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.

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: 6/26/2006

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		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 10/1/14 to 9/30/15 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 Barkley

(Title) Chief Executive Officer

Paid Preparer

(Signed) (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

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

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: 10/1/14 Ending: 9/30/15

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	1,429	12,829		14,258	5
6	Double Unit		3,012		3,012	6
7	Other					7
8	TOTALS	1,429	15,841		17,270	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 102.89%

D. Indicate the number of paid bed-hold days the SLF had during this year 21 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 6 **(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: 10/1/14 Ending: 9/30/15**

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	40,631	118,065		158,696		158,696	1
2	Housekeeping, Laundry and Maintenance	43,442	17,673	24,982	86,097		86,097	2
3	Heat and Other Utilities			63,098	63,098	(13,527)	49,571	3
4	Other (specify):			4,917	4,917		4,917	4
5	**TOTAL General Services**	84,073	135,738	92,997	312,808	(13,527)	299,281	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	92,338	16,311		108,649		108,649	6
7	Activities and Social Services			7,669	7,669		7,669	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	92,338	16,311	7,669	116,318		116,318	9
	C. General Administration							
10	Administrative and Clerical	125,599	7,406	34,570	167,575		167,575	10
11	Marketing Materials, Promotions and Advertising		8,108	259	8,367		8,367	11
12	Employee Benefits and Payroll Taxes			73,045	73,045		73,045	12
13	Insurance-Property, Liability and Malpractice			74,670	74,670		74,670	13
14	Other (specify):							14
15	**TOTAL General Administration**	125,599	15,514	182,544	323,657		323,657	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	302,010	167,563	283,210	752,783	(13,527)	739,256	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			139,633	139,633		139,633	17
18	Interest			202,604	202,604		202,604	18
19	Real Estate Taxes			88,062	88,062		88,062	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	**TOTAL Ownership**			430,299	430,299		430,299	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	302,010	167,563	713,509	1,183,082	(13,527)	1,169,555	24

Facility Name: Village at Morse Farm **Report Period Beginning 10/1/14 Ending: 9/30/15**

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	22.26	2
3	Certified Nurse Assistants	2	11.21	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	13.35	6
7	Cook Helpers/Assistants	2	9.50	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	9.23	10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other **Asst. Manager**	1	14.33	16
17	**Total (lines 1 thru 16)**	8	$	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				OTHER RELATED BUSINESS ENTITIES					
Name	1	City	2	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:** 10/1/14 **Ending:** 9/30/15

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	$	$ 1,092,023	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Sprinkler System			2012	113,734	5,686	20	5,686		18,008	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	$	$ 1,110,031	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	$ 9,696	$ 9,696	$	5	$ 67,543	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 72,142	$ 9,696	$ 9,696	$		$ 67,543	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:** 10/1/14 **Ending:** 9/30/15

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 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	$ 5,050,003	4/1/45	3.9800	$ 202,604	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 5,236,000	$ 5,050,003			$ 202,604	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 5,236,000	$ 5,050,003			$ 202,604	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:** 10/1/14 **Ending:** 9/30/15

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 9/30/15 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 470,524	$	1
2	Cash-Patient Deposits	39,000		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	38,583		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,547		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Illinois Housing Development Auth	69,821		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 620,475	$	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)	(1,177,574)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			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)**	$ 4,058,381	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,678,856	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 4,057	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	39,000		28
29	Short-Term Notes Payable	91,397		29
30	Accrued Salaries Payable	17,037		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	16,749		32
33	Deferred Compensation	1,275		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Unearned revenue (prepaid rent)	9,215		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 178,730	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,958,606		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation	5,100		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 4,963,706	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 5,142,436	$	45
46	**TOTAL EQUITY**	$ (463,580)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 4,678,856	$	47

***(See instructions.)**

Facility Name: Village at Morse Farm **Report Period Beginning: 10/1/14 Ending: 9/30/15**

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	$ 1,188,633	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,188,633	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	4,789	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 4,789	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	13	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 13	14
	D. Other Revenue (specify):		
15	**Food Stamp Income**	7,112	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 7,112	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,200,547	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	312,808	19
20	Health Care/ Personal Care	116,318	20
21	General Administration	323,657	21
	B. Capital Expense		
22	Ownership	430,299	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)**	$ 1,183,082	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 17,465	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 17,465	31