

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2017  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2017)**

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><b>I. Facility ID Number:</b> <u>1000147</u></p> <p><b>Facility Name:</b> <u>Prairie Green at Fays Point</u></p> <hr/> <p><b>Address:</b> <u>1546 W Water Street</u> <u>Blue Island</u> <u>60406</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> ( <u>708</u> ) <u>489-1503</u> Fax # <u>708 489-1506</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>10/29/14</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.</td> <td><input checked="" type="checkbox"/> PROPRIETARY Individual</td> <td><input type="checkbox"/> GOVERNMENTAL 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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Anna Kobrzak</u> <b>Telephone Number:</b> ( <u>312</u> ) <u>673-4360</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input checked="" type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/17</u> to <u>12/31/17</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:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Steve Hippel</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Chief Financial Officer</u></td> <td></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Chris Joos Partner</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>Plante &amp; Moran, PLLC 250 South High Street, Suite 100</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(614) 222-9040</u> Fax <u>(614) 221-3535</u></td> <td></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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) <u>Steve Hippel</u>			(Title) <u>Chief Financial Officer</u>		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) <u>Chris Joos Partner</u>			(Firm Name & Address) <u>Plante &amp; Moran, PLLC 250 South High Street, Suite 100</u>			(Telephone) <u>(614) 222-9040</u> Fax <u>(614) 221-3535</u>	
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Facility Name: Prairie Green at Fays Point

Report Period Beginning:

1/1/17

Ending:

12/31/17

## 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	302,631	216,191	647	519,469		519,469	1
2	Housekeeping, Laundry and Maintenance	143,249	107,203	602	251,054		251,054	2
3	Heat and Other Utilities			112,040	112,040		112,040	3
4	Other (specify):			11,268	11,268		11,268	4
5	<b>TOTAL General Services</b>	<b>445,880</b>	<b>323,394</b>	<b>124,557</b>	<b>893,831</b>		<b>893,831</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	447,029	5,167	6,957	459,153		459,153	6
7	Activities and Social Services	55,814	3,798	4,162	63,774	(353)	63,421	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>502,843</b>	<b>8,965</b>	<b>11,119</b>	<b>522,927</b>	<b>(353)</b>	<b>522,574</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	173,053	296	372,360	545,709		545,709	10
11	Marketing Materials, Promotions and Advertising	54,430	16,494	50,746	121,670		121,670	11
12	Employee Benefits and Payroll Taxes			198,553	198,553		198,553	12
13	Insurance-Property, Liability and Malpractice			65,413	65,413		65,413	13
14	Other (specify):			121,553	121,553	(121,553)		14
15	<b>TOTAL General Administration</b>	<b>227,483</b>	<b>16,790</b>	<b>808,625</b>	<b>1,052,898</b>	<b>(121,553)</b>	<b>931,345</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,176,206</b>	<b>349,149</b>	<b>944,301</b>	<b>2,469,656</b>	<b>(121,906)</b>	<b>2,347,750</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			753,871	753,871		753,871	17
18	Interest			844,240	844,240		844,240	18
19	Real Estate Taxes			250,297	250,297		250,297	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>1,848,408</b>	<b>1,848,408</b>		<b>1,848,408</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,176,206</b>	<b>349,149</b>	<b>2,792,709</b>	<b>4,318,064</b>	<b>(121,906)</b>	<b>4,196,158</b>	<b>24</b>

Facility Name: **Prairie Green at Fays Point**

Report Period Beginning: **1/1/17**

Ending: **12/31/17**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 30.00	1
2	Licensed Practical Nurses	3	23.00	2
3	Certified Nurse Assistants	9	10.00	3
4	Activity Director & Assistants	2	15.22	4
5	Social Service Workers			5
6	Head Cook	1	21.63	6
7	Cook Helpers/Assistants	3	13.00	7
8	Dishwashers	4	10.00	8
9	Maintenance Workers	1	13.00	9
10	Housekeepers	3	10.00	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1	44.00	13
14	Clerical	1	34.00	14
15	Marketing	1	29.00	15
16	Other	1	20.00	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	\$	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
Available upon request			

**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 Green at Fays Point**

Report Period Beginning:

