

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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: 1000029

Facility Name: HERITAGE WOODS OF BATAVIA

Address: 1079 EAST WILSON ST BATAVIA 60510

County: KANE

Telephone Number: (630) 406-9440 Fax # 630 406-9451

Federal Employer ID Number:

Date Current Owners were Certified: 2/27/2008

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: Danel Erickson 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 01/01/2019 to 12/31/2019 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 HERITAGE WOODS OF BATAVIA

Report Period Beginning: 01/01/2019 Ending: 12/31/2019

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	145	Single Unit Apartment	145	52,925	1
2	3	Double Unit Apartment	3	1,095	2
3		Other			3
4	148	TOTALS	148	54,020	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	43,374	9,171		52,545	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	43,374	9,171	0	52,545	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.27%

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

744 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 17 (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 X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO X

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL X MODIFIED CASH* CASH*

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

Tax Year: 2019 Fiscal Year: 2019

* 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: HERITAGE WOODS OF BATAVIA

Report Period Beginning:

01/01/2019

Ending:

12/31/2019

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	471,742	304,985	1,932	778,659	0	778,659	1
2	Housekeeping, Laundry and Maintenance	171,181	91,148	127,319	389,648	0	389,648	2
3	Heat and Other Utilities			271,656	271,656	(43,264)	228,392	3
4	Other (specify):	0	0	51,591	51,591	0	51,591	4
5	TOTAL General Services	642,923	396,133	452,498	1,491,554	(43,264)	1,448,290	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	847,096	22,283	0	869,379	0	869,379	6
7	Activities and Social Services	65,930	9,196	0	75,126	0	75,126	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	913,026	31,479	0	944,505	0	944,505	9
	C. General Administration							
10	Administrative and Clerical	246,871	49,674	484,363	780,908	(49,341)	731,567	10
11	Marketing Materials, Promotions and Advertising	54,184	12,545	72,059	138,788	0	138,788	11
12	Employee Benefits and Payroll Taxes	0	0	395,459	395,459	0	395,459	12
13	Insurance-Property, Liability and Malpractice	0	0	66,084	66,084	0	66,084	13
14	Other (specify):	0	0	149,618	149,618	(14,923)	134,695	14
15	TOTAL General Administration	301,055	62,219	1,167,583	1,530,857	(64,264)	1,466,593	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,857,004	489,831	1,620,081	3,966,916	(107,528)	3,859,387	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			599,744	599,744	0	599,744	17
18	Interest			783,295	783,295	(85,379)	697,916	18
19	Real Estate Taxes			140,492	140,492	0	140,492	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			20,574	20,574	0	20,574	21
22	Other (specify):	0	0	(2,209,345)	(2,209,345)	0	(2,209,345)	22
23	TOTAL Ownership	0	0	(665,240)	(665,240)	(85,379)	(750,619)	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,857,004	489,831	954,840	3,301,675	(192,907)	3,108,768	24

Facility Name: HERITAGE WOODS OF BATAVIA

Report Period Beginning 01/01/2019 Ending: 12/31/2019

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	2	28.78	2
3	Certified Nurse Assistants	21	14.71	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	12	13.25	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	4	12.48	10
11	Laundry	0	0.00	11
12	Managers	8	23.70	12
13	Other Administrative	5	26.28	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)	52	\$	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				\$ 0	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	Gardant Management Solutions	\$ 338,145	1
2			2
Total		\$ 338,145	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF BATAVIA

Report Period Beginning:

01/01/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,449,254 Year land was acquired 2001 & 2007

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	93			2003	\$ 8,627,309	\$ 313,718	27.5	\$ 313,720	\$ 2	\$ 5,098,258	1
2	55			2008	6,953,281	252,850	27.5	\$ 252,847	\$ (3)	\$ 2,981,486	2
3									0		3
4									0		4
5									0		5
Improvement Type											
6	Leasehold Improvements				622,776	17,519	15	41,518	24,000	487,092	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)				\$ 16,203,366	\$ 584,087		\$ 608,085	\$ 23,999	\$ 8,566,836	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	\$ 1,341,178	\$ 15,657	\$ 268,236	252,578	5	\$ 1,299,992	18
19	Vehicles	52,160	0	10,432	10,432	5	52,160	19
20	TOTAL (lines 18 and 19)	\$ 1,393,338	\$ 15,657	\$ 278,668	263,010		\$ 1,352,152	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: HERITAGE WOODS OF BATAVIA Report Period Beginning: 01/01/2019 Ending: 12/31/2019

