

		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>I. Facility ID Number: <u>1000129</u></p> <p>Facility Name: <u>HERITAGE WOODS OF BEVIDERE</u></p> <p>Address: <u>4730 SQUAW PRAIRIE</u> <u>BELVIDERE</u> <u>61008</u> <small>Number City Zip Code</small></p> <p>County: <u>BOONE</u></p> <p>Telephone Number: (<u>815</u>) <u>544-9495</u> Fax # <u>815 544-9525</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>04/25/2011</u></p> <p>Type of Ownership:</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 type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</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 checked="" 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>In the event there are further questions about this report, please contact: Name: <u>Vicky Gray</u> Telephone Number: <u>(815) 935-1992 ext. 229</u> Email Address: _____</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 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 checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</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%;">Officer or Administrator of Provider</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>Paid Preparer</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 & 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>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>David J. Mitchell</u>			(Title) <u>CFO, Gardant Management Solutions</u>		Paid Preparer	(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 ASHBURTON GROVE, LLC

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	120	Single Unit Apartment	120	43,800	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,800	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	29,844	13,511		43,355	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,844	13,511		43,355	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.98%

D. Indicate the number of paid bed-hold days the SLF had during this year 549 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 35 **(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: ASHBURTON GROVE, LLC

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			
A. General Services								
1	Dietary and Food Purchase	298,535	237,444	2,019	537,998		537,998	1
2	Housekeeping, Laundry and Maintenance	128,473	30,497	54,400	213,370		213,370	2
3	Heat and Other Utilities			158,685	158,685	(33,471)	125,214	3
4	Other (specify): See Attachment			24,359	24,359		24,359	4
5	TOTAL General Services	427,008	267,941	239,463	934,412	(33,471)	900,942	5
B. Health Care and Programs								
6	Health Care/ Personal Care	518,333	10,216		528,549		528,549	6
7	Activities and Social Services	32,641	7,965		40,606		40,606	7
8	Other (specify): See Attachment							8
9	TOTAL Health Care and Programs	550,974	18,181		569,155		569,155	9
C. General Administration								
10	Administrative and Clerical	197,963	40,965	364,397	603,325	(47,362)	555,963	10
11	Marketing Materials, Promotions and Advertising	55,583	8,229	54,232	118,044		118,044	11
12	Employee Benefits and Payroll Taxes			278,207	278,207		278,207	12
13	Insurance-Property, Liability and Malpractice			52,096	52,096		52,096	13
14	Other (specify): See Attachment			85,471	85,471		85,471	14
15	TOTAL General Administration	253,546	49,194	834,403	1,137,143	(47,362)	1,089,781	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,231,528	335,316	1,073,866	2,640,710	(80,833)	2,559,877	16
Capital Expenses								
D. Ownership								
17	Depreciation			814,772	814,772		814,772	17
18	Interest			565,227	565,227		565,227	18
19	Real Estate Taxes			103,059	103,059		103,059	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Attachment			1,344,835	1,344,835		1,344,835	22
23	TOTAL Ownership			2,827,893	2,827,893		2,827,893	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,231,528	335,316	3,901,759	5,468,603	(80,833)	5,387,770	24

Facility Name: ASHBURTON GROVE, LLC

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	2	19.10	2
3	Certified Nurse Assistants	20	10.42	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	10	9.60	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.20	10
11	Laundry			11
12	Managers	7	18.48	12
13	Other Administrative	6	19.01	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	Total (lines 1 thru 16)	48	\$	17

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				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

	Name	Amount of Fee	
1	Gardant Management Solutions	\$ 239,839	1
2			2
Total		\$ 239,839	3

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).

Facility Name: HEI ASHBURTON GROVE, LLC

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

VIII. OWNERSHIP COSTS

A. Purchase price of land 99 Year land was acquired 2011

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			2011	\$ 16,617,308	\$ 604,205	28	\$ 604,266	\$ 61	\$ 2,846,470	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			553,830	36,940	15	36,922	(18)	166,203	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)				\$ 17,171,138	\$ 641,145		\$ 641,188	\$ 43	\$ 3,012,673	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	\$ 879,686	\$ 173,627	\$ 175,937	2,310	5	\$ 781,707	18
19	Vehicles				\$			19
20	TOTAL (lines 18 and 19)	\$ 879,686	\$ 173,627	\$ 175,937	2,310		\$ 781,707	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: ASHBURTON GROVE, LLC

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	TOTAL				\$			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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
A. Directly Facility Related												
Long-Term												
1		LANCASTER POLLARD		X	FIRST MORTGAGE	9/1/2015	\$ 10,875,000	\$ 10,853,502	09/01/51	.0425	\$ 111,396	1
2		CENTENNIAL MORTGAGE		X	FIRST MORTGAGE	12/30/09	10,875,000		09/01/51	.0570	\$ 453,831	2
3		IHDA		X	SECOND MORTGAGE	12/30/09	5,997,823	5,997,823	10/01/51	NONE	\$	3
4						/ /			/ /	.0000	\$	4
5						/ /			/ /	.0000	\$	5
Working Capital												
6						/ /			/ /	.0000	\$	6
7		TOTAL Facility Related					\$ 16,872,823	\$ 16,851,325			\$ 569,263	7
B. Non-Facility Related												
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 16,872,823	\$ 16,851,325			\$ 569,263	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: ASHBURTON GROVE, LLC

