

		FOR BHF USE			

LL2

Supportive Living Facility

**2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)**

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: 1000116</p> <p>Facility Name: <u>CAMBRIDGE HOUSE OF SWANSEA</u></p> <hr/> <p>Address: <u>3900 SULLIVAN DRIVE</u> <u>SWANSEA</u> <u>62226</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>ST CLAIR</u></p> <p>Telephone Number: (<u>618</u>) <u>234-8910</u> Fax # <u>618</u> <u>234-8920</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>3/11/2009</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 checked="" 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 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:</p> <p>Name: <u>Thomas Staszak</u> Telephone Number: <u>(815) 935-1992</u></p> <p>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 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 _____		<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>01/01/2018</u> to <u>12/31/2018</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>Greg Echols</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) (<u> </u>) _____</td> <td>Fax # (<u> </u>) _____</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>Greg Echols</u>			(Title) <u>CFO, Gardant Management Solutions</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) (<u> </u>) _____	Fax # (<u> </u>) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Firm Name & Address) _____																																													
	(Telephone) (<u> </u>) _____	Fax # (<u> </u>) _____																																												

Facility Name: CAMBRIDGE HOUSE OF SWANSEA

Report Period Beginning:

01/01/2018

Ending: 12/31/2018

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	287,264	204,463	2,141	493,868		493,868	1
2	Housekeeping, Laundry and Maintenance	122,043	40,648	50,237	212,928		212,928	2
3	Heat and Other Utilities			167,063	167,063	(27,463)	139,600	3
4	Other (specify):			29,338	29,338		29,338	4
5	TOTAL General Services	409,307	245,111	248,779	903,197	(27,463)	875,734	5
B. Health Care and Programs								
6	Health Care/ Personal Care	476,343	10,449		486,792		486,792	6
7	Activities and Social Services	24,574	5,448		30,022		30,022	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	500,917	15,897		516,814		516,814	9
C. General Administration								
10	Administrative and Clerical	137,966	30,893	236,148	405,007	(33,090)	371,917	10
11	Marketing Materials, Promotions and Advertising	63,635	9,751	39,073	112,459		112,459	11
12	Employee Benefits and Payroll Taxes			295,362	295,362		295,362	12
13	Insurance-Property, Liability and Malpractice			45,169	45,169		45,169	13
14	Other (specify):			72,337	72,337	(6,904)	65,433	14
15	TOTAL General Administration	201,601	40,644	688,089	930,334	(39,994)	890,341	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,111,825	301,652	936,868	2,350,345	(67,456)	2,282,889	16
Capital Expenses								
D. Ownership								
17	Depreciation			305,042	305,042		305,042	17
18	Interest			205,719	205,719	(24,546)	181,173	18
19	Real Estate Taxes			97,272	97,272		97,272	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,354	9,354		9,354	21
22	Other (specify):			1,047,143	1,047,143		1,047,143	22
23	TOTAL Ownership			1,664,530	1,664,530	(24,546)	1,639,984	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,111,825	301,652	2,601,398	4,014,875	(92,002)	3,922,872	24

Facility Name: CAMBRIDGE HOUSE OF SWANSEA

Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	21.76	2
3	Certified Nurse Assistants	16	11.12	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	11	10.15	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.53	10
11	Laundry			11
12	Managers	6	21.62	12
13	Other Administrative	3	22.80	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)	40	\$	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	
1	Gardant Management Solutions	\$ 138,059	1
2			2
Total		\$ 138,059	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
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).

Facility Name: CAMBRIDGE HOUSE OF SWANSEA

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	\$ 7,863,327	\$ 285,642	27.5	\$ 285,939	\$ 297	\$ 2,793,231	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Leasehold Improvements				236,759	15,784	15	15,784	(0)	161,675	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)				\$ 8,100,086	\$ 301,426		\$ 301,723	\$ 297	\$ 2,954,906	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	\$ 886,532	\$ 3,618	\$ 177,306	173,689	5	\$ 874,536	18
19	Vehicles	53,624		10,725	10,725	5	53,624	19
20	TOTAL (lines 18 and 19)	\$ 940,156	\$ 3,618	\$ 188,031	184,414		\$ 928,160	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: CAMBRIDGE HOUSE OF SWANSEA

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

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

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	\$ 8,306,873	11/1/47	0.0245	\$ 205,719	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,423,200	\$ 8,306,873			\$ 205,719	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,423,200	\$ 8,306,873			\$ 205,719	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: 01/01/2018

Ending:

12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,816,456	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (91,952))	638,928		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	93,031		6
7	Other Prepaid Expenses	4,558		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	13,175		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,566,148	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	425,000		13
14	Buildings, at Historical Cost	7,863,327		14
15	Leasehold Improvements, at Historical Cost	236,759		15
16	Equipment, at Historical Cost	940,156		16
17	Accumulated Depreciation (book methods)	(3,883,067)		17
18	Deferred Charges	303		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	330,902		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,913,381	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,479,529	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 42,031	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	38,767		30
31	Accrued Taxes Payable	98,650		31
32	Accrued Interest Payable	16,960		32
33	Deferred Compensation	567		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	272,083		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 469,057	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,158,093		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)	\$ 8,158,093	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,627,150	\$	45
46	TOTAL EQUITY	\$ (147,621)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,479,529	\$	47

*(See instructions.)

