

		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>I. Facility ID Number: <u>1000085</u></p> <p>Facility Name: <u>HERITAGE WOODS OF ROCKFORD</u></p> <p>Address: <u>202 N SHOWPLACE DR</u> <u>ROCKFORD</u> <u>61107</u> <small>Number City Zip Code</small></p> <p>County: <u>WINNEBAGO</u></p> <p>Telephone Number: <u>(815) 332-5777</u> Fax # <u>815 332-3407</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>9/3/2008</u></p> <p>Type of Ownership:</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>IRS Exemption Code _____</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>In the event there are further questions about this report, please contact: Name: <u>Thomas Staszak</u> Telephone Number: <u>(815) 935-1992</u> Email Address: _____</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	IRS Exemption Code _____	<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>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</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 style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</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>Paid Preparer</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 & 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>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Greg Echols</u>			(Title) <u>CFO, Gardant Management Solutions</u>		Paid Preparer	(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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	(Telephone) <u>()</u> _____	Fax # () _____																																												

Facility Name HERITAGE WOODS OF ROCKFORD

Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	99	Single Unit Apartment	99	36,135	1
2		Double Unit Apartment			2
3		Other			3
4	99	TOTALS	99	36,135	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	30,812	5,026		35,838	5
6	Double Unit					6
7	Other					7
8	TOTALS	30,812	5,026		35,838	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 99.18%

D. Indicate the number of paid bed-hold days the SLF had during this year

 448 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 33 (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)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 2018 Fiscal Year: 2018

* 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 ROCKFORD

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			
A. General Services								
1	Dietary and Food Purchase	262,307	229,876	2,804	494,987		494,987	1
2	Housekeeping, Laundry and Maintenance	115,827	32,168	84,017	232,012		232,012	2
3	Heat and Other Utilities			132,811	132,811	(30,552)	102,259	3
4	Other (specify):			24,653	24,653		24,653	4
5	TOTAL General Services	378,134	262,044	244,285	884,463	(30,552)	853,911	5
B. Health Care and Programs								
6	Health Care/ Personal Care	521,093	17,965		539,058		539,058	6
7	Activities and Social Services	37,383	7,985		45,368		45,368	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	558,476	25,950		584,426		584,426	9
C. General Administration								
10	Administrative and Clerical	200,941	33,676	253,415	488,032	(39,666)	448,366	10
11	Marketing Materials, Promotions and Advertising	77,725	10,719	39,340	127,784		127,784	11
12	Employee Benefits and Payroll Taxes			299,364	299,364		299,364	12
13	Insurance-Property, Liability and Malpractice			33,832	33,832		33,832	13
14	Other (specify):			449,798	449,798	(4,408)	445,390	14
15	TOTAL General Administration	278,666	44,395	1,075,749	1,398,810	(44,074)	1,354,736	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,215,276	332,389	1,320,034	2,867,699	(74,626)	2,793,073	16
Capital Expenses								
D. Ownership								
17	Depreciation			432,931	432,931		432,931	17
18	Interest			355,223	355,223	(69,640)	285,583	18
19	Real Estate Taxes			102,246	102,246		102,246	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			13,110	13,110		13,110	21
22	Other (specify):			682,279	682,279		682,279	22
23	TOTAL Ownership			1,585,789	1,585,789	(69,640)	1,516,149	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,215,276	332,389	2,905,823	4,453,488	(144,266)	4,309,222	24

Facility Name: HERITAGE WOODS OF ROCKFORD

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	26.04	2
3	Certified Nurse Assistants	15	11.37	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	11	10.86	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.18	10
11	Laundry			11
12	Managers	4	28.53	12
13	Other Administrative	4	25.44	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	Total (lines 1 thru 16)	38	\$	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				\$	6

VI. (B) Management fees paid to unrelated parties

	Name	Amount of Fee	
1	Gardant Management Solutions	\$ 159,708	1
2			2
Total		\$ 159,708	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 ROCKFORD

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 416,192 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	99			2007	\$ 9,943,550	\$ 359,413	27.5	\$ 361,584	\$ 2,171	\$ 4,009,026	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			682,761	40,648	15	45,517	4,870	518,638	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)				\$ 10,626,311	\$ 400,061		\$ 407,101	\$ 7,040	\$ 4,527,663	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	\$ 786,252	\$ 32,870	\$ 157,250	124,380	5	\$ 764,167	18
19					\$ -		-	19
20	TOTAL (lines 18 and 19)	\$ 786,252	\$ 32,870	\$ 157,250	124,380		\$ 764,167	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 ROCKFORD

