

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2015  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2015)**

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.

<p><b>I. Facility ID Number:</b> <u>100X029</u></p> <p><b>Facility Name:</b> <u>HERITAGE WOODS OF BATAVIA II</u></p> <p><b>Address:</b> <u>1079 EAST WILSON ST</u> <u>BATAVIA</u> <u>60510</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>KANE</u></p> <p><b>Telephone Number:</b> ( <u>630</u> ) <u>406-9440</u> Fax # <u>630 406-9451</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>02/27/2008</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input checked="" type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b></p> <p><b>Name:</b> <u>Thomas Staszak</u> <b>Telephone Number:</b> <u>(815) 935-1992</u></p> <p><b>Email Address:</b> _____</p>	<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	<b>IRS Exemption Code</b> _____	<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	_____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2015</u> to <u>12/31/2015</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>David J. Mitchell</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO, Gardant Management Solutions</u></td> <td></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) ( ) _____</td> <td>Fax # ( ) _____</td> </tr> </table> <p align="right">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</p>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) <u>David J. Mitchell</u>			(Title) <u>CFO, Gardant Management Solutions</u>		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) ( ) _____	Fax # ( ) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) ( ) _____	Fax # ( ) _____																																												

Facility Name HERITAGE WOODS OF BATAVIA II

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

**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	52	Single Unit Apartment	52	18,980	1
2	3	Double Unit Apartment	3	1,095	2
3		Other			3
4	55	TOTALS	55	20,075	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
5	Single Unit	14,635	4,946		19,581	5
6	Double Unit					6
7	Other					7
8	TOTALS	14,635	4,946		19,581	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.54%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 285 Also, indicate the number of unpaid bed-hold days the SLF had during this year.            **(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: 2015 Fiscal Year: 2015

\* 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. \_\_\_\_\_

Facility Name: HERITAGE WOODS OF BATAVIA II

Report Period Beginning:

01/01/2015

Ending: 12/31/2015

## 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	89,863	104,186	744	194,793		194,793	1
2	Housekeeping, Laundry and Maintenance	44,340	13,192	17,374	74,906		74,906	2
3	Heat and Other Utilities			104,001	104,001	(14,739)	89,262	3
4	Other (specify): See Page 3 Attachment			16,195	16,195		16,195	4
5	<b>TOTAL General Services</b>	134,203	117,378	138,314	389,895	(14,739)	375,156	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	279,842	4,791		284,633		284,633	6
7	Activities and Social Services	18,813	3,433		22,246		22,246	7
8	Other (specify): See Attachment							8
9	<b>TOTAL Health Care and Programs</b>	298,655	8,224		306,879		306,879	9
<b>C. General Administration</b>								
10	Administrative and Clerical	36,822	28,642	165,226	230,690	(19,960)	210,730	10
11	Marketing Materials, Promotions and Advertising	6,182	3,456	25,649	35,287		35,287	11
12	Employee Benefits and Payroll Taxes			119,884	119,884		119,884	12
13	Insurance-Property, Liability and Malpractice			24,053	24,053		24,053	13
14	Other (specify): See Page 3 Attachment			(36,605)	(36,605)		(36,605)	14
15	<b>TOTAL General Administration</b>	43,004	32,098	298,207	373,309	(19,960)	353,349	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	475,862	157,700	436,521	1,070,083	(34,699)	1,035,384	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			296,457	296,457		296,457	17
18	Interest			383,274	383,274		383,274	18
19	Real Estate Taxes			76,760	76,760		76,760	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Page 3 Attachment			816,229	816,229		816,229	22
23	<b>TOTAL Ownership</b>			1,572,720	1,572,720		1,572,720	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	475,862	157,700	2,009,241	2,642,803	(34,699)	2,608,104	24

Facility Name: HERITAGE WOODS OF BATAVIA II

Report Period Beginning 01/01/2015 Ending: 12/31/2015

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	28.44	2
3	Certified Nurse Assistants	8	12.08	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3	10.43	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	1	9.68	10
11	Laundry			11
12	Managers	2	25.86	12
13	Other Administrative	1	18.51	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>16</b>	<b>\$</b>	<b>17</b>

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
<b>Total</b>				<b>\$</b>	<b>6</b>

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
HERITAGE WOODS OF BATAVIA		BATAVIA	

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? \$ \_\_\_\_\_

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).

Facility Name: HERITAGE WOODS OF BATAVIA II

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

VIII. OWNERSHIP COSTS

A. Purchase price of land 570,483 Year land was acquired 2007

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	55			2008	\$ 6,953,281	\$ 252,847	28	\$ 248,331	\$ (4,516)	\$ 1,970,097	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Leasehold Improvements			236,738	13,968	15	236,723	222,755	132,669	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,190,019	\$ 266,815		\$ 485,054	\$ 218,239	\$ 2,102,766	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	\$	\$ 29,642	\$	(29,642)	5	\$ 429,183	18
19	Vehicles	476,076			\$			19
20	TOTAL (lines 18 and 19)	\$ 476,076	\$ 29,642	\$	(29,642)		\$ 429,183	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 BATAVIA II

