

		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: 1000108 Facility Name: <u>Maple Point</u> Address: <u>1000 North Union Drive</u> <u>Monticello</u> <u>61856</u> NumberCityZip Code County: <u>Piatt</u> Telephone Number: (<u>217</u>) <u>762-6665</u> Fax # <u>217-762-2507</u> Federal Employer ID Number: _____ Date Current Owners were Certified: <u>12/10/08</u> Type of Ownership: ☐ VOLUNTARY, NON-PROFIT ☐ Charitable Corp. ☐ Trust IRS Exemption Code _____ ☐ PROPRIETARY ☐ Individual ☐ Partnership ☐ Corporation ☐ "Sub-S" Corp. ☐ Limited Liability Co. ☐ Trust ☐ Other _____ ☐ GOVERNMENTAL ☐ State ☒ County ☐ Other _____			
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Report Period Beginning: 12/1/10 Ending: 11/30/11

Date of change in certified units / /

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.

Also, indicate the number of unpaid bed-hold days the SLF had during this year. (Do not include bed-hold days in Section B.)

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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	75,570	68,672	3,146	147,389		147,389	1
2	Housekeeping, Laundry and Maintenance	11,567	8,221	15,864	35,652		35,652	2
3	Heat and Other Utilities			61,748	61,748		61,748	3
4	Other (specify):							4
5	TOTAL General Services	87,137	76,894	80,759	244,789		244,789	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	199,219	1,607		200,826		200,826	6
7	Activities and Social Services	9,772	1,790	13,375	24,937		24,937	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	208,991	3,397	13,375	225,763		225,763	9
	C. General Administration							
10	Administrative and Clerical	43,943	1,319	64,982	110,244		110,244	10
11	Marketing Materials, Promotions and Advertising			524	524		524	11
12	Employee Benefits and Payroll Taxes			73,316	73,316		73,316	12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify):							14
15	TOTAL General Administration	43,943	1,319	138,823	184,085		184,085	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	340,071	81,609	232,956	654,637		654,637	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			156,116	156,116		156,116	17
18	Interest			124,784	124,784		124,784	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Funded depr.			3,750	3,750		3,750	22
23	TOTAL Ownership			284,650	284,650		284,650	23
24	GRAND TOTAL (Sum of lines 16 and 23)	340,071	81,609	517,606	939,287		939,287	24

Facility Name: Maple Point

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.40	\$ 21.86	1
2	Licensed Practical Nurses	0.34	18.60	2
3	Certified Nurse Assistants	6.67	12.25	3
4	Activity Director & Assistants	0.46	10.36	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2.82	13.01	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	0.57	9.93	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.03	20.77	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	12.29	\$	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

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

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? \$

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).

VIII. OWNERSHIP COSTS

A. Purchase price of land 88,390 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	\$ 125,623	30	\$ 125,623		\$ 375,845	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Grounds Landscaping			2009	36,739	3,674	10	3,674		9,185	6
7	Alarm & Nurse Call System			2008	80,703	9,687	8	9,687		29,061	7
8	Window treatments and decorating			2009	28,899	5,446	6	5,446		13,614	8
9	Building improvement			2010	8,783	293	30	293		439	9
10	Landscaping			2010	875	88	10	88		132	10
11	Door Panel			2010	2,230	149	15	149		223	11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,926,922	\$ 144,960		\$ 144,960		\$ 428,499	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	\$ 127,397	\$ 11,156	\$ 11,156			\$ 29,656	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 127,397	\$ 11,156	\$ 11,156			\$ 29,656	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

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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	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 ☐ 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			X	Mortgage	/ /	\$	3,035,000	/ /		\$ 124,784	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	3,035,000			\$ 124,784	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	3,035,000			\$ 124,784	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.

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Facility Name: **Maple Point**Report Period Beginning: **12/1/10**Ending: **11/30/11****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **11/30/11**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 629,707	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	34,034		3
4	Supply Inventory (priced at)	9,663		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	421,240		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,094,644	\$	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	3,927,322		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	127,397		16
17	Accumulated Depreciation (book methods)	(458,155)		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)	\$ 3,684,954	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,779,598	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 27,447	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	8,963		31
32	Accrued Interest Payable	10,248		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	Due to PCNH	83,063		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 129,721	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	1,115,000		39
40	Bonds Payable	1,920,000		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	Security Deposit Liability	42,037		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 3,077,037	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,206,758	\$	45
46	TOTAL EQUITY	\$ 1,572,840	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,779,598	\$	47

*(See instructions.)

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Report Period Beginning: 12/1/10

Ending:

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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	\$ 1,051,347	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,051,347	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	2,098	8
9	Non-Resident Meals	2,536	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 4,634	11
	C. Non-Operating Revenue		
12	Contributions	72,792	12
13	Interest and Other Investment Income	2,818	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 75,610	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)	\$ 1,131,591	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	244,789	19
20	Health Care/ Personal Care	225,763	20
21	General Administration	184,085	21
	B. Capital Expense		
22	Ownership	284,650	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)	\$ 939,287	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 192,304	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 192,304	31

