

Facility Name EAGLE RIDGE SLF II

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	35	Single Unit Apartment	35	12,810	1
2	2	Double Unit Apartment	2	732	2
3		Other			3
4	37	TOTALS	37	13,542	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	10,428	2,653		13,081	5
6	Double Unit					6
7	Other					7
8	TOTALS	10,428	2,653		13,081	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.60%

D. Indicate the number of paid bed-hold days the SLF had during this year
 91 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 4 (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

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO
 Tax Year: 2017 Fiscal Year: 2017

* 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. _____

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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	86,953	77,156	579	164,688		164,688	1
2	Housekeeping, Laundry and Maintenance	48,982	13,458	71,429	133,869		133,869	2
3	Heat and Other Utilities			44,538	44,538	(10,522)	34,016	3
4	Other (specify): See Page 3 Attachment			19,091	19,091		19,091	4
5	TOTAL General Services	135,935	90,614	135,637	362,186	(10,522)	351,664	5
B. Health Care and Programs								
6	Health Care/ Personal Care	183,013	5,120		188,133		188,133	6
7	Activities and Social Services	3,168	3,230		6,398		6,398	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	186,181	8,350		194,531		194,531	9
C. General Administration								
10	Administrative and Clerical	26,301	10,042	122,009	158,352	(12,078)	146,274	10
11	Marketing Materials, Promotions and Advertising	5,128	3,484	15,195	23,807		23,807	11
12	Employee Benefits and Payroll Taxes			78,147	78,147		78,147	12
13	Insurance-Property, Liability and Malpractice			14,705	14,705		14,705	13
14	Other (specify): See Page 3 Attachment			95,538	95,538	(4,401)	91,137	14
15	TOTAL General Administration	31,429	13,526	325,594	370,549	(16,479)	354,070	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	353,545	112,490	461,231	927,266	(27,001)	900,265	16
Capital Expenses								
D. Ownership								
17	Depreciation			182,237	182,237		182,237	17
18	Interest			176,559	176,559	(5,891)	170,668	18
19	Real Estate Taxes			32,493	32,493		32,493	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			4,533	4,533		4,533	21
22	Other (specify): See Page 3 Attachment			115,384	115,384		115,384	22
23	TOTAL Ownership			511,206	511,206	(5,891)	505,315	23
24	GRAND TOTAL (Sum of lines 16 and 23)	353,545	112,490	972,436	1,438,471	(32,892)	1,405,579	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	Inc line 12	\$ Inc line 12	1
2	Licensed Practical Nurses	1	21.60	2
3	Certified Nurse Assistants	6	11.37	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	3	10.06	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	1	10.54	10
11	Laundry			11
12	Managers	1	23.00	12
13	Other Administrative	1	21.25	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)	13	\$	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

	Management fees paid to unrelated parties	Amount of Fee	
1	Gardant Management Solutions	\$ 72,701	1
2			2
		Total	\$ 72,701 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	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
 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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VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 50,000 Year land was acquired 2006

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	37				\$ 3,929,455	\$ 142,889	28	\$ 140,338	\$ (2,552)	\$ 1,485,555	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			480,079	28,462	15	32,005	3,543	339,654	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)				\$ 4,409,535	\$ 171,352		\$ 172,343	\$ 991	\$ 1,825,209	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	\$ 661,491	\$ 9,892	\$ 132,298	122,406	5	\$ 630,716	18
19	Vehicle		(16,228)		16,228	5	-	19
20	TOTAL (lines 18 and 19)	\$ 661,491	\$ (6,336)	\$ 132,298	138,634		\$ 630,716	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

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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

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		3	4	6		7	8	9						
			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	10/1/2006	\$ 3,370,000	\$ 3,064,022	2/1/2048	0.0544	\$ 167,667	1					
2		IHDA		X	Second Mortgage	10/1/2006	1,100,000	877,940	2/1/2048	0.0100	8,892	2					
3												3					
		Working Capital															
4						/ /			/ /			4					
5						/ /			/ /			5					
6						/ /			/ /			6					
7		TOTAL Facility Related					\$ 4,470,000	\$ 3,941,963			\$ 176,559	7					
		B. Non-Facility Related															
8						/ /			/ /			8					
9						/ /			/ /			9					
10		TOTALS (lines 7, 8 and 9)					\$ 4,470,000	\$ 3,941,963			\$ 176,559	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.

