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: 1000116

Facility Name: CAMBRIDGE HOUSE OF SWANSEA

Address: 3900 SULLIVAN DRIVE (Number) SWANSEA (City) 62226 (Zip Code)

County: ST CLAIR

Telephone Number: (618) 234-8910 **Fax #** 618 234-8920

Federal Employer ID Number:

Date Current Owners were Certified: 3/11/2009

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 SWANSEA 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	28,984	4,314		33,298	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	28,984	4,314	0	33,298	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.57%

D. Indicate the number of paid bed-hold days the SLF had during this year 540 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 [X] MODIFIED CASH* [ ] CASH* [ ]

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 SWANSEA **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	298,911	182,544	1,013	482,468	0	482,468	1
2	Housekeeping, Laundry and Maintenance	124,447	38,922	29,779	193,148	0	193,148	2
3	Heat and Other Utilities			153,220	153,220	(24,208)	129,012	3
4	Other (specify):	44,680	0	138,371	183,050	0	183,050	4
5	**TOTAL General Services**	468,038	221,466	322,383	1,011,886	(24,208)	987,678	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	587,780	16,745	0	604,525	0	604,525	6
7	Activities and Social Services	33,593	3,091	0	36,684	0	36,684	7
8	Other (specify):	0	0	0	0	0	0	8
9	**TOTAL Health Care and Programs**	621,373	19,836	0	641,209	0	641,209	9
	C. General Administration							
10	Administrative and Clerical	152,706	49,720	248,540	450,966	(24,235)	426,731	10
11	Marketing Materials, Promotions and Advertising	65,853	9,828	58,750	134,431	0	134,431	11
12	Employee Benefits and Payroll Taxes	0	0	299,686	299,686	0	299,686	12
13	Insurance-Property, Liability and Malpractice	0	0	69,131	69,131	0	69,131	13
14	Other (specify):	0	0	154,416	154,416	(78,762)	75,654	14
15	**TOTAL General Administration**	218,559	59,548	830,523	1,108,630	(102,997)	1,005,633	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,307,970	300,850	1,152,906	2,761,726	(127,205)	2,634,520	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			309,432	309,432	0	309,432	17
18	Interest			197,640	197,640	(16,263)	181,377	18
19	Real Estate Taxes			96,489	96,489	0	96,489	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			16,839	16,839	0	16,839	21
22	Other (specify):	0	0	1,045,141	1,045,141	0	1,045,141	22
23	**TOTAL Ownership**	0	0	1,665,541	1,665,541	(16,263)	1,649,277	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,307,970	300,850	2,818,447	4,427,267	(143,469)	4,283,798	24

Facility Name: CAMBRIDGE HOUSE OF SWANSEA 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	27.20	2
3	Certified Nurse Assistants	17	13.19	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	11	11.53	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	10.71	10
11	Laundry	0	0.00	11
12	Managers	5	24.20	12
13	Other Administrative	3	23.80	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)	41	$	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	$ 162,416	1
2			2
		Total $ 162,416	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	O'FALLON			
CAMBRIDGE HOUSE OF MARYVILLE	MARYVILLE			

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 SWANSEA Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	$ 7,878,806	$ 286,204	28	$ 286,502	$ 298	$ 3,308,647	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				236,759	13,969	15	15,784	1,815	187,821	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)				$ 8,115,565	$ 300,173		$ 302,286	$ 2,113	$ 3,496,468	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	$ 918,279	$ 9,259	$ 183,656	174,397	5	$ 884,473	18
19	Vehicles	53,624	0	10,725	10,725	5	53,624	19
20	TOTAL (lines 18 and 19)	$ 971,903	$ 9,259	$ 194,381	185,122		$ 938,097	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: 01/01/2020 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	10/11/12	$ 9,423,200	$ 7,902,033	11/1/47	0.0245	$ 195,911	1
2											2
3											3
	Working Capital										
4	Bank Of Springfield			PPP Loan	4/10/20	273,300	0	4/10/22	0.0100	1,730	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 9,696,500	$ 7,902,033			$ 197,641	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 9,696,500	$ 7,902,033			$ 197,641	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:** 01/01/2020 **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	$ 2,392,026	$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (143,450))	0 212,378		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	95,695		6
7	Other Prepaid Expenses	17,472		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	6,708		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,724,279	$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	425,000		13
14	Buildings, at Historical Cost	7,878,806		14
15	Leasehold Improvements, at Historical Cost	236,759		15
16	Equipment, at Historical Cost	971,903		16
17	Accumulated Depreciation (book methods)	(4,434,566)		17
18	Deferred Charges	301		18
19	Organization & Pre-Operating Costs	0		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0 0		20
21	Restricted Funds	346,895		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)**	$ 5,425,097	$ 0	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,149,376	$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 66,324	$	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	57,324		30
31	Accrued Taxes Payable	96,909		31
32	Accrued Interest Payable	16,133		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	385,986		35
36		0		36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 622,676	$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	7,763,573		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)**	$ 7,763,573	$ 0	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 8,386,249	$ 0	45
46	**TOTAL EQUITY**	$ (236,873)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 8,149,376	$ 0	47

