

		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: 1000045

Facility Name: HERITAGE WOODS OF MANTENO

Address: 355 DIVERSATECH DR MANTENO 60950

Number City Zip Code

County: KANKAKEE

Telephone Number: (815) 468-3553 Fax # 815 468-3888

Federal Employer ID Number:

Date Current Owners were Certified: 10/25/2007

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

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

Name: Thomas Staszak 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 01/01/2018 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 # ()

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

Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

/ /

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

YES ☐ **NO** ☒

H. ACCOUNTING BASIS

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

* All facilities other than governmental must report on the accrual basis.

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.

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **95.58%**

345 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **42 (Do not include bed-hold days in Section B.)**

STATE OF ILLINOIS

Page 3

Facility Name: HERITAGE WOODS OF MANTENO

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	209,317	178,463	2,819	390,599	0	390,599	1
2	Housekeeping, Laundry and Maintenance	93,705	26,963	41,250	161,918	0	161,918	2
3	Heat and Other Utilities			161,883	161,883	(26,325)	135,558	3
4	Other (specify):	0	0	20,064	20,064	0	20,064	4
5	TOTAL General Services	303,022	205,426	226,016	734,464	(26,325)	708,140	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	441,947	9,822	0	451,769	0	451,769	6
7	Activities and Social Services	25,030	9,015	0	34,045	0	34,045	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	466,977	18,837	0	485,814	0	485,814	9
	C. General Administration							
10	Administrative and Clerical	144,671	23,642	251,147	419,460	(33,358)	386,102	10
11	Marketing Materials, Promotions and Advertising	28,489	8,001	24,362	60,852	0	60,852	11
12	Employee Benefits and Payroll Taxes	0	0	192,431	192,431	0	192,431	12
13	Insurance-Property, Liability and Malpractice	0	0	42,268	42,268	0	42,268	13
14	Other (specify):	0	0	142,023	142,023	(27,572)	114,452	14
15	TOTAL General Administration	173,160	31,643	652,231	857,034	(60,930)	796,105	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	943,159	255,906	878,248	2,077,313	(87,255)	1,990,058	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			272,320	272,320	0	272,320	17
18	Interest			251,121	251,121	(16,946)	234,175	18
19	Real Estate Taxes			82,429	82,429	0	82,429	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			40,969	40,969	0	40,969	21
22	Other (specify):	0	0	341,604	341,604	281,241	622,845	22
23	TOTAL Ownership	0	0	988,443	988,443	264,295	1,252,738	23
24	GRAND TOTAL (Sum of lines 16 and 23)	943,159	255,906	1,866,691	3,065,756	177,040	3,242,796	24

Facility Name: HERITAGE WOODS OF MANTENO

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	24.34	2
3	Certified Nurse Assistants	13	12.21	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	8	9.38	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.08	10
11	Laundry	0	0.00	11
12	Managers	5	21.12	12
13	Other Administrative	3	25.62	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
DSI WATSEKA OPERATOR & OWNER		WATSEKA	
DSI FLORA OPERATOR & OWNER		FLORA	
DSI OTTAWA OPERATOR & OWNER		OTTAWA	

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	\$ 178,117	1
2			2
Total		\$ 178,117	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF MANTENO Report Period Beginning: 01/01/2018 Ending: 12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 229,234 Year land was acquired 2001

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	87			2005	\$ 7,405,056	\$ 268,991	27.5	\$ 269,275	\$ 284	\$ 2,999,195	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				0	0	15	0	0	0	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)				\$ 7,405,056	\$ 268,991		\$ 269,275	\$ 284	\$ 2,999,195	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	\$ 360,802	\$ 3,329	\$ 72,160	68,832	5	\$ 351,968	18
19	Vehicles	20,817	0	4,163	4,163	5	20,817	19
20	TOTAL (lines 18 and 19)	\$ 381,619	\$ 3,329	\$ 76,324	72,995		\$ 372,786	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 MANTENO

