

		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: 1000041

Facility Name: CHURCHVIEW SUPP LIVING CTR

Address: 2626 WEST 63RD ST CHICAGO 60629
 Number City Zip Code

County: COOK

Telephone Number: (773) 471-4444 Fax # 773 471-3935

Federal Employer ID Number: _____

Date Current Owners were Certified: 3/24/2005

Type of Ownership:

<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
	IRS Exemption Code _____	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other _____
		<input type="checkbox"/>	"Sub-S" Corp.	<input type="checkbox"/>	
		<input type="checkbox"/>	Limited Liability Co.	<input type="checkbox"/>	
		<input type="checkbox"/>	Trust	<input type="checkbox"/>	
		<input type="checkbox"/>	Other _____	<input type="checkbox"/>	

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) <u>Greg Echols</u>	
	(Title) <u>CFO, Gardant Management Solutions</u>	
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 CHURCHVIEW SUPP LIVING CTR

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	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	86	Single Unit Apartment	86	31,390	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	86	TOTALS	86	31,390	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	25,238	368		25,606	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	25,238	368	0	25,606	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.57%

D. Indicate the number of paid bed-hold days the SLF had during this year
447 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 31 (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)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? 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: CHURCHVIEW SUPP LIVING CTR

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 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	322,613	154,149	2,591	479,353	0	479,353	1
2	Housekeeping, Laundry and Maintenance	138,770	37,023	87,231	263,024	0	263,024	2
3	Heat and Other Utilities			186,519	186,519	(8,191)	178,328	3
4	Other (specify):	42,814	0	169,813	212,627	0	212,627	4
5	TOTAL General Services	504,197	191,172	446,154	1,141,523	(8,191)	1,133,332	5
B. Health Care and Programs								
6	Health Care/ Personal Care	474,105	16,211	0	490,316	0	490,316	6
7	Activities and Social Services	17,698	2,097	0	19,795	0	19,795	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	491,803	18,308	0	510,111	0	510,111	9
C. General Administration								
10	Administrative and Clerical	222,465	50,507	244,839	517,811	(6,999)	510,812	10
11	Marketing Materials, Promotions and Advertising	62,789	7,166	69,718	139,673	0	139,673	11
12	Employee Benefits and Payroll Taxes	0	0	300,276	300,276	0	300,276	12
13	Insurance-Property, Liability and Malpractice	0	0	65,110	65,110	0	65,110	13
14	Other (specify):	0	0	167,972	167,972	(84,929)	83,042	14
15	TOTAL General Administration	285,254	57,673	847,915	1,190,842	(91,928)	1,098,914	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,281,254	267,153	1,294,069	2,842,476	(100,119)	2,742,357	16
Capital Expenses								
D. Ownership								
17	Depreciation			466,332	466,332	0	466,332	17
18	Interest			31,488	31,488	(9,935)	21,553	18
19	Real Estate Taxes			72,024	72,024	0	72,024	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			11,299	11,299	0	11,299	21
22	Other (specify):	0	0	168,340	168,340	(7,861)	160,479	22
23	TOTAL Ownership	0	0	749,483	749,483	(17,796)	731,687	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,281,254	267,153	2,043,552	3,591,959	(117,915)	3,474,043	24

Facility Name: CHURCHVIEW SUPP LIVING CTR

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	28.39	2
3	Certified Nurse Assistants	11	14.68	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	9	15.47	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	14.23	10
11	Laundry	0	0.00	11
12	Managers	4	25.63	12
13	Other Administrative	4	24.78	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)	33	\$	17

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).

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	\$ 174,558	1
2			2
Total		\$ 174,558	3

Facility Name: CHURCHVIEW SUPP LIVING CTR

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 1,302,647 Year land was acquired 1998-2000

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	86			2004	\$ 12,342,428	\$ 448,008	27.5	\$ 448,816	\$ 808	\$ 7,325,896	1
2									0		2
3									0		3
4									0		4
5									0		5
Improvement Type											
6	Leasehold Improvements				300,149	480	15	20,010	19,530	294,431	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)				\$ 12,642,577	\$ 448,488		\$ 468,825	\$ 20,337	\$ 7,620,327	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	\$ 513,367	\$ 17,844	\$ 102,673	84,829	5	\$ 449,866	18
19		0	0	0			-	19
20	TOTAL (lines 18 and 19)	\$ 513,367	\$ 17,844	\$ 102,673	84,829		\$ 449,866	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: CHURCHVIEW SUPP LIVING CTR

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	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		0		\$ 0			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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
A. Directly Facility Related												
Long-Term												
1		HARRIS TRUST & SAVINGS		X	FIRST MORTGAGE	3/1/03	\$ 7,555,000	\$ 4,945,000	9/1/33	variable	\$ 31,488	1
2		CITY OF CHICAGO DEPT OF		X	Second Mortgage	3/1/03	4,000,000	4,000,000	3/1/35	none		2
3		0			0	1/0/00	0	0	1/0/00	0.0000		3
Working Capital												
4						/ /		0	/ /		0	4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 11,555,000	\$ 8,945,000			\$ 31,488	7
B. Non-Facility Related												
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 11,555,000	\$ 8,945,000			\$ 31,488	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: CHURCHVIEW SUPP LIVING CTR

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	\$ 1,042,807	\$	1
2	Cash-Patient Deposits	152		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (141,666))	0 437,813		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	22,672		6
7	Other Prepaid Expenses	7,100		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	18,423		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,528,967	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	1,302,647		13
14	Buildings, at Historical Cost	12,342,428		14
15	Leasehold Improvements, at Historical Cost	300,149		15
16	Equipment, at Historical Cost	513,367		16
17	Accumulated Depreciation (book methods)	(8,070,193)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	205,780		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0 (205,780)		20
21	Restricted Funds	966,130		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)	\$ 7,354,563	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,883,530	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 350,982	\$	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	0		30
31	Accrued Taxes Payable	74,039		31
32	Accrued Interest Payable	605		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	333,243		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 758,869	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	8,782,543		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)	\$ 8,782,543	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,541,412	\$ 0	45
46	TOTAL EQUITY	\$ (657,883)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,883,530	\$ 0	47

*(See instructions.)

