

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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>1000125</u></p> <p>Facility Name: <u>Grand Prairie Assisted Living LLC</u></p> <p>Address: <u>1307 Meadowlark Lane</u> <u>Macomb</u> <u>61455</u> <small>Number City Zip Code</small></p> <p>County: <u>McDonough</u></p> <p>Telephone Number: (<u>309</u>) <u>833-5000</u> Fax # (<u>309</u>) <u>833-5005</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>07/20/2010</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>Grenshinka Osborne</u> Telephone Number: (<u>815</u>) <u>935-1992 EXT 257</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>01/01/2011</u> to <u>12/31/2011</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%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) <u>David J. Mitchell</u> (Title) <u>CFO, BMA Management, LTD</u> </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____ </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) _____ (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) (<u> </u>) _____ Fax # (<u> </u>) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name: Grand Prairie Assisted Living LLC

Report Period Beginning:

01/01/2011

Ending: 12/31/2011

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	148,291	89,097	1,870	239,258		239,258	1
2	Housekeeping, Laundry and Maintenance	67,545	13,810	27,803	109,158		109,158	2
3	Heat and Other Utilities			66,215	66,215		66,215	3
4	Other (specify):			8,627	8,627		8,627	4
5	TOTAL General Services	215,836	102,907	104,515	423,258		423,258	5
B. Health Care and Programs								
6	Health Care/ Personal Care	305,902	1,812		307,714		307,714	6
7	Activities and Social Services	25,071	3,762		28,833		28,833	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	330,973	5,574		336,547		336,547	9
C. General Administration								
10	Administrative and Clerical	93,493	10,459	576,812	680,764		680,764	10
11	Marketing Materials, Promotions and Advertising	6,350	3,872	42,867	53,089		53,089	11
12	Employee Benefits and Payroll Taxes			145,291	145,291		145,291	12
13	Insurance-Property, Liability and Malpractice			16,480	16,480		16,480	13
14	Other (specify):			9,438	9,438		9,438	14
15	TOTAL General Administration	99,843	14,331	790,888	905,062		905,062	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	646,652	122,812	895,403	1,664,867		1,664,867	16
Capital Expenses								
D. Ownership								
17	Depreciation			33,706	33,706		33,706	17
18	Interest			8,235	8,235		8,235	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			(860)	(860)		(860)	22
23	TOTAL Ownership			41,081	41,081		41,081	23
24	GRAND TOTAL (Sum of lines 16 and 23)	646,652	122,812	936,484	1,705,948		1,705,948	24

Facility Name: Grand Prairie Assisted Living LLC

Report Period Beginning 01/01/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 24.87	1
2	Licensed Practical Nurses	1	19.21	2
3	Certified Nurse Assistants	10	9.85	3
4	Activity Director & Assistants	1	12.71	4
5	Social Service Workers			5
6	Head Cook	1	14.87	6
7	Cook Helpers/Assistants	6	9.52	7
8	Dishwashers			8
9	Maintenance Workers	1	21.26	9
10	Housekeepers	1	9.33	10
11	Laundry			11
12	Managers	1	33.39	12
13	Other Administrative			13
14	Clerical	1	14.56	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	24	\$	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	\$ 87,463	1
2			2
		Total	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

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: Grand Prairie Assisted Living LLC

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 200,000 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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	land Improvements				3,000	200	15	200	(0)	500	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)				\$ 3,000	\$ 200		\$ 200	\$ (0)	\$ 500	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	\$ 218,309	\$ 27,690	\$ 31,187	3,497	7	\$ 177,733	18
19	Vehicles	17,426	3,443	3,485	42	5	10,349	19
20	TOTAL (lines 18 and 19)	\$ 235,736	\$ 31,133	\$ 34,672	3,540		\$ 188,082	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: Grand Prairie Assisted Living LLC

Report Period Beginning: 01/01/2011

Ending: 2/31/2011

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Grand Prairie Leasing LLC

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	2007	48	01/02/09	\$ 40,000			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		48		\$ 40,000			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**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1					/ /	\$	\$	/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$	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: Grand Prairie Assisted Living LLC

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 218,514	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 7,361)	191,928		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,476		6
7	Other Prepaid Expenses	673		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 420,591	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	3,000		13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	235,736		16
17	Accumulated Depreciation (book methods)	(188,582)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): CIP	246,444		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 296,597	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 717,188	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 530,715	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,764		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SEE ATTACHMENT PG 7	658,357		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,222,836	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,222,836	\$	45
46	TOTAL EQUITY	\$ (505,648)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 717,188	\$	47

*(See instructions.)

Facility Name: Grand Prairie Assisted Living LLC

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	\$ 1,755,334	1
2	Discounts and Allowances	(7,895)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,747,439	3
B. Other Operating Revenue			
4	Special Services	21,413	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	10,342	8
9	Non-Resident Meals	2,918	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 34,673	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	Vending	178	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 178	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,782,290	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	423,258	19
20	Health Care/ Personal Care	336,547	20
21	General Administration	905,062	21
B. Capital Expense			
22	Ownership	41,081	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)	\$ 1,705,948	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 76,342	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 76,342	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,321
Rubbish Removal	5,565
Vehicle Expense	1,741
Transportation Service	-
Water Softener	-
Misc Operating	-
Total	8,627

C. General Administration - Other

Consulting	150
Legal	209
Accounting	60
Audit	(5,770)
Contract labor	1,200
Bad Debt	13,589
Total	9,438

D. Ownership

Assessment Income	
Financing Fees	152
Mortgage Insurance Premium	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	
Gain on Sale of Asset	(1,012)
Property Damage Loss	
Interest Income	
Total	(860)

Reclassifications and Adjustments

Heat & Other Utilities - Cable

Administrative and Clerical - Telephone Revenue

C. Current Liabilities

Accrued Liabilities	4,807
Unearned Revenue	5,957
Note Payable to Laverdiere Construction	238,000
Note Payable-Grand Prairie Leasing LLC	159,644
Line of Credit	<u>249,948</u>
Total Other Current Liabilities	<u>658,357</u>