

		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: 1000115

Facility Name: HERITAGE WOODS BOLINGBROOK

Address: 550 KILDEER BOLINGBROOK 60440

County: WILL

Telephone Number: (630) 783-9640 Fax # 630 783-9648

Federal Employer ID Number:

Date Current Owners were Certified: 2/27/2009

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

PROPRIETARY
Individual
X 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: 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 HERITAGE WOODS BOLINGBROOK

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	105	Single Unit Apartment	105	38,325	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	105	TOTALS	105	38,325	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	31,494	3,903		35,397	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	31,494	3,903	0	35,397	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.36%

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

571 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 12 (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: 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? N/A 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

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Facility Name: HERITAGE WOODS BOLINGBROOK

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	286,767	206,260	1,781	494,808	0	494,808	1
2	Housekeeping, Laundry and Maintenance	116,238	34,964	98,701	249,903	0	249,903	2
3	Heat and Other Utilities			177,412	177,412	(32,444)	144,968	3
4	Other (specify):	0	0	26,835	26,835	0	26,835	4
5	TOTAL General Services	403,005	241,224	304,729	948,958	(32,444)	916,514	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	501,186	18,825	0	520,011	0	520,011	6
7	Activities and Social Services	33,026	11,591	0	44,617	0	44,617	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	534,212	30,416	0	564,628	0	564,628	9
	C. General Administration							
10	Administrative and Clerical	237,543	37,070	327,091	601,704	(28,517)	573,187	10
11	Marketing Materials, Promotions and Advertising	55,445	9,286	37,153	101,884	0	101,884	11
12	Employee Benefits and Payroll Taxes	0	0	250,229	250,229	0	250,229	12
13	Insurance-Property, Liability and Malpractice	0	0	47,507	47,507	0	47,507	13
14	Other (specify):	0	0	85,024	85,024	(14,027)	70,997	14
15	TOTAL General Administration	292,988	46,356	747,004	1,086,348	(42,545)	1,043,804	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,230,205	317,996	1,051,733	2,599,934	(74,989)	2,524,945	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			477,020	477,020	0	477,020	17
18	Interest			394,587	394,587	(1,938)	392,649	18
19	Real Estate Taxes			88,344	88,344	0	88,344	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			11,658	11,658	0	11,658	21
22	Other (specify):	0	0	807,590	807,590	0	807,590	22
23	TOTAL Ownership	0	0	1,779,199	1,779,199	(1,938)	1,777,261	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,230,205	317,996	2,830,932	4,379,133	(76,927)	4,302,206	24

Facility Name: HERITAGE WOODS BOLINGBROOK

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	1	25.22	2
3	Certified Nurse Assistants	14	12.62	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	10	10.83	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	12.90	10
11	Laundry	0	0.00	11
12	Managers	5	26.76	12
13	Other Administrative	4	24.92	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)	36	\$	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	\$ 209,028	1
2			2
Total		\$ 209,028	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS BOLINGBROOK Report Period Beginning: 01/01/2019 Ending: 12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 815,542 Year land was acquired 2007

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			2009	\$ 12,529,068	\$ 455,602	27.5	\$ 455,602	\$ 0	\$ 4,969,515	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				242,571	16,171	15	16,171	(0)	176,538	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)				\$ 12,771,639	\$ 471,774		\$ 471,774	\$ 0	\$ 5,146,053	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	\$ 756,299	\$ 5,246	\$ 75,630	70,384	10	\$ 712,790	18
19		0	0	0			-	19
20	TOTAL (lines 18 and 19)	\$ 756,299	\$ 5,246	\$ 75,630	70,384		\$ 712,790	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 BOLINGBROOK

