



Facility Name Voyage Senior Living MarionReport 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

02/18/2011

	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	16,425	1
2	5	Double Unit Apartment	5	1,825	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	12,323	810		13,133	5
6	Double Unit	1,439	135		1,574	6
7	Other					7
8	TOTALS	13,762	945		14,707	8

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

80.59%

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

269

Also, indicate the number of unpaid bed-hold days the SLF

had during this year. 422 (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.

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## 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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	72,985	138,875	121	211,981	(2,466)	209,515	1
2	Housekeeping, Laundry and Maintenance	63,207	21,582	41,741	126,530		126,530	2
3	Heat and Other Utilities			68,095	68,095		68,095	3
4	Other (specify):			10,236	10,236	(2,422)	7,814	4
5	<b>TOTAL General Services</b>	<b>136,192</b>	<b>160,457</b>	<b>120,193</b>	<b>416,842</b>	<b>(4,888)</b>	<b>411,954</b>	<b>5</b>
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	257,298	5,624	68,652	331,574		331,574	6
7	Activities and Social Services	41,966	654		42,620		42,620	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>299,263</b>	<b>6,278</b>	<b>68,652</b>	<b>374,193</b>		<b>374,193</b>	<b>9</b>
	<b>C. General Administration</b>							
10	Administrative and Clerical	74,333	21,784	199,456	295,573	(728)	294,845	10
11	Marketing Materials, Promotions and Advertising			14,312	14,312		14,312	11
12	Employee Benefits and Payroll Taxes			117,364	117,364		117,364	12
13	Insurance-Property, Liability and Malpractice			47,826	47,826		47,826	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>74,333</b>	<b>21,784</b>	<b>378,958</b>	<b>475,075</b>	<b>(728)</b>	<b>474,347</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>509,788</b>	<b>188,519</b>	<b>567,803</b>	<b>1,266,110</b>	<b>(5,616)</b>	<b>1,260,494</b>	<b>16</b>
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			302,827	302,827		302,827	17
18	Interest			302,182	302,182		302,182	18
19	Real Estate Taxes			64,938	64,938		64,938	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			3,662	3,662		3,662	22
23	<b>TOTAL Ownership</b>			<b>673,609</b>	<b>673,609</b>		<b>673,609</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>509,788</b>	<b>188,519</b>	<b>1,241,412</b>	<b>1,939,719</b>	<b>(5,616)</b>	<b>1,934,103</b>	<b>24</b>

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.5	\$ 27.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	7	14.70	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	20.00	5
6	Head Cook			6
7	Cook Helpers/Assistants	3	13.50	7
8	Dishwashers			8
9	Maintenance Workers	1	14.00	9
10	Housekeepers	1	13.50	10
11	Laundry			11
12	Managers	1	19.00	12
13	Other Administrative	1	29.00	13
14	Clerical			14
15	Marketing			15
16	Other	0.5	16.00	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
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? \$ 114,151

(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

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## 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	\$	\$ 2,982,766	1
2											2
3											3
4											4
5											5
	Improvement Type										
6		Landscaping		2011	48,765	3,251	15	3,251		36,550	6
7		Landscaping		2013	3,700		7			3,700	7
8		Parking Lot		2013	30,912	2,061	15	2,061		18,547	8
9		Generator Shed Deposit		2014	3,794	138	27.5	138		966	9
10		Generator Shed Deposit		2015	11,381	414	27.5	414		2,880	10
11		Generator Power		2015	2,991	109	27.5	109		757	11
12		Concrete Curb		2015	21,816	1,454	15	1,454		9,454	12
13		Fencing around Dumpster		2015	4,096	410	10	410		2,662	13
14		Driveway for Generator		2015	4,100	273	15	273		1,777	14
15		Camera and Security System		2018	20,791	2,079	10	2,079		8,602	15
16		Deposit for 2 New Lighted Signs		2020	4,329	216	20	216		253	16
17		Concrete Ramp		2021	21,120	1,056	15	1,056		1,056	17
18		New Sign Payment		2021	4,329	192	15	192		192	18
19		Landscaping - Hedges Marion North 1/2 Down		2021	3,338	19	15	19		19	19
20	TOTAL (lines 1 thru 19)				\$ 7,786,332	\$ 288,067		\$ 288,067	\$	\$ 3,070,180	20

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	
21	Movable Equipment	\$ 663,466	\$ 14,760	\$ 14,760	\$	Various	\$ 594,924	21
22	Vehicles	16,908				5	16,908	22
23	TOTAL (lines 21 and 22)		\$ 680,374	\$ 14,760	\$ 14,760	\$	\$ 611,832	23

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
24		\$	\$	\$	24
25					25
26					26
27	TOTALS (lines 24, 25 and 26)		\$	\$	27

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**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

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.

