Teresa Smith

(Title) Chief Financial Officer

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

HFS 3745C (N-4-05)

IL478-2471

Facility Name **Hancock County Supportive Living LLP bda Hickory Grove Apartments**

Report Period Beginning: 07/01/2010 Ending: 06/30/2011

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	17	Single Unit Apartment	17	6,205	1		
2	5	Double Unit Apartment	5	1,825	2		
3		Other		1,047	3		
4	22	TOTALS	22	9,077	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	2,974	2,588		5,562	5
6	Double Unit	134	669		803	6
7	Other	133	821		954	7
8	TOTALS	3,241	4,078		7,319	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **80.63%**

D. Indicate the number of paid bed-hold days the SLF had during this year

56 Also, indicate the number of unpaid bed-hold days the SLF had during this year. **160 (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

ACCUAL	X	MODIFIED		
CASH*		CASH*		

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 6/30 **Fiscal Year:** 6/30

* 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? Yes **If yes, did the facility make all of the required payments of interest and principle?** Yes
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.

STATE OF ILLINOIS

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Facility Name: Hancock County Supportive Living LLP bda Hickory Grove .

Report Period Beginning:

07/01/2010

Ending:

06/30/2011

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		1,467	104,737	106,204	(157)	106,047	1
2	Housekeeping, Laundry and Maintenance		3,963	13,120	17,083		17,083	2
3	Heat and Other Utilities			29,007	29,007		29,007	3
4	Other (specify):							4
5	TOTAL General Services		5,430	146,864	152,294	(157)	152,137	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	132,123	702	115	132,940		132,940	6
7	Activities and Social Services		1,475	1,418	2,893		2,893	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	132,123	2,177	1,533	135,833		135,833	9
	C. General Administration							
10	Administrative and Clerical	33,371	1,078	21,166	55,615		55,615	10
11	Marketing Materials, Promotions and Advertising			1,180	1,180		1,180	11
12	Employee Benefits and Payroll Taxes			35,329	35,329		35,329	12
13	Insurance-Property, Liability and Malpractice			24,686	24,686		24,686	13
14	Other (specify): Property Tax			6,000	6,000		6,000	14
15	TOTAL General Administration	33,371	1,078	88,361	122,810		122,810	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	165,494	8,685	236,758	410,937	(157)	410,780	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			93,093	93,093		93,093	17
18	Interest			149,844	149,844		149,844	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			242,937	242,937		242,937	23
24	GRAND TOTAL (Sum of lines 16 and 23)	165,494	8,685	479,695	653,874	(157)	653,717	24

Facility Name: Hancock County Supportive Living LLP bda Hickory Grove Apartme

Report Period Beginning 07/01/2010 Ending: 06/30/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.4	\$ 17.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	5.2	10.54	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers (Manager is LPN)	1.0	16.00	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	6.6	\$ 11.78	17

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
Hancock County Nursing Home		Carthage		Healthcare	

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).

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

Facility Name: Hancock County Supportive Living LLP bda Hickory Grove A

Report Period Beginning:

07/01/2010

Ending:

06/30/2011

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	22			2009	\$ 3,063,804	\$ 76,595	40	\$ 76,595	\$	\$ 127,226	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land		2009		32,696	2,046	15	2,180	134	3,410	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)				\$ 3,096,500	\$ 78,641		\$ 78,775	\$ 134	\$ 130,636	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	\$ 128,859	\$ 14,406	\$ 14,318	(88)	9	\$ 24,010	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 128,859	\$ 14,406	\$ 14,318	(88)		\$ 24,010	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: Hancock County Supportive Living LLP bda Hickory Grove Apart

Report Period Beginning: 07/01/2010

Ending: 06/30/2011

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease:

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	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	PR Mortgage		X	Permanent Mortgage	7/6/10	\$ 2,700,000	\$ 2,685,696	7/1/35	6.5800	\$ 139,720	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 2,700,000	\$ 2,685,696			\$ 139,720	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 2,700,000	\$ 2,685,696			\$ 139,720	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: Hancock County Supportive Living LLP bda Hickory Grove Apartme

Report Period Beginning: 07/01/2010

Ending: 06/30/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2011

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 254,024	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,501		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,355		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	100		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 258,980	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	61,950		13
14	Buildings, at Historical Cost	3,063,804		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	128,859		16
17	Accumulated Depreciation (book methods)	(154,646)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	247,235		20
21	Restricted Funds	463,141		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,810,343	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,069,323	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 20,611	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	21,380		29
30	Accrued Salaries Payable	13,474		30
31	Accrued Taxes Payable	11,443		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)	\$ 66,908	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,320,900		38
39	Mortgage Payable	2,670,428		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)	\$ 3,991,328	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,058,236	\$	45
46	TOTAL EQUITY	\$ 11,087	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,069,323	\$	47

*(See instructions.)

Facility Name: Hancock County Supportive Living LLP bda Hickory Grc

Report Period Beginning: 07/01/2010

Ending:

06/30/2011

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 693,203	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 693,203	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	684	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 684	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)	\$ 693,887	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	152,137	19
20	Health Care/ Personal Care	135,833	20
21	General Administration	122,810	21
	B. Capital Expense		
22	Ownership	242,937	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)	\$ 653,717	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 40,170	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 40,170	31

Nature of Purchase	Facility Bool	Actual Cost
Meals	104,096.00	104,096.00
Fiscal Services	10,285.00	10,285.00
Maintenance	5,144.00	5,144.00

