

		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.

I. Facility ID Number: 1000125

Facility Name: GRAND PRAIRIE SUPPORTIVE LVG

Address: 1307 MEADOWLARK LANE MACOMB 61455

County: MCDONOUGH

Telephone Number: ( 309 ) 833-5000 Fax # 309 833-5005

Federal Employer ID Number:

Date Current Owners were Certified: 3/28/2013

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

☒ Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

In the event there are further questions about this report, please contact:

Name: Thomas Staszak Telephone Number: (815) 935-1992

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2018 to 12/31/2018 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.

Officer or Administrator of Provider

(Signed)

(Type or Print Name) Greg Echols

(Title) CFO, Gardant Management Solutions

Paid Preparer

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

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

HFS 3745C (N-4-05)

IL478-2471

Facility Name GRAND PRAIRIE SUPPORTIVE LVG

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	82	Single Unit Apartment	82	29,930	1
2		Double Unit Apartment			2
3		Other			3
4	82	TOTALS	82	29,930	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	19,407	8,134		27,541	5
6	Double Unit					6
7	Other					7
8	TOTALS	19,407	8,134		27,541	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified  
bed days on line 4, column 4.) 92.02%

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

353 Also, indicate the number of unpaid bed-hold days the SLF  
had during this year. 32 (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

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? \_\_\_\_\_  
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. \_\_\_\_\_

## STATE OF ILLINOIS

Page 3

Facility Name: GRAND PRAIRIE SUPPORTIVE LVG

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	224,952	178,346	2,259	405,557		405,557	1
2	Housekeeping, Laundry and Maintenance	85,854	33,960	35,273	155,087		155,087	2
3	Heat and Other Utilities			132,256	132,256	(18,140)	114,116	3
4	Other (specify):			42,084	42,084		42,084	4
5	<b>TOTAL General Services</b>	310,806	212,306	211,872	734,984	(18,140)	716,844	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	425,712	12,472		438,184		438,184	6
7	Activities and Social Services	29,811	9,511		39,322		39,322	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	455,523	21,983		477,506		477,506	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	154,674	26,435	235,934	417,043	(19,330)	397,713	10
11	Marketing Materials, Promotions and Advertising	49,759	7,288	45,158	102,205		102,205	11
12	Employee Benefits and Payroll Taxes			249,576	249,576		249,576	12
13	Insurance-Property, Liability and Malpractice			31,076	31,076		31,076	13
14	Other (specify):			34,410	34,410	(2,900)	31,510	14
15	<b>TOTAL General Administration</b>	204,433	33,723	596,154	834,310	(22,231)	812,079	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	970,762	268,012	808,026	2,046,800	(40,371)	2,006,429	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			276,433	276,433		276,433	17
18	Interest			355,373	355,373		355,373	18
19	Real Estate Taxes			49,224	49,224		49,224	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,322	9,322		9,322	21
22	Other (specify):			78,241	78,241		78,241	22
23	<b>TOTAL Ownership</b>			768,593	768,593		768,593	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	970,762	268,012	1,576,620	2,815,394	(40,371)	2,775,023	24

Facility Name: GRAND PRAIRIE SUPPORTIVE LVG

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	22.71	2
3	Certified Nurse Assistants	13	11.40	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	8	9.93	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	9.95	10
11	Laundry			11
12	Managers	5	22.13	12
13	Other Administrative	3	22.51	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	Total (lines 1 thru 16)	32	\$	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

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				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	Gardant Management Solutions	\$ 150,525	1
2			2
Total		\$ 150,525	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

VIII. OWNERSHIP COSTS

A. Purchase price of land 456,000 Year land was acquired 2017

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	82			2010	\$ 8,254,462	\$ 206,362	40	\$ 206,362	\$ (0)	\$ 257,952	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				650,000	32,500	20	32,500	0	40,625	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)				\$ 8,904,462	\$ 238,862		\$ 238,862	\$ (0)	\$ 298,577	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	\$ 351,154	\$ 37,572	\$ 23,410	(14,161)	15	\$ 46,964	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 351,154	\$ 37,572	\$ 23,410	(14,161)		\$ 46,964	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: GRAND PRAIRIE SUPPORTIVE LVG 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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		YES NO
3	Original Building			/ /	\$			3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	
									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	INB			FIRST MORTGAGE	10/2/17	\$ 9,095,000	\$ 9,095,000	10/2/20	0.0385	\$ 355,021	1
2											2
3											3
	Working Capital										
4	INB			Line of Credit	10/6/17	650,000		10/6/18	0.0124	318	4
5	INB			Line of Credit	10/6/18	650,000		10/6/19	0.0226	34	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,395,000	\$ 9,095,000			\$ 355,373	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 10,395,000	\$ 9,095,000			\$ 355,373	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: GRAND PRAIRIE SUPPORTIVE LVG

