

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2018  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2018)**

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:** 1000133

**Facility Name:** Courtyard Estates of Peoria

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**Address:** 117 N Western Avenue Peoria 61604  
Number City Zip Code

**County:** Peoria

**Telephone Number:** ( (309)674-2400 Fax # (309)621-4860

**Federal Employer ID Number:** \_\_\_\_\_

**Date Current Owners were Certified:** 8/24/11

**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
<b>IRS Exemption Code</b> _____	<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 _____	

**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 1/1/2018 to 12/31/2018 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.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) <u>Mark B. Petersen</u>	
	(Title) <u>Chief Executive Officer</u>	
<b>Paid Preparer</b>	(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	

Facility Name Courtyard Estates of Peoria

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	100	Single Unit Apartment	100	36,500	1
2		Double Unit Apartment			2
3		Other			3
4	100	TOTALS	100	36,500	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	26,848	6,234		33,082	5
6	Double Unit					6
7	Other					7
8	TOTALS	26,848	6,234		33,082	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.64%

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

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: 12/31/18 Fiscal Year: 12/31/18

\* 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. \_\_\_\_\_

Facility Name: Courtyard Estates of Peoria

Report Period Beginning:

1/1/2018

Ending: 12/31/2018

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	249,793	185,874		435,667	(1,458)	434,209	1
2	Housekeeping, Laundry and Maintenance	265,285	51,217	66,177	382,679	(10,259)	372,420	2
3	Heat and Other Utilities			194,451	194,451		194,451	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>515,078</b>	<b>237,091</b>	<b>260,628</b>	<b>1,012,797</b>	<b>(11,717)</b>	<b>1,001,080</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	607,796	(5,385)	22,845	625,256		625,256	6
7	Activities and Social Services	71,287	1,725	4,047	77,059	(10,826)	66,233	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>679,083</b>	<b>(3,660)</b>	<b>26,892</b>	<b>702,315</b>	<b>(10,826)</b>	<b>691,489</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	86,413	4,125	297,581	388,119	(169,630)	218,489	10
11	Marketing Materials, Promotions and Advertising	52,166	1,645		53,811	(53,811)		11
12	Employee Benefits and Payroll Taxes			150,672	150,672		150,672	12
13	Insurance-Property, Liability and Malpractice			31,698	31,698		31,698	13
14	Other (specify):			97,234	97,234	(97,234)		14
15	<b>TOTAL General Administration</b>	<b>138,579</b>	<b>5,770</b>	<b>577,185</b>	<b>721,534</b>	<b>(320,675)</b>	<b>400,859</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,332,740</b>	<b>239,201</b>	<b>864,705</b>	<b>2,436,646</b>	<b>(343,218)</b>	<b>2,093,428</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			296,927	296,927	18,260	315,187	17
18	Interest			258,534	258,534	(593)	257,941	18
19	Real Estate Taxes			105,553	105,553		105,553	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			5,110	5,110		5,110	22
23	<b>TOTAL Ownership</b>			<b>666,124</b>	<b>666,124</b>	<b>17,667</b>	<b>683,791</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,332,740</b>	<b>239,201</b>	<b>1,530,829</b>	<b>3,102,770</b>	<b>(325,551)</b>	<b>2,777,219</b>	<b>24</b>

Facility Name: Courtyard Estates of Peoria

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3	\$ 29.38	1
2	Licensed Practical Nurses	5	22.35	2
3	Certified Nurse Assistants	8	11.28	3
4	Activity Director & Assistants	3	11.42	4
5	Social Service Workers			5
6	Head Cook	1	23.18	6
7	Cook Helpers/Assistants	8	11.48	7
8	Dishwashers			8
9	Maintenance Workers	2	15.76	9
10	Housekeepers	7	13.10	10
11	Laundry	1	10.79	11
12	Managers	1	34.86	12
13	Other Administrative			13
14	Clerical	3	14.48	14
15	Marketing	1	25.08	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>43</b>	<b>\$</b>	<b>17</b>

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
				<b>Total</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>3</b>

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
See Attached Schedule 4A		

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, Inc. If yes, what is the value of those services? \$ 241,800  
 (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: Courtyard Estates of Peoria

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 470,000 Year land was acquired 2009

