

		FOR BHF USE			

LL2

### Supportive Living Facility

**2009**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2009)**

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 Name: Prairie Winds of Urbana

Address: 1905 S. Prairie Winds Drive Urbana 61801  
 Number City Zip Code

County: Champaign

Telephone Number: 217-344-6400 Fax # 217-344-6444

Federal Employer ID Number: 20-1275813

Date Current Owners were Certified: 09-19-07

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input 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 checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2009 to 12/31/2009 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) <u>David J. Mitchell</u>	
	(Title) <u>CFO, BMA Management, LTD.</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) (____) _____ Fax # (____) _____	

In the event there are further questions about this report, please contact:  
 Name: Selena Edgington Telephone Number: 815-935-1992 EXT 232  
 Email Address: selena.edgington@bma-mgmt.com

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:

01/01/2009

Ending: 12/31/2009

## 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	203,264	174,005	2,130	379,399		379,399	1
2	Housekeeping, Laundry and Maintenance	74,167	21,439	34,147	129,753		129,753	2
3	Heat and Other Utilities			151,289	151,289	(19,589)	131,700	3
4	Other (specify):			7,565	7,565		7,565	4
5	<b>TOTAL General Services</b>	277,431	195,444	195,131	668,006	(19,589)	648,417	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	331,088	1,543		332,631		332,631	6
7	Activities and Social Services	25,590	4,073		29,663		29,663	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	356,678	5,616		362,294		362,294	9
<b>C. General Administration</b>								
10	Administrative and Clerical	120,898	10,270	224,871	356,039	(19,806)	336,233	10
11	Marketing Materials, Promotions and Advertising	67,370	2,036	20,664	90,070		90,070	11
12	Employee Benefits and Payroll Taxes			154,227	154,227		154,227	12
13	Insurance-Property, Liability and Malpractice			37,043	37,043		37,043	13
14	Other (specify):			11,565	11,565		11,565	14
15	<b>TOTAL General Administration</b>	188,268	12,306	448,370	648,944	(19,806)	629,138	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	822,377	213,366	643,501	1,679,244	(39,395)	1,639,849	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			283,010	283,010		283,010	17
18	Interest			455,326	455,326		455,326	18
19	Real Estate Taxes			143,759	143,759		143,759	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			14,003	14,003		14,003	22
23	<b>TOTAL Ownership</b>			896,098	896,098		896,098	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	822,377	213,366	1,539,599	2,575,342	(39,395)	2,535,947	24

Facility Name: Prairie Winds of Urbana

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 24.22	1
2	Licensed Practical Nurses	1	17.88	2
3	Certified Nurse Assistants	11	10.46	3
4	Activity Director & Assistants	1	12.24	4
5	Social Service Workers			5
6	Head Cook	1	18.34	6
7	Cook Helpers/Assistants	9	8.82	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	2	8.34	10
11	Laundry			11
12	Managers	1	32.47	12
13	Other Administrative	2	14.88	13
14	Clerical			14
15	Marketing	1	25.77	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>31</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	BMA Management, LTD	\$ 157,795	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	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

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

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:

01/01/2009

Ending:

12/31/2009

**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	92			2007	\$ 5,558,889	\$ 138,973	28	\$ 202,141	\$ 63,168	\$ 370,593	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Land Improvements			797,432	39,871	15	53,162	13,291	106,324	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)				\$ 6,356,321	\$ 178,844		\$ 255,304	\$ 76,460	\$ 476,917	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	\$ 695,383	\$ 95,535	\$ 139,077	43,542	5	\$ 254,759	18
19	Vehicles	60,414	8,631	12,083	3,452	5	23,015	19
20	TOTAL (lines 18 and 19)	\$ 755,797	\$ 104,166	\$ 151,159	46,993		\$ 277,774	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: **01/01/2009**

Ending:

**12/31/2009****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2009**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 295,811	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	433,865		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,767		6
7	Other Prepaid Expenses	2,080		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 743,523	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	566,500		13
14	Buildings, at Historical Cost	5,558,889		14
15	Leasehold Improvements, at Historical Cost	797,432		15
16	Equipment, at Historical Cost	755,797		16
17	Accumulated Depreciation (book methods)	(754,690)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	459,017		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(30,009)		20
21	Restricted Funds	21,125		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 7,374,061	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 8,117,584	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 32,458	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,800		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	52,448		30
31	Accrued Taxes Payable	143,849		31
32	Accrued Interest Payable	28,424		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Accrued Liabilities	5,593		35
36	Unearned Revenue	1,765		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 271,337	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,737,285		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$ 7,737,285	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 8,008,622	\$	45
46	<b>TOTAL EQUITY</b>	\$ 108,962	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 8,117,584	\$	47

Facility Name: Prairie Winds of Urbana

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,031,295	1
2	Discounts and Allowances	(1,225)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,030,070</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	102,230	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	10,046	8
9	Non-Resident Meals	14,160	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 126,436</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	2,950	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 2,950</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Deposit Fee & Fundraisers	779	15
16	Insurance Dividend	2,420	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 3,199</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,162,655</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	668,006	19
20	Health Care/ Personal Care	362,294	20
21	General Administration	648,944	21
<b>B. Capital Expense</b>			
22	Ownership	896,098	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>\$ 2,575,342</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 587,313</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>\$ 587,313</b>	<b>31</b>

**COST CENTER EXPENSES**

A. General Services - Other

Exterminating	975
Rubbish Removal	4,065
Vehicle Expense	2,525
Misc Operating Expenses	
Total	<b>7,565</b>

C. General Administration - Other

Consulting	
Legal	3,801
Accounting	
Audit	5,754
Bad Debt	2,010
Total	<b>11,565</b>

D. Ownership

Mortgage Service Fee	
Mortgage Insurance Premium	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	14,003
Business Interruption	
Property Damage Loss	
Total	<b>14,003</b>

Reclassifications and Adjustments

Heat & Other Utilities (19,589) Cable

Administrative and Clerical (19,806) Telephone Revenue