

		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>1000090</u></p> <p>Facility Name: <u>HERITAGE WOODS OF YORKVILLE</u></p> <hr/> <p>Address: <u>242 GREEN BRIAR RD</u> <u>YORKVILLE</u> <u>60560</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>KENDALL</u></p> <p>Telephone Number: (<u>630</u>) <u>882-6502</u> Fax # <u>630 882-6504</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>12/7/2007</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 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 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>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Thomas Staszak</u> Telephone Number: <u>(815) 935-1992</u></p> <p>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 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 checked="" 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 # (<u> </u>) _____</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 # (<u> </u>) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) (<u> </u>) _____	Fax # (<u> </u>) _____																																												

Facility Name HERITAGE WOODS OF YORKVILLE

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	87	Single Unit Apartment	87	31,755	1
2		Double Unit Apartment			2
3		Other			3
4	87	TOTALS	87	31,755	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	21,331	10,075		31,406	5
6	Double Unit					6
7	Other					7
8	TOTALS	21,331	10,075		31,406	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.90%

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

 280 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 4 (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? No If yes, did the facility make all of the required payments of interest and principle? N/A

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 YORKVILLE

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	234,751	174,574	1,968	411,293		411,293	1
2	Housekeeping, Laundry and Maintenance	94,312	32,538	22,830	149,680		149,680	2
3	Heat and Other Utilities			194,194	194,194	(25,637)	168,557	3
4	Other (specify):			11,112	11,112		11,112	4
5	TOTAL General Services	329,063	207,112	230,104	766,279	(25,637)	740,642	5
B. Health Care and Programs								
6	Health Care/ Personal Care	406,582	9,968		416,550		416,550	6
7	Activities and Social Services	24,963	7,566		32,529		32,529	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	431,545	17,534		449,079		449,079	9
C. General Administration								
10	Administrative and Clerical	139,210	25,998	264,047	429,255	(40,002)	389,253	10
11	Marketing Materials, Promotions and Advertising	73,955	9,576	37,088	120,619		120,619	11
12	Employee Benefits and Payroll Taxes			246,769	246,769		246,769	12
13	Insurance-Property, Liability and Malpractice			37,826	37,826		37,826	13
14	Other (specify):			67,406	67,406	(20,235)	47,171	14
15	TOTAL General Administration	213,165	35,574	653,136	901,875	(60,237)	841,638	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	973,773	260,220	883,239	2,117,232	(85,874)	2,031,358	16
Capital Expenses								
D. Ownership								
17	Depreciation			227,548	227,548		227,548	17
18	Interest			264,795	264,795	(19,685)	245,110	18
19	Real Estate Taxes			79,156	79,156		79,156	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			6,365	6,365		6,365	21
22	Other (specify):			44,086	44,086		44,086	22
23	TOTAL Ownership			621,950	621,950	(19,685)	602,265	23
24	GRAND TOTAL (Sum of lines 16 and 23)	973,773	260,220	1,505,189	2,739,182	(105,559)	2,633,624	24

Facility Name: HERITAGE WOODS OF YORKVILLE

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	26.22	2
3	Certified Nurse Assistants	13	11.82	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	10.68	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	9.19	10
11	Laundry			11
12	Managers	4	26.83	12
13	Other Administrative	3	25.16	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)	31	\$	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

		Amount of Fee	
1	Gardant Management Solutions	\$ 185,888	1
2			2
Total		\$ 185,888	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 YORKVILLE

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 374,340 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	87			2007	\$ 6,732,540	\$ 172,629	40	\$ 168,313	\$ (4,316)	\$ 1,913,307	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			710,307	46,932	15	47,354	421	519,096	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)				\$ 7,442,847	\$ 219,562		\$ 215,667	\$ (3,894)	\$ 2,432,404	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	\$ 938,256	\$ 7,986	\$ 187,651	179,665	5	\$ 935,566	18
19	Vehicles	\$ 57,178		\$ 11,436	11,436	5	\$ 57,178	19
20	TOTAL (lines 18 and 19)	\$ 995,435	\$ 7,986	\$ 199,087	191,101		\$ 992,744	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 YORKVILLE

