

		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: 1000114

Facility Name: HERITAGE WOODS OF STERLING

Address: 2205 OAK GROVE AVE STERLING 61081

County: WHITESIDE

Telephone Number: (815) 625-7045 Fax # 815 625-7054

Federal Employer ID Number:

Date Current Owners were Certified: 3/16/2009

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

Facility Name **HERITAGE WOODS OF STERLING**

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	76	Single Unit Apartment	76	27,740	1		
2	0	Double Unit Apartment	0	0	2		
3		Other			3		
4	76	TOTALS	76	27,740	4		

B. Census-For the entire report period.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	20,542	5,410		25,952	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	20,542	5,410	0	25,952	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.55%

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

190 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **1 (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

ACCUAL	☒	MODIFIED		
CASH*	☐	CASH*	☐	

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 2020 Fiscal 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.

Facility Name: HERITAGE WOODS OF STERLING

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	256,051	137,537	2,157	395,745	0	395,745	1
2	Housekeeping, Laundry and Maintenance	80,624	30,808	32,828	144,260	0	144,260	2
3	Heat and Other Utilities			95,867	95,867	(15,118)	80,749	3
4	Other (specify):	66,494	0	84,323	150,817	0	150,817	4
5	TOTAL General Services	403,169	168,345	215,175	786,689	(15,118)	771,570	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	377,740	12,031	0	389,771	0	389,771	6
7	Activities and Social Services	35,620	6,622	0	42,242	0	42,242	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	413,360	18,653	0	432,013	0	432,013	9
	C. General Administration							
10	Administrative and Clerical	124,331	38,248	267,972	430,551	(10,610)	419,941	10
11	Marketing Materials, Promotions and Advertising	48,139	9,885	27,861	85,885	0	85,885	11
12	Employee Benefits and Payroll Taxes	0	0	213,057	213,057	0	213,057	12
13	Insurance-Property, Liability and Malpractice	0	0	51,251	51,251	0	51,251	13
14	Other (specify):	0	0	64,391	64,391	(9,738)	54,653	14
15	TOTAL General Administration	172,470	48,133	624,532	845,135	(20,348)	824,787	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	988,999	235,131	839,707	2,063,837	(35,466)	2,028,371	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			348,836	348,836	0	348,836	17
18	Interest			172,995	172,995	(14,154)	158,841	18
19	Real Estate Taxes			63,019	63,019	0	63,019	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			11,583	11,583	0	11,583	21
22	Other (specify):	0	0	1,175,962	1,175,962	0	1,175,962	22
23	TOTAL Ownership	0	0	1,772,395	1,772,395	(14,154)	1,758,241	23
24	GRAND TOTAL (Sum of lines 16 and 23)	988,999	235,131	2,612,102	3,836,232	(49,620)	3,786,612	24

Facility Name: HERITAGE WOODS OF STERLING

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	22.56	2
3	Certified Nurse Assistants	11	12.19	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	11.53	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.39	10
11	Laundry	0	0.00	11
12	Managers	5	21.82	12
13	Other Administrative	3	23.64	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)	31	\$	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	\$ 185,407	1
2			2
Total		\$ 185,407	3

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

VIII. OWNERSHIP COSTS

A. Purchase price of land 140,336 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	76			2009	\$ 7,604,546	\$ 276,529	27.5	\$ 276,529	\$ (0)	\$ 3,272,259	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				832,257	55,484	15	55,484	0	638,696	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)				\$ 8,436,803	\$ 332,013		\$ 332,013	\$ (0)	\$ 3,910,955	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	\$ 729,789	\$ 16,823	\$ 145,958	129,135	5	\$ 683,248	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 729,789	\$ 16,823	\$ 145,958	129,135		\$ 683,248	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 STERLING 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	ORIX Real Estate Capital LLC		X	FIRST MORTGAGE	5/1/14	\$ 4,750,000	\$ 4,279,374	5/1/49	0.0398	\$ 171,783	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,750,000	\$ 4,279,374			\$ 171,783	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,750,000	\$ 4,279,374			\$ 171,783	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 STERLING**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	\$ 1,369,823	\$	1
2	Cash-Patient Deposits	680		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (105,657))	0 260,032		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	26,139		6
7	Other Prepaid Expenses	23,934		7
8	Accounts Receivable (owners or related parties)	84,726		8
9	Other(specify): See Page 7 Attachment	26,500		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,791,833	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	140,336		13
14	Buildings, at Historical Cost	7,604,546		14
15	Leasehold Improvements, at Historical Cost	832,257		15
16	Equipment, at Historical Cost	729,789		16
17	Accumulated Depreciation (book methods)	(4,594,203)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	38,038		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0 (38,038)		20
21	Restricted Funds	959,916		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	40,977		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,713,653	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,505,486	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 55,731	\$	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	64,064		31
32	Accrued Interest Payable	14,193		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,384,191		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,518,179	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	4,149,983		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)	\$ 4,149,983	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,668,162	\$ 0	45
46	TOTAL EQUITY	\$ 1,837,325	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,505,486	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF STERLING

