FOR BHF USE

LL2

Supportive Living Facility

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)

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: 1000135

Facility Name: Voyage Senior Living of Anna

Address: 151 Denny Drive (Number) Anna (City) 62906 (Zip Code)

County: Union

Telephone Number: (618) 993-7533 **Fax #** (618) 993-7531

Federal Employer ID Number:

Date Current Owners were Certified: 10/27/2011

Type of Ownership:

	VOLUNTARY, NON-PROFIT		PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust	X	Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
		X	Other	Disregarded Entity	

In the event there are further questions about this report, please contact:
Name: Patrice, Deblois **Telephone Number:** (618) 993-7533
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 1/1/2020 to 12/31/2020 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) Sherry Barter-Hamlin
(Title) CEO

Paid Preparer

(Signed) (Date)
(Print Name and Title) Mark Dallas, Partner
(Firm Name & Address) Kerber, Eck, & Braeckel, 3401 Office Park Drive, Marion IL 62959
(Telephone) (618) 529-1040 Fax # (618) 529-1040

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 Voyage Senior Living of Anna Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	45	Single Unit Apartment	45	16,470	1
2	5	Double Unit Apartment	5	1,830	2
3		Other		366	3
4	50	TOTALS	50	18,666	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	9,839	6,164		16,003	5
6	Double Unit	1,007	551		1,558	6
7	Other	251			251	7
8	TOTALS	11,097	6,715		17,812	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.42%

D. Indicate the number of paid bed-hold days the SLF had during this year 176 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 215 (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 [X]

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)

H. ACCOUNTING BASIS

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

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 2020 Fiscal Year: 2020
* 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.

Facility Name: Voyage Senior Living of Anna **Report Period Beginning: 1/1/2020 Ending: 12/31/2020**

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	63,474	128,159	386	192,019	(2,250)	189,769	1
2	Housekeeping, Laundry and Maintenance	47,784	21,300	28,222	97,306		97,306	2
3	Heat and Other Utilities			66,155	66,155		66,155	3
4	Other (specify):			10,285	10,285	(2,765)	7,520	4
5	**TOTAL General Services**	111,258	149,459	105,048	365,765	(5,015)	360,750	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	247,364	11,379	68,201	326,944		326,944	6
7	Activities and Social Services	29,923	1,772	250	31,945		31,945	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	277,287	13,151	68,451	358,889		358,889	9
	C. General Administration							
10	Administrative and Clerical	77,343	18,528	262,910	358,781	(88,187)	270,594	10
11	Marketing Materials, Promotions and Advertising			10,263	10,263		10,263	11
12	Employee Benefits and Payroll Taxes			132,532	132,532		132,532	12
13	Insurance-Property, Liability and Malpractice			67,325	67,325		67,325	13
14	Other (specify):							14
15	**TOTAL General Administration**	77,343	18,528	473,030	568,901	(88,187)	480,714	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	465,888	181,138	646,529	1,293,555	(93,202)	1,200,353	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			302,834	302,834		302,834	17
18	Interest			199,555	199,555		199,555	18
19	Real Estate Taxes			60,211	60,211		60,211	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			8,728	8,728		8,728	22
23	**TOTAL Ownership**			571,328	571,328		571,328	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	465,888	181,138	1,217,857	1,864,883	(93,202)	1,771,681	24

Facility Name: Voyage Senior Living of Anna Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.0	$ 26.50	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9.5	12.23	3
4	Activity Director & Assistants			4
5	Social Service Workers	1.0	16.83	5
6	Head Cook			6
7	Cook Helpers/Assistants	3.5	10.25	7
8	Dishwashers			8
9	Maintenance Workers	0.5	12.00	9
10	Housekeepers	2.0	10.13	10
11	Laundry			11
12	Managers	1.0	18.52	12
13	Other Administrative	1.0	25.00	13
14	Clerical			14
15	Marketing			15
16	Other	1.0	10.50	16
17	Total (lines 1 thru 16)	20.5	$ 13.06	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				$	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

