

		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: 1000096

Facility Name: HERITAGE WOODS OF MOLINE

Address: 5500 46TH AVENUE DR MOLINE 61265

County: ROCK ISLAND

Telephone Number: (309) 736-5655 Fax # 309 736-5651

Federal Employer ID Number:

Date Current Owners were Certified: 11/17/2008

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	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	29,114	4,464		33,578	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	29,114	4,464	0	33,578	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)92.92%

D. Indicate the number of paid bed-hold days the SLF had during this year454

Also, indicate the number of unpaid bed-hold days the SLF had during this year.22 (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? 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	306,933	191,242	2,175	500,350	0	500,350	1
2	Housekeeping, Laundry and Maintenance	99,181	38,018	68,558	205,757	0	205,757	2
3	Heat and Other Utilities			111,032	111,032	(17,782)	93,250	3
4	Other (specify):	64,797	0	125,278	190,076	0	190,076	4
5	TOTAL General Services	470,911	229,260	307,043	1,007,215	(17,782)	989,433	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	537,515	19,652	0	557,167	0	557,167	6
7	Activities and Social Services	34,157	2,915	0	37,072	0	37,072	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	571,672	22,567	0	594,239	0	594,239	9
	C. General Administration							
10	Administrative and Clerical	190,597	42,868	311,069	544,534	(17,506)	527,028	10
11	Marketing Materials, Promotions and Advertising	52,998	8,112	21,637	82,747	0	82,747	11
12	Employee Benefits and Payroll Taxes	0	0	270,407	270,407	0	270,407	12
13	Insurance-Property, Liability and Malpractice	0	0	75,200	75,200	0	75,200	13
14	Other (specify):	0	0	569,801	569,801	(72,980)	496,821	14
15	TOTAL General Administration	243,595	50,980	1,248,114	1,542,689	(90,486)	1,452,203	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,286,178	302,807	1,555,158	3,144,143	(108,268)	3,035,875	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			457,283	457,283	0	457,283	17
18	Interest			339,391	339,391	(14,169)	325,222	18
19	Real Estate Taxes			78,563	78,563	0	78,563	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			9,925	9,925	0	9,925	21
22	Other (specify):	0	0	688,759	688,759	0	688,759	22
23	TOTAL Ownership	0	0	1,573,921	1,573,921	(14,169)	1,559,752	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,286,178	302,807	3,129,078	4,718,064	(122,437)	4,595,627	24

Facility Name: HERITAGE WOODS OF MOLINE

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	25.10	2
3	Certified Nurse Assistants	15	13.96	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	11	11.83	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.01	10
11	Laundry	0	0.00	11
12	Managers	5	24.57	12
13	Other Administrative	4	24.17	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)	39	\$	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	\$ 228,138	1
2			2
Total		\$ 228,138	3

Facility Name: HERITAGE WOODS OF MOLINE

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 158,031 Year land was acquired 2006

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			2008	\$ 11,269,711	\$ 409,113	27.5	\$ 409,808	\$ 695	\$ 5,219,740	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				265,361	15,682	15	17,691	2,008	225,584	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)				\$ 11,535,072	\$ 424,795		\$ 427,498	\$ 2,703	\$ 5,445,324	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	\$ 792,040	\$ 32,487	\$ 158,408	125,921	5	\$ 729,104	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 792,040	\$ 32,487	\$ 158,408	125,921		729,104	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 MOLINE

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

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

☐ 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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	ORIX Real Estate Capital LLC		X	FIRST MORTGAGE	1/12/17	\$ 10,479,500	\$ 9,843,469	2/1/52	0.0342	\$ 339,391	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,479,500	\$ 9,843,469			\$ 339,391	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 10,479,500	\$ 9,843,469			\$ 339,391	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 MOLINE**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	\$ 1,282,473	\$	1
2	Cash-Patient Deposits	1,353		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (183,884))	281,085		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	36,133		6
7	Other Prepaid Expenses	8,974		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	5,135		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,615,152	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	158,031		13
14	Buildings, at Historical Cost	11,269,711		14
15	Leasehold Improvements, at Historical Cost	265,361		15
16	Equipment, at Historical Cost	792,040		16
17	Accumulated Depreciation (book methods)	(6,174,427)		17
18	Deferred Charges	1,896		18
19	Organization & Pre-Operating Costs	22,451		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(22,451)		20
21	Restricted Funds	1,070,806		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)	\$ 7,383,418	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,998,570	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 327,079	\$	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	79,815		31
32	Accrued Interest Payable	28,054		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	930,434		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,365,382	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	9,593,463		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)	\$ 9,593,463	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,958,845	\$ 0	45
46	TOTAL EQUITY	\$ (1,960,275)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,998,570	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MOLINE

