

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2015  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2015)**

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>1000090</u></p> <p><b>Facility Name:</b> <u>HERITAGE WOODS OF YORKVILLE</u></p> <p><b>Address:</b> <u>242 GREEN BRIAR ROAD</u> <u>YORKVILLE</u> <u>60560</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>KENDALL</u></p> <p><b>Telephone Number:</b> ( <u>630</u> ) <u>882-6502</u> Fax # <u>630 882-6504</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>12/07/2007</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;"><b>IRS Exemption Code</b> _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b></p> <p><b>Name:</b> <u>Thomas Staszak</u> <b>Telephone Number:</b> <u>(815) 935-1992</u></p> <p><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><b>0</b> I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2015</u> to <u>12/31/2015</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 align="center">Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;"><b>Officer or Administrator of Provider</b></td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) <u>David J. Mitchell</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Title) <u>CFO, Gardant Management Solutions</u></td> </tr> <tr> <td style="border: none;"><b>Paid Preparer</b></td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Print Name and Title) _____</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Firm Name &amp; Address) _____</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Telephone) (    ) _____ 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>David J. Mitchell</u>			(Title) <u>CFO, Gardant Management Solutions</u>		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) (    ) _____ Fax # (    ) _____	
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Facility Name: YORKVILLE SUPPORTIVE LIVING FACILITY, LLC

Report Period Beginning:

01/01/2015

Ending: 12/31/2015

## 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	227,634	164,114	2,010	393,758		393,758	1
2	Housekeeping, Laundry and Maintenance	81,818	16,835	35,366	134,019		134,019	2
3	Heat and Other Utilities			174,856	174,856	(22,842)	152,014	3
4	Other (specify): See Attachment page 3			19,570	19,570		19,570	4
5	<b>TOTAL Gener YORKVILLE SUPPORTIVE LIVING</b>	<b>309,452</b>	<b>180,949</b>	<b>231,802</b>	<b>722,203</b>	<b>(22,842)</b>	<b>699,361</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	428,426	7,298		435,724		435,724	6
7	Activities and Social Services	33,847	6,602		40,449		40,449	7
8	Other (specify): See Attachment							8
9	<b>TOTAL Health Care and Programs</b>	<b>462,273</b>	<b>13,900</b>		<b>476,173</b>		<b>476,173</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	132,092	26,004	236,212	394,308	(40,755)	353,553	10
11	Marketing Materials, Promotions and Advertising	42,178	4,697	27,088	73,963		73,963	11
12	Employee Benefits and Payroll Taxes			253,791	253,791		253,791	12
13	Insurance-Property, Liability and Malpractice			41,048	41,048		41,048	13
14	Other (specify): See Attachment page 3			23,887	23,887		23,887	14
15	<b>TOTAL General Administration</b>	<b>174,270</b>	<b>30,701</b>	<b>582,026</b>	<b>786,997</b>	<b>(40,755)</b>	<b>746,242</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>945,995</b>	<b>225,550</b>	<b>813,828</b>	<b>1,985,373</b>	<b>(63,597)</b>	<b>1,921,776</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			227,548	227,548		227,548	17
18	Interest			280,334	280,334		280,334	18
19	Real Estate Taxes			97,448	97,448		97,448	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Attachment page 3			46,371	46,371		46,371	22
23	<b>TOTAL Ownership</b>			<b>651,701</b>	<b>651,701</b>		<b>651,701</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>945,995</b>	<b>225,550</b>	<b>1,465,529</b>	<b>2,637,074</b>	<b>(63,597)</b>	<b>2,573,477</b>	<b>24</b>

Facility Name: **YORKVILLE SUPPORTIVE LIVING FACILITY, LLC**

Report Period Beginning 01/01/2015 Ending: 12/31/2015

**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	25.92	2
3	Certified Nurse Assistants	15	11.01	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants YORKVILLE S <sup>1</sup>	10	10.03	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	8.57	10
11	Laundry			11
12	Managers	4	22.46	12
13	Other Administrative	3	24.12	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>36</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>6</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).

