

		FOR BHF USE			

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2020)

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: 1000134

Facility Name: HERITAGE WOODS OF CHARLESTON

Address: 480 WEST POLK AVENUE CHARLESTON 61920

County: COLES

Telephone Number: (217) 345-4900 Fax # 217 345-4904

Federal Employer ID Number:

Date Current Owners were Certified: 10/27/2011

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 01/01/2020 to 12/31/2020 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		

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	68	Single Unit Apartment	68	24,820	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	68	TOTALS	68	24,820	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	20,263	3,535		23,798	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	20,263	3,535	0	23,798	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.88%

D. Indicate the number of paid bed-hold days the SLF had during this year 332 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 6 (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

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 2020 Fiscal Year: 2020

* 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.

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	187,633	142,415	2,231	332,279	0	332,279	1
2	Housekeeping, Laundry and Maintenance	75,638	31,763	31,859	139,260	0	139,260	2
3	Heat and Other Utilities			94,731	94,731	(16,461)	78,270	3
4	Other (specify):	67,334	0	92,835	160,169	0	160,169	4
5	TOTAL General Services	330,605	174,178	221,656	726,439	(16,461)	709,977	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	362,403	10,615	0	373,018	0	373,018	6
7	Activities and Social Services	38,335	9,546	0	47,881	0	47,881	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	400,738	20,161	0	420,899	0	420,899	9
	C. General Administration							
10	Administrative and Clerical	147,695	32,445	242,618	422,758	(14,892)	407,866	10
11	Marketing Materials, Promotions and Advertising	51,444	6,333	48,543	106,320	0	106,320	11
12	Employee Benefits and Payroll Taxes	0	0	199,345	199,345	0	199,345	12
13	Insurance-Property, Liability and Malpractice	0	0	46,203	46,203	0	46,203	13
14	Other (specify):	0	0	127,794	127,794	(73,476)	54,318	14
15	TOTAL General Administration	199,139	38,778	664,503	902,420	(88,368)	814,052	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	930,482	233,117	886,159	2,049,758	(104,830)	1,944,928	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			343,468	343,468	0	343,468	17
18	Interest			194,013	194,013	(18,336)	175,677	18
19	Real Estate Taxes			48,408	48,408	0	48,408	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			15,089	15,089	0	15,089	21
22	Other (specify):	0	0	21,512	21,512	0	21,512	22
23	TOTAL Ownership	0	0	622,490	622,490	(18,336)	604,154	23
24	GRAND TOTAL (Sum of lines 16 and 23)	930,482	233,117	1,508,649	2,672,248	(123,166)	2,549,082	24

Facility Name: HERITAGE WOODS OF CHARLESTON

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	0	31.38	2
3	Certified Nurse Assistants	9	14.09	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	10.66	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	10.39	10
11	Laundry	0	0.00	11
12	Managers	5	22.70	12
13	Other Administrative	4	20.88	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)	27	\$	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

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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	\$ 144,714	1
2			2
Total		\$ 144,714	3

Facility Name: HERITAGE WOODS OF CHARLESTON

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 35,000 Year land was acquired 2010

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	68			2011	\$ 8,926,302	\$ 324,564	27.5	\$ 324,593	\$ 29	\$ 2,988,717	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				73,127	4,872	15	4,875	3	44,676	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)				\$ 8,999,429	\$ 329,436		\$ 329,468	\$ 32	\$ 3,033,393	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	\$ 815,574	\$ 14,031	\$ 163,115	149,083	5	\$ 730,139	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 815,574	\$ 14,031	\$ 163,115	149,083		730,139	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