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 461,366	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (4,401))	182,193		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,236		6
7	Other Prepaid Expenses	102		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 648,898	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	50,000		13
14	Buildings, at Historical Cost	3,929,455		14
15	Leasehold Improvements, at Historical Cost	480,079		15
16	Equipment, at Historical Cost	661,491		16
17	Accumulated Depreciation (book methods)	(2,455,925)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	8,728		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(8,728)		20
21	Restricted Funds	1,039,894		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,704,994	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,353,892	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 83,784	\$	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	32,369		31
32	Accrued Interest Payable	14,622		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	108,745		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 239,520	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	3,805,537		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)	\$ 3,805,537	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,045,056	\$	45
46	TOTAL EQUITY	\$ 308,835	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,353,892	\$	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	\$ 1,387,042	1
2	Discounts and Allowances	(898)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,386,144	3
B. Other Operating Revenue			
4	Special Services	54,855	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	3,613	8
9	Non-Resident Meals	1,570	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 60,038	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	5,891	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,891	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	1,200	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,200	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,453,273	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	362,186	19
20	Health Care/ Personal Care	194,531	20
21	General Administration	370,549	21
B. Capital Expense			
22	Ownership	511,206	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)	\$ 1,438,471	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 14,802	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 14,802	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 573,165	32
33	Private Pay - Net Inpatient Revenue	812,979	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,386,144	37

Expenses PG 3 Other

General Services Other	Health Care & Programs	General Administration Other	Amt	Ownership Other	Amt
5200-5000-0-0 Operating Allocation	-	5160-5060-0-0 Consulting	93	9100-9101-0-0 Interest & Dividend Income	-
5200-5124-0-0 Exterminating	7,523	5160-5063-0-0 Legal	697	9100-9102-0-0 Assessment Income	-
5200-5127-0-0 Rubbish Removal	3,517	5160-5064-0-0 Accounting	61	9100-9103-0-0 Assessment Expense	-
5200-5130-0-0 Vehicle Expense	3,495	5160-5066-0-0 Audit	12,930	9200-9201-1-0 Amortization - Loan Fees	4,584
5200-5131-0-0 Transportation Service	12	5160-5067-0-0 Contract Labor-Serv Prov	74,873	9200-9202-0-0 Financing Fees	-
5300-5140-0-0 Security & Monitoring	4,544	5160-5068-0-0 Contract Labor	2,483	9200-9203-1-0 Mortgage Interest Premium	-
		5180-5079-0-0 Bad Debt - Resident	4,057	9200-9204-0-0 Mortgage Service Fee	-
		5180-5079-1-0 Bad Debt - Resident - Recovery	-	9200-9205-0-0 Mortgage Insurance Prem	15,394
		5180-5080-0-0 Bad Debt - Resident Prior Period	-	9200-9206-0-0 Participation Fee	-
		5180-5081-0-0 Bad Debt - Medicaid Pending Denial	345	9200-9207-0-0 Letter of Credit Fee	-
		5180-5081-1-0 Bad Debt - Medicaid Pending - Recovery	-	9200-9208-0-0 Bond & Draw Fee	-
		5180-5082-0-0 Bad Debt - Medicaid Denial Prior Period	-	9200-9209-0-0 Remarketing and Trustee Fee	-
		5180-5083-0-0 Bad Debt - Medicaid MCO	-	9200-9210-0-0 Interest Expense-Note	-
		5190-5000-0-0 Other Admin Allocation	-	9200-9211-0-0 Interest Expense-LP	-
				9200-9212-0-0 Debt Write-Off	-
				9300-9301-0-0 Partnership Management Fee	35,000
				9300-9302-0-0 Asset Management Fee	20,000
				9300-9303-0-0 Incentive Management	43,000
				9300-9303-1-0 Incentive Asset Mgmt Fee	-
				9300-9304-0-0 Tax Credit Fees & Incentive Fee	700
				9300-9305-0-0 Organizational Expense	-
				9300-9306-0-0 Developer Fees	-
				9300-9307-0-0 Closing Costs	-
				9700-9702-0-0 Amortization Expense	635
				9900-9901-0-0 Prior Period Adjustments	-
				9900-9902-0-0 Dissolution of Business	-
				9900-9903-0-0 Loss (Gain) on Sale of Assets	(3,929)
				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, Transfe	-
	19,091				
			95,538		115,384

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-	2111-0040-0-0	Construction Account Payable	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-	2112-0100-0-0	Accrued Asset Management Fee	20,000
1102-9973-0-0	A/R-Insurance Reimbursemen	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	35,000
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	43,000
1102-9975-0-0	A/R-CIP	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9976-0-0	A/R-Other	-	2112-0105-0-0	Accrued Liabilities	9,087
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	-	2112-0115-0-0	Accrued Developer Fee	-
1105-0009-0-0	Transfer Account	-	2112-0130-0-0	Accrued MIP	-
1105-0012-0-0	Undeposited Funds	-	2112-0140-0-0	Accrued Vacation	-
			2112-0144-0-0	Payroll Union Dues	-
			2112-0146-0-0	Payroll Benefits	-
			2112-0150-0-0	Security Deposits	-
			2112-0154-0-0	Unclaimed Property	-
			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	1,658
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		-			108,745
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 PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,200
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		1,200