

		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>1000135</u></p> <p>Facility Name: <u>River to River Comm of Anna</u></p> <p>Address: <u>151 Denny Drive</u> <u>Anna</u> <u>62906</u> <small>Number City Zip Code</small></p> <p>County: <u>Union</u></p> <p>Telephone Number: (<u>618</u>) <u>993-7533</u> Fax # <u>(618) 993-7531</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>10/27/2011</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input 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 checked="" type="checkbox"/> Other <u>Disregarded Entity</u></td> <td>_____</td> </tr> </table>	<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	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 checked="" type="checkbox"/> Other <u>Disregarded Entity</u>	_____	<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>1/1/13</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;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) <u>Sherry Barter-Hamlin</u> (Title) <u>CEO</u> </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Print Name and Title) <u>David Schnake</u> <u>Partner</u> (Firm Name & Address) <u>Kerber, Eck, & Braeckel</u> <u>1116 W. Main St. Carbondale, IL 62901</u> (Telephone) <u>(618) 529-1040</u> Fax # <u>(618) 549-2311</u> </td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Sherry Barter-Hamlin</u> (Title) <u>CEO</u>	Paid Preparer	(Signed) _____ (Print Name and Title) <u>David Schnake</u> <u>Partner</u> (Firm Name & Address) <u>Kerber, Eck, & Braeckel</u> <u>1116 W. Main St. Carbondale, IL 62901</u> (Telephone) <u>(618) 529-1040</u> Fax # <u>(618) 549-2311</u>
<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																											
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 checked="" type="checkbox"/> Other <u>Disregarded Entity</u>	_____																											
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Sherry Barter-Hamlin</u> (Title) <u>CEO</u>																												
Paid Preparer	(Signed) _____ (Print Name and Title) <u>David Schnake</u> <u>Partner</u> (Firm Name & Address) <u>Kerber, Eck, & Braeckel</u> <u>1116 W. Main St. Carbondale, IL 62901</u> (Telephone) <u>(618) 529-1040</u> Fax # <u>(618) 549-2311</u>																												
<p>In the event there are further questions about this report, please contact: Name: <u>James Srna</u> Telephone Number: <u>(618) 993-7533</u> Email Address: _____</p>																													
<p>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>																													

Facility Name: River to River Comm of Anna

Report Period Beginning:

1/1/13

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	77,303	103,939	575	181,817	(4,693)	177,124	1
2	Housekeeping, Laundry and Maintenance	35,851	11,270	13,943	61,064		61,064	2
3	Heat and Other Utilities			65,751	65,751		65,751	3
4	Other (specify): Trash, Cable TV			5,131	5,131	(2,876)	2,255	4
5	TOTAL General Services	113,154	115,209	85,400	313,763	(7,569)	306,194	5
B. Health Care and Programs								
6	Health Care/ Personal Care	223,225	757	2,067	226,049		226,049	6
7	Activities and Social Services	28,035	1,730	2,438	32,203		32,203	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	251,260	2,487	4,505	258,252		258,252	9
C. General Administration								
10	Administrative and Clerical	54,322	15,002	180,482	249,806	3,990	253,796	10
11	Marketing Materials, Promotions and Advertising	8,245		7,526	15,771		15,771	11
12	Employee Benefits and Payroll Taxes			78,345	78,345		78,345	12
13	Insurance-Property, Liability and Malpractice			65,090	65,090		65,090	13
14	Other (specify):							14
15	TOTAL General Administration	62,567	15,002	331,443	409,012	3,990	413,002	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	426,981	132,698	421,348	981,027	(3,579)	977,448	16
Capital Expenses								
D. Ownership								
17	Depreciation			369,584	369,584	(9,944)	359,640	17
18	Interest			276,498	276,498		276,498	18
19	Real Estate Taxes			72,034	72,034		72,034	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): bond cost, asset mgmt fee, tax credit fee			21,061	21,061		21,061	22
23	TOTAL Ownership			739,177	739,177	(9,944)	729,233	23
24	GRAND TOTAL (Sum of lines 16 and 23)	426,981	132,698	1,160,525	1,720,204	(13,523)	1,706,681	24

Facility Name: River to River Comm of Anna

Report Period Beginning 1/1/13

Ending: 12/31/13

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.5	\$ 22.60	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12	8.64	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	12.75	5
6	Head Cook			6
7	Cook Helpers/Assistants	4	8.76	7
8	Dishwashers			8
9	Maintenance Workers	1	9.55	9
10	Housekeepers	2	8.50	10
11	Laundry			11
12	Managers	1	19.81	12
13	Other Administrative	1	14.50	13
14	Clerical			14
15	Marketing	1	20.82	15
16	Other	1	8.76	16
17	Total (lines 1 thru 16)	25	\$ 134.69	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
Marion Supportive Living, LP		Marion, IL	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
River to River Corporation		Marion, IL		Managing Partner	
River to River Senior Services		Marion, IL		Service Provider	

