

		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> 1000114</p> <p><b>Facility Name:</b> <u>HERITAGE WOODS OF STERLING</u></p> <p><b>Address:</b> <u>2205 OAK GROVE AVE</u> <u>STERLING</u> <u>61081</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>WHITESIDE</u></p> <p><b>Telephone Number:</b> ( <u>815</u> ) <u>625-7045</u> Fax # <u>815 625-7054</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>3/16/2009</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.</td> <td><input type="checkbox"/> PROPRIETARY Individual</td> <td><input type="checkbox"/> GOVERNMENTAL 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>	<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	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><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 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) ( _____ )</td> <td>Fax # ( _____ )</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) ( _____ )	Fax # ( _____ )
<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL State																																									
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	(Telephone) ( _____ )	Fax # ( _____ )																																									
<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 STERLING

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	76	Single Unit Apartment	76	27,740	1
2		Double Unit Apartment			2
3		Other			3
4	76	TOTALS	76	27,740	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	20,597	5,775		26,372	5
6	Double Unit					6
7	Other					7
8	TOTALS	20,597	5,775		26,372	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)     95.07%    

D. Indicate the number of paid bed-hold days the SLF had during this year     169     Also, indicate the number of unpaid bed-hold days the SLF had during this year.                  (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:     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?     No     If yes, did the facility make all of the required payments of interest and principle?                   
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 STERLING

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	206,424	132,491	2,837	341,752		341,752	1
2	Housekeeping, Laundry and Maintenance	74,595	24,109	39,626	138,330		138,330	2
3	Heat and Other Utilities			104,373	104,373	(23,320)	81,053	3
4	Other (specify):			22,984	22,984		22,984	4
5	<b>TOTAL General Services</b>	<b>281,019</b>	<b>156,600</b>	<b>169,820</b>	<b>607,439</b>	<b>(23,320)</b>	<b>584,119</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	357,649	9,777		367,426		367,426	6
7	Activities and Social Services	31,392	7,623		39,015		39,015	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>389,041</b>	<b>17,400</b>		<b>406,441</b>		<b>406,441</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	122,367	29,828	245,484	397,679	(18,060)	379,619	10
11	Marketing Materials, Promotions and Advertising	45,915	7,191	26,960	80,066		80,066	11
12	Employee Benefits and Payroll Taxes			204,070	204,070		204,070	12
13	Insurance-Property, Liability and Malpractice			26,321	26,321		26,321	13
14	Other (specify):			63,749	63,749	(3,284)	60,465	14
15	<b>TOTAL General Administration</b>	<b>168,282</b>	<b>37,019</b>	<b>566,584</b>	<b>771,885</b>	<b>(21,345)</b>	<b>750,540</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>838,342</b>	<b>211,019</b>	<b>736,404</b>	<b>1,785,765</b>	<b>(44,664)</b>	<b>1,741,100</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			339,820	339,820		339,820	17
18	Interest			177,887	177,887	(23,265)	154,622	18
19	Real Estate Taxes			60,095	60,095		60,095	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,680	9,680		9,680	21
22	Other (specify):			735,299	735,299		735,299	22
23	<b>TOTAL Ownership</b>			<b>1,322,781</b>	<b>1,322,781</b>	<b>(23,265)</b>	<b>1,299,517</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>838,342</b>	<b>211,019</b>	<b>2,059,185</b>	<b>3,108,546</b>	<b>(67,929)</b>	<b>3,040,617</b>	<b>24</b>

Facility Name: HERITAGE WOODS OF STERLING

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	21.73	2
3	Certified Nurse Assistants	12	10.65	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	8	9.86	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	9.93	10
11	Laundry			11
12	Managers	5	19.46	12
13	Other Administrative	3	20.77	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>30</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**

		Amount of Fee		
1	Gardant Management Solutions	\$ 146,276	1	
2			2	
		<b>Total</b>	<b>\$ 146,276</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 STERLING

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 140,336 Year land was acquired 2006

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

\*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	76			2009	\$ 7,604,546	\$ 276,529	27.5	\$ 276,529	\$ (0)	\$ 2,719,200	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Leasehold Improvements				832,257	55,484	15	55,484		527,769	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)				\$ 8,436,803	\$ 332,013		\$ 332,013	\$ (0)	\$ 3,246,969	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	\$ 678,649	\$ 7,807	\$ 135,730	127,923	5	\$ 654,752	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 678,649	\$ 7,807	\$ 135,730	127,923		\$ 654,752	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 STERLING

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

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	LANCASTER POLLARD		X	FIRST MORTGAGE	5/1/14	\$ 4,750,000	\$ 4,435,575	5/1/49	0.0398	\$ 177,887
2										
3										
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 4,750,000	\$ 4,435,575			\$ 177,887
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 4,750,000	\$ 4,435,575			\$ 177,887

