

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2012  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2012)**

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>1000099</u></p> <p><b>Facility Name:</b> <u>Heritage Woods of DeKalb</u></p> <p><b>Address:</b> <u>2626 North Annie Glidden Road</u> <u>DeKalb</u> <u>60115</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>DeKalb</u></p> <p><b>Telephone Number:</b> ( <u>815</u> ) <u>787-6500</u> Fax # ( <u>815</u> ) <u>787-6560</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>12/05/2008</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</td> <td style="width:33%; border: none;"><input type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input checked="" type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;"><b>IRS Exemption Code</b> _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Grenshinka Osborne</u> <b>Telephone Number:</b> <u>815-935-1992 EXT 257</u>  <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>01/01/12</u> to <u>12/31/12</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%; border: none;"> <tr> <td style="width:30%; border: none;"><b>Officer or Administrator of Provider</b></td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">4/29/2013 (Date)</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) <u>David J. Mitchell</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Title) <u>CFO, BMA Management, LTD.</u></td> </tr> <tr> <td style="border: none;"><b>Paid Preparer</b></td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date)</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Print Name and Title) _____</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Firm Name &amp; Address) _____</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Telephone) ( ) _____ 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) _____	4/29/2013 (Date)		(Type or Print Name) <u>David J. Mitchell</u>			(Title) <u>CFO, BMA Management, LTD.</u>		<b>Paid Preparer</b>	(Signed) _____	(Date)		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) ( ) _____ Fax # ( ) _____	
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Facility Name Heritage Woods of DeKalb

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

**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	76	Single Unit Apartment	76	27,816	1
2		Double Unit Apartment			2
3		Other			3
4	76	TOTALS	76	27,816	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	14,257	9,907		24,164	5
6	Double Unit					6
7	Other					7
8	TOTALS	14,257	9,907		24,164	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.87%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 340 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 88 (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)

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**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 2012 Fiscal Year: 2012

\* All facilities other than governmental must report on the accrual basis.

**J. Does the facility have any Illinois Housing Development Authority Loans outstanding?** NO If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_  
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 DeKalb

Report Period Beginning:

01/01/12

Ending:

12/31/12

## 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		149,435	1,682	151,117		151,117	1
2	Housekeeping, Laundry and Maintenance		13,335	40,434	53,769		53,769	2
3	Heat and Other Utilities			120,907	120,907	(27,254)	93,653	3
4	Other (specify):			7,019	7,019		7,019	4
5	<b>TOTAL General Services</b>		162,770	170,042	332,812	(27,254)	305,558	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care		2,372		2,372		2,372	6
7	Activities and Social Services		8,016		8,016		8,016	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>		10,388		10,388		10,388	9
<b>C. General Administration</b>								
10	Administrative and Clerical		11,277	225,218	236,495	(16,390)	220,105	10
11	Marketing Materials, Promotions and Advertising		3,762	24,433	28,195		28,195	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			12,467	12,467		12,467	13
14	Other (specify):			1,169,634	1,169,634		1,169,634	14
15	<b>TOTAL General Administration</b>		15,039	1,431,752	1,446,791	(16,390)	1,430,401	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>		188,197	1,601,794	1,789,991	(43,644)	1,746,347	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			397,126	397,126		397,126	17
18	Interest			476,383	476,383		476,383	18
19	Real Estate Taxes			57,532	57,532		57,532	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			427,206	427,206		427,206	22
23	<b>TOTAL Ownership</b>			1,358,247	1,358,247		1,358,247	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>		188,197	2,960,041	3,148,238	(43,644)	3,104,594	24

**CONTRACT LABOR**

Facility Name: **Heritage Woods of DeKalb**

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

**V. STAFFING AND SALARY COSTS (Please report each line separately.)**

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</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>6</b>
				\$	

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

		Amount of Fee	
1	BMA MANAGEMENT, LTD	\$ 145,257	1
2			2
		<b>Total</b>	<b>3</b>
		\$	145,257

**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 DeKalb

Report Period Beginning:

01/01/12

Ending:

