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|  |  | FOR BHF USE |  |  |  |
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LL2

Supportive Living Facility

2017

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2017)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                 |                                                |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
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| <p>I. Facility ID Number: 1000142</p> <p>Facility Name: <u>HERITAGE WOODS OF FREEPORT</u></p> <p>Address: <u>1500 SOUTH FOREST RD</u> <u>FREEPORT</u> <u>61032</u></p> <p>County: <u>STEPHENSON</u></p> <p>Telephone Number: ( <u>815</u> ) <u>801-3900</u> Fax # <u>815 801-3901</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>6/26/2013</u></p> <p>Type of Ownership:</p> <table><tr><td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td><td><input type="checkbox"/> PROPRIETARY</td><td><input type="checkbox"/> GOVERNMENTAL</td></tr><tr><td><input type="checkbox"/> Charitable Corp.</td><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> State</td></tr><tr><td><input type="checkbox"/> Trust</td><td><input checked="" type="checkbox"/> Partnership</td><td><input type="checkbox"/> County</td></tr><tr><td>IRS Exemption Code _____</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Other _____</td></tr><tr><td></td><td><input type="checkbox"/> "Sub-S" Corp.</td><td>_____</td></tr><tr><td></td><td><input type="checkbox"/> Limited Liability Co.</td><td>_____</td></tr><tr><td></td><td><input type="checkbox"/> Trust</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Other _____</td><td></td></tr></table> <p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Thomas Staszak</u> Telephone Number: <u>(815) 935-1992</u></p> <p>Email Address: _____</p> |                                                                                                                                                                 | <input type="checkbox"/> VOLUNTARY, NON-PROFIT | <input type="checkbox"/> PROPRIETARY | <input type="checkbox"/> GOVERNMENTAL | <input type="checkbox"/> Charitable Corp. | <input type="checkbox"/> Individual | <input type="checkbox"/> State | <input type="checkbox"/> Trust | <input checked="" type="checkbox"/> Partnership | <input type="checkbox"/> County | IRS Exemption Code _____ | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other _____ |  | <input type="checkbox"/> "Sub-S" Corp. | _____ |  | <input type="checkbox"/> Limited Liability Co. | _____ |  | <input type="checkbox"/> Trust |  |  | <input type="checkbox"/> Other _____ |  | <p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2017</u> to <u>12/31/2017</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Type or Print Name) <u>Greg Echols</u></td><td></td></tr><tr><td></td><td>(Title) <u>CFO, Gardant Management Solutions</u></td><td></td></tr><tr><td rowspan="5">Paid Preparer</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td><td></td></tr><tr><td>(Firm Name &amp; Address) _____</td><td></td></tr><tr><td>(Telephone) <u>( )</u> _____</td><td>Fax # ( ) _____</td></tr><tr><td colspan="2">MAIL TO: BUREAU OF HEALTH FINANCE<br/>IL DEPT OF HEALTHCARE AND FAMILY SERVICES<br/>201 S. Grand Avenue East<br/>Springfield, IL 62763-0001 Phone # (217) 782-1630</td></tr></table> | Officer or Administrator of Provider | (Signed) _____ | (Date) _____ | (Type or Print Name) <u>Greg Echols</u> |  |  | (Title) <u>CFO, Gardant Management Solutions</u> |  | Paid Preparer | (Signed) _____ | (Date) _____ | (Print Name and Title) _____ |  | (Firm Name & Address) _____ |  | (Telephone) <u>( )</u> _____ | Fax # ( ) _____ | MAIL TO: BUREAU OF HEALTH FINANCE<br>IL DEPT OF HEALTHCARE AND FAMILY SERVICES<br>201 S. Grand Avenue East<br>Springfield, IL 62763-0001 Phone # (217) 782-1630 |  |
| <input type="checkbox"/> VOLUNTARY, NON-PROFIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> PROPRIETARY                                                                                                                            | <input type="checkbox"/> GOVERNMENTAL          |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
| <input type="checkbox"/> Charitable Corp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Individual                                                                                                                             | <input type="checkbox"/> State                 |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
| <input type="checkbox"/> Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Partnership                                                                                                                 | <input type="checkbox"/> County                |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
| IRS Exemption Code _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Corporation                                                                                                                            | <input type="checkbox"/> Other _____           |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> "Sub-S" Corp.                                                                                                                          | _____                                          |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Limited Liability Co.                                                                                                                  | _____                                          |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Trust                                                                                                                                  |                                                |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Other _____                                                                                                                            |                                                |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
| Officer or Administrator of Provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Signed) _____                                                                                                                                                  | (Date) _____                                   |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Type or Print Name) <u>Greg Echols</u>                                                                                                                         |                                                |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Title) <u>CFO, Gardant Management Solutions</u>                                                                                                                |                                                |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
| Paid Preparer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Signed) _____                                                                                                                                                  | (Date) _____                                   |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Print Name and Title) _____                                                                                                                                    |                                                |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Firm Name & Address) _____                                                                                                                                     |                                                |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Telephone) <u>( )</u> _____                                                                                                                                    | Fax # ( ) _____                                |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MAIL TO: BUREAU OF HEALTH FINANCE<br>IL DEPT OF HEALTHCARE AND FAMILY SERVICES<br>201 S. Grand Avenue East<br>Springfield, IL 62763-0001 Phone # (217) 782-1630 |                                                |                                      |                                       |                                           |                                     |                                |                                |                                                 |                                 |                          |                                      |                                      |  |                                        |       |  |                                                |       |  |                                |  |  |                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                |              |                                         |  |  |                                                  |  |               |                |              |                              |  |                             |  |                              |                 |                                                                                                                                                                 |  |

