

		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: 1000128

Facility Name: Voyage Senior Lvg of Marion

Address: 1515 E Dy Young St Marion 62959

County: Williamson

Telephone Number: (618) 9937533 Fax # (618) 993-7531

Federal Employer ID Number:

Date Current Owners were Certified: 5/18/2011

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: Patrice Deblois Telephone Number: (618) 993-7533

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 12/31/2020 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) Sherry Barter-Hamlin

(Title) CEO

Paid Preparer

(Signed)

(Print Name and Title) Mark Dallas Partner

(Firm Name & Address) Kerber, Eck, & Braeckel 3401 Office Park Drive, Marion, IL 62959

(Telephone) (618) 529-1040 Fax # (618) 549-2311

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 2/18/2011

	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	45	Single Unit Apartment	45	16,470	1
2	5	Double Unit Apartment	5	1,830	2
3		Other			3
4	50	TOTALS	50	18,300	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	15,228			15,228	5
6	Double Unit	1,822			1,822	6
7	Other	0				7
8	TOTALS	17,050	0	0	17,050	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 93.17%

D. Indicate the number of paid bed-hold days the SLF had during this year

212 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 450 (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: 2020 Fiscal Year: 2020

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

J. Does the facility have any Illinois Housing Development Authority Loans
outstanding? YES If yes, did the facility make all of the
required payments of interest and principal? YES
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: Voyage Senior Lvg of Marion

Report Period Beginning:

1/1/2020

Ending: 12/31/2020

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	67,262	146,897	250	214,409	(4,475)	209,934	1
2	Housekeeping, Laundry and Maintenance	50,387	20,827	29,122	100,336		100,336	2
3	Heat and Other Utilities			69,560	69,560		69,560	3
4	Other (specify):			9,817	9,817	(2,714)	7,103	4
5	TOTAL General Services	117,649	167,724	108,749	394,122	(7,189)	386,933	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	206,909	9,333	85,218	301,460		301,460	6
7	Activities and Social Services	45,170	770		45,940		45,940	7
8	Other (specify):				0		0	8
9	TOTAL Health Care and Programs	252,079	10,103	85,218	347,400	0	347,400	9
	C. General Administration							
10	Administrative and Clerical	59,344	19,126	242,444	320,914	(69,162)	251,752	10
11	Marketing Materials, Promotions and Advertising			10,022	10,022		10,022	11
12	Employee Benefits and Payroll Taxes			109,810	109,810		109,810	12
13	Insurance-Property, Liability and Malpractice			41,672	41,672		41,672	13
14	Other (specify):				0		0	14
15	TOTAL General Administration	59,344	19,126	403,948	482,418	(69,162)	413,256	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	429,072	196,953	597,915	1,223,940	(76,351)	1,147,589	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			303,084	303,084		303,084	17
18	Interest			324,460	324,460		324,460	18
19	Real Estate Taxes			54,966	54,966		54,966	19
20	Rent -- Facility and Grounds				0		0	20
21	Rent -- Equipment				0		0	21
22	Other (specify):			6,469	6,469		6,469	22
23	TOTAL Ownership	0	0	688,979	688,979	0	688,979	23
24	GRAND TOTAL (Sum of lines 16 and 23)	429,072	196,953	1,286,894	1,912,919	(76,351)	1,836,568	24

Facility Name: Voyage Senior Lvg of Marion

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

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 23.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	6	12.25	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	15.80	5
6	Head Cook			6
7	Cook Helpers/Assistants	3	10.50	7
8	Dishwashers			8
9	Maintenance Workers	1	13.00	9
10	Housekeepers	1	10.50	10
11	Laundry			11
12	Managers	1	17.00	12
13	Other Administrative	1	25.50	13
14	Clerical			14
15	Marketing			15
16	Other	1	10.80	16
17	Total (lines 1 thru 16)	16	\$ 13.95	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
Anna Supportive Living, L.P.	Anna, IL

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
The Voyage Senior Living	Marion, IL	Managing Partner
The Voyage Senior Services	Marion, IL	Service Provider

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: The Voyage Senior Services, LLC

If yes, what is the value of those services? \$ 120,273

(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				\$ 0	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$	1
2			2
Total		\$ 0	3

Facility Name: Voyage Senior Lvg of Marion

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 169,000 Year land was acquired 2011

