

		FOR BHF USE			

LL2

**Supportive Living Facility**  
**2018**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2018)**

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> 1000144</p> <p><b>Facility Name:</b> <u>DEER PATH OF HUNTLEY</u></p> <hr/> <p><b>Address:</b> <u>12500 REGENCY PKWY</u> <u>HUNTLEY</u> <u>60142</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>KANE</u></p> <p><b>Telephone Number:</b> ( <u>847</u> ) <u>515-1800</u> Fax # <u>847 515-1802</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>8/21/2013</u></p> <p><b>Type of Ownership:</b></p> <table border="0" 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>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 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>01/01/2018</u> to <u>12/31/2018</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 border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) <u>Greg Echols</u> (Title) <u>CFO, Gardant Management Solutions</u></td> </tr> <tr> <td style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Print Name and Title) _____ (Firm Name &amp; Address) _____ (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>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Greg Echols</u> (Title) <u>CFO, Gardant Management Solutions</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) ( _____ ) Fax # ( _____ )
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name: DEER PATH OF HUNTLEY

Report Period Beginning:

01/01/2018

Ending: 12/31/2018

## 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	273,846	253,479	1,830	529,155		529,155	1
2	Housekeeping, Laundry and Maintenance	134,866	39,010	56,680	230,556		230,556	2
3	Heat and Other Utilities			175,097	175,097	(30,369)	144,728	3
4	Other (specify):			39,839	39,839		39,839	4
5	<b>TOTAL General Services</b>	<b>408,712</b>	<b>292,489</b>	<b>273,446</b>	<b>974,647</b>	<b>(30,369)</b>	<b>944,278</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	802,346	23,049		825,395		825,395	6
7	Activities and Social Services	51,162	8,255		59,417		59,417	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>853,508</b>	<b>31,304</b>		<b>884,812</b>		<b>884,812</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	207,456	44,468	329,742	581,666	(4,275)	577,391	10
11	Marketing Materials, Promotions and Advertising	34,690	16,138	40,086	90,914		90,914	11
12	Employee Benefits and Payroll Taxes			302,271	302,271		302,271	12
13	Insurance-Property, Liability and Malpractice			59,713	59,713		59,713	13
14	Other (specify):			146,949	146,949	(48,287)	98,661	14
15	<b>TOTAL General Administration</b>	<b>242,146</b>	<b>60,606</b>	<b>878,761</b>	<b>1,181,513</b>	<b>(52,562)</b>	<b>1,128,950</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,504,366</b>	<b>384,399</b>	<b>1,152,206</b>	<b>3,040,971</b>	<b>(82,931)</b>	<b>2,958,041</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			581,983	581,983		581,983	17
18	Interest			1,266,823	1,266,823	(78,915)	1,187,908	18
19	Real Estate Taxes			95,042	95,042		95,042	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			13,143	13,143		13,143	21
22	Other (specify):			106,870	106,870	(3,944)	102,926	22
23	<b>TOTAL Ownership</b>			<b>2,063,861</b>	<b>2,063,861</b>	<b>(82,859)</b>	<b>1,981,003</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,504,366</b>	<b>384,399</b>	<b>3,216,068</b>	<b>5,104,833</b>	<b>(165,789)</b>	<b>4,939,043</b>	<b>24</b>

Facility Name: DEER PATH OF HUNTLEY

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

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	22.73	2
3	Certified Nurse Assistants	23	12.93	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	10	10.87	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.73	10
11	Laundry			11
12	Managers	6	22.41	12
13	Other Administrative	4	22.42	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>	49	\$	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
<b>Total</b>				\$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Gardant Management Solutions	\$ 242,705	1
2			2
<b>Total</b>		\$ 242,705	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
ST. ANTHONY SLF, LLC		LANSING	

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: DEER PATH OF HUNTLEY

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,461,120 Year land was acquired 2012

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	128			2013	\$ 18,979,671	\$ 474,492	40	\$ 474,492	\$ (1)	\$ 2,545,001	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Leasehold Improvements				189,360	9,468	20	9,468	0	47,228	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)				\$ 19,169,031	\$ 483,960		\$ 483,960	\$ (1)	\$ 2,592,229	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	\$ 996,280	\$ 98,023	\$ 99,628	1,605	10	\$ 511,622	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 996,280	\$ 98,023	\$ 99,628	1,605		\$ 511,622	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: DEER PATH OF HUNTLEY

Report Period Beginning: 01/01/2018

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**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>				\$			7

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	AMALGAMATED BANK		X	FIRST MORTGAGE	7/13/12	\$ 19,730,000	\$ 19,375,000	12/1/32	0.0650	\$ 1,266,823
2			X							
3										
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 19,730,000	\$ 19,375,000			\$ 1,266,823
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 19,730,000	\$ 19,375,000			\$ 1,266,823

\* 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: DEER PATH OF HUNTLEY

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 207,888	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (184,078) )	1,107,337		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,908		6
7	Other Prepaid Expenses	4,369		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,338,502	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,461,120		13
14	Buildings, at Historical Cost	18,979,671		14
15	Leasehold Improvements, at Historical Cost	189,360		15
16	Equipment, at Historical Cost	996,280		16
17	Accumulated Depreciation (book methods)	(3,103,851)		17
18	Deferred Charges	648		18
19	Organization & Pre-Operating Costs	1,274,223		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(233,086)		20
21	Restricted Funds	1,286,698		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>	\$ 20,851,063	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 22,189,565	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 458,834	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	95,641		31
32	Accrued Interest Payable	104,948		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	1,167,335		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,826,758	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	18,779,814		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>	\$ 18,779,814	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 20,606,572	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,582,993	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 22,189,565	\$	47

\*(See instructions.)

