

		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: 1000038

Facility Name: HERITAGE WOODS OF WATSEKA

Address: 577 EAST MARTIN AVE WATSEKA 60970

Number City Zip Code

County: IROQUOIS

Telephone Number: (815) 432-4560 Fax # 815 432-4562

Federal Employer ID Number:

Date Current Owners were Certified: 10/25/2007

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

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

A. Certified units; enter number of units and unit days

/ /

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

(E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCURAL		MODIFIED		CASH*	
	X				

Tax Year: 2019 **Fiscal Year:** 2019

*** All facilities other than governmental must report on the accrual basis.**

required payments of interest and principle?

If no, explain.

required payments of interest and principle?

If no, explain.

make all of the required payments of interest and principle?

If no, explain.

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

231 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **18 (Do not include bed-hold days in Section B.)**

STATE OF ILLINOIS

Page 3

Facility Name: HERITAGE WOODS OF WATSEKA

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	195,169	133,313	2,944	331,426	0	331,426	1
2	Housekeeping, Laundry and Maintenance	74,824	18,573	25,651	119,048	0	119,048	2
3	Heat and Other Utilities			96,813	96,813	(14,549)	82,264	3
4	Other (specify):	0	0	21,012	21,012	0	21,012	4
5	TOTAL General Services	269,993	151,886	146,420	568,299	(14,549)	553,750	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	362,614	11,111	0	373,725	0	373,725	6
7	Activities and Social Services	31,749	3,460	0	35,209	0	35,209	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	394,363	14,571	0	408,934	0	408,934	9
	C. General Administration							
10	Administrative and Clerical	85,362	24,476	170,633	280,471	(15,643)	264,828	10
11	Marketing Materials, Promotions and Advertising	26,132	9,096	38,528	73,756	0	73,756	11
12	Employee Benefits and Payroll Taxes	0	0	190,554	190,554	0	190,554	12
13	Insurance-Property, Liability and Malpractice	0	0	42,802	42,802	0	42,802	13
14	Other (specify):	0	0	52,173	52,173	(3,822)	48,352	14
15	TOTAL General Administration	111,494	33,572	494,690	639,756	(19,465)	620,292	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	775,850	200,029	641,111	1,616,990	(34,014)	1,582,976	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			212,312	212,312	0	212,312	17
18	Interest			148,671	148,671	(3,599)	145,072	18
19	Real Estate Taxes			53,277	53,277	0	53,277	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			9,364	9,364	0	9,364	21
22	Other (specify):	0	0	140,249	140,249	83,515	223,764	22
23	TOTAL Ownership	0	0	563,873	563,873	79,916	643,789	23
24	GRAND TOTAL (Sum of lines 16 and 23)	775,850	200,029	1,204,984	2,180,863	45,902	2,226,765	24

Facility Name: HERITAGE WOODS OF WATSEKA

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	21.37	2
3	Certified Nurse Assistants	10	13.18	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	6	9.74	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.54	10
11	Laundry	0	0.00	11
12	Managers	4	18.52	12
13	Other Administrative	3	22.24	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)	25	\$	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
DSI MANTENO OPERATOR & OWNER	MANTENO		
DSI FLORA OPERATOR & OWNER	FLORA		
DSI OTTAWA OPERATOR & OWNER	OTTAWA		

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	\$ 107,182	1
2			2
Total		\$ 107,182	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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

VIII. OWNERSHIP COSTS

A. Purchase price of land 195,956 Year land was acquired 1999

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	65			2007	\$ 4,972,949	\$ 180,834	27.5	\$ 180,835	\$ 0	\$ 2,199,570	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				0	0	15	0	0	0	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)				\$ 4,972,949	\$ 180,834		\$ 180,835	\$ 0	\$ 2,199,570	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	\$ 366,851	\$ 31,477	\$ 73,370	41,893	5	\$ 322,469	18
19	Vehicles	20,000	0	4,000	4,000	5	20,000	19
20	TOTAL (lines 18 and 19)	\$ 386,851	\$ 31,477	\$ 77,370	45,893		\$ 342,469	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 WATSEKA

