FOR BHF USE

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)

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: 1000135

Facility Name: River to River Comm of Anna

Address: 151 Denny Drive (Number) Anna (City) 62906 (Zip Code)

County: Union

Telephone Number: (618) 993-7533 **Fax #** 618 993-7531

Federal Employer ID Number:

Date Current Owners were Certified: 10/27/2011

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: James Srna **Telephone Number:** (618 993-7533
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 1/1/16 to 12/31/16 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) Sherry Barter-Hamlin
(Title) CEO

Paid Preparer

(Signed) (Date)
(Print Name and Title) Brent Kochel, Manager
(Firm Name & Address) Kerber, Eck & Braeckel, LLP, 1116 W. Main St. Carbondale, IL 62910
(Telephone) 618 629-1040 Fax 618-549-2311

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 River to River Comm of Anna Report Period Beginning: 1/1/16 Ending: 12/31/16

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units N/A

	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	43	Single Unit Apartment	43	15,738	1
2	5	Double Unit Apartment	5	1,830	2
3	2	Other	2	732	3
4	50	TOTALS	50	18,300	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	7,603	6,826		14,429	5
6	Double Unit	1,090	1,621		2,711	6
7	Other	727			727	7
8	TOTALS	9,420	8,447		17,867	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.63%

D. Indicate the number of paid bed-hold days the SLF had during this year 19 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 353 **(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 [X]

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: 2016 Fiscal Year: 2016
* 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: 1/1/16 Ending: 12/31/16**

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	86,726	114,719	3,085	204,530	(6,500)	198,030	1
2	Housekeeping, Laundry and Maintenance	44,463	13,722	24,415	82,600		82,600	2
3	Heat and Other Utilities			61,688	61,688		61,688	3
4	Other (specify):			8,156	8,156	(2,581)	5,575	4
5	**TOTAL General Services**	131,189	128,441	97,344	356,974	(9,081)	347,893	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	194,853	283	3,033	198,169		198,169	6
7	Activities and Social Services	31,164	3,470	4,580	39,214		39,214	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	226,017	3,753	7,613	237,383		237,383	9
	C. General Administration							
10	Administrative and Clerical	94,991	13,169	178,470	286,630	11,668	298,298	10
11	Marketing Materials, Promotions and Advertising	8,907		10,109	19,016		19,016	11
12	Employee Benefits and Payroll Taxes			81,098	81,098		81,098	12
13	Insurance-Property, Liability and Malpractice			71,232	71,232		71,232	13
14	Other (specify):							14
15	**TOTAL General Administration**	103,898	13,169	340,909	457,976	11,668	469,644	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	461,104	145,363	445,866	1,052,333	2,587	1,054,920	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			339,388	339,388	26,588	365,976	17
18	Interest			253,603	253,603		253,603	18
19	Real Estate Taxes			55,239	55,239		55,239	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			23,561	23,561		23,561	22
23	**TOTAL Ownership**			671,791	671,791	26,588	698,379	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	461,104	145,363	1,117,657	1,724,124	29,175	1,753,299	24

Facility Name: River to River Comm of Anna **Report Period Beginning: 1/1/16 Ending: 12/31/16**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.5	$ 24.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	17	10.03	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	12.74	5
6	Head Cook			6
7	Cook Helpers/Assistants	5	9.44	7
8	Dishwashers			8
9	Maintenance Workers	1	12.00	9
10	Housekeepers	2	9.14	10
11	Laundry			11
12	Managers	1	14.70	12
13	Other Administrative	1	22.82	13
14	Clerical			14
15	Marketing	1	25.35	15
16	Other	1	9.26	16
17	Total (lines 1 thru 16)	30.5	$ 149.5	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** [X] **NO** [ ]

Name of related entity: River to River Senior Services, LLC **If yes, what is the value of those services? $** $ 75,062

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? **YES** [X] **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: 1/1/16 Ending: 12/31/16

