

		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: 1000004 Facility Name: HERITAGE WOODS OF CENTRALIA Address: 2049 EAST MCCORD ST CENTRALIA 62801 County: MARION Telephone Number: (618) 532-4590 Fax # 618 532-4596 Federal Employer ID Number: Date Current Owners were Certified: 1/20/2009 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 HERITAGE WOODS OF CENTRALIA

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	97	Single Unit Apartment	97	35,405	1
2	3	Double Unit Apartment	3	1,095	2
3		Other			3
4	100	TOTALS	100	36,500	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	19,108	8,659		27,767	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	19,108	8,659	0	27,767	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 76.07%

D. Indicate the number of paid bed-hold days the SLF had during this year
358 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 6 (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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ 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: HERITAGE WOODS OF CENTRALIA

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	279,269	201,120	2,112	482,501	0	482,501	1
2	Housekeeping, Laundry and Maintenance	112,069	40,182	35,316	187,567	0	187,567	2
3	Heat and Other Utilities			133,228	133,228	(25,479)	107,749	3
4	Other (specify):	72,099	0	93,297	165,396	0	165,396	4
5	TOTAL General Services	463,437	241,302	263,953	968,692	(25,479)	943,213	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	459,914	15,657	0	475,571	0	475,571	6
7	Activities and Social Services	37,233	3,914	0	41,147	0	41,147	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	497,147	19,571	0	516,718	0	516,718	9
	C. General Administration							
10	Administrative and Clerical	152,790	47,690	262,128	462,608	(28,360)	434,248	10
11	Marketing Materials, Promotions and Advertising	34,027	8,508	43,743	86,278	0	86,278	11
12	Employee Benefits and Payroll Taxes	0	0	212,217	212,217	0	212,217	12
13	Insurance-Property, Liability and Malpractice	0	0	74,102	74,102	0	74,102	13
14	Other (specify):	0	0	80,912	80,912	(16,996)	63,915	14
15	TOTAL General Administration	186,817	56,198	673,102	916,117	(45,356)	870,760	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,147,401	317,071	937,054	2,401,527	(70,835)	2,330,691	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			309,680	309,680	0	309,680	17
18	Interest			201,957	201,957	(9,875)	192,082	18
19	Real Estate Taxes			107,129	107,129	0	107,129	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			7,856	7,856	0	7,856	21
22	Other (specify):	0	0	106,250	106,250	46,662	152,912	22
23	TOTAL Ownership	0	0	732,872	732,872	36,787	769,659	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,147,401	317,071	1,669,926	3,134,398	(34,048)	3,100,350	24

Facility Name: HERITAGE WOODS OF CENTRALIA

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	25.96	2
3	Certified Nurse Assistants	13	13.15	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	11	10.70	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	10.43	10
11	Laundry	0	0.00	11
12	Managers	5	20.55	12
13	Other Administrative	5	22.07	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)	38	\$	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? \$

(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	\$ 206,610	1
2			2
Total		\$ 206,610	3

Facility Name: HERITAGE WOODS OF CENTRALIA

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 104,538 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	100			2008	\$ 7,636,599	\$ 269,544	28	\$ 277,695	\$ 8,151	\$ 3,656,337	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				298,652	19,622	15	19,910	288	191,478	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)				\$ 7,935,251	\$ 289,166		\$ 297,605	\$ 8,439	\$ 3,847,815	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	\$ 983,774	\$ (36,627)	\$ 140,539	177,166	7	\$ 940,723	18
19	Vehicles	66,245	4,416	13,249	8,833	5	4,416	19
20	TOTAL (lines 18 and 19)	\$ 1,050,019	\$ (32,211)	\$ 153,788	185,999		\$ 945,139	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	3/7/13	\$ 7,844,600	\$ 6,729,467	3/1/48	0.0295	\$ 200,675	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,844,600	\$ 6,729,467			\$ 200,675	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,844,600	\$ 6,729,467			\$ 200,675	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: HERITAGE WOODS OF CENTRALIA

