FOR BHF USE

LL2

Supportive Living Facility

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)

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: 1000063

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

Address: 6960 STATE ROUTE 162 (Number) MARYVILLE (City) 62062 (Zip Code)

County: MADISON

Telephone Number: (618) 288-2211 **Fax #** 618 288-2299

Federal Employer ID Number:

Date Current Owners were Certified: 11/29/2006

Type of Ownership:

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

In the event there are further questions about this report, please contact:
Name: Danel Erickson **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 01/01/2020 to 12/31/2020 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 MARYVILLE Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	22,738	5,211		27,949	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	22,738	5,211	0	27,949	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 74.34%

D. Indicate the number of paid bed-hold days the SLF had during this year 379 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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: 2020 Fiscal Year: 2020
* 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: CAMBRIDGE HOUSE OF MARYVILLE **Report Period Beginning: 01/01/2020 Ending: 12/31/2020**

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	287,600	212,365	1,456	501,421	0	501,421	1
2	Housekeeping, Laundry and Maintenance	122,395	42,560	96,618	261,573	0	261,573	2
3	Heat and Other Utilities			141,164	141,164	(20,568)	120,596	3
4	Other (specify):	57,414	0	101,289	158,703	0	158,703	4
5	**TOTAL General Services**	467,409	254,925	340,527	1,062,861	(20,568)	1,042,293	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	526,315	16,784	0	543,099	0	543,099	6
7	Activities and Social Services	25,481	3,124	0	28,605	0	28,605	7
8	Other (specify):	0	0	0	0	0	0	8
9	**TOTAL Health Care and Programs**	551,796	19,908	0	571,704	0	571,704	9
	C. General Administration							
10	Administrative and Clerical	179,786	53,628	304,471	537,885	(19,491)	518,394	10
11	Marketing Materials, Promotions and Advertising	65,886	9,694	47,695	123,275	0	123,275	11
12	Employee Benefits and Payroll Taxes	0	0	332,251	332,251	0	332,251	12
13	Insurance-Property, Liability and Malpractice	0	0	83,921	83,921	0	83,921	13
14	Other (specify):	0	0	176,984	176,984	(110,204)	66,781	14
15	**TOTAL General Administration**	245,672	63,322	945,322	1,254,316	(129,695)	1,124,621	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,264,877	338,155	1,285,849	2,888,881	(150,263)	2,738,618	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			396,982	396,982	0	396,982	17
18	Interest			241,096	241,096	(199,940)	41,156	18
19	Real Estate Taxes			65,728	65,728	0	65,728	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			20,137	20,137	0	20,137	21
22	Other (specify):	0	0	473,175	473,175	0	473,175	22
23	**TOTAL Ownership**	0	0	1,197,118	1,197,118	(199,940)	997,178	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,264,877	338,155	2,482,967	4,085,999	(350,202)	3,735,797	24

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE **Report Period Beginning: 01/01/2020 Ending: 12/31/2020**

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	26.38	2
3	Certified Nurse Assistants	15	13.12	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers	0	0.00	5
6	Head Cook	0	0.00	6
7	Cook Helpers/Assistants	10	11.72	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.25	10
11	Laundry	0	0.00	11
12	Managers	5	24.65	12
13	Other Administrative	5	21.66	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other	0	0.00	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	$ 0	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Gardant Management Solutions	$ 215,549	1
2			2
		Total $ 215,549	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 O'FALLON	O'FALLON			
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 MARYVILLE Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 650,127 Year land was acquired 2004

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			2006	$ 9,638,861	$ 350,504	27.5	$ 350,504	$ (0)	$ 5,121,198	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				334,649	19,744	15	22,310	2,566	324,743	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				$ 9,973,510	$ 370,248		$ 372,814	$ 2,566	$ 5,445,942	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	$ 1,037,185	$ 26,734	$ 207,437	180,703	5	$ 977,899	18
19		0	0	0	$		-	19
20	TOTAL (lines 18 and 19)	$ 1,037,185	$ 26,734	$ 207,437	180,703		$ 977,899	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 MARYVILLE Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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		0		$ 0			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	GERSHMAN MORTGAGE		X	FIRST MORTGAGE	4/1/18	$ 6,915,200	$ 6,648,042	5/1/53	0.0379	$ 241,096	1
2											2
3											3
	Working Capital										
4	Bank of Springfield			PPP Loan	4/10/20	281,100	281,000	4/10/22	0.0100	0	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 7,196,300	$ 6,929,042			$ 241,096	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 7,196,300	$ 6,929,042			$ 241,096	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 MARYVILLE **Report Period Beginning:** 01/01/2020 **Ending:** 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 2,300,900	$	1
2	Cash-Patient Deposits	10,719		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (205,401))	0 240,694		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	77,888		6
7	Other Prepaid Expenses	26,348		7
8	Accounts Receivable (owners or related parties)	913,432		8
9	Other(specify): See Page 7 Attachment	64		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,570,046	$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	650,127		13
14	Buildings, at Historical Cost	9,638,861		14
15	Leasehold Improvements, at Historical Cost	334,649		15
16	Equipment, at Historical Cost	1,037,185		16
17	Accumulated Depreciation (book methods)	(6,423,840)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	45,895		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0 (45,895)		20
21	Restricted Funds	530,242		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,767,258	$ 0	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 9,337,305	$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 46,761	$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	54,014		30
31	Accrued Taxes Payable	66,345		31
32	Accrued Interest Payable	19,944		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	775,717		35
36		0		36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 962,781	$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	281,100		38
39	Mortgage Payable	6,486,079		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 6,767,179	$ 0	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 7,729,960	$ 0	45
46	**TOTAL EQUITY**	$ 1,607,344	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 9,337,305	$ 0	47