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 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 236,013	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (5,127) )	552,304		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,787		6
7	Other Prepaid Expenses	102,596		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	774		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 923,475	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	456,000		13
14	Buildings, at Historical Cost	8,254,462		14
15	Leasehold Improvements, at Historical Cost	650,000		15
16	Equipment, at Historical Cost	351,154		16
17	Accumulated Depreciation (book methods)	(345,541)		17
18	Deferred Charges	288		18
19	Organization & Pre-Operating Costs	1,101,000		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(27,525)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Page 7 Attachment	5,000		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 10,444,838	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 11,368,313	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 50,654	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	62,653		30
31	Accrued Taxes Payable	51,106		31
32	Accrued Interest Payable	77,583		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	44,498		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 286,495	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	1,751,000		38
39	Mortgage Payable	9,082,844		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 10,833,844	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 11,120,339	\$	45
46	<b>TOTAL EQUITY</b>	\$ 247,974	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 11,368,313	\$	47

\*(See instructions.)

Facility Name: GRAND PRAIRIE SUPPORTIVE LVG

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	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 2,923,894	1
2	Discounts and Allowances	(18,741)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 2,905,153	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	94,870	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	7,881	8
9	Non-Resident Meals	5,135	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 107,886	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$	14
	<b>D. Other Revenue (specify):</b>		
15	See Page 8 Attachment	8,950	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 8,950	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 3,021,989	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	734,984	19
20	Health Care/ Personal Care	477,506	20
21	General Administration	834,310	21
	<b>B. Capital Expense</b>		
22	Ownership	768,593	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>	\$ 2,815,394	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 206,595	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 206,595	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 1,151,376	32
33	Private Pay - Net Inpatient Revenue	1,753,777	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>	\$ 2,905,153	37



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	4,800	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	21,062	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	6,007	9200-9201-1-0	Amortization - Loan Fees	6,946
5200-5131-0-0	Transportation Service	30	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	10,185	9200-9203-1-0	Mortgage Interest Premium	-
	<b>PG3-4.3</b>	<b>42,084</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	4,388
			9200-9208-0-0	Bond & Draw Fee	-
			9200-9209-0-0	Remarketing and Trustee Fee	-
			9200-9210-0-0	Interest Expense-Note	56,908
			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	10,000
			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>78,241</b>	
<b>C. General Administration</b>					
Other (specify):		Amt			
5160-5060-0-0	Consulting	234			
5160-5063-0-0	Legal	2,415			
5160-5064-0-0	Accounting	155			
5160-5066-0-0	Audit	8,800			
5160-5067-0-0	Contract Labor-Serv Prov	-			
5160-5068-0-0	Contract Labor	19,906			
5180-5079-0-0	Bad Debt - Resident	2,900			
5180-5079-1-0	Bad Debt - Resident - Recovery	-			
5180-5080-0-0	Bad Debt - Resident Prior Period	-			
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	-			
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-			
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-			
5180-5083-0-0	Bad Debt - Medicaid MCO	-			
5190-5000-0-0	Other Admin Allocation	-			
	<b>PG3-14.3</b>	<b>34,410</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	18,140	
	<b>PG3-3.5</b>	<b>18,140</b>	
<b>C. General Administration</b>			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure	7,881	
3300-3304-0-0	Internet Access	-	
3300-3321-0-0	Telephone- Connection	10,722	
3300-3323-0-0	Telephone- Usage	314	
5190-5090-0-0	Contributions	414	
	<b>PG3-10.5</b>	<b>19,330</b>	
<b>C. General Administration</b>			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident	2,900	
5180-5079-1-0	Bad Debt - Resident - Recovery	-	
5180-5080-0-0	Bad Debt - Resident Prior Period	-	
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	-	
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	
5180-5083-0-0	Bad Debt - Medicaid MCO	-	
	<b>PG3-14.5</b>	<b>2,900</b>	
<b>D. Ownership</b>			
Interest			
3300-3380-0-0	Interest Income	-	
3300-3385-0-0	Interest Income - Reserves	-	
	<b>PG3-18.5</b>	<b>-</b>	
<b>D. Ownership</b>			
Other (specify):			
1302-1007-0-0	A/A - Goodwill	-	
9200-9209-0-0	Remarketing and Trustee Fee	-	
	<b>PG3-22.5</b>	<b>-</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	774
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		774

Other Long Term Assets Detail		
1201-0020-0-0	CIP	5,000
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		#####

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	-
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	19,139
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0144-0-0	Payroll Union Dues	-
2112-0146-0-0	Payroll Benefits	-
2112-0150-0-0	Security Deposits	-
2112-0154-0-0	Unclaimed Property	-
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	25,359
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		44,498
		88995.82

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, NSF fees, Call Pendants)	2,915
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	5,220
3300-3393-0-0	Insurance Adjustments	815
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

PG8-15.1

8,950