

		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> <u>1000115</u></p> <p><b>Facility Name:</b> <u>HERITAGE WOODS OF BOLINGBRK</u></p> <hr/> <p><b>Address:</b> <u>550 KILDEER</u> <u>BOLINGBROOK</u> <u>60440</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>WILL</u></p> <p><b>Telephone Number:</b> ( <u>630</u> ) <u>783-9640</u> <b>Fax #</b> <u>630 783-9648</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>2/27/2009</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 Charitable Corp.</td> <td style="width:33%; border: none;"><input type="checkbox"/> PROPRIETARY Individual</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input checked="" 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 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>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL 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>01/01/2018</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 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>Greg Echols</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> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:20%; 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 style="border: none;">(Print Name and Title) _____</td> <td style="border: none;"></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 style="border: none;">(Telephone) ( <u>   </u> ) _____</td> <td style="border: none;">Fax # ( <u>   </u> ) _____</td> </tr> </table>	<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 # ( <u>   </u> ) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL State																																									
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	(Telephone) ( <u>   </u> ) _____	Fax # ( <u>   </u> ) _____																																									
<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>	<p><b>MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001</b></p> <p align="right"><b>Phone # (217) 782-1630</b></p>																																										



Facility Name: HERITAGE WOODS OF BOLINGBRK

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	272,460	210,188	2,174	484,822		484,822	1
2	Housekeeping, Laundry and Maintenance	121,457	46,072	80,718	248,247		248,247	2
3	Heat and Other Utilities			179,000	179,000	(33,966)	145,034	3
4	Other (specify):			22,629	22,629		22,629	4
5	<b>TOTAL General Services</b>	393,917	256,260	284,521	934,698	(33,966)	900,732	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	488,914	12,728		501,642		501,642	6
7	Activities and Social Services	27,371	10,258		37,629		37,629	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	516,285	22,986		539,271		539,271	9
<b>C. General Administration</b>								
10	Administrative and Clerical	216,885	36,889	292,930	546,704	(30,587)	516,117	10
11	Marketing Materials, Promotions and Advertising	52,313	12,317	57,847	122,477		122,477	11
12	Employee Benefits and Payroll Taxes			236,201	236,201		236,201	12
13	Insurance-Property, Liability and Malpractice			37,252	37,252		37,252	13
14	Other (specify):			77,160	77,160	3,958	81,119	14
15	<b>TOTAL General Administration</b>	269,198	49,206	701,390	1,019,794	(26,628)	993,166	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,179,400	328,452	985,912	2,493,764	(60,595)	2,433,169	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			476,164	476,164		476,164	17
18	Interest			493,017	493,017	(13,205)	479,812	18
19	Real Estate Taxes			87,711	87,711		87,711	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,116	9,116		9,116	21
22	Other (specify):			1,444,453	1,444,453		1,444,453	22
23	<b>TOTAL Ownership</b>			2,510,461	2,510,461	(13,205)	2,497,256	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,179,400	328,452	3,496,373	5,004,225	(73,800)	4,930,426	24

Facility Name: HERITAGE WOODS OF BOLINGBRK

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	1	23.68	2
3	Certified Nurse Assistants	14	12.07	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	10.41	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.82	10
11	Laundry			11
12	Managers	5	26.60	12
13	Other Administrative	4	27.08	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>37</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>

VI. (B) Management fees paid to unrelated parties

	Name	Amount of Fee		
1	Gardant Management Solutions	\$ 203,258	1	
2			2	
		<b>Total</b>	<b>\$ 203,258</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: HERITAGE WOODS OF BOLINGBRK

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 815,542 Year land was acquired 2007

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	105			2009	\$ 12,529,068	\$ 455,602	27.5	\$ 455,602	\$ 0	\$ 4,513,912	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Leasehold Improvements				242,571	16,171	15	16,171	(0)	160,367	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)				\$ 12,771,639	\$ 471,774		\$ 471,774	\$ 0	\$ 4,674,279	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	\$ 712,825	\$ 4,390	\$ 142,565	138,175	5	\$ 707,544	18
19					\$ -			19
20	TOTAL (lines 18 and 19)	\$ 712,825	\$ 4,390	\$ 142,565	138,175		\$ 707,544	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 BOLINGBRK**

Report Period Beginning: **01/01/2018**

Ending: **12/31/2018**

**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

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 / BOND	12/1/07	\$ 11,900,000	\$	12/1/42	0.0700	\$ 226,665
2	LANCASTER POLLARD		X	FIRST MORTGAGE	3/1/18	11,220,800	11,112,306	4/1/53	0.0358	266,352
3										3
	<b>Working Capital</b>									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	<b>TOTAL Facility Related</b>					\$ 23,120,800	\$ 11,112,306			\$ 493,017
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		8
9					/ /			/ /		9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 23,120,800	\$ 11,112,306			\$ 493,017

\* 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 BOLINGBRK

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 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,052,997	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (133,833) )	528,163		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	41,844		6
7	Other Prepaid Expenses	4,623		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Page 7 Attachment</a>	47,543		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,675,170	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	815,542		13
14	Buildings, at Historical Cost	12,529,068		14
15	Leasehold Improvements, at Historical Cost	242,571		15
16	Equipment, at Historical Cost	712,825		16
17	Accumulated Depreciation (book methods)	(5,381,823)		17
18	Deferred Charges	336		18
19	Organization & Pre-Operating Costs	22,927		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(22,927)		20
21	Restricted Funds	650,527		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <a href="#">See Page 7 Attachment</a>	16,400		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 9,585,446	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 11,260,616	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 143,427	\$	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	92,691		31
32	Accrued Interest Payable	33,152		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<a href="#">See Page 7 Attachment</a>	780,038		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,049,307	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,898,440		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>	\$ 10,898,440	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 11,947,747	\$	45
46	<b>TOTAL EQUITY</b>	\$ (687,131)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 11,260,616	\$	47

\*(See instructions.)

