

		FOR BHF USE			

LL2

Supportive Living Facility

2013

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2013)

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: 1000022

Facility Name: QUINCY SENIOR & FAM RESOURCE

Address: 639 YORK QUINCY 62301

NumberCityZip Code

County: ADAMS

Telephone Number: (217) 592-3668 Fax # (217) 592-3732

Federal Employer ID Number:

Date Current Owners were Certified: 04/04/2003

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: TODD SHACKELFORD

Telephone Number: (217) 223-7904

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 01/01/2013 to 12/31/2013 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)

(Type or Print Name) LYNN NIEWOHNER

(Title) GENERAL AND MANAGING PARTNER

Paid Preparer

(Signed)

(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 QUINCY SENIOR & FAM RESOURCE

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	51	Single Unit Apartment	51	18,615	1		
2	6	Double Unit Apartment	6	2,190	2		
3		Other			3		
4	57	TOTALS	57	20,805	4		

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	11,770	4,255		16,025	5
6	Double Unit	2,473	518		2,991	6
7	Other					7
8	TOTALS	14,243	4,773		19,016	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.40%

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

242 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **211 (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

		MODIFIED	
ACCRUAL	X	CASH*	
		CASH*	

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

Tax Year: JAN-DEC **Fiscal Year:** JAN-DEC

* 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.

STATE OF ILLINOIS

Page 3

Facility Name: QUINCY SENIOR & FAM RESOURCE

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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		213,376		213,376		213,376	1
2	Housekeeping, Laundry and Maintenance	18,772	82,085	22,136	122,993		122,993	2
3	Heat and Other Utilities			55,083	55,083	(10,170)	44,913	3
4	Other (specify):							4
5	TOTAL General Services	18,772	295,461	77,219	391,452	(10,170)	381,281	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	425,031	5,457	1,551	432,038		432,038	6
7	Activities and Social Services	14,304	15,523	23,308	53,134		53,134	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	439,335	20,979	24,858	485,172		485,172	9
	C. General Administration							
10	Administrative and Clerical	69,607	8,790	133,186	211,583	(2,234)	209,349	10
11	Marketing Materials, Promotions and Advertising			12,111	12,111		12,111	11
12	Employee Benefits and Payroll Taxes	199,660			199,660		199,660	12
13	Insurance-Property, Liability and Malpractice	26,889			26,889		26,889	13
14	Other (specify):							14
15	TOTAL General Administration	296,156	8,790	145,297	450,243	(2,234)	448,009	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	754,263	325,230	247,374	1,326,867	(12,404)	1,314,463	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			251,649	251,649		251,649	17
18	Interest			342,453	342,453		342,453	18
19	Real Estate Taxes			157	157		157	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amortization and Mortgage Insurance, Bad Debt			469,015	469,015	(16,050)	452,965	22
23	TOTAL Ownership			1,063,274	1,063,274	(16,050)	1,047,224	23
24	GRAND TOTAL (Sum of lines 16 and 23)	754,263	325,230	1,310,648	2,390,140	(28,454)	2,361,687	24

Facility Name: QUINCY SENIOR & FAM RESOURCE

Report Period Beginning 01/01/2013 Ending: 12/31/2013

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	13.75	2
3	Certified Nurse Assistants	7	9.61	3
4	Activity Director & Assistants	1	9.50	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	8.25	10
11	Laundry			11
12	Managers	1	16.00	12
13	Other Administrative	2	9.44	13
14	Clerical			14
15	Marketing			15
16	Other	3	8.25	16
17	Total (lines 1 thru 16)	17	\$	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
NDC EQUITY FUNDS IV		NEW YORK, NY	
WEST CENTRAL ILLINOIS AREA AGENCY ON AGING		QUINCY, IL	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	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 ☒
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	WEST CENTRAL ILLINOIS AREA AGENCY ON AGING	\$	92,565	1
2				2
Total		\$	92,565	3

Facility Name: QUINCY SENIOR & FAM RESOURCE

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	57		2002	2002	\$ 7,006,426	\$		\$ 251,649	\$ 251,649	\$ 2,796,304	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				\$ 7,006,426	\$		\$ 251,649	\$ 251,649	\$ 2,796,304	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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: QUINCY SENIOR & FAM RESOURCE

Report Period Beginning: 01/01/2013 Ending: 2/31/2013

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	BERKADIA		X	MORTGAGE LOAN - Refinanced	8/7/02	\$ 4,195,900	\$	/ /	0.0760	\$ 299,994	1
2	P/R MORTGAGE		X	MORTGAGE LOAN	11/26/13	4,195,900	4,195,900	12/1/53	0.0422	2,459	2
3	GENERAL PARTNER		X	SURPLUS	4/23/03	500,000	1,020,233	/ /	0.0800	40,000	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,891,800	\$ 5,216,133			\$ 342,453	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,891,800	\$ 5,216,133			\$ 342,453	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: QUINCY SENIOR & FAM RESOURCE

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,089	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	41,576		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,382		6
7	Other Prepaid Expenses	7,350		7
8	Accounts Receivable (owners or related parties)	254,868		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 333,264	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	6,920,363		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	164,345		16
17	Accumulated Depreciation (Straight)	(2,796,304)		17
18	Deferred Charges	736,635		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(612,048)		20
21	Restricted Funds	208,184		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,621,175	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,954,439	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 75,616	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	115,000		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	3,279		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)	\$ 193,895	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,020,233		38
39	Mortgage Payable	4,195,900		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	DEVELOPMENT FEE	122,629		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,338,762	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,532,657	\$	45
46	TOTAL EQUITY	\$ (578,218)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,954,439	\$	47

*(See instructions.)

Facility Name: QUINCY SENIOR & FAM RESOURCE

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	\$ 1,551,508	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,551,508	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	5,210	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,210	14
	D. Other Revenue (specify):		
15	OFFICE RENT REVENUE	18,700	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 18,700	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,575,418	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	391,452	19
20	Health Care/ Personal Care	485,172	20
21	General Administration	450,243	21
	B. Capital Expense		
22	Ownership	1,063,274	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)	\$ 2,390,141	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (814,723)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (814,723)	31

Row 3, Column 5
Cable Television Expenses

Row 10, Column 3
Late Fee Charges

Row 22, Column 3
Mortgage Insurance Premiun 19,649
Amortization 433,316

Row 22, Column 5
Uncollectable Tenant Receipts (Bad Debt Expense)

