FOR BHF USE

LL2

Supportive Living Facility

2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)

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 1/1/2013 to 12/31/2013 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 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: 1/1/2013 Ending: 12/31/2013

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	10,347	5,749		16,096	5
6	Double Unit					6
7	Other					7
8	TOTALS	10,347	5,749		16,096	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 74.74%

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: 12/31/2013 Fiscal Year: 12/31/2013

* 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: 1/1/2013 Ending: 12/31/2013**

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	71,178	106,815		177,993	(2,945)	175,048	1
2	Housekeeping, Laundry and Maintenance	49,555	35,336	19,010	103,901		103,901	2
3	Heat and Other Utilities			57,221	57,221		57,221	3
4	Other (specify):							4
5	**TOTAL General Services**	120,733	142,151	76,231	339,115	(2,945)	336,170	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	310,735	1,518		312,253		312,253	6
7	Activities and Social Services	20,070	50	220	20,340	(6,842)	13,498	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	330,805	1,568	220	332,593	(6,842)	325,751	9
	C. General Administration							
10	Administrative and Clerical	19,782	1,694	101,419	122,895	(27,631)	95,264	10
11	Marketing Materials, Promotions and Advertising		995	6,465	7,460	(7,460)		11
12	Employee Benefits and Payroll Taxes			55,792	55,792		55,792	12
13	Insurance-Property, Liability and Malpractice			7,483	7,483		7,483	13
14	Other (specify): Non-Allowable Expenses			32,891	32,891	(32,891)		14
15	**TOTAL General Administration**	19,782	2,689	204,050	226,521	(67,982)	158,539	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	471,320	146,408	280,501	898,229	(77,769)	820,460	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			126,171	126,171	(6,628)	119,543	17
18	Interest			285,299	285,299	(10,446)	274,853	18
19	Real Estate Taxes			60,482	60,482		60,482	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,116	1,116		1,116	21
22	Other (specify): Amortization			12,115	12,115		12,115	22
23	**TOTAL Ownership**			485,183	485,183	(17,074)	468,109	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	471,320	146,408	765,684	1,383,412	(94,843)	1,288,569	24

Facility Name: Legacy Estates of Monmouth Report Period Beginning 1/1/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 19.53	1
2	Licensed Practical Nurses	2	15.29	2
3	Certified Nurse Assistants	10	9.02	3
4	Activity Director & Assistants	1	9.76	4
5	Social Service Workers			5
6	Head Cook	1	10.09	6
7	Cook Helpers/Assistants	3	8.45	7
8	Dishwashers			8
9	Maintenance Workers	1	14.31	9
10	Housekeepers	1	8.40	10
11	Laundry			11
12	Managers	1	24.50	12
13	Other Administrative			13
14	Clerical	1	10.12	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	22	$	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 4A									

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? $ 76,400
(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: 1/1/2013 Ending: 12/31/2013

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	91,409	39	90,978	$ (431)	$ 591,357	1
2				2009	10,000	401	25	400	(1)	1,800	2
3											3
4											4
5											5
	Improvement Type										
6	Roof Repair			2008	3,015	201	15	201		1,107	6
7	Wall Remodeling between Rooms 308 & 310			2008	4,105	274	15	274		1,507	7
8	Shower Installation			2009	16,200	1,080	15	1,080		4,860	8
9	Carpet in 3 Halls			2009	18,927	1,262	15	1,262		6,310	9
10	Pool Repair			2009	6,522	435	15	435		1,957	10
11	Curb Replacement			2010	8,800	587	15	586	(1)	2,051	11
12	Door			2012	4,723	315	15	314	(1)	471	12
13	Carpeting			2013	23,776	1,057	15	793	(264)	793	13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 3,644,208	$ 97,021		$ 96,323	$ (698)	$ 612,213	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	$ 202,495	$ 27,848	$ 19,314	(8,534)	10 yrs.	115,927	18
19	Vehicles	39,064	1,302	3,906	2,604	5 yrs.	3,906	19
20	TOTAL (lines 18 and 19)	$ 241,559	$ 29,150	$ 23,220	(5,930)		$ 119,833	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	N/A				22
23					23
24	TOTALS (lines 21, 22 and 23)	$	$	$	24

Facility Name: Legacy Estates of Monmouth **Report Period Beginning:** 1/1/2013 **Ending:** 2/31/2013

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	4/30/09	4,237,500	4,002,824	6/27/16	0.0700	$ 278,212	1
2	Ford Credit		X	Van	10/30/13	36,636	35,586	10/29/18	0.0050	378	2
3					/ /			/ /			3
	Working Capital										
4	Midwest Bank of Western IL		X	Line of Credit	6/1/12	150,000	94,546	5/30/13	0.0500	6,709	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 4,424,136	$ 4,132,956			$ 285,299	7
	B. Non-Facility Related										
8					/ /			/ /	Inc. Offset	-10,446	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 4,424,136	$ 4,132,956			$ 274,853	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:** 1/1/2013 **Ending:** 12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2013 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,023,748	$ 2,023,748	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 35,121)	51,202	51,202	3
4	Supply Inventory (priced at Cost)	5,086	5,086	4
5	Short-Term Investments			5
6	Prepaid Insurance	20,026	20,026	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,100,062	$ 2,100,062	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	857,876	86,068	15
16	Equipment, at Historical Cost	241,559	241,559	16
17	Accumulated Depreciation (book methods)	(795,625)	(732,046)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	60,073	60,073	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(30,037)	(30,037)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 3,247,178	$ 3,310,757	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,347,240	$ 5,410,819	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 98,870	$ 98,870	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	94,546	94,546	29
30	Accrued Salaries Payable	26,531	26,531	30
31	Accrued Taxes Payable	68,159	68,159	31
32	Accrued Interest Payable	11,701	11,701	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Payroll Withholdings	19,724	19,724	35
36	Security Deposits	38,700	38,700	36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 358,231	$ 358,231	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	35,586	35,586	38
39	Mortgage Payable	4,002,824	4,002,824	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Accrued Management Fees	348,498	348,498	42
43	Intercompany Loans	97,592	97,592	43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 4,484,500	$ 4,484,500	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 4,842,731	$ 4,842,731	45
46	**TOTAL EQUITY**	$ 504,509	$ 568,088	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 5,347,240	$ 5,410,819	47

***(See instructions.)**

Facility Name: Legacy Estates of Monmouth **Report Period Beginning: 1/1/2013 Ending: 12/31/2013**

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	$ 1,419,055	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,419,055	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	2,921	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 2,921	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	10,446	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 10,446	14
	D. Other Revenue (specify):		
15	**Cable Television Revenue**	7,350	15
16	**Transportation and Miscellaenous Revenue**	9,051	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 16,401	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,448,823	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	339,115	19
20	Health Care/ Personal Care	332,593	20
21	General Administration	226,521	21
	B. Capital Expense		
22	Ownership	485,183	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)**	$ 1,383,412	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 65,411	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 65,411	31