FOR BHF USE

LL2

Supportive Living Facility

2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

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: 1000147

Facility Name: Prairie Green at Fays Point

Address: 1546 W Water Street (Number) | Blue Island (City) | 60406 (Zip Code)

County: Cook

Telephone Number: (708) 489-1503 **Fax #** 708 489-1506

Federal Employer ID Number:

Date Current Owners were Certified: 10/29/14

Type of Ownership:

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

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

Name: Anna Kobrzak **Telephone Number:** (312 673-4360

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 1/1/17 to 12/31/17 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) Steve Hippel

(Title) Chief Financial Officer

Paid Preparer

(Signed) (Date)

(Print Name and Title) Chris Joos, Partner

(Firm Name & Address) Plante & Moran, PLLC, 250 South High Street, Suite 100

(Telephone) (614) 222-9040 Fax (614) 221-3535

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 Green at Fays Point Report Period Beginning: 1/1/17 Ending: 12/31/17

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units: / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	120	Single Unit Apartment	120	43,800	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,800	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	35,405	3,285		38,690	5
6	Double Unit					6
7	Other					7
8	TOTALS	35,405	3,285		38,690	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.33%

D. Indicate the number of paid bed-hold days the SLF had during this year _____ **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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)
Meals for Guests

H. ACCOUNTING BASIS
ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31/17 Fiscal Year: 12/31/17
* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? YES **If yes, did the facility make all of the required payments of interest and principle?** YES
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?** N/A
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?** N/A
If no, explain.

Facility Name: Prairie Green at Fays Point **Report Period Beginning: 1/1/17 Ending: 12/31/17**

IV. COST CENTER EXPENSES (please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	302,631	216,191	647	519,469		519,469	1
2	Housekeeping, Laundry and Maintenance	143,249	107,203	602	251,054		251,054	2
3	Heat and Other Utilities			112,040	112,040		112,040	3
4	Other (specify):			11,268	11,268		11,268	4
5	**TOTAL General Services**	445,880	323,394	124,557	893,831		893,831	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	447,029	5,167	6,957	459,153		459,153	6
7	Activities and Social Services	55,814	3,798	4,162	63,774	(353)	63,421	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	502,843	8,965	11,119	522,927	(353)	522,574	9
	C. General Administration							
10	Administrative and Clerical	173,053	296	372,360	545,709		545,709	10
11	Marketing Materials, Promotions and Advertising	54,430	16,494	50,746	121,670		121,670	11
12	Employee Benefits and Payroll Taxes			198,553	198,553		198,553	12
13	Insurance-Property, Liability and Malpractice			65,413	65,413		65,413	13
14	Other (specify):			121,553	121,553	(121,553)		14
15	**TOTAL General Administration**	227,483	16,790	808,625	1,052,898	(121,553)	931,345	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,176,206	349,149	944,301	2,469,656	(121,906)	2,347,750	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			753,871	753,871		753,871	17
18	Interest			844,240	844,240		844,240	18
19	Real Estate Taxes			250,297	250,297		250,297	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	**TOTAL Ownership**			1,848,408	1,848,408		1,848,408	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,176,206	349,149	2,792,709	4,318,064	(121,906)	4,196,158	24

Facility Name: Prairie Green at Fays Point **Report Period Beginning: 1/1/17 Ending: 12/31/17**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 30.00	1
2	Licensed Practical Nurses	3	23.00	2
3	Certified Nurse Assistants	9	10.00	3
4	Activity Director & Assistants	2	15.22	4
5	Social Service Workers			5
6	Head Cook	1	21.63	6
7	Cook Helpers/Assistants	3	13.00	7
8	Dishwashers	4	10.00	8
9	Maintenance Workers	1	13.00	9
10	Housekeepers	3	10.00	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1	44.00	13
14	Clerical	1	34.00	14
15	Marketing	1	29.00	15
16	Other	1	20.00	16
17	Total (lines 1 thru 16)	31	$	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		$	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		OTHER RELATED BUSINESS ENTITIES		
Name 1	City 2	Name 3	City 4	Type of Business 5
Available upon request				