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	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	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				
	A. Directly Facility Related										
	Long-Term										
1	IHDA		X	FIRST MORTGAGE	8/24/06	\$ 7,850,000	\$	8/24/18	0.0540	\$ 232,319	1
2	IHDA		X	Second Mortgage	8/24/06	1,914,283		8/24/18	0.0100	12,762	2
3	IHDA		X	FIRST MORTGAGE	8/24/18	6,687,041	6,666,717	9/1/53	0.0438	104,941	3
4	IHDA		X	Second Mortgage	8/24/18	1,914,283	1,902,848	9/1/53	0.0100	5,202	4
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /	18,365,607	8,569,565	/ /		355,223	6
7	TOTAL Facility Related					\$ 18,365,607	\$ 8,569,565			\$ 355,223	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /	18,365,607	8,569,565	/ /		355,223	9
10	TOTALS (lines 7, 8 and 9)					\$ 18,365,607	\$ 8,569,565			\$ 355,223	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: HERITAGE WOODS OF ROCKFORD

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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 835,686	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (27,852))	688,718		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	22,711		6
7	Other Prepaid Expenses	2,648		7
8	Accounts Receivable (owners or related parties)	12,088		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,561,852	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	416,192		13
14	Buildings, at Historical Cost	9,943,550		14
15	Leasehold Improvements, at Historical Cost	682,761		15
16	Equipment, at Historical Cost	786,252		16
17	Accumulated Depreciation (book methods)	(5,291,830)		17
18	Deferred Charges	302		18
19	Organization & Pre-Operating Costs	22,733		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(22,733)		20
21	Restricted Funds	2,298,179		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Page 7 Attachment	3,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,838,405	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,400,257	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 110,323	\$	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	107,093		31
32	Accrued Interest Payable	25,897		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,937,786		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,181,099	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,191,768		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 8,191,768	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,372,868	\$	45
46	TOTAL EQUITY	\$ 27,389	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,400,257	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF ROCKFORD

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	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,899,048	1
2	Discounts and Allowances	(1,790)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,897,258	3
B. Other Operating Revenue			
4	Special Services	154,445	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	21,834	8
9	Non-Resident Meals	2,430	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 178,709	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	69,640	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 69,640	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	10,171	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,171	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,155,778	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	884,463	19
20	Health Care/ Personal Care	584,426	20
21	General Administration	1,398,810	21
B. Capital Expense			
22	Ownership	1,585,789	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 4,453,488	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (297,710)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (297,710)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,646,114	32
33	Private Pay - Net Inpatient Revenue	2,251,144	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,897,258	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
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
	2,286		-
5200-5127-0-0	Rubbish Removal	9100-9103-0-0	Assessment Expense
	5,811		-
5200-5130-0-0	Vehicle Expense	9200-9201-1-0	Amortization - Loan Fees
	4,738		15,502
5200-5131-0-0	Transportation Service	9200-9202-0-0	Financing Fees
	-		28,102
5300-5140-0-0	Security & Monitoring	9200-9203-1-0	Mortgage Interest Premium
	11,819		-
	PG3-4.3	9200-9204-0-0	Mortgage Service Fee
	24,653		-
		9200-9205-0-0	Mortgage Insurance Prem
			24,674
		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
			36,896
		9300-9303-0-0	Incentive Management
			499,818
		9300-9303-1-0	Incentive Asset Mgmt Fee
			77,287
		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
			-
			PG3-22.3
			682,279
C. General Administration			
Other (specify):	Amt		
5160-5060-0-0	Consulting		227,678
5160-5063-0-0	Legal		2,620
5160-5064-0-0	Accounting		270
5160-5066-0-0	Audit		16,816
5160-5067-0-0	Contract Labor-Serv Prov		168,813
5160-5068-0-0	Contract Labor		29,192
5180-5079-0-0	Bad Debt - Resident		6,732
5180-5079-1-0	Bad Debt - Resident - Recovery		(2,324)
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		-
5190-5000-0-0	Other Admin Allocation		-
	PG3-14.3		449,798
B. Health Care and Programs			
Other (specify):	PG3-8.3		

Operating Expenses - Reclassifications and Adjustments PG 3		
A. General Services		
Heat and Other Utilities		
3300-3303-0-0	Cable	30,552
	PG3-3.5	30,552
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	21,834
3300-3304-0-0	Internet Access	2,604
3300-3321-0-0	Telephone- Connection	14,212
3300-3323-0-0	Telephone- Usage	150
5190-5090-0-0	Contributions	866
	PG3-10.5	39,666
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	6,732
5180-5079-1-0	Bad Debt - Resident - Recovery	(2,324)
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	-
	PG3-14.5	4,408
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	32,803
3300-3385-0-0	Interest Income - Reserves	36,837
	PG3-18.5	69,640
D. Ownership		
Other (specify):		
1302-1007-0-0	A/A - Goodwill	-
9200-9209-0-0	Remarketing and Trustee Fee	-
	PG3-22.5	-

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	-
PG7-9.1		-

Other Long Term Assets Detail		Amt
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	3,000
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		3,000.00

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	36,896
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	1,631,296
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	215,814
2112-0105-0-0	Accrued Liabilities	35,077
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	324
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	18,379
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		1,937,786

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	2,222
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	1,417
3300-3393-0-0	Insurance Adjustments	6,532
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

PG8-15.1	10,171
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