

		FOR BHF USE			

LL2

Supportive Living Facility

2015

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2015)

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 URBANA 61801

Number City Zip Code

County: CHAMPAIGN

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

Federal Employer ID Number:

Date Current Owners were Certified: 09/19/2007

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: Thomas Staszak

Telephone Number: (815) 935-1992

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

0 I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2015 to 12/31/2015 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) (Date)

(Type or Print Name) David J. Mitchell

(Title) CFO, Gardant Management Solutions

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

Facility Name PRAIRIE WINDS OF URBANA LP

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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>94</u>	Single Unit Apartment	<u>94</u>	<u>34,236</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>94</u>	TOTALS	<u>94</u>	<u>34,236</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>21,919</u>	<u>12,058</u>		<u>33,977</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>21,919</u>	<u>12,058</u>		<u>33,977</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 99.24%

D. Indicate the number of paid bed-hold days the SLF had during this year
456 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. (Do not include bed-hold days in Se

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: 2015 Fiscal Year: 2015

* 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 LP**

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	268,103	196,511	1,917	466,531		466,531	1
2	Housekeeping, Laundry and Maintenance	95,069	25,819	40,815	161,703		161,703	2
3	Heat and Other Utilities			128,181	128,181	(27,584)	100,597	3
4	Other (specify): See Attachment			15,711	15,711		15,711	4
5	TOTAL General Services	363,172	222,330	186,624	772,126	(27,584)	744,542	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	396,165	8,619		404,784		404,784	6
7	Activities and Social Services	25,862	5,163		31,025		31,025	7
8	Other (specify): See Attachment							8
9	TOTAL Health Care and Programs	422,027	13,782		435,809		435,809	9
	C. General Administration							
10	Administrative and Clerical	133,690	35,467	256,217	425,374	(32,212)	393,162	10
11	Marketing Materials, Promotions and Advertising	75,146	4,480	35,549	115,175		115,175	11
12	Employee Benefits and Payroll Taxes			175,516	175,516		175,516	12
13	Insurance-Property, Liability and Malpractice			39,957	39,957		39,957	13
14	Other (specify): See Attachment			39,684	39,684		39,684	14
15	TOTAL General Administration	208,836	39,947	546,923	795,706	(32,212)	763,495	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	994,035	276,059	733,547	2,003,641	(59,796)	1,943,845	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			228,628	228,628		228,628	17
18	Interest			251,459	251,459		251,459	18
19	Real Estate Taxes			134,917	134,917		134,917	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Attachment			41,713	41,713		41,713	22
23	TOTAL Ownership			656,717	656,717		656,717	
24	GRAND TOTAL (Sum of lines 16 and 23)	994,035	276,059	1,390,264	2,660,358	(59,796)	2,600,562	24

Facility Name: PRAIRIE WINDS OF URBANA LP

Report Period Beginning 01/01/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	\$ Inc line 12	1
2	Licensed Practical Nurses	1	21.20	2
3	Certified Nurse Assistants	14	10.50	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11	10.43	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.31	10
11	Laundry			11
12	Managers	5	21.91	12
13	Other Administrative	3	21.92	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	Total (lines 1 thru 16)	37	\$	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

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	Gardant Management Solutions	\$ 190,175	1
2			2
Total		\$ 190,175	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: PRAIRIE WINDS OF URBANA LP Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	93			2007	\$ 5,723,529	\$ 141,939	28	\$ 204,412	\$ 62,473	\$ 1,156,652	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				714,877	35,741	15	47,658	11,918	305,322	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)				\$ 6,438,406	\$ 177,680		\$ 252,070	\$ 74,390	\$ 1,461,974	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	\$ 1,257,170	\$ 50,948	\$ 251434	200,486	5	\$ 1,113,601	18
19	Vehicles	60,653			\$		60,653	19
20	TOTAL (lines 18 and 19)	\$ 1,317,823	\$ 50,948	\$ 251,434	200,486		\$ 1,174,254	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book	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: 01/01/2015 Ending: 2/31/2015

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 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			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			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 us 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	OPPENHEIMER		X	SECOND MORTGAGE	03/01/12	\$ 7,899,276	\$ 7,445,258	01/01/47	.0335	\$ 251,459	1
2					/ /			/ /	.0000	\$	2
3					/ /			/ /	.0000	\$	3
4					/ /			/ /	.0000	\$	4
5					/ /			/ /	.0000	\$	5
	Working Capital										
6					/ /			/ /	.0000	\$	6
7	TOTAL Facility Related					\$ 7,899,276	\$ 7,445,258			\$ 251,459	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,899,276	\$ 7,445,258			\$ 251,459	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 LP**Report Period Beginning: **01/01/2015**Ending: **12/31/2015****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2015**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,147,011	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (5,736))	360,318		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	39,910		6
7	Other Prepaid Expenses	6,949		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	2,215		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,556,404	\$	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	5,723,529		14
15	Leasehold Improvements, at Historical Cost	714,877		15
16	Equipment, at Historical Cost	1,317,823		16
17	Accumulated Depreciation (book methods)	(2,636,229)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	158,028		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(27,270)		20
21	Restricted Funds	234,516		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,051,775	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,608,179	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 55,788	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,777		30
31	Accrued Taxes Payable	139,510		31
32	Accrued Interest Payable	20,785		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment	66,751		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 305,612	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,445,258		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)	\$ 7,445,258	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,750,870	\$	45
46	TOTAL EQUITY	\$ (142,692)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,608,179	\$	47

*(See instructions.)

