

		FOR BHF USE			

LL2

Supportive Living Facility

2013

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2013)

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: 1000133

Facility Name: Courtyard Estates of Peoria

Address: 117 N Western Avenue

Peoria

61604

NumberCityZip Code

County: Peoria

Telephone Number: (309) 674-2400 Fax # (309) 621-4860

Federal Employer ID Number:

Date Current Owners were Certified: 8/24/11

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X

PROPRIETARY

Individual

Partnership

Corporation

X"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

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

Name: Mike Kocher

Telephone Number: (309)691-8113

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 1/1/2013 to 12/31/2013 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)

(Type or Print Name) Mark Petersen

(Title) Chief Executive Officer

Paid Preparer

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone) () Fax # ()

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 Courtyard Estates of Peoria

Report Period Beginning: 1/1/2013 Ending: 12/31/2013

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	100	Single Unit Apartment	100	36,500	1		
2		Double Unit Apartment			2		
3		Other			3		
4	100	TOTALS	100	36,500	4		

B. Census-For the entire report period.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
Resident Days by Unit and Primary Source of Payment						
5	Single Unit	21,014	10,069		31,083	5
6	Double Unit					6
7	Other					7
8	TOTALS	21,014	10,069		31,083	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.16%

D. Indicate the number of paid bed-hold days the SLF had during this year

None 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)**

N/A

H. ACCOUNTING BASIS

		MODIFIED		
ACCRUAL	X	CASH*		CASH*

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

Tax Year: 12/31/2013 **Fiscal Year:** 12/31/2013

* 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.

STATE OF ILLINOIS

Page 3

Facility Name: Courtyard Estates of Peoria

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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	153,860	188,494		342,354	(2,547)	339,807	1
2	Housekeeping, Laundry and Maintenance	223,519	38,465	57,533	319,517		319,517	2
3	Heat and Other Utilities			169,709	169,709		169,709	3
4	Other (specify):							4
5	TOTAL General Services	377,379	226,959	227,242	831,580	(2,547)	829,033	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	562,390	1,840	1,793	566,023		566,023	6
7	Activities and Social Services	58,379	2,004	2,987	63,370	(13,687)	49,683	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	620,769	3,844	4,780	629,393	(13,687)	615,706	9
	C. General Administration							
10	Administrative and Clerical	72,233	7,149	164,065	243,447	(96,248)	147,199	10
11	Marketing Materials, Promotions and Advertising	45,933	2,912	59,587	108,432	(108,432)		11
12	Employee Benefits and Payroll Taxes			135,178	135,178		135,178	12
13	Insurance-Property, Liability and Malpractice			11,079	11,079		11,079	13
14	Other (specify): Non-Allowable Expenses			51,132	51,132	(51,132)		14
15	TOTAL General Administration	118,166	10,061	421,041	549,268	(255,812)	293,456	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,116,314	240,864	653,063	2,010,241	(272,046)	1,738,195	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			293,625	293,625	(17,920)	275,705	17
18	Interest			314,818	314,818	(14,323)	300,495	18
19	Real Estate Taxes			193,956	193,956		193,956	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,931	7,931		7,931	21
22	Other (specify): Amortization			15,088	15,088		15,088	22
23	TOTAL Ownership			825,418	825,418	(32,243)	793,175	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,116,314	240,864	1,478,481	2,835,659	(304,289)	2,531,370	24

Facility Name: Courtyard Estates of Peoria

Report Period Beginning 1/1/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 19.53	1
2	Licensed Practical Nurses	2	15.29	2
3	Certified Nurse Assistants	10	9.02	3
4	Activity Director & Assistants	1	9.76	4
5	Social Service Workers			5
6	Head Cook	1	10.09	6
7	Cook Helpers/Assistants	3	8.45	7
8	Dishwashers			8
9	Maintenance Workers	1	14.31	9
10	Housekeepers	1	8.40	10
11	Laundry			11
12	Managers	1	32.02	12
13	Other Administrative			13
14	Clerical	1	10.12	14
15	Marketing	1	22.08	15
16	Other			16
17	Total (lines 1 thru 16)	23	\$	17

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
See Attached Schedule 4A			

OTHER RELATED BUSINESS ENTITIES

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 ☐

Name of related entity: Petersen Health Care, Inc. If yes, what is the value of those services? \$ 114,600
(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).

