

		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: 1000145

Facility Name: ST ANTHONY OF LANSING

Address: 3025 SPRING LAKE DR LANSING 60438

NumberCityZip Code

County: COOK

Telephone Number: (708) 474-6100 Fax # 708 474-6102

Federal Employer ID Number:

Date Current Owners were Certified: 6/17/2009

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 ST ANTHONY OF LANSING

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	125	Single Unit Apartment	125	45,625	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	125	TOTALS	125	45,625	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	40,288	2,244		42,532	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	40,288	2,244	0	42,532	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.22%

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

1,189 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 131 (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? 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: ST ANTHONY OF LANSING

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	315,468	246,023	2,166	563,657	0	563,657	1
2	Housekeeping, Laundry and Maintenance	149,231	73,611	50,733	273,575	0	273,575	2
3	Heat and Other Utilities			149,456	149,456	(26,081)	123,375	3
4	Other (specify):	0	0	34,311	34,311	0	34,311	4
5	TOTAL General Services	464,699	319,634	236,666	1,020,999	(26,081)	994,918	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	756,776	19,517	0	776,293	0	776,293	6
7	Activities and Social Services	36,758	7,123	0	43,881	0	43,881	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	793,534	26,640	0	820,174	0	820,174	9
	C. General Administration							
10	Administrative and Clerical	190,567	44,118	326,561	561,246	(23,563)	537,683	10
11	Marketing Materials, Promotions and Advertising	79,516	11,293	59,554	150,363	0	150,363	11
12	Employee Benefits and Payroll Taxes	0	0	324,748	324,748	0	324,748	12
13	Insurance-Property, Liability and Malpractice	0	0	89,243	89,243	0	89,243	13
14	Other (specify):	0	0	126,290	126,290	(47,936)	78,354	14
15	TOTAL General Administration	270,083	55,411	926,396	1,251,890	(71,499)	1,180,391	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,528,316	401,685	1,163,062	3,093,063	(97,580)	2,995,483	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			602,340	602,340	0	602,340	17
18	Interest			1,188,850	1,188,850	(38,526)	1,150,324	18
19	Real Estate Taxes			257,970	257,970	0	257,970	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			14,476	14,476	0	14,476	21
22	Other (specify):	0	0	263,672	263,672	(4,475)	259,197	22
23	TOTAL Ownership	0	0	2,327,308	2,327,308	(43,000)	2,284,307	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,528,316	401,685	3,490,370	5,420,371	(140,580)	5,279,790	24

Facility Name: ST ANTHONY OF LANSING

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	25.03	2
3	Certified Nurse Assistants	20	13.77	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	10	12.82	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	13.15	10
11	Laundry	0	0.00	11
12	Managers	5	26.30	12
13	Other Administrative	4	24.69	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)	44	\$	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
DEER PATH SLF, LLC	HUNTLEY

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	\$ 245,400	1
2			2
Total		\$ 245,400	3

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5

Facility Name: ST ANTHONY OF LANSING

Report Period Beginning:

01/01/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 2,558,268 Year land was acquired 2012

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	125			2013	\$ 17,631,220	\$ 440,781	40	\$ 440,781	\$ (0)	\$ 2,805,681	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				327,005	16,350	20	16,350	0	104,104	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)				\$ 17,958,225	\$ 457,131		\$ 457,131	\$ (0)	\$ 2,909,785	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	\$ 1,457,535	\$ 145,209	\$ 145,754	544	10	\$ 907,540	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 1,457,535	\$ 145,209	\$ 145,754	544		\$ 907,540	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: ST ANTHONY OF LANSING

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	
		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		0		\$ 0			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	AMALGAMATED BANK		X	FIRST MORTGAGE	7/13/12	\$ 18,630,000	\$ 18,160,000	12/1/32	0.0650	\$ 1,188,850	1
2	COUNTY OF COOK			Second Mortgage	7/12/12	3,000,000	3,000,000	7/12/54	none		2
3	0			0	1/0/00	0	0	1/0/00	0.0000		3
	Working Capital										
4					/ /		0	/ /		0	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 21,630,000	\$ 21,160,000			\$ 1,188,850	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 21,630,000	\$ 21,160,000			\$ 1,188,850	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: ST ANTHONY OF LANSING

