

		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: 1000154

Facility Name: MONTCLARE SL COMM OF LAWN DLE

Address: 4339 W 18TH STREET CHICAGO 60623

NumberCityZip Code

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.

☒ 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

Facility Name MONTCLARE SL COMM OF LAWNLE

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	120	Single Unit Apartment	120	43,800	1
2	0	Double Unit Apartment	0	0	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	29,531	1,354		30,885	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	29,531	1,354	0	30,885	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 70.51%

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

685 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 87 (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: 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? No
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:

01/01/2019

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	254,655	185,405	1,982	442,042	0	442,042	1
2	Housekeeping, Laundry and Maintenance	123,013	25,338	51,986	200,337	0	200,337	2
3	Heat and Other Utilities			132,514	132,514	(2,642)	129,872	3
4	Other (specify):	0	0	161,662	161,662	0	161,662	4
5	TOTAL General Services	377,668	210,743	348,144	936,555	(2,642)	933,913	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	486,174	19,258	0	505,432	0	505,432	6
7	Activities and Social Services	31,235	9,056	0	40,291	0	40,291	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	517,409	28,314	0	545,723	0	545,723	9
	C. General Administration							
10	Administrative and Clerical	211,376	37,751	246,665	495,792	(7,942)	487,850	10
11	Marketing Materials, Promotions and Advertising	53,877	14,931	102,110	170,918	0	170,918	11
12	Employee Benefits and Payroll Taxes	0	0	201,569	201,569	0	201,569	12
13	Insurance-Property, Liability and Malpractice	0	0	86,690	86,690	0	86,690	13
14	Other (specify):	0	0	408,970	408,970	(83,532)	325,438	14
15	TOTAL General Administration	265,253	52,682	1,046,004	1,363,939	(91,474)	1,272,465	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,160,330	291,739	1,394,148	2,846,217	(94,116)	2,752,101	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			1,145,709	1,145,709	0	1,145,709	17
18	Interest			436,857	436,857	(17,680)	419,177	18
19	Real Estate Taxes			582,687	582,687	0	582,687	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			9,122	9,122	0	9,122	21
22	Other (specify):	0	0	317,564	317,564	0	317,564	22
23	TOTAL Ownership	0	0	2,491,939	2,491,939	(17,680)	2,474,259	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,160,330	291,739	3,886,087	5,338,156	(111,796)	5,226,360	24

Facility Name: MONTCLARE SL COMM OF LAWNDLE

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	29.31	2
3	Certified Nurse Assistants	11	14.19	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	7	13.41	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	13.02	10
11	Laundry	0	0.00	11
12	Managers	6	24.19	12
13	Other Administrative	4	25.39	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)	31	\$	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	\$ 170,272	1
2			2
Total		\$ 170,272	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: MONTCLARE SL COMM OF LAWNLE Report Period Beginning: 01/01/2019 Ending: 12/31/2019

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	\$ 441,903	40	\$ 441,903	\$ 0	\$ 1,320,050	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				1,763,557	88,178	20	88,178	(0)	263,599	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)				\$ 19,439,679	\$ 530,081		\$ 530,081	\$ (0)	\$ 1,583,649	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	\$ 615,628	\$ 615,628	0	5	\$ 1,841,006	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 3,078,142	\$ 615,628	\$ 615,628	0		\$ 1,841,006	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: 01/01/2019 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	MIDLAND STATES BANK			THIRD MORTGAGE	1/1/16	\$ 12,300,000	\$ 11,954,850	7/1/57	0.0363	\$ 436,857	1
2	City of Chicago			Second Mortgage	1/1/16	3,005,000	2,980,879	12/31/58	none		2
3											3
	Working Capital										
4					/ /		0	/ /		0	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 15,305,000	\$ 14,935,729			\$ 436,857	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 15,305,000	\$ 14,935,729			\$ 436,857	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: 01/01/2019

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	\$ 126,545	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (110,944))	880,806		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	70,849		6
7	Other Prepaid Expenses	4,697		7
8	Accounts Receivable (owners or related parties)	16,407		8
9	Other(specify): See Page 7 Attachment	4,590		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,103,893	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		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)	(3,424,655)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	89,190		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(17,838)		20
21	Restricted Funds	1,285,356		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)	\$ 20,588,757	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 21,692,649	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 731,913	\$	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	411,712		31
32	Accrued Interest Payable	36,607		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,126,589		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,306,821	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	14,376,003		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)	\$ 14,376,003	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 16,682,824	\$ 0	45
46	TOTAL EQUITY	\$ 5,009,825	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 21,692,649	\$ 0	47

*(See instructions.)

Facility Name: MONTCLARE SL COMM OF LAWN DLE

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	\$ 3,501,274	1
2	Discounts and Allowances	(58,303)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,442,971	3
	B. Other Operating Revenue		
4	Special Services	56,142	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	720	8
9	Non-Resident Meals	143	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 57,005	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	17,680	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 17,680	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	11,381	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 11,381	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,529,037	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	936,555	19
20	Health Care/ Personal Care	545,723	20
21	General Administration	1,363,939	21
	B. Capital Expense		
22	Ownership	2,491,939	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)	\$ 5,338,156	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (1,809,119)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (1,809,119)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,412,777	32
33	Private Pay - Net Inpatient Revenue	1,030,194	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,442,971	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	5,115	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	7,775	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	12,168	9200-9201-1-0	Amortization - Loan Fees	15,076
5200-5131-0-0	Transportation Service	203	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	136,401	9200-9203-1-0	Mortgage Interest Premium	-
	PG3-4.3	161,662	9200-9204-0-0	Mortgage Service Fee	-
			9200-9205-0-0	Mortgage Insurance Prem	54,667
			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	222,789
			9300-9302-0-0	Asset Management Fee	13,113
			9300-9303-0-0	Incentive Management	-
			9300-9303-1-0	Incentive Asset Mgmt Fee	-
			9300-9304-0-0	Tax Credit Fees & Incentive Fee	3,000
			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	317,564	
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	8,401			
5160-5063-0-0	Legal	33,298			
5160-5064-0-0	Accounting	1,222			
5160-5066-0-0	Audit	20,864			
5160-5067-0-0	Contract Labor-Serv Prov	222,789			
5160-5068-0-0	Contract Labor	38,865			
5180-5079-0-0	Bad Debt - Resident	50,643			
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	24,240			
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	8,649			
5190-5000-0-0	Other Admin Allocation	-			
	PG3-14.3	408,970			
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		2,642
	PG3-3.5		2,642
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		720
3300-3304-0-0	Internet Access		-
3300-3321-0-0	Telephone- Connection		2,222
3300-3323-0-0	Telephone- Usage		-
5190-5090-0-0	Contributions		5,000
	PG3-10.5		7,942
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		50,643
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		24,240
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		8,649
	PG3-14.5		83,532
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		2,574
3300-3385-0-0	Interest Income - Reserves		15,106
	PG3-18.5		17,680
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	4,590
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		4,590

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	38,204
2112-0101-0-0	Accrued Partnership Mgmt Fee	649,089
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	29,645
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	200
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	19,452
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		1,126,589

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	3,507 Late Fees
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	4,725
3300-3393-0-0	Insurance Adjustments	3,149
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	11,381
----------	--------