

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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.

<p>I. Facility ID Number: 1000041</p> <p>Facility Name: CHURCHVIEW SUPP LIVING CTR</p> <p>Address: 2626 WEST 63RD ST CHICAGO 60629</p> <p>County: COOK</p> <p>Telephone Number: (773) 471-4444 Fax # 773 471-3935</p> <p>Federal Employer ID Number:</p> <p>Date Current Owners were Certified: 3/24/2005</p> <p>Type of Ownership:</p> <table><tr><td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td><td><input type="checkbox"/> PROPRIETARY</td><td><input type="checkbox"/> GOVERNMENTAL</td></tr><tr><td><input type="checkbox"/> Charitable Corp.</td><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> State</td></tr><tr><td><input type="checkbox"/> Trust</td><td><input checked="" type="checkbox"/> Partnership</td><td><input type="checkbox"/> County</td></tr><tr><td>IRS Exemption Code</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Other</td></tr><tr><td></td><td><input type="checkbox"/> "Sub-S" Corp.</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Limited Liability Co.</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Trust</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Other</td><td></td></tr></table> <p>In the event there are further questions about this report, please contact:</p> <p>Name: Danel Erickson Telephone Number: (779) 771-6947</p> <p>Email Address:</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2021 to 12/31/2021 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <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> <p>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</p>	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 # () _____	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																							
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	(Firm Name & Address) _____																																								
	(Telephone) () _____ Fax # () _____																																								

Report Period Beginning: 01/01/2021 **Ending:** 12/31/2021

A. Certified units; enter number of units and unit days

Date of change in certified units

/ /

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)**

B. Census-For the entire report period.

H. ACCOUNTING BASIS

MODIFIED

ACCRUAL	X
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CASH* ☐CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 2021 **Fiscal Year:** 2021

*** 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.

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 77.93%

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

404

Also, indicate the number of unpaid bed-hold days the SLF

1 **(Do not include bed-hold days in Section B.)**

Facility Name: CHURCHVIEW SUPP LIVING CTR

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

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	302,933	154,351	3,172	460,456	0	460,456	1
2	Housekeeping, Laundry and Maintenance	152,540	95,376	130,109	378,025	0	378,025	2
3	Heat and Other Utilities			201,522	201,522	(21,912)	179,610	3
4	Other (specify):	720	0	226,419	227,139	0	227,139	4
5	TOTAL General Services	456,192	249,727	561,221	1,267,141	(21,912)	1,245,229	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	528,076	18,750	0	546,825	0	546,825	6
7	Activities and Social Services	32,403	4,146	0	36,549	0	36,549	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	560,478	22,896	0	583,374	0	583,374	9
	C. General Administration							
10	Administrative and Clerical	221,106	49,285	298,873	569,265	(6,395)	562,869	10
11	Marketing Materials, Promotions and Advertising	68,389	7,540	90,308	166,236	0	166,236	11
12	Employee Benefits and Payroll Taxes	0	0	282,150	282,150	0	282,150	12
13	Insurance-Property, Liability and Malpractice	0	0	85,263	85,263	0	85,263	13
14	Other (specify):	0	0	145,133	145,133	(89,104)	56,029	14
15	TOTAL General Administration	289,495	56,825	901,727	1,248,047	(95,499)	1,152,548	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,306,166	329,448	1,462,948	3,098,562	(117,411)	2,981,150	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			466,380	466,380	0	466,380	17
18	Interest			5,711	5,711	(3,719)	1,992	18
19	Real Estate Taxes			86,673	86,673	0	86,673	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			11,972	11,972	0	11,972	21
22	Other (specify):	0	0	166,512	166,512	10,595	177,108	22
23	TOTAL Ownership	0	0	737,249	737,249	6,876	744,125	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,306,166	329,448	2,200,197	3,835,811	(110,535)	3,725,275	24

Facility Name: CHURCHVIEW SUPP LIVING CTR

Report Period Beginning: 01/01/2021 Ending: 12/31/2021

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	0	28.63	2
3	Certified Nurse Assistants	9	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	8	16.30	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	15.11	10
11	Laundry	0	0.00	11
12	Managers	5	27.49	12
13	Other Administrative	4	24.87	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)	27	\$	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
none			

