

		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: 1000007 Facility Name: HERITAGE WOODS OF OTTAWA Address: 801 EAST ETNA ROAD OTTAWA 61350 County: LASALLE Telephone Number: (815) 431-1400 Fax # 815 431-9147 Federal Employer ID Number: Date Current Owners were Certified: 10/25/2007 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 OTTAWA

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	76	Single Unit Apartment	76	27,740	1
2	8	Double Unit Apartment	8	2,920	2
3		Other			3
4	84	TOTALS	84	30,660	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	14,631	11,717		26,348	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	14,631	11,717	0	26,348	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 85.94%

D. Indicate the number of paid bed-hold days the SLF had during this year
346 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 14 (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

ACCURAL ☒ 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? _____
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 OTTAWA

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	244,095	164,495	1,521	410,111	0	410,111	1
2	Housekeeping, Laundry and Maintenance	104,416	28,907	49,319	182,642	0	182,642	2
3	Heat and Other Utilities			107,103	107,103	(19,107)	87,996	3
4	Other (specify):	55,181	0	67,511	122,692	0	122,692	4
5	TOTAL General Services	403,692	193,402	225,454	822,548	(19,107)	803,441	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	468,658	14,421	0	483,079	0	483,079	6
7	Activities and Social Services	30,316	4,060	0	34,376	0	34,376	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	498,974	18,481	0	517,455	0	517,455	9
	C. General Administration							
10	Administrative and Clerical	128,787	31,730	233,731	394,248	(25,372)	368,876	10
11	Marketing Materials, Promotions and Advertising	58,614	6,827	29,266	94,707	0	94,707	11
12	Employee Benefits and Payroll Taxes	0	0	249,573	249,573	0	249,573	12
13	Insurance-Property, Liability and Malpractice	0	0	73,485	73,485	0	73,485	13
14	Other (specify):	0	0	66,103	66,103	(10,587)	55,516	14
15	TOTAL General Administration	187,401	38,557	652,158	878,116	(35,958)	842,157	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,090,067	250,440	877,612	2,218,119	(55,065)	2,163,054	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			266,071	266,071	0	266,071	17
18	Interest			192,133	192,133	(8,636)	183,497	18
19	Real Estate Taxes			75,466	75,466	0	75,466	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			11,580	11,580	0	11,580	21
22	Other (specify):	0	0	199,181	199,181	162,353	361,534	22
23	TOTAL Ownership	0	0	744,431	744,431	153,718	898,148	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,090,067	250,440	1,622,043	2,962,550	98,653	3,061,202	24

Facility Name: HERITAGE WOODS OF OTTAWA

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	25.33	2
3	Certified Nurse Assistants	13	13.81	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	8	12.56	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.32	10
11	Laundry	0	0.00	11
12	Managers	5	23.42	12
13	Other Administrative	3	21.91	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)	33	\$	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
DSI MANTENO OPERATOR & OWNER	MANTENO
DSI WATSEKA OPERATOR & OWNER	WATSEKA
DSI FLORA OPERATOR & OWNER	FLORA

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	\$ 182,049	1
2			2
Total		\$ 182,049	3

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5

Facility Name: HERITAGE WOODS OF OTTAWA

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 518,552 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	84			2007	\$ 6,681,752	\$ 245,666	28	\$ 242,973	\$ (2,694)	\$ 3,105,960	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				0	0	15	0	0	0	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)				\$ 6,681,752	\$ 245,666		\$ 242,973	\$ (2,694)	\$ 3,105,960	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	\$ 464,243	\$ 20,405	\$ 92,849	72,444	5	\$ 384,258	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 464,243	\$ 20,405	\$ 92,849	72,444		\$ 384,258	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	MIDLAND STATES BANK		X	FIRST MORTGAGE	9/1/13	\$ 7,713,700	\$ 6,533,600	8/1/47	0.0300	\$ 189,283	1
2											2
3											3
	Working Capital										
4	Peoples National Bank		X	Line of Credit	2/3/20	460,000	0	2/3/21	Variable	1,509	4
5	Peoples National Bank		X	SBA Payroll Protection Program	4/13/20	232,844	0	4/13/22	0.0100	1,341	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,406,544	\$ 6,533,600			\$ 192,133	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,406,544	\$ 6,533,600			\$ 192,133	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 OTTAWA**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	\$ 340,987	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (47,901))	119,578		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	83,078		6
7	Other Prepaid Expenses	52,059		7
8	Accounts Receivable (owners or related parties)	28,150		8
9	Other(specify): See Page 7 Attachment	29,953		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 653,806	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	518,552		13
14	Buildings, at Historical Cost	6,681,752		14
15	Leasehold Improvements, at Historical Cost	0		15
16	Equipment, at Historical Cost	464,243		16
17	Accumulated Depreciation (book methods)	(3,490,218)		17
18	Deferred Charges	1,287		18
19	Organization & Pre-Operating Costs	1,814,824		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(1,165,411)		20
21	Restricted Funds	223,280		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)	\$ 5,048,308	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,702,114	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 64,027	\$	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	41,127		30
31	Accrued Taxes Payable	77,308		31
32	Accrued Interest Payable	16,334		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	172,568		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 371,363	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	6,631,057		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)	\$ 6,631,057	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,002,420	\$ 0	45
46	TOTAL EQUITY	\$ (1,300,306)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,702,114	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF OTTAWA

