	FOR BHF USE	

LL2

Supportive Living Facility

2015

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)

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: 1000026

Facility Name: EAGLE RIDGE SLF I

Address: 875 MCKINLEY AVENUE (Number) DECATUR (City) 62526 (Zip Code)

County: MACON

Telephone Number: (217) 872-1282 **Fax #** 217 872-1227

Federal Employer ID Number:

Date Current Owners were Certified: 06/23/2003

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: VICKY GRAY **Telephone Number:** (815) 935-1992
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

0 I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2015 to 12/31/2015 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, Gardant Management Solutions
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 EAGLE RIDGE OF DECATUR, L.P. Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	76	Single Unit Apartment	76	27,740	1
2		Double Unit Apartment			2
3		Other			3
4	76	TOTALS	76	27,740	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	22,155	4,994		27,149	5
6	Double Unit					6
7	Other					7
8	TOTALS	22,155	4,994		27,149	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.87%

D. Indicate the number of paid bed-hold days the SLF had during this year 387 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)

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

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 2015 Fiscal Year: 2015
* 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? ______
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: EAGLE RIDGE OF DECATUR, L.P. Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	5	6	
	A. General Services							
1	Dietary and Food Purchase	191,721	149,295	1,403	342,419		342,419	1
2	Housekeeping, Laundry and Maintenance	77,593	13,777	58,321	149,691		149,691	2
3	Heat and Other Utilities			99,320	99,320	(20,651)	78,669	3
4	Other (specify): See Attachment			27,310	27,310		27,310	4
5	**TOTAL General Services**	269,314	163,072	186,354	618,740	(20,651)	598,089	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	413,599	6,758		420,357		420,357	6
7	Activities and Social Services	36,787	5,164		41,951		41,951	7
8	Other (specify): See Attachment							8
9	**TOTAL Health Care and Programs**	450,386	11,922		462,308		462,308	9
	C. General Administration							
10	Administrative and Clerical	170,885	26,661	211,841	409,387	(27,054)	382,333	10
11	Marketing Materials, Promotions and Advertising	62,615	4,206	40,160	106,981		106,981	11
12	Employee Benefits and Payroll Taxes			214,988	214,988		214,988	12
13	Insurance-Property, Liability and Malpractice			32,205	32,205		32,205	13
14	Other (specify): See Attachment			232,986	232,986		232,986	14
15	**TOTAL General Administration**	233,500	30,867	732,180	996,547	(27,054)	969,493	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	953,200	205,861	918,534	2,077,595	(47,705)	2,029,890	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			261,892	261,892		261,892	17
18	Interest			275,704	275,704		275,704	18
19	Real Estate Taxes			51,316	51,316		51,316	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Attachment			249,453	249,453		249,453	22
23	**TOTAL Ownership**			838,365	838,365		838,365	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	953,200	205,861	1,756,899	2,915,960	(47,705)	2,868,255	24

Facility Name: EAGLE RIDGE OF DECATUR, L.P. Report Period Beginning 01/01/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	$ Inc line 12	1
2	Licensed Practical Nurses	2	20.66	2
3	Certified Nurse Assistants	15	10.26	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8	9.51	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.34	10
11	Laundry			11
12	Managers	4	23.60	12
13	Other Administrative	4	22.97	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	Total (lines 1 thru 16)	36	$	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	Gardant Management Solutions	$ 137,770	1
2			2
	Total	$ 137,770	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
EAGLE RIDGE OF DECATUR II	DECATUR

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 [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: EAGLE RIDGE OF DECATUR, L.P. Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VIII. OWNERSHIP COSTS

A. Purchase price of land 181,886 Year land was acquired 2001

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	76			2003	$ 6,012,399	$ 218,449	28	$ 218,633	$ 184	$ 2,729,340	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				351,206	23,414	15	23,414	0	286,817	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)				$ 6,363,605	$ 241,863		$ 242,046	$ 184	$ 3,016,156	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	$ 627,779	$ 15,955	$ 125556	109,601	5	$ 612,456	18
19	Vehicles	35,373	4,075	7,075	3,000	5	29,263	19
20	TOTAL (lines 18 and 19)	$ 663,151	$ 20,030	$ 132,630	112,601		$ 641,719	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: EAGLE RIDGE OF DECATUR, L.P. Report Period Beginning: 01/01/2015 Ending: 2/31/2015

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 us 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	11/01/02	$ 5,041,000	$ 4,529,783	02/01/44	.0605	$ 275,704	1
2					/ /			/ /	.0000	$	2
3					/ /			/ /	.0000	$	3
4					/ /			/ /	.0000	$	4
5					/ /			/ /	.0000	$	5
	Working Capital										
6					/ /			/ /	.0000	$	6
7	TOTAL Facility Related					$ 5,041,000	$ 4,529,783			$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 5,041,000	$ 4,529,783			$	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: EAGLE RIDGE OF DECATUR, L.P.