Facility Name: CHURCHVIEW SUPP LIVING CTR

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.)

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,242,000	1
2	Discounts and Allowances	(12,633)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,229,367	3
B. Other Operating Revenue			
4	Special Services	101,254	4
5	Other Health Care Services	0	5
6	Special Grants	246,441	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	0	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 347,695	11
C. Non-Operating Revenue			
12	Contributions	0	12
13	Interest and Other Investment Income	9,935	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 9,935	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	4,816	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,816	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,591,813	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,141,523	19
20	Health Care/ Personal Care	510,111	20
21	General Administration	1,190,842	21
B. Capital Expense			
22	Ownership	749,483	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)	\$ 3,591,959	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (146)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (146)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	2,450,377	32
33	Private Pay - Net Inpatient Revenue	778,990	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,229,367	37

Operating Expenses PG 3 Other				
A. General Services		D. Ownership		
Labor Other (specify):		Other (specify):		
9900-9001-0-0	Extraordinary COVID Labor	42,814	9100-9101-0-0	Interest & Dividend Income
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income
	PG3-4.1	42,814	9100-9103-0-0	Assessment Expense
A. General Services			9200-9201-1-0	Amortization - Loan Fees
Other (specify):			9200-9202-0-0	Financing Fees
5200-5000-0-0	Operating Allocation	85,628	9200-9203-1-0	Mortgage Interest Premium
5200-5124-0-0	Exterminating	8,025	9200-9204-0-0	Mortgage Service Fee
5200-5127-0-0	Rubbish Removal	15,392	9200-9205-0-0	Mortgage Insurance Prem
5200-5130-0-0	Vehicle Expense	-	9200-9206-0-0	Participation Fee
5200-5131-0-0	Transportation Service	4,127	9200-9207-0-0	Letter of Credit Fee
5300-5140-0-0	Security & Monitoring	114,721	9200-9208-0-0	Bond & Draw Fee
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	25,867	9200-9209-0-0	Remarketing and Trustee Fee
9900-9003-0-0	Extraordinary COVID - Other	1,682	9200-9210-0-0	Interest Expense-Note
	PG3-4.3	169,813	9200-9211-0-0	Interest Expense-LP
C. General Administration			9200-9212-0-0	Debt Write-Off
Other (specify):		Amt	9300-9301-0-0	Partnership Management Fee
5160-5060-0-0	Consulting	1,846	9300-9302-0-0	Asset Management Fee
5160-5063-0-0	Legal	30,676	9300-9303-0-0	Incentive Management
5160-5064-0-0	Accounting	295	9300-9303-1-0	Incentive Asset Mgmt Fee
5160-5066-0-0	Audit	16,500	9300-9304-0-0	Tax Credit Fees & Incentive Fee
5160-5067-0-0	Contract Labor-Serv Prov	-	9300-9305-0-0	Organizational Expense
5160-5068-0-0	Contract Labor	33,725	9300-9306-0-0	Developer Fees
5180-5079-0-0	Bad Debt - Resident	395,125	9300-9307-0-0	Closing Costs
5180-5079-1-0	Bad Debt - Resident - Recovery	-	9700-9702-0-0	Amortization Expense
5180-5080-0-0	Bad Debt - Resident Prior Period	-	9900-9901-0-0	Prior Period Adjustments
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	27,213	9900-9902-0-0	Dissolution of Business
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9900-9903-0-0	Loss (Gain) on Sale of Assets
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9900-9904-0-0	Business Interruption
5180-5083-0-0	Bad Debt - Medicaid MCO	5,985	9900-9905-0-0	Settlement
5190-5000-0-0	Other Admin Allocation	-	9900-9906-0-0	Property Damage Loss
	PG3-14.3	167,972	9900-9907-0-0	Abandonment Loss
			9900-9908-0-0	Grant Income
			9900-9909-0-0	Misc: Title, Recording, Transfer
			PG3-22.3	168,340

Operating Expenses - Reclassifications and Adjustments PG 3		
A. General Services		
Heat and Other Utilities		
3300-3303-0-0	Cable	8,191
	PG3-3.5	8,191
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	-
3300-3304-0-0	Internet Access	-
3300-3321-0-0	Telephone- Connection	6,447
3300-3323-0-0	Telephone- Usage	552
5190-5090-0-0	Contributions	-
	PG3-10.5	6,999
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	51,731
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	27,213
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	5,985
	PG3-14.5	84,929
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	9,243
3300-3385-0-0	Interest Income - Reserves	692
	PG3-18.5	9,935
D. Ownership		
Other (specify):		
1302-1007-0-0	A/A - Goodwill	-
9200-9209-0-0	Remarketing and Trustee Fee	7,861
	PG3-22.5	7,861

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	18,423
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		18,423

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	21,500
2112-0101-0-0	Accrued Partnership Mgmt Fee	96,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	86,371
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	11,306
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	23,894
2112-0159-1-0	Medicaid Prepayments	94,172
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		333,243

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	4,816 Late fee; NSF Fee
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
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	4,816
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