

		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>1000154</u></p> <p><b>Facility Name:</b> <u>MONTCLARE SL COMM LAWNSDALE</u></p> <p><b>Address:</b> <u>4339 W 18TH STREET</u> <u>CHICAGO</u> <u>60623</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>COOK</u></p> <p><b>Telephone Number:</b> ( <u>773</u> ) <u>277-0288</u> Fax # <u>773 277-0312</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>6/22/2017</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%; 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 MONTCLARE SL COMM LAWNSDALE

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	120	Single Unit Apartment	120	43,800	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	120	TOTALS	120	43,800	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	30,168	513		30,681	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	30,168	513	0	30,681	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 70.05%

D. Indicate the number of paid bed-hold days the SLF had during this year 586 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 213 (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? \_\_\_\_\_  
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: MONTCLARE SL COMM LAWNSDALE

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	289,525	198,016	4,588	492,129	0	492,129	1
2	Housekeeping, Laundry and Maintenance	112,937	19,855	48,233	181,025	0	181,025	2
3	Heat and Other Utilities			137,027	137,027	(273)	136,754	3
4	Other (specify):	59,889	0	229,281	289,170	0	289,170	4
5	<b>TOTAL General Services</b>	462,351	217,871	419,129	1,099,351	(273)	1,099,078	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	526,148	19,333	0	545,481	0	545,481	6
7	Activities and Social Services	33,416	3,417	0	36,833	0	36,833	7
8	Other (specify):	0	0	0	0	0	0	8
9	<b>TOTAL Health Care and Programs</b>	559,564	22,750	0	582,314	0	582,314	9
<b>C. General Administration</b>								
10	Administrative and Clerical	229,773	62,626	292,845	585,244	(6,423)	578,822	10
11	Marketing Materials, Promotions and Advertising	75,678	17,260	100,772	193,710	0	193,710	11
12	Employee Benefits and Payroll Taxes	0	0	279,942	279,942	0	279,942	12
13	Insurance-Property, Liability and Malpractice	0	0	127,782	127,782	0	127,782	13
14	Other (specify):	0	0	457,172	457,172	(121,487)	335,685	14
15	<b>TOTAL General Administration</b>	305,451	79,886	1,258,513	1,643,850	(127,910)	1,515,940	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,327,366	320,507	1,677,642	3,325,515	(128,183)	3,197,332	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			1,145,717	1,145,717	0	1,145,717	17
18	Interest			431,465	431,465	(5,564)	425,901	18
19	Real Estate Taxes			208,624	208,624	0	208,624	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			9,888	9,888	0	9,888	21
22	Other (specify):	0	0	325,499	325,499	0	325,499	22
23	<b>TOTAL Ownership</b>	0	0	2,121,193	2,121,193	(5,564)	2,115,629	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,327,366	320,507	3,798,835	5,446,708	(133,747)	5,312,961	24

Facility Name: MONTCLARE SL COMM LAWNDALE

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	26.93	2
3	Certified Nurse Assistants	11	15.85	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	8	14.87	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	14.67	10
11	Laundry	0	0.00	11
12	Managers	5	25.39	12
13	Other Administrative	5	28.56	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>31</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>\$</b>	<b>0 6</b>

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Gardant Management Solutions	\$ 212,535	1
2			2
<b>Total</b>		<b>\$ 212,535</b>	<b>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

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: MONTCLARE SL COMM LAWDALE

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 138,848 Year land was acquired 2016

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	120			2017	\$ 17,677,837	\$ 441,911	40	\$ 441,946	\$ 35	\$ 1,761,961	1
2									0		2
3									0		3
4									0		4
5									0		5
Improvement Type											
6	Leasehold Improvements				1,773,687	88,178	20	88,684	506	351,777	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)				\$ 19,451,524	\$ 530,089		\$ 530,630	\$ 541	\$ 2,113,738	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	\$ 3,078,142	\$ 615,628	\$ 615,628	0	5	\$ 2,456,634	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 3,078,142	\$ 615,628	\$ 615,628	0		\$ 2,456,634	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: MONTCLARE SL COMM LAWDALE

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Amount of Note					
			YES	NO		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		MIDLAND STATES BANK			THIRD MORTGAGE	1/1/16	\$ 12,300,000	\$ 11,802,946	7/1/57	0.0363	\$ 431,450	1
2		City of Chicago			Second Mortgage	1/1/16	3,005,000	2,980,879	12/31/58	none		2
3												3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					<b>\$ 15,305,000</b>	<b>\$ 14,783,825</b>			<b>\$ 431,450</b>	<b>7</b>
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					<b>\$ 15,305,000</b>	<b>\$ 14,783,825</b>			<b>\$ 431,450</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: MONTCLARE SL COMM LAWDALE