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2015 (last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 148,988	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (13,191))	258,611		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,478		6
7	Other Prepaid Expenses	3,546		7
8	Accounts Receivable (owners or related parties)	60,011		8
9	Other(specify): see att	13,413		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 499,048	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	181,886		13
14	Buildings, at Historical Cost	6,012,399		14
15	Leasehold Improvements, at Historical Cost	351,206		15
16	Equipment, at Historical Cost	663,151		16
17	Accumulated Depreciation (book methods)	(3,657,875)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	154,921		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(67,504)		20
21	Restricted Funds	1,277,712		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 4,915,896	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,414,944	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 119,355	$	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	53,125		31
32	Accrued Interest Payable	22,838		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment	472,205		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 667,523	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,529,783		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)**	$ 4,529,783	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 5,197,306	$	45
46	**TOTAL EQUITY**	$ 217,637	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 5,414,944	$	47

*(See instructions.)

Facility Name: EAGLE RIDGE OF DECATUR, L.P. Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 2,639,481	1
2	Discounts and Allowances	(4,668)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,634,813	3
	B. Other Operating Revenue		
4	Special Services	121,197	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	11,285	8
9	Non-Resident Meals	5,353	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 137,835	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,387	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 2,387	14
	D. Other Revenue (specify):		
15	See Attachment	4,779	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 4,779	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 2,779,814	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	343,399	19
20	Health Care/ Personal Care	11,922	20
21	General Administration	1,722,274	21
	B. Capital Expense		
22	Ownership	838,365	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)**	$ 2,915,960	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (136,146)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (136,146)	31

Expenses PG 3 Other

Account	General Services Other	Amount
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	10,210
5200-5127-0-0	Rubbish Removal	5,374
5200-5130-0-0	Vehicle Expense	4,796
5200-5131-0-0	Transportation Service	-
5300-5140-0-0	Security & Monitoring	6,930

Health Care & Programs

Account	General Administration Other
5160-5060-0-0	Consulting
5160-5063-0-0	Legal
5160-5064-0-0	Accounting
5160-5066-0-0	Audit
5160-5067-0-0	Contract Labor-Serv Prov Profit
5160-5068-0-0	Contract Labor
5190-5000-0-0	Other Admin Allocation
5180-5079-0-0	Bad Debt - Resident
5180-5079-1-0	Bad Debt - Resident - Recovery
5180-5080-0-0	Bad Debt - Resident Prior Period
5180-5081-0-0	Bad Debt - Medicaid Pending Denial
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period

27,310	-

Amt		Ownership Other	Amt
1,211	9100-9101-0-0	Interest & Dividend Income	-
1,857	9100-9102-0-0	Assessment Income	-
101	9100-9103-0-0	Assessment Expense	-
14,390	9200-9202-0-0	Financing Fees	-
205,263	9200-9204-0-0	Mortgage Service Fee	11,393
3,637	9200-9205-0-0	Mortgage Insurance Prem	22,784
0	9200-9206-0-0	Participation Fee	-
2,523	9200-9207-0-0	Letter of Credit Fee	-
(1,208)	9200-9208-0-0	Bond & Draw Fee	-
-	9200-9209-0-0	Remarketing and Trustee Fee	-
5,213	9200-9210-0-0	Interest Expense-Note	-
-	9200-9211-0-0	Interest Expense-LP	-
-	9200-9212-0-0	Debt Write-Off	-
	9300-9301-0-0	Partnership Management Fee	1,000
	9300-9302-0-0	Asset Management Fee	19,000
	9300-9303-0-0	Incentive Management	191,639
	9300-9303-1-0	Incentive Asset Mgmt Fee	-
	9300-9304-0-0	Tax Credit Fees & Incentive Fee	458
	9300-9305-0-0	Organizational Expense	-
	9300-9306-0-0	Developer Fees	-
	9300-9307-0-0	Closing Costs	-
	9700-9702-0-0	Amortization Expense	3,180
	9900-9901-0-0	Prior Period Adjustments	-
	9900-9902-0-0	Dissolution of Business	-
	9900-9903-0-0	Loss (Gain) on Sale of Assets	-
	9900-9904-0-0	Business Interruption	-
	9900-9905-0-0	Settlement	-
	9900-9906-0-0	Property Damage Loss	-
	9900-9907-0-0	Abandonment Loss	-
	9900-9908-0-0	Grant Income	-
	9900-9909-0-0	Misc: Title, Recording, Transfer	-

232,986 249,453

Balance Sheet

	Other Current Assets Detail	Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	13,413
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0006-0-0	Security Deposit-Equip & Util	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
		13,413

	Current Liabilities Detail	Amt
2112-0100-0-0	Accrued Asset Management Fee	19,000
2112-0101-0-0	Accrued Partnership Mgmt Fee	1,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	425,466
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	19,491
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0146-0-0	Payroll Benefits	-
2112-0154-0-0	Unclaimed Property	97
2112-0155-0-0	Reservation Deposit	-
2112-0156-0-0	Buy Down Credit	-
2112-0157-0-0	Unapplied Last Month Rent	-
2112-0158-0-0	Deferred Gain on Sale	-
2112-0159-0-0	Unearned Revenue	7,152
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
2111-0040-0-0	Construction Account Payable	-
2112-0140-0-0	Accrued Vacation	0
2112-0144-0-0	Payroll Union Dues	0
		472,205

	Other Long Term Assets Detail	
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
		-

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,223
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	3,556
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		4,779