**Facility Name** HERITAGE WOODS OF FREEPORT

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 | 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<br>Type of Unit | 2 3 4 5<br>Resident Days by Unit and Primary Source of Payment |             |       |        |   |
|---|-------------------|----------------------------------------------------------------|-------------|-------|--------|---|
|   |                   | Medicaid Recipient                                             | Private Pay | Other | Total  |   |
| 5 | Single Unit       | 18,558                                                         | 8,771       |       | 27,329 | 5 |
| 6 | Double Unit       |                                                                |             |       |        | 6 |
| 7 | Other             |                                                                |             |       |        | 7 |
| 8 | TOTALS            | 18,558                                                         | 8,771       |       | 27,329 | 8 |

**C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)** 98.52%

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

**595** Also, indicate the number of unpaid bed-hold days the SLF  
had during this year. **25** (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**

1

**NO**

X

**F. Does the BALANCE SHEET reflect any non-SLF assets?**

**YES**

1

**NO**

X

**G. List all services provided by your facility for non-residents.  
(E.g., day care, "meals on wheels", outpatient therapy)**

## H. ACCOUNTING BASIS

| ACCUAL |                                     | MODIFIED |                          |
|--------|-------------------------------------|----------|--------------------------|
|        | <input checked="" type="checkbox"/> | CASH*    | <input type="checkbox"/> |
|        |                                     | CASH*    | <input type="checkbox"/> |