***(See instructions.)**

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE **Report Period Beginning: 01/01/2020 Ending: 12/31/2020**

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	$ 3,249,129	1
2	Discounts and Allowances	(33,931)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,215,198	3
	B. Other Operating Revenue		
4	Special Services	142,178	4
5	Other Health Care Services	0	5
6	Special Grants	309,097	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	2,545	8
9	Non-Resident Meals	768	9
10	Laundry	0	10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 454,588	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	199,940	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 199,940	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	3,215	15
16		0	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 3,215	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,872,941	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,062,861	19
20	Health Care/ Personal Care	571,704	20
21	General Administration	1,254,316	21
	B. Capital Expense		
22	Ownership	1,197,118	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)**	$ 4,085,999	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (213,058)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (213,058)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 1,516,458	32
33	Private Pay - Net Inpatient Revenue	1,698,740	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 3,215,198	37

Operating Expenses PG 3 Other

A. General Services

Labor Other (specify):

9900-9001-0-0	Extraordinary COVID Labor	57,414
9900-9001-0-2	Extraordinary COVID - Labor	-
	PG3-4.1	**57,414**

A. General Services

Other (specify):

5200-5000-0-0	Operating Allocation	114,828
5200-5124-0-0	Exterminating	1,751
5200-5127-0-0	Rubbish Removal	8,879
5200-5130-0-0	Vehicle Expense	5,939
5200-5131-0-0	Transportation Service	-
5300-5140-0-0	Security & Monitoring	15,434
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	57,398
9900-9003-0-0	Extraordinary COVID - Other	11,887
	PG3-4.3	**101,289**

C. General Administration

Other (specify):		Amt
5160-5060-0-0	Consulting	1,826
5160-5063-0-0	Legal	8,507
5160-5064-0-0	Accounting	180
5160-5066-0-0	Audit	15,460
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	40,808
5180-5079-0-0	Bad Debt - Resident	252,789
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	60,647
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	3,005
5190-5000-0-0	Other Admin Allocation	-
	PG3-14.3	**176,984**

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	5,022
9200-9202-0-0	Financing Fees	2,023
9200-9203-1-0	Mortgage Interest Premium	-
9200-9204-0-0	Mortgage Service Fee	-
9200-9205-0-0	Mortgage Insurance Prem	30,135
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	401,991
9300-9303-1-0	Incentive Asset Mgmt Fee	-
9300-9304-0-0	Tax Credit Fees & Incentive Fee	4,000
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	-
9900-9907-0-0	Abandonment Loss	-
9900-9908-0-0	Grant Income	-
9900-9909-0-0	Misc: Title, Recording, Transfer	-
	PG3-22.3	**473,175**

Operating Expenses - Reclassifications and Adjustments PG 3

A. General Services

Heat and Other Utilities

3300-3303-0-0	Cable	20,568
	PG3-3.5	**20,568**

C. General Administration

Administrative and Clerical

3300-3301-0-0	Beauty Salon & Manicure	2,545
3300-3304-0-0	Internet Access	3,525
3300-3321-0-0	Telephone- Connection	12,200
3300-3323-0-0	Telephone- Usage	521
5190-5090-0-0	Contributions	700
	PG3-10.5	**19,491**

C. General Administration

Other (specify):

5180-5079-0-0	Bad Debt - Resident	46,551
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	60,647
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	3,005
	PG3-14.5	**110,204**

D. Ownership

Interest

3300-3380-0-0	Interest Income	197,865
3300-3385-0-0	Interest Income - Reserves	2,075
	PG3-18.5	**199,940**

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	64
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
	PG7-9.1	**64**

	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	-
2112-0101-0-0	Accrued Partnership Mgmt Fee	25,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	401,991
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	134,787
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	978
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	41,983
2112-0159-1-0	Medicaid Prepayments	170,978
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
	PG7-35.1	**775,717**

Income Statement PG 8 Other

Income Statement

	Other Revenue	Amt	
3300-3388-0-0	Contract Service-Serv Prov	-	
3300-3390-0-0	Other	815	Call pendants
3300-3391-0-0	Property Tax Adjustments	-	
3300-3392-0-0	Property Lease Income	2,400	
3300-3393-0-0	Insurance Adjustments	-	
3300-3395-0-0	Developer Fee Income	-	
3300-3396-0-0	Home Office Rent Income	-	
3300-3202-0-0	Food & Meal Prep	-	

PG8-15.1	**3,215**