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		0		\$ 0			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	MIDLAND STATES BANK		X	FIRST MORTGAGE	9/1/13	\$ 9,596,500	\$ 8,518,548	8/1/47	0.0302	\$ 248,146	1
2	0			0	1/0/00	0	0	1/0/00	0.0000		2
3	0			0	1/0/00	0	0	1/0/00	0.0000		3
	Working Capital										
4	PEOPLES NATIONAL BANK			LINE OF CREDIT	1/3/18	800,000	73,594	2/3/19	VARIABLE	2,975	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,396,500	\$ 8,592,142			\$ 251,121	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 10,396,500	\$ 8,592,142			\$ 251,121	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 MANTENO

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	\$ 48,352	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (58,996))	547,290		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	63,193		6
7	Other Prepaid Expenses	11,749		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	14,858		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 685,442	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	229,234		13
14	Buildings, at Historical Cost	7,405,056		14
15	Leasehold Improvements, at Historical Cost	0		15
16	Equipment, at Historical Cost	381,619		16
17	Accumulated Depreciation (book methods)	(3,371,981)		17
18	Deferred Charges	582		18
19	Organization & Pre-Operating Costs	3,044,676		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(1,357,229)		20
21	Restricted Funds	420,685		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)	\$ 6,752,642	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,438,084	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 125,699	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	73,594		29
30	Accrued Salaries Payable	36,293		30
31	Accrued Taxes Payable	80,753		31
32	Accrued Interest Payable	21,651		32
33	Deferred Compensation	2,179		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	53,143		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 393,311	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	8,673,310		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)	\$ 8,673,310	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,066,621	\$ 0	45
46	TOTAL EQUITY	\$ (1,628,537)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,438,084	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MANTENO

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	\$ 3,689,964	1
2	Discounts and Allowances	(5,187)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,684,777	3
	B. Other Operating Revenue		
4	Special Services	110,502	4
5	Other Health Care Services	0	5
6	Special Grants	0	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	12,827	8
9	Non-Resident Meals	6,106	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 129,435	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	16,946	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 16,946	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,406	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,406	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,835,564	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	734,464	19
20	Health Care/ Personal Care	485,814	20
21	General Administration	857,034	21
	B. Capital Expense		
22	Ownership	988,443	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)	\$ 3,065,756	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 769,808	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 769,808	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,174,367	32
33	Private Pay - Net Inpatient Revenue	2,510,410	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,684,777	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	2,330	9100-9102-0-0	Assessment Income
5200-5127-0-0	Rubbish Removal	5,176	9100-9103-0-0	Assessment Expense
5200-5130-0-0	Vehicle Expense	3,498	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	9,060	9200-9203-1-0	Mortgage Interest Premium
	PG3-4.3	20,064	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	341,604
C. General Administration				
Other (specify):		Amt		
5160-5060-0-0	Consulting	-		
5160-5063-0-0	Legal	51,707		
5160-5064-0-0	Accounting	270		
5160-5066-0-0	Audit	17,465		
5160-5067-0-0	Contract Labor-Serv Prov	-		
5160-5068-0-0	Contract Labor	45,009		
5180-5079-0-0	Bad Debt - Resident	13,665		
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	19,769		
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	(5,862)		
5190-5000-0-0	Other Admin Allocation	-		
	PG3-14.3	142,023		
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	26,325
	PG3-3.5	26,325
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	12,827
3300-3304-0-0	Internet Access	1,005
3300-3321-0-0	Telephone- Connection	18,338
3300-3323-0-0	Telephone- Usage	688
5190-5090-0-0	Contributions	500
	PG3-10.5	33,358
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	13,665
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	19,769
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	(5,862)
	PG3-14.5	27,572
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	16,572
3300-3385-0-0	Interest Income - Reserves	374
	PG3-18.5	16,946
D. Ownership		
Other (specify):		
1302-1007-0-0	A/A - Goodwill	(281,241)
9200-9209-0-0	Remarketing and Trustee Fee	-
	PG3-22.5	(281,241)

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	11,900
1102-9976-0-0	A/R-Other	2,958
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		14,858

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	28,930
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	24,113
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		53,143

Income Statement PG 8 Other

Income Statement		
	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	823
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	3,582
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
PG8-15.1		4,406