

		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: 1000145 Facility Name: ST ANTHONY OF LANSING Address: 3025 SPRING LAKE DR LANSING 60438 County: COOK Telephone Number: (708) 474-6100 Fax # 708 474-6102 Federal Employer ID Number: Date Current Owners were Certified: 6/17/2009 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 ST ANTHONY OF LANSING

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	125	Single Unit Apartment	125	45,625	1		
2	0	Double Unit Apartment	0	0	2		
3		Other			3		
4	125	TOTALS	125	45,625	4		

B. Census-For the entire report period.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	38,753	1,738		40,491	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	38,753	1,738	0	40,491	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **88.75%**

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

921 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **145 (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		
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: ST ANTHONY OF LANSING

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	302,040	265,565	1,592	569,197	0	569,197	1
2	Housekeeping, Laundry and Maintenance	180,938	58,119	38,878	277,935	0	277,935	2
3	Heat and Other Utilities			147,912	147,912	(27,605)	120,308	3
4	Other (specify):	88,271	0	133,490	221,762	0	221,762	4
5	TOTAL General Services	571,249	323,684	321,872	1,216,806	(27,605)	1,189,201	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	771,510	22,530	0	794,040	0	794,040	6
7	Activities and Social Services	39,869	9,179	0	49,048	0	49,048	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	811,379	31,709	0	843,088	0	843,088	9
	C. General Administration							
10	Administrative and Clerical	253,006	68,666	373,712	695,384	(25,237)	670,147	10
11	Marketing Materials, Promotions and Advertising	69,315	14,680	61,384	145,379	0	145,379	11
12	Employee Benefits and Payroll Taxes	0	0	368,355	368,355	0	368,355	12
13	Insurance-Property, Liability and Malpractice	0	0	124,770	124,770	0	124,770	13
14	Other (specify):	0	0	356,025	356,025	(239,490)	116,534	14
15	TOTAL General Administration	322,321	83,346	1,284,246	1,689,913	(264,728)	1,425,185	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,704,949	438,739	1,606,118	3,749,806	(292,332)	3,457,474	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			603,227	603,227	0	603,227	17
18	Interest			1,180,400	1,180,400	(14,896)	1,165,504	18
19	Real Estate Taxes			270,564	270,564	0	270,564	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			15,395	15,395	0	15,395	21
22	Other (specify):	0	0	620,037	620,037	(3,957)	616,080	22
23	TOTAL Ownership	0	0	2,689,623	2,689,623	(18,852)	2,670,771	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,704,949	438,739	4,295,741	6,439,429	(311,184)	6,128,245	24

Facility Name: ST ANTHONY OF LANSING

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	2	26.86	2
3	Certified Nurse Assistants	19	15.21	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	13.69	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	13.93	10
11	Laundry	0	0.00	11
12	Managers	6	25.69	12
13	Other Administrative	6	23.76	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)	46	\$	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
DEER PATH SLF, LLC	HUNTLEY

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	\$ 310,737	1
2			2
Total		\$ 310,737	3

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).

Facility Name: ST ANTHONY OF LANSING

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 2,558,268 Year land was acquired 2012

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	125			2013	\$ 17,638,210	\$ 440,796	40	\$ 440,955	\$ 160	\$ 3,246,476	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				327,005	16,350	20	16,350	0	120,454	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)				\$ 17,965,215	\$ 457,146		\$ 457,306	\$ 160	\$ 3,366,931	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 1,467,334	\$ 146,082	\$ 146,733	651	10	\$ 1,053,622	18
19		0	0	0			-	19
20	TOTAL (lines 18 and 19)	\$ 1,467,334	\$ 146,082	\$ 146,733	651		\$ 1,053,622	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	AMALGAMATED BANK		X	FIRST MORTGAGE	7/13/12	\$ 18,630,000	\$ 18,025,000	12/1/32	0.0650	\$ 1,180,400	1
2	COUNTY OF COOK			Second Mortgage	7/12/12	3,000,000	3,000,000	7/12/54	none		2
3	0			0	1/0/00	0	0	1/0/00	0.0000		3
	Working Capital										
4					/ /		0	/ /		0	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 21,630,000	\$ 21,025,000			\$ 1,180,400	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 21,630,000	\$ 21,025,000			\$ 1,180,400	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: ST ANTHONY OF LANSING

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	\$ 234,249	\$	1
2	Cash-Patient Deposits	14,140		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (277,412))	0 463,721		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	46,907		6
7	Other Prepaid Expenses	125,117		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify):	0		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 884,135	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	2,558,268		13
14	Buildings, at Historical Cost	17,638,210		14
15	Leasehold Improvements, at Historical Cost	327,005		15
16	Equipment, at Historical Cost	1,467,334		16
17	Accumulated Depreciation (book methods)	(4,420,552)		17
18	Deferred Charges	590		18
19	Organization & Pre-Operating Costs	1,000,212		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0 (319,073)		20
21	Restricted Funds	2,865,756		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)	\$ 21,117,750	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 22,001,885	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 278,963	\$	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	0		30
31	Accrued Taxes Payable	273,464		31
32	Accrued Interest Payable	99,071		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	801,508		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,453,007	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	20,363,561		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)	\$ 20,363,561	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 21,816,568	\$ 0	45
46	TOTAL EQUITY	\$ 185,317	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 22,001,885	\$ 0	47

*(See instructions.)