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			2011	\$ 7,600,871	\$ 276,395	27.5	\$ 276,395	\$ 0	\$ 2,706,371	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Landscaping		2011		48,765	3,251	15	3,251	0	33,299	6
7	Landscaping		2013		3,700	165	7	165	0	3,700	7
8	Parking Lot		2013		30,912	2,061	15	2,061	0	16,486	8
9	Generator Shed Deposit		2014		3,794	138	27.5	138	0	828	9
10	Generator Shed		2015		11,381	414	27.5	414	0	2,466	10
11	Generator Power		2015		2,991	109	27.5	109	0	648	11
12	Concrete Curb		2015		21,816	1,454	15	1,454	0	7,999	12
13	Fencing around dumpster		2015		4,096	410	10	410	0	2,253	13
14	Driveway for Generator		2015		4,100	273	15	273	0	1,503	14
15	Camera and Security System		2018		20,791	2,079	10	2,079	0	6,523	15
16	2 Lighted Signs		2020		4,329	36		36	0	36	16
17	TOTAL (lines 1 thru 16)				\$ 7,757,546	\$ 286,785		\$ 286,785	\$ 0	\$ 2,782,112	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	\$ 658,540	\$ 16,299	\$ 16,299	\$	Various	\$ 580,164	18
19	Vehicles	16,908	0	0		5	16,908	19
20	TOTAL (lines 18 and 19)		\$ 16,299	\$ 16,299	\$		\$ 597,072	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: Voyage Senior Lvg of Marion

Report Period Beginning: 1/1/2020

Ending: 2/31/2020

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ YES ☐ NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		0		\$ 0			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	Banterra Bank		X	To construct project building	12/14/09	\$ 5,700,000	\$ 4,773,789	12/14/41	0.0600	\$ 313,130	1
2	IL Housing Dept Authority		X	To construct project building	12/1/09	1,790,328	1,568,078	12/1/26			2
3								/ /	0.0475		3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,490,328	\$ 6,341,867			\$ 313,130	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,490,328	\$ 6,341,867			\$ 313,130	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: Voyage Senior Lvg of Marion

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 484,689	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	143,326		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,856		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Supply Inventory</u>	17,789		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 659,660	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	169,000		13
14	Buildings, at Historical Cost	7,600,871		14
15	Leasehold Improvements, at Historical Cost	156,674		15
16	Equipment, at Historical Cost	675,448		16
17	Accumulated Depreciation (book methods)	(3,379,186)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	1,095,047		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	62		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,317,916	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,977,576	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 13,899	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	60,000		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Accrued - Other</u>	8,166		35
36	<u>Accounts Payable Owner or related Party</u>	176,258		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 258,323	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,107,225		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)	\$ 6,107,225	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,365,548	\$ 0	45
46	TOTAL EQUITY	\$ 612,028	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,977,576	\$ 0	47

*(See instructions.)

Facility Name: Voyage Senior Lvg of Marion

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

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	\$ 417,558	1
2	Discounts and Allowances	(24,061)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 393,497	3
	B. Other Operating Revenue		
4	Special Services	83,703	4
5	Other Health Care Services	1,410,443	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	4,475	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,498,621	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	4,692	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 4,692	14
	D. Other Revenue (specify):		
15	Senior TV	2,714	15
16	RRSS Rents	23,500	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 26,214	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,923,024	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	394,122	19
20	Health Care/ Personal Care	347,400	20
21	General Administration	482,418	21
	B. Capital Expense		
22	Ownership	688,979	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)	\$ 1,912,919	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 10,105	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 10,105	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 0	37

Page 4 Section VII A.

Related Organization	Nature of Purchase	Facility Book Value	Actual Cost	Difference
Management Fee	Managing/Accounting	\$ 93,873	\$ 93,873	\$ -
Congregate Expense	Corporate Expenses	\$ 13,200	\$ 13,200	\$ -
General Partner Management Fee	Managing/Accounting	\$ -	\$ -	\$ -
Incentive Management Fee	Managing/Accounting	\$ -	\$ -	\$ -
Record Storage	Storage Fee	\$ 13,200	\$ 13,200	\$ -
		<u>\$ 120,273</u>	<u>\$ 120,273</u>	

Page 3 Section IV eliminations

Amount	Line #	
Guest Meals (4,475)	Line 1	Account 4600
Senior TV (2,714)	Line 4	Account 4081
Admin & General -	Line 10	See above
Admin & General - Bad debt (69,162)	Line 10	Account 9010
Accelerated Depreciation -	Line 17 + 20	Schedule VIII
<u>Total (76,351)</u>		

Page 3 Section IV Line 4

Trash 4,015	Account 5121
TV 5,802	Account 5125
<u>9,817</u>	

Page 3 Section IV Line 22

Asset Management Fee 3,600	Account 7015
Tax Credit Fee 2,869	Account 7040
<u>6,469</u>	