

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2017  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2017)**

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>1000015</u></p> <p><b>Facility Name:</b> <u>HERITAGE WOODS OF CHICAGO</u></p> <p><b>Address:</b> <u>2800 WEST FULTON</u> <u>CHICAGO</u> <u>60612</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>COOK</u></p> <p><b>Telephone Number:</b> <u>( 773 ) 722-2900</u> <b>Fax #</b> <u>773 772-7662</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>8/14/2002</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input checked="" type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Thomas Staszak</u> <b>Telephone Number:</b> <u>(815) 935-1992</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2017</u> to <u>12/31/2017</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) <u>( )</u> _____</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) <u>( )</u> _____	Fax # ( ) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name HERITAGE WOODS OF CHICAGO

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

**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	31,309	58		31,367	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	31,309	58	0	31,367	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 78.12%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
1,030 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 34 (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: 2017 Fiscal Year: 2017

\* All facilities other than governmental must report on the accrual basis.

**J. Does the facility have any Illinois Housing Development Authority Loans outstanding?** Yes If yes, did the facility make all of the required payments of interest and principle? Yes  
 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:

01/01/2017

Ending: 12/31/2017

## 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	237,141	188,945	2,152	428,238	0	428,238	1
2	Housekeeping, Laundry and Maintenance	123,172	37,210	33,444	193,826	0	193,826	2
3	Heat and Other Utilities			177,822	177,822	0	177,822	3
4	Other (specify):	0	0	117,364	117,364	0	117,364	4
5	<b>TOTAL General Services</b>	<b>360,313</b>	<b>226,155</b>	<b>330,782</b>	<b>917,250</b>	<b>0</b>	<b>917,250</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	464,935	10,355	0	475,290	0	475,290	6
7	Activities and Social Services	26,467	3,503	0	29,970	0	29,970	7
8	Other (specify):	0	0	0	0	0	0	8
9	<b>TOTAL Health Care and Programs</b>	<b>491,402</b>	<b>13,858</b>	<b>0</b>	<b>505,260</b>	<b>0</b>	<b>505,260</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	236,214	24,269	285,928	546,411	(2,132)	544,279	10
11	Marketing Materials, Promotions and Advertising	52,580	12,200	53,064	117,844	0	117,844	11
12	Employee Benefits and Payroll Taxes	0	0	253,159	253,159	0	253,159	12
13	Insurance-Property, Liability and Malpractice	0	0	55,875	55,875	0	55,875	13
14	Other (specify):	0	0	56,489	56,489	11,520	68,009	14
15	<b>TOTAL General Administration</b>	<b>288,794</b>	<b>36,469</b>	<b>704,515</b>	<b>1,029,778</b>	<b>9,388</b>	<b>1,039,166</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,140,509</b>	<b>276,482</b>	<b>1,035,297</b>	<b>2,452,288</b>	<b>9,388</b>	<b>2,461,676</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			290,012	290,012	0	290,012	17
18	Interest			23,975	23,975	(6,156)	17,819	18
19	Real Estate Taxes			100,193	100,193	0	100,193	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			10,870	10,870	0	10,870	21
22	Other (specify):	0	0	1,254,035	1,254,035	(2,057)	1,251,978	22
23	<b>TOTAL Ownership</b>	<b>0</b>	<b>0</b>	<b>1,679,085</b>	<b>1,679,085</b>	<b>(8,213)</b>	<b>1,670,872</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,140,509</b>	<b>276,482</b>	<b>2,714,382</b>	<b>4,131,373</b>	<b>1,175</b>	<b>4,132,548</b>	<b>24</b>

Facility Name: HERITAGE WOODS OF CHICAGO

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	24.37	2
3	Certified Nurse Assistants	14	11.94	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	11.41	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.30	10
11	Laundry	0	0.00	11
12	Managers	5	21.36	12
13	Other Administrative	7	23.72	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

	Management fees paid to unrelated parties	Amount of Fee	
1	Gardant Management Solutions	\$ 203,668	1
2			2
Total		\$ 203,668	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:

01/01/2017

Ending:

12/31/2017

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	\$ 11,093,060	\$ 277,327	40	\$ 277,327	\$ (0)	\$ 4,181,015	1
2									0		2
3									0		3
4									0		4
5									0		5
<b>Improvement Type</b>											
6	Leasehold Improvements				0	0	5	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)				\$ 11,093,060	\$ 277,327		\$ 277,327	\$ (0)	\$ 4,181,015	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	\$ 531,191	\$ 11,234	\$ 106,238	95,004	5	\$ 516,137	18
19	Vehicles	25,200	1,451	5,040	3,589	5	25,200	19
20	TOTAL (lines 18 and 19)	\$ 556,391	\$ 12,685	\$ 111,278	98,593		\$ 541,337	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: **01/01/2017**

