

Facility Name Prairie Green Dixie Crossing

Report Period Beginning: 1/1/20 Ending: 12/31/20

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	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	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 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	31,688	1,774		33,462	5
6	Double Unit					6
7	Other					7
8	TOTALS	31,688	1,774		33,462	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 63.49%

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

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

* 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? Yes

If no, explain. N/A

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 principal? N/A

If no, explain. N/A

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? N/A

If no, explain. N/A

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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	291,148	227,490	3,172	521,810	(132,574)	389,236	1
2	Housekeeping, Laundry and Maintenance	147,459	135,760	1,069	284,288	(19,884)	264,404	2
3	Heat and Other Utilities			115,569	115,569	(420)	115,149	3
4	Other (specify):			30,038	30,038		30,038	4
5	TOTAL General Services	438,607	363,250	149,848	951,705	(152,878)	798,827	5
B. Health Care and Programs								
6	Health Care/ Personal Care	919,921	85,920	9,130	1,014,971		1,014,971	6
7	Activities and Social Services	70,223	840	2,388	73,451	(136)	73,315	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	990,144	86,760	11,518	1,088,422	(136)	1,088,286	9
C. General Administration								
10	Administrative and Clerical	312,481	21,339	375,644	709,464	(13,713)	695,751	10
11	Marketing Materials, Promotions and Advertising	128,470	19,209	121,304	268,983		268,983	11
12	Employee Benefits and Payroll Taxes			225,719	225,719		225,719	12
13	Insurance-Property, Liability and Malpractice			183,497	183,497		183,497	13
14	Other (specify):			19,033	19,033	(19,033)		14
15	TOTAL General Administration	440,951	40,548	925,197	1,406,696	(32,746)	1,373,950	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,869,702	490,558	1,086,563	3,446,823	(185,760)	3,261,063	16
Capital Expenses								
D. Ownership								
17	Depreciation			640,745	640,745	92,616	733,361	17
18	Interest			808,669	808,669	(24,722)	783,947	18
19	Real Estate Taxes			363,637	363,637		363,637	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			25,195	25,195		25,195	21
22	Other (specify):							22
23	TOTAL Ownership			1,838,246	1,838,246	67,894	1,906,140	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,869,702	490,558	2,924,809	5,285,069	(117,866)	5,167,203	24

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.13	\$ 26.31	1
2	Licensed Practical Nurses	4.33	23.19	2
3	Certified Nurse Assistants	13.34	18.44	3
4	Activity Director & Assistants	1.81	18.65	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.18	15.25	7
8	Dishwashers			8
9	Maintenance Workers	1.60	23.30	9
10	Housekeepers	2.38	14.13	10
11	Laundry			11
12	Managers (AL Director)	0.88	32.77	12
13	Other Administrative	0.93	52.76	13
14	Clerical	3.91	25.87	14
15	Marketing	1.55	41.18	15
16	Other (COVID-19 Adjustment)	3.04	20.91	16
17	Total (lines 1 thru 16)	43.08	\$ 20.91	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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Senior Lifestyle Management, LLC	\$ 262,120	1
2			2
Total		\$ 262,120	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

Name	1	City	2
_____		_____	
_____		_____	
_____		_____	
_____		_____	

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).

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XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 5A, Carried Forward		\$ 17,243,669	\$		\$ 655,075	\$ 655,075	\$ 5,191,239	1
2	Smoke Detector Replacement	2019	25,672		20	1,284	1,284	2,568	2
3	Activity Room AC Unit	2019	7,850		20	393	393	786	3
4	Replace Smoke Detectors- Phase 2	2019	12,307		20	615	615	1,230	4
5	2020 FA Disposal	2020	(76,595)		20	(3,830)	(3,830)	(3,830)	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28	Financial Statement Depreciation			640,745			(640,745)		28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 17,212,903	\$ 640,745		\$ 653,537	\$ 12,792	\$ 5,191,993	34

**Improvement type must be detailed in order for the cost report to be considered complete.

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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	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 \$ 25,195

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	Build Property	5/31/12	\$ 18,500,000	\$ 15,822,868	6/1/43	4.3000	\$ 688,507
2										
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 18,500,000	\$ 15,822,868			\$ 688,507
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		-24,722
9	Other Finance Costs		X		/ /			/ /		120,162
10	TOTALS (lines 7, 8 and 9)					\$ 18,500,000	\$ 15,822,868			\$ 783,947

* 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.

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12/31/20**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/20

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 662,195	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,617,602 (524,849)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	157,749		6
7	Other Prepaid Expenses	5,814		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,918,511	\$	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	16,203,140		14
15	Leasehold Improvements, at Historical Cost	1,028,298		15
16	Equipment, at Historical Cost	808,031		16
17	Accumulated Depreciation (book methods)	(5,699,604)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	2,501,625		21
22	Other Long-Term Assets (specify): Debt Fund	93,399		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,934,890	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,853,401	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 290,579	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	101,820		30
31	Accrued Taxes Payable	308,441		31
32	Accrued Interest Payable	244,513		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Other	40,980		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 986,333	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	15,822,868		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Intercompany	6,284,017		42
43	Deferred Revenues	83,932		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 22,190,817	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 23,177,150	\$	45
46	TOTAL EQUITY	\$ (6,323,749)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,853,401	\$	47

*(See instructions.)

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

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,005,367	1
2	Discounts and Allowances	(8,128)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,997,239	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	248,211	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	132,574	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 380,785	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	24,722	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 24,722	14
D. Other Revenue (specify):			
15	Other Misc. Income/Transaction Costs	1,076,660	15
16	Other Rental Income	19,884	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,096,544	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,499,290	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,009,334	19
20	Health Care/ Personal Care	1,119,197	20
21	General Administration	1,318,292	21
B. Capital Expense			
22	Ownership	1,838,246	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)	\$ 5,285,069	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 214,221	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 214,221	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 3,801,013	32
33	Private Pay - Net Inpatient Revenue	196,226	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,997,239	37