

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2020  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2020)**

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.

<p><b>I. Facility ID Number:</b> <u>1000026</u></p> <p><b>Facility Name:</b> <u>EAGLE RIDGE SLF</u></p> <p><b>Address:</b> <u>875 MCKINLEY AVENUE</u> <u>DECATUR</u> <u>62526</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>MACON</u></p> <p><b>Telephone Number:</b> ( <u>217</u> ) <u>872-1282</u> Fax # <u>217 872-1227</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>8/31/2020</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Danel Erickson</u> <b>Telephone Number:</b> <u>(815) 935-1992</u>  <b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</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 style="width:100%"> <tr> <td style="width:20%; vertical-align: top;"> <b>Officer or Administrator of Provider</b> </td> <td>                 (Signed) _____                  (Type or Print Name) <u>Greg Echols</u>                  (Title) <u>CFO, Gardant Management Solutions</u> </td> </tr> <tr> <td style="width:20%; vertical-align: top;"> <b>Paid Preparer</b> </td> <td>                 (Signed) _____                  (Print Name and Title) _____                  (Firm Name &amp; Address) _____                  (Telephone) ( <u>    </u> ) _____ Fax # ( <u>    </u> ) _____             </td> </tr> </table> <p align="right"> <b>MAIL TO: BUREAU OF HEALTH FINANCE                  IL DEPT OF HEALTHCARE AND FAMILY SERVICES                  201 S. Grand Avenue East                  Springfield, IL 62763-0001 Phone # (217) 782-1630</b> </p>	<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) <u>Greg Echols</u> (Title) <u>CFO, Gardant Management Solutions</u>	<b>Paid Preparer</b>	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) ( <u>    </u> ) _____ Fax # ( <u>    </u> ) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name EAGLE RIDGE SLF

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	111	Single Unit Apartment	111	40,515	1
2	2	Double Unit Apartment	2	730	2
3		Other			3
4	113	TOTALS	113	41,245	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	28,331	4,536		32,867	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	28,331	4,536	0	32,867	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 79.69%

D. Indicate the number of paid bed-hold days the SLF had during this year 424 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 3 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES  NO

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

YES  NO

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

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H. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 2020 Fiscal Year: 2020

\* 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? No  
If no, explain. \_\_\_\_\_

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_  
If no, explain. \_\_\_\_\_

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_  
If no, explain. \_\_\_\_\_

Facility Name: EAGLE RIDGE SLF

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	306,574	214,811	2,038	523,423	0	523,423	1
2	Housekeeping, Laundry and Maintenance	146,412	27,300	52,821	226,533	0	226,533	2
3	Heat and Other Utilities			125,504	125,504	(23,809)	101,695	3
4	Other (specify): <a href="#">See Page 3 Attachment</a>	96,166	0	102,061	198,227	0	198,227	4
5	<b>TOTAL General Services</b>	549,152	242,111	282,424	1,073,687	(23,809)	1,049,878	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	691,014	25,654	0	716,668	0	716,668	6
7	Activities and Social Services	27,260	7,958	0	35,218	0	35,218	7
8	Other (specify):	0	0	0	0	0	0	8
9	<b>TOTAL Health Care and Programs</b>	718,274	33,612	0	751,886	0	751,886	9
<b>C. General Administration</b>								
10	Administrative and Clerical	229,852	43,352	329,653	602,857	(25,306)	577,551	10
11	Marketing Materials, Promotions and Advertising	56,431	10,590	94,302	161,323	0	161,323	11
12	Employee Benefits and Payroll Taxes	0	0	302,030	302,030	0	302,030	12
13	Insurance-Property, Liability and Malpractice	0	0	78,089	78,089	0	78,089	13
14	Other (specify): <a href="#">See Page 3 Attachment</a>	0	0	163,033	163,033	(49,450)	113,584	14
15	<b>TOTAL General Administration</b>	286,283	53,942	967,107	1,307,332	(74,755)	1,232,577	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,553,709	329,665	1,249,531	3,132,905	(98,564)	3,034,341	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			439,801	439,801	0	439,801	17
18	Interest			330,627	330,627	(21,481)	309,147	18
19	Real Estate Taxes			93,832	93,832	0	93,832	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			17,381	17,381	0	17,381	21
22	Other (specify): <a href="#">See Page 3 Attachment</a>	0	0	327,306	327,306	0	327,306	22
23	<b>TOTAL Ownership</b>	0	0	1,208,947	1,208,947	(21,481)	1,187,466	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,553,709	329,665	2,458,478	4,341,852	(120,045)	4,221,807	24

Facility Name: EAGLE RIDGE SLF

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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	2	24.91	2
3	Certified Nurse Assistants	19	13.74	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers	0	0.00	5
6	Head Cook	0	0.00	6
7	Cook Helpers/Assistants	11	11.52	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.79	10
11	Laundry	0	0.00	11
12	Managers	6	24.80	12
13	Other Administrative	5	26.81	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other	0	0.00	16
17	Total (lines 1 thru 16)	46	\$	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
_____		_____	
_____		_____	
_____		_____	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES  NO

