

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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: 1000116

Facility Name: CAMBRIDGE HOUSE OF SWANSEA

Address: 3900 SULLIVAN DRIVE SWANSEA 62226

County: ST CLAIR

Telephone Number: ( 618 ) 234-8910 Fax # 618 234-8920

Federal Employer ID Number:

Date Current Owners were Certified: 3/11/2009

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other	

In the event there are further questions about this report, please contact:

Name: Danel Erickson Telephone Number: (779) 771-6947

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 01/01/2021 to 12/31/2021 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 CAMBRIDGE HOUSE OF SWANSEAReport Period Beginning: 01/01/2021 Ending: 12/31/2021**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>100</u>	Single Unit Apartment	<u>100</u>	<u>36,500</u>	1
2	<u>3</u>	Double Unit Apartment	<u>3</u>	<u>1,095</u>	2
3		Other			3
4	<u>103</u>	TOTALS	<u>103</u>	<u>37,595</u>	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>25,233</u>	<u>4,149</u>		<u>29,382</u>	5
6	Double Unit				<u>0</u>	6
7	Other				<u>0</u>	7
8	TOTALS	<u>25,233</u>	<u>4,149</u>	<u>0</u>	<u>29,382</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 78.15%

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

601 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 10 (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 ☐ NOTax Year: 2021 Fiscal Year: 2021

\* 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? 0  
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. \_\_\_\_\_

Facility Name: CAMBRIDGE HOUSE OF SWANSEA

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

## 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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	262,643	177,641	1,409	441,693	0	441,693	1
2	Housekeeping, Laundry and Maintenance	120,063	44,030	40,605	204,698	0	204,698	2
3	Heat and Other Utilities			149,369	149,369	(29,655)	119,715	3
4	Other (specify):	7,261	0	109,878	117,139	0	117,139	4
5	<b>TOTAL General Services</b>	389,968	221,671	301,261	912,899	(29,655)	883,244	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	510,971	19,310	0	530,282	0	530,282	6
7	Activities and Social Services	33,634	4,741	0	38,376	0	38,376	7
8	Other (specify):	0	0	0	0	0	0	8
9	<b>TOTAL Health Care and Programs</b>	544,606	24,052	0	568,657	0	568,657	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	164,986	50,332	247,005	462,323	(25,265)	437,058	10
11	Marketing Materials, Promotions and Advertising	64,456	12,130	73,500	150,086	0	150,086	11
12	Employee Benefits and Payroll Taxes	0	0	250,085	250,085	0	250,085	12
13	Insurance-Property, Liability and Malpractice	0	0	90,301	90,301	0	90,301	13
14	Other (specify):	0	0	100,420	100,420	(19,903)	80,517	14
15	<b>TOTAL General Administration</b>	229,442	62,462	761,311	1,053,215	(45,167)	1,008,047	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,164,015	308,185	1,062,571	2,534,771	(74,822)	2,459,949	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			310,958	310,958	0	310,958	17
18	Interest			190,824	190,824	(1,842)	188,982	18
19	Real Estate Taxes			96,003	96,003	0	96,003	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			25,290	25,290	0	25,290	21
22	Other (specify):	0	0	72,103	72,103	0	72,103	22
23	<b>TOTAL Ownership</b>	0	0	695,177	695,177	(1,842)	693,335	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,164,015	308,185	1,757,748	3,229,948	(76,664)	3,153,284	24

Facility Name: CAMBRIDGE HOUSE OF SWANSEA

Report Period Beginning: 01/01/2021 Ending: 12/31/2021

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	27.93	2
3	Certified Nurse Assistants	13	13.95	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	9	12.10	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.44	10
11	Laundry	0	0.00	11
12	Managers	6	24.45	12
13	Other Administrative	3	24.43	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)	35	\$	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
Cambridge House		O'Fallon	
Cambridge House of Maryville		Maryville	

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	\$ 146,838	1
2			2
Total		\$ 146,838	3

Facility Name: CAMBRIDGE HOUSE OF SWANSEA

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 425,000 Year land was acquired 2008