\* 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 STERLING

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	\$ 774,272	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (121,786) )	574,647		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,957		6
7	Other Prepaid Expenses	5,608		7
8	Accounts Receivable (owners or related parties)	10,670		8
9	Other(specify): <a href="#">See Page 7 Attachment</a>	19,262		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,402,416	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	140,336		13
14	Buildings, at Historical Cost	7,604,546		14
15	Leasehold Improvements, at Historical Cost	832,257		15
16	Equipment, at Historical Cost	678,649		16
17	Accumulated Depreciation (book methods)	(3,901,721)		17
18	Deferred Charges	629		18
19	Organization & Pre-Operating Costs	38,038		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(38,038)		20
21	Restricted Funds	638,410		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>	\$ 5,993,106	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 7,395,523	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 37,063	\$	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	62,297		31
32	Accrued Interest Payable	14,711		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>	749,469		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 863,540	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,297,039		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>	\$ 4,297,039	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 5,160,579	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,234,944	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 7,395,523	\$	47

\*(See instructions.)

Facility Name: HERITAGE WOODS OF STERLING

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	\$ 2,787,481	1
2	Discounts and Allowances	(6,390)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,781,091</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	93,224	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	4,194	8
9	Non-Resident Meals	1,798	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 99,216</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	23,265	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 23,265</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	3,911	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 3,911</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,907,483</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	607,439	19
20	Health Care/ Personal Care	406,441	20
21	General Administration	771,885	21
<b>B. Capital Expense</b>			
22	Ownership	1,322,781	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>\$ 3,108,546</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (201,063)</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>\$ (201,063)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 1,285,085	32
33	Private Pay - Net Inpatient Revenue	1,496,006	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>\$ 2,781,091</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
	1,815		-
5200-5127-0-0	Rubbish Removal	9100-9103-0-0	Assessment Expense
	2,338		-
5200-5130-0-0	Vehicle Expense	9200-9201-1-0	Amortization - Loan Fees
	6,470		4,572
5200-5131-0-0	Transportation Service	9200-9202-0-0	Financing Fees
	-		-
5300-5140-0-0	Security & Monitoring	9200-9203-1-0	Mortgage Interest Premium
	12,361		-
	<b>PG3-4.3</b>		
			<b>22,984</b>
<b>C. General Administration</b>			
Other (specify):	Amt		
5160-5060-0-0	Consulting	9200-9204-0-0	Mortgage Service Fee
	8,440		-
5160-5063-0-0	Legal	9200-9205-0-0	Mortgage Insurance Prem
	9,785		20,111
5160-5064-0-0	Accounting	9200-9206-0-0	Participation Fee
	68		-
5160-5066-0-0	Audit	9200-9207-0-0	Letter of Credit Fee
	15,718		-
5160-5067-0-0	Contract Labor-Serv Prov	9200-9208-0-0	Bond & Draw Fee
	-		-
5160-5068-0-0	Contract Labor	9200-9209-0-0	Remarketing and Trustee Fee
	26,454		-
5180-5079-0-0	Bad Debt - Resident	9200-9210-0-0	Interest Expense-Note
	3,284		-
5180-5079-1-0	Bad Debt - Resident - Recovery	9200-9211-0-0	Interest Expense-LP
	-		-
5180-5080-0-0	Bad Debt - Resident Prior Period	9200-9212-0-0	Debt Write-Off
	-		-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	9300-9301-0-0	Partnership Management Fee
	-		15,000
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	9300-9302-0-0	Asset Management Fee
	-		20,000
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	9300-9303-0-0	Incentive Management
	-		634,525
5180-5083-0-0	Bad Debt - Medicaid MCO	9300-9303-1-0	Incentive Asset Mgmt Fee
	-		37,289
5190-5000-0-0	Other Admin Allocation	9300-9304-0-0	Tax Credit Fees & Incentive Fee
	-		-
	<b>PG3-14.3</b>	9300-9305-0-0	Organizational Expense
			-
		9300-9306-0-0	Developer Fees
			-
		9300-9307-0-0	Closing Costs
			-
		9700-9702-0-0	Amortization Expense
			3,802
		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>735,299</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		23,320
	<b>PG3-3.5</b>		<b>23,320</b>
<b>C. General Administration</b>			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		4,194
3300-3304-0-0	Internet Access		2,098
3300-3321-0-0	Telephone- Connection		10,549
3300-3323-0-0	Telephone- Usage		403
5190-5090-0-0	Contributions		815
	<b>PG3-10.5</b>		<b>18,060</b>
<b>C. General Administration</b>			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		3,284
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		-
	<b>PG3-14.5</b>		<b>3,284</b>
<b>D. Ownership</b>			
Interest			
3300-3380-0-0	Interest Income		23,173
3300-3385-0-0	Interest Income - Reserves		91
	<b>PG3-18.5</b>		<b>23,265</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	19,262
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>19,262</b>

Other Long Term Assets Detail		
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
<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	20,000
2112-0101-0-0	Accrued Partnership Mgmt Fee	15,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	634,525
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	37,289
2112-0105-0-0	Accrued Liabilities	22,631
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	-
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	20,023
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>749,469</b>

**Income Statement PG 8 Other**

Income Statement

Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	477 Late Fees
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	3,434
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

**PG8-15.1** **3,911**