

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.

<p>I. Facility ID Number: <u>100X043</u></p> <p>Facility Name: <u>Prairie Living at Chautauqua II</u></p> <p>Address: <u>955 Villa Court</u> <u>Carbondale</u> <u>62901</u> <small>Number City Zip Code</small></p> <p>County: <u>Jackson</u></p> <p>Telephone Number: <u>618-351-7955</u> Fax # <u>618-351-6955</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>07/20/10</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Selena Edgington</u> Telephone Number: <u>815-935-1992 EXT 232</u> Email Address: _____</p>	<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 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 checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/12</u> to <u>12/31/12</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:30%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td align="right">4/29/2013 (Date)</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>David J. Mitchell</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO, BMA Management, LTD.</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td align="right">(Date)</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) () _____</td> <td align="right">Fax # () _____</td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____	4/29/2013 (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 # () _____
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	(Telephone) () _____	Fax # () _____																																												

Facility Name Prairie Living at Chautauqua II

Report Period Beginning: 01/01/12 Ending: 12/31/12

III. STATISTICAL DATA

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

Date of change in certified units / /

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	50	Single Unit Apartment	50	18,300	1
2		Double Unit Apartment			2
3		Other			3
4	50	TOTALS	50	18,300	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
5	Single Unit	4,611	11,858		16,469	5
6	Double Unit					6
7	Other					7
8	TOTALS	4,611	11,858		16,469	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.99%

D. Indicate the number of paid bed-hold days the SLF had during this year 168 Also, indicate the number of unpaid bed-hold days the SLF had during this year. **(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

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

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*

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

Tax Year: 2012 Fiscal Year: 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: Prairie Living at Chautauqua II

Report Period Beginning:

01/01/12

Ending:

12/31/12

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			
A. General Services								
1	Dietary and Food Purchase		86,083	794	86,877		86,877	1
2	Housekeeping, Laundry and Maintenance		10,369	26,632	37,001		37,001	2
3	Heat and Other Utilities			57,237	57,237	(6,967)	50,270	3
4	Other (specify):			2,903	2,903		2,903	4
5	TOTAL General Services		96,452	87,566	184,018	(6,967)	177,051	5
B. Health Care and Programs								
6	Health Care/ Personal Care		1,270		1,270		1,270	6
7	Activities and Social Services		2,594		2,594		2,594	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		3,864		3,864		3,864	9
C. General Administration								
10	Administrative and Clerical		5,483	102,900	108,383	(9,138)	99,245	10
11	Marketing Materials, Promotions and Advertising		4,990	20,358	25,348		25,348	11
12	Employee Benefits and Payroll Taxes			16,067	16,067		16,067	12
13	Insurance-Property, Liability and Malpractice			509,058	509,058		509,058	13
14	Other (specify):							14
15	TOTAL General Administration		10,473	648,383	658,856	(9,138)	649,718	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		110,789	735,949	846,738	(16,105)	830,633	16
Capital Expenses								
D. Ownership								
17	Depreciation			344,956	344,956		344,956	17
18	Interest			418,662	418,662		418,662	18
19	Real Estate Taxes			41,808	41,808		41,808	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			10,712	10,712		10,712	22
23	TOTAL Ownership			816,138	816,138		816,138	23
24	GRAND TOTAL (Sum of lines 16 and 23)		110,789	1,552,087	1,662,876	(16,105)	1,646,771	24

CONTRACT LABOR

Facility Name: **Prairie Living at Chautauqua II**

Report Period Beginning **01/01/12** Ending: **12/31/12**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)		\$	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	\$ 69,347	1
2			2
		Total	3
		\$	69,347

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
CARBONDALE SLF		CARBONDALE	

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 Living at Chautauqua II**

Report Period Beginning:

01/01/12

Ending:

