FOR BHF USE

LL2

Supportive Living Facility

2010

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2010)

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: Prarie Winds of Urbana

Address: 1905 S. Prairie Winds Drive (Number) Urbana (City) 61801 (Zip Code)

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		PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust	X	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: Selena Edgington **Telephone Number:** 815-935-1992
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 01/01/2010 to 12/31/2010 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, 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**

Facility Name Prarie Winds of Urbana Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	92	Single Unit Apartment	92	33,580	1
2		Double Unit Apartment			2
3		Other			3
4	92	TOTALS	92	33,580	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	16,682	16,682		33,364	5
6	Double Unit					6
7	Other					7
8	TOTALS	16,682	16,682		33,364	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 99.36%

D. Indicate the number of paid bed-hold days the SLF had during this year 146 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 81 **(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)
NONE

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

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31/2010 Fiscal Year: 12/31/2010
* 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: Prarie Winds of Urbana **Report Period Beginning: 01/01/2010 Ending: 12/31/2010**

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

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclassifications and Adjustments 5	Adjusted Total 6	
	A. General Services							
1	Dietary and Food Purchase	217,850	177,882	1,927	397,659		397,659	1
2	Housekeeping, Laundry and Maintenance	71,731	18,599	38,822	129,152		129,152	2
3	Heat and Other Utilities			161,735	161,735	(19,765)	141,970	3
4	Other (specify):			9,245	9,245		9,245	4
5	**TOTAL General Services**	289,581	196,481	211,729	697,791	(19,765)	678,026	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	340,932	1,294		342,226		342,226	6
7	Activities and Social Services	24,942	3,170		28,112		28,112	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	365,874	4,464		370,338		370,338	9
	C. General Administration							
10	Administrative and Clerical	122,141	9,535	230,445	362,121	(18,969)	343,152	10
11	Marketing Materials, Promotions and Advertising	61,064	2,318	23,786	87,168		87,168	11
12	Employee Benefits and Payroll Taxes			183,346	183,346		183,346	12
13	Insurance-Property, Liability and Malpractice			36,870	36,870		36,870	13
14	Other (specify):			47,314	47,314		47,314	14
15	**TOTAL General Administration**	183,205	11,853	521,761	716,819	(18,969)	697,850	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	838,660	212,798	733,490	1,784,948	(38,734)	1,746,214	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			283,008	283,008		283,008	17
18	Interest			446,285	446,285		446,285	18
19	Real Estate Taxes			64,002	64,002		64,002	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			(996)	(996)		(996)	22
23	**TOTAL Ownership**			792,299	792,299		792,299	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	838,660	212,798	1,525,789	2,577,247	(38,734)	2,538,513	24

Facility Name: Prarie Winds of Urbana Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 26.12	1
2	Licensed Practical Nurses	1	18.48	2
3	Certified Nurse Assistants	11	10.45	3
4	Activity Director & Assistants	1	12.60	4
5	Social Service Workers			5
6	Head Cook	1	18.35	6
7	Cook Helpers/Assistants	9	9.21	7
8	Dishwashers			8
9	Maintenance Workers	1	18.30	9
10	Housekeepers	2	8.57	10
11	Laundry			11
12	Managers	1	32.29	12
13	Other Administrative	2	15.25	13
14	Clerical			14
15	Marketing	1	25.90	15
16	Other			16
17	Total (lines 1 thru 16)	32	$	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	BMA MANAGEMENT, LTD.	$ 162,549	1
2			2
		Total $ 162,549	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 Busines	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 [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 [ ] NO [X]
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: Prarie Winds of Urbana Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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	92			2007	$ 5,558,889	$ 138,972	28	$ 198,532	$ 59,560	$ 509,565	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				797,432	39,876	15	53,162	13,286	146,200	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)				$ 6,356,321	$ 178,848		$ 251,694	$ 72,846	$ 655,765	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	$ 695,383	$ 95,533	$ 139,077	43,544	5	$ 350,292	18
19	Vehicles	60,414	8,628	12,083	3,455	5	31,643	19
20	TOTAL (lines 18 and 19)	$ 755,797	$ 104,161	$ 151,159	46,998		$ 381,935	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: Prarie Winds of Urbana **Report Period Beginning:** 01/01/2010 **Ending:** 2/31/2010

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 ☐ 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 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	BUSEY BANK		X	FIRST MORTGAGE	4/9/08	$ 8,000,000	$ 7,577,461	4/9/13	0.0575	$ 446,285	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 8,000,000	$ 7,577,461			$ 446,285	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 8,000,000	$ 7,577,461			$ 446,285	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: Prarie Winds of Urbana **Report Period Beginning:** 01/01/2010 **Ending:** 12/31/2010

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 709,468	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	96,181		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,504		6
7	Other Prepaid Expenses	2,947		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 822,100	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,363,932		13
14	Buildings, at Historical Cost	5,558,889		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	755,797		16
17	Accumulated Depreciation (book methods)	(1,037,700)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	540,017		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(44,012)		20
21	Restricted Funds	44,283		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 7,181,206	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,003,306	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 43,345	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	55,135		30
31	Accrued Taxes Payable	106,460		31
32	Accrued Interest Payable	27,837		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	23,825		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 256,602	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,577,461		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)**	$ 7,577,461	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 7,834,063	$	45
46	**TOTAL EQUITY**	$ 169,243	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 8,003,306	$	47

***(See instructions.)**

Facility Name: Prarie Winds of Urbana **Report Period Beginning: 01/01/2010 Ending: 12/31/2010**

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

		1	
	Revenue	**Amount**	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 3,141,564	1
2	Discounts and Allowances	(766)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,140,798	3
	B. Other Operating Revenue		
4	Special Services	90,516	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	17,604	8
9	Non-Resident Meals	11,919	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 120,039	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	176	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 176	14
	D. Other Revenue (specify):		
15			15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,261,013	18

		2	
	Expenses	**Amount**	
	A. Operating Expenses		
19	General Services	697,791	19
20	Health Care/ Personal Care	370,338	20
21	General Administration	716,819	21
	B. Capital Expense		
22	Ownership	792,299	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)**	$ 2,577,247	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 683,766	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 683,766	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	600
Rubbish Removal	5,145
Vehicle Expense	3,500
Transportation Service	-
Water Softener	-
Total	**9,245**

C. General Administration - Other

Consulting	29,686
Legal	755
Accounting	-
Audit	8,154
Contract labor	1,000
Bad Debt	7,719
Total	**47,314**

D. Ownership

Assessment Income	-
Bond and Draw Fee	-
Mortgage Insurance Premium	-
Partnership Management Fee	-
Asset Management Fee	-
Incentive Manangement Fee	-
Tax Credit Fee & Incentive Fee	-
Amortization Expense	14,004
Dividend Income	(16,000)
Property Damage Loss	1,000
Total	**(996)**

Reclassifications and Adjustments

Heat & Other Utilities	(19,765)	Cable
Administrative and Clerical	(18,969)	Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	7,530
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Accrued Developer Fee	
Unearned Revenue	9,495
Accrued MIP	
Reservation Deposit	6,800
Total Other Current Liabilities	**23,825**