FOR BHF USE

LL2

Supportive Living Facility

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)

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 ID Number: 1000064

Facility Name: Village at Morse Farm

Address: 1050 West Main St (Number) Carlinville (City) 62626 (Zip Code)

County: Macoupin

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

Federal Employer ID Number:

Date Current Owners were Certified: 06/26/2006

Type of Ownership:

	VOLUNTARY, NON-PROFIT		PROPRIETARY	X	GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation	X	Other Municipal
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Margaret Barkley **Telephone Number:** (217) 854-8142
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 10/1/2013 to 9/30/2014 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)
(Date)
(Type or Print Name) Margaret Barkely
(Title) Chief Executive Officer

Paid Preparer

(Signed)
(Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

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: 10/1/2013 Ending: 9/30/2014

III. STATISTICAL DATA

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

Date of change in certified units / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	39	Single Unit Apartment	39	14,235	1
2	7	Double Unit Apartment	7	2,550	2
3		Other			3
4	46	TOTALS	46	16,785	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	1,503	10,759		12,262	5
6	Double Unit		3,574		3,574	6
7	Other					7
8	TOTALS	1,503	14,333		15,836	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.35%

D. Indicate the number of paid bed-hold days the SLF had during this year 90 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** _____ **(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 [X] NO [ ]

F. Does the BALANCE SHEET reflect any non-SLF assets? YES [ ] NO [X]

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] 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: 10/1/2013 Ending: 9/30/2014**

IV. COST CENTER EXPENSES (please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	42,279	101,725		144,004		144,004	1
2	Housekeeping, Laundry and Maintenance	45,203	16,506	28,694	90,403		90,403	2
3	Heat and Other Utilities			64,622	64,622	(11,868)	52,754	3
4	Other (specify):			792	792		792	4
5	**TOTAL General Services**	87,482	118,231	94,108	299,821	(11,868)	287,953	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	96,082	22,424		118,506		118,506	6
7	Activities and Social Services			4,714	4,714		4,714	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	96,082	22,424	4,714	123,220		123,220	9
	C. General Administration							
10	Administrative and Clerical	130,691	47,417	38,553	216,661		216,661	10
11	Marketing Materials, Promotions and Advertising		7,401	2,328	9,729		9,729	11
12	Employee Benefits and Payroll Taxes			69,561	69,561		69,561	12
13	Insurance-Property, Liability and Malpractice			2,351	2,351		2,351	13
14	Other (specify):			5,152	5,152	(5,152)		14
15	**TOTAL General Administration**	130,691	54,818	117,945	303,454	(5,152)	298,302	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	314,255	195,473	216,767	726,495	(17,020)	709,475	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			140,872	140,872		140,872	17
18	Interest			325,883	325,883		325,883	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			7,571	7,571		7,571	22
23	**TOTAL Ownership**			474,326	474,326		474,326	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	314,255	195,473	691,093	1,200,821	(17,020)	1,183,801	24

Facility Name: Village at Morse Farm **Report Period Beginning 10/1/2013 Ending: 9/30/2014**

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	1	21.00	2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	12.59	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	9.15	10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other **Asst. Manager**	1	13.52	16
17	**Total (lines 1 thru 16)**	4	$	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

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** [X]

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** [X]

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: Village at Morse Farm Report Period Beginning: 10/1/2013 Ending: 9/30/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 80,055 Year land was acquired 1981 & 2012

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			2002	2006	$ 4,970,024	$ 124,251	40	$ 124,251	$	$ 967,773	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Sprinkler System			2012	113,734	5,686	20	5,686		12,321	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)				$ 5,083,758	$ 129,937		$ 129,937	$	$ 980,094	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	$ 72,142	$ 10,935	$ 10,935	$	5	$ 57,847	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 72,142	$ 10,935	$ 10,935	$		$ 57,847	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: Village at Morse Farm **Report Period Beginning:** 10/1/2013 **Ending:** 9/30/2014

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	Lancaster Pollard		X	Mortgage	3/24/10	$ 5,236,000	$ 5,137,839	4/1/45	3.9800	$ 325,883	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 5,236,000	$ 5,137,839			$ 325,883	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 5,236,000	$ 5,137,839			$ 325,883	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:** 10/1/2013 **Ending:** 9/30/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 9/30/2014 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 394,921	$	1
2	Cash-Patient Deposits	60,400		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	14,565		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	77		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Illinois Housing Development Auth	68,880		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 538,843	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	80,055		13
14	Buildings, at Historical Cost	4,957,848		14
15	Leasehold Improvements, at Historical Cost	125,910		15
16	Equipment, at Historical Cost	72,142		16
17	Accumulated Depreciation (book methods)	(1,037,941)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	264,974		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(29,891)		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)**	$ 4,433,097	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,971,940	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 8,588	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	60,400		28
29	Short-Term Notes Payable	87,836		29
30	Accrued Salaries Payable	16,381		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	17,041		32
33	Deferred Compensation	373		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Unearned revenue (prepaid rent)	2,010		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 192,629	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	5,050,003		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation	1,494		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 5,051,497	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 5,244,126	$	45
46	**TOTAL EQUITY**	$ (272,186)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 4,971,940	$	47

***(See instructions.)**

Facility Name: Village at Morse Farm **Report Period Beginning: 10/1/2013 Ending: 9/30/2014**

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

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 1,175,034	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,175,034	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	2,250	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 2,250	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	21	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 21	14
	D. Other Revenue (specify):		
15	**Food Stamp Income**	6,624	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 6,624	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,183,929	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	299,821	19
20	Health Care/ Personal Care	123,220	20
21	General Administration	303,454	21
	B. Capital Expense		
22	Ownership	474,326	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)**	$ 1,200,821	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (16,892)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (16,892)	31