

Facility Name HERITAGE WOODS OF MINOOKA

Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	102	Single Unit Apartment	102	37,230	1
2		Double Unit Apartment			2
3		Other			3
4	102	TOTALS	102	37,230	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	20,348	10,092		30,440	5
6	Double Unit					6
7	Other					7
8	TOTALS	20,348	10,092		30,440	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.76%

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

483 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 129 (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: 2018 Fiscal Year: 2018

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? NO If yes, did the facility make all of the required payments of interest and principle? _____
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	234,949	180,282	2,611	417,842		417,842	1
2	Housekeeping, Laundry and Maintenance	90,940	27,153	44,669	162,762		162,762	2
3	Heat and Other Utilities			123,315	123,315	(21,483)	101,832	3
4	Other (specify):			19,235	19,235		19,235	4
5	TOTAL General Services	325,889	207,435	189,830	723,154	(21,483)	701,672	5
B. Health Care and Programs								
6	Health Care/ Personal Care	403,397	10,989		414,386		414,386	6
7	Activities and Social Services	33,492	4,081		37,573		37,573	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	436,889	15,070		451,959		451,959	9
C. General Administration								
10	Administrative and Clerical	134,917	22,833	230,482	388,232	(16,248)	371,984	10
11	Marketing Materials, Promotions and Advertising	44,831	8,245	49,139	102,215		102,215	11
12	Employee Benefits and Payroll Taxes			189,987	189,987		189,987	12
13	Insurance-Property, Liability and Malpractice			36,133	36,133		36,133	13
14	Other (specify):			91,996	91,996	(22,851)	69,146	14
15	TOTAL General Administration	179,748	31,078	597,737	808,563	(39,099)	769,464	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	942,526	253,583	787,568	1,983,677	(60,582)	1,923,095	16
Capital Expenses								
D. Ownership								
17	Depreciation			677,351	677,351		677,351	17
18	Interest			457,789	457,789	(39)	457,750	18
19	Real Estate Taxes			81,786	81,786		81,786	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			8,374	8,374		8,374	21
22	Other (specify):			111,182	111,182		111,182	22
23	TOTAL Ownership			1,336,482	1,336,482	(39)	1,336,443	23
24	GRAND TOTAL (Sum of lines 16 and 23)	942,526	253,583	2,124,050	3,320,159	(60,621)	3,259,538	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	23.28	2
3	Certified Nurse Assistants	11	11.48	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	9	10.97	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	1	10.03	10
11	Laundry			11
12	Managers	5	25.10	12
13	Other Administrative	3	23.28	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)	30	\$	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

	Name	Amount of Fee	
1	Gardant Management Solutions	\$ 174,145	1
2			2
		Total	\$ 174,145 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
_____		_____	
_____		_____	
_____		_____	
_____		_____	

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 800,550 Year land was acquired 2015

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	102			2017	\$ 12,599,908	\$ 421,856	30	\$ 419,997	\$ (1,859)	\$ 667,306	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Leasehold Improvements				1,142,529	76,169	15	76,169	0	113,796	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)				\$ 13,742,437	\$ 498,024		\$ 496,166	\$ (1,859)	\$ 781,101	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	\$ 1,131,805	\$ 161,686	\$ 226,361	64,675	5	\$ 260,728	18
19	Vehicles	66,148	17,640	13,230	(4,410)	5	17,640	19
20	TOTAL (lines 18 and 19)	\$ 1,197,953	\$ 179,326	\$ 239,591	60,264		\$ 278,368	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	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	LANCASTER POLLARD			FIRST MORTGAGE	1/1/18	\$ 13,350,000	\$ 13,198,956	12/1/57	0.0363	\$ 452,809
2										
3										
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 13,350,000	\$ 13,198,956			\$ 452,809
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 13,350,000	\$ 13,198,956			\$ 452,809