Facility Name: HERITAGE WOODS OF BOLINGBRK

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	\$ 3,887,228	1
2	Discounts and Allowances	(22,721)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,864,507</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	170,363	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	4,908	8
9	Non-Resident Meals	844	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 176,115</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	13,205	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 13,205</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	12,773	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 12,773</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,066,600</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	934,698	19
20	Health Care/ Personal Care	539,271	20
21	General Administration	1,019,794	21
<b>B. Capital Expense</b>			
22	Ownership	2,510,461	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>\$ 5,004,225</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (937,625)</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>\$ (937,625)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 1,928,259	32
33	Private Pay - Net Inpatient Revenue	1,936,248	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>\$ 3,864,507</b>	<b>37</b>

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	9100-9102-0-0	Assessment Income
	5,613		-
5200-5127-0-0	Rubbish Removal	9100-9103-0-0	Assessment Expense
	1,438		-
5200-5130-0-0	Vehicle Expense	9200-9201-1-0	Amortization - Loan Fees
	2,808		393,331
5200-5131-0-0	Transportation Service	9200-9202-0-0	Financing Fees
	-		226,200
5300-5140-0-0	Security & Monitoring	9200-9203-1-0	Mortgage Interest Premium
	12,770		-
	<b>PG3-4.3</b>	9200-9204-0-0	Mortgage Service Fee
	<b>22,629</b>		-
		9200-9205-0-0	Mortgage Insurance Prem
			91,334
<b>C. General Administration</b>		9200-9206-0-0	Participation Fee
Other (specify):	Amt	9200-9207-0-0	Letter of Credit Fee
			-
5160-5060-0-0	Consulting	9200-9208-0-0	Bond & Draw Fee
	11,363		-
5160-5063-0-0	Legal	9200-9209-0-0	Remarketing and Trustee Fee
	14,564		-
5160-5064-0-0	Accounting	9200-9210-0-0	Interest Expense-Note
	253		-
5160-5066-0-0	Audit	9200-9211-0-0	Interest Expense-LP
	12,813		-
5160-5067-0-0	Contract Labor-Serv Prov	9200-9212-0-0	Debt Write-Off
	-		-
5160-5068-0-0	Contract Labor	9300-9301-0-0	Partnership Management Fee
	42,126		-
5180-5079-0-0	Bad Debt - Resident	9300-9302-0-0	Asset Management Fee
	(3,623)		19,718
5180-5079-1-0	Bad Debt - Resident - Recovery	9300-9303-0-0	Incentive Management
	(102)		671,974
5180-5080-0-0	Bad Debt - Resident Prior Period	9300-9303-1-0	Incentive Asset Mgmt Fee
	-		39,604
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	9300-9304-0-0	Tax Credit Fees & Incentive Fee
	-		-
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	9300-9305-0-0	Organizational Expense
	-		-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	9300-9306-0-0	Developer Fees
	-		-
5180-5083-0-0	Bad Debt - Medicaid MCO	9300-9307-0-0	Closing Costs
	(233)		-
5190-5000-0-0	Other Admin Allocation	9700-9702-0-0	Amortization Expense
	-		2,292
	<b>PG3-14.3</b>	9900-9901-0-0	Prior Period Adjustments
	<b>77,160</b>		-
		9900-9902-0-0	Dissolution of Business
			-
<b>B. Health Care and Programs</b>		9900-9903-0-0	Loss (Gain) on Sale of Assets
Other (specify):	<b>PG3-8.3</b>		-
		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>1,444,453</b>

Operating Expenses - Reclassifications and Adjustments PG 3			
<b>A. General Services</b>			
Heat and Other Utilities			
3300-3303-0-0	Cable		33,966
	<b>PG3-3.5</b>		<b>33,966</b>
<b>C. General Administration</b>			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		4,908
3300-3304-0-0	Internet Access		2,080
3300-3321-0-0	Telephone- Connection		22,238
3300-3323-0-0	Telephone- Usage		210
5190-5090-0-0	Contributions		1,150
	<b>PG3-10.5</b>		<b>30,587</b>
<b>C. General Administration</b>			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		(3,623)
5180-5079-1-0	Bad Debt - Resident - Recovery		(102)
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		(233)
	<b>PG3-14.5</b>		<b>(3,958)</b>
<b>D. Ownership</b>			
Interest			
3300-3380-0-0	Interest Income		5,977
3300-3385-0-0	Interest Income - Reserves		7,229
	<b>PG3-18.5</b>		<b>13,205</b>
<b>D. Ownership</b>			
Other (specify):			
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	47,543
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>47,543</b>

Other Long Term Assets Detail		Amt
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	16,400
1201-0022-0-0	CIP- Other Addition	-
<b>PG7-23.1</b>		<b>16,400.00</b>

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	19,718
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	671,974
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	39,604
2112-0105-0-0	Accrued Liabilities	27,524
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	2,158
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	19,060
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>780,038</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)	1,627
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
3300-3393-0-0	Insurance Adjustments	7,546
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

**PG8-15.1**

**12,773**