

		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>I. Facility ID Number: <u>1000015</u></p> <p>Facility Name: <u>HERITAGE WOODS OF CHICAGO</u></p> <p>Address: <u>2800 WEST FULTON</u> <u>CHICAGO</u> <u>60612</u> <small>Number City Zip Code</small></p> <p>County: <u>COOK</u></p> <p>Telephone Number: (<u>773</u>) <u>722-2900</u> Fax # <u>773 772-7662</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>8/14/2002</u></p> <p>Type of Ownership:</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>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: Name: <u>Danel Erickson</u> Telephone Number: <u>(815) 935-1992</u> 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>01/01/2020</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;"> Officer or Administrator of Provider </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;"> Paid Preparer </td> <td> (Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____ </td> </tr> </table> <p align="right"> 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 </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Greg Echols</u> (Title) <u>CFO, Gardant Management Solutions</u>	Paid Preparer	(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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Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____																												

Facility Name HERITAGE WOODS OF CHICAGO

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	110	Single Unit Apartment	110	40,150	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	110	TOTALS	110	40,150	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	29,162	0		29,162	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	29,162	0	0	29,162	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 72.63%

D. Indicate the number of paid bed-hold days the SLF had during this year
 606 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 16 (Do not include bed-hold days in Section B.)

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

YES NO

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

YES NO

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

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 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? _____
 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 CHICAGO

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			
A. General Services								
1	Dietary and Food Purchase	305,887	193,789	2,137	501,813	0	501,813	1
2	Housekeeping, Laundry and Maintenance	169,490	44,570	67,830	281,890	0	281,890	2
3	Heat and Other Utilities			233,292	233,292	(1,680)	231,612	3
4	Other (specify):	60,471	0	172,162	232,634	0	232,634	4
5	TOTAL General Services	535,848	238,359	475,421	1,249,629	(1,680)	1,247,949	5
B. Health Care and Programs								
6	Health Care/ Personal Care	559,099	17,581	0	576,680	0	576,680	6
7	Activities and Social Services	36,133	8,285	0	44,418	0	44,418	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	595,232	25,866	0	621,098	0	621,098	9
C. General Administration								
10	Administrative and Clerical	246,426	61,109	304,602	612,137	(3,000)	609,137	10
11	Marketing Materials, Promotions and Advertising	56,570	18,841	50,592	126,003	0	126,003	11
12	Employee Benefits and Payroll Taxes	0	0	278,981	278,981	0	278,981	12
13	Insurance-Property, Liability and Malpractice	0	0	74,856	74,856	0	74,856	13
14	Other (specify):	0	0	155,093	155,093	(45,143)	109,950	14
15	TOTAL General Administration	302,996	79,950	864,124	1,247,070	(48,143)	1,198,927	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,434,076	344,175	1,339,545	3,117,797	(49,823)	3,067,973	16
Capital Expenses								
D. Ownership								
17	Depreciation			345,845	345,845	0	345,845	17
18	Interest			18,195	18,195	(10,361)	7,834	18
19	Real Estate Taxes			111,876	111,876	0	111,876	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			13,424	13,424	0	13,424	21
22	Other (specify):	0	0	633,771	633,771	(1,840)	631,931	22
23	TOTAL Ownership	0	0	1,123,111	1,123,111	(12,201)	1,110,911	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,434,076	344,175	2,462,657	4,240,908	(62,024)	4,178,884	24

Facility Name: HERITAGE WOODS OF CHICAGO

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	1	29.86	2
3	Certified Nurse Assistants	13	15.86	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	9	15.01	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	14.82	10
11	Laundry	0	0.00	11
12	Managers	6	24.59	12
13	Other Administrative	5	24.96	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)	37	\$	17

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

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
Total				\$	0
					6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Gardant Management Solutions	\$ 245,910	1
2			2
Total		\$ 245,910	3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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

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

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

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

Facility Name: HERITAGE WOODS OF CHICAGO

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 108,947 Year land was acquired 1999