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	\$ 200,740	1
2			2
Total		\$ 200,740	3

Facility Name: CHURCHVIEW SUPP LIVING CTR Report Period Beginning: 01/01/2021 Ending: 12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,302,647 Year land was acquired 1998-2000

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. *Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	86			2004	\$ 12,360,044	\$ 448,063	27.5	\$ 449,456	\$ 1,393	\$ 7,774,014	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				300,149	477	15.0	20,010	19,533	294,905	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)				\$ 12,660,193	\$ 448,540		\$ 469,466	\$ 20,926	\$ 8,068,919	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	\$ 572,531	\$ 17,840	\$ 114,506	96,666	5	\$ 467,702	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 572,531	\$ 17,840	\$ 114,506	96,666		\$ 467,702	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	3/1/03	\$ 7,555,000	\$ 4,690,000	9/1/33	variable	\$ 3,755	1
2	CITY OF CHICAGO DEPT OF HOUSIN		X	Second Mortgage	3/1/03	4,000,000	4,000,000	3/1/35	none		2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,555,000	\$ 8,690,000			\$ 3,755	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,555,000	\$ 8,690,000			\$ 3,755	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: CHURCHVIEW SUPP LIVING CTR

Report Period Beginning: 01/01/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 589,031	\$	1
2	Cash-Patient Deposits	1,568		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (216,870))	982,622		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	33,696		6
7	Other Prepaid Expenses	2,494		7
8	Accounts Receivable (owners or related parties)	25,841		8
9	Other(specify): See Page 7 Attachment	110,108		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,745,361	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	1,302,647		13
14	Buildings, at Historical Cost	12,360,044		14
15	Leasehold Improvements, at Historical Cost	300,149		15
16	Equipment, at Historical Cost	572,531		16
17	Accumulated Depreciation (book methods)	(8,536,621)		17
18	Deferred Charges	477		18
19	Organization & Pre-Operating Costs	205,780		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(205,780)		20
21	Restricted Funds	946,229		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	6,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,951,456	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,696,817	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 97,021	\$	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	81,563		31
32	Accrued Interest Payable	281		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	322,921		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 501,786	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	8,530,747		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)	\$ 8,530,747	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,032,533	\$ 0	45
46	TOTAL EQUITY	\$ (335,716)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,696,817	\$ 0	47

*(See instructions.)

Facility Name: CHURCHVIEW SUPP LIVING CTR

Report Period Beginning: 01/01/2021

Ending:

12/31/2021

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	\$ 3,660,107	1
2	Discounts and Allowances	(33,440)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,626,667	3
	B. Other Operating Revenue		
4	Special Services	169,990	4
5	Other Health Care Services	0	5
6	Special Grants	296,468	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	0	8
9	Non-Resident Meals	10	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 466,468	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	3,719	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,719	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	5,917	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,917	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,102,771	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,267,141	19
20	Health Care/ Personal Care	583,374	20
21	General Administration	1,248,047	21
	B. Capital Expense		
22	Ownership	737,249	22
	C. Other Expenses		
23	Special Cost Centers	0	23
24	Non-Operating Expenses	0	24
25	Other (specify):	0	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,835,811	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 266,960	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 266,960	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,911,739	32
33	Private Pay - Net Inpatient Revenue	702,343	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,614,082	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 720	Interest & Dividend Income	\$ -
PG3-4.1	\$ 720	Assessment Income	\$ -
A. General Services		Assessment Expense	\$ -
Other (specify):		Amortization - Loan Fees	\$ 12,570
Exterminating	\$ 52,220	Financing Fees	\$ -
Rubbish Removal	\$ 18,072	Mortgage Interest Premium	\$ -
Vehicle Expense	\$ -	Mortgage Service Fee	\$ -
Transportation Service	\$ 24,713	Mortgage Insurance Prem	\$ -
Security & Monitoring	\$ 123,731	Letter of Credit Fee	\$ 91,497
Extraordinary COVID - Supplies & Equipment	\$ 4,987	Bond & Draw Fee	\$ 2,400
Extraordinary COVID - Other	\$ 2,696	Remarketing and Trustee Fee	\$ 10,595
PG3-4.3	\$ 226,419	Interest Expense-Note	\$ -
C. General Administration		Interest Expense-LP	\$ -
Other (specify):		Debt Write-Off	\$ -
Consulting	\$ 1,656	Partnership/Priority Mgmt Fee	\$ 43,000
Legal	\$ (159)	Asset Mgmt/Investor Service Fee	\$ 4,300
Audit & Accounting	\$ 16,735	Incentive Management	\$ -
Contract Labor-Serv Prov	\$ -	Incentive Asset Mgmt Fee	\$ -
Contract Labor	\$ 37,797	Tax Credit Fees	\$ 2,150
Bad Debt - Resident	\$ 69,051	Organizational Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Developer Fees	\$ -
Bad Debt - Medicaid Pending Denial	\$ 4,611	Amortization Expense	\$ -
Bad Debt - Medicaid Pending - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid	\$ -	Loss (Gain) on Sale of Assets	\$ -
Bad Debt - Medicaid Recovery	\$ -	Settlement	\$ -
Bad Debt - Medicaid MCO	\$ 15,442	Property Damage Loss	\$ -
PG3-14.3	\$ 145,133	Abandonment Loss	\$ -
		Grant Income	\$ -
		PG3-22.3	\$ 166,512