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12/31/17

**VIII. OWNERSHIP COSTS**

A. Purchase price of land 750,677 Year land was acquired 2014

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	120		2014	2014	\$ 14,831,544	\$	27	\$	\$	\$	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Building Improvement		2017		42,952		27				6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16						561,249		561,249		1,793,896	16
17	TOTAL (lines 1 thru 16)				\$ 14,874,496	\$ 561,249		\$ 561,249	\$	\$ 1,793,896	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	\$ 1,404,993	\$ 192,622	\$ 192,622	\$	5-7	\$ 1,116,060	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,404,993	\$ 192,622	\$ 192,622	\$		\$ 1,116,060	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 Green at Fays Point

Report Period Beginning: 1/1/17

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**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: N/A

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	<b>TOTAL</b>				\$			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				
							Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		IHDA		X	Home Loan	10/29/14	\$ 2,202,042	\$ 3,488,035	6/1/43	4.3000	\$ 33,299	1
2		IHDA		X	Bonds	10/29/14	12,355,149	13,804,883	6/1/43	5.7500	810,941	2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 14,557,191	\$ 17,292,918			\$ 844,240	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 14,557,191	\$ 17,292,918			\$ 844,240	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 Green at Fays Point**Report Period Beginning: **1/1/17**

Ending:

**12/31/17****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/17

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,735,748	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,875,239 (388,344)		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	43,421		6
7	Other Prepaid Expenses	3,847		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 3,269,911</b>	<b>\$</b>	<b>10</b>
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	750,677		13
14	Buildings, at Historical Cost	14,182,108		14
15	Leasehold Improvements, at Historical Cost	692,388		15
16	Equipment, at Historical Cost	1,404,993		16
17	Accumulated Depreciation (book methods)	(2,909,956)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	633,510		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(126,584)		20
21	Restricted Funds	126,801		21
22	Other Long-Term Assets (specify):	1,009,790		22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 15,763,727</b>	<b>\$</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 19,033,638</b>	<b>\$</b>	<b>25</b>

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 34,078	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	59,028		30
31	Accrued Taxes Payable	173,470		31
32	Accrued Interest Payable	97,663		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Accrued Other	29,741		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	<b>\$ 393,980</b>	<b>\$</b>	<b>37</b>
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	17,292,918		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	Intercompany	2,015,767		42
43	Deferred Revenues	88,908		43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	<b>\$ 19,397,593</b>	<b>\$</b>	<b>44</b>
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	<b>\$ 19,791,573</b>	<b>\$</b>	<b>45</b>
46	<b>TOTAL EQUITY</b>	<b>\$ (757,935)</b>	<b>\$</b>	<b>46</b>
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	<b>\$ 19,033,638</b>	<b>\$</b>	<b>47</b>

\*(See instructions.)

Facility Name: Prairie Green at Fays Point

Report Period Beginning: 1/1/17

Ending:

12/31/17

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

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 4,043,026	1
2	Discounts and Allowances	(3,647)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,039,379</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16	Misc Rental Income	122	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 122</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,039,501</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	893,831	19
20	Health Care/ Personal Care	522,927	20
21	General Administration	1,052,898	21
<b>B. Capital Expense</b>			
22	Ownership	1,848,408	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>\$ 4,318,064</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (278,563)</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>\$ (278,563)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 3,549,191	32
33	Private Pay - Net Inpatient Revenue	490,188	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 4,039,379</b>	<b>37</b>

Blue Island SLF, LLC  
Automobile Schedule  
2017

Year	Make	Model	Lease Costs
2014	Ford	E350/KSIR 230	\$ 17,348.28 <i>All offset with rental income</i>

**Blue Island SLF LLC**  
**Adjustments**  
**12/31/2017**

<b>CLIENT_ACT</b>	<b>DESC</b>	<b>DEBIT</b>	<b>TB Acct</b>	<b>IL Acct</b>
5565350000	Charitable Contributions	1,500.00	9760.00 IS 14.3	
5790350000	Bad Debt Expense	117,965.14	9765.00 IS 14.3	
5890350000	Miscellaneous Expense	2,087.99	9729.20 IS 14.3	
5551330000	Entertainment Expense	352.96	7125.00 IS 7.2	
		<hr/>		
		121,906.09		

Blue Island SLF, LLC  
Related Party Schedule  
2017

Service	Cost on pg 3	Cost to Related Party	Adjustment
Management Fees	206,442.00	206,442.00	-
Company Management Fee	19,999.92	19,999.92	-
Asset Management Fee	19,999.92	19,999.92	-