Facility Name: DEER PATH OF HUNTLEY

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

## 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	\$ 4,726,658	1
2	Discounts and Allowances	(24,441)	2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 4,702,217	3
<b>B. Other Operating Revenue</b>			
4	Special Services	130,086	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	1,215	8
9	Non-Resident Meals		9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 131,301	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	78,915	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 78,915	14
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	10,817	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 10,817	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 4,923,250	18

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	974,647	19
20	Health Care/ Personal Care	884,812	20
21	General Administration	1,181,513	21
<b>B. Capital Expense</b>			
22	Ownership	2,063,861	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)	\$ 5,104,833	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (181,583)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (181,583)	31
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 3,338,426	32
33	Private Pay - Net Inpatient Revenue	1,363,791	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,702,217	37

Operating Expenses PG 3 Other				
<b>A. General Services</b>		<b>D. Ownership</b>		
Other (specify):		Other (specify):		Amt
5200-5000-0-0	Operating Allocation	-	9100-9101-0-0	Interest & Dividend Income
5200-5124-0-0	Exterminating	11,590	9100-9102-0-0	Assessment Income
5200-5127-0-0	Rubbish Removal	11,471	9100-9103-0-0	Assessment Expense
5200-5130-0-0	Vehicle Expense	1,857	9200-9201-1-0	Amortization - Loan Fees
5200-5131-0-0	Transportation Service	-	9200-9202-0-0	Financing Fees
5300-5140-0-0	Security & Monitoring	14,921	9200-9203-1-0	Mortgage Interest Premium
	<b>PG3-4.3</b>	<b>39,839</b>	9200-9204-0-0	Mortgage Service Fee
			9200-9205-0-0	Mortgage Insurance Prem
			9200-9206-0-0	Participation Fee
			9200-9207-0-0	Letter of Credit Fee
			9200-9208-0-0	Bond & Draw Fee
			9200-9209-0-0	Remarketing and Trustee Fee
			9200-9210-0-0	Interest Expense-Note
			9200-9211-0-0	Interest Expense-LP
			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
			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
			<b>PG3-22.3</b>	<b>106,870</b>
<b>C. General Administration</b>				
Other (specify):		Amt		
5160-5060-0-0	Consulting	125		
5160-5063-0-0	Legal	32,631		
5160-5064-0-0	Accounting	185		
5160-5066-0-0	Audit	12,471		
5160-5067-0-0	Contract Labor-Serv Prov	-		
5160-5068-0-0	Contract Labor	53,249		
5180-5079-0-0	Bad Debt - Resident	34,424		
5180-5079-1-0	Bad Debt - Resident - Recovery	-		
5180-5080-0-0	Bad Debt - Resident Prior Period	-		
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	-		
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-		
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-		
5180-5083-0-0	Bad Debt - Medicaid MCO	13,863		
5190-5000-0-0	Other Admin Allocation	-		
	<b>PG3-14.3</b>	<b>146,949</b>		
<b>B. Health Care and Programs</b>				
Other (specify):	<b>PG3-8.3</b>			

Operating Expenses - Reclassifications and Adjustments PG 3			
<b>A. General Services</b>			
Heat and Other Utilities			
3300-3303-0-0	Cable		30,369
	<b>PG3-3.5</b>		<b>30,369</b>
<b>C. General Administration</b>			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		1,215
3300-3304-0-0	Internet Access		-
3300-3321-0-0	Telephone- Connection		1,960
3300-3323-0-0	Telephone- Usage		0
5190-5090-0-0	Contributions		1,100
	<b>PG3-10.5</b>		<b>4,275</b>
<b>C. General Administration</b>			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		34,424
5180-5079-1-0	Bad Debt - Resident - Recovery		-
5180-5080-0-0	Bad Debt - Resident Prior Period		-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial		-
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery		-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period		-
5180-5083-0-0	Bad Debt - Medicaid MCO		13,863
	<b>PG3-14.5</b>		<b>48,287</b>
<b>D. Ownership</b>			
Interest			
3300-3380-0-0	Interest Income		52,613
3300-3385-0-0	Interest Income - Reserves		26,301
	<b>PG3-18.5</b>		<b>78,915</b>
<b>D. Ownership</b>			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		-
9200-9209-0-0	Remarketing and Trustee Fee		3,944
	<b>PG3-22.5</b>		<b>3,944</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		Amt
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	29,161
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	1,099,070
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	1,983
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	37,121
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
<b>PG7-35.1</b>		<b>1,167,335</b>

## Income Statement PG 8 Other

Income Statement	
Other Revenue	Amt
3300-3388-0-0 Contract Service-Serv Prov	-
3300-3390-0-0 Other (Late Fees, NSF Fees, Call Pendants)	2,430
3300-3391-0-0 Property Tax Adjustments	-
3300-3392-0-0 Property Lease Income	-
3300-3393-0-0 Insurance Adjustments	8,387
3300-3395-0-0 Developer Fee Income	-
3300-3396-0-0 Home Office Rent Income	-

**PG8-15.1**

**10,817**