

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2016  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2016)**

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>1000148</u></p> <p><b>Facility Name:</b> <u>New City Supportive Living</u></p> <hr/> <p><b>Address:</b> <u>4700 S Ashland Ave</u> <u>Chicago</u> <u>60609</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>COOK</u></p> <p><b>Telephone Number:</b> ( <u>773</u> ) <u>376-1223</u> Fax # <u>773-376-1226</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>8/23/2016</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT  <input type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust            IRS Exemption Code _____         </td> <td style="width:33%; border: none;"> <input type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input checked="" type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <input type="checkbox"/> "Sub-S" Corp.  <input type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other _____         </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____         </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"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <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>01/01/2016</u> to <u>12/31/2016</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 border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="padding: 5px;">(Type or Print Name) <u>David J. Mitchell</u></td> <td style="padding: 5px;">(Title) <u>CFO, Gardant Management Solutions</u></td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="padding: 5px;">(Print Name and Title)</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">(Firm Name &amp; Address)</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">(Telephone) ( ) _____ Fax # ( ) _____</td> <td style="padding: 5px;">_____</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"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____														
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 # ( ) _____	_____															



Facility Name: Goldblatts of Chicago Limited Partnership

Report Period Beginning:

01/01/2016

Ending: 12/31/2016

## 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	222,353	147,521	2,570	372,444		372,444	1
2	Housekeeping, Laundry and Maintenance	95,891	57,530	68,985	222,406		222,406	2
3	Heat and Other Utilities			167,277	167,277	(4,642)	162,635	3
4	Other (specify): See Page 3 Attachment			134,256	134,256		134,256	4
5	<b>TOTAL General Services</b>	<b>318,244</b>	<b>205,051</b>	<b>373,088</b>	<b>896,383</b>	<b>(4,642)</b>	<b>891,741</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	398,072	5,804		403,876		403,876	6
7	Activities and Social Services	29,253	5,416		34,669		34,669	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>427,325</b>	<b>11,220</b>		<b>438,545</b>		<b>438,545</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	185,841	23,460	235,429	444,730	(4,080)	440,650	10
11	Marketing Materials, Promotions and Advertising	67,107	8,675	54,249	130,031		130,031	11
12	Employee Benefits and Payroll Taxes			174,859	174,859		174,859	12
13	Insurance-Property, Liability and Malpractice			81,158	81,158		81,158	13
14	Other (specify): See Page 3 Attachment			132,533	132,533	(29,168)	103,365	14
15	<b>TOTAL General Administration</b>	<b>252,948</b>	<b>32,135</b>	<b>678,228</b>	<b>963,311</b>	<b>(33,248)</b>	<b>930,063</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>998,517</b>	<b>248,406</b>	<b>1,051,316</b>	<b>2,298,239</b>	<b>(37,890)</b>	<b>2,260,349</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			999,234	999,234		999,234	17
18	Interest			1,515,070	1,515,070	(745)	1,514,325	18
19	Real Estate Taxes			13,503	13,503		13,503	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,814	7,814		7,814	21
22	Other (specify): See Page 3 Attachment			104,405	104,405	(7,711)	96,694	22
23	<b>TOTAL Ownership</b>			<b>2,640,026</b>	<b>2,640,026</b>	<b>(8,456)</b>	<b>2,631,570</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>998,517</b>	<b>248,406</b>	<b>3,691,342</b>	<b>4,938,265</b>	<b>(46,346)</b>	<b>4,891,919</b>	<b>24</b>

Facility Name: **Goldblatts of Chicago Limited Partnership**

Report Period Beginning: **01/01/2016** Ending: **12/31/2016**

**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 1	1
2	Licensed Practical Nurses	3	23.10	2
3	Certified Nurse Assistants	27	11.65	3
4	Activity Director & Assistants	Inc line 12	Inc line 1	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	13	10.79	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	5	10.23	10
11	Laundry			11
12	Managers	8	20.44	12
13	Other Administrative	7	18.66	13
14	Clerical	Inc line 13	Inc line 1	14
15	Marketing	Inc line 12	Inc line 1	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>63</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>

