

		FOR BHF USE			

LL2

Supportive Living Facility

2017

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2017)

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: 1000078 Facility Name: HERITAGE WOODS OF MT VERNON Address: 1033 S 42ND STREET MT VERNON 62864 County: JEFFERSON Telephone Number: (618) 241-9518 Fax # 618 241-9516 Federal Employer ID Number: Date Current Owners were Certified: 10/9/2007 Type of Ownership: <table><tr><td>☐</td><td>VOLUNTARY, NON-PROFIT</td><td>☐</td><td>PROPRIETARY</td><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☐</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td>IRS Exemption Code</td><td></td><td>☐</td><td>Corporation</td><td>☐</td><td>Other</td></tr><tr><td></td><td></td><td>☒</td><td>"Sub-S" Corp.</td><td></td><td></td></tr><tr><td></td><td></td><td>☐</td><td>Limited Liability Co.</td><td></td><td></td></tr><tr><td></td><td></td><td>☐</td><td>Trust</td><td></td><td></td></tr><tr><td></td><td></td><td>☐</td><td>Other</td><td></td><td></td></tr></table>			☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL	☐	Charitable Corp.	☐	Individual	☐	State	☐	Trust	☐	Partnership	☐	County	IRS Exemption Code		☐	Corporation	☐	Other			☒	"Sub-S" Corp.					☐	Limited Liability Co.					☐	Trust					☐	Other			II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2017 to 12/31/2017 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. <table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed)</td><td></td><td>(Date)</td></tr><tr><td>(Type or Print Name)</td><td colspan="2">Greg Echols</td></tr><tr><td rowspan="5">Paid Preparer</td><td>(Title)</td><td colspan="2">CFO, Gardant Management Solutions</td></tr><tr><td>(Signed)</td><td></td><td>(Date)</td></tr><tr><td>(Print Name and Title)</td><td colspan="2"></td></tr><tr><td>(Firm Name & Address)</td><td colspan="2"></td></tr><tr><td>(Telephone)</td><td>()</td><td>Fax # ()</td></tr></table> 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			Officer or Administrator of Provider	(Signed)		(Date)	(Type or Print Name)	Greg Echols		Paid Preparer	(Title)	CFO, Gardant Management Solutions		(Signed)		(Date)	(Print Name and Title)			(Firm Name & Address)			(Telephone)	()	Fax # ()
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	(Telephone)	()	Fax # ()																																																																									
In the event there are further questions about this report, please contact: Name: Thomas Staszak Telephone Number: (815) 935-1992 Email Address:																																																																												

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units

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/

	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	66	Single Unit Apartment	66	24,090	1
2		Double Unit Apartment			2
3		Other			3
4	66	TOTALS	66	24,090	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	15,076	8,705		23,781	5
6	Double Unit					6
7	Other					7
8	TOTALS	15,076	8,705		23,781	8

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

98.72%

D. Indicate the number of paid bed-hold days the SLF had during this year

263

 Also, indicate the number of unpaid bed-hold days the SLF had during this year.

9

 (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:

2017

 Fiscal Year:

2017

* 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 MT VERNON

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	183,949	120,930	2,267	307,146		307,146	1
2	Housekeeping, Laundry and Maintenance	75,469	19,568	61,399	156,436		156,436	2
3	Heat and Other Utilities			88,452	88,452	(17,172)	71,280	3
4	Other (specify): See Page 3 Attachment			22,311	22,311		22,311	4
5	TOTAL General Services	259,418	140,498	174,429	574,345	(17,172)	557,173	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	292,377	6,591		298,968		298,968	6
7	Activities and Social Services	28,001	4,228		32,229		32,229	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	320,378	10,819		331,197		331,197	9
	C. General Administration							
10	Administrative and Clerical	90,154	16,823	165,446	272,423	(20,136)	252,287	10
11	Marketing Materials, Promotions and Advertising	45,396	6,259	31,172	82,827		82,827	11
12	Employee Benefits and Payroll Taxes			138,378	138,378		138,378	12
13	Insurance-Property, Liability and Malpractice			26,760	26,760		26,760	13
14	Other (specify): See Page 3 Attachment			78,273	78,273	(57,334)	20,939	14
15	TOTAL General Administration	135,550	23,082	440,029	598,661	(77,470)	521,191	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	715,346	174,399	614,458	1,504,203	(94,642)	1,409,561	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			263,498	263,498		263,498	17
18	Interest			223,547	223,547	(484)	223,063	18
19	Real Estate Taxes			75,792	75,792		75,792	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,442	7,442		7,442	21
22	Other (specify): See Page 3 Attachment			44,930	44,930		44,930	22
23	TOTAL Ownership			615,209	615,209	(484)	614,725	23
24	GRAND TOTAL (Sum of lines 16 and 23)	715,346	174,399	1,229,668	2,119,413	(95,126)	2,024,287	24

Facility Name: HERITAGE WOODS OF MT VERNON

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	19.56	2
3	Certified Nurse Assistants	10	10.58	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	8	10.06	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	10.47	10
11	Laundry			11
12	Managers	5	17.40	12
13	Other Administrative	2	22.43	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)	28	\$	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

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				\$	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	Gardant Management Solutions	\$ 114,736	1
2			2
Total		\$ 114,736	3

OTHER RELATED BUSINESS ENTITIES				
Name	3	City	4	Type of Business 5

Facility Name: HERITAGE WOODS OF MT VERNON Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 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	66			2007	\$	\$	27.5	\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements						15				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)				\$	\$		\$	\$	\$	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		\$	\$	\$	\$		\$ -	18
19	Vehicles	50,160				5	50,160	19
20	TOTAL (lines 18 and 19)	\$ 50,160	\$	\$	\$		\$ 50,160	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 MT VERNON

