

		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>1000038</u></p> <p><b>Facility Name:</b> <u>HERITAGE WOODS OF WATSEKA</u></p> <p><b>Address:</b> <u>577 EAST MARTIN AVE</u> <u>WATSEKA</u> <u>60970</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>IROQUOIS</u></p> <p><b>Telephone Number:</b> ( <u>815</u> ) <u>432-4560</u> Fax # <u>815 432-4562</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>10/25/2007</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 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 checked="" 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 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 checked="" 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%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <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><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) ( _____ )</td> <td>Fax # ( _____ )</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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) <u>Greg Echols</u>			(Title) <u>CFO, Gardant Management Solutions</u>		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) ( _____ )	Fax # ( _____ )
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) ( _____ )	Fax # ( _____ )																																												

Facility Name HERITAGE WOODS OF WATSEKA

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	65	Single Unit Apartment	65	23,725	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	65	TOTALS	65	23,725	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	10,188	6,437		16,625	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	10,188	6,437	0	16,625	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 70.07%

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

346 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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 WATSEKA

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	177,109	100,050	2,709	279,868	0	279,868	1
2	Housekeeping, Laundry and Maintenance	80,609	17,192	14,161	111,962	0	111,962	2
3	Heat and Other Utilities			91,087	91,087	(11,624)	79,463	3
4	Other (specify):	42,641	0	52,972	95,613	0	95,613	4
5	<b>TOTAL General Services</b>	<b>300,359</b>	<b>117,242</b>	<b>160,929</b>	<b>578,530</b>	<b>(11,624)</b>	<b>566,906</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	362,990	12,860	0	375,850	0	375,850	6
7	Activities and Social Services	29,407	2,610	0	32,017	0	32,017	7
8	Other (specify):	0	0	0	0	0	0	8
9	<b>TOTAL Health Care and Programs</b>	<b>392,397</b>	<b>15,470</b>	<b>0</b>	<b>407,867</b>	<b>0</b>	<b>407,867</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	97,825	29,212	171,429	298,466	(7,996)	290,470	10
11	Marketing Materials, Promotions and Advertising	27,579	10,952	23,331	61,862	0	61,862	11
12	Employee Benefits and Payroll Taxes	0	0	199,273	199,273	0	199,273	12
13	Insurance-Property, Liability and Malpractice	0	0	58,845	58,845	0	58,845	13
14	Other (specify):	0	0	109,509	109,509	(26,810)	82,699	14
15	<b>TOTAL General Administration</b>	<b>125,404</b>	<b>40,164</b>	<b>562,387</b>	<b>727,955</b>	<b>(34,806)</b>	<b>693,149</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>818,160</b>	<b>172,876</b>	<b>723,315</b>	<b>1,714,352</b>	<b>(46,430)</b>	<b>1,667,922</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			196,181	196,181	0	196,181	17
18	Interest			143,421	143,421	(7,803)	135,618	18
19	Real Estate Taxes			54,235	54,235	0	54,235	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			12,216	12,216	0	12,216	21
22	Other (specify):	0	0	140,283	140,283	83,515	223,798	22
23	<b>TOTAL Ownership</b>	<b>0</b>	<b>0</b>	<b>546,336</b>	<b>546,336</b>	<b>75,712</b>	<b>622,048</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>818,160</b>	<b>172,876</b>	<b>1,269,652</b>	<b>2,260,688</b>	<b>29,282</b>	<b>2,289,970</b>	<b>24</b>

Facility Name: HERITAGE WOODS OF WATSEKA

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	0	21.65	2
3	Certified Nurse Assistants	9	14.15	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	6	10.88	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	13.37	10
11	Laundry	0	0.00	11
12	Managers	3	19.85	12
13	Other Administrative	2	21.81	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	<b>Total (lines 1 thru 16)</b>	<b>24</b>	<b>\$</b>	<b>17</b>

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

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

VI. (B) Management fees paid to unrelated parties

	Name	Amount of Fee	
1	Gardant Management Solutions	\$ 104,936	1
2			2
		<b>Total</b>	<b>\$ 104,936 3</b>

VII. RELATED ORGANIZATIONS

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

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
DSI MANTENO OPERATOR & OWNER		MANTENO	
DSI FLORA OPERATOR & OWNER		FLORA	
DSI OTTAWA OPERATOR & OWNER		OTTAWA	

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 WATSEKA

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 195,956 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	65			2007	\$ 4,972,949	\$ 180,834	27.5	\$ 180,835	\$ 0	\$ 2,380,404	1
2									0		2
3									0		3
4									0		4
5									0		5
<b>Improvement Type</b>											
6	Leasehold Improvements				0	0	15	0	0	0	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)				\$ 4,972,949	\$ 180,834		\$ 180,835	\$ 0	\$ 2,380,404	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	\$ 367,490	\$ 15,346	\$ 73,498	58,152	5	\$ 337,815	18
19	Vehicles	20,000	0	4,000	4,000	5	20,000	19
20	TOTAL (lines 18 and 19)	\$ 387,491	\$ 15,346	\$ 77,498	62,152		\$ 357,815	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 WATSEKA**

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

YES  NO

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

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

**X. INTEREST EXPENSE**

	1	2	3	4	6	7	8	9		
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	MIDLAND STATES BANK		X	FIRST MORTGAGE	9/1/13	\$ 5,758,700	\$ 4,877,691	8/1/47	0.0300	\$ 141,310
2	0			0	1/0/00	0	0	1/0/00	0.0000	
3	0			0	1/0/00	0	0	1/0/00	0.0000	
	<b>Working Capital</b>									
4	Peoples National Bank		X	Line of Credit	2/3/20	400,000	0	2/3/21	Variable	955
5	Peoples National Bank		X	SBA Payroll Protection Program	4/13/20	178,054		4/13/22	0.0100	1,156
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 6,336,754	\$ 4,877,691			\$ 143,420
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 6,336,754	\$ 4,877,691			\$ 143,420

