



Facility Name PRAIRIE LIVING CHAUTAUQUA IReport Period Beginning: 01/01/2021 Ending: 12/31/2021

## 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>71</u>	Single Unit Apartment	<u>71</u>	<u>25,915</u>	1
2	<u>4</u>	Double Unit Apartment	<u>4</u>	<u>1,460</u>	2
3		Other			3
4	75	TOTALS	75	27,375	4

## B. Census-For the entire report period.

	1	2	3	4	5	6	7	
	Type of Unit	Resident Days by Unit Type and Primary Source of Payment					Total	
		Medicaid Fee for Service	Medicaid Managed Care	Private Pay	Other (Specify)	Other (Specify)		
5	Single Unit	<u>13,170</u>		<u>2,630</u>			<u>15,800</u>	5
6	Double Unit							6
7	Other							7
8	TOTALS	13,170		2,630			15,800	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified  
bed days on line 4, column 4.) 57.72%

D. Indicate the number of paid bed-hold days the SLF had during this year

572 Also, indicate the number of unpaid bed-hold days the SLF  
had during this year. 2 (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

ACCURAL ☒ MODIFIED CASH\* ☐ CASH\* ☐I. Is your fiscal year identical to your tax year? ☒ YES ☐ NOTax Year: 12-31-21 Fiscal Year: 12-31-21

\* 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 principal?

If no, explain. YESK. 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 principal?

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 principal?

If no, explain.

Facility Name: PRAIRIE LIVING CHAUTAUQUA I

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

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

Operating Expenses		Costs Per General Ledger				Reclassifications & Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	241,405	129,310	9,957	380,672		380,672	1
2	Housekeeping, Laundry and Maintenance	75,491	7,285	74,064	156,840		156,840	2
3	Heat and Other Utilities			95,025	95,025	(150)	94,875	3
4	Other (specify):			34,886	34,886		34,886	4
5	<b>TOTAL General Services</b>	316,896	136,595	213,932	667,423	(150)	667,273	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	420,681	4,608		425,289		425,289	6
7	Activities and Social Services	17,009	2,383	2,304	21,696		21,696	7
8	Other (specify): COVID Pay	2,502			2,502		2,502	8
9	<b>TOTAL Health Care and Programs</b>	440,192	6,991	2,304	449,487		449,487	9
<b>C. General Administration</b>								
10	Administrative and Clerical	140,154	16,187	69,364	225,705	(3,172)	222,533	10
11	Marketing Materials, Promotions and Advertising	64,044	2,366	34,311	100,721		100,721	11
12	Employee Benefits and Payroll Taxes			165,324	165,324		165,324	12
13	Insurance-Property, Liability and Malpractice			45,952	45,952		45,952	13
14	Other (specify):			182,005	182,005	(55,357)	126,648	14
15	<b>TOTAL General Administration</b>	204,198	18,553	496,956	719,707	(58,529)	661,178	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	961,286	162,139	713,192	1,836,617	(58,679)	1,777,938	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			282,062	282,062		282,062	17
18	Interest			227,918	227,918	(335)	227,583	18
19	Real Estate Taxes			68,007	68,007		68,007	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			10,461	10,461		10,461	21
22	Other (specify):			34,285	34,285		34,285	22
23	<b>TOTAL Ownership</b>			622,733	622,733	(335)	622,398	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	961,286	162,139	1,335,925	2,459,350	(59,014)	2,400,336	24

Facility Name: PRAIRIE LIVING CHAUTAUQUA I

Report Period Beginning 01/01/2021

Ending:

12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 35.17	1
2	Licensed Practical Nurses	2	20.96	2
3	Certified Nurse Assistants	15	15.39	3
4	Activity Director & Assistants	1	15.74	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	12		7
8	Dishwashers			8
9	Maintenance Workers	2	19.24	9
10	Housekeepers	3	12.27	10
11	Laundry			11
12	Managers	3	24.13	12
13	Other Administrative			13
14	Clerical	4	12.51	14
15	Marketing	1	33.81	15
16	Other			16
17	Total (lines 1 thru 16)	44	\$ 16.15	17

## VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

## RELATED SLF's &amp; HEALTH CARE BUSINESSES

Name	1	City	2
PRAIRIE LIVING WEST, LLC		CARBONDALE	

## 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		\$	1
2			2
Total		\$	3

Facility Name: PRAIRIE LIVING CHAUTAUQUA I

Report Period Beginning: 01/01/2021

Ending: 12/31/2021

## VIII. OWNERSHIP COSTS

A. Purchase price of land 400,000 Year land was acquired 2004

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	75			2004	7,548,007	\$ 274,446	27	\$ 274,446		\$ 4,656,841	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements			2004	98,966	1,157	15	1,016		90,021	6
7	Boiler			2021	34,957	900	27	900		900	7
8	3 rooftop A/C units			2021	83,123	1,386	27	1,386		1,386	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,765,053	\$ 277,889		\$ 277,748	\$	\$ 4,749,148	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	\$ 1044061	\$ 4,173	\$ 4,173		5	\$ 1,025,774	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 4,173	\$ 4,173	\$		\$ 1,025,774	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 LIVING CHAUTAUQUA I

