

		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: 1000040

Facility Name: HERITAGE WOODS OF BENTON

Address: 1305 BAILEY LANE BENTON 62812

Number City Zip Code

County: FRANKLIN

Telephone Number: (618) 439-9431 Fax # 618 439-9432

Federal Employer ID Number:

Date Current Owners were Certified: 1/13/2005

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"/>	

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 # ()

In the event there are further questions about this report, please contact:

Name: Thomas Staszak Telephone Number: (815) 935-1992

Email Address:

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 HERITAGE WOODS OF BENTON

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	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	92	Single Unit Apartment	92	33,580	1
2	8	Double Unit Apartment	8	2,920	2
3		Other			3
4	100	TOTALS	100	36,500	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	25,722	6,600		32,322	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,722	6,600		32,322	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.55%

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

357 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 52 (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: 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? 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.

STATE OF ILLINOIS

Page 3

Facility Name: HERITAGE WOODS OF BENTON

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 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	228,967	170,823	2,420	402,210		402,210	1
2	Housekeeping, Laundry and Maintenance	109,915	37,607	37,022	184,544		184,544	2
3	Heat and Other Utilities			119,717	119,717	(22,440)	97,277	3
4	Other (specify):			21,278	21,278		21,278	4
5	TOTAL General Services	338,882	208,430	180,437	727,749	(22,440)	705,310	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	422,801	10,535		433,336		433,336	6
7	Activities and Social Services	36,311	4,197		40,508		40,508	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	459,112	14,732		473,844		473,844	9
	C. General Administration							
10	Administrative and Clerical	128,806	32,634	292,952	454,392	(33,158)	421,234	10
11	Marketing Materials, Promotions and Advertising	44,884	10,567	42,677	98,128		98,128	11
12	Employee Benefits and Payroll Taxes			285,429	285,429		285,429	12
13	Insurance-Property, Liability and Malpractice			61,467	61,467		61,467	13
14	Other (specify):			87,313	87,313	(25,526)	61,788	14
15	TOTAL General Administration	173,690	43,201	769,838	986,729	(58,683)	928,046	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	971,684	266,363	950,276	2,188,323	(81,123)	2,107,200	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			335,462	335,462		335,462	17
18	Interest			398,833	398,833	(22,064)	376,769	18
19	Real Estate Taxes			76,673	76,673		76,673	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			8,666	8,666		8,666	21
22	Other (specify):			129,175	129,175		129,175	22
23	TOTAL Ownership			948,809	948,809	(22,064)	926,745	23
24	GRAND TOTAL (Sum of lines 16 and 23)	971,684	266,363	1,899,085	3,137,132	(103,187)	3,033,945	24

Facility Name: HERITAGE WOODS OF BENTON

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	19.16	2
3	Certified Nurse Assistants	14	11.13	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	9	10.08	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	10.09	10
11	Laundry			11
12	Managers	6	19.40	12
13	Other Administrative	3	22.17	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)	35	\$	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	\$ 153,149	1
2			2
Total		\$ 153,149	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF BENTON

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTSA. Purchase price of land 81,711 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	100			2004	\$ 7,879,352	\$ 100,649	27.5	\$ 286,522	\$ 185,873	\$ 4,024,524	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				429,303	25,329	15	28,620	3,291	414,573	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)				\$ 8,308,655	\$ 125,978		\$ 315,142	\$ 189,164	\$ 4,439,097	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	\$ 1,013,923	\$ 11,841	\$ 202,785	190,943	5	\$ 1,007,992	18
19	Vehicles	61,295	11,770	8,756	(3,014)	7	43,642	19
20	TOTAL (lines 18 and 19)	\$ 1,075,217	\$ 23,611	\$ 211,541	187,929		\$ 1,051,633	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 BENTON