**VI. (B) Management fees paid to unrelated parties**

		Amount of Fee		
1	Gardant Management Solutions	\$ 132,565	1	
2			2	
		<b>Total</b>	<b>\$ 132,565</b>	<b>3</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
_____		_____	
_____		_____	
_____		_____	

**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: Goldblatts of Chicago Limited Partnership

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,172,390 Year land was acquired 2013

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	101		2013		\$ 36,046,700	\$ 900,953	40	\$ 901,168	\$ 214	\$ 1,126,173	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Leasehold Improvements			206,741	9,920	20	10,337	417	10,170	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)				\$ 36,253,441	\$ 910,873		\$ 911,505	\$ 631	\$ 1,136,343	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	\$ 898,675	\$ 88,361	\$ 89,868	1,506	10	\$ 109,924	18
19	Vehicles				\$		-	19
20	TOTAL (lines 18 and 19)	\$ 898,675	\$ 88,361	\$ 89,868	1,506		\$ 109,924	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: Goldblatts of Chicago Limited Partnership

Report Period Beginning: 01/01/2016

Ending: 2/31/2016

**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

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	CITY OF CHICAGO BONDS	X		FIRST MORTGAGE	1/1/2013	\$ 18,000,000	\$ 18,000,000	12/1/52	0.0613	\$ 1,125,000	1
2	AFFORDABLE HOUSING CONTIN	X		SECOND MORTGAGE	1/30/2013	988,011	988,011	12/1/54	0.0231	22,823	2
3	AFFORDABLE HOUSING CONTIN	X		THIRD MORTGAGE	1/30/2013	2,248,300	2,248,300	12/1/54	0.0231	51,936	3
4	CITY OF CHICAGO - HOME	X		FOURTH MORTGAGE	12/1/2012	1,000,000	989,000	12/1/54	0.0000		
5	AFFORDABLE HOUSING CONTIN	X		FIFTH MORTGAGE	1/30/2013	2,900,000	2,175,000	12/1/54	0.0000		
6	CITY OF CHICAGO BONDS	X		SIXTH MORTGAGE	5/1/2015	2,420,000	2,420,000	12/1/30	0.0600	149,233	
	<b>Working Capital</b>										
7											4
8	<b>TOTAL Facility Related</b>					\$ 27,556,311	\$ 26,820,311			\$ 1,348,992	7
	<b>B. Non-Facility Related</b>										
9					/ /			/ /			8
10					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 27,556,311	\$ 26,820,311			\$ 1,348,992	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: Goldblatts of Chicago Limited Partnership

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 54,535	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (20,670) )	1,106,968		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,735		6
7	Other Prepaid Expenses	39,360		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	85,889		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,315,486	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,172,390		13
14	Buildings, at Historical Cost	36,046,700		14
15	Leasehold Improvements, at Historical Cost	206,741		15
16	Equipment, at Historical Cost	898,675		16
17	Accumulated Depreciation (book methods)	(1,246,268)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	36,497		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(4,562)		20
21	Restricted Funds	888,597		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>	\$ 37,998,771	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 39,314,257	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 143,055	\$	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	33,600		31
32	Accrued Interest Payable	582,406		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	3,139,778		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 3,898,839	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	316,288		38
39	Mortgage Payable	25,601,107		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>	\$ 25,917,395	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 29,816,234	\$	45
46	<b>TOTAL EQUITY</b>	\$ 9,498,023	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 39,314,257	\$	47

\*(See instructions.)

