FOR BHF USE

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)

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: 1000143

Facility Name: Prairie Green Dixie Crossing

Address: 1040 Dixie Highway (Number) Chicago Heights (City) 60411 (Zip Code)

County: Cook

Telephone Number: (708) 754-5700 **Fax #** 708 754-5734

Federal Employer ID Number:

Date Current Owners were Certified: 5/30/2013

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 1/1/16 to 12/31/16 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 Dixie Crossing Report Period Beginning: 1/1/16 Ending: 12/31/16

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	144	Single Unit Apartment	144	52,704	1
2		Double Unit Apartment			2
3		Other			3
4	144	TOTALS	144	52,704	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	41,652	7,982		49,634	5
6	Double Unit					6
7	Other					7
8	TOTALS	41,652	7,982		49,634	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.18%

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)
NONE

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

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31/16 **Fiscal Year:** 12/31/16
*** 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.

Steve Hippel

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? NO **If yes, did t** Chief Financial Officer **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 Dixie Crossing **Report Period Beginning: 1/1/16 Ending: 12/31/16**

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	378,411	275,502	4,214	658,127		658,127	1
2	Housekeeping, Laundry and Maintenance	193,541	219,305	320	413,166		413,166	2
3	Heat and Other Utilities			142,322	142,322		142,322	3
4	Other (specify): Trash Removal			25,036	25,036		25,036	4
5	**TOTAL General Services**	571,952	494,807	171,892	1,238,651		1,238,651	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	649,433	7,782	3,100	660,315		660,315	6
7	Activities and Social Services	79,179	8,929	1,644	89,752	(2,860)	86,892	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	728,612	16,711	4,744	750,067	(2,860)	747,207	9
	C. General Administration							
10	Administrative and Clerical	229,187	3,875	416,581	649,643		649,643	10
11	Marketing Materials, Promotions and Advertising	89,612	11,188	80,328	181,128		181,128	11
12	Employee Benefits and Payroll Taxes			243,830	243,830		243,830	12
13	Insurance-Property, Liability and Malpractice			149,669	149,669		149,669	13
14	Other (specify): Non Allowable			398,843	398,843	(398,843)		14
15	**TOTAL General Administration**	318,799	15,063	1,289,251	1,623,113	(398,843)	1,224,270	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,619,363	526,581	1,465,887	3,611,831	(401,703)	3,210,128	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			709,791	709,791		709,791	17
18	Interest			899,151	899,151	(5,493)	893,658	18
19	Real Estate Taxes			100,000	100,000		100,000	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			2,046	2,046		2,046	21
22	Other (specify): Taxes			424	424	(424)		22
23	**TOTAL Ownership**			1,711,412	1,711,412	(5,917)	1,705,495	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,619,363	526,581	3,177,299	5,323,243	(407,620)	4,915,623	24

Facility Name: Prairie Green Dixie Crossing **Report Period Beginning: 1/1/16 Ending: 12/31/16**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	$ 40.00	1
2	Licensed Practical Nurses	3.64	24.79	2
3	Certified Nurse Assistants	15.41	10.58	3
4	Activity Director & Assistants	2.45	15.24	4
5	Social Service Workers			5
6	Head Cook	5.14	14.11	6
7	Cook Helpers/Assistants	5.02	9.26	7
8	Dishwashers			8
9	Maintenance Workers	6.75	13.10	9
10	Housekeepers	3.73	10.77	10
11	Laundry			11
12	Managers	3.85	34.53	12
13	Other Administrative			13
14	Clerical			14
15	Marketing	1.00	30.31	15
16	Other	3.00	11.44	16
17	Total (lines 1 thru 16)	50.99	$	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

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 Dixie Crossing **Report Period Beginning:** 1/1/16 **Ending:** 12/31/16

