

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2018  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2018)**

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><b>I. Facility ID Number:</b> <u>1000150</u></p> <p><b>Facility Name:</b> <u>LACEY CREEK</u></p> <hr/> <p><b>Address:</b> <u>4800 LACEY ROAD</u> <u>DOWNERS GROVE</u> <u>60515</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>DUPAGE</u></p> <p><b>Telephone Number:</b> ( <u>630</u> ) <u>964-7720</u> Fax # <u>630 964-4229</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>8/23/2017</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <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><b>IRS Exemption Code</b> _____</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 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><b>In the event there are further questions about this report, please contact:</b></p> <p><b>Name:</b> <u>Thomas Staszak</u> <b>Telephone Number:</b> <u>(815) 935-1992</u></p> <p><b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2018</u> to <u>12/31/2018</u> 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 style="width:100%"> <tr> <td style="width:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Greg Echols</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO, Gardant Management Solutions</u></td> <td></td> </tr> </table> <hr/> <table style="width:100%"> <tr> <td style="width:20%;"><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) ( <u>   </u> ) _____</td> <td>Fax # ( <u>   </u> ) _____</td> </tr> </table> <p align="right">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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) <u>Greg Echols</u>			(Title) <u>CFO, Gardant Management Solutions</u>		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) ( <u>   </u> ) _____	Fax # ( <u>   </u> ) _____
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Facility Name LACEY CREEK

Report Period Beginning: 01/01/2018 Ending: 12/31/2018

**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	120	Single Unit Apartment	120	43,800	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,800	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	36,055	6,718		42,773	5
6	Double Unit					6
7	Other					7
8	TOTALS	36,055	6,718		42,773	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.66%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
763 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 68 (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)

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**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 2018 Fiscal Year: 2018

\* 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? N/A  
 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: LACEY CREEK

Report Period Beginning:

01/01/2018

Ending: 12/31/2018

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	315,332	235,487	1,588	552,407		552,407	1
2	Housekeeping, Laundry and Maintenance	120,053	28,213	51,838	200,104		200,104	2
3	Heat and Other Utilities			190,596	190,596	(24,355)	166,241	3
4	Other (specify):			26,525	26,525		26,525	4
5	<b>TOTAL General Services</b>	435,385	263,700	270,547	969,632	(24,355)	945,277	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	606,854	15,087		621,941		621,941	6
7	Activities and Social Services	44,891	7,439		52,330		52,330	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	651,745	22,526		674,271		674,271	9
<b>C. General Administration</b>								
10	Administrative and Clerical	208,879	31,002	311,958	551,839	(26,947)	524,892	10
11	Marketing Materials, Promotions and Advertising	56,670	11,356	40,642	108,668		108,668	11
12	Employee Benefits and Payroll Taxes			287,066	287,066		287,066	12
13	Insurance-Property, Liability and Malpractice			57,380	57,380		57,380	13
14	Other (specify):			170,847	170,847	(93,373)	77,474	14
15	<b>TOTAL General Administration</b>	265,549	42,358	867,893	1,175,800	(120,320)	1,055,480	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,352,679	328,584	1,138,440	2,819,703	(144,675)	2,675,028	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			713,333	713,333		713,333	17
18	Interest			1,185,207	1,185,207	(10,560)	1,174,647	18
19	Real Estate Taxes			169,268	169,268		169,268	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			14,094	14,094		14,094	21
22	Other (specify):			(736,433)	(736,433)	(3,500)	(739,933)	22
23	<b>TOTAL Ownership</b>			1,345,469	1,345,469	(14,060)	1,331,409	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,352,679	328,584	2,483,909	4,165,172	(158,735)	4,006,437	24

Facility Name: LACEY CREEK

Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	25.71	2
3	Certified Nurse Assistants	17	12.79	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11	12.08	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	10.20	10
11	Laundry			11
12	Managers	6	24.48	12
13	Other Administrative	5	20.22	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>42</b>	<b>\$</b>	<b>17</b>

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
<b>Total</b>				<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Gardant Management Solutions	\$ 241,208	1
2			2
<b>Total</b>		<b>\$ 241,208</b>	<b>3</b>

