

		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.

<p>I. Facility ID Number: <u>1000092</u></p> <p>Facility Name: <u>The Manor at Salem Woods</u></p> <hr/> <p>Address: <u>441 S Hotze Road</u> <u>Salem</u> <u>62881</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Marion</u></p> <p>Telephone Number: (<u>618</u>) <u>548-8910</u> Fax # (<u>618</u>) <u>548-8939</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>02/08/08</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input checked="" type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Deborah J. Edwards</u> Telephone Number: (<u>618</u>) <u>233-1001</u></p> <p>Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" 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	IRS Exemption Code _____	<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 _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/13</u> to <u>12/31/13</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;"> <p>Officer or Administrator of Provider</p> <hr/> <p>Paid Preparer</p> <hr/> </td> <td style="width:80%"> <p>(Signed) _____ (Date) _____</p> <p>(Type or Print Name) <u>J. Michael Greer</u></p> <p>(Title) <u>Partner</u></p> <hr/> <p>(Signed) _____ (Date) _____</p> <p>(Print Name and Title) <u>Deborah J. Edwards</u> <u>CPA</u></p> <p>(Firm Name & Address) <u>Creason-Edwards & Cimarolli, PC</u> <u>4000 N Belt West, Belleville, IL 62226</u></p> <p>(Telephone) (<u>618</u>) <u>233-1001</u> Fax (<u>618</u>) <u>233-6009</u></p> </td> </tr> </table> <p align="right">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</p>	<p>Officer or Administrator of Provider</p> <hr/> <p>Paid Preparer</p> <hr/>	<p>(Signed) _____ (Date) _____</p> <p>(Type or Print Name) <u>J. Michael Greer</u></p> <p>(Title) <u>Partner</u></p> <hr/> <p>(Signed) _____ (Date) _____</p> <p>(Print Name and Title) <u>Deborah J. Edwards</u> <u>CPA</u></p> <p>(Firm Name & Address) <u>Creason-Edwards & Cimarolli, PC</u> <u>4000 N Belt West, Belleville, IL 62226</u></p> <p>(Telephone) (<u>618</u>) <u>233-1001</u> Fax (<u>618</u>) <u>233-6009</u></p>
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Facility Name: The Manor at Salem Woods

Report Period Beginning:

01/01/13

Ending:

12/31/13

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	88,030	116,233	1,873	206,136	(6,653)	199,483	1
2	Housekeeping, Laundry and Maintenance	53,889	14,202	15,278	83,369		83,369	2
3	Heat and Other Utilities			64,656	64,656	(1,323)	63,333	3
4	Other (specify): Waste Removal			2,630	2,630		2,630	4
5	TOTAL General Services	141,918	130,434	84,439	356,791	(7,976)	348,815	5
B. Health Care and Programs								
6	Health Care/ Personal Care	200,285	5,566	3,494	209,345		209,345	6
7	Activities and Social Services	24,500	3,827	1,038	29,366		29,366	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	224,785	9,393	4,532	238,711		238,711	9
C. General Administration								
10	Administrative and Clerical	55,089	5,228	122,689	183,006		183,006	10
11	Marketing Materials, Promotions and Advertising		20,340	12,889	33,229		33,229	11
12	Employee Benefits and Payroll Taxes			38,607	38,607		38,607	12
13	Insurance-Property, Liability and Malpractice			19,342	19,342		19,342	13
14	Other (specify): Workmans Comp Insurance			21,622	21,622		21,622	14
15	TOTAL General Administration	55,089	25,568	215,149	295,806		295,806	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	421,793	165,396	304,120	891,308	(7,976)	883,332	16
Capital Expenses								
D. Ownership								
17	Depreciation			204,744	204,744	(9,274)	195,470	17
18	Interest			189,404	189,404		189,404	18
19	Real Estate Taxes			2,294	2,294		2,294	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			5,952	5,952		5,952	21
22	Other (specify): See Attachment 1			9,747	9,747	(6,315)	3,432	22
23	TOTAL Ownership			412,141	412,141	(15,589)	396,552	23
24	GRAND TOTAL (Sum of lines 16 and 23)	421,793	165,396	716,261	1,303,450	(23,565)	1,279,884	24

Facility Name: The Manor at Salem Woods

Report Period Beginning: 01/01/13 Ending: 12/31/13

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 20.67	1
2	Licensed Practical Nurses	4	13.92	2
3	Certified Nurse Assistants	6	9.41	3
4	Activity Director & Assistants	1	64.59	4
5	Social Service Workers			5
6	Head Cook	1	31.66	6
7	Cook Helpers/Assistants	3	9.26	7
8	Dishwashers	2	8.70	8
9	Maintenance Workers	1	10.00	9
10	Housekeepers	2	8.60	10
11	Laundry	1	8.99	11
12	Managers	1	72.70	12
13	Other Administrative			13
14	Clerical	1	9.73	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	24	\$	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
The Prairies		Carbondale	
Clinton Manor Nursing Home		New Baden	
See Attachment			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Greer Management Services		Carlyle		Management	

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).