Report Period Beginning: 01/01/2021

Ending:

12/31/2021

## 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
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 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	IHDA		X	First Mortgage	12/1/03	\$ 4,438,000	\$ 3,695,040	5/1/45	0.0615	\$ 229,311	1
2	IHDA		X	Second Mortgage	12/1/03	702,032	383,514	6/1/38	0.0100	3,937	2
3	Villa Land Trust	x		Third Mortgage	1/31/03	110,000	68,379	12/31/23	0.0500	-5,330	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,250,032	\$ 4,146,933			\$ 227,918	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,250,032	\$ 4,146,933			\$ 227,918	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 LIVING CHAUTAUQUA I

Report Period Beginning: 01/01/2021

Ending:

12/31/2021

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 17,765	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 73,400 )	206,375		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,968		6
7	Other Prepaid Expenses	10,323		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	345,054		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 603,485	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	400,000		13
14	Buildings, at Historical Cost	7,666,087		14
15	Leasehold Improvements, at Historical Cost	98,966		15
16	Equipment, at Historical Cost	1,044,061		16
17	Accumulated Depreciation (book methods)	(5,774,922)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	123,369		19
	Accumulated Amortization - Organization & Pre-Operating Costs	(123,369)		20
21	Restricted Funds	325,443		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,759,635	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,363,120	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 23,724	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	63,483		31
32	Accrued Interest Payable	49,315		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Unclaimed Property	10,409		35
36	Prepaid MCO	84,752		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 231,683	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,036,489		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 4,036,489	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 4,268,172	\$	45
46	<b>TOTAL EQUITY</b>	\$ 94,948	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 4,363,120	\$	47

\*(See instructions.)

Facility Name: PRAIRIE LIVING CHAUTAUQUA I

Report Period Beginning: 01/01/2021

Ending:

12/31/2021

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

		1	
	I. Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 1,864,321	1
2	Discounts and Allowances	(5,211)	2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 1,859,110	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	47,962	4
5	Other Health Care Services		5
6	Special Grants	11,271	6
7	Gift and Coffee Shop	3,042	7
8	Barber and Beauty Care	220	8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 62,495	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	335	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 335	14
	<b>D. Other Revenue (specify):</b>		
15	See page 8 attachment	496,962	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 496,962	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 2,418,902	18

		2	
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	667,423	19
20	Health Care/ Personal Care	449,487	20
21	General Administration	719,707	21
	<b>B. Capital Expense</b>		
22	Ownership	622,398	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 2,459,015	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (40,113)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (40,113)	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid Fee for Service	\$ 1,063,259	32
33	Medicaid Managed Care		33
34	Private Pay	795,851	34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 1,859,110	37



## DETAIL OF OTHER ITEMS

### A. General Services

Cable Television	14,807
Exterminating	1,608
Trash Removal	9,955
Vehicle Expense	2,083
Security & Monitoring	6,433
<b>Total Pge 3 - 4.3</b>	<b><u>34,886</u></b>

### C. General Administration

Consulting	12,204
Legal Fees	7,200
Accounting Fees	76,055
Audit Fees	9,441
Payroll Processing	9,282
Bad Debt	55,357
IHDA Compliance Monitor	1,675
Move-in Incentives	10,791
<b>Total Pge 3 - 14.3</b>	<b><u>182,005</u></b>

### D. Ownership

Amortization - Loan Fees	4,802
Mortgage Service Fee	9,332
Mortgage Insurance Premium	18,661
Tax Credit Fee	1,490
<b>Total Pge 3 - 22.3</b>	<b><u>34,285</u></b>

## Reclassifications & Adjustments - Page 3

### A. General Services

Cable	Pge 3 - 3.5	<b><u>150</u></b>
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### C. General Administrative

Beauty Salon & Manicure	220
Contributions	30
COVID Reimbursement	2,922
<b>Total Pge 3 - 10.5</b>	<b><u>3,172</u></b>

### C General Administration

Bad debts - Pg. 3 - 14.5	<b><u>55,357</u></b>
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### D. Ownership

Interest Income - pg. 3 - 18.5	<b><u>335</u></b>
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### D. Other Revenue

Cares Act - COVID Pay	2,922
PPP Loan Forgiveness	186,209
HRSA Provider Relief	152,586
Employee Retention Credit	154,285
Rent Income - Empower	960
<b>Total Pge 8 - 16.1</b>	<b><u>496,962</u></b>

### Current Liabilities Detail

Accrued Liabilities	15,367
Accrued Interest	54,913
Accrued R/E Taxes	58,960
Unclaimed Property	10,409
Unearned Revenue	49,742
Due to Cdale SLF II	217,269
Prepaid MCO - Medicaid A.	84,751
<b>Total Pge 7 - 35.1</b>	<b><u>491,411</u></b>