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.

I. Facility ID Number: 1000031

Facility Name: CAMBRIDGE HOUSE OF OFALLON

Address: 844 CAMBRIDGE BLVD (Number) OFALLON (City) 62269 (Zip Code)

County: ST CLAIR

Telephone Number: (618) 624-9900 **Fax #** 618 624-9904

Federal Employer ID Number:

Date Current Owners were Certified: 4/16/2004

Type of Ownership:

- [ ] VOLUNTARY, NON-PROFIT
  - [ ] Charitable Corp.
  - [ ] Trust
- [ ] PROPRIETARY
  - [ ] Individual
  - [X] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [ ] Limited Liability Co.
  - [ ] Trust
  - [ ] Other
- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

IRS Exemption Code

In the event there are further questions about this report, please contact:
Name: Thomas Staszak **Telephone Number:** (815) 935-1992
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2018 to 12/31/2018 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)
(Type or Print Name) Greg Echols
(Title) CFO, Gardant Management Solutions

Paid Preparer

(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

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**

Facility Name CAMBRIDGE HOUSE OF OFALLON Report Period Beginning: 01/01/2018 Ending: 12/31/2018

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	100	Single Unit Apartment	100	36,500	1
2	3	Double Unit Apartment	3	1,095	2
3		Other			3
4	103	TOTALS	103	37,595	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	25,816	8,339		34,155	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,816	8,339		34,155	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.85%

D. Indicate the number of paid bed-hold days the SLF had during this year 488 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 7 (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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

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*
[X]	[ ]	[ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 2018 Fiscal Year: 2018
* 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: CAMBRIDGE HOUSE OF OFALLON **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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	289,749	211,868	1,892	503,509		503,509	1
2	Housekeeping, Laundry and Maintenance	107,304	48,804	74,265	230,373		230,373	2
3	Heat and Other Utilities			167,080	167,080	(26,036)	141,044	3
4	Other (specify):			40,133	40,133		40,133	4
5	**TOTAL General Services**	397,053	260,672	283,370	941,095	(26,036)	915,060	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	505,701	12,521		518,222		518,222	6
7	Activities and Social Services	34,940	4,577		39,517		39,517	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	540,641	17,098		557,739		557,739	9
	C. General Administration							
10	Administrative and Clerical	188,129	34,470	360,907	583,506	(28,490)	555,016	10
11	Marketing Materials, Promotions and Advertising	68,539	13,082	47,205	128,826		128,826	11
12	Employee Benefits and Payroll Taxes			250,308	250,308		250,308	12
13	Insurance-Property, Liability and Malpractice			72,981	72,981		72,981	13
14	Other (specify):			53,945	53,945	(2,231)	51,714	14
15	**TOTAL General Administration**	256,668	47,552	785,346	1,089,566	(30,721)	1,058,844	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,194,362	325,322	1,068,716	2,588,400	(56,757)	2,531,643	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			342,655	342,655		342,655	17
18	Interest			388,402	388,402	(56,812)	331,590	18
19	Real Estate Taxes			71,306	71,306		71,306	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,275	9,275		9,275	21
22	Other (specify):			340,267	340,267		340,267	22
23	**TOTAL Ownership**			1,151,905	1,151,905	(56,812)	1,095,093	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,194,362	325,322	2,220,621	3,740,305	(113,569)	3,626,736	24

Facility Name: CAMBRIDGE HOUSE OF OFALLON 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	23.47	2
3	Certified Nurse Assistants	15	11.82	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	11.45	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	10.00	10
11	Laundry			11
12	Managers	5	24.11	12
13	Other Administrative	4	24.61	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)	38	$	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	$ 224,865	1
2			2
		Total $ 224,865	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		OTHER RELATED BUSINESS ENTITIES		
Name 1	City 2	Name 3	City 4	Type of Business 5
CAMBRIDGE HOUSE OF MARYVILLE	MARYVILLE			
CAMBRIDGE HOUSE OF SWANSEA	SWANSEA			

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 [X]
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 [X]
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 OFALLON Report Period Beginning: 01/01/2018 Ending: 12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,028,000 Year land was acquired 2002

