FOR BHF USE

LL2

Supportive Living Facility

2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

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: 1000151

Facility Name: River to River Comm of Ullin

Address: 751 Ullin Avenue (Number) Ullin (City) 62992 (Zip Code)

County: Pulaski

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

Federal Employer ID Number:

Date Current Owners were Certified: 12/29/2016

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 1/1/2017 to 12/31/2017 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) 618 529-1040 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 Ullin — Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	39	Single Unit Apartment	39	14,235	1
2	1	Double Unit Apartment	1	365	2
3		Other			3
4	40	TOTALS	40	14,600	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	7,524	2,596		10,120	5
6	Double Unit	704			704	6
7	Other					7
8	TOTALS	8,228	2,596		10,824	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 74.14%

D. Indicate the number of paid bed-hold days the SLF had during this year 310 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 640 **(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: 2017 Fiscal Year: 2017

* 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 Ullin **Report Period Beginning: 1/1/2017 Ending: 12/31/2017**

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	76,199	72,127	1,286	149,612	(2,185)	147,427	1
2	Housekeeping, Laundry and Maintenance	29,652	15,871	23,243	68,766	(35)	68,731	2
3	Heat and Other Utilities			49,160	49,160		49,160	3
4	Other (specify):			7,997	7,997	(1,217)	6,780	4
5	**TOTAL General Services**	105,851	87,998	81,686	275,535	(3,437)	272,098	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	190,588	447	3,713	194,748		194,748	6
7	Activities and Social Services	48,148	1,017	3,731	52,896		52,896	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	238,736	1,464	7,444	247,644		247,644	9
	C. General Administration							
10	Administrative and Clerical	50,141	11,118	105,054	166,313	47,405	213,718	10
11	Marketing Materials, Promotions and Advertising	7,941		6,758	14,699		14,699	11
12	Employee Benefits and Payroll Taxes			76,429	76,429		76,429	12
13	Insurance-Property, Liability and Malpractice			16,848	16,848		16,848	13
14	Other (specify):							14
15	**TOTAL General Administration**	58,082	11,118	205,089	274,289	47,405	321,694	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	402,669	100,580	294,219	797,468	43,968	841,436	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			150,965	150,965	80	151,045	17
18	Interest			40,345	40,345		40,345	18
19	Real Estate Taxes			31,154	31,154		31,154	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			1,000	1,000		1,000	22
23	**TOTAL Ownership**			223,464	223,464	80	223,544	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	402,669	100,580	517,683	1,020,932	44,048	1,064,980	24

Facility Name: River to River Comm of Ullin **Report Period Beginning: 1/1/2017 Ending: 12/31/2017**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.5	$ 25.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12	10.13	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	17.40	5
6	Head Cook			6
7	Cook Helpers/Assistants	4	10.48	7
8	Dishwashers			8
9	Maintenance Workers	1	12.60	9
10	Housekeepers			10
11	Laundry			11
12	Managers	1	18.12	12
13	Other Administrative			13
14	Clerical			14
15	Marketing	1	26.11	15
16	Other			16
17	**Total (lines 1 thru 16)**	21	$ 119.84	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
Marion Supportive Living, L.P.	Marion, IL	River to River Corporation	Marion, IL	Managing Partner
Anna Supportive Living, L.P.	Anna, IL	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? $ $ 26,322**

(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 Ullin Report Period Beginning: 1/1/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 29,134 Year land was acquired 1998

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	40			1998	$ 3,305,768	$ 120,210	27.5	$ 120,210	$	$ 2,404,196	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Renovation			2005	1,659		5			1,659	6
7	Plumbing			2007	11,164	366	10		(366)	11,164	7
8	Landscaping			2009	14,988	491	10	1,499	1,008	14,251	8
9	Generator Wiring			2012	11,350	1,013	7	1,621	608	9,831	9
10	Generator Building			2012	9,235	616	15	616		3,386	10
11	Laundry Hand Sink			2016	4,036	988	7	807	(181)	1,565	11
12	Carpet			2017	7,187	1,027	7	856	(171)	1,027	12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 3,365,387	$ 124,711		$ 125,609	$ 898	$ 2,447,079	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	$ 405,772	$ 26,255	$ 25,437	(818)	7	$ 304,118	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 405,772	$ 26,255	$ 25,437	(818)		$ 304,118	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 Ullin Report Period Beginning: 1/1/2017 Ending: 2/31/2017

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	Banterra Bank		X	To construct project building	7/1/17	$ 599,507	$ 532,066	7/1/34	0.0452	$ 30,409	1
2	IL Housing Dept Authority		X	To construct project building	6/30/97	500,000	500,000	6/1/37	0.0100	7,528	2
3	IL Housing Dept Authority		X	To construct project building	6/27/08	300,000	249,192	7/1/37	0.0100	2,408	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 1,399,507	$ 1,281,258			$ 40,345	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 1,399,507	$ 1,281,258			$ 40,345	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 Ullin **Report Period Beginning:** 1/1/2017 **Ending:** 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 19,553	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	486,014		3
4	Supply Inventory (priced at)	13,911		4
5	Short-Term Investments			5
6	Prepaid Insurance	15,579		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)**	$ 535,057	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	29,134		13
14	Buildings, at Historical Cost	3,307,427		14
15	Leasehold Improvements, at Historical Cost	57,959		15
16	Equipment, at Historical Cost	390,197		16
17	Accumulated Depreciation (book methods)	(2,735,621)		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):): Deferred financig, net	3,005		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,052,101	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,587,158	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 479,366	$	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	28,833		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Insurance	28,230		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 536,429	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	1,281,258		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)**	$ 1,281,258	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 1,817,687	$	45
46	**TOTAL EQUITY**	$ (230,529)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 1,587,158	$	47

***(See instructions.)**

Facility Name: River to River Comm of Ullin **Report Period Beginning: 1/1/2017 Ending: 12/31/2017**

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	$ 312,936	1
2	Discounts and Allowances	(136,452)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 176,484	3
	B. Other Operating Revenue		
4	Special Services	16,879	4
5	Other Health Care Services	329,645	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	2,185	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 348,709	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	27	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 27	14
	D. Other Revenue (specify):		
15	**Guest Room Revenue, Senior TV**	1,252	15
16	**Donated Services**	372,547	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 373,799	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 899,019	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	275,535	19
20	Health Care/ Personal Care	247,644	20
21	General Administration	274,289	21
	B. Capital Expense		
22	Ownership	223,464	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)**	$ 1,020,932	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (121,913)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (121,913)	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

Cache Valley River to River, L.P.
Additional Information
12/31/2017

Page 4 Section VII A.

Related Organization	Nature of Purchase	Facility Book Value	Actual Cost	Difference
Management Fee	Managing/Accounting	$ 26,322	$ 73,835	$ 47,513
Congregate Expense	Corporate Expenses	$ 10,251	$ 10,251	$ -
Record Storage	Storage Fee	$ 12,360	$ 12,360	$ -

Page 3 Section IV eliminations

	Amount	Line #	
Guest Meals	(2,185)	Line 1	Account 4600
Guest Room	(35)	Line 2	Account 4500
Senior TV	(1,217)	Line 4	Account 4081
Admin & General	47,513	Line 10	See above
Admin & General - Bad debt	(108)	Line 10	Account 9010
Accelerated Depreciation	80	Line 17	Schedule VIII
Total	44,048		

Page 3 Section IV Line 4

Trash	2,634
TV	5,363
	7,997

Page 3 Section IV Line 22

Tax Credit Fees	1,000
	1,000