**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? 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.**

Facility Name: HERITAGE WOODS OF FREEPORT

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<br>and Adjustments | Adjusted<br>Total |    |
|--------------------|---------------------------------------------------------------|--------------------------|---------------|------------|------------|--------------------------------------|-------------------|----|
|                    |                                                               | Salary/Wage<br>1         | Supplies<br>2 | Other<br>3 | Total<br>4 |                                      |                   |    |
|                    | <b>A. General Services</b>                                    |                          |               |            |            |                                      |                   |    |
| 1                  | Dietary and Food Purchase                                     | 206,124                  | 147,610       | 1,866      | 355,600    |                                      | 355,600           | 1  |
| 2                  | Housekeeping, Laundry and Maintenance                         | 74,214                   | 30,792        | 38,885     | 143,891    |                                      | 143,891           | 2  |
| 3                  | Heat and Other Utilities                                      |                          |               | 85,422     | 85,422     | (24,229)                             | 61,193            | 3  |
| 4                  | Other (specify): See Page 3 Attachment                        |                          |               | 14,394     | 14,394     |                                      | 14,394            | 4  |
| 5                  | <b>TOTAL General Services</b>                                 | 280,338                  | 178,402       | 140,567    | 599,307    | (24,229)                             | 575,078           | 5  |
|                    | <b>B. Health Care and Programs</b>                            |                          |               |            |            |                                      |                   |    |
| 6                  | Health Care/ Personal Care                                    | 390,976                  | 9,166         |            | 400,142    |                                      | 400,142           |    |
| 7                  | Activities and Social Services                                | 28,963                   | 5,680         |            | 34,643     |                                      | 34,643            | 7  |
| 8                  | Other (specify):                                              |                          |               |            |            |                                      |                   | 8  |
| 9                  | <b>TOTAL Health Care and Programs</b>                         | 419,939                  | 14,846        |            | 434,785    |                                      | 434,785           | 9  |
|                    | <b>C. General Administration</b>                              |                          |               |            |            |                                      |                   |    |
| 10                 | Administrative and Clerical                                   | 121,024                  | 21,463        | 205,785    | 348,272    | (25,654)                             | 322,618           | 10 |
| 11                 | Marketing Materials, Promotions and Advertising               | 47,471                   | 7,991         | 23,139     | 78,601     |                                      | 78,601            | 11 |
| 12                 | Employee Benefits and Payroll Taxes                           |                          |               | 243,787    | 243,787    |                                      | 243,787           | 12 |
| 13                 | Insurance-Property, Liability and Malpractice                 |                          |               | 30,645     | 30,645     |                                      | 30,645            | 13 |
| 14                 | Other (specify): See Page 3 Attachment                        |                          |               | 226,335    | 226,335    | (22,885)                             | 203,450           | 14 |
| 15                 | <b>TOTAL General Administration</b>                           | 168,495                  | 29,454        | 729,691    | 927,640    | (48,539)                             | 879,101           | 15 |
| 16                 | <b>TOTAL Operating Expense<br/>(Sum of lines 5, 9 and 15)</b> | 868,772                  | 222,702       | 870,258    | 1,961,732  | (72,768)                             | 1,888,964         | 16 |
|                    | <b>Capital Expenses</b>                                       |                          |               |            |            |                                      |                   |    |
|                    | <b>D. Ownership</b>                                           |                          |               |            |            |                                      |                   |    |
| 17                 | Depreciation                                                  |                          |               | 550,233    | 550,233    |                                      | 550,233           | 17 |
| 18                 | Interest                                                      |                          |               | 198,234    | 198,234    | (1,448)                              | 196,786           | 18 |
| 19                 | Real Estate Taxes                                             |                          |               | 74,424     | 74,424     |                                      | 74,424            | 19 |
| 20                 | Rent -- Facility and Grounds                                  |                          |               |            |            |                                      |                   | 20 |
| 21                 | Rent -- Equipment                                             |                          |               | 7,024      | 7,024      |                                      | 7,024             | 21 |
| 22                 | Other (specify): See Page 3 Attachment                        |                          |               | 564,507    | 564,507    |                                      | 564,507           | 22 |
| 23                 | <b>TOTAL Ownership</b>                                        |                          |               | 1,394,422  | 1,394,422  | (1,448)                              | 1,392,974         | 23 |
| 24                 | <b>GRAND TOTAL (Sum of lines 16 and 23)</b>                   | 868,772                  | 222,702       | 2,264,680  | 3,356,154  | (74,216)                             | 3,281,938         | 24 |