**VI. (B) Management fees paid to unrelated parties**

**Amount of Fee**

1	Gardant Management Solutions	\$ 175,330	1
2			2
<b>Total</b>		<b>\$ 175,330</b>	<b>3</b>

Facility Name: YORKVILLE SUPPORTIVE LIVING FACILITY, LLC

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

**VIII. OWNERSHIP COSTS**

A. Purchase price of land 374,340 Year land was acquired 2006

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	87			2007	\$ 6,732,540	\$ 172,629	28	\$ 240,448	\$ 67,819	\$ 1,395,420	1
2											2
3											3
4											4
5											5
Improv YORKVILLE SUPPORTIVE LIVING FACILITY, LLC											
6	Leasehold Improvements				710,307	46,932	15	47,354	421	378,299	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,442,847	\$ 219,562		\$ 287,802	\$ 68,240	\$ 1,773,719	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	\$ 938,256	\$ 7,986	\$ 187,651	179,665	5	\$ 911,607	18
19	Vehicles	57,178			\$		57,178	19
20	TOTAL (lines 18 and 19)	\$ 995,435	\$ 7,986	\$ 187,651	179,665		\$ 968,785	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: YORKVILLE SUPPORTIVE LIVING FACILITY, LLC

Report Period Beginning: 01/01/2015

Ending: 2/31/2015

**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	YORKVILLE SUPPORTIVE		/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			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				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		LANCASTER POLLARD		X	FIRST MORTGAGE	02/22/12	\$ 8,696,000	\$ 8,178,483	03/01/47	.0340	\$ 280,334	1
2						/ /			/ /	.0000	\$	2
3						/ /			/ /	.0000	\$	3
4						/ /			/ /	.0000	\$	4
5						/ /			/ /	.0000	\$	5
		<b>Working Capital</b>										
6						/ /			/ /	.0000	\$	6
7		<b>TOTAL Facility Related</b>					\$ 8,696,000	\$ 8,178,483			\$ 280,334	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 8,696,000	\$ 8,178,483			\$ 280,334	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: **YORKVILLE SUPPORTIVE LIVING FACILITY, LLC**

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 930,329	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (10,353) )	325,691		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance YORKVILLE SUPPORT	35,055		6
7	Other Prepaid Expenses	17,713		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,680		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,310,469	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	374,340		13
14	Buildings, at Historical Cost	6,732,540		14
15	Leasehold Improvements, at Historical Cost	710,307		15
16	Equipment, at Historical Cost	995,435		16
17	Accumulated Depreciation (book methods)	(2,742,504)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	180,174		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(19,733)		20
21	Restricted Funds	287,157		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 6,517,715	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 7,828,184	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 45,448	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	20,790		30
31	Accrued Taxes Payable	99,085		31
32	Accrued Interest Payable	23,172		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Attachment	87,271		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 275,766	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,178,483		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 8,178,483	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,454,249	\$	45
46	<b>TOTAL EQUITY</b>	\$ (626,066)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 7,828,184	\$	47

\*(See instructions.)

Facility Name: YORKVILLE SUPPORTIVE LIVING FACILITY, LLC

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,356,155	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,356,155</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	111,724	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	23,329	8
9	Non-Resident Meals	4,385	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 139,438</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	2,096	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 2,096</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attachment	6,875	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 6,875</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,504,564</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	722,203	19
20	Health Care/ Personal Care	476,173	20
21	General Administration	786,997	21
<b>B. Capital Expense</b>			
22	Ownership	651,701	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>\$ 2,637,074</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 867,489</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>\$ 867,489</b>	<b>31</b>

**Expenses PG**

General Services Other		Health Care & Programs	
5200-5000-0-0	Operating Allocation	-	5160-5060-0-0
5200-5124-0-0	Exterminating	1,440	5160-5063-0-0
5200-5127-0-0	Rubbish Removal	6,504	5160-5064-0-0
5200-5130-0-0	Vehicle Expense	1,615	5160-5066-0-0
5200-5131-0-0	Transportation Service	-	5160-5067-0-0
5300-5140-0-0	Security & Monitoring	10,011	5160-5068-0-0
			5190-5000-0-0
			5180-5079-0-0
		YORKVILLE SUPPORTIVE LIVING FACILITY, LLC	5180-5079-1-0
			5180-5080-0-0
			5180-5081-0-0
			5180-5081-1-0
			5180-5082-0-0

