

		FOR BHF USE			

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2020)

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: 1000026

Facility Name: EAGLE RIDGE SLF

Address: 875 MCKINLEY AVENUE DECATUR 62526

County: MACON

Telephone Number: (217) 872-1282 Fax # 217 872-1227

Federal Employer ID Number:

Date Current Owners were Certified: 8/31/2020

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT	☐ PROPRIETARY	☐ GOVERNMENTAL
☐ Charitable Corp.	☐ Individual	☐ State
☐ Trust	☒ Partnership	☐ County
IRS Exemption Code	☐ Corporation	☐ Other
	☐ "Sub-S" Corp.	
	☐ Limited Liability Co.	
	☐ Trust	
	☐ 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 01/01/2020 to 12/31/2020 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	
Paid Preparer	(Title)	CFO, Gardant Management Solutions	
	(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 EAGLE RIDGE SLF

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	<u>111</u>	Single Unit Apartment	<u>111</u>	<u>40,515</u>	1
2	<u>2</u>	Double Unit Apartment	<u>2</u>	<u>730</u>	2
3		Other			3
4	113	TOTALS	113	41,245	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	<u>28,331</u>	<u>4,536</u>		<u>32,867</u>	5
6	Double Unit				<u>0</u>	6
7	Other				<u>0</u>	7
8	TOTALS	28,331	4,536	0	32,867	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 79.69%

D. Indicate the number of paid bed-hold days the SLF had during this year 424 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 3 (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

ACCURAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 2020 Fiscal Year: 2020

* 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: EAGLE RIDGE SLF

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	306,574	214,811	2,038	523,423	0	523,423	1
2	Housekeeping, Laundry and Maintenance	146,412	27,300	52,821	226,533	0	226,533	2
3	Heat and Other Utilities			125,504	125,504	(23,809)	101,695	3
4	Other (specify): See Page 3 Attachment	96,166	0	102,061	198,227	0	198,227	4
5	TOTAL General Services	549,152	242,111	282,424	1,073,687	(23,809)	1,049,878	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	691,014	25,654	0	716,668	0	716,668	6
7	Activities and Social Services	27,260	7,958	0	35,218	0	35,218	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	718,274	33,612	0	751,886	0	751,886	9
	C. General Administration							
10	Administrative and Clerical	229,852	43,352	329,653	602,857	(25,306)	577,551	10
11	Marketing Materials, Promotions and Advertising	56,431	10,590	94,302	161,323	0	161,323	11
12	Employee Benefits and Payroll Taxes	0	0	302,030	302,030	0	302,030	12
13	Insurance-Property, Liability and Malpractice	0	0	78,089	78,089	0	78,089	13
14	Other (specify): See Page 3 Attachment	0	0	163,033	163,033	(49,450)	113,584	14
15	TOTAL General Administration	286,283	53,942	967,107	1,307,332	(74,755)	1,232,577	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,553,709	329,665	1,249,531	3,132,905	(98,564)	3,034,341	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			439,801	439,801	0	439,801	17
18	Interest			330,627	330,627	(21,481)	309,147	18
19	Real Estate Taxes			93,832	93,832	0	93,832	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			17,381	17,381	0	17,381	21
22	Other (specify): See Page 3 Attachment	0	0	327,306	327,306	0	327,306	22
23	TOTAL Ownership	0	0	1,208,947	1,208,947	(21,481)	1,187,466	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,553,709	329,665	2,458,478	4,341,852	(120,045)	4,221,807	24

Facility Name: EAGLE RIDGE SLF

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	24.91	2
3	Certified Nurse Assistants	19	13.74	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	11	11.52	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.79	10
11	Laundry	0	0.00	11
12	Managers	6	24.80	12
13	Other Administrative	5	26.81	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)	46	\$	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

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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	\$ 236,354	1
2			2
Total		\$ 236,354	3

Facility Name: EAGLE RIDGE SLF Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 231,886 Year land was acquired 2001

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	113			2003	\$ 9,951,758	\$ 361,872	28	\$ 361,882	\$ 10	\$ 5,738,068	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				858,816	30,144	15	57,254	27,110	781,101	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)				\$ 10,810,574	\$ 392,016		\$ 419,136	\$ 27,120	\$ 6,519,170	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	\$ 1,488,015	\$ 47,786	\$ 297,603	249,817	5	\$ 1,419,012	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 1,488,015	\$ 47,786	\$ 297,603	249,817		\$ 1,419,012	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

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	Lument Capital		X	SECOND MORTGAGE	10/16/20	\$ 9,598,300	\$ 9,583,695	11/1/55	2.4000	\$ 38,364	1
2	Illinois National Bank		X	BRIDGE LOAN	2/28/20	9,000,000	0	2/28/22	4.1100	236,644	2
3	IHDA		X	FIRST MORTGAGE	11/1/02	5,041,000	0	2/1/44	0.0605	55,619	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 23,639,300	\$ 9,583,695			\$ 330,627	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 23,639,300	\$ 9,583,695			\$ 330,627	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: EAGLE RIDGE SLF

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,615,489	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (88,402))	258,098		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	112,800		6
7	Other Prepaid Expenses	12,418		7
8	Accounts Receivable (owners or related parties)	32,287		8
9	Other(specify): See Page 7 Attachment	55,515		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,086,606	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	231,886		13
14	Buildings, at Historical Cost	9,951,758		14
15	Leasehold Improvements, at Historical Cost	858,816		15
16	Equipment, at Historical Cost	1,488,015		16
17	Accumulated Depreciation (book methods)	(7,938,182)		17
18	Deferred Charges	0		18
19	Organization & Pre-Operating Costs	36,489		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(36,489)		20
21	Restricted Funds	738,876		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)	\$ 5,331,169	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,417,775	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 69,980	\$	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	95,403		31
32	Accrued Interest Payable	19,167		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	160,556		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 345,107	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	9,380,192		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)	\$ 9,380,192	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,725,298	\$ 0	45
46	TOTAL EQUITY	\$ (2,307,524)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,417,775	\$ 0	47

*(See instructions.)

