





Facility Name: EAGLE RIDGE SLF I

Report Period Beginning:

01/01/2017

Ending: 12/31/2017

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	212,889	155,181	1,181	369,251		369,251	1
2	Housekeeping, Laundry and Maintenance	89,896	27,649	148,332	265,877		265,877	2
3	Heat and Other Utilities			90,877	90,877	(19,482)	71,395	3
4	Other (specify): See Page 3 Attachment			39,225	39,225		39,225	4
5	<b>TOTAL General Services</b>	<b>302,785</b>	<b>182,830</b>	<b>279,615</b>	<b>765,230</b>	<b>(19,482)</b>	<b>745,748</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	448,066	10,529		458,595		458,595	6
7	Activities and Social Services	42,117	6,862		48,979		48,979	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>490,183</b>	<b>17,391</b>		<b>507,574</b>		<b>507,574</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	192,866	20,310	217,336	430,512	(22,495)	408,017	10
11	Marketing Materials, Promotions and Advertising	54,367	7,166	31,224	92,757		92,757	11
12	Employee Benefits and Payroll Taxes			228,625	228,625		228,625	12
13	Insurance-Property, Liability and Malpractice			18,024	18,024		18,024	13
14	Other (specify): See Page 3 Attachment			184,178	184,178	(43,492)	140,686	14
15	<b>TOTAL General Administration</b>	<b>247,233</b>	<b>27,476</b>	<b>679,387</b>	<b>954,096</b>	<b>(65,987)</b>	<b>888,109</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,040,201</b>	<b>227,697</b>	<b>959,001</b>	<b>2,226,899</b>	<b>(85,469)</b>	<b>2,141,430</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			265,135	265,135		265,135	17
18	Interest			268,105	268,105	(4,165)	263,940	18
19	Real Estate Taxes			58,006	58,006		58,006	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,303	9,303		9,303	21
22	Other (specify): See Page 3 Attachment			221,012	221,012		221,012	22
23	<b>TOTAL Ownership</b>			<b>821,561</b>	<b>821,561</b>	<b>(4,165)</b>	<b>817,396</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,040,201</b>	<b>227,697</b>	<b>1,780,562</b>	<b>3,048,460</b>	<b>(89,634)</b>	<b>2,958,826</b>	<b>24</b>

Facility Name: EAGLE RIDGE SLF I

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

**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	14	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	8	10.06	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	10.54	10
11	Laundry			11
12	Managers	5	22.77	12
13	Other Administrative	4	25.55	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>34</b>	<b>\$</b>	<b>17</b>

**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
				<b>Total</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Management fees paid to unrelated parties	Amount of Fee	
1	Gardant Management Solutions	\$ 143,541	1
2			2
		<b>Total</b>	<b>3</b>

**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).

Facility Name: EAGLE RIDGE SLF I

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	\$ 6,022,302	\$ 218,903	28	\$ 215,082	\$ (3,821)	\$ 3,166,876	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Leasehold Improvements			359,042	23,936	15	23,936	0	334,340	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)				\$ 6,381,344	\$ 242,839		\$ 239,018	\$ (3,820)	\$ 3,501,216	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	\$ 714,314	\$ 20,261	\$ 142,863	122,602	5	\$ 647,256	18
19	Vehicles		(33,338)		33,338	5	-	19
20	TOTAL (lines 18 and 19)	\$ 714,314	\$ (13,077)	\$ 142,863	155,940		\$ 647,256	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 I**

Report Period Beginning: **01/01/2017**

Ending: **12/31/2017**

**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	<b>TOTAL</b>				\$			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			
		<b>A. Directly Facility Related</b>															
		<b>Long-Term</b>															
1		IHDA		X	FIRST MORTGAGE	11/1/2002	\$ 5,041,000	\$ 4,400,666	2/1/2044	0.0605	\$ 268,105	1					
2												2					
3												3					
		<b>Working Capital</b>															
4						/ /			/ /			4					
5						/ /			/ /			5					
6						/ /			/ /			6					
7		<b>TOTAL Facility Related</b>					\$ 5,041,000	\$ 4,400,666			\$ 268,105	7					
		<b>B. Non-Facility Related</b>															
8						/ /			/ /			8					
9						/ /			/ /			9					
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 5,041,000	\$ 4,400,666			\$ 268,105	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 I

