

		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: 1000136

Facility Name: HERITAGE WOODS OF PLAINFIELD

Address: 14731 S VAN DYKE RD PLAINFIELD 60544

County: WILL

Telephone Number: (815) 267-3800 Fax # 815 267-3900

Federal Employer ID Number:

Date Current Owners were Certified: 11/21/2011

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	108	Single Unit Apartment	108	39,420	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	108	TOTALS	108	39,420	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	31,833	3,668		35,501	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	31,833	3,668	0	35,501	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)90.06%

D. Indicate the number of paid bed-hold days the SLF had during this year780

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?

N/A

 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 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	311,236	214,664	1,419	527,319	0	527,319	1
2	Housekeeping, Laundry and Maintenance	129,612	28,008	40,975	198,595	0	198,595	2
3	Heat and Other Utilities			131,714	131,714	(33,357)	98,357	3
4	Other (specify):	88,687	0	104,163	192,850	0	192,850	4
5	TOTAL General Services	529,535	242,672	278,271	1,050,478	(33,357)	1,017,120	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	621,731	17,062	0	638,793	0	638,793	6
7	Activities and Social Services	37,305	5,141	0	42,446	0	42,446	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	659,036	22,203	0	681,239	0	681,239	9
	C. General Administration							
10	Administrative and Clerical	203,166	46,953	340,174	590,293	(22,352)	567,941	10
11	Marketing Materials, Promotions and Advertising	57,345	10,667	43,756	111,768	0	111,768	11
12	Employee Benefits and Payroll Taxes	0	0	262,397	262,397	0	262,397	12
13	Insurance-Property, Liability and Malpractice	0	0	86,955	86,955	0	86,955	13
14	Other (specify):	0	0	456,181	456,181	(100,588)	355,593	14
15	TOTAL General Administration	260,511	57,620	1,189,463	1,507,594	(122,940)	1,384,654	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,449,082	322,495	1,467,733	3,239,310	(156,297)	3,083,013	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			341,149	341,149	0	341,149	17
18	Interest			368,144	368,144	(20,737)	347,407	18
19	Real Estate Taxes			80,310	80,310	0	80,310	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			13,761	13,761	0	13,761	21
22	Other (specify):	0	0	605,458	605,458	0	605,458	22
23	TOTAL Ownership	0	0	1,408,822	1,408,822	(20,737)	1,388,085	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,449,082	322,495	2,876,556	4,648,133	(177,034)	4,471,099	24

Facility Name: HERITAGE WOODS OF PLAINFIELD

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	2	25.74	2
3	Certified Nurse Assistants	15	14.67	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	10	13.04	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.79	10
11	Laundry	0	0.00	11
12	Managers	5	27.25	12
13	Other Administrative	4	25.18	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	\$ 275,373	1
2			2
Total		\$ 275,373	3

Facility Name: HERITAGE WOODS OF PLAINFIELD

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 847,138 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	108			2011	\$ 12,380,550	\$ 308,038	40	\$ 309,514	\$ 1,476	\$ 2,819,241	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				301,335	15,067	20	15,067	(0)	139,370	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)				\$ 12,681,885	\$ 323,105		\$ 324,580	\$ 1,476	\$ 2,958,611	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	\$ 913,246	\$ 18,044	\$ 182,649	164,605	5	\$ 832,048	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 913,246	\$ 18,044	\$ 182,649	164,605		832,048	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 PLAINFIELD

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

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	CENTENNIAL MORTGAGE		X	FIRST MORTGAGE	9/1/10	\$ 12,200,000	\$ 10,876,799	9/1/50	0.0540	\$ 366,522	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 12,200,000	\$ 10,876,799			\$ 366,522	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 12,200,000	\$ 10,876,799			\$ 366,522	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 PLAINFIELD**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	\$ 2,417,223	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (170,526))	552,742		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	33,702		6
7	Other Prepaid Expenses	7,631		7
8	Accounts Receivable (owners or related parties)	10,509		8
9	Other(specify): See Page 7 Attachment	10,742		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,032,549	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	847,138		13
14	Buildings, at Historical Cost	12,380,550		14
15	Leasehold Improvements, at Historical Cost	301,335		15
16	Equipment, at Historical Cost	913,246		16
17	Accumulated Depreciation (book methods)	(3,790,659)		17
18	Deferred Charges	0		18
19	Organization & Pre-Operating Costs	41,644		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(38,170)		20
21	Restricted Funds	1,851,996		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	1,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,508,080	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,540,629	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 357,059	\$	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	84,512		31
32	Accrued Interest Payable	30,274		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	947,286		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,419,130	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	10,228,830		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)	\$ 10,228,830	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,647,960	\$ 0	45
46	TOTAL EQUITY	\$ 3,892,669	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,540,629	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF PLAINFIELD

