

		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: 1000154

Facility Name: MONTCLARE SL COMM OF LAWN DLE

Address: 4339 W 18TH STREET CHICAGO 60623

County: COOK

Telephone Number: ( 773 ) 277-0288 Fax # 773 277-0312

Federal Employer ID Number:

Date Current Owners were Certified: 6/22/2017

Type of Ownership:

VOLUNTARY, NON-PROFIT Charitable Corp. Trust IRS Exemption Code

PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. X 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) (Date)
(Type or Print Name) Greg Echols
(Title) CFO, Gardant Management Solutions

Paid Preparer

(Signed) (Date)
(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

Facility Name MONTCLARE SL COMM OF LAWNLE

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	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	21,988	1,997		23,985	5
6	Double Unit					6
7	Other					7
8	TOTALS	21,988	1,997		23,985	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified  
bed days on line 4, column 4.) 54.76%

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

812 Also, indicate the number of unpaid bed-hold days the SLF  
had during this year. 13 (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

ACCRAUAL ☒ 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: MONTCLARE SL COMM OF LAWNLE

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	187,548	132,579	2,404	322,531		322,531	1
2	Housekeeping, Laundry and Maintenance	77,914	16,686	32,995	127,595		127,595	2
3	Heat and Other Utilities			122,406	122,406	(2,403)	120,003	3
4	Other (specify):			162,855	162,855		162,855	4
5	<b>TOTAL General Services</b>	265,462	149,265	320,660	735,387	(2,403)	732,984	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	366,331	11,155		377,486		377,486	6
7	Activities and Social Services	30,324	6,864		37,188		37,188	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	396,655	18,019		414,674		414,674	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	180,332	29,813	290,350	500,495	(4,928)	495,567	10
11	Marketing Materials, Promotions and Advertising	136,450	15,333	47,845	199,628		199,628	11
12	Employee Benefits and Payroll Taxes			239,388	239,388		239,388	12
13	Insurance-Property, Liability and Malpractice			61,313	61,313		61,313	13
14	Other (specify):			319,055	319,055	(36,403)	282,652	14
15	<b>TOTAL General Administration</b>	316,782	45,146	957,951	1,319,879	(41,332)	1,278,547	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	978,899	212,430	1,278,611	2,469,940	(43,735)	2,426,205	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			1,231,070	1,231,070		1,231,070	17
18	Interest			437,375	437,375	(13,095)	424,280	18
19	Real Estate Taxes			127,308	127,308		127,308	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			8,835	8,835		8,835	21
22	Other (specify):			296,830	296,830		296,830	22
23	<b>TOTAL Ownership</b>			2,101,418	2,101,418	(13,095)	2,088,323	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	978,899	212,430	3,380,029	4,571,358	(56,830)	4,514,528	24

Facility Name: MONTCLARE SL COMM OF LAWNDLE

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	27.31	2
3	Certified Nurse Assistants	8	13.02	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	5	12.24	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.93	10
11	Laundry			11
12	Managers	5	26.09	12
13	Other Administrative	5	23.02	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)	26	\$	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	\$ 120,878	1
2			2
Total		\$ 120,878	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: MONTCLARE SL COMM OF LAWN DLE

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 138,848 Year land was acquired 2016

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			2017	\$ 17,676,122	\$ 440,017	27.5	\$ 642,768	\$ 202,751	\$ 878,147	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				1,763,557	175,421	15	117,570	(57,851)	175,421	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)				\$ 19,439,679	\$ 615,438		\$ 760,339	\$ 144,901	\$ 1,053,568	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	\$ 3,078,142	\$ 615,632	\$ 615,628	(4)	5	\$ 1,225,378	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 3,078,142	\$ 615,632	\$ 615,628	(4)		\$ 1,225,378	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: MONTCLARE SL COMM OF LAWN DLE

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	TOTAL				\$			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			Third Mortgage	1/1/16	\$ 12,300,000	\$ 12,101,346	7/1/57	0.0363	\$ 437,375	1
2	City of Chicago			Fourth Mortgage	1/1/16	3,005,000	2,980,879	12/31/58	none		2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 15,305,000	\$ 15,082,225			\$ 437,375	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 15,305,000	\$ 15,082,225			\$ 437,375	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: MONTCLARE SL COMM OF LAWN DLE