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	110			2000	\$ 11,131,852	\$ 277,364	40	\$ 278,296	\$ 932	\$ 5,013,550	1
2									0		2
3									0		3
4									0		4
5									0		5
Improvement Type											
6	Leasehold Improvements				10,830	362	15	722	360	1,086	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)				\$ 11,142,682	\$ 277,726		\$ 279,018	\$ 1,292	\$ 5,014,636	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	\$ 744,972	\$ 68,119	\$ 148,994	80,875	5	\$ 640,844	18
19	Vehicles	25,200	0	5,040	5,040	5	25,200	19
20	TOTAL (lines 18 and 19)	\$ 770,172	\$ 68,119	\$ 154,034	85,915		\$ 666,044	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: HERITAGE WOODS OF CHICAGO

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	TOTAL		0		\$ 0			7

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

9. Rental amount for movable equipment \$ _____

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

X. INTEREST EXPENSE

	1	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
A. Directly Facility Related												
Long-Term												
1		HARRIS TRUST & SAVINGS		X	FIRST MORTGAGE	12/1/99	\$ 3,050,000	\$ 1,730,000	10/1/31	variable	\$ 18,195	1
2		CITY OF CHICAGO		X	Second Mortgage	12/1/99	2,011,977	2,011,977	12/1/34	none		2
3		CITY OF CHICAGO		X	Third Mortgage	12/1/99	1,300,000	1,300,000	1/1/34	None		3
4		RENAISSANCE SOCIAL SVC		X	Fourth Mortgage	12/1/99	300,000	300,000	12/31/29	None		4
5		IDHA		X	Fifth Mortgage	11/1/01	875,000	500,403	10/1/31	0.0100	5,202	5
Working Capital												
4		BMO HARRIS BANK N.A.		X	SBA PAYROLL PROTECTION PROGRAM	4/23/20	313,700	313,700	4/23/22	0.0100		4
5						/ /	7,850,677	6,156,080	/ /		23,397	5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 7,850,677	\$ 6,156,080			\$ 23,397	7
B. Non-Facility Related												
8						/ /	15,701,354	12,312,161	/ /		46,794	8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 7,850,677	\$ 6,156,080			\$ 23,397	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 CHICAGO

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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,190,346	\$	1
2	Cash-Patient Deposits	13,879		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (110,369))	0 559,216		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	65,381		6
7	Other Prepaid Expenses	60,653		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	10,539		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,900,015	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	108,947		13
14	Buildings, at Historical Cost	11,131,852		14
15	Leasehold Improvements, at Historical Cost	10,830		15
16	Equipment, at Historical Cost	770,172		16
17	Accumulated Depreciation (book methods)	(5,680,680)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	4,356		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0 (4,356)		20
21	Restricted Funds	1,526,343		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	20,908		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,888,406	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,788,421	\$ 0	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 147,787	\$	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	117,397		30
31	Accrued Taxes Payable	113,262		31
32	Accrued Interest Payable	3,838		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	980,973		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,363,256	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,483,952		38
39	Mortgage Payable	5,737,598		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 8,221,550	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,584,806	\$ 0	45
46	TOTAL EQUITY	\$ 203,615	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,788,421	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF CHICAGO