Facility Name: PRAIRIE WINDS OF URBANA LP

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	\$ 3,656,030	1
2	Discounts and Allowances	(2,353)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,653,677	3
	B. Other Operating Revenue		
4	Special Services	120,558	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	15,530	8
9	Non-Resident Meals	11,751	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 147,839	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,893	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,893	14
	D. Other Revenue (specify):		
15	See Attachment pg 8	1,897	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,897	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,805,306	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	772,126	19
20	Health Care/ Personal Care	435,809	20
21	General Administration	795,706	21
	B. Capital Expense		
22	Ownership	656,717	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)	\$ 2,660,358	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,144,948	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,144,948	31

Expenses PG

	General Services Other	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	850
5200-5127-0-0	Rubbish Removal	5,521
5200-5130-0-0	Vehicle Expense	2,689
5200-5131-0-0	Transportation Service	-
5300-5140-0-0	Security & Monitoring	6,651

Health Care & Programs

5160-5060-0-0
5160-5063-0-0
5160-5064-0-0
5160-5066-0-0
5160-5067-0-0
5160-5068-0-0
5190-5000-0-0
5180-5079-0-0
5180-5079-1-0
5180-5080-0-0
5180-5081-0-0
5180-5081-1-0
5180-5082-0-0

15,711

-

3 Other

General Administration Other	Amt		Ownership Other	Amt
Consulting	230	9100-9101-0-0	Interest & Dividend Income	-
Legal	15,293	9100-9102-0-0	Assessment Income	-
Accounting	110	9100-9103-0-0	Assessment Expense	-
Audit	19,197	9200-9202-0-0	Financing Fees	-
Contract Labor-Serv Prov	-	9200-9204-0-0	Mortgage Service Fee	-
Contract Labor	4,675	9200-9205-0-0	Mortgage Insurance Prem	37,529
Other Admin Allocation	0	9200-9206-0-0	Participation Fee	-
Bad Debt - Resident	(1,147)	9200-9207-0-0	Letter of Credit Fee	-
Bad Debt - Resident - Recovery	-	9200-9208-0-0	Bond & Draw Fee	-
Bad Debt - Resident Prior Period	-	9200-9209-0-0	Remarketing and Trustee Fee	-
Bad Debt - Medicaid Pending Deni	1,327	9200-9210-0-0	Interest Expense-Note	-
Bad Debt - Medicaid Pending - Rec	-	9200-9211-0-0	Interest Expense-LP	-
Bad Debt - Medicaid Denial Prior F	-	9200-9212-0-0	Debt Write-Off	-
		9300-9301-0-0	Partnership Management Fee	-
		9300-9302-0-0	Asset Management Fee	-
		9300-9303-0-0	Incentive Management	-
		9300-9303-1-0	Incentive Asset Mgmt Fee	-
		9300-9304-0-0	Tax Credit Fees & Incentive Fee	-
		9300-9305-0-0	Organizational Expense	-
		9300-9306-0-0	Developer Fees	-
		9300-9307-0-0	Closing Costs	-
		9700-9702-0-0	Amortization Expense	4,184
		9900-9901-0-0	Prior Period Adjustments	-
		9900-9902-0-0	Dissolution of Business	-
		9900-9903-0-0	Loss (Gain) on Sale of Assets	-
		9900-9904-0-0	Business Interruption	-
		9900-9905-0-0	Settlement	-
		9900-9906-0-0	Property Damage Loss	-
		9900-9907-0-0	Abandonment Loss	-
		9900-9908-0-0	Grant Income	-
		9900-9909-0-0	Misc: Title, Recording, Transfer	-

39,684

41,713

Balance Sheet

PRAIRIE WINDS OF URBANA LP

Other Current Assets Detail			Amt	Current Liabilities Detail			Amt
1102-9971-0-0	A/R-Employee Advance	-		2112-0100-0-0	Accrued Asset Management Fee	-	
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-		2112-0101-0-0	Accrued Partnership Mgmt Fee	-	
1102-9973-0-0	A/R-Insurance Reimbursement	-		2112-0102-0-0	Accrued Incentive Mgmt Fee	-	
1102-9974-0-0	A/R-Subscription Receivable	-		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-	
1102-9975-0-0	A/R-CIP	-		2112-0105-0-0	Accrued Liabilities	26,001	
1102-9976-0-0	A/R-Other	1,940		2112-0110-0-0	Accrued Insurance	-	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0115-0-0	Accrued Developer Fee	-	
1105-0006-0-0	Security Deposit-Equip & Util	275		2112-0130-0-0	Accrued MIP	-	
1105-0009-0-0	Transfer Account	-		2112-0140-0-0	Accrued Vacation	18,143	
1105-0012-0-0	Undeposited Funds	-		2112-0146-0-0	Payroll Benefits	-	
				2112-0154-0-0	Unclaimed Property	1,307	
				2112-0155-0-0	Reservation Deposit	4,500	
				2112-0156-0-0	Buy Down Credit	-	
				2112-0157-0-0	Unapplied Last Month Rent	-	
				2112-0158-0-0	Deferred Gain on Sale	-	
				2112-0159-0-0	Unearned Revenue	16,800	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
				2111-0040-0-0	Construction Account Payable	-	
				2112-0140-0-0	Accrued Vacation	0	
			2,215	2112-0144-0-0	Payroll Union Dues	0	
						66,751	
Other Long Term Assets Detail							
1201-0020-0-0	CIP	-					
1201-0021-0-0	CIP- Land Option Addition	-					
1201-0022-0-0	CIP- Other Addition	-					
			-				

Income Statement

PRAIRIE WINDS OF URBANA LP

Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,527
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	370
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		1,897