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: River to River Senior Services, LLC If yes, what is the value of those services? \$ 76,481

(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: River to River Comm of Anna

Report Period Beginning:

1/1/13

Ending:

12/31/13

VIII. OWNERSHIP COSTS

A. Purchase price of land 160,000 Year land was acquired 2010

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	50			2011	\$ 7,788,884	\$ 283,232	27.5	\$ 283,232	\$	\$ 625,371	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Landscaping		2011		30,000	2,565	15	2,000	(565)	6,915	6
7	Walkway - Back & Front		2013		2,129	71	15	106	35	71	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)				\$ 7,821,013	\$ 285,868		\$ 285,338	\$ (530)	\$ 632,357	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	\$ 488,171	\$ 83,716	\$ 74,302	(9,414)	5	\$ 292,168	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 488,171	\$ 83,716	\$ 74,302	(9,414)		\$ 292,168	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: River to River Comm of Anna

Report Period Beginning: 1/1/13

Ending: 12/31/13

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	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	IL Housing Dept Authority		X	To construct project building	10/1/10	\$ 5,700,000	\$ 5,586,403	12/1/47	0.0557	\$ 245,067
2	River to River Corporation	X		To construct project building	10/27/11	739,546	770,977	/ /	0.0475	31,431
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 6,439,546	\$ 6,357,380			\$ 276,498
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 6,439,546	\$ 6,357,380			\$ 276,498

* 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: River to River Comm of Anna

Report Period Beginning: 1/1/13

Ending:

12/31/13

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 36,966	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	156,082		3
4	Supply Inventory (priced at)	14,238		4
5	Short-Term Investments			5
6	Prepaid Insurance	30,814		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)	\$ 238,100	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	160,000		13
14	Buildings, at Historical Cost	7,788,884		14
15	Leasehold Improvements, at Historical Cost	32,129		15
16	Equipment, at Historical Cost	488,171		16
17	Accumulated Depreciation (book methods)	(924,525)		17
18	Deferred Charges	402,496		18
19	Organization & Pre-Operating Costs	9,948		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(2,238)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Deferred financing cost	1,134,418		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,089,283	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,327,383	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 94,749	\$	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	53,467		31
32	Accrued Interest Payable	1,281		32
33	Deferred Compensation	769,696		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Insurance	8,265		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 927,458	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	5,586,403		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)	\$ 5,586,403	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,513,861	\$	45
46	TOTAL EQUITY	\$ 2,813,522	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,327,383	\$	47

*(See instructions.)

Facility Name: River to River Comm of Anna

Report Period Beginning: 1/1/13

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	\$ 387,222	1
2	Discounts and Allowances	(13,027)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 374,195	3
B. Other Operating Revenue			
4	Special Services	70,991	4
5	Other Health Care Services	1,076,855	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	4,693	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,152,539	11
C. Non-Operating Revenue			
12	Contributions	500	12
13	Interest and Other Investment Income	5,007	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,507	14
D. Other Revenue (specify):			
15	Senior TV Fees	2,876	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,876	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,535,117	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	313,763	19
20	Health Care/ Personal Care	258,252	20
21	General Administration	409,012	21
B. Capital Expense			
22	Ownership	739,177	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)	\$ 1,720,204	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (185,087)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (185,087)	31

on VII A.	Related Organization	Nature of Purchase	Facility Book Value	Actual Cost	Difference
	Management Fee	Managing/Accounting	\$ 76,481	\$ 86,818	\$ 10,337
	Congregate Expense	Corporate Expenses	\$ 22,224	\$ 22,224	\$ -
	Record Storage	Storage Fee	\$ 12,000	\$ 12,000	\$ -

on IV eliminations	Amount	Line #	
;	(4,693)	Line 1	Account 4600
	(2,876)	Line 4	Account 4081
eneral	10,337	Line 10	See above
eneral - Bad debt	(6,347)	Line 10	Account 9010
Depreciation	(9,944)	Line 17	Schedule VIII
	<u>(13,523)</u>		

on IV Line 4	1,367
	<u>3,764</u>
	<u>5,131</u>

on IV Line 22	
n of Bond Cost	7,333
n of Tax Credit Fees	995
n of Asset Management Fee	<u>12,733</u>
	<u>21,061</u>

