

		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: 1000003

Facility Name: HERITAGE WOODS OF FLORA

Address: 1003 WEST 4TH STREET FLORA 62839
 Number City Zip Code

County: CLAYTelephone Number: (618) 662-4599 Fax # 618 662-6179

Federal Employer ID Number: _____

Date Current Owners were Certified: 10/25/2007

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☐ Charitable Corp.
☐ Trust

IRS Exemption Code _____

☐ PROPRIETARY ☐ GOVERNMENTAL
☐ Individual ☐ State
☐ Partnership ☐ County
☐ 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 01/01/2018 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 SolutionsPaid
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 FLORA**

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	52	Single Unit Apartment	52	18,980	1		
2		Double Unit Apartment			2		
3		Other			3		
4	52	TOTALS	52	18,980	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	10,836	7,341		18,177	5
6	Double Unit					6
7	Other					7
8	TOTALS	10,836	7,341		18,177	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.77%

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

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

ACCUAL	<input checked="" type="checkbox"/>	MODIFIED		
CASH*	<input type="checkbox"/>	CASH*	<input type="checkbox"/>	

I. Is your fiscal year identical to your tax year? ☒ 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 FLORA

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	144,101	103,047	2,034	249,182		249,182	1
2	Housekeeping, Laundry and Maintenance	60,495	29,410	21,586	111,491		111,491	2
3	Heat and Other Utilities			82,206	82,206	(11,169)	71,037	3
4	Other (specify):			25,578	25,578		25,578	4
5	TOTAL General Services	204,596	132,457	131,404	468,457	(11,169)	457,288	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	265,571	6,016		271,587		271,587	6
7	Activities and Social Services		3,081		3,081		3,081	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	265,571	9,097		274,668		274,668	9
	C. General Administration							
10	Administrative and Clerical	83,909	18,933	140,897	243,739	(25,045)	218,694	10
11	Marketing Materials, Promotions and Advertising	46,937	7,219	15,408	69,564		69,564	11
12	Employee Benefits and Payroll Taxes			147,738	147,738		147,738	12
13	Insurance-Property, Liability and Malpractice			26,160	26,160		26,160	13
14	Other (specify):			55,618	55,618	(11,080)	44,538	14
15	TOTAL General Administration	130,846	26,152	385,821	542,819	(36,126)	506,694	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	601,013	167,706	517,225	1,285,944	(47,295)	1,238,650	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			126,208	126,208		126,208	17
18	Interest			86,298	86,298	(10,071)	76,227	18
19	Real Estate Taxes			41,128	41,128		41,128	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			10,816	10,816		10,816	21
22	Other (specify):			72,457	72,457	55,194	127,651	22
23	TOTAL Ownership			336,907	336,907	45,123	382,030	23
24	GRAND TOTAL (Sum of lines 16 and 23)	601,013	167,706	854,132	1,622,851	(2,172)	1,620,679	24

Facility Name: HERITAGE WOODS OF FLORA

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	18.68	2
3	Certified Nurse Assistants	8	11.30	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	6	9.11	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	8.27	10
11	Laundry			11
12	Managers	4	18.63	12
13	Other Administrative	2	21.53	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)	22	\$	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**

<u>Name</u>	<u>1</u>	<u>City</u>	<u>2</u>
DSI OTTAWA OPERATOR LLC		OTTAWA	
DSI WATSEKA OPERATOR LLC		WATSEKA	
DSI MANTENO OPERATOR LLC		MANTENO	

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	\$	84,586	1
2				2
Total		\$	84,586	3

OTHER RELATED BUSINESS ENTITIES

<u>Name</u>	<u>3</u>	<u>City</u>	<u>4</u>	<u>Type of Business</u>	<u>5</u>

Facility Name: HERITAGE WOODS OF FLORA

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 18,260 Year land was acquired 1999

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	52			2000	\$ 2,869,975	\$ 103,487	27.5	\$ 104,363	\$ 875	\$ 1,150,527	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)				\$ 2,869,975	\$ 103,487		\$ 104,363	\$ 875	\$ 1,150,527	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	\$ 395,865	\$ 22,721	\$ 79,173	56,452	5	\$ 333,644	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 395,865	\$ 22,721	\$ 79,173	56,452		\$ 333,644	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 FLORA

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	
		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				\$			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	MIDLAND STATES BANK		X	FIRST MORTGAGE	9/1/13	\$ 9,596,500	\$ 2,853,214	8/1/47	0.0310	\$ 84,499	1
2											2
3											3
	Working Capital										
4	PEOPLES NATIONAL BANK		X	Line of Credit	1/3/18	340,000	115,181	2/3/19	VARIABLE	1,799	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,936,500	\$ 2,968,394			\$ 86,298	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,936,500	\$ 2,968,394			\$ 86,298	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.