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 [X]

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 [X] 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 Green at Fays Point Report Period Beginning: 1/1/17 Ending: 12/31/17

VIII. OWNERSHIP COSTS

A. Purchase price of land 750,677 Year land was acquired 2014

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	120		2014	2014	$ 14,831,544	$	27	$	$	$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2017	42,952		27				6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16						561,249		561,249		1,793,896	16
17	TOTAL (lines 1 thru 16)				$ 14,874,496	$ 561,249		$ 561,249	$	$ 1,793,896	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	$ 1,404,993	$ 192,622	$ 192,622	$	5-7	$ 1,116,060	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 1,404,993	$ 192,622	$ 192,622	$		$ 1,116,060	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 Green at Fays Point Report Period Beginning: 1/1/17 Ending: 12/31/17

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? [ ] YES [X] 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 [X] 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** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	IHDA		X	Home Loan	10/29/14	$ 2,202,042	$ 3,488,035	6/1/43	4.3000	$ 33,299	1
2	IHDA		X	Bonds	10/29/14	12,355,149	13,804,883	6/1/43	5.7500	810,941	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 14,557,191	$ 17,292,918			$ 844,240	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 14,557,191	$ 17,292,918			$ 844,240	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 Green at Fays Point **Report Period Beginning:** 1/1/17 **Ending:** 12/31/17

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,735,748	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,875,239 (388,344)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	43,421		6
7	Other Prepaid Expenses	3,847		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,269,911	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	750,677		13
14	Buildings, at Historical Cost	14,182,108		14
15	Leasehold Improvements, at Historical Cost	692,388		15
16	Equipment, at Historical Cost	1,404,993		16
17	Accumulated Depreciation (book methods)	(2,909,956)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	633,510		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(126,584)		20
21	Restricted Funds	126,801		21
22	Other Long-Term Assets (specify):	1,009,790		22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 15,763,727	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 19,033,638	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 34,078	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	59,028		30
31	Accrued Taxes Payable	173,470		31
32	Accrued Interest Payable	97,663		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	**Accrued Other**	29,741		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 393,980	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	17,292,918		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	**Intercompany**	2,015,767		42
43	**Deferred Revenues**	88,908		43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 19,397,593	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 19,791,573	$	45
46	**TOTAL EQUITY**	$ (757,935)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 19,033,638	$	47

***(See instructions.)**

Facility Name: Prairie Green at Fays Point **Report Period Beginning: 1/1/17 Ending: 12/31/17**

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 4,043,026	1
2	Discounts and Allowances	(3,647)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 4,039,379	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$	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			15
16	**Misc Rental Income**	122	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 122	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 4,039,501	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	893,831	19
20	Health Care/ Personal Care	522,927	20
21	General Administration	1,052,898	21
	B. Capital Expense		
22	Ownership	1,848,408	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)**	$ 4,318,064	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (278,563)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (278,563)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 3,549,191	32
33	Private Pay - Net Inpatient Revenue	490,188	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 4,039,379	37

Blue Island SLF, LLC
Automobile Schedule
2017

Year	Make	Model		Lease Costs	
2014	Ford	E350/KSIR 230	$	17,348.28	*All offset with rental income*

Blue Island SLF LLC
Adjustments
12/31/2017

CLIENT_ACT	DESC	DEBIT	TB Acct	IL Acct
5565350000	Charitable Contributions	1,500.00	9760.00	IS 14.3
5790350000	Bad Debt Expense	117,965.14	9765.00	IS 14.3
5890350000	Miscellaneous Expense	2,087.99	9729.20	IS 14.3
5551330000	Entertainment Expense	352.96	7125.00	IS 7.2
		121,906.09		

Blue Island SLF, LLC
Related Party Schedule
2017

Service	Cost on pg 3	Cost to Related Party	Adjustment
Management Fees	206,442.00	206,442.00	-
Company Management Fee	19,999.92	19,999.92	-
Asset Management Fee	19,999.92	19,999.92	-