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

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	LANCASTER POLLARD		X	FIRST MORTGAGE	2/22/12	\$ 8,696,000	\$ 7,714,316	3/1/47	0.0340	\$ 264,795
2										2
3										3
	Working Capital									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 8,696,000	\$ 7,714,316			\$ 264,795
	B. Non-Facility Related									
8					/ /			/ /		8
9					/ /			/ /		9
10	TOTALS (lines 7, 8 and 9)					\$ 8,696,000	\$ 7,714,316			\$ 264,795

* 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 YORKVILLE

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	\$ 1,043,414	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (45,296))	645,661		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	51,244		6
7	Other Prepaid Expenses	16,716		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,757,035	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	374,340		13
14	Buildings, at Historical Cost	6,732,540		14
15	Leasehold Improvements, at Historical Cost	710,307		15
16	Equipment, at Historical Cost	995,435		16
17	Accumulated Depreciation (book methods)	(3,425,148)		17
18	Deferred Charges	1,573		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	341,807		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,730,854	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,487,889	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 33,555	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	48,789		30
31	Accrued Taxes Payable	89,805		31
32	Accrued Interest Payable	21,857		32
33	Deferred Compensation	1,188		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	84,256		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 279,450	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,569,319		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)	\$ 7,569,319	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,848,769	\$	45
46	TOTAL EQUITY	\$ (360,881)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,487,889	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF YORKVILLE

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	\$ 3,659,412	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,659,412	3
B. Other Operating Revenue			
4	Special Services	94,056	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	22,723	8
9	Non-Resident Meals	2,819	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 119,598	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	19,685	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 19,685	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	6,150	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 6,150	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,804,845	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	766,279	19
20	Health Care/ Personal Care	449,079	20
21	General Administration	901,875	21
B. Capital Expense			
22	Ownership	621,950	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)	\$ 2,739,182	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,065,663	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,065,663	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,305,646	32
33	Private Pay - Net Inpatient Revenue	2,353,766	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,659,412	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	-
5200-5127-0-0	Rubbish Removal	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	9200-9201-1-0	Amortization - Loan Fees	5,148
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	-
	PG3-4.3	9200-9204-0-0	Mortgage Service Fee	-
		9200-9205-0-0	Mortgage Insurance Prem	38,938
		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	-
			PG3-22.3	44,086
C. General Administration				
Other (specify):	Amt			
5160-5060-0-0	Consulting			
5160-5063-0-0	Legal			
5160-5064-0-0	Accounting			
5160-5066-0-0	Audit			
5160-5067-0-0	Contract Labor-Serv Prov			
5160-5068-0-0	Contract Labor			
5180-5079-0-0	Bad Debt - Resident			
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			
5190-5000-0-0	Other Admin Allocation			
	PG3-14.3	67,406		
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			25,637
	PG3-3.5			25,637
C. General Administration				
Administrative and Clerical				
3300-3301-0-0	Beauty Salon & Manicure			22,723
3300-3304-0-0	Internet Access			962
3300-3321-0-0	Telephone- Connection			13,174
3300-3323-0-0	Telephone- Usage			393
5190-5090-0-0	Contributions			2,750
	PG3-10.5			40,002
C. General Administration				
Other (specify):				
5180-5079-0-0	Bad Debt - Resident			1,167
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			19,068
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			20,235
D. Ownership				
Interest				
3300-3380-0-0	Interest Income			19,425
3300-3385-0-0	Interest Income - Reserves			259
	PG3-18.5			19,685
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	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		-

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	47,833
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
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	100
2112-0155-0-0	Reservation Deposit	13,150
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	23,173
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		84,256
		168512.16

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, call pendants, NSF fees)	1,794
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	4,356
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

PG8-15.1	6,150
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