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	\$ 244,159	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (34,654) )	857,707		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	53,911		6
7	Other Prepaid Expenses	1,332		7
8	Accounts Receivable (owners or related parties)	1,700		8
9	Other(specify): See Page 7 Attachment	798		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,159,608	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	138,848		13
14	Buildings, at Historical Cost	17,676,122		14
15	Leasehold Improvements, at Historical Cost	1,763,557		15
16	Equipment, at Historical Cost	3,078,142		16
17	Accumulated Depreciation (book methods)	(2,278,946)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	89,190		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(8,919)		20
21	Restricted Funds	1,316,286		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>	\$ 21,774,280	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 22,933,888	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 511,891	\$	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	117,809		31
32	Accrued Interest Payable	36,607		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	941,212		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,607,519	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	14,507,424		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>	\$ 14,507,424	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 16,114,943	\$	45
46	<b>TOTAL EQUITY</b>	\$ 6,818,945	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 22,933,888	\$	47

\*(See instructions.)

Facility Name: MONTCLARE SL COMM OF LAWN DLE

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	\$ 2,537,391	1
2	Discounts and Allowances	(40,647)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 2,496,744	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	39,471	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	598	8
9	Non-Resident Meals	521	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 40,590	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	13,095	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 13,095	14
	<b>D. Other Revenue (specify):</b>		
15	See Page 8 Attachment	6,294	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 6,294	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 2,556,723	18

2			
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	735,387	19
20	Health Care/ Personal Care	414,674	20
21	General Administration	1,319,879	21
	<b>B. Capital Expense</b>		
22	Ownership	2,101,418	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>	\$ 4,571,358	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ (2,014,635)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ (2,014,635)	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 1,597,789	32
33	Private Pay - Net Inpatient Revenue	898,955	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>	\$ 2,496,744	37



Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Other (specify):			Other (specify):		Amt
5200-5000-0-0	Operating Allocation	-	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	5,410	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	6,499	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	31,625	9200-9201-1-0	Amortization - Loan Fees	15,076
5200-5131-0-0	Transportation Service	1,656	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	117,665	9200-9203-1-0	Mortgage Interest Premium	-
	PG3-4.3	162,855	9200-9204-0-0	Mortgage Service Fee	-
			9200-9205-0-0	Mortgage Insurance Prem	40,754
			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	216,300
			9300-9302-0-0	Asset Management Fee	12,731
			9300-9303-0-0	Incentive Management	-
			9300-9303-1-0	Incentive Asset Mgmt Fee	-
			9300-9304-0-0	Tax Credit Fees & Incentive Fee	3,050
			9300-9305-0-0	Organizational Expense	-
			9300-9306-0-0	Developer Fees	-
			9300-9307-0-0	Closing Costs	-
			9700-9702-0-0	Amortization Expense	8,919
			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	-
			PG3-22.3	296,830	
B. Health Care and Programs					
Other (specify):		PG3-8.3			

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable	2,403	
	PG3-3.5	2,403	
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure	598	
3300-3304-0-0	Internet Access	94	
3300-3321-0-0	Telephone- Connection	2,012	
3300-3323-0-0	Telephone- Usage	-	
5190-5090-0-0	Contributions	2,224	
	PG3-10.5	4,928	
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident	26,920	
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	9,483	
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	-	
	PG3-14.5	36,403	
D. Ownership			
Interest			
3300-3380-0-0	Interest Income	1,044	
3300-3385-0-0	Interest Income - Reserves	12,051	
	PG3-18.5	13,095	
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill	-	
9200-9209-0-0	Remarketing and Trustee Fee	-	
	PG3-22.5	-	

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	798
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		798

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	25,091
2112-0101-0-0	Accrued Partnership Mgmt Fee	426,300
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	22,879
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	390,000
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	-
2112-0155-0-0	Reservation Deposit	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	76,742
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		941,212

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)	1,007
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	4,725
3300-3393-0-0	Insurance Adjustments	562
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
PG8-15.1		6,294