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	\$ 4,651,914	1
2	Discounts and Allowances	(6,459)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,645,455	3
	B. Other Operating Revenue		
4	Special Services	210,291	4
5	Other Health Care Services	0	5
6	Special Grants	742,699	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	2,969	8
9	Non-Resident Meals	265	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 956,224	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	20,737	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 20,737	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	9,862	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 9,862	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,632,278	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,050,478	19
20	Health Care/ Personal Care	681,239	20
21	General Administration	1,507,594	21
	B. Capital Expense		
22	Ownership	1,408,822	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)	\$ 4,648,133	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 984,145	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 984,145	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,622,005	32
33	Private Pay - Net Inpatient Revenue	2,023,450	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,645,455	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	88,687	9100-9101-0-0	Interest & Dividend Income	-
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	88,687	9100-9103-0-0	Assessment Expense	-
			9200-9201-1-0	Amortization - Loan Fees	20,656
			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	177,374	9200-9205-0-0	Mortgage Insurance Prem	49,382
5200-5124-0-0	Exterminating	5,769	9200-9206-0-0	Participation Fee	-
5200-5127-0-0	Rubbish Removal	9,689	9200-9207-0-0	Letter of Credit Fee	3,660
5200-5130-0-0	Vehicle Expense	253	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	9,156	9200-9210-0-0	Interest Expense-Note	-
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	78,439	9200-9211-0-0	Interest Expense-LP	-
9900-9003-0-0	Extraordinary COVID - Other	856	9200-9212-0-0	Debt Write-Off	-
	PG3-4.3	104,163	9300-9301-0-0	Partnership Management Fee	247,907
			9300-9302-0-0	Asset Management Fee	16,310
C. General Administration			9300-9303-0-0	Incentive Management	260,955
Other (specify):		Amt	9300-9303-1-0	Incentive Asset Mgmt Fee	-
5160-5060-0-0	Consulting	15,325	9300-9304-0-0	Tax Credit Fees & Incentive Fee	2,425
5160-5063-0-0	Legal	2,991	9300-9305-0-0	Organizational Expense	-
5160-5064-0-0	Accounting	270	9300-9306-0-0	Developer Fees	-
5160-5066-0-0	Audit	12,004	9300-9307-0-0	Closing Costs	-
5160-5067-0-0	Contract Labor-Serv Prov	293,574	9700-9702-0-0	Amortization Expense	4,164
5160-5068-0-0	Contract Labor	31,430	9900-9901-0-0	Prior Period Adjustments	-
5180-5079-0-0	Bad Debt - Resident	548,207	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	32,567	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	26,527	9900-9908-0-0	Grant Income	-
5190-5000-0-0	Other Admin Allocation	-	9900-9909-0-0	Misc: Title, Recording, Transfer	-
	PG3-14.3	456,181		PG3-22.3	605,458

Operating Expenses - Reclassifications and Adjustments PG 3		
A. General Services		
Heat and Other Utilities		
3300-3303-0-0	Cable	33,357
	PG3-3.5	33,357
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	2,969
3300-3304-0-0	Internet Access	2,896
3300-3321-0-0	Telephone- Connection	10,642
3300-3323-0-0	Telephone- Usage	846
5190-5090-0-0	Contributions	5,000
	PG3-10.5	22,352
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	41,493
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	32,567
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	26,527
	PG3-14.5	100,588
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	19,259
3300-3385-0-0	Interest Income - Reserves	1,478
	PG3-18.5	20,737
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	10,742
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		10,742

Other Long Term Assets Detail		
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	1,000
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		1,000.00

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	16,310
2112-0101-0-0	Accrued Partnership Mgmt Fee	247,907
2112-0102-0-0	Accrued Incentive Mgmt Fee	260,955
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	28,950
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	2,190
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	83,983
2112-0159-1-0	Medicaid Prepayments	306,992
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		947,286
		1894571.38

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	3,727 Late fees; NSF fees; Call Pendants
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
3300-3393-0-0	Insurance Adjustments	2,535
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		9,862