

		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: 1000103

Facility Name: Courtyard Estates Sullivan

Address: 20 Courtyard Blvd Sullivan 61951

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:

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)
(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

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	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	6,058	10,026		16,084	5
6	Double Unit					6
7	Other					7
8	TOTALS	6,058	10,026		16,084	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.13%

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

ACCRAUAL ☒ 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.

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Facility Name: Courtyard Estates Sullivan

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	152,291	96,286		248,577	(2,209)	246,368	1
2	Housekeeping, Laundry and Maintenance	75,079	16,800	42,511	134,390		134,390	2
3	Heat and Other Utilities			65,428	65,428		65,428	3
4	Other (specify):							4
5	TOTAL General Services	227,370	113,086	107,939	448,395	(2,209)	446,186	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	295,908	3,166		299,074		299,074	6
7	Activities and Social Services	1,187	464	17,298	18,949		18,949	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	297,095	3,630	17,298	318,023		318,023	9
	C. General Administration							
10	Administrative and Clerical	99,108	790	106,798	206,696	(90,326)	116,370	10
11	Marketing Materials, Promotions and Advertising		1,799		1,799	(3,416)	(1,617)	11
12	Employee Benefits and Payroll Taxes			86,719	86,719		86,719	12
13	Insurance-Property, Liability and Malpractice			29,012	29,012		29,012	13
14	Other (specify):			29,111	29,111	(32,149)	(3,038)	14
15	TOTAL General Administration	99,108	2,589	251,640	353,337	(125,891)	227,446	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	623,573	119,305	376,877	1,119,755	(128,100)	991,655	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			920	920	165,948	166,868	17
18	Interest			24,584	24,584	375,571	400,155	18
19	Real Estate Taxes			(36,581)	(36,581)		(36,581)	19
20	Rent -- Facility and Grounds			309,185	309,185	(309,185)		20
21	Rent -- Equipment			3,495	3,495		3,495	21
22	Other (specify): Amortization					90,654	90,654	22
23	TOTAL Ownership			301,603	301,603	322,988	624,591	23
24	GRAND TOTAL (Sum of lines 16 and 23)	623,573	119,305	678,480	1,421,358	194,888	1,616,246	24

Facility Name: Courtyard Estates Sullivan

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	28.56	1
2	Licensed Practical Nurses	1	25.97	2
3	Certified Nurse Assistants	7	13.53	3
4	Activity Director & Assistants	1	13.96	4
5	Social Service Workers			5
6	Head Cook	1	17.87	6
7	Cook Helpers/Assistants	1	10.60	7
8	Dishwashers			8
9	Maintenance Workers	1	18.17	9
10	Housekeepers	1	12.09	10
11	Laundry			11
12	Managers	1	31.60	12
13	Other Administrative			13
14	Clerical	1	16.05	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	16	\$	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 Sullivan

Report Period Beginning:

1/1/2020

Ending:

12/31/20

VIII. OWNERSHIP COSTSA. Purchase price of land 315,335 Year land was acquired 2004

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		1	2008	\$ 6,418,133	\$ 164,568	39	\$ 164,567	\$ (1)	\$ 2,057,097	1
2			4								2
3											3
4											4
5											5
	Improvement Type										
6	Painting & Remodeling in Water Damaged Areas			2014	15,348	1,023	15	1,023		6,992	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		\$ 165,590	\$ (1)	\$ 2,064,089	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	\$ 364,403	\$ 2,601	\$ 1,278	(1,323)	7 yrs.	\$ 346,882	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 364,403	\$ 2,601	\$ 1,278	(1,323)		\$ 346,882	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 Sullivan

Report Period Beginning: 1/1/2020

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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	Bank Leumi		X	Mortgage	5/1/16	\$ 3,200,000	\$ Paid	4/30/41	Varies	\$ 24,584	1
2	Sector		X	Mortgage	4/1/20	4,827,817	4,827,817	3/31/23	Varies	378,982	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,027,817	\$ 4,827,817			\$ 403,566	7
	B. Non-Facility Related										
8					/ /			/ /	Int. Income Offset	-3,411	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,027,817	\$ 4,827,817			\$ 400,155	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 Sullivan

Report Period Beginning: 1/1/2020

Ending:

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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	\$ 41,011	\$ 41,011	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 11,104)	1,028,318	1,028,318	3
4	Supply Inventory (priced Cost)	2,414	2,414	4
5	Short-Term Investments			5
6	Prepaid Insurance	15,724	15,724	6
7	Other Prepaid Expenses	528,037	528,037	7
8	Accounts Receivable (owners or related parties)		8,618	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,615,504	\$ 1,624,122	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		315,335	13
14	Buildings, at Historical Cost		6,418,133	14
15	Leasehold Improvements, at Historical Cost		15,348	15
16	Equipment, at Historical Cost	15,799	364,403	16
17	Accumulated Depreciation (book methods)	(920)	(2,410,969)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	49,065	419,049	21
22	Other Long-Term Assets (specify):		151,090	22
23	Other(specify): <u>Intercompany Loans</u>	21,208	21,208	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 85,152	\$ 5,293,597	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,700,656	\$ 6,917,719	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 109,148	\$ 109,148	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	34,913	34,913	30
31	Accrued Taxes Payable	76,692	76,692	31
32	Accrued Interest Payable		57,897	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll Withholdings</u>	33,592	33,592	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 254,345	\$ 312,242	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		4,827,817	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>Intercompany Loans</u>	347,979	332,398	42
43	<u>Notes Payable-SBA PPP</u>	95,000	95,000	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 442,979	\$ 5,255,215	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 697,324	\$ 5,567,457	45
46	TOTAL EQUITY	\$ 1,003,332	\$ 1,350,262	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,700,656	\$ 6,917,719	47

*(See instructions.)

Facility Name: Courtyard Estates Sullivan

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	\$ 1,925,927	1
2	Discounts and Allowances	(136,138)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,789,789	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	2,209	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,209	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	3,411	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,411	14
	D. Other Revenue (specify):		
15	Miscellaneous and Cable TV Income	10,265	15
16	Illinois Cares Act Stimulus Revenue	850,635	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 860,900	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,656,309	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	448,395	19
20	Health Care/ Personal Care	318,023	20
21	General Administration	353,337	21
	B. Capital Expense		
22	Ownership	301,603	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)	\$ 1,421,358	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,234,951	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,234,951	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 747,508	32
33	Private Pay - Net Inpatient Revenue	1,042,281	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,789,789	37