

		FOR BHF USE			

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2020)

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.

I. Facility ID Number: 1000063 Facility Name: CAMBRIDGE HOUSE OF MARYVILLE Address: 6960 STATE ROUTE 162 MARYVILLE 62062 County: MADISON Telephone Number: (618) 288-2211 Fax # 618 288-2299 Federal Employer ID Number: Date Current Owners were Certified: 11/29/2006 Type of Ownership: <table><tr><td>☐ VOLUNTARY, NON-PROFIT</td><td>☐ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☒ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code</td><td>☐ Corporation</td><td>☐ Other</td></tr><tr><td></td><td>☐ "Sub-S" Corp.</td><td></td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td></td></tr><tr><td></td><td>☐ Trust</td><td></td></tr><tr><td></td><td>☐ Other</td><td></td></tr></table> In the event there are further questions about this report, please contact: Name: Danel Erickson Telephone Number: (815) 935-1992 Email Address:	☐ VOLUNTARY, NON-PROFIT	☐ PROPRIETARY	☐ GOVERNMENTAL	☐ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☒ Partnership	☐ County	IRS Exemption Code	☐ Corporation	☐ Other		☐ "Sub-S" Corp.			☐ Limited Liability Co.			☐ Trust			☐ Other		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2020 to 12/31/2020 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. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. <table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Type or Print Name) Greg Echols</td><td></td></tr><tr><td rowspan="5">Paid Preparer</td><td>(Title) CFO, Gardant Management Solutions</td><td></td></tr><tr><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td><td></td></tr><tr><td>(Firm Name & Address) _____</td><td></td></tr><tr><td>(Telephone) () _____ Fax # () _____</td><td></td></tr></table> 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	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) Greg Echols		Paid Preparer	(Title) CFO, Gardant Management Solutions		(Signed) _____	(Date) _____	(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) () _____ Fax # () _____	
☐ VOLUNTARY, NON-PROFIT	☐ PROPRIETARY	☐ GOVERNMENTAL																																							
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	(Telephone) () _____ Fax # () _____																																								

Facility Name CAMBRIDGE HOUSE OF MARYVILLE

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	100	Single Unit Apartment	100	36,500	1
2	3	Double Unit Apartment	3	1,095	2
3		Other			3
4	103	TOTALS	103	37,595	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	22,738	5,211		27,949	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	22,738	5,211	0	27,949	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 74.34%

D. Indicate the number of paid bed-hold days the SLF had during this year 379 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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 X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO X

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCUAL X MODIFIED CASH* CASH*

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

Tax Year: 2020 Fiscal Year: 2020

* 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.

STATE OF ILLINOIS

Page 3

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	287,600	212,365	1,456	501,421	0	501,421	1
2	Housekeeping, Laundry and Maintenance	122,395	42,560	96,618	261,573	0	261,573	2
3	Heat and Other Utilities			141,164	141,164	(20,568)	120,596	3
4	Other (specify):	57,414	0	101,289	158,703	0	158,703	4
5	TOTAL General Services	467,409	254,925	340,527	1,062,861	(20,568)	1,042,293	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	526,315	16,784	0	543,099	0	543,099	6
7	Activities and Social Services	25,481	3,124	0	28,605	0	28,605	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	551,796	19,908	0	571,704	0	571,704	9
	C. General Administration							
10	Administrative and Clerical	179,786	53,628	304,471	537,885	(19,491)	518,394	10
11	Marketing Materials, Promotions and Advertising	65,886	9,694	47,695	123,275	0	123,275	11
12	Employee Benefits and Payroll Taxes	0	0	332,251	332,251	0	332,251	12
13	Insurance-Property, Liability and Malpractice	0	0	83,921	83,921	0	83,921	13
14	Other (specify):	0	0	176,984	176,984	(110,204)	66,781	14
15	TOTAL General Administration	245,672	63,322	945,322	1,254,316	(129,695)	1,124,621	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,264,877	338,155	1,285,849	2,888,881	(150,263)	2,738,618	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			396,982	396,982	0	396,982	17
18	Interest			241,096	241,096	(199,940)	41,156	18
19	Real Estate Taxes			65,728	65,728	0	65,728	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			20,137	20,137	0	20,137	21
22	Other (specify):	0	0	473,175	473,175	0	473,175	22
23	TOTAL Ownership	0	0	1,197,118	1,197,118	(199,940)	997,178	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,264,877	338,155	2,482,967	4,085,999	(350,202)	3,735,797	24

