

		FOR BHF USE			

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2020)

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: 1000088

Facility Name: Courtyard Estates of Canton

Address: 160 East Walnut Canton 61520

County: Fulton

Telephone Number: (309) 647-6400 Fax # (309) 647-1419

Federal Employer ID Number:

Date Current Owners were Certified: 12/7/2007

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 1/1/2020 to 12/31/20 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 B. 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

HFS 3745C (N-4-05)

IL478-2471

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	51	Single Unit Apartment	51	18,615	1
2		Double Unit Apartment			2
3		Other			3
4	51	TOTALS	51	18,615	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	5,401	11,627		17,028	5
6	Double Unit					6
7	Other					7
8	TOTALS	5,401	11,627		17,028	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.47%

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

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

* 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 principal?

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 principal?

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 principal?

If no, explain.

STATE OF ILLINOIS

Page 3

Facility Name: Courtyard Estates of Canton

Report Period Beginning:

1/1/2020

Ending:

12/31/20

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	93,487	103,063		196,550	(1,073)	195,477	1
2	Housekeeping, Laundry and Maintenance	102,583	16,520	37,890	156,993		156,993	2
3	Heat and Other Utilities			66,612	66,612		66,612	3
4	Other (specify):							4
5	TOTAL General Services	196,070	119,583	104,502	420,155	(1,073)	419,082	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	249,560	166		249,726		249,726	6
7	Activities and Social Services	13,768	1,100	950	15,818		15,818	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	263,328	1,266	950	265,544		265,544	9
	C. General Administration							
10	Administrative and Clerical	95,647	1,065	107,320	204,032	(86,070)	117,962	10
11	Marketing Materials, Promotions and Advertising	35,634	1,500		37,134	(37,161)	(27)	11
12	Employee Benefits and Payroll Taxes			79,753	79,753		79,753	12
13	Insurance-Property, Liability and Malpractice			29,017	29,017		29,017	13
14	Other (specify):			11,418	11,418	(22,447)	(11,029)	14
15	TOTAL General Administration	131,281	2,565	227,508	361,354	(145,678)	215,676	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	590,679	123,414	332,960	1,047,053	(146,751)	900,302	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			181,473	181,473	1,393	182,866	17
18	Interest			326,045	326,045	(2,198)	323,847	18
19	Real Estate Taxes			114,635	114,635		114,635	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			5,865	5,865		5,865	21
22	Other (specify): Amortization			7,134	7,134		7,134	22
23	TOTAL Ownership			635,152	635,152	(805)	634,347	23
24	GRAND TOTAL (Sum of lines 16 and 23)	590,679	123,414	968,112	1,682,205	(147,556)	1,534,649	24

Facility Name: Courtyard Estates of Canton

Report Period Beginning 1/1/2020 Ending: 12/31/20

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 23.19	1
2	Licensed Practical Nurses	1	19.78	2
3	Certified Nurse Assistants	5	15.04	3
4	Activity Director & Assistants	1	10.63	4
5	Social Service Workers			5
6	Head Cook	1	14.10	6
7	Cook Helpers/Assistants	3	10.50	7
8	Dishwashers			8
9	Maintenance Workers	1	13.95	9
10	Housekeepers	3	10.45	10
11	Laundry			11
12	Managers	1	33.15	12
13	Other Administrative			13
14	Clerical	1	12.73	14
15	Marketing	1	17.41	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	

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

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, LLC If yes, what is the value of those services? \$ 86,000

(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).

Facility Name: Courtyard Estates of Canton

Report Period Beginning:

1/1/2020

Ending:

