

		FOR BHF USE			

LL2

Supportive Living Facility
2021
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2021)

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: 1000135 Facility Name: <u>Voyage Senior Living of Anna</u> Address: <u>151 Denny Drive</u> <u>Anna</u> <u>62906</u> <div style="display: flex; justify-content: space-around; width: 100%;"> Number City Zip Code </div> County: <u>Union</u> Telephone Number: (<u>618</u>) <u>993-7533</u> Fax # <u>618</u> <u>993-7531</u> Federal Employer ID Number: _____ Date Current Owners were Certified: <u>10/27/2011</u> Type of Ownership: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____ </div> <div> <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input checked="" type="checkbox"/> Other <u>Disregarded Entity</u> </div> <div> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </div> </div>	
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In the event there are further questions about this report, please contact:
Name: Patrice, Deblois **Telephone Number:** (618) 993-7533
Email Address: _____

Facility Name Voyage Senior Living of AnnaReport Period Beginning: 1/1/2021 Ending: 12/31/2021

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	45	Single Unit Apartment	45	16,425	1
2	5	Double Unit Apartment	5	1,825	2
3		Other		365	3
4	50	TOTALS	50	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	10,258	5,112		15,370	5
6	Double Unit	487	1,338		1,825	6
7	Other					7
8	TOTALS	10,745	6,450		17,195	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.37%D. Indicate the number of paid bed-hold days the SLF had during this year 194 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 208 (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

ACCURAL ☒ MODIFIED CASH* ☐ CASH* ☐I. Is your fiscal year identical to your tax year? ☒ YES ☐ NOTax Year: 2021 Fiscal Year: 2021

* 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. _____

Facility Name: Voyage Senior Living of Anna

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	79,078	127,036	283	206,397	(56)	206,341	1
2	Housekeeping, Laundry and Maintenance	67,726	18,691	45,034	131,451		131,451	2
3	Heat and Other Utilities			70,267	70,267		70,267	3
4	Other (specify):			10,108	10,108	(2,862)	7,246	4
5	TOTAL General Services	146,804	145,727	125,692	418,222	(2,918)	415,304	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	311,432	6,571	23,134	341,137		341,137	6
7	Activities and Social Services	33,257	1,225		34,482		34,482	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	344,689	7,796	23,134	375,619		375,619	9
	C. General Administration							
10	Administrative and Clerical	110,889	18,473	227,644	357,006	(3,928)	353,078	10
11	Marketing Materials, Promotions and Advertising			16,612	16,612		16,612	11
12	Employee Benefits and Payroll Taxes			151,915	151,915		151,915	12
13	Insurance-Property, Liability and Malpractice			86,127	86,127		86,127	13
14	Other (specify):							14
15	TOTAL General Administration	110,889	18,473	482,298	611,660	(3,928)	607,732	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	602,381	171,996	631,124	1,405,501	(6,846)	1,398,655	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			301,974	301,974		301,974	17
18	Interest			183,177	183,177		183,177	18
19	Real Estate Taxes			60,748	60,748		60,748	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			13,479	13,479		13,479	22
23	TOTAL Ownership			559,378	559,378		559,378	23
24	GRAND TOTAL (Sum of lines 16 and 23)	602,381	171,996	1,190,502	1,964,879	(6,846)	1,958,033	24

Facility Name: Voyage Senior Living of Anna

Report Period Beginning 1/1/2021

Ending:

12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 28.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10	15.00	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	19.00	5
6	Head Cook			6
7	Cook Helpers/Assistants	4	14.00	7
8	Dishwashers			8
9	Maintenance Workers	1	14.00	9
10	Housekeepers	2	14.00	10
11	Laundry			11
12	Managers	1	19.82	12
13	Other Administrative	1	25.00	13
14	Clerical			14
15	Marketing			15
16	Other	1	13.50	16
17	Total (lines 1 thru 16)	22	\$	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
Marion Supportive Living, LP		Marion, 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 Service, LLC

If yes, what is the value of those services? \$ 167,354

(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: Voyage Senior Living of Anna

