

Facility Name River to River Comm Marion

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units 2/18/11

	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	16,162	352		16,514	5
6	Double Unit	1,460			1,460	6
7	Other					7
8	TOTALS	17,622	352		17,974	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.49%

D. Indicate the number of paid bed-hold days the SLF had during this year
108 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 628 (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: 2018 Fiscal Year: 2018

* 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 principal? 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 principal? _____
 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 principal? _____
 If no, explain. _____

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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	64,250	133,861	1,475	199,586	(2,928)	196,658	1
2	Housekeeping, Laundry and Maintenance	65,662	17,298	27,653	110,613		110,613	2
3	Heat and Other Utilities			65,695	65,695		65,695	3
4	Other (specify):			8,402	8,402	(2,742)	5,660	4
5	TOTAL General Services	129,912	151,159	103,225	384,296	(5,670)	378,626	5
B. Health Care and Programs								
6	Health Care/ Personal Care	178,942	762	67,209	246,913		246,913	6
7	Activities and Social Services	28,236	3,055	556	31,847		31,847	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	207,178	3,817	67,765	278,760		278,760	9
C. General Administration								
10	Administrative and Clerical	61,610	18,579	161,089	241,278	3,862	245,140	10
11	Marketing Materials, Promotions and Advertising	9,347		12,292	21,639		21,639	11
12	Employee Benefits and Payroll Taxes			73,843	73,843		73,843	12
13	Insurance-Property, Liability and Malpractice			37,358	37,358		37,358	13
14	Other (specify):							14
15	TOTAL General Administration	70,957	18,579	284,582	374,118	3,862	377,980	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	408,047	173,555	455,572	1,037,174	(1,808)	1,035,366	16
Capital Expenses								
D. Ownership								
17	Depreciation			319,974	319,974	9,782	329,756	17
18	Interest			324,977	324,977		324,977	18
19	Real Estate Taxes			61,028	61,028		61,028	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			4,850	4,850		4,850	22
23	TOTAL Ownership			710,829	710,829	9,782	720,611	23
24	GRAND TOTAL (Sum of lines 16 and 23)	408,047	173,555	1,166,401	1,748,003	7,974	1,755,977	24

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 24.72	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	7	10.26	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	14.98	5
6	Head Cook			6
7	Cook Helpers/Assistants	3	10.63	7
8	Dishwashers			8
9	Maintenance Workers	1	12.00	9
10	Housekeepers	2	9.75	10
11	Laundry			11
12	Managers	1	16.09	12
13	Other Administrative	1	23.49	13
14	Clerical			14
15	Marketing	1	24.04	15
16	Other	1	10.15	16
17	Total (lines 1 thru 16)	19	\$ 156.11	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	City
Cache Valley River to River, LP	Ullin, IL
Anna Supportive Living, L.P.	Anna, IL

OTHER RELATED BUSINESS ENTITIES

Name	City	Type of Business
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? \$ 76,691

(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).

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VIII. OWNERSHIP COSTS

A. Purchase price of land 169,000 Year land was acquired 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	\$	\$ 2,153,580	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Landscaping	2011		48,765	2,880	15	3,251	371	27,168	6
7		Landscaping	2013		3,700	330	7	529	199	3,205	7
8		Parking Lot	2013		30,912	2,061	15	2,015	(46)	12,365	8
9		Generator Shed Deposit	2014		3,794	138	27.5	138		552	9
10		Generator Shed	2015		11,381	414	27.5	414		1,638	10
11		Generator Power	2015		2,991	109	27.5	109		430	11
12		Concrete Curb	2015		21,816	1,454	15	1,454		5,090	12
13		Fencing around dumpster	2015		4,096	410	10	410		1,434	13
14		Driveway for Generator	2015		4,100	273	15	273		957	14
15		Camera and Security System	2018		20,791	1,559	10	866	(693)	1,559	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,753,217	\$ 286,023		\$ 285,854	\$ (169)	\$ 2,207,978	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	\$ 645,336	\$ 31,814	\$ 40,948	9,134	5	\$ 557,835	18
19	Vehicles	16,908	1,765	2,582	817	5	16,626	19
20	TOTAL (lines 18 and 19)	\$ 662,244	\$ 33,579	\$ 43,530	9,951		\$ 574,461	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

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 239,075	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	514,098		3
4	Supply Inventory (priced at)	16,923		4
5	Short-Term Investments			5
6	Prepaid Insurance	24,756		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)	\$ 794,852	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	169,000		13
14	Buildings, at Historical Cost	7,600,871		14
15	Leasehold Improvements, at Historical Cost	152,346		15
16	Equipment, at Historical Cost	662,244		16
17	Accumulated Depreciation (book methods)	(2,782,439)		17
18	Deferred Charges	956,012		18
19	Organization & Pre-Operating Costs	3,698		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(2,897)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Loan Costs	216,550		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,975,385	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,770,237	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 53,318	\$	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	63,898		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Insurance and Other	20,765		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 137,981	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,701,364		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)	\$ 6,701,364	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,839,345	\$	45
46	TOTAL EQUITY	\$ 930,892	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,770,237	\$	47

*(See instructions.)

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

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 412,315	1
2	Discounts and Allowances	(37,690)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 374,625	3
B. Other Operating Revenue			
4	Special Services	63,977	4
5	Other Health Care Services	1,174,049	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	2,928	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,240,954	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	10,963	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 10,963	14
D. Other Revenue (specify):			
15	Senior TV	2,742	15
16	RRSS Rents	32,400	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 35,142	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,661,684	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	384,296	19
20	Health Care/ Personal Care	278,760	20
21	General Administration	374,118	21
B. Capital Expense			
22	Ownership	710,829	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)	\$ 1,748,003	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (86,319)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (86,319)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$	37

Marion Supportive Living, L.P.
 Additional Information
 12/31/2018

Page 4 Section VII A.

Related Organization	Nature of Purchase	Facility Book Value	Actual Cost	Difference
Management Fee	Managing/Accounting	\$ 76,691	\$ 79,123	\$ 2,432
Congregate Expense	Corporate Expenses	\$ 10,134	\$ 10,134	\$ -
Record Storage	Storage Fee	\$ 12,360	\$ 12,360	\$ -

Page 3 Section IV eliminations

	Amount	Line #	
Guest Meals	(2,928)	Line 1	Account 4600
Senior TV	(2,742)	Line 4	Account 4081
Admin & General	2,432	Line 10	See above
Admin & General - Bad debt	1,430	Line 10	Account 9010
Accelerated Depreciation	9,782	Line 17 + 20	Schedule VIII
Total	<u>7,974</u>		

Page 3 Section IV Line 4

Trash	3,148
TV	5,254
	<u>8,402</u>

Page 3 Section IV Line 22

Asset Management Fee	3,600
Tax Credit Fee	1,250
	<u>4,850</u>