Facility Name: HERITAGE WOODS OF FREEPORT

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             | 24.94               | 2  |
| 3  | Certified Nurse Assistants     | 13            | 10.28               | 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             | 10.09               | 7  |
| 8  | Dishwashers                    |               |                     | 8  |
| 9  | Maintenance Workers            | Inc line 12   | Inc line 12         | 9  |
| 10 | Housekeepers                   | 2             | 9.75                | 10 |
| 11 | Laundry                        |               |                     | 11 |
| 12 | Managers                       | 5             | 20.43               | 12 |
| 13 | Other Administrative           | 3             | 19.55               | 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)        | 32            | \$                  | 17 |

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 |
|                                        |   |      |   |
|                                        |   |      |   |
|                                        |   |      |   |
|                                        |   |      |   |

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 |
| ###   |                   |                    |                                                      |                                                  | 4 |
| 4     |                   |                    |                                                      |                                                  | 4 |
| 5     |                   |                    |                                                      |                                                  | 5 |
| Total |                   |                    |                                                      | \$                                               | 6 |

VI. (B) Management fees paid to unrelated parties

|       |                              | Amount of Fee |   |
|-------|------------------------------|---------------|---|
| 1     | Gardant Management Solutions | \$ 148,238    | 1 |
| 2     |                              |               | 2 |
| Total |                              | \$ 148,238    | 3 |

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? \$

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: HERITAGE WOODS OF FREEPORT Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 327,202 Year land was acquired 2011

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. \*Total units on this schedule must agree with page 2.

|    | 1<br>Units*             | FOR BHF USE ONLY | 2<br>Year<br>Acquired | 3<br>Year<br>Constructed | 4<br>Cost     | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|-------------------------|------------------|-----------------------|--------------------------|---------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 1  | 76                      |                  |                       | 2011                     | \$ 9,667,014  | \$ 351,493                        | 27.5                  | \$ 351,528                         | \$ 35            | \$ 1,625,703                     | 1  |
| 2  |                         |                  |                       |                          |               |                                   |                       |                                    |                  |                                  | 2  |
| 3  |                         |                  |                       |                          |               |                                   |                       |                                    |                  |                                  | 3  |
| 4  |                         |                  |                       |                          |               |                                   |                       |                                    |                  |                                  | 4  |
| 5  |                         |                  |                       |                          |               |                                   |                       |                                    |                  |                                  | 5  |
|    | Improvement Type        |                  |                       |                          |               |                                   |                       |                                    |                  |                                  |    |
| 6  | Leasehold Improvements  |                  |                       |                          | 1,542,204     | 107,337                           | 15                    | 102,814                            | (4,523)          | 576,925                          | 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) |                  |                       |                          | \$ 11,209,219 | \$ 458,830                        |                       | \$ 454,341                         | \$ (4,489)       | \$ 2,202,627                     | 17 |

C. Equipment Depreciation -- Including Transportation.

|    | Type                    | 1<br>Cost  | 2<br>Current Book<br>Depreciation | 3<br>Straight Line<br>Depreciation | 4<br>Adjustments | 5<br>Life<br>in Years | 6<br>Accumulated<br>Depreciation |    |
|----|-------------------------|------------|-----------------------------------|------------------------------------|------------------|-----------------------|----------------------------------|----|
| 18 | Movable Equipment       | \$ 793,440 | \$ 91,403                         | \$ 158,688                         | 67,285           | 5                     | \$ 747,658                       | 18 |
| 19 |                         |            |                                   |                                    | \$               |                       | -                                | 19 |
| 20 | TOTAL (lines 18 and 19) | \$ 793,440 | \$ 91,403                         | \$ 158,688                         | 67,285           |                       | \$ 747,658                       | 20 |

D. Depreciable Non-Care Assets Included in General Ledger.

|    | 1<br>Description and Year Acquired | 2<br>Cost | 3<br>Current Book<br>Depreciation | 4<br>Accumulated<br>Depreciation |    |
|----|------------------------------------|-----------|-----------------------------------|----------------------------------|----|
| 21 |                                    | \$        | \$                                | \$                               | 21 |
| 22 |                                    |           |                                   |                                  | 22 |
| 23 |                                    |           |                                   |                                  | 23 |
| 24 | TOTALS (lines 21, 22 and 23)       | \$        | \$                                | \$                               | 24 |