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	\$ 897,057	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (153,651) )	674,029		3
4	Supply Inventory (priced at )	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	82,839		6
7	Other Prepaid Expenses	7,342		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify):	0		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 1,661,268</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	138,848		13
14	Buildings, at Historical Cost	17,677,837		14
15	Leasehold Improvements, at Historical Cost	1,773,687		15
16	Equipment, at Historical Cost	3,078,142		16
17	Accumulated Depreciation (book methods)	(4,570,372)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	89,190		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(26,757)		20
21	Restricted Funds	1,428,896		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>\$ 19,589,505</b>	<b>\$ 0</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 21,250,773</b>	<b>\$ 0</b>	<b>25</b>

		1	2	
		Operating	After	
			Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,252,094	\$	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	191,630		31
32	Accrued Interest Payable	36,607		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	1,489,619		35
36		0		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	<b>\$ 2,969,949</b>	<b>\$ 0</b>	<b>37</b>
<b>D. Long-Term Liabilities</b>				
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	14,239,176		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>\$ 14,239,176</b>	<b>\$ 0</b>	<b>44</b>
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	<b>\$ 17,209,125</b>	<b>\$ 0</b>	<b>45</b>
46	<b>TOTAL EQUITY</b>	<b>\$ 4,041,648</b>	<b>\$</b>	<b>46</b>
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	<b>\$ 21,250,773</b>	<b>\$ 0</b>	<b>47</b>

\*(See instructions.)

Facility Name: MONTCLARE SL COMM LAWNDALE

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	\$ 3,853,879	1
2	Discounts and Allowances	(24,079)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,829,800</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	95,125	4
5	Other Health Care Services	0	5
6	Special Grants	433,667	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
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 528,792</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions	0	12
13	Interest and Other Investment Income	5,564	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 5,564</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	9,374	15
16		0	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 9,374</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,373,530</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,099,351	19
20	Health Care/ Personal Care	582,314	20
21	General Administration	1,643,850	21
<b>B. Capital Expense</b>			
22	Ownership	2,121,193	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>\$ 5,446,708</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (1,073,178)</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>\$ (1,073,178)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 2,932,590	32
33	Private Pay - Net Inpatient Revenue	897,210	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>\$ 3,829,800</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	59,889	
9900-9001-0-2	Extraordinary COVID - Labor	-	
	<b>PG3-4.1</b>	59,889	
<b>A. General Services</b>		<b>D. Ownership</b>	
Other (specify):		Amt	
5200-5000-0-0	Operating Allocation	119,778	
5200-5124-0-0	Exterminating	10,630	
5200-5127-0-0	Rubbish Removal	15,780	
5200-5130-0-0	Vehicle Expense	12,116	
5200-5131-0-0	Transportation Service	68	
5300-5140-0-0	Security & Monitoring	150,024	
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	37,635	
9900-9003-0-0	Extraordinary COVID - Other	3,028	
	<b>PG3-4.3</b>	<b>229,281</b>	
<b>C. General Administration</b>		<b>D. Ownership</b>	
Other (specify):		Amt	
5160-5060-0-0	Consulting	5,721	
5160-5063-0-0	Legal	42,385	
5160-5064-0-0	Accounting	115	
5160-5066-0-0	Audit	16,067	
5160-5067-0-0	Contract Labor-Serv Prov	229,473	
5160-5068-0-0	Contract Labor	41,923	
5180-5079-0-0	Bad Debt - Resident	755,653	
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	96,106	
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	(2,264)	
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	
5180-5083-0-0	Bad Debt - Medicaid MCO	26,701	
5190-5000-0-0	Other Admin Allocation	-	
	<b>PG3-14.3</b>	<b>457,172</b>	
			<b>325,499</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		273
	<b>PG3-3.5</b>		<b>273</b>
<b>C. General Administration</b>		<b>D. Ownership</b>	
Administrative and Clerical		Interest Income	
3300-3301-0-0	Beauty Salon & Manicure		-
3300-3304-0-0	Internet Access		-
3300-3321-0-0	Telephone- Connection		623
3300-3323-0-0	Telephone- Usage		-
5190-5090-0-0	Contributions		5,800
	<b>PG3-10.5</b>		<b>6,423</b>
<b>C. General Administration</b>		<b>D. Ownership</b>	
Other (specify):		Interest	
5180-5079-0-0	Bad Debt - Resident		944
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		96,106
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery		(2,264)
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period		-
5180-5083-0-0	Bad Debt - Medicaid & MCO		26,701
	<b>PG3-14.5</b>		<b>121,487</b>
<b>D. Ownership</b>		<b>D. Ownership</b>	
Interest		Interest Income - Reserves	
3300-3380-0-0	Interest Income		1,165
3300-3385-0-0	Interest Income - Reserves		4,398
	<b>PG3-18.5</b>		<b>5,564</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	-
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>-</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	51,710
2112-0101-0-0	Accrued Partnership Mgmt Fee	878,562
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	31,662
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	390,000
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	2,343
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	39,625
2112-0159-1-0	Medicaid Prepayments	95,719
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
<b>PG7-35.1</b>		<b>1,489,619</b>

## Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	5,043 Late fees
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	4,331
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**

**9,374**