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	\$ 3,133,142	1
2	Discounts and Allowances	(1,907)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,131,235	3
	B. Other Operating Revenue		
4	Special Services	131,953	4
5	Other Health Care Services	0	5
6	Special Grants	438,281	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	734	8
9	Non-Resident Meals	473	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 571,441	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	14,154	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 14,154	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	53	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 53	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,716,883	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	786,689	19
20	Health Care/ Personal Care	432,013	20
21	General Administration	845,135	21
	B. Capital Expense		
22	Ownership	1,772,395	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)	\$ 3,836,232	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (119,349)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (119,349)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,533,396	32
33	Private Pay - Net Inpatient Revenue	1,597,839	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,131,235	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	66,494	9100-9101-0-0	Interest & Dividend Income	
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	66,494	9100-9103-0-0	Assessment Expense	-
A. General Services			9200-9201-1-0	Amortization - Loan Fees	4,572
Other (specify):			9200-9202-0-0	Financing Fees	-
5200-5000-0-0	Operating Allocation	132,988	9200-9203-1-0	Mortgage Interest Premium	-
5200-5124-0-0	Exterminating	2,276	9200-9204-0-0	Mortgage Service Fee	-
5200-5127-0-0	Rubbish Removal	3,483	9200-9205-0-0	Mortgage Insurance Prem	19,421
5200-5130-0-0	Vehicle Expense	2,635	9200-9206-0-0	Participation Fee	-
5200-5131-0-0	Transportation Service	-	9200-9207-0-0	Letter of Credit Fee	-
5300-5140-0-0	Security & Monitoring	7,712	9200-9208-0-0	Bond & Draw Fee	-
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	61,621	9200-9209-0-0	Remarketing and Trustee Fee	-
9900-9003-0-0	Extraordinary COVID - Other	6,596	9200-9210-0-0	Interest Expense-Note	-
	PG3-4.3	84,323	9200-9211-0-0	Interest Expense-LP	-
C. General Administration			9200-9212-0-0	Debt Write-Off	-
Other (specify):			9300-9301-0-0	Partnership Management Fee	15,000
5160-5060-0-0	Consulting	10,647	9300-9302-0-0	Asset Management Fee	20,000
5160-5063-0-0	Legal	2,539	9300-9303-0-0	Incentive Management	1,052,138
5160-5064-0-0	Accounting	225	9300-9303-1-0	Incentive Asset Mgmt Fee	61,831
5160-5066-0-0	Audit	16,310	9300-9304-0-0	Tax Credit Fees & Incentive Fee	3,000
5160-5067-0-0	Contract Labor-Serv Prov	-	9300-9305-0-0	Organizational Expense	-
5160-5068-0-0	Contract Labor	24,933	9300-9306-0-0	Developer Fees	-
5180-5079-0-0	Bad Debt - Resident	214,905	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	(9,768)	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	12,993	9900-9905-0-0	Settlement	-
5190-5000-0-0	Other Admin Allocation	-	9900-9906-0-0	Property Damage Loss	-
	PG3-14.3	64,391	9900-9907-0-0	Abandonment Loss	-
			9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3	1,175,962	

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable		15,118
	PG3-3.5		15,118
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		734
3300-3304-0-0	Internet Access		929
3300-3321-0-0	Telephone- Connection		5,678
3300-3323-0-0	Telephone- Usage		269
5190-5090-0-0	Contributions		3,000
	PG3-10.5		10,610
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		6,514
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		(9,768)
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		12,993
	PG3-14.5		9,738
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		13,766
3300-3385-0-0	Interest Income - Reserves		388
	PG3-18.5		14,154
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	26,500
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		26,500
Other Long Term Assets Detail		
1201-0020-0-0	CIP	40,977
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		40,977

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	20,000
2112-0101-0-0	Accrued Partnership Mgmt Fee	15,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	1,018,597
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	59,860
2112-0105-0-0	Accrued Liabilities	22,121
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	3,174
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	44,667
2112-0159-1-0	Medicaid Prepayments	200,772
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		1,384,191

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	53 Late Fee; Returned Check Charges
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	-