

		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: 1000153

Facility Name: HERITAGE WOODS OF MINOOKA

Address: 704 HERITAGE WOODS 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	☐ 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	
Paid Preparer	(Title)	CFO, Gardant Management Solutions	
	(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	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	22,505	7,270		29,775	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	22,505	7,270	0	29,775	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)79.98%

D. Indicate the number of paid bed-hold days the SLF had during this year643

Also, indicate the number of unpaid bed-hold days the SLF had during this year.25 (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?

YESNO

X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YESNO

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:2020Fiscal 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?

No

 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	254,264	205,697	2,402	462,363	0	462,363	1
2	Housekeeping, Laundry and Maintenance	95,994	17,925	31,456	145,375	0	145,375	2
3	Heat and Other Utilities			120,052	120,052	(20,832)	99,220	3
4	Other (specify):	47,493	0	61,030	108,523	0	108,523	4
5	TOTAL General Services	397,751	223,622	214,940	836,313	(20,832)	815,481	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	589,643	18,053	0	607,696	0	607,696	6
7	Activities and Social Services	35,292	5,566	0	40,858	0	40,858	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	624,935	23,619	0	648,554	0	648,554	9
	C. General Administration							
10	Administrative and Clerical	172,756	38,935	272,656	484,347	(19,854)	464,493	10
11	Marketing Materials, Promotions and Advertising	55,278	9,840	52,755	117,873	0	117,873	11
12	Employee Benefits and Payroll Taxes	0	0	213,940	213,940	0	213,940	12
13	Insurance-Property, Liability and Malpractice	0	0	57,664	57,664	0	57,664	13
14	Other (specify):	0	0	111,987	111,987	(54,222)	57,765	14
15	TOTAL General Administration	228,034	48,775	709,002	985,811	(74,076)	911,735	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,250,720	296,016	923,942	2,470,678	(94,908)	2,375,770	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			735,167	735,167	0	735,167	17
18	Interest			470,261	470,261	(1,536)	468,725	18
19	Real Estate Taxes			87,498	87,498	0	87,498	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			15,992	15,992	0	15,992	21
22	Other (specify):	0	0	117,429	117,429	0	117,429	22
23	TOTAL Ownership	0	0	1,426,347	1,426,347	(1,536)	1,424,811	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,250,720	296,016	2,350,289	3,897,025	(96,444)	3,800,581	24

Facility Name: HERITAGE WOODS OF MINOOKA

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	1	28.74	2
3	Certified Nurse Assistants	15	14.79	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	11.92	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	10.85	10
11	Laundry	0	0.00	11
12	Managers	5	26.58	12
13	Other Administrative	3	27.89	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

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	\$ 216,984	1
2			2
Total		\$ 216,984	3

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	\$ 422,189	30	\$ 422,189	\$ 1	\$ 1,511,684	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	266,133	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	\$ 498,357		\$ 498,358	\$ 1	\$ 1,777,816	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	\$ 1,145,262	\$ 223,580	\$ 114,526	(109,054)	10	\$ 761,051	18
19	Vehicles	66,148	13,230	13,230	(0)	5	44,183	19
20	TOTAL (lines 18 and 19)	\$ 1,211,410	\$ 236,809	\$ 127,756	(109,054)		\$ 805,234	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			FIRST MORTGAGE	1/1/18	\$ 13,350,000	\$ 12,879,938	12/1/57	0.0363	\$ 470,261	1
2											2
3											3
	Working Capital										
4	Busey Bank			PPP	4/1/20	237,100	237,100	4/1/22	0.0100		4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,587,100	\$ 13,117,038			\$ 470,261	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 13,587,100	\$ 13,117,038			\$ 470,261	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: **01/01/2020**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	\$ 1,245,247	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (105,383))	348,432		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	47,969		6
7	Other Prepaid Expenses	13,369		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	10,255		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,665,272	\$ 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	1,211,410		16
17	Accumulated Depreciation (book methods)	(2,583,050)		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	313,032		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)	\$ 13,550,240	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,215,512	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 61,528	\$	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	49,639		30
31	Accrued Taxes Payable	92,094		31
32	Accrued Interest Payable	38,962		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	292,583		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 534,805	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	237,100		38
39	Mortgage Payable	12,326,315		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)	\$ 12,563,415	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,098,221	\$ 0	45
46	TOTAL EQUITY	\$ 2,117,291	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,215,512	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MINOOKA

