

		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.

I. Facility ID Number: 1000125

Facility Name: Grand Prairie Supportive Living

Address: 1307 Meadowlark Lane Macomb 61455

Number City Zip Code

County: McDonough

Telephone Number: (309) 833-5000 Fax # (309) 833-5005

Federal Employer ID Number: _____

Date Current Owners were Certified: 07/20/2010

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code _____		☐	Corporation	☐	Other _____
		☐	"Sub-S" Corp.	☐	_____
		☒	Limited Liability Co.	☐	_____
		☐	Trust	☐	_____
		☐	Other	☐	_____

In the event there are further questions about this report, please contact:

Name: Grenshinka Osborne Telephone Number: 815-935-1992 EXT 257

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 01/01/12 to 12/31/12 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) _____ 4/29/2013
(Date)

(Type or Print Name) David J. Mitchell

(Title) CFO, BMA Management, LTD.

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) 782-1630

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	<u>47</u>	Single Unit Apartment	<u>47</u>	<u>17,202</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>47</u>	TOTALS	<u>47</u>	<u>17,202</u>	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	<u>7,085</u>	<u>8,659</u>		<u>15,744</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>7,085</u>	<u>8,659</u>		<u>15,744</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.52%

D. Indicate the number of paid bed-hold days the SLF had during this year 135 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: Grand Prairie Supportive Living

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	160,851	84,646	1,875	247,372		247,372	1
2	Housekeeping, Laundry and Maintenance	67,719	13,756	27,851	109,326		109,326	2
3	Heat and Other Utilities			65,549	65,549		65,549	3
4	Other (specify):			9,595	9,595		9,595	4
5	TOTAL General Services	228,570	98,402	104,870	431,842		431,842	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	272,590	1,438		274,028		274,028	6
7	Activities and Social Services	26,771	3,742		30,513		30,513	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	299,361	5,180		304,541		304,541	9
	C. General Administration							
10	Administrative and Clerical	94,461	6,994	574,396	675,851		675,851	10
11	Marketing Materials, Promotions and Advertising	13,647	1,007	46,120	60,774		60,774	11
12	Employee Benefits and Payroll Taxes			158,954	158,954		158,954	12
13	Insurance-Property, Liability and Malpractice			19,023	19,023		19,023	13
14	Other (specify):			13,228	13,228		13,228	14
15	TOTAL General Administration	108,108	8,001	811,721	927,830		927,830	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	636,039	111,583	916,591	1,664,213		1,664,213	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			20,163	20,163		20,163	17
18	Interest			18,161	18,161		18,161	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			2,642	2,642		2,642	22
23	TOTAL Ownership			40,966	40,966		40,966	23
24	GRAND TOTAL (Sum of lines 16 and 23)	636,039	111,583	957,557	1,705,179		1,705,179	24

Facility Name: Grand Prairie Supportive Living

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	\$ 24.38	1
2	Licensed Practical Nurses	1	17.88	2
3	Certified Nurse Assistants	9	10.14	3
4	Activity Director & Assistants	1	13.12	4
5	Social Service Workers			5
6	Head Cook	1	15.27	6
7	Cook Helpers/Assistants	6	9.63	7
8	Dishwashers			8
9	Maintenance Workers	1	20.04	9
10	Housekeepers	1	9.42	10
11	Laundry			11
12	Managers	1	33.48	12
13	Other Administrative			13
14	Clerical	1	14.67	14
15	Marketing	0	22.53	15
16	Other			16
17	Total (lines 1 thru 16)	23	\$	17

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).

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	\$ 86,872	1
2			2
Total		\$ 86,872	3

Facility Name: Grand Prairie Supportive Living Report Period Beginning: 01/01/12 Ending: 12/31/12

VIII. OWNERSHIP COSTS

A. Purchase price of land N/A Year land was acquired

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		700	6
7	CIP				1,728,158						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)				\$ 1,731,158	\$ 200		\$ 200	\$	\$ 700	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	\$ 15,963	\$ 43,662	27,699	5	\$ 193,696	18
19	Vehicles	17,426	1,269	3,485	2,216	5	11,618	19
20	TOTAL (lines 18 and 19)	\$ 235,736	\$ 17,232	\$ 47,147	29,915		\$ 205,314	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 Supportive Living Report Period Beginning: 01/01/12 Ending: 12/31/12

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	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1					/ /	\$		/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	First Banks Trust Co.		X	Line of Credit	1/10/08	250,000		1/20/13	0.0325	18,161	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 250,000	\$			\$ 18,161	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 250,000	\$			\$ 18,161	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 Supportive Living**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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 143,165	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 7,361)	172,916		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,594		6
7	Other Prepaid Expenses	2,681		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 328,357	\$	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)	(206,014)		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	1,728,158		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,760,879	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,089,236	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,911,424	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	40,707		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 PAGE 7 ATTACHMENT	599,819		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,551,949	\$	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)	\$ 2,551,949	\$	45
46	TOTAL EQUITY	\$ (462,713)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,089,236	\$	47

*(See instructions.)

Facility Name: Grand Prairie Supportive Living

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.)

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,695,025	1
2	Discounts and Allowances	(2,514)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,692,511	3
	B. Other Operating Revenue		
4	Special Services	41,454	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	13,194	8
9	Non-Resident Meals	2,648	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 57,296	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	Call Pendant Income	1,764	15
16	Insurance Credit	2,892	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,656	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,754,463	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	431,842	19
20	Health Care/ Personal Care	304,541	20
21	General Administration	927,830	21
	B. Capital Expense		
22	Ownership	40,966	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)	\$ 1,705,179	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 49,284	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 49,284	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,130
Rubbish Removal	6,405
Vehicle Expense	2,060
Transportation Service	
Water Softener	
Misc Operating	
Total	9,595

C. General Administration - Other

Consulting	2,609
Legal	520
Accounting	90
Audit	1,953
Contract labor-Serv Prov	
Bad Debt	6,856
Contract labor	1,200
Total	13,228

D. Ownership

Financing Fee	142
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	2,100
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Unclaimed Property	
Unearned Revenue	6,095
Accrued MIP	
Note Payable to Laverdiere Construction	256,506
Note Payable-Grand Prairie Leasing LLC	84,644
Line of Credit	249,873
Reservation Deposit	600
Total Other Current Liabilities	599,819