

		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: 1000038</p> <p>Facility Name: HERITAGE WOODS OF WATSEKA</p> <p>Address: 577 EAST MARTIN AVE WATSEKA 60970</p> <p>County: IROQUOIS</p> <p>Telephone Number: (815) 432-4560 Fax # 815 432-4562</p> <p>Federal Employer ID Number:</p> <p>Date Current Owners were Certified: 10/25/2007</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 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 checked="" type="checkbox"/> "Sub-S" Corp.</td><td></td></tr><tr><td></td><td><input checked="" 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 type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input checked="" 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 # () _____																																								

Facility Name HERITAGE WOODS OF WATSEKA

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

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	65	Single Unit Apartment	65	23,725	1		
2	0	Double Unit Apartment	0	0	2		
3		Other			3		
4	65	TOTALS	65	23,725	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	12,004	4,700		16,704	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	12,004	4,700	0	16,704	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	70.41%
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70.41%

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

445 Also, indicate the number of unpaid bed-hold days the SLF
 had during this year. **33** (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	<input checked="" type="checkbox"/>	MODIFIED		
CASH*	<input type="checkbox"/>	CASH*	<input type="checkbox"/>	

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.

Facility Name: HERITAGE WOODS OF WATSEKA

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	161,550	109,670	3,033	274,253	0	274,253	1
2	Housekeeping, Laundry and Maintenance	69,400	19,711	25,521	114,632	0	114,632	2
3	Heat and Other Utilities			93,559	93,559	(19,359)	74,200	3
4	Other (specify):	19,368	0	36,263	55,631	0	55,631	4
5	TOTAL General Services	250,319	129,381	158,376	538,076	(19,359)	518,717	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	563,688	17,671	0	581,359	0	581,359	6
7	Activities and Social Services	32,405	4,422	0	36,827	0	36,827	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	596,094	22,093	0	618,186	0	618,186	9
	C. General Administration							
10	Administrative and Clerical	110,333	32,745	198,031	341,110	(13,614)	327,496	10
11	Marketing Materials, Promotions and Advertising	28,730	6,539	6,916	42,185	0	42,185	11
12	Employee Benefits and Payroll Taxes	0	0	220,633	220,633	0	220,633	12
13	Insurance-Property, Liability and Malpractice	0	0	73,240	73,240	0	73,240	13
14	Other (specify):	0	0	99,806	99,806	(42,905)	56,901	14
15	TOTAL General Administration	139,063	39,285	598,627	776,975	(56,519)	720,456	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	985,475	190,759	757,003	1,933,237	(75,878)	1,857,359	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			196,181	196,181	0	196,181	17
18	Interest			138,539	138,539	(481)	138,058	18
19	Real Estate Taxes			54,900	54,900	0	54,900	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			11,175	11,175	0	11,175	21
22	Other (specify):	0	0	140,017	140,017	(83,515)	56,503	22
23	TOTAL Ownership	0	0	540,811	540,811	(83,996)	456,815	23
24	GRAND TOTAL (Sum of lines 16 and 23)	985,475	190,759	1,297,814	2,474,048	(159,874)	2,314,174	24

Facility Name: HERITAGE WOODS OF WATSEKA

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	1	26.86	2
3	Certified Nurse Assistants	9	14.31	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	5	11.67	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.81	10
11	Laundry	0	0.00	11
12	Managers	4	19.94	12
13	Other Administrative	3	20.32	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)	23	\$	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 FLORA OPERATOR LLC	FLORA
DSI MANTENO OPERATOR LLC	MANTENO
DSI OTTAWA OPERATOR LLC	OTTAWA

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	\$ 127,266	1
2			2
Total		\$ 127,266	3

Facility Name: HERITAGE WOODS OF WATSEKA

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 195,956 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	65			2007	\$ 4,980,110	\$ 180,834	27.5	\$ 181,095	\$ 260	\$ 2,561,239	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6									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)				\$ 4,980,110	\$ 180,834		\$ 181,095	\$ 260	\$ 2,561,239	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	\$ 380,788	\$ 15,346	\$ 76,158	60,811	5	\$ 353,161	18
19	Vehicles	20,000	0	4,000	4,000	5	20,000	19
20	TOTAL (lines 18 and 19)	\$ 400,788	\$ 15,346	\$ 80,158	64,812		\$ 373,161	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	\$ 5,758,700	\$ 4,756,415	8/1/47	0.0300	\$ 137,523	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,758,700	\$ 4,756,415			\$ 137,523	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,758,700	\$ 4,756,415			\$ 137,523	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 WATSEKA

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	\$ 78,716	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (110,029))	519,246		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	73,778		6
7	Other Prepaid Expenses	14,883		7
8	Accounts Receivable (owners or related parties)	10,241		8
9	Other(specify): See Page 7 Attachment	77,313		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 774,176	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	195,956		13
14	Buildings, at Historical Cost	4,980,110		14
15	Leasehold Improvements, at Historical Cost	0		15
16	Equipment, at Historical Cost	400,788		16
17	Accumulated Depreciation (book methods)	(2,934,400)		17
18	Deferred Charges	1,430		18
19	Organization & Pre-Operating Costs	1,325,038		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(992,840)		20
21	Restricted Funds	397,876		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)	\$ 3,373,958	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,148,134	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 89,685	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	106,590		29
30	Accrued Salaries Payable	52,128		30
31	Accrued Taxes Payable	112,573		31
32	Accrued Interest Payable	11,865		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	206,756		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 579,598	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	4,817,752		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)	\$ 4,817,752	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,397,350	\$ 0	45
46	TOTAL EQUITY	\$ (1,249,215)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,148,134	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF WATSEKA