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	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,742,647	1
2	Discounts and Allowances	(19,724)	2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,722,923	3
B. Other Operating Revenue			
4	Special Services	134,177	4
5	Other Health Care Services	0	5
6	Special Grants	279,317	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	0	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 413,494	11
C. Non-Operating Revenue			
12	Contributions	0	12
13	Interest and Other Investment Income	10,361	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 10,361	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	7,385	15
16		0	16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 7,385	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 4,154,163	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,249,629	19
20	Health Care/ Personal Care	621,098	20
21	General Administration	1,247,070	21
B. Capital Expense			
22	Ownership	1,123,111	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 4,240,908	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (86,745)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (86,745)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,901,031	32
33	Private Pay - Net Inpatient Revenue	821,892	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,722,923	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	Amt
9900-9001-0-0	Extraordinary COVID Labor	9100-9101-0-0	Interest & Dividend Income
9900-9001-0-2	Extraordinary COVID - Labor	9100-9102-0-0	Assessment Income
	PG3-4.1	9100-9103-0-0	Assessment Expense
	60,471	9200-9201-1-0	Amortization - Loan Fees
		9200-9202-0-0	Financing Fees
A. General Services		9200-9203-1-0	Mortgage Interest Premium
Other (specify):	Amt	9200-9204-0-0	Mortgage Service Fee
5200-5000-0-0	Operating Allocation	9200-9205-0-0	Mortgage Insurance Prem
5200-5124-0-0	Exterminating	9200-9206-0-0	Participation Fee
5200-5127-0-0	Rubbish Removal	9200-9207-0-0	Letter of Credit Fee
5200-5130-0-0	Vehicle Expense	9200-9208-0-0	Bond & Draw Fee
5200-5131-0-0	Transportation Service	9200-9209-0-0	Remarketing and Trustee Fee
5300-5140-0-0	Security & Monitoring	9200-9210-0-0	Interest Expense-Note
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	9200-9211-0-0	Interest Expense-LP
9900-9003-0-0	Extraordinary COVID - Other	9200-9212-0-0	Debt Write-Off
	PG3-4.3	9300-9301-0-0	Partnership Management Fee
	172,162	9300-9302-0-0	Asset Management Fee
		9300-9303-0-0	Incentive Management
C. General Administration		9300-9303-1-0	Incentive Asset Mgmt Fee
Other (specify):	Amt	9300-9304-0-0	Tax Credit Fees & Incentive Fee
5160-5060-0-0	Consulting	9300-9305-0-0	Organizational Expense
5160-5063-0-0	Legal	9300-9306-0-0	Developer Fees
5160-5064-0-0	Accounting	9300-9307-0-0	Closing Costs
5160-5066-0-0	Audit	9700-9702-0-0	Amortization Expense
5160-5067-0-0	Contract Labor-Serv Prov	9900-9901-0-0	Prior Period Adjustments
5160-5068-0-0	Contract Labor	9900-9902-0-0	Dissolution of Business
5180-5079-0-0	Bad Debt - Resident	9900-9903-0-0	Loss (Gain) on Sale of Assets
5180-5079-1-0	Bad Debt - Resident - Recovery	9900-9904-0-0	Business Interruption
5180-5080-0-0	Bad Debt - Resident Prior Period	9900-9905-0-0	Settlement
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	9900-9906-0-0	Property Damage Loss
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	9900-9907-0-0	Abandonment Loss
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	9900-9908-0-0	Grant Income
5180-5083-0-0	Bad Debt - Medicaid MCO	9900-9909-0-0	Misc: Title, Recording, Transfer
5190-5000-0-0	Other Admin Allocation		
	PG3-14.3		PG3-22.3
	155,093		633,771

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services		C. General Administration	
Heat and Other Utilities		Administrative and Clerical	
3300-3303-0-0	Cable	3300-3301-0-0	Beauty Salon & Manicure
	PG3-3.5	3300-3304-0-0	Internet Access
	1,680	3300-3321-0-0	Telephone- Connection
		3300-3323-0-0	Telephone- Usage
C. General Administration		5190-5090-0-0	Contributions
Other (specify):			PG3-10.5
5180-5079-0-0	Bad Debt - Resident		3,000
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		
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery		
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period		
5180-5083-0-0	Bad Debt - Medicaid & MCO		
	PG3-14.5		PG3-18.5
	45,143		10,361
D. Ownership		D. Ownership	
Interest		Interest	
3300-3380-0-0	Interest Income	3300-3380-0-0	Interest Income
3300-3385-0-0	Interest Income - Reserves	3300-3385-0-0	Interest Income - Reserves
	PG3-18.5		PG3-22.5
	9,683		1,840
	677		
D. Ownership		D. Ownership	
Other (specify):		Other (specify):	
1302-1007-0-0	A/A - Goodwill	1302-1007-0-0	A/A - Goodwill
9200-9209-0-0	Remarketing and Trustee Fee	9200-9209-0-0	Remarketing and Trustee Fee
	PG3-22.5		PG3-22.5
	1,840		1,840

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	3,898
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	6,641
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		10,539

Other Long Term Assets Detail		
1201-0020-0-0	CIP	20,908
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		20,907.75

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	130,882
2112-0101-0-0	Accrued Partnership Mgmt Fee	10,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	600,514
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	124,650
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	4,034
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	40,416
2112-0159-1-0	Medicaid Prepayments	70,477
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		980,973

1961945.64

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other (Late Fees, NSF Fees)	1,385
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	6,000
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

7,385