Report Period Beginning: 01/01/2015

Ending: 2/31/2015

**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	<b>TOTAL</b>				\$			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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	IHDA		X	FIRST MORTGAGE	12/01/06	\$ 7,000,000	\$ 6,577,185	05/01/48	.0580	\$ 383,274
2					/ /			/ /	.0000	\$
3					/ /			/ /	.0000	\$
4					/ /			/ /	.0000	\$
5					/ /			/ /	.0000	\$
	<b>Working Capital</b>									
6					/ /			/ /	.0000	\$
7	<b>TOTAL Facility Related</b>					\$ 7,000,000	\$ 6,577,185			\$ 383,274
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 7,000,000	\$ 6,577,185			\$ 383,274

\* 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 BATAVIA II

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,078,223	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (3,055) )	258,315		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,151		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,343,689	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	570,483		13
14	Buildings, at Historical Cost	6,953,281		14
15	Leasehold Improvements, at Historical Cost	236,738		15
16	Equipment, at Historical Cost	476,076		16
17	Accumulated Depreciation (book methods)	(2,531,949)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	288,349		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(65,035)		20
21	Restricted Funds	2,463,732		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 8,391,675	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,735,364	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 85,106	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	76,938		31
32	Accrued Interest Payable	31,790		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	2,133,040		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 2,326,873	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,577,185		39
40	Bonds Payable			40
41	Deferred Compensation			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>	\$ 6,577,185	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,904,058	\$	45
46	<b>TOTAL EQUITY</b>	\$ 831,305	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 9,735,364	\$	47

\*(See instructions.)

Facility Name: HERITAGE WOODS OF BATAVIA II

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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

	1	Amount	
	<b>Revenue</b>		
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 2,261,240	1
2	Discounts and Allowances	(1,142)	2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	<b>\$ 2,260,098</b>	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	80,685	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	10,624	8
9	Non-Resident Meals	113	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	<b>\$ 91,422</b>	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	1,128	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	<b>\$ 1,128</b>	14
	<b>D. Other Revenue (specify):</b>		
15	See Page 8 Attachment	1,836	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	<b>\$ 1,836</b>	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	<b>\$ 2,354,484</b>	18

	2	Amount	
	<b>Expenses</b>		
	<b>A. Operating Expenses</b>		
19	General Services	254,272	19
20	Health Care/ Personal Care	8,224	20
21	General Administration	807,586	21
	<b>B. Capital Expense</b>		
22	Ownership	1,572,720	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	<b>\$ 2,642,802</b>	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	<b>\$ (288,318)</b>	29
30	<b>Income Taxes</b>	<b>\$</b>	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	<b>\$ (288,318)</b>	31

**Expenses PG 3 Other**

General Services Other		Health Care & Programs	General Administration Other		Amt	Ownership Other		Amt
5200-5000-0-0	Operating Allocation	-	5160-5060-0-0	Consulting	1,165	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	652	5160-5063-0-0	Legal	2,271	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	7,823	5160-5064-0-0	Accounting	126	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	994	5160-5066-0-0	Audit	13,304	9200-9202-0-0	Financing Fees	-
5200-5131-0-0	Transportation Service	-	5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9204-0-0	Mortgage Service Fee	-
5300-5140-0-0	Security & Monitoring	6,726	5160-5068-0-0	Contract Labor	2,460	9200-9205-0-0	Mortgage Insurance Prem	-
			5190-5000-0-0	Other Admin Allocation	0	9200-9206-0-0	Participation Fee	-
			5180-5079-0-0	Bad Debt - Resident	7,422	9200-9207-0-0	Letter of Credit Fee	-
			5180-5079-1-0	Bad Debt - Resident - Recovery	-	9200-9208-0-0	Bond & Draw Fee	-
			5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9209-0-0	Remarketing and Trustee Fee	-
			5180-5081-0-0	Bad Debt - Medicaid Pending Deni	(63,352)	9200-9210-0-0	Interest Expense-Note	-
			5180-5081-1-0	Bad Debt - Medicaid Pending - Rec	-	9200-9211-0-0	Interest Expense-LP	-
			5180-5082-0-0	Bad Debt - Medicaid Denial Prior I	-	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	753,270
						9300-9303-1-0	Incentive Asset Mgmt Fee	44,310
						9300-9304-0-0	Tax Credit Fees & Incentive Fee	345
						9300-9305-0-0	Organizational Expense	-
						9300-9306-0-0	Developer Fees	-
						9300-9307-0-0	Closing Costs	-
						9700-9702-0-0	Amortization Expense	8,304
						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	-
		16,195			(36,605)			816,229

Balance Sheet Page 7 Other, See Attachment

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-	2112-0100-0-0	Accrued Asset Management Fee	10,000
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	-
1102-9973-0-0	A/R-Insurance Reimbursement	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	1,976,898
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	116,289
1102-9975-0-0	A/R-CIP	-	2112-0105-0-0	Accrued Liabilities	16,841
1102-9976-0-0	A/R-Other	-	2112-0110-0-0	Accrued Insurance	-
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0115-0-0	Accrued Developer Fee	-
1105-0006-0-0	Security Deposit-Equip & Util	-	2112-0130-0-0	Accrued MIP	-
1105-0009-0-0	Transfer Account	-	2112-0140-0-0	Accrued Vacation	-
1105-0012-0-0	Undeposited Funds	-	2112-0146-0-0	Payroll Benefits	-
			2112-0154-0-0	Unclaimed Property	-
			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	13,011
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
			2111-0040-0-0	Construction Account Payable	-
			2112-0140-0-0	Accrued Vacation	0
			2112-0144-0-0	Payroll Union Dues	0
					2,133,040
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	-			
		-			

Income Statement Page 8 Other, See Attachment

Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	111
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	1,725
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		1,836