Facility Name: HERITAGE WOODS OF FREEPORT

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<br>Year<br>Constructed | 2<br>Number<br>of Units | 3<br>Date of<br>Lease | 4<br>Rental<br>Amount | 5<br>Total Yrs.<br>of Lease | 6<br>Total Years<br>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<br>Name of Lender          | 2<br>Related** |    | 3<br>Purpose of Loan | 4<br>Date of Note | 6<br>Amount of Note |              | 7<br>Maturity Date | 8<br>Interest Rate (4 Digits) | 9<br>Reporting Period Int. Expense |    |
|----|------------------------------|----------------|----|----------------------|-------------------|---------------------|--------------|--------------------|-------------------------------|------------------------------------|----|
|    |                              | YES            | NO |                      |                   | Original            | Balance      |                    |                               |                                    |    |
|    | A. Directly Facility Related |                |    |                      |                   |                     |              |                    |                               |                                    |    |
|    | Long-Term                    |                |    |                      |                   |                     |              |                    |                               |                                    |    |
| 1  | P/R MORTGAGE & INVEST        |                | X  | FIRST MORTGAGE       | 8/1/2012          | \$ 6,650,000        | \$ 6,231,454 | 7/1/2052           | 0.0275                        | \$ 187,285                         | 1  |
| 2  |                              |                |    |                      |                   |                     |              |                    |                               |                                    | 2  |
| 3  |                              |                |    |                      |                   |                     |              |                    |                               |                                    | 3  |
|    | Working Capital              |                |    |                      |                   |                     |              |                    |                               |                                    |    |
| 4  |                              |                |    |                      | / /               |                     |              | / /                |                               |                                    | 4  |
| 5  |                              |                |    |                      | / /               |                     |              | / /                |                               |                                    | 5  |
| 6  |                              |                |    |                      | / /               |                     |              | / /                |                               |                                    | 6  |
| 7  | TOTAL Facility Related       |                |    |                      |                   | \$ 6,650,000        | \$ 6,231,454 |                    |                               | \$ 187,285                         | 7  |
|    | B. Non-Facility Related      |                |    |                      |                   |                     |              |                    |                               |                                    |    |
| 8  |                              |                |    |                      | / /               |                     |              | / /                |                               |                                    | 8  |
| 9  |                              |                |    |                      | / /               |                     |              | / /                |                               |                                    | 9  |
| 10 | TOTALS (lines 7, 8 and 9)    |                |    |                      |                   | \$ 6,650,000        | \$ 6,231,454 |                    |                               | \$ 187,285                         | 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: HERITAGE WOODS OF FREEPORT