Facility Name: The Manor at Salem Woods

Report Period Beginning:

01/01/13

Ending:

12/31/13

VIII. OWNERSHIP COSTS

A. Purchase price of land 76,840 Year land was acquired 2008

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	40		2008	2008	\$ 4,203,398	\$ 152,851	28	\$ 152,851	\$	\$ 904,367	1
2	10		2008	2008	687,500	25,000	28	25,000		146,875	2
3											3
4											4
5											5
Improvement Type											
6	Alarm Control			2013	1,217	37		37		37	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)				\$ 4,892,115	\$ 177,888		\$ 177,888	\$	\$ 1,051,279	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	\$ 294,237	\$ 26,857	\$ 17,583	(9,274)		\$ 290,859	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 294,237	\$ 26,857	\$ 17,583	(9,274)		\$ 290,859	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: The Manor at Salem Woods

Report Period Beginning: 01/01/13

Ending: 12/31/13

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Greer Management Services, Inc. (Vehicle 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 \$ 5,924

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**	YES			NO	Purpose of Loan				
							Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Marion Co Savings Bank		X	Mortgage	5/17/07	\$ 1,950,000	\$ 1,805,054	5/18/28	7.6700	\$ 139,568	1
2		IL Hsg Develop Auth		X	Mortgage	5/18/07	1,000,000	974,299	12/31/27	1.0000	9,743	2
3		Marion Co Savings Bank		X	Mortgage	8/15/08	734,000	626,247	9/1/28	6.8750	40,093	3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 3,684,000	\$ 3,405,600			\$ 189,404	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 3,684,000	\$ 3,405,600			\$ 189,404	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: The Manor at Salem Woods

Report Period Beginning: 01/01/13

Ending:

12/31/13

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,018,364	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	239,808		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,185		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	53,079		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,324,436	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	76,840		13
14	Buildings, at Historical Cost	4,890,898		14
15	Leasehold Improvements, at Historical Cost	1,217		15
16	Equipment, at Historical Cost	294,237		16
17	Accumulated Depreciation (book methods)	(1,303,469)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	63,782		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(20,089)		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)	\$ 4,003,416	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,327,851	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 33,186	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	54,152		29
30	Accrued Salaries Payable	19,290		30
31	Accrued Taxes Payable	6,572		31
32	Accrued Interest Payable	812		32
33	Deferred Compensation	1,576		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Deferred Developers Fee	164,271		35
36	Other Accrued Liabilities	23,425		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 303,284	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	3,351,448		38
39	Mortgage Payable			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)	\$ 3,351,448	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,654,732	\$	45
46	TOTAL EQUITY	\$ 1,673,119	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,327,851	\$	47

*(See instructions.)

Facility Name: The Manor at Salem Woods

Report Period Beginning: 01/01/13

Ending:

12/31/13

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,408,685	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,408,685	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	6,653	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 6,653	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	15,936	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 15,936	14
D. Other Revenue (specify):			
15	Cable TV Income	1,323	15
16	See Attachment 4	37,507	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 38,830	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,470,104	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	356,791	19
20	Health Care/ Personal Care	238,711	20
21	General Administration	295,806	21
B. Capital Expense			
22	Ownership	412,141	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)	\$ 1,303,450	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 166,654	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 166,654	31

2013

Page 3, Schedule IV, Section D - Other Ownership Expenses

Line	Amount	Description
	4519.44	Bad Debt Expense
	2,459.00	Loan Cost Amortization
	973.00	Tax Credit Amortization
	<u>1,796.00</u>	Replacement Tax
22	9,747.44	

Page 3, Schedule IV - Adjustments

Line	Amount	Description
1	(6,653.00)	Non-allowable meals not directly related to SLF resident care.
3	(1,323.00)	Non-allowable Cable TV expense.
17	(9,274.00)	Depreciation S/L adjustment
22	<u>(6,315.44)</u>	Bad Debt Expense/Replacement Tax
	(23,565.44)	Total

VII: RELATED ORGANIZATIONS

A.	RELATED SLF's & HEALTH CARE BUSINESSES			
	<u>Name</u> <u>1</u>	<u>City</u> <u>2</u>		
	Manor at Craig Farms	Chester		
	Jerseyville Estates	Jerseyville		
	Manor at Mason Woods	Pinckneyville		

C.	Related Organization	Nature of Expenditure	Facility Book Value	Actual Cost
	Greer Management Services, Inc.	Mgmt Srv/Payroll Srv/Vehicle Lse	\$ 87,616	\$ 105,091

**The Manor at Salem Woods
2013**

Page 6, Schedule IX - Item 10

Vehicle 1

Model	Grand Caravan
Year	2007
Make	Dodge
Vehicle Use	Resident Transportation

Vehicle 2

Model	Escape
Year	2004
Make	Ford
Vehicle Use	Resident Transportation

Total Rental Expense \$3,550

The Manor at Salem Woods
2013

Page 8, Schedule XII, Income Statement

Line	Amount	Description
	52.42	Sundry Income
	2,940.69	Timing difference of PTO
	18,013.44	Prior period unrecorded A/R
	<u>16,500.00</u>	Prior period over accrual
16	37,506.55	