

		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: 1000022

Facility Name: QUINCY SENIOR & FAM RESOURCE

Address: 639 YORK STREET QUINCY 62301

Number City Zip 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:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input checked="" type="checkbox"/>	Partnership	<input type="checkbox"/>	County
		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

IRS Exemption Code

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 01/01/2015 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) TODD SHACKELFORD

(Title) GENERAL AND MANAGING PARTNER

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 QUINCY SENIOR & FAM RESOURCE

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	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	<u>51</u>	Single Unit Apartment	<u>51</u>	<u>18,615</u>	1
2	<u>6</u>	Double Unit Apartment	<u>6</u>	<u>2,190</u>	2
3		Other			3
4	<u>57</u>	TOTALS	<u>57</u>	<u>20,805</u>	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	<u>14,134</u>	<u>3,299</u>		<u>17,433</u>	5
6	Double Unit	<u>2,933</u>			<u>2,933</u>	6
7	Other					7
8	TOTALS	<u>17,067</u>	<u>3,299</u>		<u>20,366</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified  
bed days on line 4, column 4.) 97.89%

D. Indicate the number of paid bed-hold days the SLF had during this year  
211 Also, indicate the number of unpaid bed-hold days the SLF  
had during this year. 121 (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

ACCRUAL ☒ MODIFIED 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

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Facility Name: QUINCY SENIOR &amp; FAM RESOURCE

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 1	Supplies 2	Other 3	Total 4			
	<b>A. General Services</b>							
1	Dietary and Food Purchase		143,172		143,172		143,172	1
2	Housekeeping, Laundry and Maintenance	23,684	86,058	33,268	143,009		143,009	2
3	Heat and Other Utilities			67,447	67,447	(10,171)	57,276	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	23,684	229,229	100,714	353,627	(10,171)	343,456	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	423,473	10,145	756	434,373		434,373	6
7	Activities and Social Services	21,122	15,508	17,161	53,792		53,792	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	444,595	25,653	17,917	488,165		488,165	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	70,539	8,126	116,564	195,229		195,229	10
11	Marketing Materials, Promotions and Advertising			9,284	9,284		9,284	11
12	Employee Benefits and Payroll Taxes	220,843			220,843		220,843	12
13	Insurance-Property, Liability and Malpractice	28,758			28,758		28,758	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	320,139	8,126	125,848	454,114		454,114	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	788,418	263,009	244,479	1,295,906	(10,171)	1,285,735	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			251,650	251,650		251,650	17
18	Interest			215,937	215,937		215,937	18
19	Real Estate Taxes			100,832	100,832		100,832	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amortization, Mortgage Insurance, and Bad Debt			32,271	32,271	(6,194)	26,077	22
23	<b>TOTAL Ownership</b>			600,690	600,690	(6,194)	594,496	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	788,418	263,009	845,169	1,896,596	(16,365)	1,880,231	24

Facility Name: QUINCY SENIOR & FAM RESOURCE

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	3	12.96	2
3	Certified Nurse Assistants	12	10.06	3
4	Activity Director & Assistants	1	11.00	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	2	8.50	10
11	Laundry			11
12	Managers	1	15.38	12
13	Other Administrative	2	10.06	13
14	Clerical			14
15	Marketing			15
16	Other	2	9.13	16
17	Total (lines 1 thru 16)	23	\$	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		QUINCY, IL	
AREA AGENCY ON AGING			

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	\$	83,787	1
2				2
Total		\$	83,787	3

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	\$ 3,299,603	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	\$ 3,299,603	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: 01/01/2015 Ending: 2/31/2015

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	P/R MORTGAGE			MORTGAGE LOAN	11/26/13	\$ 4,195,900	\$ 4,108,280	12/1/53	0.0422	\$ 174,510	1
2	GENERAL PARTNER			SURPLUS	4/23/03	500,000	1,100,233		0.0800	40,000	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,695,900	\$ 5,208,513			\$ 214,510	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,695,900	\$ 5,208,513			\$ 214,510	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 &amp; FAM RESOURCE

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 32,830	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	36,893		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,302		6
7	Other Prepaid Expenses	39,776		7
8	Accounts Receivable (owners or related parties)	72,975		8
9	Other(specify): <u>MEDICAID</u>	288,321		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 502,097	\$	10
	<b>B. Long-Term Assets</b>			
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 line)	(3,299,603)		17
18	Deferred Charges	736,635		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(618,290)		20
21	Restricted Funds	332,093		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,235,543	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,737,640	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 205,548	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	144,338		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	5,459		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>Unearned Revenue</u>	5,879		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 361,224	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	1,100,233		38
39	Mortgage Payable	4,108,280		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	<u>Development fee</u>	122,629		42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 5,331,142	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 5,692,366	\$	45
46	<b>TOTAL EQUITY</b>	\$ (954,726)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 4,737,640	\$	47

\*(See instructions.)

Facility Name: QUINCY SENIOR &amp; FAM RESOURCE

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	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 1,691,122	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 1,691,122	3
	<b>B. Other Operating Revenue</b>		
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions	2,344	12
13	Interest and Other Investment Income	319	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 2,663	14
	<b>D. Other Revenue (specify):</b>		
15	Office Rent Revenue	30,600	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 30,600	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 1,724,385	18

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	353,627	19
20	Health Care/ Personal Care	488,165	20
21	General Administration	454,114	21
	<b>B. Capital Expense</b>		
22	Ownership	600,690	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 1,896,596	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ (172,211)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ (172,211)	31



Row 3, Column 5  
Cable Television

Row 22, Column 3  
Mortgage Insurance      22956  
Amortization              3121

Row 22, Column 5  
Bad Debt