

		FOR BHF USE			

LL2

Supportive Living Facility

**2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)**

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.

<p>I. Facility ID Number: <u>1000140</u></p> <p>Facility Name: <u>HERITAGE WOODS OF GURNEE LLC</u></p> <p>Address: <u>3775 GRAND AVENUE</u> <u>GURNEE</u> <u>60031</u> <small>Number City Zip Code</small></p> <p>County: <u>LAKE</u></p> <p>Telephone Number: (<u>847</u>) <u>623-6300</u> Fax # <u>847 623-6305</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>10/18/2012</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.</td> <td><input type="checkbox"/> PROPRIETARY Individual</td> <td><input type="checkbox"/> GOVERNMENTAL State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input checked="" type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Thomas Staszak</u> Telephone Number: <u>(815) 935-1992</u></p> <p>Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL State	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2016</u> to <u>12/31/2016</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>David J. Mitchell</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CFO, Gardant Management Solutions</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) (_____)</td> <td>Fax # (_____)</td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>David J. Mitchell</u>			(Title) <u>CFO, Gardant Management Solutions</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) (_____)	Fax # (_____)
<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL State																																									
<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County																																									
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	(Print Name and Title) _____																																										
	(Firm Name & Address) _____																																										
	(Telephone) (_____)	Fax # (_____)																																									

Facility Name: GURNEE SUPPORTIVE LIVING LIMITED PARTNERSH

Report Period Beginning:

01/01/2016

Ending: 12/31/2016

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	258,995	205,506	1,853	466,354		466,354	1
2	Housekeeping, Laundry and Maintenance	93,240	57,089	95,035	245,364		245,364	2
3	Heat and Other Utilities			155,306	155,306	(28,758)	126,548	3
4	Other (specify): See Page 3 Attachment			45,548	45,548		45,548	4
5	TOTAL General Services	352,235	262,595	297,742	912,572	(28,758)	883,814	5
B. Health Care and Programs								
6	Health Care/ Personal Care	518,873	13,248		532,121		532,121	6
7	Activities and Social Services	29,832	5,115		34,947		34,947	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	548,705	18,363		567,068		567,068	9
C. General Administration								
10	Administrative and Clerical	224,115	30,997	321,231	576,343	(26,228)	550,115	10
11	Marketing Materials, Promotions and Advertising	64,482	10,150	53,805	128,437		128,437	11
12	Employee Benefits and Payroll Taxes			284,010	284,010		284,010	12
13	Insurance-Property, Liability and Malpractice			57,702	57,702		57,702	13
14	Other (specify): See Page 3 Attachment			136,897	136,897	(31,688)	105,209	14
15	TOTAL General Administration	288,597	41,147	853,645	1,183,389	(57,916)	1,125,473	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,189,537	322,105	1,151,387	2,663,029	(86,674)	2,576,355	16
Capital Expenses								
D. Ownership								
17	Depreciation			767,787	767,787		767,787	17
18	Interest			495,679	495,679	(1,689)	493,990	18
19	Real Estate Taxes			135,279	135,279		135,279	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			5,353	5,353		5,353	21
22	Other (specify): See Page 3 Attachment			542,917	542,917		542,917	22
23	TOTAL Ownership			1,947,015	1,947,015	(1,689)	1,945,326	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,189,537	322,105	3,098,402	4,610,044	(88,363)	4,521,681	24

Facility Name: **GURNEE SUPPORTIVE LIVING LIMITED PARTNERSHIP**

Report Period Beginning: **01/01/2016** Ending: **12/31/2016**

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 1	1
2	Licensed Practical Nurses	1	21.24	2
3	Certified Nurse Assistants	14	11.13	3
4	Activity Director & Assistants	Inc line 12	Inc line 1	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants HERITAGE WC	10	10.03	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	9.06	10
11	Laundry			11
12	Managers	4	23.01	12
13	Other Administrative	7	18.97	13
14	Clerical	Inc line 13	Inc line 1	14
15	Marketing	Inc line 12	Inc line 1	15
16	Other			16
17	Total (lines 1 thru 16)	39	\$	17

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	\$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee		
1	Gardant Management Solutions	\$ 202,480	1	
2			2	
		Total	\$ 202,480	3

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).

Facility Name: **GURNEE SUPPORTIVE LIVING LIMITED PARTNERSHII**

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,233,458 Year land was acquired 2008

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	105			2008	\$ 14,738,082	\$ 535,487	27.5	\$ 535,930	\$ 443	\$ 2,274,998	1
2											2
3											3
4											4
5											5
Improv HERITAGE WOODS OF GURNEE LLC											
6		Leasehold Improvements			534,376	35,777	15	35,625	(152)	151,515	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 15,272,458	\$ 571,264		\$ 571,555	\$ 291	\$ 2,426,513	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	\$ 982,614	\$ 196,523	\$ 196,523	(0)	5	\$ 832,627	18
19	Vehicles				\$		-	19
20	TOTAL (lines 18 and 19)	\$ 982,614	\$ 196,523	\$ 196,523	(0)		\$ 832,627	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: GURNEE SUPPORTIVE LIVING LIMITED PARTNERSHIP

