

		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: 1000078

Facility Name: HERITAGE WOODS OF MT VERNON

Address: 1033 S 42ND STREET MT VERNON 62864

County: JEFFERSON

Telephone Number: (618) 241-9518 Fax # 618 241-9516

Federal Employer ID Number:

Date Current Owners were Certified: 10/9/2007

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 01/01/2020 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	66	Single Unit Apartment	66	24,090	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	66	TOTALS	66	24,090	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	15,327	5,207		20,534	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	15,327	5,207	0	20,534	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)85.24%

D. Indicate the number of paid bed-hold days the SLF had during this year362

Also, indicate the number of unpaid bed-hold days the SLF had during this year.27 (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	193,352	126,198	2,192	321,742	0	321,742	1
2	Housekeeping, Laundry and Maintenance	66,408	24,266	35,295	125,969	0	125,969	2
3	Heat and Other Utilities			78,424	78,424	(13,649)	64,775	3
4	Other (specify):	50,675	0	68,973	119,648	0	119,648	4
5	TOTAL General Services	310,435	150,464	184,884	645,783	(13,649)	632,134	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	364,153	10,036	0	374,189	0	374,189	6
7	Activities and Social Services	31,591	4,787	0	36,378	0	36,378	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	395,744	14,823	0	410,567	0	410,567	9
	C. General Administration							
10	Administrative and Clerical	109,467	37,722	195,151	342,340	(14,199)	328,141	10
11	Marketing Materials, Promotions and Advertising	51,345	10,015	36,090	97,450	0	97,450	11
12	Employee Benefits and Payroll Taxes	0	0	151,559	151,559	0	151,559	12
13	Insurance-Property, Liability and Malpractice	0	0	44,374	44,374	0	44,374	13
14	Other (specify):	0	0	72,022	72,022	(16,437)	55,585	14
15	TOTAL General Administration	160,812	47,737	499,196	707,745	(30,636)	677,109	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	866,991	213,024	684,080	1,764,095	(44,285)	1,719,810	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			262,660	262,660	0	262,660	17
18	Interest			190,801	190,801	(8,637)	182,164	18
19	Real Estate Taxes			150,040	150,040	0	150,040	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			9,068	9,068	0	9,068	21
22	Other (specify):	0	0	43,216	43,216	0	43,216	22
23	TOTAL Ownership	0	0	655,785	655,785	(8,637)	647,147	23
24	GRAND TOTAL (Sum of lines 16 and 23)	866,991	213,024	1,339,864	2,419,880	(52,923)	2,366,957	24

Facility Name: HERITAGE WOODS OF MT VERNON

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	26.81	2
3	Certified Nurse Assistants	9	14.74	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	10.99	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.75	10
11	Laundry	0	0.00	11
12	Managers	4	22.12	12
13	Other Administrative	2	25.40	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

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	\$ 141,263	1
2			2
Total		\$ 141,263	3

Facility Name: HERITAGE WOODS OF MT VERNON Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 189,832 Year land was acquired 2004

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	66			2007	\$ 5,446,934	\$ 208,461	27.5	\$ 198,070	\$ (10,391)	\$ 2,661,746	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				608,124	35,880	15	40,542	4,662	553,848	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)				\$ 6,055,058	\$ 244,341		\$ 238,612	\$ (5,729)	\$ 3,215,594	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	\$ 795,008	\$ 18,319	\$ 159,002	140,683	5	\$ 759,257	18
19	Vehicles	50,160	0	10,032	10,032	5	50,160	19
20	TOTAL (lines 18 and 19)	\$ 845,168	\$ 18,319	\$ 169,034	150,715		\$ 809,417	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 MT VERNON

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	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	GERSHMAN MORTGAGE		X	FIRST MORTGAGE	4/6/15	\$ 6,005,376	\$ 5,371,980	8/1/46	0.0383	\$ 189,744	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	Midland States Bank			PPP	4/1/20	161,384	0	4/1/22	0.0100	1,057	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,166,760	\$ 5,371,980			\$ 190,801	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,166,760	\$ 5,371,980			\$ 190,801	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 MT VERNON**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	\$ 738,710	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (115,066))	121,787		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	56,814		6
7	Other Prepaid Expenses	8,159		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify):	0		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 925,469	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	189,832		13
14	Buildings, at Historical Cost	5,446,934		14
15	Leasehold Improvements, at Historical Cost	608,124		15
16	Equipment, at Historical Cost	845,168		16
17	Accumulated Depreciation (book methods)	(4,025,011)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	153,928		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(138,537)		20
21	Restricted Funds	178,697		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	4,488		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,263,656	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,189,126	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 46,014	\$	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	34,463		30
31	Accrued Taxes Payable	153,175		31
32	Accrued Interest Payable	14,549		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	125,719		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 373,921	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	5,237,309		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)	\$ 5,237,309	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,611,230	\$ 0	45
46	TOTAL EQUITY	\$ (1,422,104)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,189,126	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MT VERNON