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			2003	$ 8,159,910	$ 189,104	27.5	$ 296,724	$ 107,620	$ 4,343,443	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				236,973	15,798	15	15,798	0	232,668	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)				$ 8,396,883	$ 204,902		$ 312,522	$ 107,620	$ 4,576,111	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	$ 854,263	$ 33,429	$ 170,853	137,424	5	$ 803,465	18
19					$		-	19
20	TOTAL (lines 18 and 19)	$ 854,263	$ 33,429	$ 170,853	137,424		$ 803,465	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 OFALLON 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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related Long-Term										
1	IHDA		X	FIRST MORTGAGE	12/1/03	$ 7,470,000	$ 6,447,279	8/1/44	0.0598	$ 388,402	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 7,470,000	$ 6,447,279			$ 388,402	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 7,470,000	$ 6,447,279			$ 388,402	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 OFALLON **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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,446,420	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (26,674))	463,451		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	69,381		6
7	Other Prepaid Expenses	2,763		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	947		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,982,963	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,028,000		13
14	Buildings, at Historical Cost	8,159,910		14
15	Leasehold Improvements, at Historical Cost	236,973		15
16	Equipment, at Historical Cost	854,263		16
17	Accumulated Depreciation (book methods)	(5,379,576)		17
18	Deferred Charges	6,026		18
19	Organization & Pre-Operating Costs	226,775		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(226,775)		20
21	Restricted Funds	2,337,378		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 7,242,974	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,225,936	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 43,891	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	45,139		30
31	Accrued Taxes Payable	73,052		31
32	Accrued Interest Payable	32,129		32
33	Deferred Compensation	2,378		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	615,075		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 811,664	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	650,000		38
39	Mortgage Payable	6,333,972		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)**	$ 6,983,972	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 7,795,636	$	45
46	**TOTAL EQUITY**	$ 2,430,300	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 10,225,936	$	47

***(See instructions.)**

Facility Name: CAMBRIDGE HOUSE OF OFALLON 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.)

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 3,597,161	1
2	Discounts and Allowances	(19,871)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,577,290	3
	B. Other Operating Revenue		
4	Special Services	157,704	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	13,377	8
9	Non-Resident Meals	3,562	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 174,643	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	56,812	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 56,812	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	22,222	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 22,222	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,830,967	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	941,095	19
20	Health Care/ Personal Care	557,739	20
21	General Administration	1,089,566	21
	B. Capital Expense		
22	Ownership	1,151,905	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)**	$ 3,740,305	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 90,662	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 90,662	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 1,368,514	32
33	Private Pay - Net Inpatient Revenue	2,208,776	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 3,577,290	37

Operating Expenses PG 3 Other

A. General Services

	Other (specify):	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	2,823
5200-5127-0-0	Rubbish Removal	4,982
5200-5130-0-0	Vehicle Expense	21,228
5200-5131-0-0	Transportation Service	-
5300-5140-0-0	Security & Monitoring	11,101
	PG3-4.3	**40,133**

C. General Administration

	Other (specify):	Amt
5160-5060-0-0	Consulting	258
5160-5063-0-0	Legal	2,261
5160-5064-0-0	Accounting	155
5160-5066-0-0	Audit	14,811
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	34,229
5180-5079-0-0	Bad Debt - Resident	2,231
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	-
5190-5000-0-0	Other Admin Allocation	-
	PG3-14.3	**53,945**

B. Health Care and Programs

Other (specify): **PG3-8.3**

D. Ownership

	Other (specify):	Amt
9100-9101-0-0	Interest & Dividend Income	-
9100-9102-0-0	Assessment Income	-
9100-9103-0-0	Assessment Expense	-
9200-9201-1-0	Amortization - Loan Fees	4,548
9200-9202-0-0	Financing Fees	-
9200-9203-1-0	Mortgage Interest Premium	-
9200-9204-0-0	Mortgage Service Fee	16,238
9200-9205-0-0	Mortgage Insurance Prem	32,254
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	-
9200-9208-0-0	Bond & Draw Fee	-
9200-9209-0-0	Remarketing and Trustee Fee	-
9200-9210-0-0	Interest Expense-Note	-
9200-9211-0-0	Interest Expense-LP	-
9200-9212-0-0	Debt Write-Off	-
9300-9301-0-0	Partnership Management Fee	25,000
9300-9302-0-0	Asset Management Fee	5,004
9300-9303-0-0	Incentive Management	432,062
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	-
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	(174,839)
9900-9907-0-0	Abandonment Loss	-
9900-9908-0-0	Grant Income	-
9900-9909-0-0	Misc: Title, Recording, Transfer	-
	PG3-22.3	**340,267**

Operating Expenses - Reclassifications and Adjustments PG 3

A. General Services

	Heat and Other Utilities	
3300-3303-0-0	Cable	26,036
	PG3-3.5	**26,036**

C. General Administration

	Administrative and Clerical	
3300-3301-0-0	Beauty Salon & Manicure	13,377
3300-3304-0-0	Internet Access	-
3300-3321-0-0	Telephone- Connection	13,676
3300-3323-0-0	Telephone- Usage	273
5190-5090-0-0	Contributions	1,165
	PG3-10.5	**28,490**

C. General Administration

	Other (specify):	
5180-5079-0-0	Bad Debt - Resident	2,231
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	**2,231**

D. Ownership

	Interest	
3300-3380-0-0	Interest Income	19,409
3300-3385-0-0	Interest Income - Reserves	37,403
	PG3-18.5	**56,812**

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	947
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
	PG7-9.1	**947**

	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	-
	PG7-23.1	**-**

	Current Liabilities Detail	Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	5,004
2112-0101-0-0	Accrued Partnership Mgmt Fee	25,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	544,415
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	27,045
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	1,083
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	12,528
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
	PG7-35.1	**615,075**

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)	11,755
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	390
3300-3393-0-0	Insurance Adjustments	10,077
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

PG8-15.1	**22,222**