

		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: 1000125 Facility Name: GRAND PRAIRIE SUPPORTIVE LVG Address: 1307 MEADOWLARK LANE MACOMB 61455 County: MCDONOUGH Telephone Number: (309) 833-5000 Fax # 309 833-5005 Federal Employer ID Number: Date Current Owners were Certified: 3/28/2013 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 GRAND PRAIRIE SUPPORTIVE LVG

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	82	Single Unit Apartment	82	29,930	1
2	4	Double Unit Apartment	4	1,460	2
3		Other			3
4	86	TOTALS	86	31,390	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	19,896	5,852		25,748	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	19,896	5,852	0	25,748	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.03 %

D. Indicate the number of paid bed-hold days the SLF had during this year 375 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 23 (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

ACCRUAL 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? No 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: GRAND PRAIRIE SUPPORTIVE LVG

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	250,052	163,779	1,657	415,488	0	415,488	1
2	Housekeeping, Laundry and Maintenance	99,156	22,241	56,733	178,130	0	178,130	2
3	Heat and Other Utilities			131,855	131,855	(14,940)	116,915	3
4	Other (specify):	66,655	0	99,698	166,353	0	166,353	4
5	TOTAL General Services	415,863	186,020	289,943	891,826	(14,940)	876,886	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	460,947	11,405	0	472,352	0	472,352	6
7	Activities and Social Services	33,777	10,137	0	43,914	0	43,914	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	494,724	21,542	0	516,266	0	516,266	9
	C. General Administration							
10	Administrative and Clerical	161,549	31,739	240,260	433,548	(16,750)	416,798	10
11	Marketing Materials, Promotions and Advertising	48,799	7,710	43,978	100,487	0	100,487	11
12	Employee Benefits and Payroll Taxes	0	0	251,080	251,080	0	251,080	12
13	Insurance-Property, Liability and Malpractice	0	0	58,877	58,877	0	58,877	13
14	Other (specify):	0	0	64,188	64,188	(33,813)	30,375	14
15	TOTAL General Administration	210,348	39,449	658,383	908,180	(50,563)	857,617	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,120,935	247,011	948,326	2,316,272	(65,503)	2,250,769	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			285,425	285,425	0	285,425	17
18	Interest			295,423	295,423	(1,644)	293,779	18
19	Real Estate Taxes			53,254	53,254	0	53,254	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			8,264	8,264	0	8,264	21
22	Other (specify):	0	0	205,555	205,555	110,100	315,655	22
23	TOTAL Ownership	0	0	847,921	847,921	108,456	956,377	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,120,935	247,011	1,796,247	3,164,193	42,953	3,207,146	24

Facility Name: GRAND PRAIRIE SUPPORTIVE LVG

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	26.22	2
3	Certified Nurse Assistants	12	13.35	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	11.13	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.24	10
11	Laundry	0	0.00	11
12	Managers	5	24.26	12
13	Other Administrative	5	22.54	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)	35	\$	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

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? \$

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	\$ 187,275	1
2			2
Total		\$ 187,275	3

Facility Name: GRAND PRAIRIE SUPPORTIVE LVG Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 456,000 Year land was acquired 2017

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	86			2010	\$ 8,266,705	\$ 206,775	40	\$ 206,668	\$ (107)	\$ 671,467	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				650,000	32,500	20	32,500	0	105,625	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)				\$ 8,916,705	\$ 239,274		\$ 239,168	\$ (107)	\$ 777,092	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	\$ 434,471	\$ 46,150	\$ 28,965	(17,185)	15	\$ 138,121	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 434,471	\$ 46,150	\$ 28,965	(17,185)		\$ 138,121	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: GRAND PRAIRIE SUPPORTIVE LVG

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

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	INB			FIRST MORTGAGE	10/2/17	\$	0	10/2/20	0.0385	\$ 195,806	1	
2	ORIX Real Estate Capital, LLC			FIRST MORTGAGE	7/9/20		9,495,300	8/1/55	0.0249	98,219	2	
3											3	
	Working Capital											
4					/ /			/ /			4	
5					/ /			/ /			5	
6					/ /			/ /			6	
7	TOTAL Facility Related					\$	9,495,300	\$ 9,438,357			\$ 294,025	7
	B. Non-Facility Related											
8					/ /			/ /			8	
9					/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)					\$	9,495,300	\$ 9,438,357			\$ 294,025	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: GRAND PRAIRIE SUPPORTIVE LVG

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	\$ 1,247,788	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (36,389))	192,248		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	96,483		6
7	Other Prepaid Expenses	20,379		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	28,151		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,585,047	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	456,000		13
14	Buildings, at Historical Cost	8,266,705		14
15	Leasehold Improvements, at Historical Cost	650,000		15
16	Equipment, at Historical Cost	434,471		16
17	Accumulated Depreciation (book methods)	(915,213)		17
18	Deferred Charges	323		18
19	Organization & Pre-Operating Costs	1,101,000		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(357,825)		20
21	Restricted Funds	232,784		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	5,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,873,245	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,458,292	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 54,276	\$	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	74,414		30
31	Accrued Taxes Payable	53,912		31
32	Accrued Interest Payable	37,170		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	125,611		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 345,383	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	999,786		38
39	Mortgage Payable	9,221,840		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)	\$ 10,221,626	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,567,008	\$ 0	45
46	TOTAL EQUITY	\$ 891,284	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,458,292	\$ 0	47

*(See instructions.)