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	AMALGAMATED BANK		X	FIRST MORTGAGE / BOND	12/1/07	\$ 11,900,000	\$ 0	12/1/42	0.0700	\$ 0	1
2	ORIX Real Estate Capital LL		X	FIRST MORTGAGE	3/1/18	11,220,800	10,944,640	4/1/53	0.0358	394,587	2
3	0			0	1/0/00	0	0	1/0/00	0.0000		3
	Working Capital										
4					/ /		0	/ /		0	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 23,120,800	\$ 10,944,640			\$ 394,587	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 23,120,800	\$ 10,944,640			\$ 394,587	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 BOLINGBROOK

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	\$ 795,880	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (87,698))	456,407		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	32,574		6
7	Other Prepaid Expenses	3,815		7
8	Accounts Receivable (owners or related parties)	3,521		8
9	Other(specify): See Page 7 Attachment	45,475		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,337,672	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	815,542		13
14	Buildings, at Historical Cost	12,529,068		14
15	Leasehold Improvements, at Historical Cost	242,571		15
16	Equipment, at Historical Cost	756,299		16
17	Accumulated Depreciation (book methods)	(5,858,843)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	22,927		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(22,927)		20
21	Restricted Funds	923,279		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	16,400		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,424,351	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,762,023	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 82,937	\$	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	91,855		31
32	Accrued Interest Payable	32,652		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	767,303		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 974,747	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	10,737,018		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)	\$ 10,737,018	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,711,765	\$ 0	45
46	TOTAL EQUITY	\$ (949,742)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,762,023	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS BOLINGBROOK

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	\$ 4,052,292	1
2	Discounts and Allowances	(21,622)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,030,670	3
	B. Other Operating Revenue		
4	Special Services	150,577	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	3,894	8
9	Non-Resident Meals	372	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 154,843	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	1,938	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,938	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	8,143	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 8,143	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,195,594	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	948,958	19
20	Health Care/ Personal Care	564,628	20
21	General Administration	1,086,348	21
	B. Capital Expense		
22	Ownership	1,779,199	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)	\$ 4,379,133	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (183,539)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (183,539)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,081,066	32
33	Private Pay - Net Inpatient Revenue	1,949,604	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,030,670	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	2,992	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	464	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	2,253	9200-9201-1-0	Amortization - Loan Fees	6,244
5200-5131-0-0	Transportation Service	65	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	21,062	9200-9203-1-0	Mortgage Interest Premium	-
PG3-4.3		26,835	9200-9204-0-0	Mortgage Service Fee	-
			9200-9205-0-0	Mortgage Insurance Prem	67,454
			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	20,310
			9300-9303-0-0	Incentive Management	662,463
			9300-9303-1-0	Incentive Asset Mgmt Fee	39,044
			9300-9304-0-0	Tax Credit Fees & Incentive Fee	2,075
			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	10,000
			9900-9907-0-0	Abandonment Loss	-
			9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3		807,590
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	13,677			
5160-5063-0-0	Legal	12,096			
5160-5064-0-0	Accounting	180			
5160-5066-0-0	Audit	22,322			
5160-5067-0-0	Contract Labor-Serv Prov	-			
5160-5068-0-0	Contract Labor	22,722			
5180-5079-0-0	Bad Debt - Resident	10,783			
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		85,024			
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	32,444
	PG3-3.5	32,444
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	3,894
3300-3304-0-0	Internet Access	2,787
3300-3321-0-0	Telephone- Connection	21,225
3300-3323-0-0	Telephone- Usage	112
5190-5090-0-0	Contributions	500
	PG3-10.5	28,517
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	10,783
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	14,027
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	999
3300-3385-0-0	Interest Income - Reserves	940
	PG3-18.5	1,938
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	3,070
1102-9973-0-0	A/R-Insurance Reimbursement	5,569
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	36,836
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		45,475
Other Long Term Assets Detail		
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	16,400
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		16,400.00

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	20,310
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	662,463
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	39,044
2112-0105-0-0	Accrued Liabilities	32,149
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	652
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	12,685
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		767,303

Income Statement PG 8 Other

Income Statement		
	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	592
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
3300-3393-0-0	Insurance Adjustments	3,950
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		8,143