FOR BHF USE

LL2

Supportive Living Facility

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2012)

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: 1000084

Facility Name: Legacy Estates of Monmouth

Address: 1200 West Broadway (Number) Monmouth (City) 61462 (Zip Code)

County: Warren

Telephone Number: (309) 734-0909 **Fax #** (309) 734-0910

Federal Employer ID Number:

Date Current Owners were Certified: 8/16/2007

Type of Ownership:

	VOLUNTARY, NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			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 1/1/2012 to 12/31/2012 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) Mark B. Petersen
(Title) Chief Executive Officer

Paid Preparer

(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 Legacy Estates of Monmouth Report Period Beginning: 1/1/2012 Ending: 12/31/2012

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	59	Single Unit Apartment	59	21,535	1
2		Double Unit Apartment			2
3		Other			3
4	59	TOTALS	59	21,535	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	9,128	7,159		16,287	5
6	Double Unit					6
7	Other					7
8	TOTALS	9,128	7,159		16,287	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 75.63%

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 [X] NO [ ]

F. Does the BALANCE SHEET reflect any non-SLF assets? YES [ ] NO [X]

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 [X] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: 12/31/2012 Fiscal Year: 12/31/2012

* 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?** _____ **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 principle?** _____ **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 principle?** _____ **If no, explain.** _____

Facility Name: Legacy Estates of Monmouth **Report Period Beginning: 1/1/2012 Ending: 12/31/2012**

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

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	77,830	98,723		176,553	(2,449)	174,104	1
2	Housekeeping, Laundry and Maintenance	48,595	24,286	20,800	93,681		93,681	2
3	Heat and Other Utilities			45,275	45,275		45,275	3
4	Other (specify):							4
5	**TOTAL General Services**	126,425	123,009	66,075	315,509	(2,449)	313,060	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	313,877	1,399		315,276		315,276	6
7	Activities and Social Services	21,537	29	251	21,817	(2,524)	19,293	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	335,414	1,428	251	337,093	(2,524)	334,569	9
	C. General Administration							
10	Administrative and Clerical	18,748	2,684	72,055	93,487	(15,361)	78,126	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			80,605	80,605		80,605	12
13	Insurance-Property, Liability and Malpractice			18,466	18,466		18,466	13
14	Other (specify): **Non-Allowable Expenses**		999	24,785	25,784	(25,784)		14
15	**TOTAL General Administration**	18,748	3,683	195,911	218,342	(41,145)	177,197	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	480,587	128,120	262,237	870,944	(46,118)	824,826	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			126,030	126,030	(12,417)	113,613	17
18	Interest			309,584	309,584	(6,384)	303,200	18
19	Real Estate Taxes			67,216	67,216		67,216	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,092	1,092		1,092	21
22	Other (specify):							22
23	**TOTAL Ownership**			503,922	503,922	(18,801)	485,121	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	480,587	128,120	766,159	1,374,866	(64,919)	1,309,947	24

Facility Name: Legacy Estates of Monmouth **Report Period Beginning 1/1/2012 Ending: 12/31/2012**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 18.85	1
2	Licensed Practical Nurses	2	15.10	2
3	Certified Nurse Assistants	10	8.88	3
4	Activity Director & Assistants	1	9.53	4
5	Social Service Workers			5
6	Head Cook	1	9.59	6
7	Cook Helpers/Assistants	3	8.29	7
8	Dishwashers			8
9	Maintenance Workers	1	14.92	9
10	Housekeepers	1	8.16	10
11	Laundry			11
12	Managers	1	22.19	12
13	Other Administrative			13
14	Clerical	1	10.00	14
15	Marketing	1	9.43	15
16	Other			16
17	**Total (lines 1 thru 16)**	23	$	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	$	1
2			2
		Total $	3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES				OTHER RELATED BUSINESS ENTITIES					
Name	1	City	2	Name	3	City	4	Type of Business	5
See Attached Schedule 4B									

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES [X] NO [ ]
Name of related entity: Petersen Health Care, Inc. **If yes, what is the value of those services? $** _____
(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 [X]
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: Legacy Estates of Monmouth Report Period Beginning: 1/1/2012 Ending: 12/31/2012