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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	N/A	\$	1
2			2
Total		\$	3

Facility Name: Courtyard Estates of Peoria

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

VIII. OWNERSHIP COSTS

A. Purchase price of land 470,000 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	100		2011	2011	\$ 5,537,053	\$ 221,482	25	\$ 221,482	\$	553,705	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Sewer Line Repair			2012	4,487	641	7	642	(1)	963	6
7	Condenser Unit			2012	9,580	639	15	638	1	957	7
8	Heat Pump			2012	11,411	1,630	7	1,630		2,445	8
9	Electrical Work			2012	10,125	675	15	676	(1)	1,014	9
10	Fire Alarm System			2012	2,525	360	7	360		540	10
11	Wall Air Conditioners (20)			2013	26,079	2,173	7	1,863	310	1,863	11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 5,601,260	\$ 227,600		\$ 227,291	\$ 309	\$ 561,487	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	\$ 421,498	\$ 58,667	\$ 41,056	17,611	7 yrs.	\$ 98,181	18
19	Vehicles	36,788	7,358	7,358		5 yrs.	18,395	19
20	TOTAL (lines 18 and 19)	\$ 458,286	\$ 66,025	\$ 48,414	17,611		\$ 116,576	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	House on Arthur Street	\$ 61,800	\$ \$ -	\$ \$ -	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 61,800	\$	\$	24

Facility Name: Courtyard Estates of Peoria

Report Period Beginning: 1/1/2013

Ending: 2/31/2013

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	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	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	1st Mid-Illinois Bank & Trust		X	Mortgage	1/1/11	\$ 5,249,269	\$ 5,001,644	3/4/16	5.0000	\$ 304,647	1
2	Ford Credit		X	Van	7/14/11	36,505	14,702	6/30/16	6.2900	1,239	2
3					/ /			/ /			3
	Working Capital										
4	1st Mid-Illinois Bank & Trust		X	Line of Credit	/ /	233,214	233,214	/ /		8,932	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,518,988	\$ 5,249,560			\$ 314,818	7
	B. Non-Facility Related										
8					/ /			/ /	Inc. Offset	-14,323	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,518,988	\$ 5,249,560			\$ 300,495	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: Courtyard Estates of Peoria

Report Period Beginning: 1/1/2013

Ending: 12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (460,452)	\$ (460,452)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 37,649)	251,070	251,070	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	34,565	34,565	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)	\$ (174,817)	\$ (174,817)	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	470,000	470,000	13
14	Buildings, at Historical Cost	5,537,053	5,537,053	14
15	Leasehold Improvements, at Historical Cost	64,207	64,207	15
16	Equipment, at Historical Cost	458,286	458,286	16
17	Accumulated Depreciation (book methods)	(674,818)	(678,063)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	85,353	85,353	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(51,485)	(51,485)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Non-Care House	61,800	61,800	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,950,396	\$ 5,947,151	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,775,579	\$ 5,772,334	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 200,016	\$ 200,016	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	233,214	233,214	29
30	Accrued Salaries Payable	38,701	38,701	30
31	Accrued Taxes Payable	134,328	134,328	31
32	Accrued Interest Payable	26,217	26,217	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Payroll Withholdings	40,085	40,085	35
36	Accrued Management Fees	363,742	363,742	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,036,303	\$ 1,036,303	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	14,702	14,702	38
39	Mortgage Payable	5,001,644	5,001,644	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Security Deposits	33,510	33,510	42
43	Intercompany Loans	204,395	204,395	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,254,251	\$ 5,254,251	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,290,554	\$ 6,290,554	45
46	TOTAL EQUITY	\$ (514,975)	\$ (518,220)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,775,579	\$ 5,772,334	47

*(See instructions.)

Facility Name: Courtyard Estates of Peoria

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,870,710	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,870,710	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	2,547	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,547	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	14,323	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 14,323	14
	D. Other Revenue (specify):		
15	Miscellaneous Revenue	1,500	15
16	Transportation and Miscellaenous Revenue	12,530	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 14,030	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,901,610	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	831,580	19
20	Health Care/ Personal Care	629,393	20
21	General Administration	549,268	21
	B. Capital Expense		
22	Ownership	825,418	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)	\$ 2,835,659	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 65,951	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 65,951	31

