

		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: 1000153

Facility Name: HERITAGE WOODS OF MINOOKA

Address: 701 HERTAGE 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. X 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 OF MINOOKA

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	102	Single Unit Apartment	102	37,230	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	102	TOTALS	102	37,230	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	23,446	9,690		33,136	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	23,446	9,690	0	33,136	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.00%

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

736 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 24 (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? 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:

01/01/2019

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	251,253	208,536	2,753	462,542	0	462,542	1
2	Housekeeping, Laundry and Maintenance	103,137	23,560	38,000	164,697	0	164,697	2
3	Heat and Other Utilities			122,870	122,870	(21,323)	101,547	3
4	Other (specify):	0	0	24,719	24,719	0	24,719	4
5	TOTAL General Services	354,390	232,096	188,342	774,828	(21,323)	753,504	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	496,474	14,254	0	510,728	0	510,728	6
7	Activities and Social Services	35,877	5,980	0	41,857	0	41,857	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	532,351	20,234	0	552,585	0	552,585	9
	C. General Administration							
10	Administrative and Clerical	162,798	28,006	270,468	461,272	(18,517)	442,755	10
11	Marketing Materials, Promotions and Advertising	42,808	8,322	54,718	105,848	0	105,848	11
12	Employee Benefits and Payroll Taxes	0	0	186,717	186,717	0	186,717	12
13	Insurance-Property, Liability and Malpractice	0	0	43,193	43,193	0	43,193	13
14	Other (specify):	0	0	116,439	116,439	(54,834)	61,605	14
15	TOTAL General Administration	205,606	36,328	671,535	913,469	(73,351)	840,118	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,092,347	288,658	859,876	2,240,881	(94,674)	2,146,207	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			732,924	732,924	0	732,924	17
18	Interest			482,143	482,143	(290)	481,853	18
19	Real Estate Taxes			83,377	83,377	0	83,377	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			12,872	12,872	0	12,872	21
22	Other (specify):	0	0	124,994	124,994	0	124,994	22
23	TOTAL Ownership	0	0	1,436,310	1,436,310	(290)	1,436,020	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,092,347	288,658	2,296,186	3,677,191	(94,964)	3,582,227	24

Facility Name: HERITAGE WOODS OF MINOOKA

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	26.83	2
3	Certified Nurse Assistants	13	11.85	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	11.41	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	10.06	10
11	Laundry	0	0.00	11
12	Managers	5	24.48	12
13	Other Administrative	3	25.94	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)	34	\$	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	\$ 193,984	1
2			2
Total		\$ 193,984	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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

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	\$ 12,665,678	\$ 421,856	30	\$ 422,189	\$ 333	\$ 1,089,495	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				1,142,529	76,169	15	76,169	0	189,964	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)				\$ 13,808,207	\$ 498,024		\$ 498,358	\$ 333	\$ 1,279,459	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	\$ 221,669	\$ 113,180	(108,489)	10	\$ 537,471	18
19	Vehicles	66,148	13,230	13,230	(0)	5	30,954	19
20	TOTAL (lines 18 and 19)	\$ 1,197,953	\$ 234,899	\$ 126,410	(108,489)		\$ 568,425	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: 01/01/2019 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	ORIX Real Estate Capital LL			FIRST MORTGAGE	1/1/18	\$ 13,350,000	\$ 13,042,338	12/1/57	0.0363	\$ 476,060	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					/ /		0	/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,350,000	\$ 13,042,338			\$ 476,060	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 13,350,000	\$ 13,042,338			\$ 476,060	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: 01/01/2019

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	\$ 753,391	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (76,281))	356,363		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	42,013		6
7	Other Prepaid Expenses	10,297		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify):	0		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,162,064	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	800,550		13
14	Buildings, at Historical Cost	12,665,678		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)	(1,847,883)		17
18	Deferred Charges	91		18
19	Organization & Pre-Operating Costs	0		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0		20
21	Restricted Funds	235,056		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)	\$ 14,193,973	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,356,037	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 21,852	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	328		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	0		30
31	Accrued Taxes Payable	41,845		31
32	Accrued Interest Payable	39,453		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	77,104		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 180,582	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	245,457		38
39	Mortgage Payable	11,900,237		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)	\$ 12,145,694	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,326,276	\$ 0	45
46	TOTAL EQUITY	\$ 5,192,742	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 17,519,018	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MINOOKA

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	\$ 3,895,326	1
2	Discounts and Allowances	(21,285)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,874,041	3
	B. Other Operating Revenue		
4	Special Services	47,423	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	10,013	8
9	Non-Resident Meals	2,599	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 60,035	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	290	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 290	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	10,590	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,590	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,944,956	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	774,828	19
20	Health Care/ Personal Care	552,585	20
21	General Administration	913,469	21
	B. Capital Expense		
22	Ownership	1,436,310	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)	\$ 3,677,191	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 267,765	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 267,765	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,489,642	32
33	Private Pay - Net Inpatient Revenue	2,384,399	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,874,041	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	1,873	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	7,241	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	2,257	9200-9201-1-0	Amortization - Loan Fees	17,427
5200-5131-0-0	Transportation Service	-	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	13,348	9200-9203-1-0	Mortgage Interest Premium	-
PG3-4.3		24,719	9200-9204-0-0	Mortgage Service Fee	-
			9200-9205-0-0	Mortgage Insurance Prem	100,982
			9200-9206-0-0	Participation Fee	-
			9200-9207-0-0	Letter of Credit Fee	6,585
			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		124,994
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	2,032			
5160-5063-0-0	Legal	4,228			
5160-5064-0-0	Accounting	155			
5160-5066-0-0	Audit	16,000			
5160-5067-0-0	Contract Labor-Serv Prov	-			
5160-5068-0-0	Contract Labor	39,191			
5180-5079-0-0	Bad Debt - Resident	20,680			
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	7,883			
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	26,271			
5190-5000-0-0	Other Admin Allocation	-			
PG3-14.3		116,439			
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	21,323
	PG3-3.5	21,323
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	10,013
3300-3304-0-0	Internet Access	2,048
3300-3321-0-0	Telephone- Connection	5,921
3300-3323-0-0	Telephone- Usage	321
5190-5090-0-0	Contributions	215
	PG3-10.5	18,517
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	20,680
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	7,883
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	26,271
	PG3-14.5	54,834
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	107
3300-3385-0-0	Interest Income - Reserves	183
	PG3-18.5	290
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	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		-

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	328
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	21,206
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	40
2112-0155-0-0	Reservation Deposit	200
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	55,330
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		77,104

Income Statement PG 8 Other

Income Statement		
	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other Call pendants, NSF & late fees	3,031
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
3300-3393-0-0	Insurance Adjustments	3,959
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		10,590