

		FOR BHF USE			

LL2

Supportive Living Facility

2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2008)

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 Name: Courtyard Estates of Canton

Address: 160 E. Walnut Street Canton 61520
 Number City Zip Code

County: Fulton

Telephone Number: (309) 647-6400 Fax # (309) 647-1419

Federal Employer ID Number: 37-1068286

Date Current Owners were Certified: 12/7/2007

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2008 to 12/31/2008 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) <u>Mark B. Petersen</u>	
	(Title) <u>Chief Executive Officer</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____	

In the event there are further questions about this report, please contact:
 Name: Larry Templin Telephone Number: 309 689-5869
 Email Address: ltemplin@thepetersencompanies.com

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

Facility Name Courtyard Estates of Canton

Report Period Beginning: 1/1/2008 Ending: 12/31/2008

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	51	Single Unit Apartment	51	18,666	1
2		Double Unit Apartment			2
3		Other			3
4	51	TOTALS	51	18,666	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	970	8,224		9,194	5
6	Double Unit					6
7	Other					7
8	TOTALS	970	8,224		9,194	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 49.26%

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 Non-allowable costs have been eliminated in Schedule IV, Column 5

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

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2008 Fiscal Year: 12/31/2008

* 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 principle? N/A
If no, explain. N/A

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 principle? N/A
If no, explain. N/A

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 principle? N/A
If no, explain. N/A

Facility Name: Courtyard Estates of Canton

Report Period Beginning:

1/1/2008

Ending: 12/31/2008

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	70,686	55,642		126,328	(3,421)	122,907	1
2	Housekeeping, Laundry and Maintenance	33,118	15,098	14,678	62,894		62,894	2
3	Heat and Other Utilities			87,318	87,318		87,318	3
4	Other (specify):							4
5	TOTAL General Services	103,804	70,740	101,996	276,540	(3,421)	273,119	5
B. Health Care and Programs								
6	Health Care/ Personal Care	131,094	233		131,327	(100)	131,227	6
7	Activities and Social Services	18,058	172	228	18,458		18,458	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	149,152	405	228	149,785	(100)	149,685	9
C. General Administration								
10	Administrative and Clerical	72,851	2,176	21,616	96,643		96,643	10
11	Marketing Materials, Promotions and Advertising	24,731	909	31,431	57,071		57,071	11
12	Employee Benefits and Payroll Taxes			36,446	36,446		36,446	12
13	Insurance-Property, Liability and Malpractice			13,139	13,139		13,139	13
14	Other (specify):							14
15	TOTAL General Administration	97,582	3,085	102,632	203,299		203,299	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	350,538	74,230	204,856	629,624	(3,521)	626,103	16
Capital Expenses								
D. Ownership								
17	Depreciation			202,305	202,305	(7,750)	194,555	17
18	Interest			503,871	503,871		503,871	18
19	Real Estate Taxes			110,973	110,973		110,973	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			13,144	13,144		13,144	21
22	Other (specify): Non-allowable costs			6,441	6,441	(6,441)		22
23	TOTAL Ownership			836,734	836,734	(14,191)	822,543	23
24	GRAND TOTAL (Sum of lines 16 and 23)	350,538	74,230	1,041,590	1,466,358	(17,712)	1,448,646	24

Facility Name: Courtyard Estates of Canton

Report Period Beginning: 1/1/2008 Ending: 12/31/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.72	\$ 17.32	1
2	Licensed Practical Nurses	1.67	10.20	2
3	Certified Nurse Assistants	6.28	9.75	3
4	Activity Director & Assistants	0.11	9.08	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2.29	9.62	7
8	Dishwashers			8
9	Maintenance Workers	0.85	8.75	9
10	Housekeepers	1.25	7.76	10
11	Laundry			11
12	Managers	0.72	28.72	12
13	Other Administrative	0.46	15.00	13
14	Clerical	0.81	9.62	14
15	Marketing	0.50	21.97	15
16	Other			16
17	Total (lines 1 thru 16)	15.66	\$	17

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	N/A			\$	1
2					2
3					3
4					4
5					5
				Total	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$
2		
		Total

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 <u>1</u>	City <u>2</u>
See Attached Schedule 4B	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>

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, Inc. If yes, what is the value of those services? \$ 32,000

(Please attach a separate schedule itemizing those services.) The services were for management and administrative functions.

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 of Canton

Report Period Beginning:

1/1/2008

Ending:

12/31/2008

VIII. OWNERSHIP COSTS

A. Purchase price of land 51,519 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	51			2007	\$ 6,650,432	\$ 172,157	39	\$ 170,524	\$ (1,633)	\$ 255,785	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				\$ 6,650,432	\$ 172,157		\$ 170,524	\$ (1,633)	\$ 255,785	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	\$ 262,983	\$ 36,774	\$ 24,031	(12,743)	10 yrs.	\$ 34,913	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 262,983	\$ 36,774	\$ 24,031	(12,743)		\$ 34,913	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	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Courtyard Estates of Canton

Report Period Beginning: 1/1/2008

Ending: 2/31/2008

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				\$			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 13,144

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		3	4	6		7	8	9	
			Related**	YES			NO	Purpose of Loan				
							Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Country Bank		X	Facility	5/29/08	\$ 1,000,000	\$ 1,000,000	3/15/09	0.0769	\$ 93,229	1
2		Country Bank		X	Facility	6/15/08	4,680,000	4,676,301	5/15/13	0.0769	397,702	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 5,680,000	\$ 5,676,301			\$ 490,931	7
		B. Non-Facility Related										
8						/ /			Amort. of Loan Costs		12,940	8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 5,680,000	\$ 5,676,301			\$ 503,871	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: Courtyard Estates of Canton

Report Period Beginning: 1/1/2008

Ending:

12/31/2008

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2008

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (1,793,477)	\$ (1,793,477)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>N/A</u>)	30,252	30,252	3
4	Supply Inventory (priced : <u>N/A</u>)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,617	12,617	6
7	Other Prepaid Expenses	2,123	2,123	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ (1,748,485)	\$ (1,748,485)	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	51,519	51,519	13
14	Buildings, at Historical Cost	6,650,432	6,650,432	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	262,983	262,983	16
17	Accumulated Depreciation (book methods)	(211,317)	(290,698)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (Loan Costs)	84,111	84,111	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,837,728	\$ 6,758,347	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,089,243	\$ 5,009,862	25

*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 161,869	\$ 161,869	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	19,207	19,207	30
31	Accrued Taxes Payable	1,101	1,101	31
32	Accrued Interest Payable	111,000	111,000	32
33	Deferred Compensation	40,953	40,953	33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Payroll Withholdings	5,910	5,910	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 340,040	\$ 340,040	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,676,301	5,676,301	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Security Deposit	9,000	9,000	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,685,301	\$ 5,685,301	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,025,341	\$ 6,025,341	45
46	TOTAL EQUITY	\$ (936,098)	\$ (1,015,479)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,089,243	\$ 5,009,862	47

Facility Name: Courtyard Estates of Canton

Report Period Beginning: 1/1/2008

Ending:

12/31/2008

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

		1	
	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 644,068	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 644,068	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	3,421	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,421	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	Telephone, Television & Radio	3,405	15
16	Miscellaneous Revenue	100	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,505	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 650,994	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	276,540	19
20	Health Care/ Personal Care	149,785	20
21	General Administration	203,299	21
	B. Capital Expense		
22	Ownership	836,734	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)	\$ 1,466,358	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (815,364)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (815,364)	31