

		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: 1000153

Facility Name: HERITAGE WOODS OF MINOOKA

Address: 704 HERITGE WOODS DR MINOOKA 60447

County: GRUNDY

Telephone Number: (815) 467-2837 Fax # 815 467-2783

Federal Employer ID Number:

Date Current Owners were Certified: 6/2/2017

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

☒ Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

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)

(Type or Print Name) Greg Echols

(Title) CFO, Gardant Management Solutions

Paid Preparer

(Signed)

(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

HFS 3745C (N-4-05)

IL478-2471

Facility Name **HERITAGE WOODS OF MINOOKA**

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 / 1

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	102	Single Unit Apartment	102	37,230	1		
2		Double Unit Apartment			2		
3		Other			3		
4	102	TOTALS	102	37,230	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	20,348	10,092		30,440	5
6	Double Unit					6
7	Other					7
8	TOTALS	20,348	10,092		30,440	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.76%

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

483 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **129 (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		MODIFIED	
		CASH*	CASH*
	X		

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 MINOOKA

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	234,949	180,282	2,611	417,842		417,842	1
2	Housekeeping, Laundry and Maintenance	90,940	27,153	44,669	162,762		162,762	2
3	Heat and Other Utilities			123,315	123,315	(21,483)	101,832	3
4	Other (specify):			19,235	19,235		19,235	4
5	TOTAL General Services	325,889	207,435	189,830	723,154	(21,483)	701,672	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	403,397	10,989		414,386		414,386	6
7	Activities and Social Services	33,492	4,081		37,573		37,573	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	436,889	15,070		451,959		451,959	9
	C. General Administration							
10	Administrative and Clerical	134,917	22,833	230,482	388,232	(16,248)	371,984	10
11	Marketing Materials, Promotions and Advertising	44,831	8,245	49,139	102,215		102,215	11
12	Employee Benefits and Payroll Taxes			189,987	189,987		189,987	12
13	Insurance-Property, Liability and Malpractice			36,133	36,133		36,133	13
14	Other (specify):			91,996	91,996	(22,851)	69,146	14
15	TOTAL General Administration	179,748	31,078	597,737	808,563	(39,099)	769,464	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	942,526	253,583	787,568	1,983,677	(60,582)	1,923,095	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			677,351	677,351		677,351	17
18	Interest			457,789	457,789	(39)	457,750	18
19	Real Estate Taxes			81,786	81,786		81,786	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			8,374	8,374		8,374	21
22	Other (specify):			111,182	111,182		111,182	22
23	TOTAL Ownership			1,336,482	1,336,482	(39)	1,336,443	23
24	GRAND TOTAL (Sum of lines 16 and 23)	942,526	253,583	2,124,050	3,320,159	(60,621)	3,259,538	24

Facility Name: HERITAGE WOODS OF MINOOKA

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	23.28	2
3	Certified Nurse Assistants	11	11.48	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	10.97	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	1	10.03	10
11	Laundry			11
12	Managers	5	25.10	12
13	Other Administrative	3	23.28	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)	30	\$	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	\$ 174,145	1
2			2
Total		\$ 174,145	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF MINOOKA

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 800,550 Year land was acquired 2015

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	102			2017	\$ 12,599,908	\$ 421,856	30	\$ 419,997	\$ (1,859)	\$ 667,306	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				1,142,529	76,169	15	76,169	0	113,796	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)				\$ 13,742,437	\$ 498,024		\$ 496,166	\$ (1,859)	\$ 781,101	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	\$ 1,131,805	\$ 161,686	\$ 226,361	64,675	5	\$ 260,728	18
19	Vehicles	66,148	17,640	13,230	(4,410)	5	17,640	19
20	TOTAL (lines 18 and 19)	\$ 1,197,953	\$ 179,326	\$ 239,591	60,264		\$ 278,368	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 MINOOKA

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	LANCASTER POLLARD			FIRST MORTGAGE	1/1/18	\$ 13,350,000	\$ 13,198,956	12/1/57	0.0363	\$ 452,809	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,350,000	\$ 13,198,956			\$ 452,809	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 13,350,000	\$ 13,198,956			\$ 452,809	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 MINOOKA

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	\$ 624,350	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (23,555))	725,999		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	135,224		6
7	Other Prepaid Expenses	42,674		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	5,768		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,534,014	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	800,550		13
14	Buildings, at Historical Cost	12,599,908		14
15	Leasehold Improvements, at Historical Cost	1,142,529		15
16	Equipment, at Historical Cost	1,197,953		16
17	Accumulated Depreciation (book methods)	(1,059,470)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	190,963		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,872,433	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,406,447	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 69,101	\$	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	81,787		31
32	Accrued Interest Payable	39,927		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	201,083		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 425,051	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,659,061		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)	\$ 12,659,061	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,084,113	\$	45
46	TOTAL EQUITY	\$ 3,322,335	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,406,447	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MINOOKA

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	\$ 3,413,775	1
2	Discounts and Allowances	(4,220)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,409,555	3
	B. Other Operating Revenue		
4	Special Services	109,302	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	8,631	8
9	Non-Resident Meals	1,531	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 119,464	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	39	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 39	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	7,595	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,595	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,536,653	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	723,154	19
20	Health Care/ Personal Care	451,959	20
21	General Administration	808,563	21
	B. Capital Expense		
22	Ownership	1,336,482	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)	\$ 3,320,159	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 216,494	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 216,494	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,190,922	32
33	Private Pay - Net Inpatient Revenue	2,218,633	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,409,555	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	1,832	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	5,140	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	2,296	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	9,968	9200-9203-1-0	Mortgage Interest Premium	-
PG3-4.3		19,235	9200-9204-0-0	Mortgage Service Fee	-
			9200-9205-0-0	Mortgage Insurance Prem	103,053
			9200-9206-0-0	Participation Fee	-
			9200-9207-0-0	Letter of Credit Fee	7,707
			9200-9208-0-0	Bond & Draw Fee	-
			9200-9209-0-0	Remarketing and Trustee Fee	-
			9200-9210-0-0	Interest Expense-Note	422
			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	111,182	
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	11,459			
5160-5063-0-0	Legal	7,627			
5160-5064-0-0	Accounting	115			
5160-5066-0-0	Audit	15,720			
5160-5067-0-0	Contract Labor-Serv Prov	-			
5160-5068-0-0	Contract Labor	34,224			
5180-5079-0-0	Bad Debt - Resident	21,054			
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	1,797			
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		91,996			
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	21,483
	PG3-3.5	21,483
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	8,631
3300-3304-0-0	Internet Access	2,123
3300-3321-0-0	Telephone- Connection	5,228
3300-3323-0-0	Telephone- Usage	266
5190-5090-0-0	Contributions	-
	PG3-10.5	16,248
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	21,054
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	1,797
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	22,851
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	5
3300-3385-0-0	Interest Income - Reserves	34
	PG3-18.5	39
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	5,768
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		5,768

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	124,065
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	18,610
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	1,250
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	57,158
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		201,083

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)	3,060
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
3300-3393-0-0	Insurance Adjustments	935
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
PG8-15.1		7,595