FOR BHF USE

LL2

Supportive Living Facility

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)

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: 1000077

Facility Name: PRAIRIE WINDS OF URBANA

Address: 1905 S PRAIRIE WINDS (Number) URBANA (City) 61801 (Zip Code)

County: CHAMPAIGN

Telephone Number: (217) 344-6400 **Fax #** 217 344-6444

Federal Employer ID Number:

Date Current Owners were Certified: 09/19/2007

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	
	[ ] Other	

In the event there are further questions about this report, please contact:

Name: SHANE ALLEE **Telephone Number:** 815-935-1992 EXT. 246

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 01/01/2014 to 12/31/2014 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) David J. Mitchell

(Title) CFO, BMA Management, LTD

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 PRAIRIE WINDS OF URBANA Report Period Beginning: 01/01/2014 Ending: 12/31/2014

III. STATISTICAL DATA

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

Date of change in certified units / /

	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	93	Single Unit Apartment	93	33,945	1
2		Double Unit Apartment			2
3		Other			3
4	93	TOTALS	93	33,945	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	20,444	13,214		33,658	5
6	Double Unit					6
7	Other					7
8	TOTALS	20,444	13,214		33,658	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 99.15%

D. Indicate the number of paid bed-hold days the SLF had during this year 427 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 29 **(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 [X] MODIFIED CASH* [ ] CASH* [ ]

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

Tax Year: 2014 Fiscal Year: 2014

* 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: PRAIRIE WINDS OF URBANA **Report Period Beginning: 01/01/2014 Ending: 12/31/2014**

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	259,050	180,525	1,935	441,510		441,510	1
2	Housekeeping, Laundry and Maintenance	97,189	22,705	52,755	172,649		172,649	2
3	Heat and Other Utilities			135,631	135,631	(26,320)	109,311	3
4	Other (specify):			23,054	23,054		23,054	4
5	**TOTAL General Services**	356,239	203,230	213,375	772,844	(26,320)	746,524	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	387,934	3,972		391,906		391,906	6
7	Activities and Social Services	25,700	8,987		34,687		34,687	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	413,634	12,959		426,593		426,593	9
	C. General Administration							
10	Administrative and Clerical	125,344	14,847	276,678	416,869	(36,826)	380,043	10
11	Marketing Materials, Promotions and Advertising	62,365	3,962	25,083	91,410		91,410	11
12	Employee Benefits and Payroll Taxes			180,730	180,730		180,730	12
13	Insurance-Property, Liability and Malpractice			38,988	38,988		38,988	13
14	Other (specify):			32,422	32,422		32,422	14
15	**TOTAL General Administration**	187,709	18,809	553,901	760,419	(36,826)	723,593	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	957,582	234,998	767,276	1,959,856	(63,145)	1,896,711	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			279,793	279,793		279,793	17
18	Interest			255,821	255,821		255,821	18
19	Real Estate Taxes			138,852	138,852		138,852	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			46,573	46,573		46,573	22
23	**TOTAL Ownership**			721,039	721,039		721,039	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	957,582	234,998	1,488,315	2,680,895	(63,145)	2,617,750	24

Facility Name: PRAIRIE WINDS OF URBANA **Report Period Beginning 01/01/2014 Ending: 12/31/2014**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	$ Inc line 1	1
2	Licensed Practical Nurses	1	20.43	2
3	Certified Nurse Assistants	13	10.53	3
4	Activity Director & Assistants	Inc line 12	Inc line 1	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10	10.14	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	9.25	10
11	Laundry			11
12	Managers	5	21.35	12
13	Other Administrative	3	22.01	13
14	Clerical	Inc line 13	Inc line 1	14
15	Marketing	Inc line 12	Inc line 1	15
16	Other			16
17	**Total (lines 1 thru 16)**	35	$	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	BMA Management, LTD	$ 182,953	1
2			2
		Total $ 182,953	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

Name 1	City 2

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** [X]

Name of related entity: _____ **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: PRAIRIE WINDS OF URBANA Report Period Beginning: 01/01/2014 Ending: 12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 566,500 Year land was acquired 2007

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	93			2007	$ 5,620,475	$ 139,696	40	$ 140,512	$ 816	$ 1,067,756	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	LAND IMPROVEMENTS				809,445	39,876	20	40,472	596	305,687	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)				$ 6,429,920	$ 179,572		$ 180,984	$ 1,412	$ 1,373,443	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	$ 838,941	$ 97,344	$ 119,849	22,505	7	$ 742,026	18
19	Vehicles	60,414	2,877	8,631	5,754	7	60,414	19
20	TOTAL (lines 18 and 19)	$ 899,356	$ 100,221	$ 128,479	28,258		$ 802,441	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: PRAIRIE WINDS OF URBANA Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	OPPENHEIMER		X	SECOND MORTGAGE	03/01/12	$ 7,899,276	$ 7,577,483	01/01/47	.0335	$ 255,820.94	1
2					/ /	$	$	/ /		$	2
3					/ /	$	$	/ /		$	3
	Working Capital										
4					/ /	$	$	/ /		$	4
5					/ /	$	$	/ /		$	5
6					/ /	$	$	/ /		$	6
7	TOTAL Facility Related					$ 7,899,276	$ 7,577,483			$ 255,821	7
	B. Non-Facility Related										
8					/ /	$	$	/ /		$	8
9					/ /	$	$	/ /		$	9
10	TOTALS (lines 7, 8 and 9)					$ 7,899,276	$ 7,577,483			$ 255,821	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: PRAIRIE WINDS OF URBANA **Report Period Beginning:** 01/01/2014 **Ending:** 12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2014 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 991,778	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	432,168 (9,205)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,242		6
7	Other Prepaid Expenses	14,022		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	22,551		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,478,556	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	566,500		13
14	Buildings, at Historical Cost	5,620,475		14
15	Leasehold Improvements, at Historical Cost	809,445		15
16	Equipment, at Historical Cost	899,356		16
17	Accumulated Depreciation (book methods)	(2,175,883)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	158,028		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(23,086)		20
21	Restricted Funds	230,985		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 6,085,820	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,564,376	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 26,688	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	38,874		30
31	Accrued Taxes Payable	131,399		31
32	Accrued Interest Payable	21,154		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment	35,039		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 253,153	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,577,483		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)**	$ 7,577,483	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 7,830,636	$	45
46	**TOTAL EQUITY**	$ (266,260)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 7,564,376	$	47

