

		FOR BHF USE			

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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> Number City Zip Code</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 border="0"> <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> <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 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>1/1/15</u> to <u>12/31/15</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 border="1"> <tr> <td rowspan="2" style="width: 20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> </tr> <tr> <td>(Type or Print Name) <u>Sherry Barter-Hamlin</u></td> </tr> <tr> <td></td> <td>(Title) <u>CEO</u></td> </tr> <tr> <td rowspan="4" style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Brent Kochel Manager</u></td> </tr> <tr> <td>(Firm Name & Address) <u>Kerber, Eck & Braeckel, LLP 1116 W. Main St. Carbondale, IL 62901</u></td> </tr> <tr> <td>(Telephone) <u>618 529-1040</u> Fax <u>618 549-2311</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>Brent Kochel Manager</u>	(Firm Name & Address) <u>Kerber, Eck & Braeckel, LLP 1116 W. Main St. Carbondale, IL 62901</u>	(Telephone) <u>618 529-1040</u> Fax <u>618 549-2311</u>
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Facility Name River to River Comm of Anna

Report Period Beginning: 1/1/15 Ending: 12/31/15

III. STATISTICAL DATA

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

Date of change in certified units N/A

	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	9,405	6,729		16,134	5
6	Double Unit	362	1,095		1,457	6
7	Other					7
8	TOTALS	9,767	7,824		17,591	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.39%

D. Indicate the number of paid bed-hold days the SLF had during this year 87 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 136 (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: 2015 Fiscal Year: 2015

* 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 Comm of Anna

Report Period Beginning:

1/1/15

Ending:

12/31/15

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	73,059	124,533	1,949	199,541	(5,181)	194,360	1
2	Housekeeping, Laundry and Maintenance	60,318	13,867	25,610	99,795		99,795	2
3	Heat and Other Utilities			63,803	63,803		63,803	3
4	Other (specify):			7,467	7,467	(2,789)	4,678	4
5	TOTAL General Services	133,377	138,400	98,829	370,606	(7,970)	362,636	5
B. Health Care and Programs								
6	Health Care/ Personal Care	155,150	776	21,414	177,340		177,340	6
7	Activities and Social Services	29,697	2,715	2,506	34,918		34,918	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	184,847	3,491	23,920	212,258		212,258	9
C. General Administration								
10	Administrative and Clerical	80,037	12,529	192,873	285,439	(7,827)	277,612	10
11	Marketing Materials, Promotions and Advertising	8,007		7,093	15,100		15,100	11
12	Employee Benefits and Payroll Taxes			91,334	91,334		91,334	12
13	Insurance-Property, Liability and Malpractice			68,897	68,897		68,897	13
14	Other (specify):							14
15	TOTAL General Administration	88,044	12,529	360,197	460,770	(7,827)	452,943	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	406,268	154,420	482,946	1,043,634	(15,797)	1,027,837	16
Capital Expenses								
D. Ownership								
17	Depreciation			352,810	352,810	25,008	377,818	17
18	Interest			265,222	265,222		265,222	18
19	Real Estate Taxes			54,528	54,528		54,528	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			21,061	21,061		21,061	22
23	TOTAL Ownership			693,621	693,621	25,008	718,629	23
24	GRAND TOTAL (Sum of lines 16 and 23)	406,268	154,420	1,176,567	1,737,255	9,211	1,746,466	24

Facility Name: River to River Comm of Anna

Report Period Beginning 1/1/15

Ending: 12/31/15

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.5	\$ 22.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	18	9.87	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	13.53	5
6	Head Cook			6
7	Cook Helpers/Assistants	5	9.38	7
8	Dishwashers			8
9	Maintenance Workers	1	11.00	9
10	Housekeepers	1	9.27	10
11	Laundry			11
12	Managers	1	14.28	12
13	Other Administrative	1	19.80	13
14	Clerical			14
15	Marketing	1	24.62	15
16	Other	1	9.29	16
17	Total (lines 1 thru 16)	30.5	\$ 143.04	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? \$ 81,121

(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:

1/1/15

Ending:

