

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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: 1000149

Facility Name: GATEWAY AT RIVER CITY

Address: 518 W ROMEO B GARRET PEORIA 61605

Number City Zip Code

County: PEORIA

Telephone Number: (309) 673-3115 Fax # 309 673-3117

Federal Employer ID Number:

Date Current Owners were Certified: 10/27/2016

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☒	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

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

Name: Danel Erickson 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 01/01/2019 to 12/31/2019 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

Facility Name **GATEWAY AT RIVER CITY**

Report Period Beginning: 01/01/2019 Ending: 12/31/2019

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	100	Single Unit Apartment	100	36,500	1		
2	5	Double Unit Apartment	5	1,825	2		
3		Other			3		
4	105	TOTALS	105	38,325	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	27,749	1,153		28,902	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	27,749	1,153	0	28,902	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **75.41%**

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

557 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **62 (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: 2019 **Fiscal Year:** 2019

* 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: GATEWAY AT RIVER CITY

Report Period Beginning:

01/01/2019

Ending:

12/31/2019

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	203,213	165,819	1,980	371,012	0	371,012	1
2	Housekeeping, Laundry and Maintenance	93,638	36,320	57,411	187,369	0	187,369	2
3	Heat and Other Utilities			110,477	110,477	(9,572)	100,905	3
4	Other (specify):	0	0	36,994	36,994	0	36,994	4
5	TOTAL General Services	296,851	202,139	206,862	705,852	(9,572)	696,279	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	512,691	18,492	0	531,183	0	531,183	6
7	Activities and Social Services	22,792	4,587	0	27,379	0	27,379	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	535,483	23,079	0	558,562	0	558,562	9
	C. General Administration							
10	Administrative and Clerical	214,736	46,328	239,490	500,554	(4,276)	496,279	10
11	Marketing Materials, Promotions and Advertising	59,586	10,917	37,680	108,183	0	108,183	11
12	Employee Benefits and Payroll Taxes	0	0	277,599	277,599	0	277,599	12
13	Insurance-Property, Liability and Malpractice	0	0	69,579	69,579	0	69,579	13
14	Other (specify):	0	0	93,082	93,082	(28,680)	64,402	14
15	TOTAL General Administration	274,322	57,245	717,430	1,048,997	(32,955)	1,016,042	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,106,656	282,463	924,292	2,313,411	(42,527)	2,270,883	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			690,591	690,591	0	690,591	17
18	Interest			289,687	289,687	(1,604)	288,083	18
19	Real Estate Taxes			84,356	84,356	0	84,356	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			10,574	10,574	0	10,574	21
22	Other (specify):	0	0	82,392	82,392	0	82,392	22
23	TOTAL Ownership	0	0	1,157,600	1,157,600	(1,604)	1,155,996	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,106,656	282,463	2,081,892	3,471,011	(44,131)	3,426,879	24

Facility Name: GATEWAY AT RIVER CITY

Report Period Beginning 01/01/2019 Ending: 12/31/2019

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	2	24.33	2
3	Certified Nurse Assistants	13	12.55	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	7	10.09	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	9.46	10
11	Laundry	0	0.00	11
12	Managers	5	24.84	12
13	Other Administrative	4	24.46	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

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	\$ 152,003	1
2			2
Total		\$ 152,003	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: GATEWAY AT RIVER CITY Report Period Beginning: 01/01/2019 Ending: 12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,793,354 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	105			2016	\$ 10,413,755	\$ 260,344	40	\$ 260,344	\$ 0	\$ 839,327	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				1,186,018	59,301	20	59,301	(0)	191,226	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)				\$ 11,599,773	\$ 319,645		\$ 319,645	\$ (0)	\$ 1,030,553	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	\$ 3,725,474	\$ 370,946	\$ 372,547	1,602	10	\$ 1,195,889	18
19		0	0	0			-	19
20	TOTAL (lines 18 and 19)	\$ 3,725,474	\$ 370,946	\$ 372,547	1,602		\$ 1,195,889	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: GATEWAY AT RIVER CITY

Report Period Beginning: 01/01/2019 Ending: 12/31/2019

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		0		\$ 0			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	MERCHANTS CAPITAL CO		X	FIRST MORTGAGE	5/1/15	\$ 9,000,000	\$ 8,656,697	12/1/56	0.0328	\$ 285,701	1	
2											2	
3											3	
	Working Capital											
4					/ /			/ /			4	
5					/ /			/ /			5	
6					/ /			/ /			6	
7	TOTAL Facility Related					\$ 9,000,000	\$ 8,656,697				\$ 285,701	7
	B. Non-Facility Related											
8	AHP Housing Fund 96, LLC	X		Unpaid Asset Management Fees	1/1/18	\$ 31,364	47,755	/ /	0.0600	3,986	8	
9					/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)					\$ 9,031,364	\$ 8,704,453				\$ 289,687	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: GATEWAY AT RIVER CITY