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$ 21,912		
PG3-3.5	\$ 21,912		
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$ -		
Internet Access	\$ -		
Telephone- Connection	\$ 6,395		
Telephone- Usage	\$ -		
Contributions	\$ -		
PG3-10.5	\$ 6,395		
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$ 69,051		
Bad Debt - Resident - Recovery	\$ -		
Bad Debt - Medicaid Pending Denial	\$ 4,611		
Bad Debt - Medicaid Pending - Recovery	\$ -		
Bad Debt - Medicaid	\$ -		
Bad Debt - Medicaid Recovery	\$ -		
Bad Debt - Medicaid MCO	\$ 15,442		
PG3-14.5	\$ 89,104		
D. Ownership			
Interest:			
Interest Income	\$ 3,345		
Interest Income - Reserves	\$ 374		
PG3-18.5	\$ 3,719		
D. Ownership			
Other (specify):			
Goodwill Amortization	\$ -		
Remarketing and Trustee Fee	\$ 10,595		
PG3-22.5	\$ 10,595		

Balance Sheet PG 7 Other			
A. Other Current Asset Details		C. Current Liabilities Detail	
A/R-Employee Advance	\$ -	Construction Account Payable	\$ -
A/R-Gardant Mgmt Solutions	\$ -	Accrued Asset Mgmt/Investor Service Fee	\$ -
A/R-Insurance Reimbursement	\$ -	Accrued Partnership/Priority Mgmt Fee	\$ 43,000
A/R-CIP	\$ -	Accrued Incentive Mgmt Fee	\$ -
A/R-Other	\$ 110,108	Accrued Incentive Asset Mgmt Fee	\$ -
A/R-TIF/Abatement	\$ -	Accrued Liabilities	\$ 129,164
PG7-9.1	\$ 110,108	Accrued Insurance	\$ -
B. Other Long Term Assets Detail		Accrued Developer Fee	\$ -
CIP	\$ 6,000	Accrued MIP	\$ -
CIP- Land Option Addition	\$ -	Accrued Vacation	\$ -
CIP- Other Addition	\$ -	Payroll Union Dues	\$ -
PG7-23.1	\$ 6,000	Payroll Benefits	\$ -
		Security Deposits Held	\$ -
		Unclaimed Property	\$ 8,658
		Reservation Deposit	\$ -
		Unearned Revenue - Resident	\$ 28,984
		Unearned Revenue - Medicaid	\$ 113,116
		Prepaid Medicaid Clearing	\$ -
		Prepaid Rent	\$ -
		PG7-35.1	\$ 322,921

Income Statement PG 8 Other			
D. Other Revenue			Notes
Contract Service-Serv Prov	\$	-	
Other	\$	2,960	Late fees
Property Tax Adjustments	\$	-	
Property Lease Income	\$	-	
Insurance Adjustments	\$	2,957	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	5,917	