\* 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 WATSEKA

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	\$ 335,746	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (68,169) )	136,152		3
4	Supply Inventory (priced at )	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	64,232		6
7	Other Prepaid Expenses	15,904		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): <a href="#">See Page 7 Attachment</a>	60,034		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 612,068	\$ 0	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	195,956		13
14	Buildings, at Historical Cost	4,972,949		14
15	Leasehold Improvements, at Historical Cost	0		15
16	Equipment, at Historical Cost	387,491		16
17	Accumulated Depreciation (book methods)	(2,738,219)		17
18	Deferred Charges	1,430		18
19	Organization & Pre-Operating Costs	1,325,038		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(880,513)		20
21	Restricted Funds	347,778		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>	\$ 3,611,910	\$ 0	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,223,979	\$ 0	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 42,234	\$	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	24,632		30
31	Accrued Taxes Payable	112,169		31
32	Accrued Interest Payable	12,194		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	<b>Other Current Liabilities(specify):</b>			
35	<a href="#">See Page 7 Attachment</a>	142,015		35
36		0		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 333,244	\$ 0	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	3,202		38
39	Mortgage Payable	4,943,728		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>	\$ 4,946,930	\$ 0	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 5,280,174	\$ 0	45
46	<b>TOTAL EQUITY</b>	\$ (1,056,195)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 4,223,979	\$ 0	47

\*(See instructions.)

Facility Name: HERITAGE WOODS OF WATSEKA

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	\$ 1,934,413	1
2	Discounts and Allowances	(12,310)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 1,922,103</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	72,475	4
5	Other Health Care Services	0	5
6	Special Grants	363,375	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	1,573	8
9	Non-Resident Meals	40	9
10	Laundry	0	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 437,463</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions	0	12
13	Interest and Other Investment Income	7,803	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 7,803</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	913	15
16		0	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 913</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,368,282</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	578,530	19
20	Health Care/ Personal Care	407,867	20
21	General Administration	727,955	21
<b>B. Capital Expense</b>			
22	Ownership	546,336	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>\$ 2,260,688</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 107,594</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>\$ 107,594</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 782,956	32
33	Private Pay - Net Inpatient Revenue	1,139,147	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>\$ 1,922,103</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	42,641	
9900-9001-0-2	Extraordinary COVID - Labor	-	
	<b>PG3-4.1</b>	42,641	
<b>A. General Services</b>		<b>D. Ownership</b>	
Other (specify):		Amt	
5200-5000-0-0	Operating Allocation	85,283	
5200-5124-0-0	Exterminating	660	
5200-5127-0-0	Rubbish Removal	5,224	
5200-5130-0-0	Vehicle Expense	11,510	
5200-5131-0-0	Transportation Service	-	
5300-5140-0-0	Security & Monitoring	6,958	
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	25,108	
9900-9003-0-0	Extraordinary COVID - Other	3,512	
	<b>PG3-4.3</b>	<b>52,972</b>	
<b>C. General Administration</b>		<b>D. Ownership</b>	
Other (specify):		Amt	
5160-5060-0-0	Consulting	4,843	
5160-5063-0-0	Legal	25,890	
5160-5064-0-0	Accounting	115	
5160-5066-0-0	Audit	19,719	
5160-5067-0-0	Contract Labor-Serv Prov	-	
5160-5068-0-0	Contract Labor	32,132	
5180-5079-0-0	Bad Debt - Resident	171,248	
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	(4,648)	
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	14,319	
5190-5000-0-0	Other Admin Allocation	-	
	<b>PG3-14.3</b>	<b>109,509</b>	
			<b>140,283</b>

Operating Expenses - Reclassifications and Adjustments PG 3			
<b>A. General Services</b>			
Heat and Other Utilities			
3300-3303-0-0	Cable	11,624	
	<b>PG3-3.5</b>	<b>11,624</b>	
<b>C. General Administration</b>			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure	1,573	
3300-3304-0-0	Internet Access	30	
3300-3321-0-0	Telephone- Connection	6,330	
3300-3323-0-0	Telephone- Usage	63	
5190-5090-0-0	Contributions	-	
	<b>PG3-10.5</b>	<b>7,996</b>	
<b>C. General Administration</b>			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident	17,138	
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	(4,648)	
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	14,319	
	<b>PG3-14.5</b>	<b>26,810</b>	
<b>D. Ownership</b>			
Interest			
3300-3380-0-0	Interest Income	7,484	
3300-3385-0-0	Interest Income - Reserves	319	
	<b>PG3-18.5</b>	<b>7,803</b>	
<b>D. Ownership</b>			
Other (specify):			
1302-1007-0-0	A/A - Goodwill	(83,515)	
9200-9209-0-0	Remarketing and Trustee Fee	-	
	<b>PG3-22.5</b>	<b>(83,515)</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	3,950
1102-9976-0-0	A/R-Other	-
1102-9978-0-0	A/R-TIF/Abatement	56,084
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
<b>PG7-9.1</b>		<b>60,034</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	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	27,055
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0140-0-0	Accrued Vacation	-
2112-0144-0-0	Payroll Union Dues	-
2112-0146-0-0	Payroll Benefits	-
2112-0150-0-0	Security Deposits	-
2112-0154-0-0	Unclaimed Property	466
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	21,812
2112-0159-1-0	Medicaid Prepayments	92,681
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
<b>PG7-35.1</b>		<b>142,015</b>

## Income Statement PG 8 Other

### Income Statement

Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	913 Call Pendants; Late Fees; NSF Fees
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
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**

**913**