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	MIDLAND STATES BANK		X	FIRST MORTGAGE	9/1/13	\$ 5,758,700	\$ 4,995,387	8/1/47	0.0300	\$ 144,745	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	Peoples National Bank		X	Line of Credit	2/3/19	400,000	0	2/3/20	Variable	3,199	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,158,700	\$ 4,995,387			\$ 147,944	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,158,700	\$ 4,995,387			\$ 147,944	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 WATSEKA

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	\$ 94,860	\$	1
2	Cash-Patient Deposits	2,190		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (64,551))	139,795		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	55,369		6
7	Other Prepaid Expenses	11,359		7
8	Accounts Receivable (owners or related parties)	7,464		8
9	Other(specify): See Page 7 Attachment	60,300		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 371,338	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	195,956		13
14	Buildings, at Historical Cost	4,972,949		14
15	Leasehold Improvements, at Historical Cost	0		15
16	Equipment, at Historical Cost	386,851		16
17	Accumulated Depreciation (book methods)	(2,542,039)		17
18	Deferred Charges	1,430		18
19	Organization & Pre-Operating Costs	1,325,038		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(768,181)		20
21	Restricted Funds	345,312		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)	\$ 3,917,316	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,288,654	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 78,311	\$	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	26,343		30
31	Accrued Taxes Payable	112,700		31
32	Accrued Interest Payable	12,498		32
33	Deferred Compensation	366		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	65,684		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 295,902	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	5,065,240		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)	\$ 5,065,240	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,361,142	\$ 0	45
46	TOTAL EQUITY	\$ (1,072,488)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,288,654	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF WATSEKA

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	\$ 2,203,788	1
2	Discounts and Allowances	(7,729)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,196,059	3
	B. Other Operating Revenue		
4	Special Services	46,624	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	6,981	8
9	Non-Resident Meals	115	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 53,720	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	3,599	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,599	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	2,535	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,535	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,255,913	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	568,299	19
20	Health Care/ Personal Care	408,934	20
21	General Administration	639,756	21
	B. Capital Expense		
22	Ownership	563,873	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)	\$ 2,180,863	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 75,050	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 75,050	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 826,725	32
33	Private Pay - Net Inpatient Revenue	1,369,334	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,196,059	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	1,360	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	4,413	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	10,083	9200-9201-1-0	Amortization - Loan Fees	2,121
5200-5131-0-0	Transportation Service	-	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	5,156	9200-9203-1-0	Mortgage Interest Premium	-
	PG3-4.3	21,012	9200-9204-0-0	Mortgage Service Fee	-
			9200-9205-0-0	Mortgage Insurance Prem	25,286
			9200-9206-0-0	Participation Fee	-
			9200-9207-0-0	Letter of Credit Fee	510
			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	112,332
			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		140,249
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	885			
5160-5063-0-0	Legal	915			
5160-5064-0-0	Accounting	155			
5160-5066-0-0	Audit	18,911			
5160-5067-0-0	Contract Labor-Serv Prov	-			
5160-5068-0-0	Contract Labor	27,486			
5180-5079-0-0	Bad Debt - Resident	3,822			
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	52,173			
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		14,549
	PG3-3.5		14,549
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		6,981
3300-3304-0-0	Internet Access		-
3300-3321-0-0	Telephone- Connection		7,902
3300-3323-0-0	Telephone- Usage		510
5190-5090-0-0	Contributions		250
	PG3-10.5		15,643
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		3,822
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		3,822
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		3,282
3300-3385-0-0	Interest Income - Reserves		316
	PG3-18.5		3,599
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		(83,515)
9200-9209-0-0	Remarketing and Trustee Fee		-
	PG3-22.5		(83,515)

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	3,950
1102-9976-0-0	A/R-Other	-
1102-9978-0-0	A/R-TIF/Abatement	56,350
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		60,300

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	-
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	29,337
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	2,190
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	34,157
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		65,684

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	766
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	1,769
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		2,535