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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,892,340	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (143,484))	578,886		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	78,778		6
7	Other Prepaid Expenses	15,075		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attachment	532		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,565,611	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	99		13
14	Buildings, at Historical Cost	16,617,308		14
15	Leasehold Improvements, at Historical Cost	553,830		15
16	Equipment, at Historical Cost	879,686		16
17	Accumulated Depreciation (book methods)	(3,794,379)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	166,176		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(38,176)		20
21	Restricted Funds	1,928,171		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attachment			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 16,312,715	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,878,325	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 42,257	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	29,442		30
31	Accrued Taxes Payable	104,506		31
32	Accrued Interest Payable	38,439		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment	141,352		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 355,997	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	17,427,239		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 17,427,239	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 17,783,236	\$	45
46	TOTAL EQUITY	\$ 1,095,089	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,878,325	\$	47

*(See instructions.)

Facility Name: ASHBURTON GROVE, LLC

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	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,636,735	1
2	Discounts and Allowances	(6,550)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,630,185	3
B. Other Operating Revenue			
4	Special Services	140,083	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	27,290	8
9	Non-Resident Meals	11,399	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 178,772	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,099	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,099	14
D. Other Revenue (specify):			
15	See Attachment	2,086	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,086	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,813,142	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	934,412	19
20	Health Care/ Personal Care	569,155	20
21	General Administration	1,137,143	21
B. Capital Expense			
22	Ownership	2,827,893	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)	\$ 5,468,603	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (655,461)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (655,461)	31

Expenses PG

	General Services Other	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	2,370
5200-5127-0-0	Rubbish Removal	8,300
5200-5130-0-0	Vehicle Expense	5,250
5200-5131-0-0	Transportation Service	20
5300-5140-0-0	Security & Monitoring	8,419

Health Care & Programs

- 5160-5060-0-0
- 5160-5063-0-0
- 5160-5064-0-0
- 5160-5066-0-0
- 5160-5067-0-0
- 5160-5068-0-0
- 5190-5000-0-0
- 5180-5079-0-0
- 5180-5079-1-0
- 5180-5080-0-0
- 5180-5081-0-0
- 5180-5081-1-0
- 5180-5082-0-0

24,359

-

3 Other

General Administration Other	Amt		Ownership Other	Amt
Consulting	40,000	9100-9101-0-0	Interest & Dividend Income	-
Legal	2,772	9100-9102-0-0	Assessment Income	-
Accounting	110	9100-9103-0-0	Assessment Expense	-
Audit	10,840	9200-9202-0-0	Financing Fees	636,497
Contract Labor-Serv Prov	-	9200-9204-0-0	Mortgage Service Fee	-
Contract Labor	20,666	9200-9205-0-0	Mortgage Insurance Prem	49,145
Other Admin Allocation	0	9200-9206-0-0	Participation Fee	-
Bad Debt - Resident	(5,482)	9200-9207-0-0	Letter of Credit Fee	-
Bad Debt - Resident - Recovery	(2,257)	9200-9208-0-0	Bond & Draw Fee	-
Bad Debt - Resident Prior Period	-	9200-9209-0-0	Remarketing and Trustee Fee	-
Bad Debt - Medicaid Pending Deni	18,846	9200-9210-0-0	Interest Expense-Note	-
Bad Debt - Medicaid Pending - Rec	(25)	9200-9211-0-0	Interest Expense-LP	-
Bad Debt - Medicaid Denial Prior F	-	9200-9212-0-0	Debt Write-Off	-
		9300-9301-0-0	Partnership Management Fee	-
		9300-9302-0-0	Asset Management Fee	-
		9300-9303-0-0	Incentive Management	-
		9300-9303-1-0	Incentive Asset Mgmt Fee	-
		9300-9304-0-0	Tax Credit Fees & Incentive Fee	720
		9300-9305-0-0	Organizational Expense	-
		9300-9306-0-0	Developer Fees	-
		9300-9307-0-0	Closing Costs	-
		9700-9702-0-0	Amortization Expense	658,472
		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	-

85,471

1,344,835

Balance Sheet

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	-
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	-
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9975-0-0	A/R-CIP	-	2112-0105-0-0	Accrued Liabilities	37,399
1102-9976-0-0	A/R-Other	182	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	350	2112-0130-0-0	Accrued MIP	-
1105-0009-0-0	Transfer Account	-	2112-0146-0-0	Payroll Benefits	-
1105-0012-0-0	Undeposited Funds	-	2112-0154-0-0	Unclaimed Property	7,198
			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	96,755
			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
		532			141,352
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

Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,575
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	511
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		2,086

