

		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: 1000015

Facility Name: HERITAGE WOODS OF CHICAGO

Address: 2800 WEST FULTON CHICAGO 60612

County: COOK

Telephone Number: (773) 722-2900 Fax # 773 772-7662

Federal Employer ID Number:

Date Current Owners were Certified: 8/14/2002

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) (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 HERITAGE WOODS OF CHICAGO

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	110	Single Unit Apartment	110	40,150	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	110	TOTALS	110	40,150	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	32,751	243		32,994	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	32,751	243	0	32,994	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.18%

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

844 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 59 (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: 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? Yes If yes, did the facility make all of the required payments of interest and principle? Yes
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 CHICAGO

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	270,266	190,740	2,328	463,334	0	463,334	1
2	Housekeeping, Laundry and Maintenance	155,979	89,252	108,361	353,592	0	353,592	2
3	Heat and Other Utilities			209,214	209,214	(1,842)	207,372	3
4	Other (specify):	0	0	116,802	116,802	0	116,802	4
5	TOTAL General Services	426,245	279,992	436,705	1,142,942	(1,842)	1,141,100	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	513,237	13,524	0	526,761	0	526,761	6
7	Activities and Social Services	30,201	7,509	0	37,710	0	37,710	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	543,438	21,033	0	564,471	0	564,471	9
	C. General Administration							
10	Administrative and Clerical	279,109	43,882	309,318	632,309	(898)	631,411	10
11	Marketing Materials, Promotions and Advertising	56,062	13,140	76,213	145,415	0	145,415	11
12	Employee Benefits and Payroll Taxes	0	0	235,498	235,498	0	235,498	12
13	Insurance-Property, Liability and Malpractice	0	0	57,748	57,748	0	57,748	13
14	Other (specify):	0	0	99,200	99,200	(9,028)	90,172	14
15	TOTAL General Administration	335,171	57,022	777,977	1,170,170	(9,927)	1,160,243	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,304,854	358,047	1,214,682	2,877,583	(11,769)	2,865,814	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			325,063	325,063	0	325,063	17
18	Interest			28,995	28,995	(3,912)	25,083	18
19	Real Estate Taxes			87,145	87,145	0	87,145	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			14,885	14,885	0	14,885	21
22	Other (specify):	0	0	355,783	355,783	(1,915)	353,868	22
23	TOTAL Ownership	0	0	811,871	811,871	(5,827)	806,044	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,304,854	358,047	2,026,552	3,689,453	(17,596)	3,671,858	24

Facility Name: HERITAGE WOODS OF CHICAGO

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	1	28.23	2
3	Certified Nurse Assistants	13	14.38	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	8	13.55	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	13.01	10
11	Laundry	0	0.00	11
12	Managers	6	24.50	12
13	Other Administrative	6	26.92	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)	37	\$	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	\$ 229,313	1
2			2
Total		\$ 229,313	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF CHICAGO Report Period Beginning: 01/01/2019 Ending: 12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 108,947 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	110			2000	\$ 11,102,057	\$ 277,364	40	\$ 277,551	\$ 187	\$ 4,736,186	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				5,430	362	15	362	(0)	724	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)				\$ 11,107,487	\$ 277,726		\$ 277,913	\$ 187	\$ 4,736,910	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	\$ 738,536	\$ 47,337	\$ 147,707	100,370	5	\$ 572,725	18
19	Vehicles	25,200	0	5,040	5,040	5	25,200	19
20	TOTAL (lines 18 and 19)	\$ 763,736	\$ 47,337	\$ 152,747	105,410		\$ 597,925	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 CHICAGO 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	HARRIS TRUST & SAVING		X	FIRST MORTGAGE	12/1/99	\$ 3,050,000	\$ 1,840,000	10/1/31	variable	\$ 23,018	1
2	CITY OF CHICAGO		X	Second Mortgage	12/1/99	2,011,977	2,011,977	12/1/34	none		2
3	CITY OF CHICAGO		X	Third Mortgage	12/1/99	1,300,000	1,300,000	1/1/34	None		3
4	RENAISSANCE SOCIAL SV		X	Fourth Mortgage	12/1/99	300,000	300,000	12/31/29	None		4
5	IDHA		X	Fifth Mortgage	11/1/01	875,000	534,403	10/1/31	0.0100	5,977	5
	Working Capital										
4					/ /			/ /			4
5					/ /	7,536,977	5,986,380	/ /		28,995	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,536,977	\$ 5,986,380			\$ 28,995	7
	B. Non-Facility Related										
8					/ /	15,073,954	11,972,761	/ /		57,990	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,536,977	\$ 5,986,380			\$ 28,995	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 CHICAGO