12/31/12

VIII. OWNERSHIP COSTS

A. Purchase price of land 204,014 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	76			2008	\$ 8,055,314	\$ 292,925	28	\$ 287,690	\$ (5,235)	\$ 1,330,347	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Land Improvements			443,798	35,347	15	29,587	(5,760)	167,223	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)				\$ 8,499,112	\$ 328,272		\$ 317,276	\$ (10,996)	\$ 1,497,570	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	\$ 616,295	\$ 68,854	\$ 123,259	54,405	5	\$ 576,057	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 616,295	\$ 68,854	\$ 123,259	54,405		\$ 576,057	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 DeKalb

Report Period Beginning: 01/01/12

Ending: 12/31/12

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: N/A

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	Almagamated Bank		X	First Mortgage	6/1/07	\$ 8,000,000	\$ 7,730,000	12/1/41	0.0610	\$ 476,383
2	Almagamated Bank		X	Second Mortgage	6/6/07	360,000	360,000	12/1/42	NA	
3					/ /			/ /		
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 8,360,000	\$ 8,090,000			\$ 476,383
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 8,360,000	\$ 8,090,000			\$ 476,383

\* 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 DeKalb

Report Period Beginning: 01/01/12

Ending:

12/31/12

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 316,965	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	366,955		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,051		6
7	Other Prepaid Expenses	2,981		7
8	Accounts Receivable (owners or related parties)	33,966		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 733,918	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	647,812		13
14	Buildings, at Historical Cost	8,055,314		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	616,295		16
17	Accumulated Depreciation (book methods)	(2,073,627)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	449,801		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(70,932)		20
21	Restricted Funds	1,300,135		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>	\$ 8,924,798	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,658,717	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 432,261	\$	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	57,126		31
32	Accrued Interest Payable	39,294		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	SEE PAGE 7 ATTACHMENT	62,202		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 590,883	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	8,090,000		38
39	Mortgage Payable			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>	\$ 8,090,000	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,680,883	\$	45
46	<b>TOTAL EQUITY</b>	\$ 977,833	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 9,658,717	\$	47

\*(See instructions.)

Facility Name: Heritage Woods of DeKalb

Report Period Beginning: 01/01/12

Ending:

12/31/12

## 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	\$ 2,789,319	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,789,319</b>	<b>3</b>
	<b>B. Other Operating Revenue</b>		
4	Special Services	112,808	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	19,991	8
9	Non-Resident Meals	7,299	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 140,098</b>	<b>11</b>
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	13,064	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 13,064</b>	<b>14</b>
	<b>D. Other Revenue (specify):</b>		
15	Call Pendant Income	447	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 447</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,942,927</b>	<b>18</b>

	2	Amount	
	<b>Expenses</b>		
	<b>A. Operating Expenses</b>		
19	General Services	332,812	19
20	Health Care/ Personal Care	10,388	20
21	General Administration	1,446,791	21
	<b>B. Capital Expense</b>		
22	Ownership	1,358,247	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>\$ 3,148,238</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (205,311)</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>\$ (205,311)</b>	<b>31</b>



## COST CENTER EXPENSES

### A. General Services - Other

Exterminating	1,756
Rubbish Removal	2,892
Vehicle Expense	
Transportation Service	
Water Softener	1,471
Misc Operating	900
<b>Total</b>	<b>7,019</b>

### C. General Administration - Other

Consulting	23,225
Legal	710
Accounting	90
Audit	11,360
Contract labor-Serv Prov	1,131,615
Bad Debt	
Contract labor	1,200
<b>Total</b>	<b>1,168,200</b>

### D. Ownership

Bond & Draw Fee	3,200
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	16,884
Incentive Manangement Fee	390,355
Tax Credit Fee & Incentive Fee	1,500

Amortization Expense	14,784
Remarketing and Trustee Fee	483
Property Damage Loss	
Gain on Sale	
<b>Total</b>	<b>427,206</b>

Reclassifications and Adjustments

Heat & Other Utilities (27,254) Cable

Administrative and Clerical (16,390) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	27,124
Accrued Asset Mgmt Fee	33,276
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Unclaimed Property	
Unearned Revenue	1,802
Accrued MIP	
Reservation Deposit	
Total Other Current Liabilities:	62,202