Facility Name: ST ANTHONY OF LANSING

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	\$ 5,220,289	1
2	Discounts and Allowances	(20,967)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,199,322	3
	B. Other Operating Revenue		
4	Special Services	235,735	4
5	Other Health Care Services	0	5
6	Special Grants	819,432	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	1,000	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,056,167	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	14,896	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 14,896	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	50,022	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 50,022	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 6,320,407	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,216,806	19
20	Health Care/ Personal Care	843,088	20
21	General Administration	1,689,913	21
	B. Capital Expense		
22	Ownership	2,689,623	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)	\$ 6,439,429	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (119,022)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (119,022)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,482,806	32
33	Private Pay - Net Inpatient Revenue	1,716,516	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,199,322	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	88,271	9100-9101-0-0	Interest & Dividend Income	
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	88,271	9100-9103-0-0	Assessment Expense	-
A. General Services			9200-9201-1-0	Amortization - Loan Fees	52,565
Other (specify):			9200-9202-0-0	Financing Fees	-
5200-5000-0-0	Operating Allocation	176,543	9200-9203-1-0	Mortgage Interest Premium	-
5200-5124-0-0	Exterminating	4,422	9200-9204-0-0	Mortgage Service Fee	-
5200-5127-0-0	Rubbish Removal	37,254	9200-9205-0-0	Mortgage Insurance Prem	-
5200-5130-0-0	Vehicle Expense	2,342	9200-9206-0-0	Participation Fee	-
5200-5131-0-0	Transportation Service	711	9200-9207-0-0	Letter of Credit Fee	-
5300-5140-0-0	Security & Monitoring	9,138	9200-9208-0-0	Bond & Draw Fee	-
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	76,769	9200-9209-0-0	Remarketing and Trustee Fee	3,957
9900-9003-0-0	Extraordinary COVID - Other	2,854	9200-9210-0-0	Interest Expense-Note	-
	PG3-4.3	133,490	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	5,069	9300-9302-0-0	Asset Management Fee	10,000
5160-5063-0-0	Legal	51,343	9300-9303-0-0	Incentive Management	500,000
5160-5064-0-0	Accounting	185	9300-9303-1-0	Incentive Asset Mgmt Fee	-
5160-5066-0-0	Audit	13,672	9300-9304-0-0	Tax Credit Fees & Incentive Fee	6,250
5160-5067-0-0	Contract Labor-Serv Prov	-	9300-9305-0-0	Organizational Expense	-
5160-5068-0-0	Contract Labor	46,265	9300-9306-0-0	Developer Fees	-
5180-5079-0-0	Bad Debt - Resident	338,786	9300-9307-0-0	Closing Costs	-
5180-5079-1-0	Bad Debt - Resident - Recovery	-	9700-9702-0-0	Amortization Expense	43,021
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	55,967	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	14,119	9900-9905-0-0	Settlement	4,244
5190-5000-0-0	Other Admin Allocation	-	9900-9906-0-0	Property Damage Loss	-
	PG3-14.3	356,025	9900-9907-0-0	Abandonment Loss	-
			9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3	620,037	

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable		27,605
	PG3-3.5		27,605
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		1,000
3300-3304-0-0	Internet Access		205
3300-3321-0-0	Telephone- Connection		15,618
3300-3323-0-0	Telephone- Usage		3,415
5190-5090-0-0	Contributions		5,000
	PG3-10.5		25,237
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		169,405
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		55,967
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		14,119
	PG3-14.5		239,490
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		8,591
3300-3385-0-0	Interest Income - Reserves		6,305
	PG3-18.5		14,896
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		-
9200-9209-0-0	Remarketing and Trustee Fee		3,957
	PG3-22.5		3,957

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		-

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	10,000
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	476,811
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	33,322
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0140-0-0	Accrued Vacation	-
2112-0144-0-0	Payroll Union Dues	-
2112-0146-0-0	Payroll Benefits	-
2112-0150-0-0	Security Deposits	-
2112-0154-0-0	Unclaimed Property	4,547
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	40,113
2112-0159-1-0	Medicaid Prepayments	236,714
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		801,508

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	2,785 Late Fees, NSF's, Key replacements
3300-3391-0-0	Property Tax Adjustments	47,237
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

50,022