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		0		\$ 0			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	IHDA		X	FIRST MORTGAGE	5/1/02	\$ 7,335,000	\$ 0	2/1/44	0.0688	\$ 183,980	1	
2	IHDA		X	SECOND MORTGAGE	5/1/02	750,000	0	6/1/32	0.0100	1,926	2	
3	IHDA		X	FIRST MORTGAGE	12/1/06	7,000,000	0	5/1/48	0.0580	182,478	3	
4	ILLINOIS NATIONAL BANK		X	FIRST MORTGAGE	6/28/19	9,100,000	9,038,465	6/28/21	0.4970	234,515	4	
5	ILLINOIS NATIONAL BANK		X	FIRST MORTGAGE	6/28/19	7,000,000	6,952,665	6/28/21	0.4970	180,396	5	
	Working Capital											
6											6	
7	TOTAL Facility Related					\$ 31,185,000	\$ 15,991,130				\$ 783,295	7
	B. Non-Facility Related											
8					/ /			/ /			8	
9					/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)					\$ 31,185,000	\$ 15,991,130				\$ 783,295	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 BATAVIA

Report Period Beginning: 01/01/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,611,828	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (97,284))	657,284		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	28,991		6
7	Other Prepaid Expenses	57,505		7
8	Accounts Receivable (owners or related parties)	2,490,835		8
9	Other(specify):	0		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,846,443	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	1,449,254		13
14	Buildings, at Historical Cost	15,580,590		14
15	Leasehold Improvements, at Historical Cost	622,776		15
16	Equipment, at Historical Cost	1,393,338		16
17	Accumulated Depreciation (book methods)	(9,918,987)		17
18	Deferred Charges	1,730		18
19	Organization & Pre-Operating Costs	255,516		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(255,516)		20
21	Restricted Funds	1,624,783		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)	\$ 10,753,484	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,599,927	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,631,191	\$	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	145,811		31
32	Accrued Interest Payable	8,831		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	142,539		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,928,370	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	15,856,487		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)	\$ 15,856,487	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 18,784,858	\$ 0	45
46	TOTAL EQUITY	\$ (2,184,931)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,599,927	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF BATAVIA

Report Period Beginning: 01/01/2019

Ending:

12/31/2019

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	\$ 6,510,234	1
2	Discounts and Allowances	(767)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 6,509,467	3
	B. Other Operating Revenue		
4	Special Services	229,312	4
5	Other Health Care Services	0	5
6	Special Grants	0	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	22,057	8
9	Non-Resident Meals	1,229	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 252,598	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	85,379	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 85,379	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	11,680	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 11,680	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 6,859,124	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,491,554	19
20	Health Care/ Personal Care	944,505	20
21	General Administration	1,530,857	21
	B. Capital Expense		
22	Ownership	(665,240)	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,301,675	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 3,557,449	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 3,557,449	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,002,618	32
33	Private Pay - Net Inpatient Revenue	3,506,849	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 6,509,467	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	1,428	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	18,958	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	12,450	9200-9201-1-0	Amortization - Loan Fees	400,528
5200-5131-0-0	Transportation Service	-	9200-9202-0-0	Financing Fees	64,956
5300-5140-0-0	Security & Monitoring	18,754	9200-9203-1-0	Mortgage Interest Premium	-
	PG3-4.3	51,591	9200-9204-0-0	Mortgage Service Fee	6,653
			9200-9205-0-0	Mortgage Insurance Prem	11,222
			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	16,625
			9300-9303-0-0	Incentive Management	(2,726,927)
			9300-9303-1-0	Incentive Asset Mgmt Fee	13,673
			9300-9304-0-0	Tax Credit Fees & Incentive Fee	2,925
			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	1,000
			9900-9907-0-0	Abandonment Loss	-
			9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3	(2,209,345)	
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	7,712			
5160-5063-0-0	Legal	25,150			
5160-5064-0-0	Accounting	295			
5160-5066-0-0	Audit	25,064			
5160-5067-0-0	Contract Labor-Serv Prov	16,245			
5160-5068-0-0	Contract Labor	60,230			
5180-5079-0-0	Bad Debt - Resident	6,412			
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	8,512			
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	-			
	PG3-14.3	149,618			
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		43,264
	PG3-3.5		43,264
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		22,057
3300-3304-0-0	Internet Access		6,558
3300-3321-0-0	Telephone- Connection		16,550
3300-3323-0-0	Telephone- Usage		3,676
5190-5090-0-0	Contributions		500
	PG3-10.5		49,341
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		6,412
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		8,512
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		14,923
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		2,858
3300-3385-0-0	Interest Income - Reserves		82,521
	PG3-18.5		85,379
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	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		-

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	-
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	58,296
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
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	8,398
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	75,845
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		142,539

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	3,484 Misc resident charges
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
3300-3393-0-0	Insurance Adjustments	4,596
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
3300-3202-0-0	Food & Meal Prep	-

PG8-15.1	11,680
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