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	103			2009	\$ 7,878,806	\$ 286,204	27.5	\$ 286,502	\$ 298	\$ 3,594,851	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				236,759	13,969	15.0	15,784	1,815	201,790	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)				\$ 8,115,565	\$ 300,173		\$ 302,286	\$ 2,113	\$ 3,796,641	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	\$ 944,390	\$ 10,785	\$ 188,878	178,093	5	\$ 895,258	18
19	Vehicles	53,624	0	10,725	10,725	5	53,624	19
20	TOTAL (lines 18 and 19)	\$ 998,014	\$ 10,785	\$ 199,603	188,818		\$ 948,882	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	GERSHMAN MORTGAGE		X	FIRST MORTGAGE	10/11/12	\$ 9,423,200	\$ 7,692,060	11/1/47	0.0245	\$ 190,824	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,423,200	\$ 7,692,060			\$ 190,824	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,423,200	\$ 7,692,060			\$ 190,824	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: CAMBRIDGE HOUSE OF SWANSEA

Report Period Beginning: 01/01/2021

Ending: 12/31/2021

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,616,294	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (140,854) )	806,033		3
4	Supply Inventory (priced at )	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	111,525		6
7	Other Prepaid Expenses	25,176		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	61,154		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,620,182	\$ 0	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	425,000		13
14	Buildings, at Historical Cost	7,878,806		14
15	Leasehold Improvements, at Historical Cost	236,759		15
16	Equipment, at Historical Cost	998,014		16
17	Accumulated Depreciation (book methods)	(4,745,523)		17
18	Deferred Charges	301		18
19	Organization & Pre-Operating Costs	0		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0		20
21	Restricted Funds	378,401		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 5,171,756	\$ 0	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 7,791,938	\$ 0	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ (8,070)	\$	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	50,283		30
31	Accrued Taxes Payable	97,881		31
32	Accrued Interest Payable	15,705		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	420,892		35
36		0		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 576,691	\$ 0	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	7,558,760		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 7,558,760	\$ 0	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,135,451	\$ 0	45
46	<b>TOTAL EQUITY</b>	\$ (343,512)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 7,791,938	\$ 0	47

\*(See instructions.)

Facility Name: CAMBRIDGE HOUSE OF SWANSEA

Report Period Beginning: 01/01/2021

Ending:

12/31/2021

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

		1	
	I. Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 4,019,059	1
2	Discounts and Allowances	(70,807)	2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 3,948,252	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	207,519	4
5	Other Health Care Services	0	5
6	Special Grants	54,429	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	6,998	8
9	Non-Resident Meals	212	9
10	Laundry	0	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 269,158	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions	0	12
13	Interest and Other Investment Income	1,842	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 1,842	14
	<b>D. Other Revenue (specify):</b>		
15	See Page 8 Attachment	4,056	15
16		0	16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 4,056	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 4,223,308	18

		2	
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	912,899	19
20	Health Care/ Personal Care	568,657	20
21	General Administration	1,053,215	21
	<b>B. Capital Expense</b>		
22	Ownership	695,177	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers	0	23
24	Non-Operating Expenses	0	24
25	Other (specify):	0	25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 3,229,948	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ 993,360	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ 993,360	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 2,282,651	32
33	Private Pay - Net Inpatient Revenue	1,665,601	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 3,948,252	37



Operating Expenses PG 3 Other			
<b>A. General Services</b>		<b>D. Ownership</b>	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 7,261	Interest & Dividend Income	\$ -
<b>PG3-4.1</b>	<b>\$ 7,261</b>	Assessment Income	\$ -
		Assessment Expense	\$ -
<b>A. General Services</b>		Amortization - Loan Fees	\$ 5,160
Other (specify):		Financing Fees	\$ -
Exterminating	\$ 35,885	Mortgage Interest Premium	\$ -
Rubbish Removal	\$ 7,311	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 4,440	Mortgage Insurance Prem	\$ 38,943
Transportation Service	\$ 115	Letter of Credit Fee	\$ -
Security & Monitoring	\$ 12,461	Bond & Draw Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 33,428	Remarketing and Trustee Fee	\$ -
Extraordinary COVID - Other	\$ 16,237	Interest Expense-Note	\$ -
<b>PG3-4.3</b>	<b>\$ 109,878</b>	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
<b>C. General Administration</b>		Partnership/Priority Mgmt Fee	\$ -
Other (specify):		Asset Mgmt/Investor Service Fee	\$ -
Consulting	\$ 1,794	Incentive Management	\$ -
Legal	\$ 20,494	Incentive Asset Mgmt Fee	\$ -
Audit & Accounting	\$ 17,150	Tax Credit Fees	\$ -
Contract Labor-Serv Prov	\$ -	Organizational Expense	\$ -
Contract Labor	\$ 41,080	Developer Fees	\$ -
Bad Debt - Resident	\$ 17,581	Amortization Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid Pending Denial	\$ (10,921)	Loss (Gain) on Sale of Assets	\$ -
Bad Debt - Medicaid Pending - Recovery	\$ -	Settlement	\$ 3,000
Bad Debt - Medicaid	\$ 16,147	Property Damage Loss	\$ 25,000
Bad Debt - Medicaid Recovery	\$ -	Abandonment Loss	\$ -
Bad Debt - Medicaid MCO	\$ -	Grant Income	\$ -
<b>PG3-14.3</b>	<b>\$ 103,323</b>	<b>PG3-22.3</b>	<b>\$ 72,103</b>