12/31/15

VIII. OWNERSHIP COSTS

A. Purchase price of land 160,000 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	\$ 7,792,677	\$ 283,232	27.5	\$ 283,232	\$	\$ 1,191,835	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Landscaping		2011	30,000	2,078	15	2,000	(78)	11,301	6
7		Walkway-Back & Front		2013	2,129	142	15	142		355	7
8		Storage Building		2015	11,381	397	27.5	397		397	8
9		Driveway for Generator		2015	4,400	2,237	15	131	(2,106)	2,237	9
10		Storage Electrical		2015	2,991	1,523	27.5	5	(1,518)	1,523	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,843,578	\$ 289,609		\$ 285,907	\$ (3,702)	\$ 1,207,648	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	\$ 561,766	\$ 59,876	\$ 88,586	28,710	5	\$ 419,535	18
19	Vehicles	10,426	3,336	3,336		5	5,422	19
20	TOTAL (lines 18 and 19)	\$ 572,192	\$ 63,212	\$ 91,922	28,710		\$ 424,957	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: 1/1/15

Ending: 12/31/15

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	
		Related**				Amount of Note					
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	IL Housing Dept Authority		X	To construct project building	10/1/10	\$ 5,700,000	\$ 5,431,285	12/1/47	0.0557	\$ 239,047	1
2	River to River Corporation	X		To construct project building	10/27/11	739,546	467,878	/ /	0.0475	26,175	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,439,546	\$ 5,899,163			\$ 265,222	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,439,546	\$ 5,899,163			\$ 265,222	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 Comm of Anna

Report Period Beginning: 1/1/15

Ending:

12/31/15

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/15

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 33,967	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	171,630		3
4	Supply Inventory (priced at)	12,862		4
5	Short-Term Investments			5
6	Prepaid Insurance	34,525		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)	\$ 252,984	\$	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	7,792,678		14
15	Leasehold Improvements, at Historical Cost	50,902		15
16	Equipment, at Historical Cost	572,192		16
17	Accumulated Depreciation (book methods)	(1,632,604)		17
18	Deferred Charges	362,364		18
19	Organization & Pre-Operating Costs	9,948		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(4,228)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Deferred financing cost, net	1,158,819		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,470,071	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,723,055	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 47,659	\$	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			32
33	Deferred Compensation	467,878		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Insurance	7,622		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 576,626	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,431,285		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)	\$ 5,431,285	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,007,911	\$	45
46	TOTAL EQUITY	\$ 2,715,144	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,723,055	\$	47

*(See instructions.)

Facility Name: River to River Comm of Anna

Report Period Beginning: 1/1/15

Ending:

12/31/15

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	\$ 398,148	1
2	Discounts and Allowances	(20,116)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 378,032	3
B. Other Operating Revenue			
4	Special Services	66,838	4
5	Other Health Care Services	1,169,577	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	5,181	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,241,596	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	953	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 953	14
D. Other Revenue (specify):			
15	Senior TV Fees	2,789	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,789	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,623,370	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	370,606	19
20	Health Care/ Personal Care	212,258	20
21	General Administration	460,770	21
B. Capital Expense			
22	Ownership	693,621	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)	\$ 1,737,255	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (113,885)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (113,885)	31

A.	Related Organization	Nature of Purchase	Facility Book Value	Actual Cost	Difference
	Management Fee	Managing/Accounting	\$ 81,121	\$ 82,096	\$ 975
	Congregate Expense	Corporate Expenses	\$ 17,633	\$ 17,633	\$ -
	Record Storage	Storage Fee	\$ 12,360	\$ 12,360	\$ -

Eliminations	Amount	Line #	
	(5,181)	Line 1	Account 4600
	(2,789)	Line 4	Account 4081
	975	Line 10	See above
Bad debt	(8,802)	Line 10	Account 9010
Provision	25,008	Line 17	Schedule VIII
	<u>9,211</u>		

Line 4	3,191
	<u>4,276</u>
	<u>7,467</u>

Line 22	
and Cost	7,333
and Credit Fees	995
and Management Fee	12,733
	-
	<u>21,061</u>