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<br>Operating | 2<br>After<br>Consolidation* |    |
|----|----------------------------------------------------------------------------|----------------|------------------------------|----|
|    | <b>A. Current Assets</b>                                                   |                |                              |    |
| 1  | Cash on Hand and in Banks                                                  | \$ 475,750     | \$                           | 1  |
| 2  | Cash-Patient Deposits                                                      |                |                              | 2  |
| 3  | Accounts & Short-Term Notes Receivable-Patients (less allowance (56,477) ) | 335,229        |                              | 3  |
| 4  | Supply Inventory (priced at )                                              |                |                              | 4  |
| 5  | Short-Term Investments                                                     |                |                              | 5  |
| 6  | Prepaid Insurance                                                          | 7,401          |                              | 6  |
| 7  | Other Prepaid Expenses                                                     | 2,613          |                              | 7  |
| 8  | Accounts Receivable (owners or related parties)                            | 15,021         |                              | 8  |
| 9  | Other(specify): See Page 7 Attachment                                      | 381            |                              | 9  |
| 10 | <b>TOTAL Current Assets (sum of lines 1 thru 9)</b>                        | \$ 836,396     | \$                           | 10 |
|    | <b>B. Long-Term Assets</b>                                                 |                |                              |    |
| 11 | Long-Term Notes Receivable                                                 |                |                              | 11 |
| 12 | Long-Term Investments                                                      |                |                              | 12 |
| 13 | Land                                                                       | 327,202        |                              | 13 |
| 14 | Buildings, at Historical Cost                                              | 9,667,014      |                              | 14 |
| 15 | Leasehold Improvements, at Historical Cost                                 | 1,542,204      |                              | 15 |
| 16 | Equipment, at Historical Cost                                              | 793,440        |                              | 16 |
| 17 | Accumulated Depreciation (book methods)                                    | (2,950,286)    |                              | 17 |
| 18 | Deferred Charges                                                           |                |                              | 18 |
| 19 | Organization & Pre-Operating Costs                                         | 176,053        |                              | 19 |
| 20 | Accumulated Amortization - Organization & Pre-Operating Costs              | (80,690)       |                              | 20 |
| 21 | Restricted Funds                                                           | 1,167,949      |                              | 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>                    | \$ 10,642,887  | \$                           | 24 |
| 25 | <b>TOTAL ASSETS (sum of lines 10 and 24)</b>                               | \$ 11,479,283  | \$                           | 25 |

|    |                                                              | 1<br>Operating | 2<br>After<br>Consolidation* |    |
|----|--------------------------------------------------------------|----------------|------------------------------|----|
|    | <b>C. Current Liabilities</b>                                |                |                              |    |
| 26 | Accounts Payable                                             | \$ 25,633      | \$                           | 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                                        | 74,973         |                              | 31 |
| 32 | Accrued Interest Payable                                     | 14,322         |                              | 32 |
| 33 | Deferred Compensation                                        |                |                              | 33 |
| 34 | Federal and State Income Taxes                               |                |                              | 34 |
|    | <b>Other Current Liabilities(specify):</b>                   |                |                              |    |
| 35 | See Page 7 Attachment                                        | 568,399        |                              | 35 |
| 36 |                                                              |                |                              | 36 |
| 37 | <b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>   | \$ 683,327     | \$                           | 37 |
|    | <b>D. Long-Term Liabilities</b>                              |                |                              |    |
| 38 | Long-Term Notes Payable                                      |                |                              | 38 |
| 39 | Mortgage Payable                                             | 5,959,604      |                              | 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> | \$ 5,959,604   | \$                           | 44 |
| 45 | <b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>            | \$ 6,642,931   | \$                           | 45 |
| 46 | <b>TOTAL EQUITY</b>                                          | \$ 4,836,352   | \$                           | 46 |
| 47 | <b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b> | \$ 11,479,283  | \$                           | 47 |

\*(See instructions.)

Facility Name: HERITAGE WOODS OF FREEPORT

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                                       | \$ 2,874,125 | 1  |
| 2  | Discounts and Allowances                                         | (2,924)      | 2  |
| 3  | <b>SUBTOTAL Resident Care (line 1 minus line 2)</b>              | \$ 2,871,201 | 3  |
|    | <b>B. Other Operating Revenue</b>                                |              |    |
| 4  | Special Services                                                 | 107,641      | 4  |
| 5  | Other Health Care Services                                       |              | 5  |
| 6  | Special Grants                                                   |              | 6  |
| 7  | Gift and Coffee Shop                                             |              | 7  |
| 8  | Barber and Beauty Care                                           | 10,532       | 8  |
| 9  | Non-Resident Meals                                               | 6,360        | 9  |
| 10 | Laundry                                                          |              | 10 |
| 11 | <b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b> | \$ 124,533   | 11 |
|    | <b>C. Non-Operating Revenue</b>                                  |              |    |
| 12 | Contributions                                                    |              | 12 |
| 13 | Interest and Other Investment Income                             | 1,448        | 13 |
| 14 | <b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>   | \$ 1,448     | 14 |
|    | <b>D. Other Revenue (specify):</b>                               |              |    |
| 15 | See Page 8 Attachment                                            | 6,224        | 15 |
| 16 |                                                                  |              | 16 |
| 17 | <b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>           | \$ 6,224     | 17 |
| 18 | <b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>             | \$ 3,003,406 | 18 |

