

		FOR BHF USE			

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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 ILCS 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: 100X043

Facility Name: Prairie Living at Chautauqua II

Address: 955 Villa Court Carbondale 62901
Number City Zip Code

County: Jackson

Telephone Number: 618-351-7955 **Fax #** 618-351-6955

Federal Employer ID Number: _____

Date Current Owners were Certified: 07/20/10

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 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 _____	

In the event there are further questions about this report, please contact:
Name: Selena Edgington **Telephone Number:** 815-935-1992 EXT 232
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 01/01/13 to 12/31/13 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.

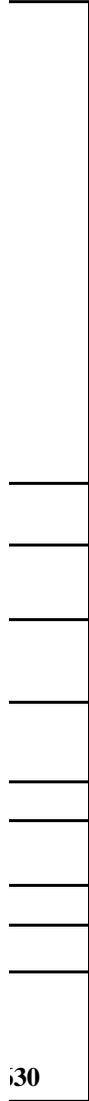
Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

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 # () _____	

MAIL TO: BUREAU OF HEALTH FINANCE
 IL DEPT OF HEALTHCARE AND FAMILY SERVICES
 201 S. Grand Avenue East
 Springfield, IL 62763-0001 Phone # (217) 782-16

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Facility Name: Prairie Living at Chautauqua II

Report Period Beginning:

01/01/13

Ending:

12/31/13

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		91,767	715	92,482		92,482	1
2	Housekeeping, Laundry and Maintenance		8,242	25,739	33,981		33,981	2
3	Heat and Other Utilities			59,755	59,755	(6,708)	53,047	3
4	Other (specify):			3,112	3,112		3,112	4
5	TOTAL General Services		100,009	89,321	189,330	(6,708)	182,622	5
B. Health Care and Programs								
6	Health Care/ Personal Care		1,436		1,436		1,436	6
7	Activities and Social Services		3,007		3,007		3,007	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		4,443		4,443		4,443	9
C. General Administration								
10	Administrative and Clerical		5,475	97,606	103,081	(9,060)	94,021	10
11	Marketing Materials, Promotions and Advertising		2,290	21,736	24,026		24,026	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			17,754	17,754		17,754	13
14	Other (specify):			489,081	489,081		489,081	14
15	TOTAL General Administration		7,765	626,177	633,942	(9,060)	624,882	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		112,217	715,498	827,715	(15,768)	811,947	16
Capital Expenses								
D. Ownership								
17	Depreciation			344,956	344,956		344,956	17
18	Interest			414,948	414,948		414,948	18
19	Real Estate Taxes			42,599	42,599		42,599	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			3,712	3,712		3,712	22
23	TOTAL Ownership			806,215	806,215		806,215	23
24	GRAND TOTAL (Sum of lines 16 and 23)		112,217	1,521,713	1,633,930	(15,768)	1,618,162	24

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

Report Period Beginning **01/01/13**

Ending: **12/31/13**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0	\$ 28.48	1
2	Licensed Practical Nurses		15.00	2
3	Certified Nurse Assistants	6	10.91	3
4	Activity Director & Assistants	0	13.97	4
5	Social Service Workers			5
6	Head Cook	0	17.94	6
7	Cook Helpers/Assistants	3	9.40	7
8	Dishwashers			8
9	Maintenance Workers	1	14.19	9
10	Housekeepers	1	8.44	10
11	Laundry			11
12	Managers	0	28.97	12
13	Other Administrative	1	12.61	13
14	Clerical			14
15	Marketing	0	20.62	15
16	Other			16
17	Total (lines 1 thru 16)	14	\$	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	\$ 62,907	1
2			2
Total		\$ 62,907	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	City
1 Carbondale SLF	2 Carbondale

OTHER RELATED BUSINESS ENTITIES

Name	City	Type of Business
3	4	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:

01/01/13

Ending:

12/31/13

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	\$ 194,923	\$ 20	\$ 657,825	1
2											2
3											3
4											4
5											5
Improvement Type											
6		LAND IMPROVEMENTS			409,950	27,344	15	27,330	(14)	95,316	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		\$ 222,253	\$ 6	\$ 753,141	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	\$ 428,182	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 613,543	\$ 122,709	\$ 122,709	(0)		\$ 428,182	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: 01/01/13

Ending: 12/31/13

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**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		PEOPLES NATIONAL BANK		X	FIRST MORTGAGE	10/9/09	\$ 6,210,000	\$ 6,128,876	10/9/34	0.0675	\$ 414,948	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 6,210,000	\$ 6,128,876			\$ 414,948	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 6,210,000	\$ 6,128,876			\$ 414,948	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 Living at Chautauqua II**Report Period Beginning: **01/01/13**

Ending:

12/31/13**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/13

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 160,870	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	132,902 (14,593)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	500		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 279,679	\$	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	5,360,378		14
15	Leasehold Improvements, at Historical Cost	409,950		15
16	Equipment, at Historical Cost	613,543		16
17	Accumulated Depreciation (book methods)	(1,181,323)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	125,098		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(12,683)		20
21	Restricted Funds	388,375		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,115,370	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,395,049	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,717	\$	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	42,804		31
32	Accrued Interest Payable	24,933		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	10,588		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 82,042	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,128,876		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)	\$ 6,128,876	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,210,918	\$	45
46	TOTAL EQUITY	\$ 184,131	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,395,049	\$	47

*(See instructions.)

Facility Name: Prairie Living at Chautauqua II

Report Period Beginning: 01/01/13

Ending:

12/31/13

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	\$ 1,540,189	1
2	Discounts and Allowances	(5,539)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,534,650	3
B. Other Operating Revenue			
4	Special Services	29,398	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	9,561	8
9	Non-Resident Meals	2,095	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 41,054	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	5,296	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,296	14
D. Other Revenue (specify):			
15	Insurance Adjustemnts	4,357	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,357	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,585,357	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	189,330	19
20	Health Care/ Personal Care	4,443	20
21	General Administration	633,942	21
B. Capital Expense			
22	Ownership	806,215	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)	\$ 1,633,930	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (48,573)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (48,573)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	816
Rubbish Removal	1,861
Vehicle Expense	
Transportation Service	435
Water Softener	
Misc Operating	
Total	3,112

C. General Administration - Other

Consulting	41
Legal	726
Accounting	105
Audit	10,603
Contract labor-Serv Prov	471,833
Bad Debt	5,773
Contract labor	
Total	489,081

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	
Gain on Sale	
Total	3,712

Reclassifications and Adjustments

Heat & Other Utilities (6,708) Cable

Administrative and Clerical (9,565) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	3,154
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Unclaimed Property	2,071
Unearned Revenue	5,363
Accrued MIP	
Reservation Deposit	
Total Other Current Liabilities	10,588