

		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: 1000085

Facility Name: HERITAGE WOODS OF ROCKFORD

Address: 202 N SHOWPLACE DR ROCKFORD 61107

County: WINNEBAGO

Telephone Number: (815) 332-5777 Fax # 815 332-3407

Federal Employer ID Number:

Date Current Owners were Certified: 9/3/2008

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

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/

	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	32,494	3,560		36,054	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	32,494	3,560	0	36,054	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)99.78%

D. Indicate the number of paid bed-hold days the SLF had during this year531 Also, indicate the number of unpaid bed-hold days the SLF had during this year.0 (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: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?

YesIf yes, did the facility make all of the required payments of interest and principle?Yes

If no, explain.

K. Does the facility have any loans from the Federal Home Loan Bank outstanding?

NoIf 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?

NoIf 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	276,443	254,995	2,603	534,041	0	534,041	1
2	Housekeeping, Laundry and Maintenance	135,955	38,765	52,270	226,990	0	226,990	2
3	Heat and Other Utilities			140,583	140,583	(28,791)	111,792	3
4	Other (specify):	120,326	0	78,262	198,588	0	198,588	4
5	TOTAL General Services	532,724	293,760	273,718	1,100,202	(28,791)	1,071,411	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	571,768	23,353	0	595,121	0	595,121	6
7	Activities and Social Services	46,860	7,674	0	54,534	0	54,534	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	618,628	31,027	0	649,655	0	649,655	9
	C. General Administration							
10	Administrative and Clerical	235,434	44,970	282,070	562,474	(24,264)	538,210	10
11	Marketing Materials, Promotions and Advertising	84,197	8,545	21,493	114,235	0	114,235	11
12	Employee Benefits and Payroll Taxes	0	0	325,361	325,361	0	325,361	12
13	Insurance-Property, Liability and Malpractice	0	0	62,019	62,019	0	62,019	13
14	Other (specify):	0	0	589,966	589,966	(58,501)	531,464	14
15	TOTAL General Administration	319,631	53,515	1,280,909	1,654,055	(82,765)	1,571,289	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,470,983	378,302	1,554,627	3,403,912	(111,557)	3,292,356	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			430,099	430,099	0	430,099	17
18	Interest			288,318	288,318	(33,691)	254,627	18
19	Real Estate Taxes			97,981	97,981	0	97,981	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			18,652	18,652	0	18,652	21
22	Other (specify):	0	0	957,766	957,766	0	957,766	22
23	TOTAL Ownership	0	0	1,792,816	1,792,816	(33,691)	1,759,125	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,470,983	378,302	3,347,443	5,196,728	(145,247)	5,051,481	24

Facility Name: HERITAGE WOODS OF ROCKFORD

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	31.38	2
3	Certified Nurse Assistants	15	14.18	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	9	11.83	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	12.70	10
11	Laundry	0	0.00	11
12	Managers	5	29.35	12
13	Other Administrative	5	27.06	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	\$ 199,327	1
2			2
Total		\$ 199,327	3

Facility Name: HERITAGE WOODS OF ROCKFORD

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 416,192 Year land was acquired 2007

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			2007	\$ 9,947,172	\$ 359,660	27.5	\$ 361,715	\$ 2,055	\$ 4,728,308	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				698,214	40,929	15	46,548	5,619	599,917	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)				\$ 10,645,386	\$ 400,589		\$ 408,263	\$ 7,674	\$ 5,328,225	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	\$ 892,729	\$ 29,510	\$ 178,546	149,036	5	\$ 819,830	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 892,729	\$ 29,510	\$ 178,546	149,036		819,830	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	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	IHDA		X	FIRST MORTGAGE	8/24/18	\$ 6,687,041	\$ 6,495,885	9/1/53	0.0438	\$ 288,318	1
2	IHDA		X	Second Mortgage	8/24/18	1,914,283	1,810,331	9/1/53	0.0100		2
3	0			0	1/0/00	0	0	1/0/00	0.0000		3
	Working Capital										
4					/ /		0	/ /		0	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,601,324	\$ 8,306,217			\$ 288,318	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,601,324	\$ 8,306,217			\$ 288,318	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 ROCKFORD**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	\$ 1,465,223	\$	1
2	Cash-Patient Deposits	2,582		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (86,025))	386,451		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	20,674		6
7	Other Prepaid Expenses	2,951		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)	\$ 1,877,880	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	416,192		13
14	Buildings, at Historical Cost	9,947,172		14
15	Leasehold Improvements, at Historical Cost	698,214		15
16	Equipment, at Historical Cost	892,729		16
17	Accumulated Depreciation (book methods)	(6,148,055)		17
18	Deferred Charges	337		18
19	Organization & Pre-Operating Costs	22,733		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(22,733)		20
21	Restricted Funds	2,080,465		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	3,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,890,053	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,767,934	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 419,178	\$	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	107,659		31
32	Accrued Interest Payable	23,868		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,771,943		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,322,648	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	7,951,388		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)	\$ 7,951,388	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,274,036	\$ 0	45
46	TOTAL EQUITY	\$ (506,102)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,767,934	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF ROCKFORD