|    |                                                                | 2            |    |
|----|----------------------------------------------------------------|--------------|----|
|    | II. Expenses                                                   | Amount       |    |
|    | <b>A. Operating Expenses</b>                                   |              |    |
| 19 | General Services                                               | 599,307      | 19 |
| 20 | Health Care/ Personal Care                                     | 434,785      | 20 |
| 21 | General Administration                                         | 927,640      | 21 |
|    | <b>B. Capital Expense</b>                                      |              |    |
| 22 | Ownership                                                      | 1,394,422    | 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>                | \$ 3,356,154 | 28 |
| 29 | <b>Income Before Income Taxes (line 18 minus line 28)</b>      | \$ (352,748) | 29 |
| 30 | <b>Income Taxes</b>                                            | \$           | 30 |
| 31 | <b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b> | \$ (352,748) | 31 |
|    | <b>III. Net Resident Care Revenue detailed by Payer Source</b> |              |    |
| 32 | Medicaid - Net Inpatient Revenue                               | \$ 1,043,619 | 32 |
| 33 | Private Pay - Net Inpatient Revenue                            | 1,827,582    | 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>                 | \$ 2,871,201 | 37 |

## Expenses PG 3 Other

[illegible]

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     | -       |         |
| 1102-9973-0-0                 | A/R-Insurance Reimbursemen    | -   |     | 2112-0101-0-0              | Accrued Partnership Mgmt Fee     | 84,413  |         |
| 1102-9974-0-0                 | A/R-Subscription Receivable   | -   |     | 2112-0102-0-0              | Accrued Incentive Mgmt Fee       | 441,784 |         |
| 1102-9975-0-0                 | A/R-CIP                       | -   |     | 2112-0102-1-0              | Accrued Incentive Asset Mgmt Fee | -       |         |
| 1102-9976-0-0                 | A/R-Other                     | 92  |     | 2112-0105-0-0              | Accrued Liabilities              | 20,865  |         |
| 1102-9978-0-0                 | A/R-TIF/Abatement             | -   |     | 2112-0110-0-0              | Accrued Insurance                | -       |         |
| 1105-0006-0-0                 | Security Deposit-Equip & Util | 289 |     | 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                 | -       | 0       |
|                               |                               |     |     | 2112-0144-0-0              | Payroll Union Dues               | -       | 0       |
|                               |                               |     |     | 2112-0146-0-0              | Payroll Benefits                 | -       |         |
|                               |                               |     |     | 2112-0150-0-0              | Security Deposits                | -       |         |
|                               |                               |     |     | 2112-0154-0-0              | Unclaimed Property               | 192     |         |
|                               |                               |     |     | 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                 | 21,146  |         |
|                               |                               |     |     | 2112-0159-1-0              | Medicaid Prepayments             | -       |         |
|                               |                               |     |     | 2112-0159-2-0              | Prepaid Medicaid Clearing        | -       |         |
|                               |                               |     |     | 2112-0159-3-0              | Prepaid Rent                     | -       |         |
|                               |                               |     | 381 |                            |                                  |         | 568,399 |
| 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                      | 2,708 |   |
| 3300-3391-0-0    | Property Tax Adjustments   | -     |   |
| 3300-3392-0-0    | Property Lease Income      | -     |   |
| 3300-3393-0-0    | Insurance Adjustments      | 3,515 |   |
| 3300-3395-0-0    | Developer Fee Income       | -     |   |
| 3300-3396-0-0    | Home Office Rent Income    | -     |   |
|                  |                            | 6,224 | 0 |
|                  |                            |       | 0 |