***(See instructions.)**

Facility Name: CAMBRIDGE HOUSE OF SWANSEA **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	$ 3,827,107	1
2	Discounts and Allowances	(11,479)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,815,628	3
	B. Other Operating Revenue		
4	Special Services	191,593	4
5	Other Health Care Services	0	5
6	Special Grants	642,541	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	2,442	8
9	Non-Resident Meals	726	9
10	Laundry	0	10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 837,302	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	16,263	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 16,263	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	3,016	15
16		0	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 3,016	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 4,672,209	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,011,886	19
20	Health Care/ Personal Care	641,209	20
21	General Administration	1,108,630	21
	B. Capital Expense		
22	Ownership	1,665,541	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)**	$ 4,427,267	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 244,942	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 244,942	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 1,972,917	32
33	Private Pay - Net Inpatient Revenue	1,842,711	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 3,815,628	37

Operating Expenses PG 3 Other

A. General Services

Labor Other (specify):

9900-9001-0-0	Extraordinary COVID Labor	44,680
9900-9001-0-2	Extraordinary COVID - Labor	-
	PG3-4.1	**44,680**

A. General Services

Other (specify):

5200-5000-0-0	Operating Allocation	89,359
5200-5124-0-0	Exterminating	1,388
5200-5127-0-0	Rubbish Removal	3,241
5200-5130-0-0	Vehicle Expense	3,788
5200-5131-0-0	Transportation Service	-
5300-5140-0-0	Security & Monitoring	14,886
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	95,279
9900-9003-0-0	Extraordinary COVID - Other	19,789
	PG3-4.3	**138,371**

C. General Administration

Other (specify):		Amt
5160-5060-0-0	Consulting	2,155
5160-5063-0-0	Legal	16,034
5160-5064-0-0	Accounting	155
5160-5066-0-0	Audit	16,300
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	41,010
5180-5079-0-0	Bad Debt - Resident	343,978
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	43,772
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	5,091
5190-5000-0-0	Other Admin Allocation	-
	PG3-14.3	**154,416**

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	5,160
9200-9202-0-0	Financing Fees	-
9200-9203-1-0	Mortgage Interest Premium	-
9200-9204-0-0	Mortgage Service Fee	-
9200-9205-0-0	Mortgage Insurance Prem	39,981
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	-
9300-9302-0-0	Asset Management Fee	-
9300-9303-0-0	Incentive Management	1,000,000
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	-
9900-9907-0-0	Abandonment Loss	-
9900-9908-0-0	Grant Income	-
9900-9909-0-0	Misc: Title, Recording, Transfer	-
	PG3-22.3	**1,045,141**

Operating Expenses - Reclassifications and Adjustments PG 3

A. General Services

Heat and Other Utilities

3300-3303-0-0	Cable	24,208
	PG3-3.5	**24,208**

C. General Administration

Administrative and Clerical

3300-3301-0-0	Beauty Salon & Manicure	2,442
3300-3304-0-0	Internet Access	-
3300-3321-0-0	Telephone- Connection	15,830
3300-3323-0-0	Telephone- Usage	963
5190-5090-0-0	Contributions	5,000
	PG3-10.5	**24,235**

C. General Administration

Other (specify):

5180-5079-0-0	Bad Debt - Resident	29,899
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	43,772
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	5,091
	PG3-14.5	**78,762**

D. Ownership

Interest

3300-3380-0-0	Interest Income	15,164
3300-3385-0-0	Interest Income - Reserves	1,099
	PG3-18.5	**16,263**

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	6,708
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
	PG7-9.1	**6,708**

	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	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	249,092
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	171
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	54,626
2112-0159-1-0	Medicaid Prepayments	82,098
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
	PG7-35.1	**385,986**

Income Statement PG 8 Other

Income Statement

	Other Revenue	Amt	
3300-3388-0-0	Contract Service-Serv Prov	-	
3300-3390-0-0	Other	616	Late Fees; 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	**3,016**