Name of related entity: \_\_\_\_\_ If yes, what is the value of those services? \$ \_\_\_\_\_  
 (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES  NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
Total				\$	0
Total				\$	0

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	Gardant Management Solutions	\$	236,354	1	
2				2	
Total				\$	236,354

Facility Name: EAGLE RIDGE SLF

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 231,886 Year land was acquired 2001

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

\*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	113			2003	\$ 9,951,758	\$ 361,872	28	\$ 361,882	\$ 10	\$ 5,738,068	1
2									0		2
3									0		3
4									0		4
5									0		5
<b>Improvement Type</b>											
6		Leasehold Improvements			858,816	30,144	15	57,254	27,110	781,101	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 10,810,574	\$ 392,016		\$ 419,136	\$ 27,120	\$ 6,519,170	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 1,488,015	\$ 47,786	\$ 297,603	249,817	5	\$ 1,419,012	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 1,488,015	\$ 47,786	\$ 297,603	249,817		\$ 1,419,012	20

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

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

Facility Name: **EAGLE RIDGE SLF**

Report Period Beginning: **01/01/2020**

Ending: **12/31/2020**

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: \_\_\_\_\_

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  YES  NO

	1	2	3	4	5	6	
	Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building		/ /	\$			3
4	Additions		/ /				4
5			/ /				5
6			/ /				6
7	<b>TOTAL</b>	<b>0</b>		<b>\$ 0</b>			<b>7</b>

8. Is movable equipment rental included in building rental?  
 YES  NO

9. Rental amount for movable equipment \$ \_\_\_\_\_

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

**X. INTEREST EXPENSE**

	1	2		3	4	6		7	8	9	
		Related**				Amount of Note					
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
<b>A. Directly Facility Related</b>											
<b>Long-Term</b>											
1	Lument Capital		X	SECOND MORTGAGE	10/16/20	\$ 9,598,300	\$ 9,583,695	11/1/55	2.4000	\$ 38,364	1
2	Illinois National Bank		X	BRIDGE LOAN	2/28/20	9,000,000	0	2/28/22	4.1100	236,644	2
3	IHDA		X	FIRST MORTGAGE	11/1/02	5,041,000	0	2/1/44	0.0605	55,619	3
<b>Working Capital</b>											
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					<b>\$ 23,639,300</b>	<b>\$ 9,583,695</b>			<b>\$ 330,627</b>	<b>7</b>
<b>B. Non-Facility Related</b>											
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					<b>\$ 23,639,300</b>	<b>\$ 9,583,695</b>			<b>\$ 330,627</b>	<b>10</b>

\* If there is an option to buy the building, please provide complete details on an attached schedule.

\*\* If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: EAGLE RIDGE SLF

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,615,489	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (88,402) )	258,098		3
4	Supply Inventory (priced at )	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	112,800		6
7	Other Prepaid Expenses	12,418		7
8	Accounts Receivable (owners or related parties)	32,287		8
9	Other(specify): See Page 7 Attachment	55,515		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 2,086,606</b>	<b>\$ 0</b>	<b>10</b>
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	231,886		13
14	Buildings, at Historical Cost	9,951,758		14
15	Leasehold Improvements, at Historical Cost	858,816		15
16	Equipment, at Historical Cost	1,488,015		16
17	Accumulated Depreciation (book methods)	(7,938,182)		17
18	Deferred Charges	0		18
19	Organization & Pre-Operating Costs	36,489		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(36,489)		20
21	Restricted Funds	738,876		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 5,331,169</b>	<b>\$ 0</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 7,417,775</b>	<b>\$ 0</b>	<b>25</b>

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 69,980	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	0		30
31	Accrued Taxes Payable	95,403		31
32	Accrued Interest Payable	19,167		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	160,556		35
36		0		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	<b>\$ 345,107</b>	<b>\$ 0</b>	<b>37</b>
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	9,380,192		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		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>	<b>\$ 9,380,192</b>	<b>\$ 0</b>	<b>44</b>
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	<b>\$ 9,725,298</b>	<b>\$ 0</b>	<b>45</b>
46	<b>TOTAL EQUITY</b>	<b>\$ (2,307,524)</b>	<b>\$</b>	<b>46</b>
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	<b>\$ 7,417,775</b>	<b>\$ 0</b>	<b>47</b>

\*(See instructions.)

