

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>1000077</u></p> <p>Facility Name: <u>Prairie Winds of Urbana, LP</u></p> <p>Address: <u>1905 S. Prairie Winds Drive</u> <u>Urbana</u> <u>61802</u> <small>Number City Zip Code</small></p> <p>County: <u>Champaign</u></p> <p>Telephone Number: <u>217-344-6400</u> Fax # <u>217-344-6444</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>09/19/07</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 checked="" 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 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 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	_____	<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>01/01/11</u> to <u>12/31/11</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(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>(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>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) _____	(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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Facility Name: Prairie Winds of Urbana, LP

Report Period Beginning:

01/01/11

Ending:

12/31/11

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	229,057	179,473	1,911	410,441		410,441	1
2	Housekeeping, Laundry and Maintenance	82,084	18,370	65,689	166,143		166,143	2
3	Heat and Other Utilities			160,104	160,104	(21,239)	138,865	3
4	Other (specify):			9,445	9,445		9,445	4
5	TOTAL General Services	311,141	197,843	237,149	746,133	(21,239)	724,894	5
B. Health Care and Programs								
6	Health Care/ Personal Care	354,069	1,802		355,871		355,871	6
7	Activities and Social Services	27,366	7,603		34,969		34,969	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	381,435	9,405		390,840		390,840	9
C. General Administration								
10	Administrative and Clerical	123,569	10,368	251,330	385,267	(19,789)	365,478	10
11	Marketing Materials, Promotions and Advertising	66,913	3,567	18,706	89,186		89,186	11
12	Employee Benefits and Payroll Taxes			199,288	199,288		199,288	12
13	Insurance-Property, Liability and Malpractice			37,309	37,309		37,309	13
14	Other (specify):			37,919	37,919		37,919	14
15	TOTAL General Administration	190,482	13,935	544,552	748,969	(19,789)	729,180	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	883,058	221,183	781,701	1,885,942	(41,028)	1,844,914	16
Capital Expenses								
D. Ownership								
17	Depreciation			284,216	284,216		284,216	17
18	Interest			436,688	436,688		436,688	18
19	Real Estate Taxes			105,164	105,164		105,164	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			(111,392)	(111,392)		(111,392)	22
23	TOTAL Ownership			714,676	714,676		714,676	23
24	GRAND TOTAL (Sum of lines 16 and 23)	883,058	221,183	1,496,377	2,600,618	(41,028)	2,559,590	24

Facility Name: **Prairie Winds of Urbana, LP**

Report Period Beginning **01/01/11**

Ending: **12/31/11**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 29.14	1
2	Licensed Practical Nurses	1	12.95	2
3	Certified Nurse Assistants	12	11.11	3
4	Activity Director & Assistants	1	12.63	4
5	Social Service Workers			5
6	Head Cook	1	18.91	6
7	Cook Helpers/Assistants	10	11.17	7
8	Dishwashers			8
9	Maintenance Workers	1	18.64	9
10	Housekeepers	2	8.96	10
11	Laundry			11
12	Managers	1	33.16	12
13	Other Administrative	2	16.68	13
14	Clerical			14
15	Marketing	1	26.06	15
16	Other			16
17	Total (lines 1 thru 16)	32	\$	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	\$ 170,531	1
2			2
Total		\$ 170,531	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: Prairie Winds of Urbana, LP

Report Period Beginning:

01/01/11

Ending:

12/31/11

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	\$ 138,972	28	\$ 198,532	\$ 59,560	\$ 648,537	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements			797,432	39,876	15	53,162	13,286	186,076	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	\$ 178,848		\$ 251,694	\$ 72,846	\$ 834,613	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	\$ 704,439	\$ 96,740	\$ 140,888	44,148	5	\$ 447,032	18
19	Vehicles	60,414	8,628	12,083	3,455	5	40,271	19
20	TOTAL (lines 18 and 19)	\$ 764,853	\$ 105,368	\$ 152,971	47,603		\$ 487,303	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, LP**Report Period Beginning: **01/01/11**

Ending:

12/31/11**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/11

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 743,753	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	404,677		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	16,534		6
7	Other Prepaid Expenses	3,092		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,168,056	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,363,932		13
14	Buildings, at Historical Cost	5,558,889		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	764,853		16
17	Accumulated Depreciation (book methods)	(1,321,916)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	70,017		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(58,016)		20
21	Restricted Funds	56,486		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): CIP	6,802		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,441,047	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,609,103	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 43,169	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	44,335		30
31	Accrued Taxes Payable	108,393		31
32	Accrued Interest Payable	27,214		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Vacation	23,575		35
36	See Page 7 Attachment	30,420		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 277,106	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,408,075		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)	\$ 7,408,075	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,685,181	\$	45
46	TOTAL EQUITY	\$ (76,078)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,609,103	\$	47

*(See instructions.)

Facility Name: Prairie Winds of Urbana, LP

Report Period Beginning: 01/01/11

Ending:

12/31/11

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	\$ 3,270,171	1
2	Discounts and Allowances	(164)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,270,007	3
B. Other Operating Revenue			
4	Special Services	101,355	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	26,642	8
9	Non-Resident Meals	10,963	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 138,960	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	175	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 175	14
D. Other Revenue (specify):			
15	Deposit Fee/Contract Services	1,150	15
16	Insurance Adjustments/Gain on Sale	4,292	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,442	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,414,584	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	746,133	19
20	Health Care/ Personal Care	390,840	20
21	General Administration	748,969	21
B. Capital Expense			
22	Ownership	714,676	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)	\$ 2,600,618	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 813,966	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 813,966	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	975
Rubbish Removal	5,347
Vehicle Expense	3,123
Transportation Service	-
Water Softener	-
Misc Operating	-
Total	9,445

C. General Administration - Other

Consulting	24,224
Legal	1,477
Accounting	75
Audit	5,871
Contract labor	1,200
Bad Debt	5,072
Total	37,919

D. Ownership

Gain on sale of assets	(120,938)
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	14,004
Remarketing and Trustee Fee	
Property Damage Loss	
Interest Income	(4,458)
Total	(111,392)

Reclassifications and Adjustments

Heat & Other Utilities (21,239) Cable

Administrative and Clerical (19,789) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	7,239
Accrued Asset Mgmt Fee	-
Accrued Partnership Fee	-
Accrued Incentive Mgmt Fee	-
Unclaimed Property	379
Unearned Revenue	15,202
Accrued MIP	-
Reservation Deposit	7,600
Total Other Current Liabilities	30,420