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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		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				
	A. Directly Facility Related										
	Long-Term										
1	GERSHMAN MORTGAGE		X	FIRST MORTGAGE	7/1/2011	\$ 6,320,000	\$ 5,726,884	8/1/2046	0.0004	\$ 221,241	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,320,000	\$ 5,726,884			\$ 221,241	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,320,000	\$ 5,726,884			\$ 221,241	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: HERITAGE WOODS OF MT VERNON

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 139,878	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (86,769))	354,888		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,104		6
7	Other Prepaid Expenses	5,488		7
8	Accounts Receivable (owners or related parties)	18,179		8
9	Other(specify): See Page 7 Attachment	437		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 526,974	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	50,160		16
17	Accumulated Depreciation (book methods)	(50,160)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	153,928		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(107,747)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 46,181	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 573,155	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 20,947	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,506		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	27,624		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 71,076	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 71,076	\$	45
46	TOTAL EQUITY	\$ 502,079	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 573,155	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MT VERNON

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	\$ 2,234,899	1
2	Discounts and Allowances	(1,825)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,233,074	3
	B. Other Operating Revenue		
4	Special Services	78,346	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	9,643	8
9	Non-Resident Meals	5,611	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 93,600	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	484	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 484	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,736	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,736	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,331,894	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	574,345	19
20	Health Care/ Personal Care	331,197	20
21	General Administration	598,661	21
	B. Capital Expense		
22	Ownership	615,209	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)	\$ 2,119,413	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 212,481	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 212,481	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 756,764	32
33	Private Pay - Net Inpatient Revenue	1,476,310	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,233,074	37

Expenses PG 3 Other

General Services Other			Health Care & Programs			General Administration Other			Amt	Ownership Other			Amt
5200-5000-0-0	Operating Allocation	-	5160-5060-0-0	Consulting		5160-5060-0-0	Consulting	2,250	9100-9101-0-0	Interest & Dividend Income	-		
5200-5124-0-0	Exterminating	4,984	5160-5063-0-0	Legal		5160-5063-0-0	Legal	99	9100-9102-0-0	Assessment Income	-		
5200-5127-0-0	Rubbish Removal	8,061	5160-5064-0-0	Accounting		5160-5064-0-0	Accounting	223	9100-9103-0-0	Assessment Expense	-		
5200-5130-0-0	Vehicle Expense	1,464	5160-5066-0-0	Audit		5160-5066-0-0	Audit	17,136	9200-9201-1-0	Amortization - Loan Fees	5,264		
5200-5131-0-0	Transportation Service	4	5160-5067-0-0	Contract Labor-Serv Prov		5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9202-0-0	Financing Fees	-		
5300-5140-0-0	Security & Monitoring	7,798	5160-5068-0-0	Contract Labor		5160-5068-0-0	Contract Labor	1,232	9200-9203-1-0	Mortgage Interest Premium	-		
			5180-5079-0-0	Bad Debt - Resident		5180-5079-0-0	Bad Debt - Resident	45,241	9200-9204-0-0	Mortgage Service Fee	-		
			5180-5079-1-0	Bad Debt - Resident - Recovery	(11)	5180-5079-1-0	Bad Debt - Resident - Recovery	(11)	9200-9205-0-0	Mortgage Insurance Prem	28,880		
			5180-5080-0-0	Bad Debt - Resident Prior Period	-	5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9206-0-0	Participation Fee	-		
			5180-5081-0-0	Bad Debt - Medicaid Pending Denial	12,103	5180-5081-0-0	Bad Debt - Medicaid Pending Denial	12,103	9200-9207-0-0	Letter of Credit Fee	526		
			5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9200-9208-0-0	Bond & Draw Fee	-		
			5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9200-9209-0-0	Remarketing and Trustee Fee	-		
			5180-5083-0-0	Bad Debt - Medicaid MCO	-	5180-5083-0-0	Bad Debt - Medicaid MCO	-	9200-9210-0-0	Interest Expense-Note	-		
			5190-5000-0-0	Other Admin Allocation	-	5190-5000-0-0	Other Admin Allocation	-	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	-		
									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	10,260		
									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, Transfe	-		
		22,311			-			78,273					44,930

Balance Sheet PG 7 Other, See Attachment

Balance Sheet

Other Current Assets Detail			Amt	Current Liabilities Detail			Amt
1102-9971-0-0	A/R-Employee Advance	-		2111-0040-0-0	Construction Account Payable	-	
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-		2112-0100-0-0	Accrued Asset Management Fee	-	
1102-9973-0-0	A/R-Insurance Reimbursemen	-		2112-0101-0-0	Accrued Partnership Mgmt Fee	-	
1102-9974-0-0	A/R-Subscription Receivable	-		2112-0102-0-0	Accrued Incentive Mgmt Fee	-	
1102-9975-0-0	A/R-CIP	-		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-	
1102-9976-0-0	A/R-Other	437		2112-0105-0-0	Accrued Liabilities	14,177	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0110-0-0	Accrued Insurance	-	
1105-0006-0-0	Security Deposit-Equip & Util	-		2112-0115-0-0	Accrued Developer Fee	-	
1105-0009-0-0	Transfer Account	-		2112-0130-0-0	Accrued MIP	-	
1105-0012-0-0	Undeposited Funds	-		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	5,875	
				2112-0155-0-0	Reservation Deposit	2,000	
				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	5,572	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
			437				27,624
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	-					
			-				

Income Statement PG 8 Other, See Attachment

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,179
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	864
3300-3393-0-0	Insurance Adjustments	2,694
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		4,736