Ending: **12/31/2017**

**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	HARRIS TRUST & SAVING		X	FIRST MORTGAGE	12/1/1999	\$ 3,050,000	\$ 2,040,000	10/1/2031	variable	\$ 17,707
2	CITY OF CHICAGO		X	Second Mortgage	12/1/1999	2,011,977	2,011,977	12/1/2034	none	
3	CITY OF CHICAGO		X	Third Mortgage	12/1/1999	1,300,000	1,300,000	1/1/2034	None	
4	RENAISSANCE SOCIAL SV		X	Fourth Mortgage	12/1/1999	3,000	300,000	12/31/2029	None	
5	IDHA		X	Fifth Mortgage	11/1/2001	875,000	602,403	10/1/2031	0.01	6,267
	<b>Working Capital</b>									
4					/ /		0	/ /		
5					/ /	7,239,977	6,254,380	/ /		23,974
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					<b>\$ 7,239,977</b>	<b>\$ 6,254,380</b>			<b>\$ 23,974</b>
	<b>B. Non-Facility Related</b>									
8					/ /	14,479,954	12,508,761	/ /		47,948
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					<b>\$ 7,239,977</b>	<b>\$ 6,254,380</b>			<b>\$ 23,974</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: HERITAGE WOODS OF CHICAGO

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 762,631	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (117,326) )	0 540,237		3
4	Supply Inventory (priced at )	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	31,202		6
7	Other Prepaid Expenses	19,204		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): <a href="#">See Pg 7 Attachment</a>	4,672		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,357,947	\$ 0	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	108,947		13
14	Buildings, at Historical Cost	11,093,060		14
15	Leasehold Improvements, at Historical Cost	0		15
16	Equipment, at Historical Cost	556,391		16
17	Accumulated Depreciation (book methods)	(4,722,352)		17
18	Deferred Charges	0		18
19	Organization & Pre-Operating Costs	4,356		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0 (4,356)		20
21	Restricted Funds	1,326,278		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>	\$ 8,362,325	\$ 0	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,720,271	\$ 0	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 196,992	\$	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	37,531		30
31	Accrued Taxes Payable	94,883		31
32	Accrued Interest Payable	4,676		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	780,576		35
36		0		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,114,657	\$ 0	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	2,170,252		38
39	Mortgage Payable	6,082,304		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>	\$ 8,252,556	\$ 0	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 9,367,213	\$ 0	45
46	<b>TOTAL EQUITY</b>	\$ 353,058	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 9,720,271	\$ 0	47

\*(See instructions.)

Facility Name: HERITAGE WOODS OF CHICAGO

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

## 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	\$ 3,249,365	1
2	Discounts and Allowances	(24,436)	2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 3,224,929	3
<b>B. Other Operating Revenue</b>			
4	Special Services	134,776	4
5	Other Health Care Services	0	5
6	Special Grants	0	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	1,582	8
9	Non-Resident Meals	1,618	9
10	Laundry	0	10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 137,976	11
<b>C. Non-Operating Revenue</b>			
12	Contributions	0	12
13	Interest and Other Investment Income	6,156	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 6,156	14
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	35,277	15
16		0	16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 35,277	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,404,338	18

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	917,250	19
20	Health Care/ Personal Care	505,260	20
21	General Administration	1,029,778	21
<b>B. Capital Expense</b>			
22	Ownership	1,679,085	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 4,131,373	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (727,035)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (727,035)	31
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 2,369,829	32
33	Private Pay - Net Inpatient Revenue	855,100	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,224,929	37



**Balance Sheet PG 7 Other**

Balance Sheet

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-	2111-0040-0-0	Construction Account Payable	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-	2112-0100-0-0	Accrued Asset Management Fee	-
1102-9973-0-0	A/R-Insurance Reimbursemen	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	3,336
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	546,399
1102-9975-0-0	A/R-CIP	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	119,087
1102-9976-0-0	A/R-Other	4,672	2112-0105-0-0	Accrued Liabilities	40,234
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	-	2112-0115-0-0	Accrued Developer Fee	-
1105-0009-0-0	Transfer Account	-	2112-0130-0-0	Accrued MIP	-
1105-0012-0-0	Undeposited Funds	-	2112-0140-0-0	Accrued Vacation	26,605
			2112-0144-0-0	Payroll Union Dues	-
			2112-0146-0-0	Payroll Benefits	25,497
			2112-0150-0-0	Security Deposits	-
			2112-0154-0-0	Unclaimed Property	533
			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	18,884
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		4,672			780,576

Other Long Term Assets Detail		Amt
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	1,545
3300-3391-0-0	Property Tax Adjustments	21,546
3300-3392-0-0	Property Lease Income	6,000
3300-3393-0-0	Insurance Adjustments	6,187
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		35,277
		35,277