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	26.38	2
3	Certified Nurse Assistants	15	13.12	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers	0	0.00	5
6	Head Cook	0	0.00	6
7	Cook Helpers/Assistants	10	11.72	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.25	10
11	Laundry	0	0.00	11
12	Managers	5	24.65	12
13	Other Administrative	5	21.66	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other	0	0.00	16
17	Total (lines 1 thru 16)	39	\$	17

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
CAMBRIDGE HOUSE OF O'FALLON	O'FALLON
CAMBRIDGE HOUSE OF SWANSEA	SWANSEA

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).

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				\$ 0	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	Gardant Management Solutions	\$ 215,549	1
2			2
Total		\$ 215,549	3

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 650,127 Year land was acquired 2004

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	103			2006	\$ 9,638,861	\$ 350,504	27.5	\$ 350,504	\$ (0)	\$ 5,121,198	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				334,649	19,744	15	22,310	2,566	324,743	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 9,973,510	\$ 370,248		\$ 372,814	\$ 2,566	\$ 5,445,942	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	\$ 1,037,185	\$ 26,734	\$ 207,437	180,703	5	\$ 977,899	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 1,037,185	\$ 26,734	\$ 207,437	180,703		\$ 977,899	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

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		0		\$ 0			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	GERSHMAN MORTGAGE		X	FIRST MORTGAGE	4/1/18	\$ 6,915,200	\$ 6,648,042	5/1/53	0.0379	\$ 241,096	1
2											2
3											3
	Working Capital										
4	Bank of Springfield			PPP Loan	4/10/20	281,100	281,000	4/10/22	0.0100	0	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,196,300	\$ 6,929,042			\$ 241,096	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,196,300	\$ 6,929,042			\$ 241,096	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: CAMBRIDGE HOUSE OF MARYVILLE

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,300,900	\$	1
2	Cash-Patient Deposits	10,719		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (205,401))	0 240,694		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	77,888		6
7	Other Prepaid Expenses	26,348		7
8	Accounts Receivable (owners or related parties)	913,432		8
9	Other(specify): See Page 7 Attachment	64		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,570,046	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	650,127		13
14	Buildings, at Historical Cost	9,638,861		14
15	Leasehold Improvements, at Historical Cost	334,649		15
16	Equipment, at Historical Cost	1,037,185		16
17	Accumulated Depreciation (book methods)	(6,423,840)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	45,895		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0 (45,895)		20
21	Restricted Funds	530,242		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,767,258	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,337,305	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 46,761	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	54,014		30
31	Accrued Taxes Payable	66,345		31
32	Accrued Interest Payable	19,944		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	775,717		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 962,781	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	281,100		38
39	Mortgage Payable	6,486,079		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,767,179	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,729,960	\$ 0	45
46	TOTAL EQUITY	\$ 1,607,344	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,337,305	\$ 0	47

*(See instructions.)

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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	\$ 3,249,129	1
2	Discounts and Allowances	(33,931)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,215,198	3
	B. Other Operating Revenue		
4	Special Services	142,178	4
5	Other Health Care Services	0	5
6	Special Grants	309,097	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	2,545	8
9	Non-Resident Meals	768	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 454,588	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	199,940	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 199,940	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	3,215	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,215	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,872,941	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,062,861	19
20	Health Care/ Personal Care	571,704	20
21	General Administration	1,254,316	21
	B. Capital Expense		
22	Ownership	1,197,118	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)	\$ 4,085,999	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (213,058)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (213,058)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,516,458	32
33	Private Pay - Net Inpatient Revenue	1,698,740	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,215,198	37

