

Facility Name Eagle Ridge SLF II

Report Period Beginning: 01/01/13 Ending: 12/31/13

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	12,775	1
2	2	Double Unit Apartment	2	730	2
3		Other			3
4	37	TOTALS	37	13,505	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	9,824	2,807		12,631	5
6	Double Unit					6
7	Other					7
8	TOTALS	9,824	2,807		12,631	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.53%

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

3 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)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 2013 Fiscal Year: 2013

* 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 SLF II

Report Period Beginning:

01/01/13

Ending:

12/31/13

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		68,893	660	69,553		69,553	1
2	Housekeeping, Laundry and Maintenance		5,896	26,878	32,774		32,774	2
3	Heat and Other Utilities			46,747	46,747	(9,175)	37,572	3
4	Other (specify):			4,783	4,783		4,783	4
5	TOTAL General Services		74,789	79,068	153,857	(9,175)	144,682	5
B. Health Care and Programs								
6	Health Care/ Personal Care		657	115,432	116,089		116,089	6
7	Activities and Social Services		5,340		5,340		5,340	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		5,997	115,432	121,429		121,429	9
C. General Administration								
10	Administrative and Clerical		3,752		3,752	(6,143)	(2,391)	10
11	Marketing Materials, Promotions and Advertising		2,195	22,847	25,042		25,042	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			7,390	7,390		7,390	13
14	Other (specify):			458,898	458,898		458,898	14
15	TOTAL General Administration		5,947	489,135	495,082	(6,143)	488,939	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		86,733	683,635	770,368	(15,318)	755,050	16
Capital Expenses								
D. Ownership								
17	Depreciation			191,027	191,027		191,027	17
18	Interest			184,581	184,581		184,581	18
19	Real Estate Taxes			49,415	49,415		49,415	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			120,312	120,312		120,312	22
23	TOTAL Ownership			545,335	545,335		545,335	23
24	GRAND TOTAL (Sum of lines 16 and 23)		86,733	1,228,970	1,315,703	(15,318)	1,300,385	24

Facility Name: Eagle Ridge SLF II

Report Period Beginning: 01/01/13 Ending: 12/31/13

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0	\$ 29.92	1
2	Licensed Practical Nurses	1	19.43	2
3	Certified Nurse Assistants	6	10.17	3
4	Activity Director & Assistants			4
5	Social Service Workers	0	14.21	5
6	Head Cook	1	15.68	6
7	Cook Helpers/Assistants	3	9.18	7
8	Dishwashers			8
9	Maintenance Workers	0	18.08	9
10	Housekeepers	1	9.16	10
11	Laundry			11
12	Managers	0	34.91	12
13	Other Administrative	0	17.32	13
14	Clerical			14
15	Marketing	0	23.09	15
16	Other			16
17	Total (lines 1 thru 16)	12	\$	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	\$ 61,763	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		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).

Facility Name: Eagle Ridge SLF II

Report Period Beginning:

01/01/13

Ending:

12/31/13

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			2007	\$ 3,919,621	\$ 142,532	28	\$ 142,532	\$ (0)	\$ 914,475	1
2											2
3											3
4											4
5											5
Improvement Type											
6		LAND IMPROVEMENTS			476,265	46,660	15	31,751	(14,909)	253,406	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)				\$ 4,395,886	\$ 189,192		\$ 174,283	\$ (14,909)	\$ 1,167,881	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	\$ 617,697	\$ (3,675)	\$ 123539	127,214	5	\$ 594,658	18
19	Vehicles	17,221	5,510	3444.19	(2,066)	5	8,954	19
20	TOTAL (lines 18 and 19)	\$ 634,918	\$ 1,835	\$ 126,984	125,149		\$ 603,612	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 II

Report Period Beginning: 01/01/13

Ending: 12/31/13

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 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				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		IHDA		X	FIRST MORTGAGE	10/1/06	\$ 3,370,000	\$	2/1/48	0.0544	\$ 173,900	1
2		IHDA		X	SECOND MORTGAGE	10/1/06	1,100,000		2/1/48	0.0100	10,681	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 4,470,000	\$			\$ 184,581	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 4,470,000	\$			\$ 184,581	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 SLF II

Report Period Beginning: 01/01/13

Ending:

12/31/13

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 130,258	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	208,511		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 338,769	\$	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	3,919,621		14
15	Leasehold Improvements, at Historical Cost	476,265		15
16	Equipment, at Historical Cost	634,918		16
17	Accumulated Depreciation (book methods)	(1,771,493)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	192,143		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(34,118)		20
21	Restricted Funds	912,184		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,379,520	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,718,289	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 9,377	\$	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	51,806		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	114,442		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 175,625	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,178,084		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)	\$ 4,178,084	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,353,709	\$	45
46	TOTAL EQUITY	\$ 364,580	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,718,289	\$	47

*(See instructions.)

Facility Name: Eagle Ridge SLF II

Report Period Beginning: 01/01/13

Ending:

12/31/13

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,167,257	1
2	Discounts and Allowances	(4,024)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,163,233	3
	B. Other Operating Revenue		
4	Special Services	63,047	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	4,809	8
9	Non-Resident Meals	2,802	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 70,658	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	13,578	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13,578	14
	D. Other Revenue (specify):		
15	Contract Service Reimbursement	2,182	15
16	Late Fees/Furniture Disposal	357	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,539	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,250,008	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	153,857	19
20	Health Care/ Personal Care	121,429	20
21	General Administration	495,082	21
	B. Capital Expense		
22	Ownership	545,335	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)	\$ 1,315,703	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (65,695)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (65,695)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	2,565
Rubbish Removal	2,218
Vehicle Expense	
Transportation Service	
Water Softener	
Misc Operating	
Total	4,783

C. General Administration - Other

Consulting	1,852
Legal	56
Accounting	152
Audit	12,230
Contract labor-Serv Prov	435,577
Bad Debt	9,031
Contract labor	
Total	458,898

D. Ownership

Letter of Credit	
Mortgage Insurance Premium	16,127
Mortgage Service Fee	
Partnership Management Fee	35,000
Asset Management Fee	20,000
Incentive Manangement Fee	43,000

Tax Credit Fee & Incentive Fee	725
Amortization Expense	5,460
Remarketing and Trustee Fee	
Property Damage Loss	
Gain on Sale	
Total	120,312

Reclassifications and Adjustments

Heat & Other Utilities (9,175) Cable

Administrative and Clerical (6,143) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	9,327
Accrued Asset Mgmt Fee	20,000
Accrued Partnership Fee	35,000
Accrued Incentive Mgmt Fee	43,000
Unclaimed Property	
Unearned Revenue	6,958
Accrued MIP	157
Reservation Deposit	

Total Other Current Liabilities 114,442