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? \$ \_\_\_\_\_  
 (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: LACEY CREEK

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 2,117,546 Year land was acquired 2015

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	120		2016	2016	\$ 20,063,798	\$ 501,595	40	\$ 501,595	\$ (0)	\$ 1,085,575	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Leasehold Improvements			1,764,309	88,150	20	88,215	65	190,154	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 21,828,106	\$ 589,745		\$ 589,810	\$ 65	\$ 1,275,729	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	\$ 1,203,105	\$ 117,589	\$ 120,310	2,722	10	\$ 241,316	18
19	Vehicles	59,990	6,000	5,999	(1)	10	13,000	19
20	TOTAL (lines 18 and 19)	\$ 1,263,095	\$ 123,589	\$ 126,309	2,721		\$ 254,316	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

Facility Name: **LACEY CREEK**

Report Period Beginning: **01/01/2018**

Ending: **12/31/2018**

**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	<b>TOTAL</b>				\$			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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	HEARTLAND BANK and TR			FIRST MORTGAGE	12/1/17	\$ 20,114,920	\$ 19,900,600	12/1/32	0.0562	\$ 893,481
2	HEARTLAND BANK and TR			Second Mortgage	12/1/17	835,080	826,080	12/1/32	0.0562	289,976
3										3
	<b>Working Capital</b>									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	<b>TOTAL Facility Related</b>					\$ 20,950,000	\$ 20,726,680			\$ 1,183,457
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		8
9					/ /			/ /		9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 20,950,000	\$ 20,726,680			\$ 1,183,457

\* 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: LACEY CREEK

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 424,676	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (115,952) )	1,523,998		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	19,682		6
7	Other Prepaid Expenses	11,218		7
8	Accounts Receivable (owners or related parties)	10,203		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,989,777	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,117,546		13
14	Buildings, at Historical Cost	20,063,798		14
15	Leasehold Improvements, at Historical Cost	1,764,309		15
16	Equipment, at Historical Cost	1,263,095		16
17	Accumulated Depreciation (book methods)	(1,530,045)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	813,913		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(14,782)		20
21	Restricted Funds	488,068		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 24,965,900	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 26,955,677	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 67,387	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	179,795		31
32	Accrued Interest Payable	101,966		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	1,291,994		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,641,143	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	242,852		38
39	Mortgage Payable	20,407,426		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	FMV of Derivative	1,065,644		42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 21,715,922	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 23,357,065	\$	45
46	<b>TOTAL EQUITY</b>	\$ 3,598,612	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 26,955,677	\$	47

\*(See instructions.)

Facility Name: LACEY CREEK

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

## XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 4,796,808	1
2	Discounts and Allowances	(916)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,795,892</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	108,688	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	13,474	8
9	Non-Resident Meals	966	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 123,128</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	10,560	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 10,560</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	11,994	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 11,994</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,941,574</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	969,632	19
20	Health Care/ Personal Care	674,271	20
21	General Administration	1,175,800	21
<b>B. Capital Expense</b>			
22	Ownership	1,345,469	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 4,165,172</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 776,402</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 776,402</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 2,270,033	32
33	Private Pay - Net Inpatient Revenue	2,525,859	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 4,795,892</b>	<b>37</b>