12/31/12

VIII. OWNERSHIP COSTS

A. Purchase price of land 412,032 Year land was acquired 2009

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			2010	\$ 5,360,377	\$ 194,903	28	\$ 191,442	\$ (3,461)	\$ 462,922	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements			409,950	27,344	15	27,330	(14)	67,972	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)				\$ 5,770,327	\$ 222,247		\$ 218,772	\$ (3,475)	\$ 530,894	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	\$ 613,543	\$ 122,709	\$ 122,709	(0)	5	\$ 305,473	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 613,543	\$ 122,709	\$ 122,709	(0)		\$ 305,473	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 Living at Chautauqua II

Report Period Beginning: 01/01/12

Ending: 12/31/12

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	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	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		3	4	6		7	8	9
			Related**	YES			NO	Purpose of Loan	Date of Note	Amount of Note	Maturity Date
							Original	Balance			
		A. Directly Facility Related									
		Long-Term									
1		Peoples National Bank		X	First Mortgage	10/9/09	\$ 6,210,000	\$ 6,168,418	10/9/34	0.0675	\$ 418,662
2						/ /			/ /		
3						/ /			/ /		
		Working Capital									
4						/ /			/ /		
5						/ /			/ /		
6						/ /			/ /		
7		TOTAL Facility Related					\$ 6,210,000	\$ 6,168,418			\$ 418,662
		B. Non-Facility Related									
8						/ /			/ /		
9						/ /			/ /		
10		TOTALS (lines 7, 8 and 9)					\$ 6,210,000	\$ 6,168,418			\$ 418,662

* 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 Living at Chautauqua II**Report Period Beginning: **01/01/12**

Ending:

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

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 97,481	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	178,664		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,754		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Utility deposit</u>	500		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 294,399	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	412,032		13
14	Buildings, at Historical Cost	5,360,377		14
15	Leasehold Improvements, at Historical Cost	409,950		15
16	Equipment, at Historical Cost	613,543		16
17	Accumulated Depreciation (book methods)	(836,367)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	92,798		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(8,971)		20
21	Restricted Funds	317,779		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,361,141	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,655,540	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,413	\$	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	43,009		31
32	Accrued Interest Payable	25,096		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>See Page 7 Attachment</u>	45,044		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 114,562	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,168,418		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)	\$ 6,168,418	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,282,980	\$	45
46	TOTAL EQUITY	\$ 372,560	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,655,540	\$	47

*(See instructions.)

Facility Name: Prairie Living at Chautauqua II

Report Period Beginning: 01/01/12

Ending:

12/31/12

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,463,800	1
2	Discounts and Allowances	(4,154)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,459,646	3
B. Other Operating Revenue			
4	Special Services	37,177	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	10,586	8
9	Non-Resident Meals	3,361	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 51,124	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	107	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 107	14
D. Other Revenue (specify):			
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,510,877	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	184,018	19
20	Health Care/ Personal Care	3,864	20
21	General Administration	658,856	21
B. Capital Expense			
22	Ownership	816,138	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)	\$ 1,662,876	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (151,999)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (151,999)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	765
Rubbish Removal	1,820
Vehicle Expense	29
Transportation Service	289
Water Softener	
Misc Operating	
Total	2,903

C. General Administration - Other

Consulting	378
Legal	1,828
Accounting	90
Audit	12,203
Contract labor-Serv Prov	485,656
Bad Debt	8,423
Contract labor	480
Total	509,058

D. Ownership

Letter of Credit
Mortgage Insurance Premium
Mortgage Service Fee
Partnership Management Fee
Asset Management Fee
Incentive Manangement Fee
Tax Credit Fee & Incentive Fee

Amortization Expense	3,712
Remarketing and Trustee Fee	
Property Damage Loss	2,500
Settlement	4,500
Total	10,712

Reclassifications and Adjustments

Heat & Other Utilities (6,967) Cable

Administrative and Clerical (9,138) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	4,298
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Unclaimed Property	2,071
Unearned Revenue	4,532
Accrued Developer Fee	34,143
Reservation Deposit	
Total Other Current Liabilities	45,044