

		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>1000128</u></p> <p>Facility Name: <u>River to River Com of Marion</u></p> <p>Address: <u>1515 E Dy Young St</u> <u>Marion</u> <u>62959</u> <small>Number City Zip Code</small></p> <p>County: <u>Williamson</u></p> <p>Telephone Number: (<u>618</u>) <u>993-7533</u> Fax # (<u>618</u>) <u>993-7531</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>2/18/2011</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 type="checkbox"/> Other</td> <td>_____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>James Srna</u> Telephone Number: (<u>618</u>) <u>993-7533</u> Email Address: _____</p>	<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 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>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 LLP</u> <u>116 W. Main St. Carbondale, IL 62901</u> (Telephone) <u>(618) 529-1040</u> Fax # (<u>618</u>) <u>549-2311</u> </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>	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 LLP</u> <u>116 W. Main St. Carbondale, IL 62901</u> (Telephone) <u>(618) 529-1040</u> Fax # (<u>618</u>) <u>549-2311</u>
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Facility Name River to River Com of Marion

Report Period Beginning: 1/1/13 Ending: 12/31/13

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	45	Single Unit Apartment	45	16,425	1
2	5	Double Unit Apartment	5	1,825	2
3		Other			3
4	50	TOTALS	50	18,250	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	14,469	1,639		16,108	5
6	Double Unit	1,523	365		1,888	6
7	Other					7
8	TOTALS	15,992	2,004		17,996	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.61%

D. Indicate the number of paid bed-hold days the SLF had during this year 172 Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 2013 Fiscal Year: 2013

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principle? Yes

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: River to River Com of Marion

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	57,061	111,923	2,328	171,312	(2,724)	168,588	1
2	Housekeeping, Laundry and Maintenance	50,435	15,791	12,295	78,521		78,521	2
3	Heat and Other Utilities			62,600	62,600		62,600	3
4	Other (specify): Trash, Cable TV			5,001	5,001	(2,670)	2,331	4
5	TOTAL General Services	107,496	127,714	82,224	317,434	(5,394)	312,040	5
B. Health Care and Programs								
6	Health Care/ Personal Care	178,177	727	942	179,846		179,846	6
7	Activities and Social Services	20,247	1,434	1,990	23,671		23,671	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	198,424	2,161	2,932	203,517		203,517	9
C. General Administration								
10	Administrative and Clerical	54,484	14,631	161,819	230,934	5,122	236,056	10
11	Marketing Materials, Promotions and Advertising	7,731		9,643	17,374		17,374	11
12	Employee Benefits and Payroll Taxes			73,045	73,045		73,045	12
13	Insurance-Property, Liability and Malpractice			36,521	36,521		36,521	13
14	Other (specify):							14
15	TOTAL General Administration	62,215	14,631	281,028	357,874	5,122	362,996	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	368,135	144,506	366,184	878,825	(272)	878,553	16
Capital Expenses								
D. Ownership								
17	Depreciation			370,883	370,883	(9,613)	361,270	17
18	Interest			389,703	389,703		389,703	18
19	Real Estate Taxes			11,819	11,819		11,819	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): loan fees, asset mgmt fee, tax credit fee			15,732	15,732		15,732	22
23	TOTAL Ownership			788,137	788,137	(9,613)	778,524	23
24	GRAND TOTAL (Sum of lines 16 and 23)	368,135	144,506	1,154,321	1,666,962	(9,885)	1,657,077	24

Facility Name: River to River Com of Marion

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	15	8.58	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	13.87	5
6	Head Cook			6
7	Cook Helpers/Assistants	4	8.63	7
8	Dishwashers			8
9	Maintenance Workers	1	9.27	9
10	Housekeepers	2	8.76	10
11	Laundry			11
12	Managers	1	14.69	12
13	Other Administrative			13
14	Clerical			14
15	Marketing	1	20.82	15
16	Other	1	8.76	16
17	Total (lines 1 thru 16)	26.5	\$ 115.98	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
Anna Supportive Living, LP		Anna, 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? \$ 79,226

(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 Com of Marion

Report Period Beginning:

1/1/13

Ending:

12/31/13

VIII. OWNERSHIP COSTS

A. Purchase price of land 200,000 Year land was acquired 3/31/2011

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	\$ 7,600,871	\$ 276,395	27.5	\$ 276,395	\$	\$ 771,604	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Landscaping		2011		48,765	4,169	15	3,251	(918)	11,240	6
7	Landscaping		2013		3,700	529	7	220	(309)	529	7
8	Parking Lot		2013		30,912		15	4,122	4,122	2,061	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,684,248	\$ 281,093		\$ 283,988	\$ 2,895	\$ 785,434	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	\$ 484,636	\$ 88,589	\$ 76,481	(12,108)	5	\$ 285,170	18
19	Vehicles	12,000	1,200	800	(400)	5	1,200	19
20	TOTAL (lines 18 and 19)		\$ 496,636	\$ 89,789	\$ 77,281		\$ 286,370	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 Com of Marion

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	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		Banterra Bank		X	To construct project building	12/14/09	\$ 5,700,000	\$ 5,571,208	12/14/41	0.0675	\$ 383,536	1
2		IL Housing Dept Authority		X	To construct project building	12/1/09	1,790,328	1,754,703	12/1/26			2
3		River to River Corporation	X		To construct project building	2/18/11	284,813	69,520	/ /	0.0475	6,167	3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 7,775,141	\$ 7,395,431			\$ 389,703	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 7,775,141	\$ 7,395,431			\$ 389,703	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: River to River Com of Marion

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	\$ 151,835	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	280,063		3
4	Supply Inventory (priced at)	12,509		4
5	Short-Term Investments			5
6	Prepaid Insurance	15,872		6
7	Other Prepaid Expenses	300		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 460,579	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	200,000		13
14	Buildings, at Historical Cost	7,600,871		14
15	Leasehold Improvements, at Historical Cost	83,377		15
16	Equipment, at Historical Cost	496,636		16
17	Accumulated Depreciation (book methods)	(1,069,742)		17
18	Deferred Charges	942,399		18
19	Organization & Pre-Operating Costs	3,698		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(1,048)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	269,114		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,525,305	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,985,884	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 78,463	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	63,353		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	33,864		31
32	Accrued Interest Payable	6,167		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Insurance	30,930		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 212,777	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,325,911		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)	\$ 7,325,911	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,538,688	\$	45
46	TOTAL EQUITY	\$ 1,447,196	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,985,884	\$	47

*(See instructions.)

Facility Name: River to River Com of Marion

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	\$ 388,198	1
2	Discounts and Allowances	(13,895)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 374,303	3
B. Other Operating Revenue			
4	Special Services	80,504	4
5	Other Health Care Services	1,087,347	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	2,724	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,170,575	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	12,013	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 12,013	14
D. Other Revenue (specify):			
15	Senior TV Fees	2,670	15
16	RRSS Rents	32,400	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 35,070	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,591,961	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	317,434	19
20	Health Care/ Personal Care	203,517	20
21	General Administration	357,874	21
B. Capital Expense			
22	Ownership	788,137	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)	\$ 1,666,962	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (75,001)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (75,001)	31

on VII A.	Related Organization	Nature of Purchase	Facility Book Value	Actual Cost	Difference
	Management Fee	Managing/Accounting	\$ 79,226	\$ 86,818	\$ 7,592
	Congregate Expense	Corporate Expenses	\$ 22,224	\$ 22,224	\$ -
	Record Storage	Storage Fee	\$ 12,000	\$ 12,000	\$ -

on IV eliminations	Amount	Line #	
	(2,724)	Line 1	Account 4600
	(2,670)	Line 4	Account 4081
eneral	7,592	Line 10	See above
eneral - Bad debt	(2,470)	Line 10	Account 9010
Depreciation	(9,613)	Line 17	Schedule VIII
	<u>(9,885)</u>		

on IV Line 4	Amount
	1,760
	<u>3,240</u>
	<u>5,000</u>

on IV Line 22	Amount
	-
gement Fee	3,600
ee	1,250
n of Bond Cost	<u>10,882</u>
	<u>15,732</u>

