

		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: 1000015 Facility Name: HERITAGE WOODS OF CHICAGO Address: 2800 WEST FULTON CHICAGO 60612 County: COOK Telephone Number: (773) 722-2900 Fax # 773 772-7662 Federal Employer ID Number: Date Current Owners were Certified: 8/14/2002 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></td><td>(Date)</td></tr><tr><td>(Type or Print Name)</td><td colspan="2">Greg Echols</td></tr><tr><td rowspan="5">Paid Preparer</td><td>(Title)</td><td colspan="2">CFO, Gardant Management Solutions</td></tr><tr><td>(Signed)</td><td></td><td>(Date)</td></tr><tr><td>(Print Name and Title)</td><td colspan="2"></td></tr><tr><td>(Firm Name & Address)</td><td colspan="2"></td></tr><tr><td>(Telephone)</td><td>()</td><td>Fax # ()</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 CHICAGO**

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	110	Single Unit Apartment	110	40,150	1		
2	0	Double Unit Apartment	0	0	2		
3		Other			3		
4	110	TOTALS	110	40,150	4		

B. Census-For the entire report period.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
Resident Days by Unit and Primary Source of Payment						
5	Single Unit	29,162	0		29,162	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	29,162	0	0	29,162	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **72.63%**

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

606 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **16 (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

ACCUAL		MODIFIED	
	X	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?

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 CHICAGO

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	305,887	193,789	2,137	501,813	0	501,813	1
2	Housekeeping, Laundry and Maintenance	169,490	44,570	67,830	281,890	0	281,890	2
3	Heat and Other Utilities			233,292	233,292	(1,680)	231,612	3
4	Other (specify):	60,471	0	172,162	232,634	0	232,634	4
5	TOTAL General Services	535,848	238,359	475,421	1,249,629	(1,680)	1,247,949	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	559,099	17,581	0	576,680	0	576,680	6
7	Activities and Social Services	36,133	8,285	0	44,418	0	44,418	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	595,232	25,866	0	621,098	0	621,098	9
	C. General Administration							
10	Administrative and Clerical	246,426	61,109	304,602	612,137	(3,000)	609,137	10
11	Marketing Materials, Promotions and Advertising	56,570	18,841	50,592	126,003	0	126,003	11
12	Employee Benefits and Payroll Taxes	0	0	278,981	278,981	0	278,981	12
13	Insurance-Property, Liability and Malpractice	0	0	74,856	74,856	0	74,856	13
14	Other (specify):	0	0	155,093	155,093	(45,143)	109,950	14
15	TOTAL General Administration	302,996	79,950	864,124	1,247,070	(48,143)	1,198,927	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,434,076	344,175	1,339,545	3,117,797	(49,823)	3,067,973	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			345,845	345,845	0	345,845	17
18	Interest			18,195	18,195	(10,361)	7,834	18
19	Real Estate Taxes			111,876	111,876	0	111,876	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			13,424	13,424	0	13,424	21
22	Other (specify):	0	0	633,771	633,771	(1,840)	631,931	22
23	TOTAL Ownership	0	0	1,123,111	1,123,111	(12,201)	1,110,911	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,434,076	344,175	2,462,657	4,240,908	(62,024)	4,178,884	24

Facility Name: HERITAGE WOODS OF CHICAGO

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	29.86	2
3	Certified Nurse Assistants	13	15.86	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	9	15.01	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	14.82	10
11	Laundry	0	0.00	11
12	Managers	6	24.59	12
13	Other Administrative	5	24.96	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)	37	\$	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	\$ 245,910	1
2			2
Total		\$ 245,910	3

Facility Name: HERITAGE WOODS OF CHICAGO Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 108,947 Year land was acquired 1999

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	110			2000	\$ 11,131,852	\$ 277,364	40	\$ 278,296	\$ 932	\$ 5,013,550	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				10,830	362	15	722	360	1,086	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)				\$ 11,142,682	\$ 277,726		\$ 279,018	\$ 1,292	\$ 5,014,636	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	\$ 744,972	\$ 68,119	\$ 148,994	80,875	5	\$ 640,844	18
19	Vehicles	25,200	0	5,040	5,040	5	25,200	19
20	TOTAL (lines 18 and 19)	\$ 770,172	\$ 68,119	\$ 154,034	85,915		\$ 666,044	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	HARRIS TRUST & SAVINGS		X	FIRST MORTGAGE	12/1/99	\$ 3,050,000	\$ 1,730,000	10/1/31	variable	\$ 18,195	1
2	CITY OF CHICAGO		X	Second Mortgage	12/1/99	2,011,977	2,011,977	12/1/34	none		2
3	CITY OF CHICAGO		X	Third Mortgage	12/1/99	1,300,000	1,300,000	1/1/34	None		3
4	RENAISSANCE SOCIAL SVC		X	Fourth Mortgage	12/1/99	300,000	300,000	12/31/29	None		4
5	IDHA		X	Fifth Mortgage	11/1/01	875,000	500,403	10/1/31	0.0100	5,202	5
	Working Capital										
4	BMO HARRIS BANK N.A.		X	SBA PAYROLL PROTECTION PROGRAM	4/23/20	313,700	313,700	4/23/22	0.0100		4
5					/ /	7,850,677	6,156,080	/ /		23,397	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,850,677	\$ 6,156,080			\$ 23,397	7
	B. Non-Facility Related										
8					/ /	15,701,354	12,312,161	/ /		46,794	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,850,677	\$ 6,156,080			\$ 23,397	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 CHICAGO**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	\$ 1,190,346	\$	1
2	Cash-Patient Deposits	13,879		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (110,369))	559,216		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	65,381		6
7	Other Prepaid Expenses	60,653		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	10,539		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,900,015	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	108,947		13
14	Buildings, at Historical Cost	11,131,852		14
15	Leasehold Improvements, at Historical Cost	10,830		15
16	Equipment, at Historical Cost	770,172		16
17	Accumulated Depreciation (book methods)	(5,680,680)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	4,356		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(4,356)		20
21	Restricted Funds	1,526,343		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	20,908		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,888,406	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,788,421	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 147,787	\$	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	117,397		30
31	Accrued Taxes Payable	113,262		31
32	Accrued Interest Payable	3,838		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	980,973		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,363,256	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,483,952		38
39	Mortgage Payable	5,737,598		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)	\$ 8,221,550	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,584,806	\$ 0	45
46	TOTAL EQUITY	\$ 203,615	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,788,421	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF CHICAGO