Facility Name: EAGLE RIDGE SLF

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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	\$ 3,821,385	1
2	Discounts and Allowances	(18,840)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,802,545	3
	B. Other Operating Revenue		
4	Special Services	190,878	4
5	Other Health Care Services	0	5
6	Special Grants	772,740	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	1,696	8
9	Non-Resident Meals	10	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 965,324	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	21,481	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 21,481	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	516,606	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 516,606	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,305,956	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,073,687	19
20	Health Care/ Personal Care	751,886	20
21	General Administration	1,307,332	21
	B. Capital Expense		
22	Ownership	1,208,947	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)	\$ 4,341,852	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 964,104	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 964,104	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,093,728	32
33	Private Pay - Net Inpatient Revenue	1,708,817	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,802,545	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	96,166	9100-9101-0-0	Interest & Dividend Income	-
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	96,166	9100-9103-0-0	Assessment Expense	-
A. General Services			9200-9201-1-0	Amortization - Loan Fees	281,657
Other (specify):			9200-9202-0-0	Financing Fees	28,624
5200-5000-0-0	Operating Allocation	192,332	9200-9203-1-0	Mortgage Interest Premium	-
5200-5124-0-0	Exterminating	4,197	9200-9204-0-0	Mortgage Service Fee	885
5200-5127-0-0	Rubbish Removal	13,987	9200-9205-0-0	Mortgage Insurance Prem	10,507
5200-5130-0-0	Vehicle Expense	14,153	9200-9206-0-0	Participation Fee	-
5200-5131-0-0	Transportation Service	4	9200-9207-0-0	Letter of Credit Fee	-
5300-5140-0-0	Security & Monitoring	12,844	9200-9208-0-0	Bond & Draw Fee	-
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	49,637	9200-9209-0-0	Remarketing and Trustee Fee	-
9900-9003-0-0	Extraordinary COVID - Other	7,238	9200-9210-0-0	Interest Expense-Note	-
	PG3-4.3	102,061	9200-9211-0-0	Interest Expense-LP	-
C. General Administration			9200-9212-0-0	Debt Write-Off	-
Other (specify):		Amt	9300-9301-0-0	Partnership Management Fee	-
5160-5060-0-0	Consulting	6,217	9300-9302-0-0	Asset Management Fee	-
5160-5063-0-0	Legal	27,078	9300-9303-0-0	Incentive Management	-
5160-5064-0-0	Accounting	320	9300-9303-1-0	Incentive Asset Mgmt Fee	-
5160-5066-0-0	Audit	24,120	9300-9304-0-0	Tax Credit Fees & Incentive Fee	2,200
5160-5067-0-0	Contract Labor-Serv Prov	37,499	9300-9305-0-0	Organizational Expense	-
5160-5068-0-0	Contract Labor	18,350	9300-9306-0-0	Developer Fees	-
5180-5079-0-0	Bad Debt - Resident	285,364	9300-9307-0-0	Closing Costs	-
5180-5079-1-0	Bad Debt - Resident - Recovery	-	9700-9702-0-0	Amortization Expense	-
5180-5080-0-0	Bad Debt - Resident Prior Period	-	9900-9901-0-0	Prior Period Adjustments	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	25,284	9900-9902-0-0	Dissolution of Business	-
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9900-9903-0-0	Loss (Gain) on Sale of Assets	-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9900-9904-0-0	Business Interruption	-
5180-5083-0-0	Bad Debt - Medicaid MCO	9,416	9900-9905-0-0	Settlement	-
5190-5000-0-0	Other Admin Allocation	-	9900-9906-0-0	Property Damage Loss	3,433
	PG3-14.3	163,033	9900-9907-0-0	Abandonment Loss	-
			9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3	327,306	

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable		23,809
	PG3-3.5		23,809
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		1,696
3300-3304-0-0	Internet Access		630
3300-3321-0-0	Telephone- Connection		14,593
3300-3323-0-0	Telephone- Usage		587
5190-5090-0-0	Contributions		7,800
	PG3-10.5		25,306
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		14,750
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		25,284
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		9,416
	PG3-14.5		49,450
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		17,807
3300-3385-0-0	Interest Income - Reserves		3,673
	PG3-18.5		21,481
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	55,515
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		55,515
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	0
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	39,176
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
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	2,676
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	24,467
2112-0159-1-0	Medicaid Prepayments	94,237
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		160,556

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Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other (Credit Incentive Fees, Call Pendant, NSF)	515,526
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	1,080
3300-3393-0-0	Insurance Adjustments	-
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		516,606