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	\$ 4,000,903	1
2	Discounts and Allowances	(20,084)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,980,819	3
	B. Other Operating Revenue		
4	Special Services	197,701	4
5	Other Health Care Services	0	5
6	Special Grants	405,147	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	1,546	8
9	Non-Resident Meals	216	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 604,610	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	14,169	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 14,169	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	1,177	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,177	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,600,775	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,007,215	19
20	Health Care/ Personal Care	594,239	20
21	General Administration	1,542,689	21
	B. Capital Expense		
22	Ownership	1,573,921	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)	\$ 4,718,064	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (117,289)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (117,289)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,105,487	32
33	Private Pay - Net Inpatient Revenue	1,875,332	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,980,819	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	64,797	9100-9101-0-0	Interest & Dividend Income	-
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	64,797	9100-9103-0-0	Assessment Expense	-
			9200-9201-1-0	Amortization - Loan Fees	8,053
			9200-9202-0-0	Financing Fees	-
A. General Services			9200-9203-1-0	Mortgage Interest Premium	-
Other (specify):			9200-9204-0-0	Mortgage Service Fee	-
5200-5000-0-0	Operating Allocation	129,595	9200-9205-0-0	Mortgage Insurance Prem	44,655
5200-5124-0-0	Exterminating	5,653	9200-9206-0-0	Participation Fee	-
5200-5127-0-0	Rubbish Removal	30,361	9200-9207-0-0	Letter of Credit Fee	-
5200-5130-0-0	Vehicle Expense	12,655	9200-9208-0-0	Bond & Draw Fee	300
5200-5131-0-0	Transportation Service	-	9200-9209-0-0	Remarketing and Trustee Fee	-
5300-5140-0-0	Security & Monitoring	14,539	9200-9210-0-0	Interest Expense-Note	-
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	54,318	9200-9211-0-0	Interest Expense-LP	-
9900-9003-0-0	Extraordinary COVID - Other	7,754	9200-9212-0-0	Debt Write-Off	-
	PG3-4.3	125,278	9300-9301-0-0	Partnership Management Fee	50,000
			9300-9302-0-0	Asset Management Fee	5,004
			9300-9303-0-0	Incentive Management	576,797
C. General Administration			9300-9303-1-0	Incentive Asset Mgmt Fee	-
Other (specify):		Amt	9300-9304-0-0	Tax Credit Fees & Incentive Fee	3,950
5160-5060-0-0	Consulting	114,934	9300-9305-0-0	Organizational Expense	-
5160-5063-0-0	Legal	9,226	9300-9306-0-0	Developer Fees	-
5160-5064-0-0	Accounting	270	9300-9307-0-0	Closing Costs	-
5160-5066-0-0	Audit	18,255	9700-9702-0-0	Amortization Expense	-
5160-5067-0-0	Contract Labor-Serv Prov	324,836	9900-9901-0-0	Prior Period Adjustments	-
5160-5068-0-0	Contract Labor	29,300	9900-9902-0-0	Dissolution of Business	-
5180-5079-0-0	Bad Debt - Resident	698,710	9900-9903-0-0	Loss (Gain) on Sale of Assets	-
5180-5079-1-0	Bad Debt - Resident - Recovery	-	9900-9904-0-0	Business Interruption	-
5180-5080-0-0	Bad Debt - Resident Prior Period	-	9900-9905-0-0	Settlement	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	41,916	9900-9906-0-0	Property Damage Loss	-
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9900-9907-0-0	Abandonment Loss	-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9900-9908-0-0	Grant Income	-
5180-5083-0-0	Bad Debt - Medicaid MCO	5,965	9900-9909-0-0	Misc: Title, Recording, Transfer	-
5190-5000-0-0	Other Admin Allocation	-		PG3-22.3	688,759
	PG3-14.3	569,801			

Operating Expenses - Reclassifications and Adjustments PG 3		
A. General Services		
Heat and Other Utilities		
3300-3303-0-0	Cable	17,782
	PG3-3.5	17,782
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	1,546
3300-3304-0-0	Internet Access	1,536
3300-3321-0-0	Telephone- Connection	10,646
3300-3323-0-0	Telephone- Usage	778
5190-5090-0-0	Contributions	3,000
	PG3-10.5	17,506
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	25,098
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	41,916
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	5,965
	PG3-14.5	72,980
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	13,734
3300-3385-0-0	Interest Income - Reserves	436
	PG3-18.5	14,169
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	5,135
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		5,135
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	50,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	578,656
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	24,661
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	1,461
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	48,413
2112-0159-1-0	Medicaid Prepayments	227,244
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		930,434

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other - call pendant, late fee & NSF fee	1,177
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		1,177