

		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: 1000136</p> <p>Facility Name: <u>HERITAGE WOODS OF PLAINFIELD</u></p> <p>Address: <u>14731 S VAN DYKE RD</u> <u>PLAINFIELD</u> <u>60544</u> <small>Number City Zip Code</small></p> <p>County: <u>WILL</u></p> <p>Telephone Number: (<u>815</u>) <u>267-3800</u> Fax # <u>815</u> <u>267-3900</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/21/2011</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.</td> <td><input type="checkbox"/> PROPRIETARY Individual</td> <td><input type="checkbox"/> GOVERNMENTAL 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>Thomas Staszak</u> Telephone Number: <u>(815) 935-1992</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL 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>01/01/2018</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) (_____)</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>Greg Echols</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 Charitable Corp.	<input type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL State																																									
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Paid Preparer	(Signed) _____	(Date) _____																																									
	(Print Name and Title) _____																																										
	(Firm Name & Address) _____																																										
	(Telephone) (_____)	Fax # (_____)																																									

Facility Name: HERITAGE WOODS OF PLAINFIELD

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	271,635	224,728	1,804	498,167		498,167	1
2	Housekeeping, Laundry and Maintenance	114,279	38,778	66,078	219,135		219,135	2
3	Heat and Other Utilities			141,365	141,365	(35,069)	106,296	3
4	Other (specify):			22,089	22,089		22,089	4
5	TOTAL General Services	385,914	263,506	231,336	880,756	(35,069)	845,688	5
B. Health Care and Programs								
6	Health Care/ Personal Care	497,594	12,561		510,155		510,155	6
7	Activities and Social Services	30,665	4,223		34,888		34,888	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	528,259	16,784		545,043		545,043	9
C. General Administration								
10	Administrative and Clerical	203,442	34,464	282,152	520,058	(32,496)	487,562	10
11	Marketing Materials, Promotions and Advertising	57,751	10,686	38,163	106,600		106,600	11
12	Employee Benefits and Payroll Taxes			256,033	256,033		256,033	12
13	Insurance-Property, Liability and Malpractice			39,447	39,447		39,447	13
14	Other (specify):			353,288	353,288	(7,415)	345,873	14
15	TOTAL General Administration	261,193	45,150	969,083	1,275,426	(39,911)	1,235,515	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,175,366	325,440	1,200,419	2,701,225	(74,980)	2,626,246	16
Capital Expenses								
D. Ownership								
17	Depreciation			323,463	323,463		323,463	17
18	Interest			380,125	380,125	(39,395)	340,730	18
19	Real Estate Taxes			83,385	83,385		83,385	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			12,172	12,172		12,172	21
22	Other (specify):			575,121	575,121		575,121	22
23	TOTAL Ownership			1,374,266	1,374,266	(39,395)	1,334,871	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,175,366	325,440	2,574,685	4,075,491	(114,374)	3,961,117	24

Facility Name: HERITAGE WOODS OF PLAINFIELD

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	2	21.48	2
3	Certified Nurse Assistants	14	11.96	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	10.13	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.88	10
11	Laundry			11
12	Managers	5	23.87	12
13	Other Administrative	4	23.17	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)	39	\$	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

	Name	Amount of Fee	
1	Gardant Management Solutions	\$ 209,140	1
2			2
		Total	\$ 209,140 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: HERITAGE WOODS OF PLAINFIELD

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 847,138 Year land was acquired 2010

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	108		2011	2011	\$ 12,300,480	\$ 307,512	40	\$ 307,512	\$	\$ 2,203,691	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			301,335	15,067	20	15,067	(0)	109,236	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)				\$ 12,601,815	\$ 322,579		\$ 322,579	\$ (0)	\$ 2,312,927	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	\$ 822,021	\$ 884	\$ 164,404	163,520	5	\$ 809,646	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 822,021	\$ 884	\$ 164,404	163,520		\$ 809,646	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 PLAINFIELD**

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	CENTENNIAL MORTGAGE		X	FIRST MORTGAGE	9/1/10	\$ 12,200,000	\$ 11,290,320	9/1/50	0.0540	\$ 380,125
2										2
3										3
	Working Capital									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 12,200,000	\$ 11,290,320			\$ 380,125
	B. Non-Facility Related									
8					/ /			/ /		8
9					/ /			/ /		9
10	TOTALS (lines 7, 8 and 9)					\$ 12,200,000	\$ 11,290,320			\$ 380,125