Facility Name: EAGLE RIDGE SLF

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

**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	\$ 3,821,385	1
2	Discounts and Allowances	(18,840)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,802,545</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	190,878	4
5	Other Health Care Services	0	5
6	Special Grants	772,740	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	1,696	8
9	Non-Resident Meals	10	9
10	Laundry	0	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 965,324</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions	0	12
13	Interest and Other Investment Income	21,481	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 21,481</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	516,606	15
16		0	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 516,606</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 5,305,956</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,073,687	19
20	Health Care/ Personal Care	751,886	20
21	General Administration	1,307,332	21
<b>B. Capital Expense</b>			
22	Ownership	1,208,947	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 4,341,852</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 964,104</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 964,104</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 2,093,728	32
33	Private Pay - Net Inpatient Revenue	1,708,817	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 3,802,545</b>	<b>37</b>



Operating Expenses PG 3 Other			
<b>A. General Services</b>		<b>D. Ownership</b>	
Labor Other (specify):		Other (specify):	
9900-9001-0-0	Extraordinary COVID Labor	96,166	
9900-9001-0-2	Extraordinary COVID - Labor	-	
	<b>PG3-4.1</b>	96,166	
<b>A. General Services</b>		<b>D. Ownership</b>	
Other (specify):		Amt	
5200-5000-0-0	Operating Allocation	192,332	
5200-5124-0-0	Exterminating	4,197	
5200-5127-0-0	Rubbish Removal	13,987	
5200-5130-0-0	Vehicle Expense	14,153	
5200-5131-0-0	Transportation Service	4	
5300-5140-0-0	Security & Monitoring	12,844	
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	49,637	
9900-9003-0-0	Extraordinary COVID - Other	7,238	
	<b>PG3-4.3</b>	<b>102,061</b>	
<b>C. General Administration</b>		<b>D. Ownership</b>	
Other (specify):		Amt	
5160-5060-0-0	Consulting	6,217	
5160-5063-0-0	Legal	27,078	
5160-5064-0-0	Accounting	320	
5160-5066-0-0	Audit	24,120	
5160-5067-0-0	Contract Labor-Serv Prov	37,499	
5160-5068-0-0	Contract Labor	18,350	
5180-5079-0-0	Bad Debt - Resident	285,364	
5180-5079-1-0	Bad Debt - Resident - Recovery	-	
5180-5080-0-0	Bad Debt - Resident Prior Period	-	
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	25,284	
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	
5180-5083-0-0	Bad Debt - Medicaid MCO	9,416	
5190-5000-0-0	Other Admin Allocation	-	
	<b>PG3-14.3</b>	<b>163,033</b>	
		<b>PG3-22.3</b>	
		<b>327,306</b>	

Operating Expenses - Reclassifications and Adjustments PG 3			
<b>A. General Services</b>		<b>D. Ownership</b>	
Heat and Other Utilities		Interest	
3300-3303-0-0	Cable	23,809	
	<b>PG3-3.5</b>	<b>23,809</b>	
<b>C. General Administration</b>		<b>D. Ownership</b>	
Administrative and Clerical		Interest Income	
3300-3301-0-0	Beauty Salon & Manicure	1,696	
3300-3304-0-0	Internet Access	630	
3300-3321-0-0	Telephone- Connection	14,593	
3300-3323-0-0	Telephone- Usage	587	
5190-5090-0-0	Contributions	7,800	
	<b>PG3-10.5</b>	<b>25,306</b>	
<b>C. General Administration</b>		<b>D. Ownership</b>	
Other (specify):		Interest	
5180-5079-0-0	Bad Debt - Resident	14,750	
5180-5079-1-0	Bad Debt - Resident - Recovery	-	
5180-5080-0-0	Bad Debt - Resident Prior Period	-	
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	25,284	
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	
5180-5083-0-0	Bad Debt - Medicaid & MCO	9,416	
	<b>PG3-14.5</b>	<b>49,450</b>	
<b>D. Ownership</b>		<b>D. Ownership</b>	
Interest		Interest Income - Reserves	
3300-3380-0-0	Interest Income	17,807	
3300-3385-0-0	Interest Income - Reserves	3,673	
	<b>PG3-18.5</b>	<b>21,481</b>	
<b>D. Ownership</b>		<b>D. Ownership</b>	
Other (specify):		A/A - Goodwill	
1302-1007-0-0	A/A - Goodwill	-	
9200-9209-0-0	Remarketing and Trustee Fee	-	
	<b>PG3-22.5</b>	<b>-</b>	

**Balance Sheet PG 7 Other**

Balance Sheet

Other Current Assets Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	55,515
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
<b>PG7-9.1</b>		<b>55,515</b>

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	-
<b>PG7-23.1</b>		<b>-</b>

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	-
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	0
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	39,176
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0144-0-0	Payroll Union Dues	-
2112-0146-0-0	Payroll Benefits	-
2112-0150-0-0	Security Deposits	-
2112-0154-0-0	Unclaimed Property	2,676
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	24,467
2112-0159-1-0	Medicaid Prepayments	94,237
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
<b>PG7-35.1</b>		<b>160,556</b>

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## Income Statement PG 8 Other

### Income Statement

Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other (Credit Incentive Fees, Call Pendant, NSF)	515,526
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	1,080
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
3300-3202-0-0	Food & Meal Prep	-

**PG8-15.1**

**516,606**