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	\$ 2,303,366	1
2	Discounts and Allowances	(36,941)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,266,425	3
	B. Other Operating Revenue		
4	Special Services	113,888	4
5	Other Health Care Services	0	5
6	Special Grants	414,560	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	2,577	8
9	Non-Resident Meals	223	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 531,248	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	8,637	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 8,637	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	557	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 557	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,806,867	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	645,783	19
20	Health Care/ Personal Care	410,567	20
21	General Administration	707,745	21
	B. Capital Expense		
22	Ownership	655,785	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)	\$ 2,419,880	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 386,987	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 386,987	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,154,102	32
33	Private Pay - Net Inpatient Revenue	1,112,323	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,266,425	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	50,675	9100-9101-0-0	Interest & Dividend Income	-
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	50,675	9100-9103-0-0	Assessment Expense	-
			9200-9201-1-0	Amortization - Loan Fees	5,264
			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	101,350	9200-9205-0-0	Mortgage Insurance Prem	27,164
5200-5124-0-0	Exterminating	3,600	9200-9206-0-0	Participation Fee	-
5200-5127-0-0	Rubbish Removal	7,629	9200-9207-0-0	Letter of Credit Fee	526
5200-5130-0-0	Vehicle Expense	1,610	9200-9208-0-0	Bond & Draw Fee	-
5200-5131-0-0	Transportation Service	-	9200-9209-0-0	Remarketing and Trustee Fee	-
5300-5140-0-0	Security & Monitoring	13,692	9200-9210-0-0	Interest Expense-Note	-
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	36,982	9200-9211-0-0	Interest Expense-LP	-
9900-9003-0-0	Extraordinary COVID - Other	5,460	9200-9212-0-0	Debt Write-Off	-
	PG3-4.3	68,973	9300-9301-0-0	Partnership Management Fee	-
			9300-9302-0-0	Asset Management Fee	-
C. General Administration			9300-9303-0-0	Incentive Management	-
Other (specify):		Amt	9300-9303-1-0	Incentive Asset Mgmt Fee	-
5160-5060-0-0	Consulting	1,734	9300-9304-0-0	Tax Credit Fees & Incentive Fee	-
5160-5063-0-0	Legal	3,253	9300-9305-0-0	Organizational Expense	-
5160-5064-0-0	Accounting	270	9300-9306-0-0	Developer Fees	-
5160-5066-0-0	Audit	18,335	9300-9307-0-0	Closing Costs	-
5160-5067-0-0	Contract Labor-Serv Prov	-	9700-9702-0-0	Amortization Expense	10,262
5160-5068-0-0	Contract Labor	31,994	9900-9901-0-0	Prior Period Adjustments	-
5180-5079-0-0	Bad Debt - Resident	180,691	9900-9902-0-0	Dissolution of Business	-
5180-5079-1-0	Bad Debt - Resident - Recovery	-	9900-9903-0-0	Loss (Gain) on Sale of Assets	-
5180-5080-0-0	Bad Debt - Resident Prior Period	-	9900-9904-0-0	Business Interruption	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	2,173	9900-9905-0-0	Settlement	-
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9900-9906-0-0	Property Damage Loss	-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9900-9907-0-0	Abandonment Loss	-
5180-5083-0-0	Bad Debt - Medicaid MCO	871	9900-9908-0-0	Grant Income	-
5190-5000-0-0	Other Admin Allocation	-	9900-9909-0-0	Misc: Title, Recording, Transfer	-
	PG3-14.3	72,022		PG3-22.3	43,216

Operating Expenses - Reclassifications and Adjustments PG 3		
A. General Services		
Heat and Other Utilities		
3300-3303-0-0	Cable	13,649
	PG3-3.5	13,649
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	2,577
3300-3304-0-0	Internet Access	1,012
3300-3321-0-0	Telephone- Connection	7,024
3300-3323-0-0	Telephone- Usage	586
5190-5090-0-0	Contributions	3,000
	PG3-10.5	14,199
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	13,393
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	2,173
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	871
	PG3-14.5	16,437
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	8,437
3300-3385-0-0	Interest Income - Reserves	200
	PG3-18.5	8,637
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	4,488
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		4,488.00

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	26,944
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	388
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	40,189
2112-0159-1-0	Medicaid Prepayments	57,998
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		125,719

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	557
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		557