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	\$ 1,088,605	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (134,230))	183,938		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	72,938		6
7	Other Prepaid Expenses	34,259		7
8	Accounts Receivable (owners or related parties)	24,846		8
9	Other(specify): See Page 7 Attachment	21		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,404,607	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	104,538		13
14	Buildings, at Historical Cost	7,636,599		14
15	Leasehold Improvements, at Historical Cost	298,652		15
16	Equipment, at Historical Cost	1,050,019		16
17	Accumulated Depreciation (book methods)	(4,792,954)		17
18	Deferred Charges	530		18
19	Organization & Pre-Operating Costs	882,675		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(856,412)		20
21	Restricted Funds	254,906		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	49,613		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,628,164	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,032,771	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 74,261	\$	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	49,433		30
31	Accrued Taxes Payable	112,321		31
32	Accrued Interest Payable	16,543		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	122,962		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 375,521	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	6,576,010		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)	\$ 6,576,010	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,951,531	\$ 0	45
46	TOTAL EQUITY	\$ (918,761)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,032,771	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF CENTRALIA

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	\$ 3,460,286	1
2	Discounts and Allowances	(33,134)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,427,152	3
	B. Other Operating Revenue		
4	Special Services	146,190	4
5	Other Health Care Services	0	5
6	Special Grants	531,396	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	4,485	8
9	Non-Resident Meals	6,088	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 688,159	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	9,875	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 9,875	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	935	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 935	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,126,121	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	968,692	19
20	Health Care/ Personal Care	516,718	20
21	General Administration	916,117	21
	B. Capital Expense		
22	Ownership	732,872	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)	\$ 3,134,398	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 991,723	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 991,723	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,394,870	32
33	Private Pay - Net Inpatient Revenue	2,032,282	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,427,152	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	72,099	9100-9101-0-0	Interest & Dividend Income	-
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	72,099	9100-9103-0-0	Assessment Expense	-
A. General Services			9200-9201-1-0	Amortization - Loan Fees	5,666
Other (specify):			9200-9202-0-0	Financing Fees	-
5200-5000-0-0	Operating Allocation	144,199	9200-9203-1-0	Mortgage Interest Premium	-
5200-5124-0-0	Exterminating	1,680	9200-9204-0-0	Mortgage Service Fee	-
5200-5127-0-0	Rubbish Removal	8,046	9200-9205-0-0	Mortgage Insurance Prem	44,214
5200-5130-0-0	Vehicle Expense	761	9200-9206-0-0	Participation Fee	-
5200-5131-0-0	Transportation Service	125	9200-9207-0-0	Letter of Credit Fee	526
5300-5140-0-0	Security & Monitoring	10,469	9200-9208-0-0	Bond & Draw Fee	-
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	65,246	9200-9209-0-0	Remarketing and Trustee Fee	-
9900-9003-0-0	Extraordinary COVID - Other	6,971	9200-9210-0-0	Interest Expense-Note	-
	PG3-4.3	93,297	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	1,792	9300-9302-0-0	Asset Management Fee	-
5160-5063-0-0	Legal	3,308	9300-9303-0-0	Incentive Management	-
5160-5064-0-0	Accounting	250	9300-9303-1-0	Incentive Asset Mgmt Fee	-
5160-5066-0-0	Audit	17,788	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	40,777	9300-9306-0-0	Developer Fees	-
5180-5079-0-0	Bad Debt - Resident	239,897	9300-9307-0-0	Closing Costs	-
5180-5079-1-0	Bad Debt - Resident - Recovery	-	9700-9702-0-0	Amortization Expense	58,844
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	(3,000)
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9900-9904-0-0	Business Interruption	-
5180-5083-0-0	Bad Debt - Medicaid MCO	-	9900-9905-0-0	Settlement	-
5190-5000-0-0	Other Admin Allocation	-	9900-9906-0-0	Property Damage Loss	-
	PG3-14.3	80,912	9900-9907-0-0	Abandonment Loss	-
			9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3	106,250	

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable		25,479
	PG3-3.5		25,479
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		4,485
3300-3304-0-0	Internet Access		1,383
3300-3321-0-0	Telephone- Connection		18,395
3300-3323-0-0	Telephone- Usage		676
5190-5090-0-0	Contributions		3,421
	PG3-10.5		28,360
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		16,996
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		-
	PG3-14.5		16,996
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		9,669
3300-3385-0-0	Interest Income - Reserves		205
	PG3-18.5		9,875
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		(46,662)
9200-9209-0-0	Remarketing and Trustee Fee		-
	PG3-22.5		(46,662)

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail		Amt
1102-9971-0-0	A/R-Employee Advance	21
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		21
Other Long Term Assets Detail		
1201-0020-0-0	CIP	49,613
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		49,612.63

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	35,166
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	300
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	21,027
2112-0159-1-0	Medicaid Prepayments	66,469
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		122,962
		245923.68

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	935 Call pendants, Late fees, NSF
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
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

935