***(See instructions.)**

Facility Name: PRAIRIE WINDS OF URBANA **Report Period Beginning: 01/01/2014 Ending: 12/31/2014**

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	$ 3,526,865	1
2	Discounts and Allowances	(2,037)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,524,828	3
	B. Other Operating Revenue		
4	Special Services	116,276	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	20,233	8
9	Non-Resident Meals	9,132	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 145,641	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	7,804	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 7,804	14
	D. Other Revenue (specify):		
15			15
16	**Insurance Adjustments**	7,190	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 7,190	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,685,463	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	772,844	19
20	Health Care/ Personal Care	426,593	20
21	General Administration	760,419	21
	B. Capital Expense		
22	Ownership	721,039	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)**	$ 2,680,895	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 1,004,568	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 1,004,568	31

Expenses PG 3 Other

	General Services Detail	Amt
5200-5124-0-0	Exterminating	790
5200-5127-0-0	Rubbish Removal	6,270
5300-5140-0-0	Security & Monitoring	10,800
5200-5130-0-0	Vehicle Expense	5,194
5200-5131-0-0	Transportation Service	-
5200-5132-0-0	Water Softener	-
5200-5133-0-0	Window Washing	-
5200-5137-0-0	Miscellaneous Oper Expense	-
		23,054

	General Administration Detail	Amt
5160-5060-0-0	Consulting	3,000
5160-5063-0-0	Legal	1,813
5160-5064-0-0	Accounting	105
5160-5066-0-0	Audit	13,000
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	4,536
5180-9999-0-0	Total Bad Debt	9,968
		32,422

	Ownership Other detail	Amt
9100-9101-0-0	Interest & Dividend Income	-
9100-9102-0-0	Assessment Income	-
9100-9103-0-0	Assessment Expense	-
9200-9202-0-0	Financing Fees	-
9200-9204-0-0	Mortgage Service Fee	-
9200-9205-0-0	Mortgage Insurance Prem	38,180
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	-
9200-9208-0-0	Bond & Draw Fee	1,633
9200-9209-0-0	Remarketing and Trustee Fee	-
9200-9212-0-0	Debt Write-Off	-
9300-9301-0-0	Partnership Management Fee	-
9300-9302-0-0	Asset Management Fee	-
9300-9303-0-0	Incentive Management	-
9300-9303-1-0	Incentive Asset Mgmt Fee	-
9300-9304-0-0	Tax Credit Fees & Incentive Fee	-
9300-9305-0-0	Organizational Expense	-
9300-9306-0-0	Developer Fees	-
9300-9307-0-0	Closing Costs	-
9700-9702-0-0	Amortization Expense	4,184
9900-9901-0-0	Prior Period Adjustments	-
9900-9902-0-0	Dissolution of Business	-
9900-9903-0-0	Loss (Gain) on Sale of Assets	-
9900-9904-0-0	Business Interruption	-
9900-9905-0-0	Settlement	-
9900-9906-0-0	Property Damage Loss	2,576
9900-9907-0-0	Abandonment Loss	-
9900-9908-0-0	Grant Income	-
9900-9909-0-0	Misc: Title, Recording, Transfer	-
		46,573

Balance Sheet

	Other Current Assets Detail	Amt
1102-9970-0-0	A/R-Medicaid Food Stamps	945
1102-9971-0-0	A/R-Employee Advance	-
1102-9973-0-0	A/R-Insurance Reimbursement	21,456
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	150
1102-9978-0-0	A/R-TIF/Abatement	-
		22,551

	Current Liabilities Detail	Amt
2112-0100-0-0	Accrued Asset Management Fee	-
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	26,908
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0146-0-0	Payroll Benefits	-
2112-0154-0-0	Unclaimed Property	1,307
2112-0155-0-0	Reservation Deposit	5,700
2112-0156-0-0	Buy Down Credit	-
2112-0157-0-0	Unapplied Last Month Rent	-
2112-0158-0-0	Deferred Gain on Sale	-
2112-0159-0-0	Unearned Revenue	1,123
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
2112-0170-0-0	Line of Credit	-
2112-0175-0-0	Loan - Vehicle	-
		35,039