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	\$ 2,636,362	1
2	Discounts and Allowances	(24,304)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,612,058	3
	B. Other Operating Revenue		
4	Special Services	159,461	4
5	Other Health Care Services	0	5
6	Special Grants	25,631	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	4,737	8
9	Non-Resident Meals	65	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 189,894	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	481	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 481	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,420	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,420	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,806,853	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	538,076	19
20	Health Care/ Personal Care	618,186	20
21	General Administration	776,975	21
	B. Capital Expense		
22	Ownership	540,811	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)	\$ 2,474,048	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 332,805	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 332,805	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,363,716	32
33	Private Pay - Net Inpatient Revenue	1,248,342	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,612,058	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 19,368	Interest & Dividend Income	\$ -
PG3-4.1	\$ 19,368	Assessment Income	\$ -
A. General Services		Assessment Expense	\$ -
Other (specify):		Amortization - Loan Fees	\$ 2,121
Exterminating	\$ 1,490	Financing Fees	\$ -
Rubbish Removal	\$ 5,596	Mortgage Interest Premium	\$ -
Vehicle Expense	\$ 12,336	Mortgage Service Fee	\$ -
Transportation Service	\$ -	Mortgage Insurance Prem	\$ 24,059
Security & Monitoring	\$ 5,018	Letter of Credit Fee	\$ 510
Extraordinary COVID - Supplies & Equipment	\$ 7,528	Bond & Draw Fee	\$ -
Extraordinary COVID - Other	\$ 4,294	Remarketing and Trustee Fee	\$ -
PG3-4.3	\$ 36,263	Interest Expense-Note	\$ -
C. General Administration		Interest Expense-LP	\$ -
Other (specify):		Debt Write-Off	\$ -
Consulting	\$ 1,827	Partnership/Priority Mgmt Fee	\$ -
Legal	\$ 1,917	Asset Mgmt/Investor Service Fee	\$ -
Audit & Accounting	\$ 21,077	Incentive Management	\$ -
Contract Labor-Serv Prov	\$ -	Incentive Asset Mgmt Fee	\$ -
Contract Labor	\$ 32,080	Tax Credit Fees	\$ -
Bad Debt - Resident	\$ 48,838	Organizational Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Developer Fees	\$ -
Bad Debt - Medicaid Pending Denial	\$ (5,933)	Amortization Expense	\$ 112,327
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	\$ -	Property Damage Loss	\$ 1,000
PG3-14.3	\$ 99,806	Abandonment Loss	\$ -
		Grant Income	\$ -
		PG3-22.3	\$ 140,017

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$ 19,359		
PG3-3.5	\$ 19,359		
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$ 4,737		
Internet Access	\$ 377		
Telephone- Connection	\$ 6,000		
Telephone- Usage	\$ -		
Contributions	\$ 2,500		
PG3-10.5	\$ 13,614		
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$ 48,838		
Bad Debt - Resident - Recovery	\$ -		
Bad Debt - Medicaid Pending Denial	\$ (5,933)		
Bad Debt - Medicaid Pending - Recovery	\$ -		
Bad Debt - Medicaid	\$ -		
Bad Debt - Medicaid Recovery	\$ -		
Bad Debt - Medicaid MCO	\$ -		
PG3-14.5	\$ 42,905		
D. Ownership			
Interest:			
Interest Income	\$ 122		
Interest Income - Reserves	\$ 359		
PG3-18.5	\$ 481		
D. Ownership			
Other (specify):			
Goodwill Amortization	\$ (83,515)		
Remarketing and Trustee Fee	\$ -		
PG3-22.5	\$ (83,515)		

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	\$ -
A/R-CIP	\$ 3,950	Accrued Incentive Mgmt Fee	\$ -
A/R-Other	\$ 17,076	Accrued Incentive Asset Mgmt Fee	\$ -
A/R-TIF/Abatement	\$ 56,286	Accrued Liabilities	\$ 53,401
PG7-9.1	\$ 77,313	Accrued Insurance	\$ -
B. Other Long Term Assets Detail		Accrued Developer Fee	\$ -
CIP	\$ -	Accrued MIP	\$ -
CIP- Land Option Addition	\$ -	Accrued Vacation	\$ -
CIP- Other Addition	\$ -	Payroll Union Dues	\$ -
PG7-23.1	\$ -	Payroll Benefits	\$ -
		Security Deposits Held	\$ -
		Unclaimed Property	\$ 11,685
		Reservation Deposit	\$ -
		Unearned Revenue - Resident	\$ 33,896
		Unearned Revenue - Medicaid	\$ 107,774
		Prepaid Medicaid Clearing	\$ -
		Prepaid Rent	\$ -
		PG7-35.1	\$ 206,756

Income Statement PG 8 Other			
D. Other Revenue			Notes
Contract Service-Serv Prov	\$	-	
Other	\$	1,642	Late fees; call pendants
Property Tax Adjustments	\$	-	
Property Lease Income	\$	2,778	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	4,420	