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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 LLC		X	FIRST MORTGAGE	3/14/14	\$ 4,329,609	\$ 3,966,617	4/1/49	0.0497	\$ 192,988	1
2											2
3											3
	Working Capital										
4	Peoples National Bank			PPP Loan	4/1/20	177,972	0	4/1/22	0.0100	1,025	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,507,581	\$ 3,966,617			\$ 194,013	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,507,581	\$ 3,966,617			\$ 194,013	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 CHARLESTON**Report Period Beginning: **01/01/2020**Ending: **12/31/2020****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2020**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,210,438	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (87,587))	257,145		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	42,010		6
7	Other Prepaid Expenses	17,411		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	24,860		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,551,863	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	35,000		13
14	Buildings, at Historical Cost	8,926,302		14
15	Leasehold Improvements, at Historical Cost	73,127		15
16	Equipment, at Historical Cost	815,574		16
17	Accumulated Depreciation (book methods)	(3,763,532)		17
18	Deferred Charges	605		18
19	Organization & Pre-Operating Costs	246,739		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(161,549)		20
21	Restricted Funds	1,064,155		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)	\$ 7,236,422	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,788,285	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 50,131	\$	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	39,963		30
31	Accrued Taxes Payable	49,318		31
32	Accrued Interest Payable	10,842		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	122,822		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 273,076	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	4,832,325		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)	\$ 4,832,325	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,105,401	\$ 0	45
46	TOTAL EQUITY	\$ 3,682,884	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,788,285	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF CHARLESTON

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

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	\$ 2,742,880	1
2	Discounts and Allowances	(60,927)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,681,953	3
	B. Other Operating Revenue		
4	Special Services	140,460	4
5	Other Health Care Services	0	5
6	Special Grants	397,843	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	973	8
9	Non-Resident Meals	1,221	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 540,497	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	18,336	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 18,336	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	1,328	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,328	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,242,114	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	726,439	19
20	Health Care/ Personal Care	420,899	20
21	General Administration	902,420	21
	B. Capital Expense		
22	Ownership	622,490	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)	\$ 2,672,248	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 569,866	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 569,866	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,522,865	32
33	Private Pay - Net Inpatient Revenue	1,159,088	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,681,953	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	67,334	9100-9101-0-0	Interest & Dividend Income	-
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	67,334	9100-9103-0-0	Assessment Expense	-
			9200-9201-1-0	Amortization - Loan Fees	-
			9200-9202-0-0	Financing Fees	2,000
			9200-9203-1-0	Mortgage Interest Premium	-
			9200-9204-0-0	Mortgage Service Fee	-
			9200-9205-0-0	Mortgage Insurance Prem	-
			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	-
			9300-9303-0-0	Incentive Management	-
			9300-9303-1-0	Incentive Asset Mgmt Fee	-
			9300-9304-0-0	Tax Credit Fees & Incentive Fee	1,200
			9300-9305-0-0	Organizational Expense	-
			9300-9306-0-0	Developer Fees	-
			9300-9307-0-0	Closing Costs	-
			9700-9702-0-0	Amortization Expense	18,312
			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	21,512
A. General Services					
Other (specify):		Amt			
5200-5000-0-0	Operating Allocation	134,668			
5200-5124-0-0	Exterminating	7,475			
5200-5127-0-0	Rubbish Removal	6,852			
5200-5130-0-0	Vehicle Expense	1,635			
5200-5131-0-0	Transportation Service	-			
5300-5140-0-0	Security & Monitoring	6,642			
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	63,558			
9900-9003-0-0	Extraordinary COVID - Other	6,673			
	PG3-4.3	92,835			
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	10,852			
5160-5063-0-0	Legal	6,540			
5160-5064-0-0	Accounting	155			
5160-5066-0-0	Audit	12,037			
5160-5067-0-0	Contract Labor-Serv Prov	-			
5160-5068-0-0	Contract Labor	24,734			
5180-5079-0-0	Bad Debt - Resident	224,025			
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	26,633			
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	16,874			
5190-5000-0-0	Other Admin Allocation	-			
	PG3-14.3	127,794			

Operating Expenses - Reclassifications and Adjustments PG 3		
A. General Services		
Heat and Other Utilities		
3300-3303-0-0	Cable	16,461
	PG3-3.5	16,461
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	973
3300-3304-0-0	Internet Access	-
3300-3321-0-0	Telephone- Connection	10,073
3300-3323-0-0	Telephone- Usage	448
5190-5090-0-0	Contributions	3,399
	PG3-10.5	14,892
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	29,969
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	26,633
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	16,874
	PG3-14.5	73,476
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	15,436
3300-3385-0-0	Interest Income - Reserves	2,900
	PG3-18.5	18,336
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	24,860
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		24,860
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	20,439
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
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	1,404
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	25,378
2112-0159-1-0	Medicaid Prepayments	75,600
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		122,822
		245643.08

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other - late fees, call pendants & NSF fees	1,328
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
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		1,328