

Facility Name Eagle Ridge SLF

Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	17,727	9,546		27,273	5
6	Double Unit					6
7	Other					7
8	TOTALS	17,727	9,546		27,273	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.32%

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

219 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 5 (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: 12/31/09 Fiscal Year: 12/31/09

* 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	179,092	141,083	1,182	321,357		321,357	1
2	Housekeeping, Laundry and Maintenance	66,278	8,900	28,880	104,058		104,058	2
3	Heat and Other Utilities			106,008	106,008	(17,827)	88,181	3
4	Other (specify):			7,481	7,481		7,481	4
5	TOTAL General Services	245,370	149,983	143,551	538,904	(17,827)	521,077	5
B. Health Care and Programs								
6	Health Care/ Personal Care	328,336	1,482		329,818		329,818	6
7	Activities and Social Services	27,482	4,950		32,432		32,432	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	355,818	6,432		362,250		362,250	9
C. General Administration								
10	Administrative and Clerical	129,234	7,701	211,474	348,409	(12,793)	335,616	10
11	Marketing Materials, Promotions and Advertising	41,430	1,196	25,492	68,118		68,118	11
12	Employee Benefits and Payroll Taxes			143,266	143,266		143,266	12
13	Insurance-Property, Liability and Malpractice			31,783	31,783		31,783	13
14	Other (specify):			36,945	36,945		36,945	14
15	TOTAL General Administration	170,664	8,897	448,960	628,521	(12,793)	615,728	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	771,852	165,312	592,511	1,529,675	(30,620)	1,499,055	16
Capital Expenses								
D. Ownership								
17	Depreciation			267,737	267,737		267,737	17
18	Interest			293,701	293,701		293,701	18
19	Real Estate Taxes			53,884	53,884		53,884	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			401,052	401,052		401,052	22
23	TOTAL Ownership			1,016,374	1,016,374		1,016,374	23
24	GRAND TOTAL (Sum of lines 16 and 23)	771,852	165,312	1,608,885	2,546,049	(30,620)	2,515,429	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	1	\$ 22.88	1
2	Licensed Practical Nurses	1	15.56	2
3	Certified Nurse Assistants	13	9.22	3
4	Activity Director & Assistants	1	14.14	4
5	Social Service Workers			5
6	Head Cook	1	15.50	6
7	Cook Helpers/Assistants	9	8.45	7
8	Dishwashers			8
9	Maintenance Workers	1	15.30	9
10	Housekeepers	2	8.12	10
11	Laundry			11
12	Managers	1	28.54	12
13	Other Administrative			13
14	Clerical	3	13.90	14
15	Marketing	1	19.45	15
16	Other			16
17	Total (lines 1 thru 16)	33	\$	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	\$ 126,106	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

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

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 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	\$ 5,982,196	\$ 217,513	28	\$ 217,534	\$ 21	\$ 1,422,664	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements			351,206	23,414	15	23,414	(0)	145,835	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)				\$ 6,333,402	\$ 240,927		\$ 240,948	\$ 21	\$ 1,568,499	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	\$ 484,846	\$ 26,810	\$ 96,969	70,159	5	\$ 484,846	18
19	Vehicles	40,644				5	40,644	19
20	TOTAL (lines 18 and 19)	\$ 525,490	\$ 26,810	\$ 96,969	70,159		\$ 525,490	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 SLF**Report Period Beginning: **01/01/2009**

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12/31/2009**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2009**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 606,181	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	489,964		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,186		6
7	Other Prepaid Expenses	4,438		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Prepaid MIP	3,179		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,126,948	\$	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	5,982,196		14
15	Leasehold Improvements, at Historical Cost	351,206		15
16	Equipment, at Historical Cost	525,490		16
17	Accumulated Depreciation (book methods)	(2,093,989)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	154,921		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(38,708)		20
21	Restricted Funds	939,216		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,002,218	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,129,166	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 23,370	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	46,039		30
31	Accrued Taxes Payable	58,946		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	385,642		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 513,997	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,832,008		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)	\$ 4,832,008	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,346,005	\$	45
46	TOTAL EQUITY	\$ 1,783,161	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,129,166	\$	47

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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	\$ 2,405,108	1
2	Discounts and Allowances	(813)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,404,295	3
B. Other Operating Revenue			
4	Special Services	95,593	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	16,857	8
9	Non-Resident Meals	7,189	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 119,639	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	13,022	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13,022	14
D. Other Revenue (specify):			
15	Fundraiser	430	15
16	Vending	605	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,035	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,537,991	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	538,904	19
20	Health Care/ Personal Care	362,250	20
21	General Administration	628,521	21
B. Capital Expense			
22	Ownership	1,016,374	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)	\$ 2,546,049	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (8,058)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (8,058)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	2,074
Rubbish Removal	2,842
Vehicle Expense	2,103
Misc Operating Expenses	462
Total	7,481

C. General Administration - Other

Consulting	175
Legal	12,386
Accounting	679
Audit	14,000
Bad Debt	9,705
Total	36,945

D. Ownership

Mortgage Service Fee	12,136
Mortgage Insurance Premium	24,267
Partnership Management Fee	10,000
Asset Management Fee	10,000
Incentive Manangement Fee	337,194
Tax Credit Fee & Incentive Fee	1,500
Amortization Expense	5,955
Business Interruption	-
Property Damage Loss	-
Total	401,052

Reclassifications and Adjustments

Heat & Other Utilities (17,827) Cable

Administrative and Clerical (12,793) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	22,705
Accrued Asset Mgmt Fee	10,000
Accrued Partnership Fee	10,000
Accrued Incentive Mgmt Fee	337,194
Accrued Developer Fee	-
Unearned Revenue	5,743
Accrued MIP	
Total Other Current Liabilities	385,642