VIII. OWNERSHIP COSTS

A. Purchase price of land 1 **Year land was acquired** 2013

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	144		2013	2013	$ 15,976,939	$ 580,980	27	$ 580,980	$	$ 1,888,184	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements		2013	2013	1,006,884	38,740	15	38,740		154,783	6
7	Land Improvements		2016	2016	20,120	364	20	364		364	7
8	Bldg Improvements		2014	2014	5,280	192	27	192		416	8
9	Bldg Improvements		2015	2015	86,180	3,134	27	3,134		5,447	9
10	Bldg Improvements		2016	2016	32,282	1,174	27	1,174		1,174	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 17,127,685	$ 624,584		$ 624,584	$	$ 2,050,368	17

C. Equipment Depreciation -- Including Transportation. Steve Hippel

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments/Financ	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	$ 766,215	$ 85,207	$ 85,207	$	5-7	$ 393,461	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 766,215	$ 85,207	$ 85,207	$		$ 393,461	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 Dixie Crossing **Report Period Beginning:** 1/1/16 **Ending:** 12/31/16

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 $ 2,046

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

	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	Build Property	5/31/12	$ 18,500,000	$ 17,357,310	6/1/43	4.3000	$ 893,658	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /		C	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 18,500,000	$ 17,357,310			$ 893,658	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 18,500,000	$ 17,357,310			$ 893,658	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 Dixie Crossing **Report Period Beginning:** 1/1/16 **Ending:** 12/31/16

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/16 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 625,854	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,378,317 (22,303)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	98,521		6
7	Other Prepaid Expenses	6,891		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,087,280	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1		13
14	Buildings, at Historical Cost	16,100,682		14
15	Leasehold Improvements, at Historical Cost	1,027,003		15
16	Equipment, at Historical Cost	766,215		16
17	Accumulated Depreciation (book methods)	(2,443,829)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	2,175,096		21
22	Other Long-Term Assets (specify):	89,307		22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 17,714,475	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 20,801,755	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 127,990	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	65,050		30
31	Accrued Taxes Payable	265,963		31
32	Accrued Interest Payable	137,940		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Other	19,034		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 615,977	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	17,357,310		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Intercompany	4,266,383		42
43	Deferred Revenues	11,471		43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 21,635,164	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 22,251,141	$	45
46	**TOTAL EQUITY**	$ (1,449,386)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 20,801,755	$	47

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***(See instructions.)**

Facility Name: Prairie Green Dixie Crossing **Report Period Beginning: 1/1/16 Ending: 12/31/16**

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	$ 5,245,065	1
2	Discounts and Allowances	(49,830)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 5,195,235	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			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 5,195,235	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,238,651	19
20	Health Care/ Personal Care	750,067	20
21	General Administration	1,623,113	21
	B. Capital Expense		
22	Ownership	1,711,411	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)**	$ 5,323,242	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (128,007)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (128,007)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 4,169,310	32
33	Private Pay - Net Inpatient Revenue	1,025,925	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 5,195,235	37

Chicago Heights SLF LLC
Automobile Schedule
2016

Year	Make	Model	Lease Costs
2013	Ford	E350 Cutaway	$ 9,160.45

Chicago Heights SLF LLC
Adjustments
12/31/2016

CLIENT_ACT	DESC	DEBIT	TB Acct	IL Acct
5565350000	Charitable Contribution	1,500.00	9760.00	IS 14.3
5790350000	Bad Debt Expense	397,371.13	9765.00	IS 14.3
5551330000	Entertainment Expense	2,859.85	7210.20	IS 7.2
6060350000	Taxes - Other	423.69	6090.00	IS 22.3
5890350000	Miscellaneous Expense	(28.53)	9729.20	IS 14.3
6530350000	Late Charges	5,493.06	7665.00	IS 18.3
		407,619.20		

Chicago Heights SLF LLC
Related Part Cost
2016

Description	Amount on pg 3	Cost to Related Party	Adjustment
Management Fees	264,442.00	264,442.00	-
Company Management Fee	20,319.96	20,319.96	-
Asset Management Fee	20,319.96	20,319.96	-

Steve Hipp

Chief Financial Officer

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