12/31/20

VIII. OWNERSHIP COSTSA. Purchase price of land 53,950 Year land was acquired 2005

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	51		1	2007	\$ 6,650,432	\$ 170,197	39	\$ 170,524	\$ 327	\$ 2,302,073	1
2			4	2009	4,409	176	25	176		2,024	2
3											3
4											4
5											5
	Improvement Type										
6	Fully Depreciated Assets			2009	10,917		7			10,917	6
7	HVAC Repair			2013	3,985	285	7	284	(1)	3,985	7
8	Water Heater Repair			2014	2,532	362	7	362		2,232	8
9	Restoration of Water Damage			2019	39,545	3,757	15	2,636	(1,121)	3,954	9
10	Sprinkler Repair			2019	9,390	1,341	7	1,342	1	2,013	10
11	Compressor Repair			2019	3,550	507	7	508	1	762	11
12	Furnace and Air Conditioner Replacement			2019	25,800	1,720	15	1,720		2,580	12
13	Sprinkler Repair			2020	2,957	422	7	211	(211)	211	13
14	Damage due to Building Flooding			2020	7,659	365	7	547	182	547	14
15	HVAC System			2020	40,100	891	15	1,337	446	1,337	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 6,801,276	\$ 180,023		\$ 179,647	\$ (376)	\$ 2,332,635	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	\$ 278,426	\$ 822	\$ 1,335	513	5-7 yrs.	\$ 267,491	18
19	Vehicles	18,843	628	1,884	1,256	5 yrs.	1,884	19
20	TOTAL (lines 18 and 19)	\$ 297,269	\$ 1,450	\$ 3,219	1,769		\$ 269,375	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: Courtyard Estates of Canton

Report Period Beginning: 1/1/2020

Ending: 12/31/20

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	Country Bank		X	Facility	5/5/13	\$ 4,680,000	\$ 3,886,400	5/4/37	0.0600	\$ 311,560	1
2	Colson Services		X	Facility	2/1/10	1,172,000	686,542	2/1/30	0.0420	14,485	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,852,000	\$ 4,572,942			\$ 326,045	7
	B. Non-Facility Related										
8					/ /			/ /	Int. Income Offset	-2,198	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,852,000	\$ 4,572,942			\$ 323,847	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.

STATE OF ILLINOIS

Page 7

Facility Name: Courtyard Estates of Canton

Report Period Beginning: 1/1/2020

Ending:

12/31/20

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/20

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 28,217	\$ 28,217	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 11,104)	346,730	346,730	3
4	Supply Inventory (priced Cost)	2,432	2,432	4
5	Short-Term Investments			5
6	Prepaid Insurance	16,080	16,080	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Security Deposit	4,034	4,034	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 397,493	\$ 397,493	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	53,950	53,950	13
14	Buildings, at Historical Cost	6,654,841	6,654,841	14
15	Leasehold Improvements, at Historical Cost	146,435	146,435	15
16	Equipment, at Historical Cost	297,269	297,269	16
17	Accumulated Depreciation (book methods)	(2,530,346)	(2,602,010)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	82,898	82,898	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(53,876)	(53,876)	20
21	Restricted Funds	37,636	37,636	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,688,807	\$ 4,617,143	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,086,300	\$ 5,014,636	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 90,791	\$ 90,791	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	29,515	29,515	30
31	Accrued Taxes Payable	119,088	119,088	31
32	Accrued Interest Payable	18,728	18,728	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Payroll Withholdings	29,145	29,145	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 287,267	\$ 287,267	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	18,843	18,843	38
39	Mortgage Payable	4,572,942	4,572,942	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)	\$ 4,591,785	\$ 4,591,785	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,879,052	\$ 4,879,052	45
46	TOTAL EQUITY	\$ 207,248	\$ 135,584	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,086,300	\$ 5,014,636	47

*(See instructions.)

Facility Name: Courtyard Estates of Canton

Report Period Beginning: 1/1/2020

Ending:

12/31/20

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

1			
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,820,597	1
2	Discounts and Allowances	(123,336)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,697,261	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	1,073	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,073	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,198	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,198	14
	D. Other Revenue (specify):		
15	Miscellaneous and Cable TV Income	19,054	15
16	Illinois Cares Act Stimulus Revenue	187,757	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 206,811	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,907,343	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	420,155	19
20	Health Care/ Personal Care	265,544	20
21	General Administration	361,354	21
	B. Capital Expense		
22	Ownership	635,152	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)	\$ 1,682,205	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 225,138	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 225,138	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 702,676	32
33	Private Pay - Net Inpatient Revenue	994,585	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,697,261	37