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 160,000 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	\$ 7,792,677	\$ 283,370	27.5	\$ 283,370	\$ (0)	\$ 2,892,056	1
2											2
3											3
4											4
5											5
	Improvement Type										
6		Landscaping	2011		30,000	2,000	15	2,000		22,485	6
7		Walkway - Front & Back	2013		2,129	142	15	142		1,207	7
8		Storage Building	2015		11,381	414	27.5	414		2,880	8
9		Driveway to Generator	2015		4,400	629	7	629		4,080	9
10		Storage Electrical	2015		2,991	109	27.5	109		1,958	10
11		Parking Lot	2017		11,312	754	15	754		3,394	11
12		Terrace Fence - Dumpster Enclosure	2018		4,580		15			4,580	12
13		Camera and Security System	2018		20,169	1,345	15	1,345		7,000	13
14		Deposit for 2 New Lighted Signs	2020		4,329	866	5	866		1,010	14
15		New Sign	2021		4,329	265	15	265		265	15
16		Landscaping	2021		2,644	29	15	29		29	16
17	TOTAL (lines 1 thru 16)				\$ 7,890,941	\$ 289,922		\$ 289,922	\$ (0)	\$ 2,940,944	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	\$ 617,083	\$ 12,052	\$ 12,052		Various	\$ 583,299	18
19	Vehicles	10,426				5	10,426	19
20	TOTAL (lines 18 and 19)		\$ 627,509	\$ 12,052	\$ 12,052		\$ 593,726	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 Living of Anna

Report Period Beginning: 1/1/2021

Ending: 2/31/2021

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 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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Gershman/HUD Loan		X	To construct project building	5/1/17	\$ 5,610,000	\$ 5,208,320	5/1/52	0.0383	\$ 182,665	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,610,000	\$ 5,208,320			\$ 182,665	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,610,000	\$ 5,208,320			\$ 182,665	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: Voyage Senior Living of Anna

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 386,487	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	95,053		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	52,881		6
7	Other Prepaid Expenses	18,987		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 553,408	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	160,000		13
14	Buildings, at Historical Cost	7,792,677		14
15	Leasehold Improvements, at Historical Cost	98,264		15
16	Equipment, at Historical Cost	627,508		16
17	Accumulated Depreciation (book methods)	(3,534,669)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	636,864		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Deferred tax credit & mgmt fees, n</u>	60,484		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,841,128	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,394,536	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 25,656	\$	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	61,558		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Accounts Payable (owners or related parties</u>	234,092		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 321,306	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	5,014,449		38
39	Mortgage Payable			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)	\$ 5,014,449	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,335,755	\$	45
46	TOTAL EQUITY	\$ 1,058,781	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,394,536	\$	47

*(See instructions.)

Facility Name: Voyage Senior Living of Anna

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

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	\$ 418,915	1
2	Discounts and Allowances	(18,361)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 400,554	3
	B. Other Operating Revenue		
4	Special Services	96,769	4
5	Other Health Care Services	1,396,385	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	56	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,493,210	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	366	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 366	14
	D. Other Revenue (specify):		
15	Senior TV	2,862	15
16	Misc Revenue	31,992	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 34,854	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,928,984	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	418,222	19
20	Health Care/ Personal Care	375,619	20
21	General Administration	611,660	21
	B. Capital Expense		
22	Ownership	559,378	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)	\$ 1,964,879	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (35,895)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (35,895)	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)	\$	37

Anna Supportive Living, L.P.
Additional Information
12/31/2021

Page 4 Section VII A.

Related Organization	Nature of Purchase	Facility Book Value	Actual Cost	Difference	
Management Fee	Managing/Accounting	\$ 139,154	\$ 139,154	\$ -	Account 7000
Congregate Expense	Corporate Expenses	\$ 13,200	\$ 13,200	\$ -	Account 7005
Record Storage	Storage Fee	\$ 15,000	\$ 15,000	\$ -	Account 5660
		<u>\$ 167,354</u>	<u>\$ 167,354</u>		

Page 3 Section IV eliminations

Amount	Line #	
Guest Meals (56)	Line 1	Account 4600
Senior TV (2,862)	Line 4	Account 4081
Admin & General -	Line 10	See above
Admin & General - Bad debt (3,928)	Line 10	Account 9010
Accelerated Depreciation 0	Line 17 + 20	Schedule VIII
<u>Total (6,846)</u>		

Page 3 Section IV Line 4

Trash 3,876	Account 5121
TV 6,232	Account 5125
<u>10,108</u>	

Page 3 Section IV Line 22

Tax Credit Fee 746	Account 7040
<u>746</u>	