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	\$ 3,742,647	1
2	Discounts and Allowances	(19,724)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,722,923	3
	B. Other Operating Revenue		
4	Special Services	134,177	4
5	Other Health Care Services	0	5
6	Special Grants	279,317	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	0	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 413,494	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	10,361	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 10,361	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	7,385	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,385	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,154,163	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,249,629	19
20	Health Care/ Personal Care	621,098	20
21	General Administration	1,247,070	21
	B. Capital Expense		
22	Ownership	1,123,111	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)	\$ 4,240,908	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (86,745)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (86,745)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,901,031	32
33	Private Pay - Net Inpatient Revenue	821,892	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,722,923	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	60,471	9100-9101-0-0	Interest & Dividend Income	
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	60,471	9100-9103-0-0	Assessment Expense	-
A. General Services			9200-9201-1-0	Amortization - Loan Fees	12,631
Other (specify):			9200-9202-0-0	Financing Fees	-
5200-5000-0-0	Operating Allocation	120,943	9200-9203-1-0	Mortgage Interest Premium	-
5200-5124-0-0	Exterminating	18,225	9200-9204-0-0	Mortgage Service Fee	-
5200-5127-0-0	Rubbish Removal	13,568	9200-9205-0-0	Mortgage Insurance Prem	-
5200-5130-0-0	Vehicle Expense	2,641	9200-9206-0-0	Participation Fee	-
5200-5131-0-0	Transportation Service	11,067	9200-9207-0-0	Letter of Credit Fee	52,034
5300-5140-0-0	Security & Monitoring	86,374	9200-9208-0-0	Bond & Draw Fee	2,700
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	38,664	9200-9209-0-0	Remarketing and Trustee Fee	1,840
9900-9003-0-0	Extraordinary COVID - Other	1,622	9200-9210-0-0	Interest Expense-Note	-
	PG3-4.3	172,162	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	10,000
5160-5060-0-0	Consulting	9,485	9300-9302-0-0	Asset Management Fee	99,337
5160-5063-0-0	Legal	52,554	9300-9303-0-0	Incentive Management	455,780
5160-5064-0-0	Accounting	155	9300-9303-1-0	Incentive Asset Mgmt Fee	-
5160-5066-0-0	Audit	15,735	9300-9304-0-0	Tax Credit Fees & Incentive Fee	(550)
5160-5067-0-0	Contract Labor-Serv Prov	-	9300-9305-0-0	Organizational Expense	-
5160-5068-0-0	Contract Labor	32,020	9300-9306-0-0	Developer Fees	-
5180-5079-0-0	Bad Debt - Resident	408,772	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	8,432	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	29,592	9900-9905-0-0	Settlement	-
5190-5000-0-0	Other Admin Allocation	-	9900-9906-0-0	Property Damage Loss	-
	PG3-14.3	155,093	9900-9907-0-0	Abandonment Loss	-
			9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3	633,771	

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable		1,680
	PG3-3.5		1,680
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		-
3300-3304-0-0	Internet Access		-
3300-3321-0-0	Telephone- Connection		-
3300-3323-0-0	Telephone- Usage		-
5190-5090-0-0	Contributions		3,000
	PG3-10.5		3,000
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		7,119
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		8,432
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		29,592
	PG3-14.5		45,143
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		9,683
3300-3385-0-0	Interest Income - Reserves		677
	PG3-18.5		10,361
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		-
9200-9209-0-0	Remarketing and Trustee Fee		1,840
	PG3-22.5		1,840

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	3,898
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	6,641
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		10,539

Other Long Term Assets Detail		
1201-0020-0-0	CIP	20,908
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		20,907.75

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	130,882
2112-0101-0-0	Accrued Partnership Mgmt Fee	10,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	600,514
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	124,650
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	4,034
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	40,416
2112-0159-1-0	Medicaid Prepayments	70,477
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		980,973
		1961945.64

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, NSF Fees)	1,385
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	6,000
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		7,385