

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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 Name: River to River Community of Marion

Address: 1515 East Deyoung St Marion 62959
Number City Zip Code

County: Williamson

Telephone Number: (618) 942-4531 Fax # 618 993-7905

Federal Employer ID Number: _____

Date Current Owners were Certified: 2/18/2011

Type of Ownership:

<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 type="checkbox"/> 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 3/23/11 to 12/31/11 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 Hamlin

(Title) CEO

Paid Preparer

(Signed) _____ (Date) _____

(Print Name and Title) David Schnake
Partner

(Firm Name & Address) Kerber, Eck & Braeckel LLP
1116 W. Main St. Carbondale, IL 62901

(Telephone) (618) 529-1040 Fax (618) 549-2311

In the event there are further questions about this report, please contact:

Name: Kathleen Blue Telephone Number: (618) 942-4531
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 River to River Community of Marion

Report Period Beginning: 3/23/11 Ending: 12/31/11

III. STATISTICAL DATA

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

Date of change in certified units / /

	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	12,735	1
2	5	Double Unit Apartment	5	1,415	2
3		Other			3
4	50	TOTALS	50	14,150	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	9,066	1,686		10,752	5
6	Double Unit	1,652	193		1,845	6
7	Other					7
8	TOTALS	10,718	1,879		12,597	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.02%

D. Indicate the number of paid bed-hold days the SLF had during this year 46 Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 2011 Fiscal Year: 2011

* 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 Community of Marion

Report Period Beginning:

3/23/11

Ending:

12/31/11

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	43,918	65,876	1,023	110,817	(478)	110,339	1
2	Housekeeping, Laundry and Maintenance	34,546	12,619	4,214	51,379		51,379	2
3	Heat and Other Utilities			44,871	44,871		44,871	3
4	Other (specify): Trash, Cable TV			3,806	3,806	(1,902)	1,904	4
5	TOTAL General Services	78,464	78,495	53,914	210,873	(2,380)	208,493	5
B. Health Care and Programs								
6	Health Care/ Personal Care	142,113	422	12,414	154,949		154,949	6
7	Activities and Social Services	24,802	1,374	1,045	27,221		27,221	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	166,915	1,796	13,459	182,170		182,170	9
C. General Administration								
10	Administrative and Clerical	26,013	9,683	97,231	132,927	2,727	135,654	10
11	Marketing Materials, Promotions and Advertising	7,352		37,835	45,187		45,187	11
12	Employee Benefits and Payroll Taxes			45,001	45,001		45,001	12
13	Insurance-Property, Liability and Malpractice			44,671	44,671		44,671	13
14	Other (specify):							14
15	TOTAL General Administration	33,365	9,683	224,738	267,786	2,727	270,513	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	278,744	89,974	292,111	660,829	347	661,176	16
Capital Expenses								
D. Ownership								
17	Depreciation			293,438	293,438	(24,306)	269,132	17
18	Interest			261,241	261,241		261,241	18
19	Real Estate Taxes			35,000	35,000		35,000	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): loan fees, asset mgmt fee, tax credit fee			195,661	195,661		195,661	22
23	TOTAL Ownership			785,340	785,340	(24,306)	761,034	23
24	GRAND TOTAL (Sum of lines 16 and 23)	278,744	89,974	1,077,451	1,446,169	(23,959)	1,422,210	24

Facility Name: River to River Community of Marion

Report Period Beginning 3/23/11

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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	\$ 30.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	8	8.52	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	12.88	5
6	Head Cook			6
7	Cook Helpers/Assistants	4	8.50	7
8	Dishwashers			8
9	Maintenance Workers	1	9.00	9
10	Housekeepers	2	8.45	10
11	Laundry			11
12	Managers	1	13.85	12
13	Other Administrative	1	18.84	13
14	Clerical			14
15	Marketing			15
16	Other Transporter	1	8.50	16
17	Total (lines 1 thru 16)	20	\$	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
Anna Supportive Living, LP		Anna, IL	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
River to River Coporation		Herrin, IL		Managing Partner	
River to River Senior Services		Herrin, 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? \$ 52,323

