

		FOR BHF USE			

LL2

Supportive Living Facility

2009
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2009)

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 Name: Village at Morse Farm

Address: 1050 West Main Street Carlinville 62626
 Number City Zip Code

County: Macoupin

Telephone Number: (217) 854-8142 Fax # 217-854-9600

Federal Employer ID Number: 37-6006948

Date Current Owners were Certified: 6/26/2006

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input checked="" type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Other <u>Municipal</u>
	<input type="checkbox"/> "Sub-S" Corp.	_____
	<input type="checkbox"/> Limited Liability Co.	_____
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> 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 10/1/2008 to 9/30/2009 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) _____	<u>12/29/2009</u>
	(Type or Print Name) <u>Margaret Barkley</u>	(Date)
	(Title) <u>CEO</u>	
Paid Preparer	(Signed) _____	_____
	(Print Name and Title) <u>Michael J. McKeon</u> <u>President</u>	<u>12/29/2009</u>
	(Firm Name & Address) <u>McKeon and Company, Inc.</u> <u>117 Greentree Court, O'Fallon, IL 62269</u>	
	(Telephone) <u>618 791-6527</u> Fax <u>618 9628-6949</u>	

In the event there are further questions about this report, please contact:
 Name: Michael McKeon Telephone Number: (217) 854-8606
 Email Address: mike@teamhousingcenter.com

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 Village at Morse Farm

Report Period Beginning: 10/1/2008 Ending: 9/30/2009

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	39	Single Unit Apartment	39	14,235	1
2	7	Double Unit Apartment	7	2,555	2
3		Other		730	3
4	46	TOTALS	46	17,520	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	3,073	10,632		13,705	5
6	Double Unit	365	2,097		2,462	6
7	Other	365			365	7
8	TOTALS	3,803	12,729		16,532	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.36%

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

71 Also, indicate the number of unpaid bed-hold days the SLF had during this year. Zero (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: 9/30 Fiscal Year: 9/30

* 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? 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. _____

Facility Name: Village at Morse Farm

Report Period Beginning:

10/1/2008

Ending:

9/30/2009

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	62,211	85,146		147,356		147,356	1
2	Housekeeping, Laundry and Maintenance	12,087	10,714	44,726	67,527		67,527	2
3	Heat and Other Utilities			56,376	56,376		56,376	3
4	Other (specify):							4
5	TOTAL General Services	74,297	95,860	101,102	271,259		271,259	5
B. Health Care and Programs								
6	Health Care/ Personal Care	104,665			104,665		104,665	6
7	Activities and Social Services			10,485	10,485		10,485	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	104,665		10,485	115,150		115,150	9
C. General Administration								
10	Administrative and Clerical	56,516		132,987	189,503		189,503	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			53,183	53,183		53,183	12
13	Insurance-Property, Liability and Malpractice			13,726	13,726		13,726	13
14	Other (specify):							14
15	TOTAL General Administration	56,516		199,896	256,411		256,411	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	235,479	95,860	311,482	642,821		642,821	16
Capital Expenses								
D. Ownership								
17	Depreciation			155,450	155,450		155,450	17
18	Interest			281,535	281,535		281,535	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			436,985	436,985		436,985	23
24	GRAND TOTAL (Sum of lines 16 and 23)	235,479	95,860	748,467	1,079,806		1,079,806	24

Facility Name: Village at Morse Farm

Report Period Beginning: 10/1/2008

Ending:

9/30/2009

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
3	Certified Nurse Assistants	4	9.04	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	10.61	6
7	Cook Helpers/Assistants	2	8.46	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	2	8.45	10
11	Laundry			11
12	Managers	2	13.59	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	12	\$	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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Macoupin Co H A	_____	Carlinville	_____	housing Authority	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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). Attachment 1

Facility Name: Village at Morse Farm

Report Period Beginning:

10/1/2008

Ending:

9/30/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 78,555 Year land was acquired 2007

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	46		2006	2006	\$ 4,970,024	\$ 124,251	40	\$ 124,251	\$	\$ 346,520	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)				\$ 4,970,024	\$ 124,251		\$ 124,251	\$	\$ 346,520	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	Office Equipment	\$ 21,174	\$ 4,599	\$ 5,691	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 21,174	\$ 4,599	\$ 5,691	24

Facility Name: Village at Morse Farm

Report Period Beginning: 10/1/2008

Ending: 9/30/2009

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 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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Midland States Bank		x	Mortgage	6/8/07	\$ 3,992,553	\$	6/8/12	6.0000	\$ 232,082	1
2		Dietzen Development		X	Mortgage	7/9/07	1,134,132		10/9/09	7.0000	49,453	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 5,126,685	\$			\$ 281,535	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 5,126,685	\$			\$ 281,535	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: Village at Morse Farm

Report Period Beginning: 10/1/2008

Ending:

9/30/2009

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 9/30/2009

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 197,400	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	53,825		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,219		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)	\$ 254,444	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	78,555		13
14	Buildings, at Historical Cost	4,970,024		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	21,174		16
17	Accumulated Depreciation (book methods)	(352,211)		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)	\$ 4,717,542	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,971,986	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 21,209	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	50,500		28
29	Short-Term Notes Payable	132,878		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	2,737		34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 207,324	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,717,858		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)	\$ 4,717,858	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,925,182	\$	45
46	TOTAL EQUITY	\$ 46,804	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,971,986	\$	47

Facility Name: Village at Morse Farm

Report Period Beginning: 10/1/2008

Ending:

9/30/2009

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	\$ 1,190,130	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,190,130	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	3,352	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,352	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	551	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 551	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)	\$ 1,194,033	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	271,259	19
20	Health Care/ Personal Care	115,150	20
21	General Administration	256,411	21
	B. Capital Expense		
22	Ownership	436,985	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)	\$ 1,079,805	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 114,228	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 114,228	31

Attachment 1

Expenses paid to Macoupin County Housing Authority for management and maintenance fees.

Management fees	\$43,885.16
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Maintenance fees	\$8,659.78
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Cost was same to related parties.