

		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: 1000114

Facility Name: HERITAGE WOODS OF STERLING

Address: 2205 OAK GROVE AVE STERLING 61081

County: WHITESIDE

Telephone Number: (815) 625-7045 Fax # 815 625-7054

Federal Employer ID Number:

Date Current Owners were Certified: 3/16/2009

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

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

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

Name: Thomas Staszak

Telephone Number: (815) 935-1992

Email Address:

HFS 3745C (N-4-05)

IL478-2471

Facility Name HERITAGE WOODS OF STERLING

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	76	Single Unit Apartment	76	27,740	1
2		Double Unit Apartment			2
3		Other			3
4	76	TOTALS	76	27,740	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	20,597	5,775		26,372	5
6	Double Unit					6
7	Other					7
8	TOTALS	20,597	5,775		26,372	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.07%

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

169 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 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 STERLING

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	206,424	132,491	2,837	341,752		341,752	1
2	Housekeeping, Laundry and Maintenance	74,595	24,109	39,626	138,330		138,330	2
3	Heat and Other Utilities			104,373	104,373	(23,320)	81,053	3
4	Other (specify):			22,984	22,984		22,984	4
5	TOTAL General Services	281,019	156,600	169,820	607,439	(23,320)	584,119	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	357,649	9,777		367,426		367,426	6
7	Activities and Social Services	31,392	7,623		39,015		39,015	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	389,041	17,400		406,441		406,441	9
	C. General Administration							
10	Administrative and Clerical	122,367	29,828	245,484	397,679	(18,060)	379,619	10
11	Marketing Materials, Promotions and Advertising	45,915	7,191	26,960	80,066		80,066	11
12	Employee Benefits and Payroll Taxes			204,070	204,070		204,070	12
13	Insurance-Property, Liability and Malpractice			26,321	26,321		26,321	13
14	Other (specify):			63,749	63,749	(3,284)	60,465	14
15	TOTAL General Administration	168,282	37,019	566,584	771,885	(21,345)	750,540	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	838,342	211,019	736,404	1,785,765	(44,664)	1,741,100	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			339,820	339,820		339,820	17
18	Interest			177,887	177,887	(23,265)	154,622	18
19	Real Estate Taxes			60,095	60,095		60,095	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,680	9,680		9,680	21
22	Other (specify):			735,299	735,299		735,299	22
23	TOTAL Ownership			1,322,781	1,322,781	(23,265)	1,299,517	23
24	GRAND TOTAL (Sum of lines 16 and 23)	838,342	211,019	2,059,185	3,108,546	(67,929)	3,040,617	24

Facility Name: HERITAGE WOODS OF STERLING

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	21.73	2
3	Certified Nurse Assistants	12	10.65	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	9.86	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	9.93	10
11	Laundry			11
12	Managers	5	19.46	12
13	Other Administrative	3	20.77	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	\$ 146,276	1
2			2
Total		\$ 146,276	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF STERLING

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 140,336 Year land was acquired 2006

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	76			2009	\$ 7,604,546	\$ 276,529	27.5	\$ 276,529	\$ (0)	\$ 2,719,200	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				832,257	55,484	15	55,484		527,769	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)				\$ 8,436,803	\$ 332,013		\$ 332,013	\$ (0)	\$ 3,246,969	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	\$ 678,649	\$ 7,807	\$ 135,730	127,923	5	\$ 654,752	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 678,649	\$ 7,807	\$ 135,730	127,923		\$ 654,752	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 STERLING

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		X	FIRST MORTGAGE	5/1/14	\$ 4,750,000	\$ 4,435,575	5/1/49	0.0398	\$ 177,887	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,750,000	\$ 4,435,575			\$ 177,887	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,750,000	\$ 4,435,575			\$ 177,887	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 STERLING

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	\$ 774,272	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (121,786))	574,647		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,957		6
7	Other Prepaid Expenses	5,608		7
8	Accounts Receivable (owners or related parties)	10,670		8
9	Other(specify): See Page 7 Attachment	19,262		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,402,416	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	140,336		13
14	Buildings, at Historical Cost	7,604,546		14
15	Leasehold Improvements, at Historical Cost	832,257		15
16	Equipment, at Historical Cost	678,649		16
17	Accumulated Depreciation (book methods)	(3,901,721)		17
18	Deferred Charges	629		18
19	Organization & Pre-Operating Costs	38,038		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(38,038)		20
21	Restricted Funds	638,410		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,993,106	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,395,523	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 37,063	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	62,297		31
32	Accrued Interest Payable	14,711		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	749,469		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 863,540	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,297,039		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)	\$ 4,297,039	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,160,579	\$	45
46	TOTAL EQUITY	\$ 2,234,944	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,395,523	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF STERLING

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	\$ 2,787,481	1
2	Discounts and Allowances	(6,390)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,781,091	3
	B. Other Operating Revenue		
4	Special Services	93,224	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	4,194	8
9	Non-Resident Meals	1,798	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 99,216	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	23,265	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 23,265	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	3,911	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,911	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,907,483	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	607,439	19
20	Health Care/ Personal Care	406,441	20
21	General Administration	771,885	21
	B. Capital Expense		
22	Ownership	1,322,781	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)	\$ 3,108,546	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (201,063)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (201,063)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,285,085	32
33	Private Pay - Net Inpatient Revenue	1,496,006	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,781,091	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	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	9200-9201-1-0	Amortization - Loan Fees	4,572
5200-5131-0-0	Transportation Service	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	9200-9203-1-0	Mortgage Interest Premium	-
	PG3-4.3	9200-9204-0-0	Mortgage Service Fee	-
	22,984	9200-9205-0-0	Mortgage Insurance Prem	20,111
		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	15,000
		9300-9302-0-0	Asset Management Fee	20,000
		9300-9303-0-0	Incentive Management	634,525
		9300-9303-1-0	Incentive Asset Mgmt Fee	37,289
		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	3,802
		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	735,299	
C. General Administration				
Other (specify):	Amt			
5160-5060-0-0	Consulting		8,440	
5160-5063-0-0	Legal		9,785	
5160-5064-0-0	Accounting		68	
5160-5066-0-0	Audit		15,718	
5160-5067-0-0	Contract Labor-Serv Prov		-	
5160-5068-0-0	Contract Labor		26,454	
5180-5079-0-0	Bad Debt - Resident		3,284	
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		-	
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		63,749	
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	23,320
	PG3-3.5	23,320
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	4,194
3300-3304-0-0	Internet Access	2,098
3300-3321-0-0	Telephone- Connection	10,549
3300-3323-0-0	Telephone- Usage	403
5190-5090-0-0	Contributions	815
	PG3-10.5	18,060
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	3,284
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	-
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	3,284
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	23,173
3300-3385-0-0	Interest Income - Reserves	91
	PG3-18.5	23,265
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	19,262
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		19,262

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	20,000
2112-0101-0-0	Accrued Partnership Mgmt Fee	15,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	634,525
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	37,289
2112-0105-0-0	Accrued Liabilities	22,631
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	20,023
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		749,469

Income Statement PG 8 Other

Income Statement		
	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	477 Late Fees
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	3,434
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

PG8-15.1	3,911
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