VIII. OWNERSHIP COSTS

A. Purchase price of land 127,000 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	59			2007	3,548,140	95,489	39	90,978	$ (4,511)	$ 500,379	1
2				2009	10,000	401	25	400	(1)	1,400	2
3											3
4											4
5											5
	Improvement Type										
6	Roof Repair			2008	3,015	201	15	201		906	6
7	Wall Remodeling between Rooms 308 & 310			2008	4,105	274	15	274		1,233	7
8	Shower Installation			2009	16,200	1,080	15	1,080		3,780	8
9	Carpet in 3 Halls			2009	18,927	1,262	15	1,262		5,048	9
10	Pool Repair			2009	6,522	434	15	435		1,522	10
11	Curb Replacement			2010	8,800	587	15	586		1,465	11
12	Door			2012	4,723	79	15	157	78	157	12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 3,620,432	$ 99,807		$ 95,373	$ (4,434)	$ 515,890	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	$ 183,791	$ 26,223	$ 18,240	(7,983)	10 yrs.	96,613	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 183,791	$ 26,223	$ 18,240	(7,983)		$ 96,613	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: Legacy Estates of Monmouth **Report Period Beginning:** 1/1/2012 **Ending:** 2/31/2012

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 [X] 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 [X] 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** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	Midwest Bank of Western IL		X	Mortgage	6/1/12	4,237,500	4,111,889	5/31/13	0.0700	$ 288,060	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Midwest Bank of Western IL		X	Line of Credit	6/1/12	150,000	143,000	5/30/13	0.0500	9,222	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 4,387,500	$ 4,254,889			$ 297,282	7
	B. Non-Facility Related										
8					/ /		Amortization Expense	/ /		12,302	8
9					/ /		Interest Offset	/ /		-6,384	9
10	TOTALS (lines 7, 8 and 9)					$ 4,387,500	$ 4,254,889			$ 303,200	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: Legacy Estates of Monmouth **Report Period Beginning:** 1/1/2012 **Ending:** 12/31/2012

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2012 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,694,614	$ 1,694,614	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 12,000)	173,598	173,598	3
4	Supply Inventory (priced Cost)			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,904	17,904	6
7	Other Prepaid Expenses	5,086	5,086	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,891,202	$ 1,891,202	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	150,800	127,000	13
14	Buildings, at Historical Cost	2,762,532	3,558,140	14
15	Leasehold Improvements, at Historical Cost	834,100	62,292	15
16	Equipment, at Historical Cost	183,791	183,791	16
17	Accumulated Depreciation (book methods)	(669,455)	(612,503)	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**	42,051	42,051	22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,303,819	$ 3,360,771	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,195,021	$ 5,251,973	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 338,087	$ 338,087	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	143,000	143,000	29
30	Accrued Salaries Payable	24,467	24,467	30
31	Accrued Taxes Payable	71,583	71,583	31
32	Accrued Interest Payable	12,406	12,406	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	**Payroll Withholdings**	17,491	17,491	35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 607,034	$ 607,034	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,111,889	4,111,889	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	**Security Deposit**	37,000	37,000	42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 4,148,889	$ 4,148,889	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 4,755,923	$ 4,755,923	45
46	**TOTAL EQUITY**	$ 439,098	$ 496,050	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 5,195,021	$ 5,251,973	47

***(See instructions.)**

Facility Name: Legacy Estates of Monmouth **Report Period Beginning: 1/1/2012 Ending: 12/31/2012**

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

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 1,406,365	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,406,365	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	2,449	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 2,449	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	6,384	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 6,384	14
	D. Other Revenue (specify):		
15	**Cable Television Revenue**	10,200	15
16	**Transportation & Miscellaneous Income**	2,834	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 13,034	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,428,232	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	315,509	19
20	Health Care/ Personal Care	337,093	20
21	General Administration	218,342	21
	B. Capital Expense		
22	Ownership	503,922	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)**	$ 1,374,866	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 53,366	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 53,366	31