

		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: 1000103

Facility Name: Courtyard Estates of Sullivn

Address: 20 Courtyard Blvd Sullivan 61951

Number City Zip Code

County: Moultrie

Telephone Number: (217) 728-4300 Fax # 217 728-2165

Federal Employer ID Number:

Date Current Owners were Certified: 9/30/08

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" 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 type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input checked="" type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input checked="" type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	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 1/1/2015 to 12/31/2015 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) Mark Petersen

(Title) Chief Executive Officer

Paid
Preparer

(Signed) (Date)

(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 Sullivn

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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	50	Single Unit Apartment	50	18,250	1
2		Double Unit Apartment			2
3		Other			3
4	50	TOTALS	50	18,250	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	7,092	9,719		16,811	5
6	Double Unit					6
7	Other					7
8	TOTALS	7,092	9,719		16,811	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 92.12%

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)

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2015 Fiscal Year: 12/31/2015

* 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

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Facility Name: Courtyard Estates of Sullivn

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	126,612	97,474		224,086	(2,132)	221,954	1
2	Housekeeping, Laundry and Maintenance	55,180	20,057	37,323	112,560		112,560	2
3	Heat and Other Utilities			63,700	63,700		63,700	3
4	Other (specify):							4
5	TOTAL General Services	181,792	117,531	101,023	400,346	(2,132)	398,214	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	222,035	863		222,898	(796)	222,102	6
7	Activities and Social Services	2,685	349	18,380	21,414		21,414	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	224,720	1,212	18,380	244,312	(796)	243,516	9
	C. General Administration							
10	Administrative and Clerical	23,264	777	169,082	193,123	(83,060)	110,063	10
11	Marketing Materials, Promotions and Advertising		1,953		1,953	(1,953)		11
12	Employee Benefits and Payroll Taxes			86,050	86,050		86,050	12
13	Insurance-Property, Liability and Malpractice			14,659	14,659		14,659	13
14	Other (specify):			24,467	24,467	(24,467)		14
15	TOTAL General Administration	23,264	2,730	294,258	320,252	(109,480)	210,772	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	429,776	121,473	413,661	964,910	(112,408)	852,502	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			202,207	202,207	12,378	214,585	17
18	Interest			142,743	142,743		142,743	18
19	Real Estate Taxes			135,879	135,879		135,879	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,604	7,604		7,604	21
22	Other (specify):							22
23	TOTAL Ownership			488,433	488,433	12,378	500,811	23
24	GRAND TOTAL (Sum of lines 16 and 23)	429,776	121,473	902,094	1,453,343	(100,030)	1,353,313	24

Facility Name: Courtyard Estates of Sullivn

Report Period Beginning 1/1/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 19.59	1
2	Licensed Practical Nurses	1	17.75	2
3	Certified Nurse Assistants	7	10.76	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	12.43	6
7	Cook Helpers/Assistants	5	9.69	7
8	Dishwashers			8
9	Maintenance Workers	1	13.33	9
10	Housekeepers	1	13.20	10
11	Laundry			11
12	Managers	1	28.37	12
13	Other Administrative			13
14	Clerical	1	11.18	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	19	\$	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 Management, Inc. If yes, what is the value of those services? \$ 142,000

(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 Sullivn

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

VIII. OWNERSHIP COSTS**A. Purchase price of land** _____ **Year land was acquired** _____**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			2008	\$ 6,418,133	\$ 164,568	39	\$ 164,568	\$	\$ 1,234,260	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Painting & Remodeling in Water Damaged Areas			2014	15,348	1,023	15	1,023		1,876	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)				\$ 6,433,481	\$ 165,591		\$ 165,591	\$	\$ 1,236,136	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	\$ 342,961	\$ 36,616	\$ 48,994	12,378	7 yrs.	\$ 282,051	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 342,961	\$ 36,616	\$ 48,994	12,378		\$ 282,051	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	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Courtyard Estates of Sullivn

Report Period Beginning: 1/1/2015

Ending: 2/31/2015

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 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 \$ 7,604

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 Merit		X	Mortgage	2/1/12	\$ 3,704,700	\$ 3,291,801	1/31/17	Varies	\$ 142,743	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 3,704,700	\$ 3,291,801			\$ 142,743	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 3,704,700	\$ 3,291,801			\$ 142,743	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.

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Facility Name: Courtyard Estates of Sullivan

Report Period Beginning: 1/1/2015

Ending: 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (3,206,036)	\$ (3,206,036)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance N/A)	159,523	159,523	3
4	Supply Inventory (priced : Cost)	2,414	2,414	4
5	Short-Term Investments			5
6	Prepaid Insurance	16,399	16,399	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Security Deposits	225	225	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ (3,027,475)	\$ (3,027,475)	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	315,335	315,335	13
14	Buildings, at Historical Cost	6,418,133	6,418,133	14
15	Leasehold Improvements, at Historical Cost	15,348	15,348	15
16	Equipment, at Historical Cost	342,961	342,961	16
17	Accumulated Depreciation (book methods)	(1,525,179)	(1,518,187)	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 (Condo/Duplexes	184,927	184,927	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,751,525	\$ 5,758,517	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,724,050	\$ 2,731,042	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 9,429	\$ 9,429	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,137	22,137	30
31	Accrued Taxes Payable	150,359	150,359	31
32	Accrued Interest Payable	13,193	13,193	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Payroll Withholdings	62,939	62,939	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 258,057	\$ 258,057	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	3,291,801	3,291,801	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Security Deposit	8,800	8,800	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 3,300,601	\$ 3,300,601	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,558,658	\$ 3,558,658	45
46	TOTAL EQUITY	\$ (834,608)	\$ (827,616)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,724,050	\$ 2,731,042	47

*(See instructions.)

Facility Name: Courtyard Estates of Sullivn

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

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	\$ 1,414,124	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,414,124	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	2,132	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,132	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	Cable TV Revenue	5,835	15
16	Transportation and Misc. Income	2,606	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 8,441	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,424,697	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	400,346	19
20	Health Care/ Personal Care	244,312	20
21	General Administration	320,252	21
	B. Capital Expense		
22	Ownership	488,433	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)	\$ 1,453,343	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (28,646)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (28,646)	31