* 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 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 624,350	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (23,555))	725,999		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	135,224		6
7	Other Prepaid Expenses	42,674		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	5,768		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,534,014	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	800,550		13
14	Buildings, at Historical Cost	12,599,908		14
15	Leasehold Improvements, at Historical Cost	1,142,529		15
16	Equipment, at Historical Cost	1,197,953		16
17	Accumulated Depreciation (book methods)	(1,059,470)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	190,963		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,872,433	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,406,447	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 69,101	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,154		30
31	Accrued Taxes Payable	81,787		31
32	Accrued Interest Payable	39,927		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	201,083		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 425,051	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,659,061		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)	\$ 12,659,061	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,084,113	\$	45
46	TOTAL EQUITY	\$ 3,322,335	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,406,447	\$	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	\$ 3,413,775	1
2	Discounts and Allowances	(4,220)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,409,555	3
B. Other Operating Revenue			
4	Special Services	109,302	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	8,631	8
9	Non-Resident Meals	1,531	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 119,464	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	39	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 39	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	7,595	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,595	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,536,653	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	723,154	19
20	Health Care/ Personal Care	451,959	20
21	General Administration	808,563	21
B. Capital Expense			
22	Ownership	1,336,482	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)	\$ 3,320,159	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 216,494	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 216,494	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,190,922	32
33	Private Pay - Net Inpatient Revenue	2,218,633	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,409,555	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Other (specify):		Other (specify):	Amt
5200-5000-0-0	Operating Allocation	9100-9101-0-0	Interest & Dividend Income
			-
5200-5124-0-0	Exterminating	9100-9102-0-0	Assessment Income
	1,832		-
5200-5127-0-0	Rubbish Removal	9100-9103-0-0	Assessment Expense
	5,140		-
5200-5130-0-0	Vehicle Expense	9200-9201-1-0	Amortization - Loan Fees
	2,296		-
5200-5131-0-0	Transportation Service	9200-9202-0-0	Financing Fees
	-		-
5300-5140-0-0	Security & Monitoring	9200-9203-1-0	Mortgage Interest Premium
	9,968		-
	PG3-4.3		
			19,235
C. General Administration			
Other (specify):	Amt		
5160-5060-0-0	Consulting	9200-9204-0-0	Mortgage Service Fee
	11,459		-
5160-5063-0-0	Legal	9200-9205-0-0	Mortgage Insurance Prem
	7,627		103,053
5160-5064-0-0	Accounting	9200-9206-0-0	Participation Fee
	115		-
5160-5066-0-0	Audit	9200-9207-0-0	Letter of Credit Fee
	15,720		7,707
5160-5067-0-0	Contract Labor-Serv Prov	9200-9208-0-0	Bond & Draw Fee
	-		-
5160-5068-0-0	Contract Labor	9200-9209-0-0	Remarketing and Trustee Fee
	34,224		-
5180-5079-0-0	Bad Debt - Resident	9200-9210-0-0	Interest Expense-Note
	21,054		422
5180-5079-1-0	Bad Debt - Resident - Recovery	9200-9211-0-0	Interest Expense-LP
	-		-
5180-5080-0-0	Bad Debt - Resident Prior Period	9200-9212-0-0	Debt Write-Off
	-		-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	9300-9301-0-0	Partnership Management Fee
	1,797		-
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	9300-9302-0-0	Asset Management Fee
	-		-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	9300-9303-0-0	Incentive Management
	-		-
5180-5083-0-0	Bad Debt - Medicaid MCO	9300-9303-1-0	Incentive Asset Mgmt Fee
	-		-
5190-5000-0-0	Other Admin Allocation	9300-9304-0-0	Tax Credit Fees & Incentive Fee
	-		-
	PG3-14.3	9300-9305-0-0	Organizational Expense
			-
			91,996
B. Health Care and Programs		9300-9306-0-0	Developer Fees
Other (specify):	PG3-8.3		-
		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
			-
		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
			-
			PG3-22.3
			111,182

Operating Expenses - Reclassifications and Adjustments PG 3		
A. General Services		
Heat and Other Utilities		
3300-3303-0-0	Cable	21,483
	PG3-3.5	21,483
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	8,631
3300-3304-0-0	Internet Access	2,123
3300-3321-0-0	Telephone- Connection	5,228
3300-3323-0-0	Telephone- Usage	266
5190-5090-0-0	Contributions	-
	PG3-10.5	16,248
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	21,054
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	1,797
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-
5180-5083-0-0	Bad Debt - Medicaid MCO	-
	PG3-14.5	22,851
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	5
3300-3385-0-0	Interest Income - Reserves	34
	PG3-18.5	39
D. Ownership		
Other (specify):		
1302-1007-0-0	A/A - Goodwill	-
9200-9209-0-0	Remarketing and Trustee Fee	-
	PG3-22.5	-

Balance Sheet PG 7 Other

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	5,768
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		5,768

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	-
PG7-23.1		-

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	124,065
2112-0100-0-0	Accrued Asset Management Fee	-
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	18,610
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
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	1,250
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	57,158
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		201,083

Income Statement PG 8 Other

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other (Late fees & NSF)	3,060
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
3300-3393-0-0	Insurance Adjustments	935
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

PG8-15.1	7,595
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