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	\$ 4,385,041	1
2	Discounts and Allowances	(2,400)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,382,641	3
	B. Other Operating Revenue		
4	Special Services	233,507	4
5	Other Health Care Services	0	5
6	Special Grants	382,802	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	4,850	8
9	Non-Resident Meals	311	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 621,470	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	33,691	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 33,691	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	3,105	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,105	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,040,907	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,100,202	19
20	Health Care/ Personal Care	649,655	20
21	General Administration	1,654,055	21
	B. Capital Expense		
22	Ownership	1,792,816	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)	\$ 5,196,728	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (155,821)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (155,821)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,200,079	32
33	Private Pay - Net Inpatient Revenue	2,182,562	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,382,641	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		
			Amt		
9900-9001-0-0	Extraordinary COVID Labor	120,326	9100-9101-0-0	Interest & Dividend Income	-
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	120,326	9100-9103-0-0	Assessment Expense	-
			9200-9201-1-0	Amortization - Loan Fees	11,484
			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	240,653	9200-9205-0-0	Mortgage Insurance Prem	32,696
5200-5124-0-0	Exterminating	2,286	9200-9206-0-0	Participation Fee	-
5200-5127-0-0	Rubbish Removal	8,450	9200-9207-0-0	Letter of Credit Fee	-
5200-5130-0-0	Vehicle Expense	5,379	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	7,303	9200-9210-0-0	Interest Expense-Note	-
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	52,548	9200-9211-0-0	Interest Expense-LP	-
9900-9003-0-0	Extraordinary COVID - Other	2,296	9200-9212-0-0	Debt Write-Off	-
	PG3-4.3	78,262	9300-9301-0-0	Partnership Management Fee	-
			9300-9302-0-0	Asset Management Fee	39,143
			9300-9303-0-0	Incentive Management	727,057
C. General Administration			9300-9303-1-0	Incentive Asset Mgmt Fee	145,411
Other (specify):		Amt	9300-9304-0-0	Tax Credit Fees & Incentive Fee	1,975
5160-5060-0-0	Consulting	337,412	9300-9305-0-0	Organizational Expense	-
5160-5063-0-0	Legal	14,308	9300-9306-0-0	Developer Fees	-
5160-5064-0-0	Accounting	310	9300-9307-0-0	Closing Costs	-
5160-5066-0-0	Audit	16,841	9700-9702-0-0	Amortization Expense	-
5160-5067-0-0	Contract Labor-Serv Prov	133,518	9900-9901-0-0	Prior Period Adjustments	-
5160-5068-0-0	Contract Labor	29,075	9900-9902-0-0	Dissolution of Business	-
5180-5079-0-0	Bad Debt - Resident	671,874	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	18,887	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	17,554	9900-9909-0-0	Misc: Title, Recording, Transfer	-
5190-5000-0-0	Other Admin Allocation	-		PG3-22.3	957,766
	PG3-14.3	589,966			

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable		28,791
	PG3-3.5		28,791
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		4,850
3300-3304-0-0	Internet Access		3,349
3300-3321-0-0	Telephone- Connection		12,625
3300-3323-0-0	Telephone- Usage		440
5190-5090-0-0	Contributions		3,000
	PG3-10.5		24,264
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		22,061
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		18,887
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		17,554
	PG3-14.5		58,501
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		19,884
3300-3385-0-0	Interest Income - Reserves		13,807
	PG3-18.5		33,691
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	-
1201-0021-0-0	CIP- Land Option Addition	3,000
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		3,000.00

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	39,143
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	1,294,042
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	148,363
2112-0105-0-0	Accrued Liabilities	36,818
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	4,503
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	34,247
2112-0159-1-0	Medicaid Prepayments	214,827
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		1,771,943

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other - call pendants, late fees, NSF	1,404
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	1,701
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		3,105