19,570

-

### 3 Other

General Administration Other	Amt		Ownership Other	Amt
Consulting	252	9100-9101-0-0	Interest & Dividend Income	-
Legal	380	9100-9102-0-0	Assessment Income	-
Accounting	110	9100-9103-0-0	Assessment Expense	-
Audit	20,860	9200-9202-0-0	Financing Fees	-
Contract Labor-Serv Prov	-	9200-9204-0-0	Mortgage Service Fee	-
Contract Labor	4,454	9200-9205-0-0	Mortgage Insurance Prem	41,223
Other Admin Allocation	0	9200-9206-0-0	Participation Fee	-
Bad Debt - Resident	4,688	9200-9207-0-0	Letter of Credit Fee	-
Bad Debt - Resident - Recovery	(64)	9200-9208-0-0	Bond & Draw Fee	-
Bad Debt - Resident Prior Period	-	9200-9209-0-0	Remarketing and Trustee Fee	-
Bad Debt - Medicaid Pending Deni	(6,793)	9200-9210-0-0	Interest Expense-Note	-
Bad Debt - Medicaid Pending - Rec	-	9200-9211-0-0	Interest Expense-LP	-
Bad Debt - Medicaid Denial Prior F	-	9200-9212-0-0	Debt Write-Off	-
		9300-9301-0-0	Partnership Management Fee	-
		9300-9302-0-0	Asset Management Fee	-
		9300-9303-0-0	Incentive Management	-
		9300-9303-1-0	Incentive Asset Mgmt Fee	-
		9300-9304-0-0	Tax Credit Fees & Incentive Fee	-
		9300-9305-0-0	Organizational Expense	-
		9300-9306-0-0	Developer Fees	-
		9300-9307-0-0	Closing Costs	-
		9700-9702-0-0	Amortization Expense	5,148
		9900-9901-0-0	Prior Period Adjustments	-
		9900-9902-0-0	Dissolution of Business	-
		9900-9903-0-0	Loss (Gain) on Sale of Assets	-
		9900-9904-0-0	Business Interruption	-
		9900-9905-0-0	Settlement	-
		9900-9906-0-0	Property Damage Loss	-
		9900-9907-0-0	Abandonment Loss	-
		9900-9908-0-0	Grant Income	-
		9900-9909-0-0	Misc: Title, Recording, Transfer	-

23,887

46,371

Balance Sheet

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-	2112-0100-0-0	Accrued Asset Management Fee	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	-
1102-9973-0-0	A/R-Insurance Reimbursement	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	-
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9975-0-0	A/R-CIP	-	2112-0105-0-0	Accrued Liabilities	26,707
1102-9976-0-0	A/R-Other	91	2112-0110-0-0	Accrued Insurance	-
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0115-0-0	Accrued Developer Fee	-
1105-0006-0-0	Security Deposit-Equip & Util	1,589	2112-0130-0-0	Accrued MIP	-
1105-0009-0-0	Transfer Account	-	YORKVII 2112-0140-0-0	Accrued Vacation	18,363
1105-0012-0-0	Undeposited Funds	-	2112-0146-0-0	Payroll Benefits	-
			2112-0154-0-0	Unclaimed Property	1,132
			2112-0155-0-0	Reservation Deposit	11,800
			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	29,269
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
			2111-0040-0-0	Construction Account Payable	-
			2112-0140-0-0	Accrued Vacation	0
		1,680	2112-0144-0-0	Payroll Union Dues	0
					87,271
Other Long Term Assets Detail					
1201-0020-0-0	CIP	-			
1201-0021-0-0	CIP- Land Option Addition	-			
1201-0022-0-0	CIP- Other Addition	-			
		-			







Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	2,839
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	4,036
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

YORKVILLE SUPPORTIVE LIVING FACILITY, LLC

6,875