Operating Expenses PG 3 Other				
A. General Services			D. Ownership	
Labor Other (specify):			Other (specify):	
			Amt	
9900-9001-0-0	Extraordinary COVID Labor	57,414	9100-9101-0-0	Interest & Dividend Income
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income
	PG3-4.1	57,414	9100-9103-0-0	Assessment Expense
A. General Services			9200-9201-1-0	Amortization - Loan Fees
Other (specify):			9200-9202-0-0	Financing Fees
5200-5000-0-0	Operating Allocation	114,828	9200-9203-1-0	Mortgage Interest Premium
5200-5124-0-0	Exterminating	1,751	9200-9204-0-0	Mortgage Service Fee
5200-5127-0-0	Rubbish Removal	8,879	9200-9205-0-0	Mortgage Insurance Prem
5200-5130-0-0	Vehicle Expense	5,939	9200-9206-0-0	Participation Fee
5200-5131-0-0	Transportation Service	-	9200-9207-0-0	Letter of Credit Fee
5300-5140-0-0	Security & Monitoring	15,434	9200-9208-0-0	Bond & Draw Fee
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	57,398	9200-9209-0-0	Remarketing and Trustee Fee
9900-9003-0-0	Extraordinary COVID - Other	11,887	9200-9210-0-0	Interest Expense-Note
	PG3-4.3	101,289	9200-9211-0-0	Interest Expense-LP
C. General Administration			9200-9212-0-0	Debt Write-Off
Other (specify):		Amt	9300-9301-0-0	Partnership Management Fee
5160-5060-0-0	Consulting	1,826	9300-9302-0-0	Asset Management Fee
5160-5063-0-0	Legal	8,507	9300-9303-0-0	Incentive Management
5160-5064-0-0	Accounting	180	9300-9303-1-0	Incentive Asset Mgmt Fee
5160-5066-0-0	Audit	15,460	9300-9304-0-0	Tax Credit Fees & Incentive Fee
5160-5067-0-0	Contract Labor-Serv Prov	-	9300-9305-0-0	Organizational Expense
5160-5068-0-0	Contract Labor	40,808	9300-9306-0-0	Developer Fees
5180-5079-0-0	Bad Debt - Resident	252,789	9300-9307-0-0	Closing Costs
5180-5079-1-0	Bad Debt - Resident - Recovery	-	9700-9702-0-0	Amortization Expense
5180-5080-0-0	Bad Debt - Resident Prior Period	-	9900-9901-0-0	Prior Period Adjustments
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	60,647	9900-9902-0-0	Dissolution of Business
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9900-9903-0-0	Loss (Gain) on Sale of Assets
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9900-9904-0-0	Business Interruption
5180-5083-0-0	Bad Debt - Medicaid MCO	3,005	9900-9905-0-0	Settlement
5190-5000-0-0	Other Admin Allocation	-	9900-9906-0-0	Property Damage Loss
	PG3-14.3	176,984	9900-9907-0-0	Abandonment Loss
			9900-9908-0-0	Grant Income
			9900-9909-0-0	Misc: Title, Recording, Transfer
			PG3-22.3	473,175

Operating Expenses - Reclassifications and Adjustments PG 3		
A. General Services		
Heat and Other Utilities		
3300-3303-0-0	Cable	20,568
	PG3-3.5	20,568
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	2,545
3300-3304-0-0	Internet Access	3,525
3300-3321-0-0	Telephone- Connection	12,200
3300-3323-0-0	Telephone- Usage	521
5190-5090-0-0	Contributions	700
	PG3-10.5	19,491
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	46,551
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	60,647
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	3,005
	PG3-14.5	110,204
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	197,865
3300-3385-0-0	Interest Income - Reserves	2,075
	PG3-18.5	199,940
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	64
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		64
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	-
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	25,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	401,991
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	134,787
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	978
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	41,983
2112-0159-1-0	Medicaid Prepayments	170,978
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		775,717

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	815 Call pendants
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	2,400
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
3300-3202-0-0	Food & Meal Prep	-

PG8-15.1

3,215