Facility Name: GRAND PRAIRIE SUPPORTIVE LVG

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	\$ 3,124,953	1
2	Discounts and Allowances	(50,809)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,074,144	3
	B. Other Operating Revenue		
4	Special Services	117,366	4
5	Other Health Care Services	0	5
6	Special Grants	560,150	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	1,676	8
9	Non-Resident Meals	805	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 679,997	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	1,644	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,644	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	7,567	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,567	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,763,352	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	891,826	19
20	Health Care/ Personal Care	516,266	20
21	General Administration	908,180	21
	B. Capital Expense		
22	Ownership	847,921	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)	\$ 3,164,193	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 599,159	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 599,159	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,511,523	32
33	Private Pay - Net Inpatient Revenue	1,562,621	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,074,144	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	66,655	9100-9101-0-0	Interest & Dividend Income	
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	66,655	9100-9103-0-0	Assessment Expense	-
A. General Services			9200-9201-1-0	Amortization - Loan Fees	8,404
Other (specify):			9200-9202-0-0	Financing Fees	-
5200-5000-0-0	Operating Allocation	133,310	9200-9203-1-0	Mortgage Interest Premium	-
5200-5124-0-0	Exterminating	10,779	9200-9204-0-0	Mortgage Service Fee	-
5200-5127-0-0	Rubbish Removal	25,653	9200-9205-0-0	Mortgage Insurance Prem	47,477
5200-5130-0-0	Vehicle Expense	7,320	9200-9206-0-0	Participation Fee	-
5200-5131-0-0	Transportation Service	30	9200-9207-0-0	Letter of Credit Fee	-
5300-5140-0-0	Security & Monitoring	3,503	9200-9208-0-0	Bond & Draw Fee	-
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	46,125	9200-9209-0-0	Remarketing and Trustee Fee	-
9900-9003-0-0	Extraordinary COVID - Other	6,287	9200-9210-0-0	Interest Expense-Note	39,575
	PG3-4.3	99,698	9200-9211-0-0	Interest Expense-LP	-
C. General Administration			9200-9212-0-0	Debt Write-Off	-
Other (specify):			9300-9301-0-0	Partnership Management Fee	-
5160-5060-0-0	Consulting	5,110	9300-9302-0-0	Asset Management Fee	-
5160-5063-0-0	Legal	11,291	9300-9303-0-0	Incentive Management	-
5160-5064-0-0	Accounting	185	9300-9303-1-0	Incentive Asset Mgmt Fee	-
5160-5066-0-0	Audit	3,235	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	10,554	9300-9306-0-0	Developer Fees	-
5180-5079-0-0	Bad Debt - Resident	185,988	9300-9307-0-0	Closing Costs	-
5180-5079-1-0	Bad Debt - Resident - Recovery	-	9700-9702-0-0	Amortization Expense	110,100
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	-	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	-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9900-9905-0-0	Settlement	-
5180-5083-0-0	Bad Debt - Medicaid MCO	3,293	9900-9906-0-0	Property Damage Loss	-
5190-5000-0-0	Other Admin Allocation	-	9900-9907-0-0	Abandonment Loss	-
	PG3-14.3	64,188	9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3	205,555	

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable		14,940
	PG3-3.5		14,940
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		1,676
3300-3304-0-0	Internet Access		-
3300-3321-0-0	Telephone- Connection		11,266
3300-3323-0-0	Telephone- Usage		622
5190-5090-0-0	Contributions		3,186
	PG3-10.5		16,750
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		30,520
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		3,293
	PG3-14.5		33,813
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		1,593
3300-3385-0-0	Interest Income - Reserves		51
	PG3-18.5		1,644
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		(110,100)
9200-9209-0-0	Remarketing and Trustee Fee		-
	PG3-22.5		(110,100)

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	28,151
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		28,151
Other Long Term Assets Detail		
1201-0020-0-0	CIP	5,000
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		5,000.00

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	18,451
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	-
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	14,214
2112-0159-1-0	Medicaid Prepayments	92,945
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		125,611
		251221.64

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	2,347 NSF, Call pendants, Late fees
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	5,220
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

7,567