Report Period Beginning: 01/01/2016

Ending: 2/31/2016

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	HERITAGE WOODS OF C		/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			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	Name of Lender	2		3	4	6		7	8	9	
			Related**	YES			NO	Purpose of Loan				
							Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		CENTENNIAL MORTGAGE		X	FIRST MORTGAGE	08/01/11	\$ 11,550,000	\$ 11,082,245	11/01/52	4.4500	\$ 495,679	1
2						/ /	-		/ /	.0000		2
3						/ /	-		/ /	.0000		3
4							-			.0000		
5							-			.0000		
		Working Capital										
6						/ /	-			.0000		4
7		TOTAL Facility Related					\$ 11,550,000	\$ 11,082,245			\$ 495,679	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 11,550,000	\$ 11,082,245			\$ 495,679	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: **GURNEE SUPPORTIVE LIVING LIMITED PARTNERSHIP**

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 720,273	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (122,214))	788,726		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance HERITAGE WOODS OI	62,321		6
7	Other Prepaid Expenses	3,731		7
8	Accounts Receivable (owners or related parties)	14,870		8
9	Other(specify): See Page 7 Attachment	261		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,590,183	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,233,458		13
14	Buildings, at Historical Cost	14,738,082		14
15	Leasehold Improvements, at Historical Cost	534,376		15
16	Equipment, at Historical Cost	982,614		16
17	Accumulated Depreciation (book methods)	(3,259,140)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	114,892		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(48,828)		20
21	Restricted Funds	1,036,182		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,331,636	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,921,819	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 230,173	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	138,782		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	520,807		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 889,763	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,713,706		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 10,713,706	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,603,469	\$	45
46	TOTAL EQUITY	\$ 5,318,350	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,921,819	\$	47

*(See instructions.)

Facility Name: GURNEE SUPPORTIVE LIVING LIMITED PARTNEI

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

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	\$ 3,870,037	1
2	Discounts and Allowances	(23,221)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,846,816	3
B. Other Operating Revenue			
4	Special Services	145,918	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	8,958	8
9	Non-Resident Meals	4,982	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 159,858	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,689	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,689	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	1,180	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,180	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,009,543	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	912,572	19
20	Health Care/ Personal Care	567,068	20
21	General Administration	1,183,389	21
B. Capital Expense			
22	Ownership	1,947,015	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)	\$ 4,610,044	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (600,501)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (600,501)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,845,316	32
33	Private Pay - Net Inpatient Revenue	2,001,500	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,846,816	37

Expenses PG 3 Other

General Services Other		Health Care & Programs	General Administration Other		Amt	Ownership Other		Amt
5200-5000-0-0	Operating Allocation	-	5160-5060-0-0	Consulting	13,000	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	18,958	5160-5063-0-0	Legal	49,176	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	6,784	5160-5064-0-0	Accounting	110	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	2,174	5160-5066-0-0	Audit	13,502	9200-9201-1-0	Amortization - Loan Fees	9,602
5200-5131-0-0	Transportation Service	-	5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	17,632	5160-5068-0-0	Contract Labor	29,421	9200-9203-1-0	Mortgage Interest Premium	-
			5180-5079-0-0	Bad Debt - Resident	23,135	9200-9204-0-0	Mortgage Service Fee	-
			5180-5079-1-0	Bad Debt - Resident - Recovery	-	9200-9205-0-0	Mortgage Insurance Prem	50,124
			5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9206-0-0	Participation Fee	-
			5180-5081-0-0	Bad Debt - Medicaid Pending Denial	(26,294)	9200-9207-0-0	Letter of Credit Fee	-
			5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9200-9208-0-0	Bond & Draw Fee	-
			5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9200-9209-0-0	Remarketing and Trustee Fee	-
			5180-5083-0-0	Bad Debt - Medicaid MCO	34,848	9200-9210-0-0	Interest Expense-Note	-
			5190-5000-0-0	Other Admin Allocation	-	9200-9211-0-0	Interest Expense-LP	-
						9200-9212-0-0	Debt Write-Off	-
						9300-9301-0-0	Partnership Management Fee	-
						9300-9302-0-0	Asset Management Fee	32,782
						9300-9303-0-0	Incentive Management	412,550
						9300-9303-1-0	Incentive Asset Mgmt Fee	24,270
						9300-9304-0-0	Tax Credit Fees & Incentive Fee	2,100
						9300-9305-0-0	Organizational Expense	-
						9300-9306-0-0	Developer Fees	-
						9300-9307-0-0	Closing Costs	-
						9700-9702-0-0	Amortization Expense	11,489
						9900-9901-0-0	Prior Period Adjustments	-
						9900-9902-0-0	Dissolution of Business	-
						9900-9903-0-0	Loss (Gain) on Sale of Assets	-
						9900-9904-0-0	Business Interruption	-
						9900-9905-0-0	Settlement	-
						9900-9906-0-0	Property Damage Loss	-
						9900-9907-0-0	Abandonment Loss	-
						9900-9908-0-0	Grant Income	-
						9900-9909-0-0	Misc: Title, Recording, Transfe	-
		45,548			136,897			542,917

Balance Sheet PG 7 Other, See Attachment
Balance Sheet

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-	2111-0040-0-0	Construction Account Payable	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-	2112-0100-0-0	Accrued Asset Management Fee	32,782
1102-9973-0-0	A/R-Insurance Reimbursemen	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	-
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	412,550
1102-9975-0-0	A/R-CIP	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	24,270
1102-9976-0-0	A/R-Other	-	2112-0105-0-0	Accrued Liabilities	25,014
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	261	2112-0115-0-0	Accrued Developer Fee	-
1105-0009-0-0	Transfer Account	-	2112-0130-0-0	Accrued MIP	-
1105-0012-0-0	Undeposited Funds	-	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	749
			2112-0155-0-0	Reservation Deposit	1,500
			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	23,942
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		261			520,807

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	-
		-

Income Statement PG 8 Other, See Attachment
Income Statement

Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	(20)
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	1,200
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		1,180