

		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: 1000085

Facility Name: HERITAGE WOODS OF ROCKFORD

Address: 202 N SHOWPLACE DR ROCKFORD 61107

County: WINNABAGO

Telephone Number: (815) 332-5777 Fax # 815 332-3407

Federal Employer ID Number:

Date Current Owners were Certified: 9/3/2008

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: 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)

(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 ROCKFORD

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	99	Single Unit Apartment	99	36,135	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	99	TOTALS	99	36,135	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	31,565	4,306		35,871	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	31,565	4,306	0	35,871	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 99.27%

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

648 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 41 (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

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Facility Name: HERITAGE WOODS OF ROCKFORD

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	271,225	227,711	2,966	501,902	0	501,902	1
2	Housekeeping, Laundry and Maintenance	124,888	42,770	95,022	262,680	0	262,680	2
3	Heat and Other Utilities			142,784	142,784	(29,319)	113,465	3
4	Other (specify):	0	0	23,720	23,720	0	23,720	4
5	TOTAL General Services	396,113	270,481	264,492	931,086	(29,319)	901,767	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	541,562	14,849	0	556,411	0	556,411	6
7	Activities and Social Services	40,811	8,568	0	49,379	0	49,379	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	582,373	23,417	0	605,790	0	605,790	9
	C. General Administration							
10	Administrative and Clerical	211,369	36,019	274,650	522,038	(38,106)	483,932	10
11	Marketing Materials, Promotions and Advertising	75,791	10,585	39,313	125,689	0	125,689	11
12	Employee Benefits and Payroll Taxes	0	0	323,457	323,457	0	323,457	12
13	Insurance-Property, Liability and Malpractice	0	0	44,111	44,111	0	44,111	13
14	Other (specify):	0	0	494,624	494,624	(21,980)	472,645	14
15	TOTAL General Administration	287,160	46,604	1,176,155	1,509,919	(60,086)	1,449,834	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,265,646	340,502	1,440,647	3,046,795	(89,404)	2,957,391	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			426,126	426,126	0	426,126	17
18	Interest			286,317	286,317	(42,186)	244,131	18
19	Real Estate Taxes			102,211	102,211	0	102,211	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			14,714	14,714	0	14,714	21
22	Other (specify):	0	0	552,835	552,835	0	552,835	22
23	TOTAL Ownership	0	0	1,382,203	1,382,203	(42,186)	1,340,017	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,265,646	340,502	2,822,850	4,428,998	(131,591)	4,297,408	24

Facility Name: HERITAGE WOODS OF ROCKFORD

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	26.56	2
3	Certified Nurse Assistants	14	12.69	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	10.88	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.99	10
11	Laundry	0	0.00	11
12	Managers	5	27.85	12
13	Other Administrative	4	27.04	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)	38	\$	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	\$ 167,332	1
2			2
Total		\$ 167,332	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF ROCKFORD

Report Period Beginning:

01/01/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 416,192 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	99			2007	\$ 9,943,550	\$ 359,623	27.5	\$ 361,584	\$ 1,961	\$ 4,368,648	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				682,761	40,350	15	45,517	5,168	558,988	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)				\$ 10,626,311	\$ 399,973		\$ 407,101	\$ 7,128	\$ 4,927,636	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	\$ 841,362	\$ 26,153	\$ 168,272	142,119	5	\$ 790,320	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 841,362	\$ 26,153	\$ 168,272	142,119		\$ 790,320	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 ROCKFORD

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	IHDA		X	FIRST MORTGAGE	8/24/06	\$ 7,850,000	\$ 6,583,167	3/1/38	0.0540	\$ 286,317	1
2	IHDA		X	Second Mortgage	8/24/06	1,914,283	1,856,821	3/1/38	0.0100		2
3											3
	Working Capital										
4					/ /						4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,764,283	\$ 8,439,987			\$ 286,317	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,764,283	\$ 8,439,987			\$ 286,317	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 ROCKFORD

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	\$ 921,052	\$	1
2	Cash-Patient Deposits	500		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (36,798))	367,500		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	34,790		6
7	Other Prepaid Expenses	5,379		7
8	Accounts Receivable (owners or related parties)	13,070		8
9	Other(specify):	0		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,342,290	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	416,192		13
14	Buildings, at Historical Cost	9,943,550		14
15	Leasehold Improvements, at Historical Cost	682,761		15
16	Equipment, at Historical Cost	841,362		16
17	Accumulated Depreciation (book methods)	(5,717,956)		17
18	Deferred Charges	337		18
19	Organization & Pre-Operating Costs	22,733		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(22,733)		20
21	Restricted Funds	2,264,142		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	3,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,433,387	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,775,677	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 154,044	\$	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	109,299		31
32	Accrued Interest Payable	24,188		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,657,753		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,945,284	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	8,073,675		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)	\$ 8,073,675	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,018,958	\$ 0	45
46	TOTAL EQUITY	\$ (243,281)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,775,677	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF ROCKFORD

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	\$ 4,016,530	1
2	Discounts and Allowances	0	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,016,530	3
	B. Other Operating Revenue		
4	Special Services	157,574	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	21,095	8
9	Non-Resident Meals	935	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 179,604	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	42,186	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 42,186	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	7,815	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,815	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,246,135	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	931,086	19
20	Health Care/ Personal Care	605,790	20
21	General Administration	1,509,919	21
	B. Capital Expense		
22	Ownership	1,382,203	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)	\$ 4,428,998	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (182,863)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (182,863)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,807,307	32
33	Private Pay - Net Inpatient Revenue	2,209,223	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,016,530	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	2,286	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	7,023	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	1,698	9200-9201-1-0	Amortization - Loan Fees	11,484
5200-5131-0-0	Transportation Service	-	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	12,712	9200-9203-1-0	Mortgage Interest Premium	-
PG3-4.3		23,720	9200-9204-0-0	Mortgage Service Fee	-
			9200-9205-0-0	Mortgage Insurance Prem	19,292
			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	38,003
			9300-9303-0-0	Incentive Management	396,734
			9300-9303-1-0	Incentive Asset Mgmt Fee	79,347
			9300-9304-0-0	Tax Credit Fees & Incentive Fee	1,975
			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	6,000
			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		552,835
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	364,524			
5160-5063-0-0	Legal	6,287			
5160-5064-0-0	Accounting	270			
5160-5066-0-0	Audit	16,264			
5160-5067-0-0	Contract Labor-Serv Prov	56,990			
5160-5068-0-0	Contract Labor	28,310			
5180-5079-0-0	Bad Debt - Resident	17,200			
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	4,780			
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		494,624			
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	29,319
	PG3-3.5	29,319
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	21,095
3300-3304-0-0	Internet Access	3,098
3300-3321-0-0	Telephone- Connection	13,205
3300-3323-0-0	Telephone- Usage	207
5190-5090-0-0	Contributions	500
	PG3-10.5	38,106
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	17,200
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	4,780
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	21,980
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	8,700
3300-3385-0-0	Interest Income - Reserves	33,486
	PG3-18.5	42,186
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	3,000
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		3,000.00

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	38,003
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	1,369,482
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	163,452
2112-0105-0-0	Accrued Liabilities	59,572
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	3,180
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	24,063
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		1,657,753

Income Statement PG 8 Other

Income Statement		
	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	2,084
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	1,701
3300-3393-0-0	Insurance Adjustments	4,030
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		7,815