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 571,517	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (51,535) )	355,031		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,806		6
7	Other Prepaid Expenses	7,317		7
8	Accounts Receivable (owners or related parties)	51,664		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 997,334	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	181,886		13
14	Buildings, at Historical Cost	6,022,302		14
15	Leasehold Improvements, at Historical Cost	359,042		15
16	Equipment, at Historical Cost	714,314		16
17	Accumulated Depreciation (book methods)	(4,148,472)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	27,761		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(27,761)		20
21	Restricted Funds	667,775		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,796,847	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,794,181	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 162,006	\$	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	57,982		31
32	Accrued Interest Payable	22,187		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	432,468		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 674,642	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,319,609		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 4,319,609	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 4,994,251	\$	45
46	<b>TOTAL EQUITY</b>	\$ (200,069)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 4,794,181	\$	47

\*(See instructions.)

Facility Name: EAGLE RIDGE SLF I

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,756,940	1
2	Discounts and Allowances	(1,764)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,755,176</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	111,402	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	4,964	8
9	Non-Resident Meals	3,171	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 119,537</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	4,165	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 4,165</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	2,356	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 2,356</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,881,234</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	765,230	19
20	Health Care/ Personal Care	507,574	20
21	General Administration	954,096	21
<b>B. Capital Expense</b>			
22	Ownership	821,561	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 3,048,460</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (167,226)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (167,226)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 1,195,957	32
33	Private Pay - Net Inpatient Revenue	1,559,219	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 2,755,176</b>	<b>37</b>

### 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	190	9100-9101-0-0 Interest & Dividend Income	-
5200-5124-0-0 Exterminating	15,458	5160-5063-0-0 Legal	1,404	9100-9102-0-0 Assessment Income	-
5200-5127-0-0 Rubbish Removal	7,229	5160-5064-0-0 Accounting	124	9100-9103-0-0 Assessment Expense	-
5200-5130-0-0 Vehicle Expense	7,177	5160-5066-0-0 Audit	15,110	9200-9201-1-0 Amortization - Loan Fees	3,180
5200-5131-0-0 Transportation Service	25	5160-5067-0-0 Contract Labor-Serv Prov	118,753	9200-9202-0-0 Financing Fees	-
5300-5140-0-0 Security & Monitoring	9,336	5160-5068-0-0 Contract Labor	5,104	9200-9203-1-0 Mortgage Interest Premium	-
		5180-5079-0-0 Bad Debt - Resident	36,924	9200-9204-0-0 Mortgage Service Fee	11,079
		5180-5079-1-0 Bad Debt - Resident - Recovery	-	9200-9205-0-0 Mortgage Insurance Prem	22,156
		5180-5080-0-0 Bad Debt - Resident Prior Period	-	9200-9206-0-0 Participation Fee	-
		5180-5081-0-0 Bad Debt - Medicaid Pending Denial	5,301	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	1,267	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	1,000
				9300-9302-0-0 Asset Management Fee	19,000
				9300-9303-0-0 Incentive Management	171,143
				9300-9303-1-0 Incentive Asset Mgmt Fee	-
				9300-9304-0-0 Tax Credit Fees & Incentive Fee	1,525
				9300-9305-0-0 Organizational Expense	-
				9300-9306-0-0 Developer Fees	-
				9300-9307-0-0 Closing Costs	-
				9700-9702-0-0 Amortization Expense	-
				9900-9901-0-0 Prior Period Adjustments	-
				9900-9902-0-0 Dissolution of Business	-
				9900-9903-0-0 Loss (Gain) on Sale of Assets	(8,071)
				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	-
	39,225	-	184,178		221,012

**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	19,000
1102-9973-0-0	A/R-Insurance Reimbursemen	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	1,000
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	350,573
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	33,271
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	11
			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	28,612
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		-			432,468
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	1,456
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	900
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		2,356