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	100		2011	2011	\$ 5,537,053	\$ 221,482		\$ 221,482	\$	\$ 1,661,115	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		2012-2015 Repairs		2012	98,517	11,934	7	12,573	639	82,892	6
7		Elevator Repair		2016	4,895	1,107	7	700	(407)	1,750	7
8		Air Conditioner for Lounge		2016	4,617	462	15	308	(154)	770	8
9		Water Heater		2016	6,535	1,167	7	934	(233)	2,335	9
10		Carpeting for 7 Rooms		2016	5,283	818	7	954	136	2,385	10
11		Canopy, Gutter, Window Repairs		2017	4,488	641	7	642	1	963	11
12		Building Repairs After Fire		2017	60,456	8,636	7	8,636		12,954	12
13		Water Pipe Repair		2017	3,194	228	7	456	228	684	13
14		Restoration for Water Damage on Floor		2018	2,671	134	15	89	(45)	89	14
15		Parking Lot Repair		2018	2,560	152	7	366	214	366	15
16		Carpet Replacement in 4 Rooms		2018	5,631	134	7	1,117	983	1,117	16
17		TOTAL (lines 1 thru 16)			\$ 5,735,900	\$ 246,895		\$ 248,257	\$ 1,362	\$ 1,767,420	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	\$ 479,339	\$ 50,032	\$ 66,930	16,898	7 yrs.	\$ 368,225	18
19	Vehicles	36,788				5 yrs.	36,788	19
20	TOTAL (lines 18 and 19)	\$ 516,127	\$ 50,032	\$ 66,930	16,898		\$ 405,013	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	House on Arthur Street	\$ 68,900	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 68,900	\$	\$	24

Facility Name: Courtyard Estates of Peoria

Report Period Beginning: 1/1/2018

Ending: 2/31/2018

**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	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	<b>TOTAL</b>				\$			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		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		1st Mid-Illinois Bank & Trust		X	Mortgage	1/1/11	\$ 5,249,269	\$ 4,121,518	3/4/36	5.0000	\$ 250,796	1
2						/ /			/ /			2
3						/ /			/ /			3
		<b>Working Capital</b>										
4		1st Mid-Illinois Bank & Trust		X	Line of Credit	/ /	244,274	130,757	/ /	Varies	7,738	4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 5,493,543	\$ 4,252,275			\$ 258,534	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 5,493,543	\$ 4,252,275			\$ 258,534	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 Peoria

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 813	\$ 813	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>81,506</u> )	1,030,289	1,030,289	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,327	20,327	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,051,429	\$ 1,051,429	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	470,000	470,000	13
14	Buildings, at Historical Cost	5,537,053	5,537,053	14
15	Leasehold Improvements, at Historical Cost	198,847	198,847	15
16	Equipment, at Historical Cost	516,127	516,127	16
17	Accumulated Depreciation (book methods)	(2,198,681)	(2,172,433)	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 (specify):			22
23	Other(specify): <u>Non-Care Asset</u>	68,900	68,900	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,592,246	\$ 4,618,494	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,643,675	\$ 5,669,923	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 153,848	\$ 153,848	26
27	Officer's Accounts Payable	33,000	33,000	27
28	Accounts Payable-Patient Deposits	69,674	69,674	28
29	Short-Term Notes Payable	130,757	130,757	29
30	Accrued Salaries Payable	46,336	46,336	30
31	Accrued Taxes Payable	114,986	114,986	31
32	Accrued Interest Payable	21,685	21,685	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>Payroll Withholdings</u>	379,964	379,964	35
36	<u>Accrued Management Fees</u>	1,463,189	1,463,189	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 2,413,439	\$ 2,413,439	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,121,518	4,121,518	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	<u>Intercompany Loans</u>	25,520	25,520	42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 4,147,038	\$ 4,147,038	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 6,560,477	\$ 6,560,477	45
46	<b>TOTAL EQUITY</b>	\$ (916,802)	\$ (890,554)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 5,643,675	\$ 5,669,923	47

\*(See instructions.)

Facility Name: Courtyard Estates of Peoria

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

## 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	\$ 3,136,271	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,136,271</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	1,458	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 1,458</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	593	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 593</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Transportation Revenue	10,826	15
16	Miscellaneous Income	10,589	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 21,415</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,159,737</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,012,797	19
20	Health Care/ Personal Care	702,315	20
21	General Administration	721,534	21
<b>B. Capital Expense</b>			
22	Ownership	666,124	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 3,102,770</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 56,967</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 56,967</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 2,530,984	32
33	Private Pay - Net Inpatient Revenue	605,287	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 3,136,271</b>	<b>37</b>