

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

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

Number City Zip 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

☒ PROPRIETARY

☐ Individual

☐ Partnership

☐ Corporation

☒ "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 1/1/2018 to 12/31/2018 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 B. 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

**Report Period Beginning: 1/1/2018 Ending: 12/31/2018****Date of change in certified units**

N/A

N/A

**\* All facilities other than governmental must report on the accrual basis.**

**If no, explain.**

**(Do not include bed-hold days in Section B.)**

## STATE OF ILLINOIS

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Facility Name: Courtyard Estates of Peoria

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	249,793	185,874		435,667	(1,458)	434,209	1
2	Housekeeping, Laundry and Maintenance	265,285	51,217	66,177	382,679	(10,259)	372,420	2
3	Heat and Other Utilities			194,451	194,451		194,451	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	515,078	237,091	260,628	1,012,797	(11,717)	1,001,080	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	607,796	(5,385)	22,845	625,256		625,256	6
7	Activities and Social Services	71,287	1,725	4,047	77,059	(10,826)	66,233	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	679,083	(3,660)	26,892	702,315	(10,826)	691,489	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	86,413	4,125	297,581	388,119	(169,630)	218,489	10
11	Marketing Materials, Promotions and Advertising	52,166	1,645		53,811	(53,811)		11
12	Employee Benefits and Payroll Taxes			150,672	150,672		150,672	12
13	Insurance-Property, Liability and Malpractice			31,698	31,698		31,698	13
14	Other (specify):			97,234	97,234	(97,234)		14
15	<b>TOTAL General Administration</b>	138,579	5,770	577,185	721,534	(320,675)	400,859	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,332,740	239,201	864,705	2,436,646	(343,218)	2,093,428	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			296,927	296,927	18,260	315,187	17
18	Interest			258,534	258,534	(593)	257,941	18
19	Real Estate Taxes			105,553	105,553		105,553	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			5,110	5,110		5,110	22
23	<b>TOTAL Ownership</b>			666,124	666,124	17,667	683,791	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,332,740	239,201	1,530,829	3,102,770	(325,551)	2,777,219	24

Facility Name: Courtyard Estates of Peoria

Report Period Beginning 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3	\$ 29.38	1
2	Licensed Practical Nurses	5	22.35	2
3	Certified Nurse Assistants	8	11.28	3
4	Activity Director & Assistants	3	11.42	4
5	Social Service Workers			5
6	Head Cook	1	23.18	6
7	Cook Helpers/Assistants	8	11.48	7
8	Dishwashers			8
9	Maintenance Workers	2	15.76	9
10	Housekeepers	7	13.10	10
11	Laundry	1	10.79	11
12	Managers	1	34.86	12
13	Other Administrative			13
14	Clerical	3	14.48	14
15	Marketing	1	25.08	15
16	Other			16
17	Total (lines 1 thru 16)	43	\$	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 Mangagement, Inc. If yes, what is the value of those services? \$ 241,800

(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				\$	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

Facility Name: Courtyard Estates of Peoria

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

**VIII. OWNERSHIP COSTS**A. Purchase price of land 470,000 Year land was acquired 2009

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		\$ 221,482	\$	1,661,115	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6	2012-2015 Repairs			2012	98,517	11,934	7	12,573	639	82,892	6
7	Elevator Repair			2016	4,895	1,107	7	700	(407)	1,750	7
8	Air Conditioner for Lounge			2016	4,617	462	15	308	(154)	770	8
9	Water Heater			2016	6,535	1,167	7	934	(233)	2,335	9
10	Carpeting for 7 Rooms			2016	5,283	818	7	954	136	2,385	10
11	Canopy, Gutter, Window Repairs			2017	4,488	641	7	642	1	963	11
12	Building Repairs After Fire			2017	60,456	8,636	7	8,636		12,954	12
13	Water Pipe Repair			2017	3,194	228	7	456	228	684	13
14	Restoration for Water Damage on Floor			2018	2,671	134	15	89	(45)	89	14
15	Parking Lot Repair			2018	2,560	152	7	366	214	366	15
16	Carpet Replacement in 4 Rooms			2018	5,631	134	7	1,117	983	1,117	16
17	TOTAL (lines 1 thru 16)				\$ 5,735,900	\$ 246,895		\$ 248,257	\$ 1,362	\$ 1,767,420	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	\$ 479,339	\$ 50,032	\$ 66,930	16,898	7 yrs.	\$ 368,225	18
19	Vehicles	36,788				5 yrs.	36,788	19
20	TOTAL (lines 18 and 19)	\$ 516,127	\$ 50,032	\$ 66,930	16,898		\$ 405,013	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	\$ 68,900	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 68,900	\$	\$	24

Facility Name: Courtyard Estates of Peoria

Report Period Beginning: 1/1/2018

Ending: 2/31/2018

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 \$

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	\$ 4,121,518	3/4/36	5.0000	\$ 250,796	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	1st Mid-Illinois Bank & Trust		X	Line of Credit	/ /	244,274	130,757	/ /	Varies	7,738	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,493,543	\$ 4,252,275			\$ 258,534	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,493,543	\$ 4,252,275			\$ 258,534	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: 1/1/2018

Ending: 12/31/2018

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 813	\$ 813	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 81,506 )	1,030,289	1,030,289	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,327	20,327	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,051,429	\$ 1,051,429	10
	<b>B. Long-Term Assets</b>			
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	198,847	198,847	15
16	Equipment, at Historical Cost	516,127	516,127	16
17	Accumulated Depreciation (book methods)	(2,198,681)	(2,172,433)	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): <b>Non-Care Asset</b>	68,900	68,900	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,592,246	\$ 4,618,494	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,643,675	\$ 5,669,923	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 153,848	\$ 153,848	26
27	Officer's Accounts Payable	33,000	33,000	27
28	Accounts Payable-Patient Deposits	69,674	69,674	28
29	Short-Term Notes Payable	130,757	130,757	29
30	Accrued Salaries Payable	46,336	46,336	30
31	Accrued Taxes Payable	114,986	114,986	31
32	Accrued Interest Payable	21,685	21,685	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<b>Payroll Withholdings</b>	379,964	379,964	35
36	<b>Accrued Management Fees</b>	1,463,189	1,463,189	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 2,413,439	\$ 2,413,439	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,121,518	4,121,518	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	<b>Intercompany Loans</b>	25,520	25,520	42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 4,147,038	\$ 4,147,038	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 6,560,477	\$ 6,560,477	45
46	<b>TOTAL EQUITY</b>	\$ (916,802)	\$ (890,554)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 5,643,675	\$ 5,669,923	47

\*(See instructions.)

Facility Name: Courtyard Estates of Peoria

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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

		1	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 3,136,271	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 3,136,271	3
	<b>B. Other Operating Revenue</b>		
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	1,458	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 1,458	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	593	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 593	14
	<b>D. Other Revenue (specify):</b>		
15	Transportation Revenue	10,826	15
16	Miscellaneous Income	10,589	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 21,415	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 3,159,737	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	1,012,797	19
20	Health Care/ Personal Care	702,315	20
21	General Administration	721,534	21
	<b>B. Capital Expense</b>		
22	Ownership	666,124	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 3,102,770	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 56,967	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 56,967	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 2,530,984	32
33	Private Pay - Net Inpatient Revenue	605,287	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 3,136,271	37