(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 Community of Marion

Report Period Beginning:

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Ending:

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VIII. OWNERSHIP COSTS

A. Purchase price of land 200,000 Year land was acquired 2010

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	\$ 218,813	27.5	\$ 230,329	\$ 11,516	\$ 230,329	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Landscaping		2011		48,765	2,438	15	2,709	271	2,709	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)				\$ 7,649,636	\$ 221,251		\$ 233,038	\$ 11,787	\$ 233,038	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	\$ 457,790	\$ 72,187	\$ 36,094	(36,093)	5	\$ 36,094	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 457,790	\$ 72,187	\$ 36,094	(36,093)		\$ 36,094	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 Community of Marion

Report Period Beginning: 3/23/11

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Banterra Bank		X	To construct project building	12/14/09	\$ 5,700,000	\$ 5,694,720	12/14/41	0.0675	\$ 253,064	1
2		IL Housing Dept Authority		X	To construct project building	12/1/09	1,790,328	1,790,328	12/1/26	-	-	2
3		River to Rive Corporation	X		To construct project building	02/18/11	221,526	221,526	/ /	0.0475	8,177	3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 7,711,854	\$ 7,706,574			\$ 261,241	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 7,711,854	\$ 7,706,574			\$ 261,241	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 Community of Marion

Report Period Beginning: 3/23/11

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 151,652	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	410,142		3
4	Supply Inventory (priced at)	10,323		4
5	Short-Term Investments			5
6	Prepaid Insurance	10,398		6
7	Other Prepaid Expenses	300		7
8	Accounts Receivable (owners or related parties)	119,080		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 701,895	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	200,000		13
14	Buildings, at Historical Cost	7,600,871		14
15	Leasehold Improvements, at Historical Cost	48,765		15
16	Equipment, at Historical Cost	457,790		16
17	Accumulated Depreciation (book methods)	(293,439)		17
18	Deferred Charges	592,638		18
19	Organization & Pre-Operating Costs	3,698		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(308)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Deferred financing cost	290,139		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,900,154	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,602,049	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 133,727	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	221,526		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	32,698		31
32	Accrued Interest Payable	8,177		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Insurance	28,714		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 424,842	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,485,048		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)	\$ 7,485,048	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,909,890	\$	45
46	TOTAL EQUITY	\$ 1,692,159	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,602,049	\$	47

*(See instructions.)

Facility Name: River to River Community of Marion

Report Period Beginning: 3/23/11

Ending:

12/31/11

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	\$ 303,816	1
2	Discounts and Allowances	(62,974)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 240,842	3
B. Other Operating Revenue			
4	Special Services	8,963	4
5	Other Health Care Services	790,022	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	478	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 799,463	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,246	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,246	14
D. Other Revenue (specify):			
15	Senior TV Fees	1,902	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,902	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,044,453	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	210,873	19
20	Health Care/ Personal Care	182,170	20
21	General Administration	267,786	21
B. Capital Expense			
22	Ownership	785,341	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)	\$ 1,446,170	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (401,717)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (401,717)	31

Marion Supportive Living, L.P.
 Additional Information
 12/31/2011

Page 4 Section VII A.

<u>Related Organization</u>	<u>Nature of Purchase</u>	<u>Facility Book Value</u>	<u>Actual Cost</u>	<u>Difference</u>
Management Fee	Managing/Accounting	\$ 52,323	\$ 55,050	\$ 2,727

Page 3 Section IV eliminations

	<u>Amount</u>	<u>Line #</u>	
Guest Meals	(478)	Line 1	Account 4600
Senior TV	(1,902)	Line 4	Account 4081
Admin & General	2,727	Line 10	See above
Accelerated Depreciation	<u>(24,306)</u>	Line 17	Schedule VIII
Total	<u><u>(23,959)</u></u>		

Page 3 Section IV Line 4

Trash	1,677
TV	<u>2,129</u>
	<u><u>3,806</u></u>

Page 3 Section IV Line 22

Loan Fee	84,342
Asset Management Fee	101,000
Tax Credit Fee	1,250
Amorization of Bond cost	<u>9,069</u>
	195,661