Facility Name: Goldblatts of Chicago Limited Partnership

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

**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	\$ 2,654,137	1
2	Discounts and Allowances	(27,780)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,626,357</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	47,638	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	33	8
9	Non-Resident Meals	628	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 48,299</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	745	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 745</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	24,117	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 24,117</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,699,518</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	896,383	19
20	Health Care/ Personal Care	438,545	20
21	General Administration	963,311	21
<b>B. Capital Expense</b>			
22	Ownership	2,640,026	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 (sum of lines 19 thru 27)</b>	<b>\$ 4,938,265</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (2,238,747)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (2,238,747)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 1,878,782	32
33	Private Pay - Net Inpatient Revenue	747,575	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>	<b>\$ 2,626,357</b>	<b>37</b>

### 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	4,000	9100-9101-0-0 Interest & Dividend Income	-
5200-5124-0-0 Exterminating	12,058	5160-5063-0-0 Legal	39,890	9100-9102-0-0 Assessment Income	-
5200-5127-0-0 Rubbish Removal	6,568	5160-5064-0-0 Accounting	65	9100-9103-0-0 Assessment Expense	-
5200-5130-0-0 Vehicle Expense	702	5160-5066-0-0 Audit	49,040	9200-9201-1-0 Amortization - Loan Fees	26,094
5200-5131-0-0 Transportation Service	1,808	5160-5067-0-0 Contract Labor-Serv Prov	-	9200-9202-0-0 Financing Fees	-
5300-5140-0-0 Security & Monitoring	113,121	5160-5068-0-0 Contract Labor	10,370	9200-9203-1-0 Mortgage Interest Premium	-
		5180-5079-0-0 Bad Debt - Resident	32,386	9200-9204-0-0 Mortgage Service Fee	-
		5180-5079-1-0 Bad Debt - Resident - Recovery	-	9200-9205-0-0 Mortgage Insurance Prem	-
		5180-5080-0-0 Bad Debt - Resident Prior Period	-	9200-9206-0-0 Participation Fee	-
		5180-5081-0-0 Bad Debt - Medicaid Pending Denial	(3,218)	9200-9207-0-0 Letter of Credit Fee	-
		5180-5081-1-0 Bad Debt - Medicaid Pending - Recovery	-	9200-9208-0-0 Bond & Draw Fee	-
		5180-5082-0-0 Bad Debt - Medicaid Denial Prior Period	-	9200-9209-0-0 Remarketing and Trustee Fee	7,711
		5180-5083-0-0 Bad Debt - Medicaid MCO	-	9200-9210-0-0 Interest Expense-Note	-
		5190-5000-0-0 Other Admin Allocation	-	9200-9211-0-0 Interest Expense-LP	-
				9200-9212-0-0 Debt Write-Off	-
				9300-9301-0-0 Partnership Management Fee	51,500
				9300-9302-0-0 Asset Management Fee	15,450
				9300-9303-0-0 Incentive Management	-
				9300-9303-1-0 Incentive Asset Mgmt Fee	-
				9300-9304-0-0 Tax Credit Fees & Incentive Fee	-
				9300-9305-0-0 Organizational Expense	-
				9300-9306-0-0 Developer Fees	-
				9300-9307-0-0 Closing Costs	-
				9700-9702-0-0 Amortization Expense	3,650
				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, Transfe	-
	134,256		132,533		104,405

Balance Sheet

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-	2111-0040-0-0	Construction Account Payable	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-	2112-0100-0-0	Accrued Asset Management Fee	30,450
1102-9973-0-0	A/R-Insurance Reimbursemen	76,229	2112-0101-0-0	Accrued Partnership Mgmt Fee	51,500
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	-
1102-9975-0-0	A/R-CIP	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9976-0-0	A/R-Other	8,746	2112-0105-0-0	Accrued Liabilities	27,288
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	914	2112-0115-0-0	Accrued Developer Fee	3,021,533
1105-0009-0-0	Transfer Account	-	2112-0130-0-0	Accrued MIP	-
1105-0012-0-0	Undeposited Funds	-	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	-
			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	9,007
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		85,889			3,139,778

Other Long Term Assets Detail		Amt
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	23,892
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	225
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		24,117