* 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 PLAINFIELD

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	\$ 1,493,960	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (49,420))	768,607		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,857		6
7	Other Prepaid Expenses	2,425		7
8	Accounts Receivable (owners or related parties)	17,857		8
9	Other(specify): See Page 7 Attachment	6,700		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,301,406	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	847,138		13
14	Buildings, at Historical Cost	12,300,480		14
15	Leasehold Improvements, at Historical Cost	301,335		15
16	Equipment, at Historical Cost	822,021		16
17	Accumulated Depreciation (book methods)	(3,122,573)		17
18	Deferred Charges	302		18
19	Organization & Pre-Operating Costs	41,644		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(29,842)		20
21	Restricted Funds	1,404,123		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Page 7 Attachment	1,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,565,628	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,867,034	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 384,644	\$	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	88,233		31
32	Accrued Interest Payable	31,425		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	579,645		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,083,947	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,601,039		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)	\$ 10,601,039	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,684,985	\$	45
46	TOTAL EQUITY	\$ 3,182,049	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,867,034	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF PLAINFIELD

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	\$ 4,104,463	1
2	Discounts and Allowances	(17,495)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,086,968	3
B. Other Operating Revenue			
4	Special Services	143,445	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	11,678	8
9	Non-Resident Meals	1,390	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 156,513	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	39,395	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 39,395	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	10,288	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,288	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,293,164	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	880,756	19
20	Health Care/ Personal Care	545,043	20
21	General Administration	1,275,426	21
B. Capital Expense			
22	Ownership	1,374,266	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)	\$ 4,075,491	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 217,673	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 217,673	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,957,859	32
33	Private Pay - Net Inpatient Revenue	2,129,109	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,086,968	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
	2,453		-
5200-5127-0-0	Rubbish Removal	9100-9103-0-0	Assessment Expense
	8,496		-
5200-5130-0-0	Vehicle Expense	9200-9201-1-0	Amortization - Loan Fees
	2,159		20,656
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
	8,981		-
	PG3-4.3		
			22,089
C. General Administration			
Other (specify):	Amt		
5160-5060-0-0	Consulting	9200-9204-0-0	Mortgage Service Fee
	8,190		-
5160-5063-0-0	Legal	9200-9205-0-0	Mortgage Insurance Prem
	5,587		51,616
5160-5064-0-0	Accounting	9200-9206-0-0	Participation Fee
	-		-
5160-5066-0-0	Audit	9200-9207-0-0	Letter of Credit Fee
	11,352		3,660
5160-5067-0-0	Contract Labor-Serv Prov	9200-9208-0-0	Bond & Draw Fee
	276,721		-
5160-5068-0-0	Contract Labor	9200-9209-0-0	Remarketing and Trustee Fee
	44,022		-
5180-5079-0-0	Bad Debt - Resident	9200-9210-0-0	Interest Expense-Note
	3,647		-
5180-5079-1-0	Bad Debt - Resident - Recovery	9200-9211-0-0	Interest Expense-LP
	-		-
5180-5080-0-0	Bad Debt - Resident Prior Period	9200-9212-0-0	Debt Write-Off
	-		-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	9300-9301-0-0	Partnership Management Fee
	3,768		233,676
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	9300-9302-0-0	Asset Management Fee
	-		15,373
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	9300-9303-0-0	Incentive Management
	-		245,975
5180-5082-1-0	Bad Debt - Medicaid Denial - Recovery	9300-9303-1-0	Incentive Asset Mgmt Fee
	-		-
5180-5083-0-0	Bad Debt - Medicaid MCO	9300-9304-0-0	Tax Credit Fees & Incentive Fee
	-		-
5190-5000-0-0	Other Admin Allocation	9300-9304-0-0	Tax Credit Fees & Incentive Fee
	-		-
	PG3-14.3	9300-9305-0-0	Organizational Expense
			-
		9300-9306-0-0	Developer Fees
			-
		9300-9307-0-0	Closing Costs
			-
		9700-9702-0-0	Amortization Expense
			4,164
		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
			-
			PG3-22.3
			575,121
B. Health Care and Programs			
Other (specify):	PG3-8.3		

Operating Expenses - Reclassifications and Adjustments PG 3		
A. General Services		
Heat and Other Utilities		
3300-3303-0-0	Cable	35,069
	PG3-3.5	35,069
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	11,678
3300-3304-0-0	Internet Access	2,447
3300-3321-0-0	Telephone- Connection	16,973
3300-3323-0-0	Telephone- Usage	648
5190-5090-0-0	Contributions	750
	PG3-10.5	32,496
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	3,647
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	3,768
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	7,415
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	37,704
3300-3385-0-0	Interest Income - Reserves	1,691
	PG3-18.5	39,395
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	6,700
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		6,700

Other Long Term Assets Detail		Amt
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	1,000
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		1,000.00

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	15,373
2112-0101-0-0	Accrued Partnership Mgmt Fee	233,676
2112-0102-0-0	Accrued Incentive Mgmt Fee	245,975
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	30,095
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	-
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	54,526
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		579,645

Income Statement PG 8 Other

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other (Late fees, call pendants, NSF fees)	1,028
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
3300-3393-0-0	Insurance Adjustments	5,660
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

PG8-15.1	10,288
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