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	2	3	4	5	6		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		YES NO
3	Original Building			/ /	\$			3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	
									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	Peoples National Bank		X	FIRST MORTGAGE	10/30/17	\$ 8,000,000	\$ 8,000,000	4/30/19	0.0475	\$ 398,833	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,000,000	\$ 8,000,000			\$ 398,833	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,000,000	\$ 8,000,000			\$ 398,833	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 BENTON

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	\$ 1,464,618	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (71,172))	191,673		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	49,658		6
7	Other Prepaid Expenses	68,928		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	594		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,775,470	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	81,711		13
14	Buildings, at Historical Cost	7,879,352		14
15	Leasehold Improvements, at Historical Cost	429,303		15
16	Equipment, at Historical Cost	1,075,217		16
17	Accumulated Depreciation (book methods)	(5,490,730)		17
18	Deferred Charges	2,121		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	52,700		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,029,674	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,805,144	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 42,794	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,154		30
31	Accrued Taxes Payable	92,922		31
32	Accrued Interest Payable			32
33	Deferred Compensation	566		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	56,841		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 226,278	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,000,000		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)	\$ 8,000,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,226,278	\$	45
46	TOTAL EQUITY	\$ (2,421,134)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,805,144	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF BENTON

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.)

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,993,902	1
2	Discounts and Allowances	(31,790)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,962,112	3
	B. Other Operating Revenue		
4	Special Services	143,206	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	15,928	8
9	Non-Resident Meals	1,246	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 160,380	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	22,064	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 22,064	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	8,537	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 8,537	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,153,093	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	727,749	19
20	Health Care/ Personal Care	473,844	20
21	General Administration	986,729	21
	B. Capital Expense		
22	Ownership	948,809	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)	\$ 3,137,132	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 15,961	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 15,961	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,332,333	32
33	Private Pay - Net Inpatient Revenue	1,629,779	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,962,112	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Other (specify):			Other (specify):		Amt
5200-5000-0-0	Operating Allocation	-	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	1,870	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	9,128	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	1,241	9200-9201-1-0	Amortization - Loan Fees	117,671
5200-5131-0-0	Transportation Service	-	9200-9202-0-0	Financing Fees	500
5300-5140-0-0	Security & Monitoring	9,039	9200-9203-1-0	Mortgage Interest Premium	-
PG3-4.3		21,278	9200-9204-0-0	Mortgage Service Fee	-
			9200-9205-0-0	Mortgage Insurance Prem	(4,996)
			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	16,000
			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	-
			9900-9901-0-0	Prior Period Adjustments	-
			9900-9902-0-0	Dissolution of Business	-
			9900-9903-0-0	Loss (Gain) on Sale of Assets	(0)
			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		129,175
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	4,342			
5160-5063-0-0	Legal	7,504			
5160-5064-0-0	Accounting	155			
5160-5066-0-0	Audit	15,563			
5160-5067-0-0	Contract Labor-Serv Prov	-			
5160-5068-0-0	Contract Labor	34,224			
5180-5079-0-0	Bad Debt - Resident	4,990			
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	20,535			
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		87,313			
B. Health Care and Programs					
Other (specify):		PG3-8.3			

Operating Expenses - Reclassifications and Adjustments PG 3		
A. General Services		
Heat and Other Utilities		
3300-3303-0-0	Cable	22,440
	PG3-3.5	22,440
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	15,928
3300-3304-0-0	Internet Access	2,203
3300-3321-0-0	Telephone- Connection	13,754
3300-3323-0-0	Telephone- Usage	523
5190-5090-0-0	Contributions	750
	PG3-10.5	33,158
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	4,990
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	20,535
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	25,526
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	21,195
3300-3385-0-0	Interest Income - Reserves	869
	PG3-18.5	22,064
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	594
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		594

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	16,000
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	24,801
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	-
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	16,040
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		56,841

Income Statement PG 8 Other

Income Statement		
	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other (Late fees & NSF fees)	3,287
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	5,250
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
PG8-15.1		8,537