		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				\$			7

**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	\$ 4,615,712	12/14/41	0.0600	\$ 291,546	1
2	IL Housing Dept Authority		X	To construct project building	12/1/09	1,790,328	1,545,578	12/1/26	0.0475		2
3								/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,490,328	\$ 6,161,290			\$ 291,546	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,490,328	\$ 6,161,290			\$ 291,546	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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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 259,687	\$	1
2	Cash-Patient Deposits			2
	Accounts & Short-Term Notes Receivable-			
3	Patients (less allowance )	99,072		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,576		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Supply Inventory	22,201		9
	<b>TOTAL Current Assets</b>			
10	(sum of lines 1 thru 9)	\$ 385,536	\$	10
	<b>B. Long-Term Assets</b>			
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	185,461		15
16	Equipment, at Historical Cost	680,374		16
17	Accumulated Depreciation (book methods)	(3,682,013)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds	1,202,553		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
	<b>TOTAL Long-Term Assets</b>			
24	(sum of lines 11 thru 23)	\$ 6,156,246	\$	24
	<b>TOTAL ASSETS</b>			
25	(sum of lines 10 and 24)	\$ 6,541,782	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 12,618	\$	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	63,694		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
	<b>TOTAL Current Liabilities</b>			
37	(sum of lines 26 thru 36)	\$ 76,312	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,909,841		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	Accrued - Other	18,195		42
43	Accounts Payable Owner or related Party)	145,948		43
	<b>TOTAL Long-Term Liabilities</b>			
44	(sum of lines 38 thru 43)	\$ 6,073,984	\$	44
	<b>TOTAL LIABILITIES</b>			
45	(sum of lines 37 and 44)	\$ 6,150,296	\$	45
	<b>TOTAL EQUITY</b>			
46		\$ 391,486	\$	46
	<b>TOTAL LIABILITIES AND EQUITY</b>			
47	(sum of lines 45 and 46)	\$ 6,541,782	\$	47

\*(See instructions.)

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

1			
	I. Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 419,333	1
2	Discounts and Allowances	(74,315)	2
	<b>SUBTOTAL Resident Care</b>		
3	(line 1 minus line 2)	\$ 345,018	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	104,397	4
5	Other Health Care Services	1,252,985	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	2,466	9
10	Laundry		10
	<b>SUBTOTAL OTHER OPERATING REVENUE</b>		
11	(sum of lines 4 thru 10)	\$ 1,359,848	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	2,889	13
	<b>SUBTOTAL Non-Operating Revenue</b>		
14	(sum of lines 12 and 13)	\$ 2,889	14
	<b>D. Other Revenue (specify):</b>		
15	Senior TV	2,422	15
16	RRSS Rents	9,000	16
	<b>SUBTOTAL Other Revenue</b>		
17	(sum of lines 15 and 16)	\$ 11,422	17
	<b>TOTAL REVENUE</b>		
18	(sum of lines 3, 11, 14 and 17)	\$ 1,719,177	18

2			
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	416,842	19
20	Health Care/ Personal Care	374,193	20
21	General Administration	475,075	21
	<b>B. Capital Expense</b>		
22	Ownership	673,609	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	<b>TOTAL EXPENSES</b>		
28	(sum of lines 19 thru 27)	\$ 1,939,719	28
	<b>Income Before Income Taxes</b>		
29	(line 18 minus line 28)	\$ (220,542)	29
	<b>Income Taxes</b>		
30		\$	30
	<b>NET INCOME OR LOSS FOR THE YEAR</b>		
31	(line 29 minus line 30)	\$ (220,542)	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
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



Marion Supportive Living, L.P.  
Additional Information  
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Related Organization	Nature of Purchase	Facility Book Value	Actual Cost	Difference
Management Fee	Managing/Accounting	\$ 85,951	\$ 85,951	\$ -
Congregate Expense	Corporate Expenses	\$ 13,200	\$ 13,200	\$ -
General Partner Management Fee	Managing/Accounting	\$ -	\$ -	\$ -
Incentive Management Fee	Managing/Accounting	\$ -	\$ -	\$ -
Record Storage	Storage Fee	\$ 15,000	\$ 15,000	\$ -
		<u>\$ 114,151</u>	<u>\$ 114,151</u>	

Page 3 Section IV eliminations

Amount	Line #	
Guest Meals (2,466)	Line 1	Account 4600
Senior TV (2,422)	Line 4	Account 4081
Admin & General -	Line 10	See above
Admin & General - Bad debt (728)	Line 10	Account 9010
Accelerated Depreciation -	Line 17 + 20	Schedule VIII
<u>Total (5,616)</u>		

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Trash 3,818	Account 5121
TV 6,418	Account 5125
<u>10,236</u>	

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Asset Management Fee 3,600	Account 7015
Tax Credit Fee 62	Account 7040
<u>3,662</u>	