Operating Expenses PG 3 Other				
<b>A. General Services</b>		<b>D. Ownership</b>		
Other (specify):		Other (specify):		Amt
5200-5000-0-0	Operating Allocation	-	9100-9101-0-0	Interest & Dividend Income
5200-5124-0-0	Exterminating	6,653	9100-9102-0-0	Assessment Income
5200-5127-0-0	Rubbish Removal	10,271	9100-9103-0-0	Assessment Expense
5200-5130-0-0	Vehicle Expense	1,185	9200-9201-1-0	Amortization - Loan Fees
5200-5131-0-0	Transportation Service	-	9200-9202-0-0	Financing Fees
5300-5140-0-0	Security & Monitoring	8,416	9200-9203-1-0	Mortgage Interest Premium
	<b>PG3-4.3</b>	<b>26,525</b>	9200-9204-0-0	Mortgage Service Fee
			9200-9205-0-0	Mortgage Insurance Prem
			9200-9206-0-0	Participation Fee
			9200-9207-0-0	Letter of Credit Fee
			9200-9208-0-0	Bond & Draw Fee
			9200-9209-0-0	Remarketing and Trustee Fee
			9200-9210-0-0	Interest Expense-Note
			9200-9211-0-0	Interest Expense-LP
			9200-9212-0-0	Debt Write-Off
			9300-9301-0-0	Partnership Management Fee
			9300-9302-0-0	Asset Management Fee
			9300-9303-0-0	Incentive Management
			9300-9303-1-0	Incentive Asset Mgmt Fee
			9300-9304-0-0	Tax Credit Fees & Incentive Fee
			9300-9305-0-0	Organizational Expense
			9300-9306-0-0	Developer Fees
			9300-9307-0-0	Closing Costs
			9700-9702-0-0	Amortization Expense
			9900-9901-0-0	Prior Period Adjustments
			9900-9902-0-0	Dissolution of Business
			9900-9903-0-0	Loss (Gain) on Sale of Assets
			9900-9904-0-0	Business Interruption
			9900-9905-0-0	Settlement
			9900-9906-0-0	Property Damage Loss
			9900-9907-0-0	Abandonment Loss
			9900-9908-0-0	Grant Income
			9900-9909-0-0	Misc: Title, Recording, Transfer
			<b>PG3-22.3</b>	<b>(736,433)</b>
<b>C. General Administration</b>				
Other (specify):		Amt		
5160-5060-0-0	Consulting	120		
5160-5063-0-0	Legal	25,502		
5160-5064-0-0	Accounting	68		
5160-5066-0-0	Audit	12,090		
5160-5067-0-0	Contract Labor-Serv Prov	-		
5160-5068-0-0	Contract Labor	39,694		
5180-5079-0-0	Bad Debt - Resident	24,529		
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	68,844		
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	-		
5190-5000-0-0	Other Admin Allocation	-		
	<b>PG3-14.3</b>	<b>170,847</b>		
<b>B. Health Care and Programs</b>				
Other (specify):	<b>PG3-8.3</b>			

Operating Expenses - Reclassifications and Adjustments PG 3				
<b>A. General Services</b>				
Heat and Other Utilities				
3300-3303-0-0	Cable		24,355	
	<b>PG3-3.5</b>		<b>24,355</b>	
<b>C. General Administration</b>				
Administrative and Clerical				
3300-3301-0-0	Beauty Salon & Manicure		13,474	
3300-3304-0-0	Internet Access		2,558	
3300-3321-0-0	Telephone- Connection		9,001	
3300-3323-0-0	Telephone- Usage		1,665	
5190-5090-0-0	Contributions		250	
	<b>PG3-10.5</b>		<b>26,947</b>	
<b>C. General Administration</b>				
Other (specify):				
5180-5079-0-0	Bad Debt - Resident		24,529	
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		68,844	
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		-	
	<b>PG3-14.5</b>		<b>93,373</b>	
<b>D. Ownership</b>				
Interest				
3300-3380-0-0	Interest Income		2,938	
3300-3385-0-0	Interest Income - Reserves		7,621	
	<b>PG3-18.5</b>		<b>10,560</b>	
<b>D. Ownership</b>				
Other (specify):				
1302-1007-0-0	A/A - Goodwill		-	
9200-9209-0-0	Remarketing and Trustee Fee		3,500	
	<b>PG3-22.5</b>		<b>3,500</b>	

**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	-
<b>PG7-9.1</b>		<b>-</b>

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	-
<b>PG7-23.1</b>		<b>-</b>

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	27,084
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	35,213
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	1,200,910
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	100
2112-0155-0-0	Reservation Deposit	1,200
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	27,488
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
<b>PG7-35.1</b>		<b>1,291,994</b>

**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, call pendants, NSF fees)	3,744
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	8,250
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

<b>PG8-15.1</b>	<b>11,994</b>
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