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	\$ 131,916	\$	1
2	Cash-Patient Deposits	3,586		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (129,556))	872,459		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	39,033		6
7	Other Prepaid Expenses	6,299		7
8	Accounts Receivable (owners or related parties)	13,561		8
9	Other(specify): See Page 7 Attachment	8,000		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,074,854	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	2,558,268		13
14	Buildings, at Historical Cost	17,631,220		14
15	Leasehold Improvements, at Historical Cost	327,005		15
16	Equipment, at Historical Cost	1,457,535		16
17	Accumulated Depreciation (book methods)	(3,817,325)		17
18	Deferred Charges	882		18
19	Organization & Pre-Operating Costs	1,000,212		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(276,052)		20
21	Restricted Funds	1,517,925		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)	\$ 20,399,671	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 21,474,525	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 114,632	\$	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	268,400		31
32	Accrued Interest Payable	99,071		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	175,748		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 657,851	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	20,445,996		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)	\$ 20,445,996	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 21,103,847	\$ 0	45
46	TOTAL EQUITY	\$ 370,678	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 21,474,525	\$ 0	47

*(See instructions.)

Facility Name: ST ANTHONY OF LANSING

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	\$ 4,862,266	1
2	Discounts and Allowances	(18,901)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,843,365	3
	B. Other Operating Revenue		
4	Special Services	119,947	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	4,929	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 124,876	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	38,526	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 38,526	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	49,049	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 49,049	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,055,816	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,020,999	19
20	Health Care/ Personal Care	820,174	20
21	General Administration	1,251,890	21
	B. Capital Expense		
22	Ownership	2,327,308	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)	\$ 5,420,371	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (364,555)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (364,555)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,957,080	32
33	Private Pay - Net Inpatient Revenue	1,886,285	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,843,365	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	4,990	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	15,837	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	5,415	9200-9201-1-0	Amortization - Loan Fees	52,565
5200-5131-0-0	Transportation Service	692	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	7,377	9200-9203-1-0	Mortgage Interest Premium	-
	PG3-4.3	34,311	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	-
			9200-9208-0-0	Bond & Draw Fee	-
			9200-9209-0-0	Remarketing and Trustee Fee	4,475
			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	10,000
			9300-9303-0-0	Incentive Management	150,486
			9300-9303-1-0	Incentive Asset Mgmt Fee	-
			9300-9304-0-0	Tax Credit Fees & Incentive Fee	3,125
			9300-9305-0-0	Organizational Expense	-
			9300-9306-0-0	Developer Fees	-
			9300-9307-0-0	Closing Costs	-
			9700-9702-0-0	Amortization Expense	43,021
			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	263,672	
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	645			
5160-5063-0-0	Legal	16,359			
5160-5064-0-0	Accounting	155			
5160-5066-0-0	Audit	13,100			
5160-5067-0-0	Contract Labor-Serv Prov	-			
5160-5068-0-0	Contract Labor	48,095			
5180-5079-0-0	Bad Debt - Resident	42,871			
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	(4,850)			
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	9,916			
5190-5000-0-0	Other Admin Allocation	-			
	PG3-14.3	126,290			
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		26,081
	PG3-3.5		26,081
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		4,929
3300-3304-0-0	Internet Access		390
3300-3321-0-0	Telephone- Connection		15,356
3300-3323-0-0	Telephone- Usage		2,387
5190-5090-0-0	Contributions		500
	PG3-10.5		23,563
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		42,871
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		(4,850)
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		9,916
	PG3-14.5		47,936
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		5,277
3300-3385-0-0	Interest Income - Reserves		33,249
	PG3-18.5		38,526
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		-
9200-9209-0-0	Remarketing and Trustee Fee		4,475
	PG3-22.5		4,475

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	8,000
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		8,000

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	127,288
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	24,646
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	2,029
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	21,786
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		175,748

Income Statement PG 8 Other

Income Statement			
Other Revenue		Amt	
3300-3388-0-0	Contract Service-Serv Prov	-	
3300-3390-0-0	Other	1,644	Late Fees, NSF Fees
3300-3391-0-0	Property Tax Adjustments	44,102	
3300-3392-0-0	Property Lease Income	-	
3300-3393-0-0	Insurance Adjustments	3,303	
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

49,049