Operating Expenses - Reclassifications and Adjustments PG3			
<b>A. General Services</b>			
Heat and Other Utilities			
Cable	\$ 29,655		
<b>PG3-3.5</b>	<b>\$ 29,655</b>		
<b>C. General Administration</b>			
Administrative and Clerical			
Beauty Salon & Manicure	\$ 6,998		
Internet Access	\$ -		
Telephone- Connection	\$ 15,311		
Telephone- Usage	\$ 455		
Contributions	\$ 2,500		
<b>PG3-10.5</b>	<b>\$ 25,265</b>		
<b>C. General Administration</b>			
Other (specify):			
Bad Debt - Resident	\$ 17,581		
Bad Debt - Resident - Recovery	\$ -		
Bad Debt - Medicaid Pending Denial	\$ (10,921)		
Bad Debt - Medicaid Pending - Recovery	\$ -		
Bad Debt - Medicaid	\$ 16,147		
Bad Debt - Medicaid Recovery	\$ -		
Bad Debt - Medicaid MCO	\$ -		
<b>PG3-14.5</b>	<b>\$ 22,806</b>		
<b>D. Ownership</b>			
Interest:			
Interest Income	\$ 1,577		
Interest Income - Reserves	\$ 265		
<b>PG3-18.5</b>	<b>\$ 1,842</b>		
<b>D. Ownership</b>			
Other (specify):			
Goodwill Amortization	\$ -		
Remarketing and Trustee Fee	\$ -		
<b>PG3-22.5</b>	<b>\$ -</b>		

Balance Sheet PG 7 Other			
A. Other Current Asset Details		C. Current Liabilities Detail	
A/R-Employee Advance	\$ -	Construction Account Payable	\$ -
A/R-Gardant Mgmt Solutions	\$ -	Accrued Asset Mgmt/Investor Service Fee	\$ -
A/R-Insurance Reimbursement	\$ 57,545	Accrued Partnership/Priority Mgmt Fee	\$ -
A/R-CIP	\$ -	Accrued Incentive Mgmt Fee	\$ -
A/R-Other	\$ 3,609	Accrued Incentive Asset Mgmt Fee	\$ -
A/R-TIF/Abatement	\$ -	Accrued Liabilities	\$ 268,860
PG7-9.1	\$ 61,154	Accrued Insurance	\$ -
B. Other Long Term Assets Detail		Accrued Developer Fee	\$ -
CIP	\$ -	Accrued MIP	\$ -
CIP- Land Option Addition	\$ -	Accrued Vacation	\$ -
CIP- Other Addition	\$ -	Payroll Union Dues	\$ -
PG7-23.1	\$ -	Payroll Benefits	\$ -
		Security Deposits Held	\$ -
		Unclaimed Property	\$ 180
		Reservation Deposit	\$ -
		Unearned Revenue - Resident	\$ 57,504
		Unearned Revenue - Medicaid	\$ 94,349
		Prepaid Medicaid Clearing	\$ -
		Prepaid Rent	\$ -
		PG7-35.1	\$ 420,892

Income Statement PG 8 Other			
D. Other Revenue			Notes
Contract Service-Serv Prov	\$	-	
Other	\$	1,656	Late fees
Property Tax Adjustments	\$	-	
Property Lease Income	\$	2,400	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	4,056	