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	\$ 556,795	\$	1
2	Cash-Patient Deposits	681		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (76,888))	711,132		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	52,245		6
7	Other Prepaid Expenses	50,604		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	17,979		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,389,437	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	108,947		13
14	Buildings, at Historical Cost	11,102,057		14
15	Leasehold Improvements, at Historical Cost	5,430		15
16	Equipment, at Historical Cost	763,736		16
17	Accumulated Depreciation (book methods)	(5,334,835)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	4,356		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(4,356)		20
21	Restricted Funds	1,502,384		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)	\$ 8,147,754	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,537,191	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 166,549	\$	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	105,405		30
31	Accrued Taxes Payable	111,541		31
32	Accrued Interest Payable	4,093		32
33	Deferred Compensation	165		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	822,618		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,210,371	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,170,252		38
39	Mortgage Payable	5,868,966		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)	\$ 8,039,218	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,249,589	\$ 0	45
46	TOTAL EQUITY	\$ 314,361	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,563,950	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF CHICAGO

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	\$ 3,738,546	1
2	Discounts and Allowances	(22,350)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,716,196	3
	B. Other Operating Revenue		
4	Special Services	101,834	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	378	8
9	Non-Resident Meals	133	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 102,345	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	3,912	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,912	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	12,094	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,094	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,834,547	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,142,942	19
20	Health Care/ Personal Care	564,471	20
21	General Administration	1,170,170	21
	B. Capital Expense		
22	Ownership	811,871	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)	\$ 3,689,453	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 145,094	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 145,094	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,777,866	32
33	Private Pay - Net Inpatient Revenue	938,330	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,716,196	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	10,200	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	14,182	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	933	9200-9201-1-0	Amortization - Loan Fees	12,631
5200-5131-0-0	Transportation Service	5,155	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	86,332	9200-9203-1-0	Mortgage Interest Premium	-
	PG3-4.3	116,802	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	36,893
			9200-9208-0-0	Bond & Draw Fee	2,700
			9200-9209-0-0	Remarketing and Trustee Fee	1,915
			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	10,000
			9300-9302-0-0	Asset Management Fee	-
			9300-9303-0-0	Incentive Management	218,518
			9300-9303-1-0	Incentive Asset Mgmt Fee	47,626
			9300-9304-0-0	Tax Credit Fees & Incentive Fee	5,500
			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	20,000
			9900-9907-0-0	Abandonment Loss	-
			9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3	355,783	
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	4,461			
5160-5063-0-0	Legal	31,637			
5160-5064-0-0	Accounting	155			
5160-5066-0-0	Audit	15,445			
5160-5067-0-0	Contract Labor-Serv Prov	-			
5160-5068-0-0	Contract Labor	38,473			
5180-5079-0-0	Bad Debt - Resident	8,872			
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	156			
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	99,200			
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		1,842
	PG3-3.5		1,842
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		378
3300-3304-0-0	Internet Access		-
3300-3321-0-0	Telephone- Connection		20
3300-3323-0-0	Telephone- Usage		-
5190-5090-0-0	Contributions		500
	PG3-10.5		898
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		8,872
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		156
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		9,028
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		3,341
3300-3385-0-0	Interest Income - Reserves		571
	PG3-18.5		3,912
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		-
9200-9209-0-0	Remarketing and Trustee Fee		1,915
	PG3-22.5		1,915

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail		Amt
1102-9971-0-0	A/R-Employee Advance	(192)
1102-9972-0-0	A/R-Gardant Mgmt Solutions	14,517
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	3,654
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		17,979

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	65,519
2112-0101-0-0	Accrued Partnership Mgmt Fee	20,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	519,134
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	47,626
2112-0105-0-0	Accrued Liabilities	104,779
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	26,759
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	1,509
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	37,292
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		822,618

Income Statement PG 8 Other

Income Statement			
Other Revenue		Amt	
3300-3388-0-0	Contract Service-Serv Prov	-	
3300-3390-0-0	Other	1,090	Late Fees; NSF Fees
3300-3391-0-0	Property Tax Adjustments	-	
3300-3392-0-0	Property Lease Income	6,000	
3300-3393-0-0	Insurance Adjustments	5,004	
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	12,094
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