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
Marion Supportive Living, LP	Marion, IL	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 [X] NO [ ]
Name of related entity: The Voyage Senior Service, LLC If yes, what is the value of those services? $ $ 114,816
(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES [X] 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: Voyage Senior Living of Anna Report Period Beginning: 1/1/2020 Ending: 12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 160,000 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	$ 7,792,677	$ 283,370	27.5	$ 283,370	$	$ 2,608,686	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Landscaping		2011		30,000	2,000	15.0	2,000		20,485	6
7	Walkway-Back & Front		2013		2,126	142	15.0	142		1,065	7
8	Storage Building		2015		11,381	414	27.5	414		2,466	8
9	Driveway for Generator		2015		4,400	629	15.0	629		3,452	9
10	Storage Electrical		2015		2,991	109	27.5	109		1,849	10
11	Parking Lot		2017		11,312	754	15.0	754		2,639	11
12	Terrace Fence - Dumpster Enclosure		2018		4,580		15.0			4,580	12
13	Camera & Security System		2018		20,169	1,345	10.0	1,345		5,656	13
14	New Lighted Signs		2020		4,329	144	5	144		144	14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 7,883,965	$ 288,907		$ 288,907	$	$ 2,651,022	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	$ 604,467	$ 13,927	$ 13,927	$	*Various*	$ 571,248	18
19	Vehicles	10,426				5	10,426	19
20	TOTAL (lines 18 and 19)	$ 614,893	$ 13,927	$ 13,927	$		$ 581,674	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					22
23					23
24	TOTALS (lines 21, 22 and 23)	$	$	$	24

Facility Name: Voyage Senior Living of Anna Report Period Beginning: 1/1/2020 Ending: 2/31/2020

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 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 ☐ 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	Gershman/HUD Loan		x	To construct project building	5/1/17	5,610,000	5,305,753	5/1/52	0.0383	192,329	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 5,610,000	$ 5,305,753			$ 192,329	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 5,610,000	$ 5,305,753			$ 192,329	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: Voyage Senior Living of Anna **Report Period Beginning:** 1/1/2020 **Ending:** 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 355,331	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	80,481		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	22,533		6
7	Other Prepaid Expenses	13,236		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 471,581	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	160,000		13
14	Buildings, at Historical Cost	7,792,677		14
15	Leasehold Improvements, at Historical Cost	91,291		15
16	Equipment, at Historical Cost	614,892		16
17	Accumulated Depreciation (book methods)	(3,232,696)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	514,983		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Deferred tax credit & mgmt fees, n	73,963		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 6,015,110	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,486,691	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 25,593	$	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	60,000		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accounts Payable (owners or related parties	200,949		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 286,542	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	5,105,473		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 5,105,473	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 5,392,015	$	45
46	**TOTAL EQUITY**	$ 1,094,676	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 6,486,691	$	47

***(See instructions.)**

Facility Name: Voyage Senior Living of Anna **Report Period Beginning: 1/1/2020 Ending: 12/31/2020**

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

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 420,993	1
2	Discounts and Allowances	(28,006)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 392,987	3
	B. Other Operating Revenue		
4	Special Services	79,043	4
5	Other Health Care Services	1,273,815	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	2,250	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 1,355,108	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	3,728	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 3,728	14
	D. Other Revenue (specify):		
15	**Senior TV**	2,765	15
16	**Misc Revenue**	19,089	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 21,854	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,773,677	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	365,765	19
20	Health Care/ Personal Care	358,889	20
21	General Administration	568,901	21
	B. Capital Expense		
22	Ownership	571,328	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)**	$ 1,864,883	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (91,206)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (91,206)	31
	III. Net Resident Care Revenue detailed by Payer Source		
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

Anna Supportive Living, L.P.
Additional Information
12/31/2020

Page 4 Section VII A.

Related Organization	Nature of Purchase	Facility Book Value	Actual Cost	Difference	
Management Fee	Managing/Accounting	$ 89,256	$ 89,256	$ -	Account 7000
Congregate Expense	Corporate Expenses	$ 13,200	$ 13,200	$ -	Account 7005
Record Storage	Storage Fee	$ 12,360	$ 12,360	$ -	Account 5660
		$ 114,816	$ 114,816		

Page 3 Section IV eliminations

	Amount	Line #	
Guest Meals	(2,250)	Line 1	Account 4600
Senior TV	(2,765)	Line 4	Account 4081
Admin & General	-	Line 10	See above
Admin & General - Bad debt	(88,187)	Line 10	Account 9010
Accelerated Depreciation	-	Line 17 + 20	Schedule VIII
Total	(93,202)		

Page 3 Section IV Line 4

Trash	4,381		Account 5121
TV	5,904		Account 5125
	10,285		

Page 3 Section IV Line 22

Asset Management Fee	12,733		
Tax Credit Fee	(4,005)		Account 7040
	8,728		