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	$ 283,370	27.5	$ 283,370	$	$ 1,475,205	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Landscaping			2011	30,000	1,870	15	2,000	130	13,171	6
7	Walkway-Back & Front			2013	2,129	142	15	142		497	7
8	Storage Building			2015	11,381	414	27.5	414		810	8
9	Driveway for Generator			2015	4,400	147	15	629	482	2,383	9
10	Storage Electrical			2015	2,991	54	27.5	109	55	1,577	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 7,843,578	$ 285,997		$ 286,664	$ 667	$ 1,493,643	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	$ 563,520	$ 51,390	$ 77,311	25,921	5	$ 470,925	18
19	Vehicles	10,428	2,002	2,002		5	7,424	19
20	TOTAL (lines 18 and 19)	$ 573,948	$ 53,392	$ 79,313	25,921		$ 478,349	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:** 1/1/16 **Ending:** 12/31/16

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	IL Housing Dept Authority		X	To construct project building	10/1/10	$ 5,700,000	$ 5,348,526	12/1/47	0.0557	$ 236,693	1
2	River to River Corporation	X		To construct project building	10/27/11	739,546	394,788	/ /	0.0475	16,910	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 6,439,546	$ 5,743,314			$ 253,603	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 6,439,546	$ 5,743,314			$ 253,603	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:** 1/1/16 **Ending:** 12/31/16

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/16 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 6,582	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	334,065		3
4	Supply Inventory (priced at)	13,984		4
5	Short-Term Investments			5
6	Prepaid Insurance	58,216		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)**	$ 412,847	$	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	7,792,677		14
15	Leasehold Improvements, at Historical Cost	50,901		15
16	Equipment, at Historical Cost	573,948		16
17	Accumulated Depreciation (book methods)	(1,971,992)		17
18	Deferred Charges	376,928		18
19	Organization & Pre-Operating Costs	9,948		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(5,223)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): **Deferred financing costs, net**	1,039,166		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 8,026,353	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,439,200	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 116,256	$	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	394,788		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	**Accrued Insurance**	32,262		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 596,773	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,348,526		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)**	$ 5,348,526	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 5,945,299	$	45
46	**TOTAL EQUITY**	$ 2,493,901	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 8,439,200	$	47

***(See instructions.)**

Facility Name: River to River Comm of Anna **Report Period Beginning: 1/1/16 Ending: 12/31/16**

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

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 402,420	1
2	Discounts and Allowances	(37,375)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 365,045	3
	B. Other Operating Revenue		
4	Special Services	58,460	4
5	Other Health Care Services	1,068,641	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	6,500	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 1,133,601	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,654	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 1,654	14
	D. Other Revenue (specify):		
15	**Senior TV Fees**	2,581	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 2,581	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,502,881	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	356,974	19
20	Health Care/ Personal Care	237,383	20
21	General Administration	457,976	21
	B. Capital Expense		
22	Ownership	671,791	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)**	$ 1,724,124	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (221,243)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (221,243)	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

Anna Supportive Living, L.P.
Additional Information
12/31/2016

Page 4 Section VII A.

Related Organization	Nature of Purchase	Facility Book Value	Actual Cost	Difference
Management Fee	Managing/Accounting	$ 75,062	$ 87,958	$ 12,896
Congregate Expense	Corporate Expenses	$ 14,856	$ 14,856	$ -
Record Storage	Storage Fee	$ 12,360	$ 12,360	$ -

Page 3 Section IV eliminations

	Amount	Line #	
Guest Meals	(6,500)	Line 1	Account 4600
Senior TV	(2,581)	Line 4	Account 4081
Admin & General	12,896	Line 10	See above
Admin & General - Bad debt	(1,228)	Line 10	Account 9010
Accelerated Depreciation	26,588	Line 17	Schedule VIII
Total	29,175		

Page 3 Section IV Line 4

Trash	3,094
TV	5,062
	8,156

Page 3 Section IV Line 22

Amortization of Bond Cost	7,333
Amortization of Tax Credit Fees	995
Amortization of Asset Management Fee	12,733
Tax Credit Fees	2,500
	23,561