Report Period Beginning: 01/01/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 637,317	\$	1
2	Cash-Patient Deposits	10,397		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (98,542))	0 382,624		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	33,303		6
7	Other Prepaid Expenses	4,360		7
8	Accounts Receivable (owners or related parties)	29,003		8
9	Other(specify): See Page 7 Attachment	330		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,097,334	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	1,793,354		13
14	Buildings, at Historical Cost	10,413,755		14
15	Leasehold Improvements, at Historical Cost	1,186,018		15
16	Equipment, at Historical Cost	3,725,474		16
17	Accumulated Depreciation (book methods)	(2,226,442)		17
18	Deferred Charges	0		18
19	Organization & Pre-Operating Costs	141,004		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0 (42,300)		20
21	Restricted Funds	910,635		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)	\$ 15,901,499	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,998,832	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 51,726	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	0		30
31	Accrued Taxes Payable	86,886		31
32	Accrued Interest Payable	29,502		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,105,862		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,273,976	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	8,394,259		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)	\$ 8,394,259	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,668,235	\$ 0	45
46	TOTAL EQUITY	\$ 7,330,597	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,998,832	\$ 0	47

*(See instructions.)

Facility Name: GATEWAY AT RIVER CITY

Report Period Beginning: 01/01/2019

Ending:

12/31/2019

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	\$ 2,903,909	1
2	Discounts and Allowances	(11,060)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,892,849	3
	B. Other Operating Revenue		
4	Special Services	153,681	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	0	8
9	Non-Resident Meals	431	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 154,112	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	1,604	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,604	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	2,696	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,696	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,051,261	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	705,852	19
20	Health Care/ Personal Care	558,562	20
21	General Administration	1,048,997	21
	B. Capital Expense		
22	Ownership	1,157,600	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)	\$ 3,471,011	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (419,750)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (419,750)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,942,756	32
33	Private Pay - Net Inpatient Revenue	950,093	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,892,849	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	7,570	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	11,176	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	3,687	9200-9201-1-0	Amortization - Loan Fees	9,576
5200-5131-0-0	Transportation Service	2,687	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	11,874	9200-9203-1-0	Mortgage Interest Premium	-
	PG3-4.3	36,994	9200-9204-0-0	Mortgage Service Fee	-
			9200-9205-0-0	Mortgage Insurance Prem	39,200
			9200-9206-0-0	Participation Fee	-
			9200-9207-0-0	Letter of Credit Fee	500
			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	16,391
			9300-9303-0-0	Incentive Management	-
			9300-9303-1-0	Incentive Asset Mgmt Fee	-
			9300-9304-0-0	Tax Credit Fees & Incentive Fee	2,625
			9300-9305-0-0	Organizational Expense	-
			9300-9306-0-0	Developer Fees	-
			9300-9307-0-0	Closing Costs	-
			9700-9702-0-0	Amortization Expense	14,100
			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	82,392	
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		9,572
	PG3-3.5		9,572
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		-
3300-3304-0-0	Internet Access		2,452
3300-3321-0-0	Telephone- Connection		1,515
3300-3323-0-0	Telephone- Usage		308
5190-5090-0-0	Contributions		-
	PG3-10.5		4,276
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		23,393
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		5,287
	PG3-14.5		28,680
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		170
3300-3385-0-0	Interest Income - Reserves		1,434
	PG3-18.5		1,604
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	330
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		330

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	47,755
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	31,754
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	992,640
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	1,183
2112-0155-0-0	Reservation Deposit	50
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	32,479
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		1,105,862

Income Statement PG 8 Other

Income Statement			
Other Revenue		Amt	
3300-3388-0-0	Contract Service-Serv Prov	-	
3300-3390-0-0	Other	2,588	Call pendants; Late Fees; NSF Fees
3300-3391-0-0	Property Tax Adjustments	-	
3300-3392-0-0	Property Lease Income	108	
3300-3393-0-0	Insurance Adjustments	-	
3300-3395-0-0	Developer Fee Income	-	
3300-3396-0-0	Home Office Rent Income	-	
3300-3202-0-0	Food & Meal Prep	-	

PG8-15.1	2,696
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