STATE OF ILLINOIS

Page 7

Facility Name: HERITAGE WOODS OF FLORA

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	\$ 30,629	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (13,925))	234,323		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,466		6
7	Other Prepaid Expenses	6,940		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	1,050		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 304,407	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	18,260		13
14	Buildings, at Historical Cost	2,869,975		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	395,865		16
17	Accumulated Depreciation (book methods)	(1,484,172)		17
18	Deferred Charges	265		18
19	Organization & Pre-Operating Costs	726,235		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(395,072)		20
21	Restricted Funds	146,370		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,277,727	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,582,134	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 24,421	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	115,181		29
30	Accrued Salaries Payable	23,040		30
31	Accrued Taxes Payable	42,684		31
32	Accrued Interest Payable	7,706		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	36,557		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 249,588	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	2,899,975		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)	\$ 2,899,975	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,149,564	\$	45
46	TOTAL EQUITY	\$ (567,430)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,582,134	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF FLORA

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	\$ 1,734,632	1
2	Discounts and Allowances	(6,480)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,728,152	3
	B. Other Operating Revenue		
4	Special Services	78,634	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	11,788	8
9	Non-Resident Meals	5,257	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 95,679	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	10,071	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 10,071	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	3,014	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,014	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,836,916	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	468,457	19
20	Health Care/ Personal Care	274,668	20
21	General Administration	542,819	21
	B. Capital Expense		
22	Ownership	336,907	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)	\$ 1,622,851	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 214,065	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 214,065	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 544,542	32
33	Private Pay - Net Inpatient Revenue	1,183,610	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,728,152	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	1,876	9100-9102-0-0	Assessment Income
5200-5127-0-0	Rubbish Removal	4,375	9100-9103-0-0	Assessment Expense
5200-5130-0-0	Vehicle Expense	13,928	9200-9201-1-0	Amortization - Loan Fees
5200-5131-0-0	Transportation Service	-	9200-9202-0-0	Financing Fees
5300-5140-0-0	Security & Monitoring	5,399	9200-9203-1-0	Mortgage Interest Premium
	PG3-4.3	25,578	9200-9204-0-0	Mortgage Service Fee
			9200-9205-0-0	Mortgage Insurance Prem
			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
			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	72,457
C. General Administration				
Other (specify):		Amt		
5160-5060-0-0	Consulting	176		
5160-5063-0-0	Legal	1,446		
5160-5064-0-0	Accounting	155		
5160-5066-0-0	Audit	17,537		
5160-5067-0-0	Contract Labor-Serv Prov	-		
5160-5068-0-0	Contract Labor	25,224		
5180-5079-0-0	Bad Debt - Resident	7,836		
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	3,245		
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	55,618		
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	11,169
	PG3-3.5	11,169
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	11,788
3300-3304-0-0	Internet Access	109
3300-3321-0-0	Telephone- Connection	12,035
3300-3323-0-0	Telephone- Usage	614
5190-5090-0-0	Contributions	500
	PG3-10.5	25,045
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	7,836
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	3,245
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	11,080
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	9,880
3300-3385-0-0	Interest Income - Reserves	191
	PG3-18.5	10,071
D. Ownership		
Other (specify):		
1302-1007-0-0	A/A - Goodwill	(55,194)
9200-9209-0-0	Remarketing and Trustee Fee	-
	PG3-22.5	(55,194)

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	1,050
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		1,050

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	29,199
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	100
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	7,258
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-

PG7-35.1	36,557
----------	--------

Income Statement PG 8 Other

Income Statement		
	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	456
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	2,558
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
PG8-15.1		3,014