

		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: 1000084

Facility Name: Legacy Estates of Monmouth

Address: 1200 West Broadway Monmouth 61462

County: Warren

Telephone Number: (309) 734-0909 Fax # (309) 734-0910

Federal Employer ID Number:

Date Current Owners were Certified: 8/16/2007

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)
(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	59	Single Unit Apartment	59	21,535	1
2		Double Unit Apartment			2
3		Other			3
4	59	TOTALS	59	21,535	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	12,366	5,970		18,336	5
6	Double Unit					6
7	Other					7
8	TOTALS	12,366	5,970		18,336	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.15%

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 X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO X

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 X MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? X 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

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Facility Name: Legacy Estates of Monmouth

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	79,044	128,494		207,538	(39,432)	168,106	1
2	Housekeeping, Laundry and Maintenance	89,349	27,904	37,325	154,578		154,578	2
3	Heat and Other Utilities			64,636	64,636		64,636	3
4	Other (specify):							4
5	TOTAL General Services	168,393	156,398	101,961	426,752	(39,432)	387,320	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	418,650	240		418,890		418,890	6
7	Activities and Social Services	40,583	821	353	41,757		41,757	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	459,233	1,061	353	460,647		460,647	9
	C. General Administration							
10	Administrative and Clerical	96,055	1,594	130,023	227,672	(107,930)	119,742	10
11	Marketing Materials, Promotions and Advertising	34,341	1,400		35,741	(40,031)	(4,290)	11
12	Employee Benefits and Payroll Taxes			90,352	90,352		90,352	12
13	Insurance-Property, Liability and Malpractice			19,136	19,136		19,136	13
14	Other (specify):			20,680	20,680	(13,368)	7,312	14
15	TOTAL General Administration	130,396	2,994	260,191	393,581	(161,329)	232,252	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	758,022	160,453	362,505	1,280,980	(200,761)	1,080,219	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			1,421	1,421	108,797	110,218	17
18	Interest					519,675	519,675	18
19	Real Estate Taxes			1,754	1,754	57,563	59,317	19
20	Rent -- Facility and Grounds			642,875	642,875	(642,875)		20
21	Rent -- Equipment			4,856	4,856		4,856	21
22	Other (specify): Amortization, Beauty Shop			15	15	92,430	92,445	22
23	TOTAL Ownership			650,921	650,921	135,590	786,511	23
24	GRAND TOTAL (Sum of lines 16 and 23)	758,022	160,453	1,013,426	1,931,901	(65,171)	1,866,730	24

Facility Name: Legacy Estates of Monmouth

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	\$ 20.82	1
2	Licensed Practical Nurses	4	15.31	2
3	Certified Nurse Assistants	8	14.00	3
4	Activity Director & Assistants	1	15.98	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	4	9.91	7
8	Dishwashers			8
9	Maintenance Workers	1	17.87	9
10	Housekeepers	2	10.03	10
11	Laundry			11
12	Managers	1	27.77	12
13	Other Administrative			13
14	Clerical	1	18.41	14
15	Marketing	1	16.51	15
16	Other Transportation	1	11.52	16
17	Total (lines 1 thru 16)	25	\$	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

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, LLC If yes, what is the value of those services? \$ 107,900 (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: Legacy Estates of Monmouth

Report Period Beginning:

1/1/2020

Ending:

12/31/20

VIII. OWNERSHIP COSTS

A. Purchase price of land 127,000 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	59			2007	3,548,140	90,782	39	90,978	\$ 196	\$ 1,137,225	1
2				2009	10,000	400	25	400		4,200	2
3											3
4											4
5											5
	Improvement Type										
6	2008 Repairs			2008	7,120	475	15	475		5,939	6
7	2009 Repairs			2009	41,649	2,777	15	2,777		32,566	7
8	Curb Replacement			2010	8,800	587	15	587		6,160	8
9	Door			2012	4,723	315	15	315		2,676	9
10	Carpeting			2013	23,776	1,585	15	1,585		11,888	10
11	2014 Repairs			2014	69,515	4,025	7 TO 25	4,612	587	30,026	11
12	Water Heater			2016	6,223	890	7	890		4,005	12
13	Water Heater			2017	6,535	934	7	934		3,736	13
14	Parking Lot Resurfacing			2020	58,745	3,916	15	1,958	(1,958)	1,958	14
15	Roof Replacement			2020	67,136	2,685	25	1,343	(1,342)	1,343	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,852,362	\$ 109,371		\$ 106,854	\$ (2,517)	\$ 1,241,722	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	\$ 235,039	3,364	1,172	(2,192)	7-10 yrs.	\$ 219,810	18
19	Vehicles	39,064				5 yrs.	39,064	19
20	TOTAL (lines 18 and 19)	\$ 274,103	\$ 3,364	\$ 1,172	(2,192)		\$ 258,874	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: Legacy Estates of Monmouth

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	X-Caliber		X	Mortgage	11/1/19	7,257,412	7,257,412	10/31/44	0.0500	\$ 524,306	1
2											2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,257,412	\$ 7,257,412			\$ 524,306	7
	B. Non-Facility Related										
8					/ /			/ /	Int. Income Offset	-4,631	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,257,412	\$ 7,257,412			\$ 519,675	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: Legacy Estates of Monmouth

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	\$ 73,424	\$ 73,424	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 16,495)	1,775,817	1,775,817	3
4	Supply Inventory (priced Cost)	5,086	5,086	4
5	Short-Term Investments			5
6	Prepaid Insurance	11,165	22,775	6
7	Other Prepaid Expenses	44,907	44,907	7
8	Accounts Receivable (owners or related parties)		55,296	8
9	Other(specify): Security Deposit	900	900	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,911,299	\$ 1,978,205	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		127,000	13
14	Buildings, at Historical Cost		3,558,140	14
15	Leasehold Improvements, at Historical Cost		294,222	15
16	Equipment, at Historical Cost	55,465	274,103	16
17	Accumulated Depreciation (book methods)	(40,485)	(1,500,596)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		184,861	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(107,835)	20
21	Restricted Funds		59,858	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	415,907	415,907	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 430,887	\$ 3,305,660	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,342,186	\$ 5,283,865	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 162,022	\$ 162,022	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	30,496	30,496	30
31	Accrued Taxes Payable		59,376	31
32	Accrued Interest Payable		44,683	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Payroll Withholdings	38,607	38,607	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 231,125	\$ 335,184	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		7,257,412	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Intercompany Loans	282,462	337,758	42
43	Loans-MCAD Adv. & SBA PPP	334,500	334,500	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 616,962	\$ 7,929,670	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 848,087	\$ 8,264,854	45
46	TOTAL EQUITY	\$ 1,494,099	\$ (2,980,989)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,342,186	\$ 5,283,865	47

*(See instructions.)

Facility Name: Legacy Estates of Monmouth

Report Period Beginning: 1/1/2020

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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	\$ 2,367,584	1
2	Discounts and Allowances	(274,010)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,093,574	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	39,432	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 39,432	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	4,631	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 4,631	14
	D. Other Revenue (specify):		
15	Miscellaneous and Cable TV Income	20,255	15
16	Illinois Cares Act Stimulus Revenue	1,146,214	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,166,469	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,304,106	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	426,752	19
20	Health Care/ Personal Care	460,647	20
21	General Administration	393,581	21
	B. Capital Expense		
22	Ownership	650,921	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)	\$ 1,931,901	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,372,205	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,372,205	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,496,361	32
33	Private Pay - Net Inpatient Revenue	597,213	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,093,574	37