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	\$ 3,921,727	1
2	Discounts and Allowances	(13,500)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,908,227	3
	B. Other Operating Revenue		
4	Special Services	33,510	4
5	Other Health Care Services	0	5
6	Special Grants	465,386	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	2,176	8
9	Non-Resident Meals	793	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 501,865	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	1,536	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,536	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	6,321	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 6,321	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,417,949	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	836,313	19
20	Health Care/ Personal Care	648,554	20
21	General Administration	985,811	21
	B. Capital Expense		
22	Ownership	1,426,347	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)	\$ 3,897,025	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 520,924	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 520,924	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,823,221	32
33	Private Pay - Net Inpatient Revenue	2,085,006	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,908,227	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	47,493	9100-9101-0-0	Interest & Dividend Income	-
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	47,493	9100-9103-0-0	Assessment Expense	-
A. General Services			9200-9201-1-0	Amortization - Loan Fees	17,427
Other (specify):			9200-9202-0-0	Financing Fees	-
5200-5000-0-0	Operating Allocation	94,986	9200-9203-1-0	Mortgage Interest Premium	-
5200-5124-0-0	Exterminating	1,896	9200-9204-0-0	Mortgage Service Fee	-
5200-5127-0-0	Rubbish Removal	9,646	9200-9205-0-0	Mortgage Insurance Prem	99,752
5200-5130-0-0	Vehicle Expense	729	9200-9206-0-0	Participation Fee	-
5200-5131-0-0	Transportation Service	-	9200-9207-0-0	Letter of Credit Fee	250
5300-5140-0-0	Security & Monitoring	9,279	9200-9208-0-0	Bond & Draw Fee	-
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	35,404	9200-9209-0-0	Remarketing and Trustee Fee	-
9900-9003-0-0	Extraordinary COVID - Other	4,076	9200-9210-0-0	Interest Expense-Note	-
	PG3-4.3	61,030	9200-9211-0-0	Interest Expense-LP	-
C. General Administration			9200-9212-0-0	Debt Write-Off	-
Other (specify):		Amt	9300-9301-0-0	Partnership Management Fee	-
5160-5060-0-0	Consulting	1,824	9300-9302-0-0	Asset Management Fee	-
5160-5063-0-0	Legal	9,590	9300-9303-0-0	Incentive Management	-
5160-5064-0-0	Accounting	155	9300-9303-1-0	Incentive Asset Mgmt Fee	-
5160-5066-0-0	Audit	16,310	9300-9304-0-0	Tax Credit Fees & Incentive Fee	-
5160-5067-0-0	Contract Labor-Serv Prov	-	9300-9305-0-0	Organizational Expense	-
5160-5068-0-0	Contract Labor	29,886	9300-9306-0-0	Developer Fees	-
5180-5079-0-0	Bad Debt - Resident	167,554	9300-9307-0-0	Closing Costs	-
5180-5079-1-0	Bad Debt - Resident - Recovery	-	9700-9702-0-0	Amortization Expense	-
5180-5080-0-0	Bad Debt - Resident Prior Period	-	9900-9901-0-0	Prior Period Adjustments	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	10,294	9900-9902-0-0	Dissolution of Business	-
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9900-9903-0-0	Loss (Gain) on Sale of Assets	-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9900-9904-0-0	Business Interruption	-
5180-5083-0-0	Bad Debt - Medicaid MCO	5,366	9900-9905-0-0	Settlement	-
5190-5000-0-0	Other Admin Allocation	-	9900-9906-0-0	Property Damage Loss	-
	PG3-14.3	111,987	9900-9907-0-0	Abandonment Loss	-
			9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3	117,429	

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable	20,832	
	PG3-3.5	20,832	
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure	2,176	
3300-3304-0-0	Internet Access	4,607	
3300-3321-0-0	Telephone- Connection	7,675	
3300-3323-0-0	Telephone- Usage	396	
5190-5090-0-0	Contributions	5,000	
	PG3-10.5	19,854	
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident	38,562	
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	10,294	
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	5,366	
	PG3-14.5	54,222	
D. Ownership			
Interest			
3300-3380-0-0	Interest Income	1,339	
3300-3385-0-0	Interest Income - Reserves	197	
	PG3-18.5	1,536	
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	10,000
1102-9976-0-0	A/R-Other	255
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		10,255
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	18,733
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	57
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	54,841
2112-0159-1-0	Medicaid Prepayments	218,752
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		292,583

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, NSF fees, call pendants	2,721
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
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		6,321