Facility Name: CAMBRIDGE HOUSE OF SWANSEA

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

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	\$ 3,826,478	1
2	Discounts and Allowances	(752)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,825,726	3
B. Other Operating Revenue			
4	Special Services	153,367	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	13,521	8
9	Non-Resident Meals	2,445	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 169,333	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	24,546	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 24,546	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	9,829	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 9,829	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,029,434	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	903,197	19
20	Health Care/ Personal Care	516,814	20
21	General Administration	930,334	21
B. Capital Expense			
22	Ownership	1,664,530	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)	\$ 4,014,875	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 14,559	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 14,559	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,491,104	32
33	Private Pay - Net Inpatient Revenue	2,334,622	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,825,726	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Other (specify):		Other (specify):	Amt
5200-5000-0-0	Operating Allocation	9100-9101-0-0	Interest & Dividend Income
	-		-
5200-5124-0-0	Exterminating	9100-9102-0-0	Assessment Income
	3,915		-
5200-5127-0-0	Rubbish Removal	9100-9103-0-0	Assessment Expense
	4,580		-
5200-5130-0-0	Vehicle Expense	9200-9201-1-0	Amortization - Loan Fees
	4,811		5,160
5200-5131-0-0	Transportation Service	9200-9202-0-0	Financing Fees
	-		-
5300-5140-0-0	Security & Monitoring	9200-9203-1-0	Mortgage Interest Premium
	16,031		-
	PG3-4.3	9200-9204-0-0	Mortgage Service Fee
	29,338		-
		9200-9205-0-0	Mortgage Insurance Prem
			41,983
C. General Administration		9200-9206-0-0	Participation Fee
Other (specify):	Amt	9200-9207-0-0	Letter of Credit Fee
5160-5060-0-0	Consulting	9200-9208-0-0	Bond & Draw Fee
	258		-
5160-5063-0-0	Legal	9200-9209-0-0	Remarketing and Trustee Fee
	15,009		-
5160-5064-0-0	Accounting	9200-9210-0-0	Interest Expense-Note
	115		-
5160-5066-0-0	Audit	9200-9211-0-0	Interest Expense-LP
	15,718		-
5160-5067-0-0	Contract Labor-Serv Prov	9200-9212-0-0	Debt Write-Off
	-		-
5160-5068-0-0	Contract Labor	9300-9301-0-0	Partnership Management Fee
	34,334		-
5180-5079-0-0	Bad Debt - Resident	9300-9302-0-0	Asset Management Fee
	6,904		1,000,000
5180-5079-1-0	Bad Debt - Resident - Recovery	9300-9303-0-0	Incentive Management
	-		-
5180-5080-0-0	Bad Debt - Resident Prior Period	9300-9303-1-0	Incentive Asset Mgmt Fee
	-		-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	9300-9304-0-0	Tax Credit Fees & Incentive Fee
	-		-
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	9300-9305-0-0	Organizational Expense
	-		-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	9300-9306-0-0	Developer Fees
	-		-
5180-5082-1-0	Bad Debt - Medicaid Denial - Recovery	9300-9307-0-0	Closing Costs
	-		-
5180-5083-0-0	Bad Debt - Medicaid MCO	9700-9702-0-0	Amortization Expense
	-		-
5190-5000-0-0	Other Admin Allocation	9900-9901-0-0	Prior Period Adjustments
	-		-
	PG3-14.3	9900-9902-0-0	Dissolution of Business
	72,337		-
B. Health Care and Programs		9900-9903-0-0	Loss (Gain) on Sale of Assets
Other (specify):	PG3-8.3		-
		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
			-
		PG3-22.3	1,047,143

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable		27,463
	PG3-3.5		27,463
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		13,521
3300-3304-0-0	Internet Access		-
3300-3321-0-0	Telephone- Connection		18,599
3300-3323-0-0	Telephone- Usage		418
5190-5090-0-0	Contributions		552
	PG3-10.5		33,090
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		6,904
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		-
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		-
	PG3-14.5		6,904
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		23,627
3300-3385-0-0	Interest Income - Reserves		919
	PG3-18.5		24,546
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	13,175
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		13,175

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	-
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	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	243,773
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
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	454
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	27,856
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		272,083

Income Statement PG 8 Other

Income Statement	
Other Revenue	Amt
3300-3388-0-0 Contract Service-Serv Prov	-
3300-3390-0-0 Other (Call Pendants, Late Fees; NSF Fees)	1,034
3300-3391-0-0 Property Tax Adjustments	-
3300-3392-0-0 Property Lease Income	800
3300-3393-0-0 Insurance Adjustments	7,995
3300-3395-0-0 Developer Fee Income	-
3300-3396-0-0 Home Office Rent Income	-
PG8-15.1	9,829