

		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: 1000077

Facility Name: Prairie Winds of Urbana

Address: 1905 S. Prairie Winds Drive Urbana 61801

County: Champaign

Telephone Number: 217-344-6400 Fax # 217-344-6444

Federal Employer ID Number:

Date Current Owners were Certified: 09/19/07

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT

☐ Charitable Corp.
 ☐ Trust

IRS Exemption Code

☐ PROPRIETARY

☐ Individual
 ☒ Partnership
 ☐ Corporation
 ☐ "Sub-S" Corp.
 ☐ Limited Liability Co.
 ☐ Trust
 ☐ Other

☐ GOVERNMENTAL

☐ State
 ☐ County
 ☐ 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 01/01/12 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

(Type or Print Name) David J. Mitchell

(Title) CFO, BMA Management, LTD.

Paid Preparer

(Signed)

(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

HFS 3745C (N-4-05)

IL478-2471

Facility Name **Prairie Winds of Urbana**

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

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units 08/21/12

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	92	Single Unit Apartment	93	33,805	1		
2		Double Unit Apartment			2		
3		Other			3		
4	92	TOTALS	93	33,805	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	16,148	17,494		33,642	5
6	Double Unit					6
7	Other					7
8	TOTALS	16,148	17,494		33,642	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 99.52%

D. Indicate the number of paid bed-hold days the SLF had during this year
238 Also, indicate the number of unpaid bed-hold days the SLF
 had during this year. **9 (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

ACCUAL		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.

STATE OF ILLINOIS

Page 3

Facility Name: Prairie Winds of Urbana

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	238,584	183,150	1,686	423,420		423,420	1
2	Housekeeping, Laundry and Maintenance	84,363	22,639	47,878	154,880		154,880	2
3	Heat and Other Utilities			140,508	140,508	(23,754)	116,754	3
4	Other (specify):			12,629	12,629		12,629	4
5	TOTAL General Services	322,947	205,789	202,701	731,437	(23,754)	707,683	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	363,389	2,014		365,403		365,403	6
7	Activities and Social Services	26,923	7,347		34,270		34,270	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	390,312	9,361		399,673		399,673	9
	C. General Administration							
10	Administrative and Clerical	125,284	12,475	256,472	394,231	(19,883)	374,348	10
11	Marketing Materials, Promotions and Advertising	74,633	7,039	15,539	97,211		97,211	11
12	Employee Benefits and Payroll Taxes			217,581	217,581		217,581	12
13	Insurance-Property, Liability and Malpractice			38,320	38,320		38,320	13
14	Other (specify):			15,556	15,556		15,556	14
15	TOTAL General Administration	199,917	19,514	543,468	762,899	(19,883)	743,016	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	913,176	234,664	746,169	1,894,009	(43,637)	1,850,372	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			285,803	285,803		285,803	17
18	Interest			451,022	451,022		451,022	18
19	Real Estate Taxes			108,537	108,537		108,537	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			73,811	73,811		73,811	22
23	TOTAL Ownership			919,173	919,173		919,173	23
24	GRAND TOTAL (Sum of lines 16 and 23)	913,176	234,664	1,665,342	2,813,182	(43,637)	2,769,545	24

Facility Name: **Prairie Winds of Urbana**

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	\$ 29.97	1
2	Licensed Practical Nurses	1	20.90	2
3	Certified Nurse Assistants	12	10.52	3
4	Activity Director & Assistants	1	12.97	4
5	Social Service Workers			5
6	Head Cook	1	19.43	6
7	Cook Helpers/Assistants	10	9.65	7
8	Dishwashers			8
9	Maintenance Workers	1	19.36	9
10	Housekeepers	2	9.05	10
11	Laundry			11
12	Managers	1	33.27	12
13	Other Administrative			13
14	Clerical	2	16.11	14
15	Marketing	1	29.65	15
16	Other			16
17	Total (lines 1 thru 16)	33	\$	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	\$ 174,517	1
2			2
Total		\$ 174,517	3

Facility Name: **Prairie Winds of Urbana****Report Period Beginning:**

01/01/12

Ending:

12/31/12

VIII. OWNERSHIP COSTS

A. Purchase price of land	<u>566,500</u>	Year land was acquired	<u>2007</u>
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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	93			2007	\$ 5,579,156	\$ 139,184	28	\$ 199,256	\$ 60,072	\$ 787,720	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				797,432	39,863	15	53,162	13,299	225,939	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)				\$ 6,376,588	\$ 179,047		\$ 252,418	\$ 73,371	\$ 1,013,659	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	\$ 97,350	\$ 140,888	43,538	5	\$ 544,382	18
19	Vehicles	60,414	8,636	12,083	3,447	5	48,907	19
20	TOTAL (lines 18 and 19)	\$ 764,853	\$ 105,986	\$ 152,971	46,985		\$ 593,289	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**

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

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	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.
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

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	BUSEY BANK		X	FIRST MORTGAGE	4/9/08	\$ 8,000,000	\$	4/9/13	0.0575	\$ 107,477	1
2	OPPENHEIMER		X	SECOND MORTGAGE	3/1/12	7,899,276	\$ 7,818,876	1/1/47	0.0335	187,925	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 15,899,276	\$ 7,818,876			\$ 295,402	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 15,899,276	\$ 7,818,876			\$ 295,402	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 Winds of Urbana**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	\$ 716,617	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	415,784		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	32,901		6
7	Other Prepaid Expenses	31,953		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,197,255	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	566,500		13
14	Buildings, at Historical Cost	5,579,156		14
15	Leasehold Improvements, at Historical Cost	797,432		15
16	Equipment, at Historical Cost	764,853		16
17	Accumulated Depreciation (book methods)	(1,606,948)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	158,028		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(14,717)		20
21	Restricted Funds	264,617		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,508,921	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,706,176	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 25,841	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	71,135		30
31	Accrued Taxes Payable	111,110		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	42,321		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 250,407	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,818,876		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)	\$ 7,818,876	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,069,283	\$	45
46	TOTAL EQUITY	\$ (363,107)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,706,176	\$	47

*(See instructions.)

Facility Name: Prairie Winds of Urbana

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	\$ 3,363,526	1
2	Discounts and Allowances	(1,809)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,361,717	3
	B. Other Operating Revenue		
4	Special Services	112,218	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	25,001	8
9	Non-Resident Meals	13,408	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 150,627	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	13,405	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13,405	14
	D. Other Revenue (specify):		
15	Contract services	404	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 404	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,526,153	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	731,437	19
20	Health Care/ Personal Care	399,673	20
21	General Administration	762,899	21
	B. Capital Expense		
22	Ownership	919,173	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)	\$ 2,813,182	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 712,971	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 712,971	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	750
Rubbish Removal	5,485
Vehicle Expense	6,394
Transportation Service	
Water Softener	
Misc Operating	
Total	12,629

C. General Administration - Other

Consulting	3,147
Legal	729
Accounting	360
Audit	9,485
Contract labor	1,200
Bad Debt	635
Total	15,556

D. Ownership

Letter of Credit	
Mortgage Insurance Premium	59,444
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	14,367

Remarketing and Trustee Fee
Property Damage Loss
Interest Income

Total **73,811**

Reclassifications and Adjustments

Heat & Other Utilities (23,754) Cable

Administrative and Clerical (19,883) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	13,821
Accrued Asset Mgmt Fee	-
Accrued Partnership Fee	-
Accrued Incentive Mgmt Fee	-
Unclaimed Property	380
Unearned Revenue	22,720
Accrued MIP	
Reservation Deposit	5,400
Total Other Current Liabilities	42,321