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	\$ 3,371,790	1
2	Discounts and Allowances	(7,001)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,364,789	3
	B. Other Operating Revenue		
4	Special Services	125,441	4
5	Other Health Care Services	0	5
6	Special Grants	483,298	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	4,988	8
9	Non-Resident Meals	681	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 614,408	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	8,636	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 8,636	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	3,225	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,225	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,991,058	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	822,548	19
20	Health Care/ Personal Care	517,455	20
21	General Administration	878,116	21
	B. Capital Expense		
22	Ownership	744,431	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,962,550	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,028,508	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,028,508	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,094,944	32
33	Private Pay - Net Inpatient Revenue	2,269,845	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,364,789	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	55,181	9100-9101-0-0	Interest & Dividend Income	-
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	55,181	9100-9103-0-0	Assessment Expense	-
A. General Services			9200-9201-1-0	Amortization - Loan Fees	3,289
Other (specify):			9200-9202-0-0	Financing Fees	-
5200-5000-0-0	Operating Allocation	110,362	9200-9203-1-0	Mortgage Interest Premium	-
5200-5124-0-0	Exterminating	1,248	9200-9204-0-0	Mortgage Service Fee	-
5200-5127-0-0	Rubbish Removal	6,283	9200-9205-0-0	Mortgage Insurance Prem	33,029
5200-5130-0-0	Vehicle Expense	12,401	9200-9206-0-0	Participation Fee	-
5200-5131-0-0	Transportation Service	55	9200-9207-0-0	Letter of Credit Fee	510
5300-5140-0-0	Security & Monitoring	8,482	9200-9208-0-0	Bond & Draw Fee	-
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	35,435	9200-9209-0-0	Remarketing and Trustee Fee	-
9900-9003-0-0	Extraordinary COVID - Other	3,607	9200-9210-0-0	Interest Expense-Note	-
	PG3-4.3	67,511	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	1,779	9300-9302-0-0	Asset Management Fee	-
5160-5063-0-0	Legal	3,292	9300-9303-0-0	Incentive Management	-
5160-5064-0-0	Accounting	155	9300-9303-1-0	Incentive Asset Mgmt Fee	-
5160-5066-0-0	Audit	20,031	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	30,260	9300-9306-0-0	Developer Fees	-
5180-5079-0-0	Bad Debt - Resident	170,552	9300-9307-0-0	Closing Costs	-
5180-5079-1-0	Bad Debt - Resident - Recovery	-	9700-9702-0-0	Amortization Expense	162,353
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	-
5180-5083-0-0	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	66,103	9900-9907-0-0	Abandonment Loss	-
			9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3	199,181	

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable		19,107
	PG3-3.5		19,107
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		4,988
3300-3304-0-0	Internet Access		2,019
3300-3321-0-0	Telephone- Connection		11,533
3300-3323-0-0	Telephone- Usage		3,832
5190-5090-0-0	Contributions		3,000
	PG3-10.5		25,372
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		10,587
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		10,587
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		8,417
3300-3385-0-0	Interest Income - Reserves		218
	PG3-18.5		8,636
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		(162,353)
9200-9209-0-0	Remarketing and Trustee Fee		-
	PG3-22.5		(162,353)

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	7,953
1102-9973-0-0	A/R-Insurance Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	22,000
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		29,953
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	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	29,949
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	141
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	67,391
2112-0159-1-0	Medicaid Prepayments	75,087
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		172,568
		345135.12

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	2,041
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	1,184
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		3,225