

		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>1000045</u></p> <p>Facility Name: <u>HERITAGE WOODS OF MANTENO</u></p> <p>Address: <u>355 DIVERSATCH DRIVE</u> <u>MANTENO</u> <u>60950</u> <small>Number City Zip Code</small></p> <p>County: <u>KANKAKEE</u></p> <p>Telephone Number: (<u>815</u>) <u>468-3553</u> Fax # <u>815 468-3888</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>10/25/2007</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 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 checked="" 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 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 checked="" 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																																									
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Paid Preparer	(Signed) _____	(Date) _____																																									
	(Print Name and Title) _____																																										
	(Firm Name & Address) _____																																										
	(Telephone) (_____)	Fax # (_____)																																									

Facility Name: DSI MANTENO OPERATOR

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	212,319	136,021	2,225	350,565		350,565	1
2	Housekeeping, Laundry and Maintenance	94,622	32,129	33,748	160,499		160,499	2
3	Heat and Other Utilities			171,751	171,751	(26,062)	145,689	3
4	Other (specify): See Page 3 Attachment			24,663	24,663		24,663	4
5	TOTAL General Services	306,941	168,150	232,387	707,478	(26,062)	681,416	5
B. Health Care and Programs								
6	Health Care/ Personal Care	414,354	9,781		424,135		424,135	6
7	Activities and Social Services	29,091	8,544		37,635		37,635	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	443,445	18,325		461,770		461,770	9
C. General Administration								
10	Administrative and Clerical	132,491	20,396	225,507	378,394	(30,492)	347,902	10
11	Marketing Materials, Promotions and Advertising	17,851	5,130	18,703	41,684		41,684	11
12	Employee Benefits and Payroll Taxes			191,558	191,558		191,558	12
13	Insurance-Property, Liability and Malpractice			50,099	50,099		50,099	13
14	Other (specify): See Page 3 Attachment			37,797	37,797	(3,411)	34,386	14
15	TOTAL General Administration	150,342	25,526	523,664	699,532	(33,903)	665,629	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	900,728	212,001	756,051	1,868,780	(59,965)	1,808,815	16
Capital Expenses								
D. Ownership								
17	Depreciation			280,573	280,573		280,573	17
18	Interest			269,244	269,244	(768)	268,476	18
19	Real Estate Taxes			161,500	161,500		161,500	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			39,000	39,000		39,000	21
22	Other (specify): See Page 3 Attachment			327,237	327,237	281,241	608,478	22
23	TOTAL Ownership			1,077,554	1,077,554	280,473	1,358,027	23
24	GRAND TOTAL (Sum of lines 16 and 23)	900,728	212,001	1,833,605	2,946,334	220,508	3,166,842	24

Facility Name: DSI MANTENO OPERATOR

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	22.18	2
3	Certified Nurse Assistants	14	9.96	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	9	9.21	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	9.70	10
11	Laundry			11
12	Managers	4	22.13	12
13	Other Administrative	3	21.80	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)	34	\$	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	\$ 162,070	1	
2			2	
		Total	\$ 162,070	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
DSI FLORA OPERATOR & OWNER		FLORA	
DSI OTTAWA OPERATOR & OWNER		OTTAWA	
DSI WATSEKA OPERATOR & OWNER		WATSEKA	

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: DSI MANTENO OPERATOR

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 229,234 Year land was acquired 2001

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	87			2005	\$ 7,384,981	\$ 268,545	27.5	\$ 268,545	\$ 0	\$ 2,461,660	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements					15				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)				\$ 7,384,981	\$ 268,545		\$ 268,545	\$ 0	\$ 2,461,660	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	\$ 360,802	\$ 12,028	\$ 72,160	60,132	5	\$ 337,542	18
19	Vehicles	20,817			\$		20,817	19
20	TOTAL (lines 18 and 19)	\$ 381,619	\$ 12,028	\$ 72,160	60,132		\$ 358,359	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: **DSI MANTENO OPERATOR**

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			/ /				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	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	MIDLAND STATES BANK		X	MORTGAGE	09/01/13	\$ 9,596,500	\$ 8,881,446	08/01/47	.0302	\$ 265,423	
2					/ /	-		/ /			
3					/ /	-		/ /			
4					/ /	-					
5						-					
	Working Capital										
6	PEOPLES BANK		X		01/07/16	800,000	258,691	01/05/17	VARIABLE	3,821	
7	TOTAL Facility Related					\$ 10,396,500	\$ 9,140,136			\$ 269,244	
	B. Non-Facility Related										
8					/ /			/ /			
9					/ /			/ /			
10	TOTALS (lines 7, 8 and 9)					\$ 10,396,500	\$ 9,140,136			\$ 269,244	

* 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: DSI MANTENO OPERATOR

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	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 32,785	\$	1
2	Cash-Patient Deposits	2,248		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (18,399))	736,231		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	58,880		6
7	Other Prepaid Expenses	13,168		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	2,946		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 846,259	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	229,234		13
14	Buildings, at Historical Cost	7,384,981		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	381,619		16
17	Accumulated Depreciation (book methods)	(2,820,019)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	3,044,676		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(794,746)		20
21	Restricted Funds	362,930		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,788,675	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,634,934	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 76,156	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	258,691		29
30	Accrued Salaries Payable	26,868		30
31	Accrued Taxes Payable	158,635		31
32	Accrued Interest Payable	22,352		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	70,435		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 613,137	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,052,407		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)	\$ 9,052,407	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,665,544	\$	45
46	TOTAL EQUITY	\$ (1,030,610)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,634,934	\$	47

*(See instructions.)

Facility Name: DSI MANTENO OPERATOR

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	\$ 3,454,144	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,454,144	3
B. Other Operating Revenue			
4	Special Services	126,408	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	11,877	8
9	Non-Resident Meals	7,294	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 145,579	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	768	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 768	14
D. Other Revenue (specify):			
15	See attachment	(20)	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ (20)	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,600,471	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	707,478	19
20	Health Care/ Personal Care	461,770	20
21	General Administration	699,532	21
B. Capital Expense			
22	Ownership	1,077,554	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)	\$ 2,946,334	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 654,137	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 654,137	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,394,701	32
33	Private Pay - Net Inpatient Revenue	2,059,443	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,454,144	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	530	9100-9101-0-0 Interest & Dividend Income	-
5200-5124-0-0 Exterminating	1,683	5160-5063-0-0 Legal	6,191	9100-9102-0-0 Assessment Income	-
5200-5127-0-0 Rubbish Removal	5,197	5160-5064-0-0 Accounting	150	9100-9103-0-0 Assessment Expense	-
5200-5130-0-0 Vehicle Expense	9,589	5160-5066-0-0 Audit	18,438	9200-9201-1-0 Amortization - Loan Fees	-
5200-5131-0-0 Transportation Service	178	5160-5067-0-0 Contract Labor-Serv Prov	-	9200-9202-0-0 Financing Fees	-
5300-5140-0-0 Security & Monitoring	8,017	5160-5068-0-0 Contract Labor	9,078	9200-9203-1-0 Mortgage Interest Premium	-
		5180-5079-0-0 Bad Debt - Resident	(2,669)	9200-9204-0-0 Mortgage Service Fee	-
		5180-5079-1-0 Bad Debt - Resident - Recovery	-	9200-9205-0-0 Mortgage Insurance Prem	44,804
		5180-5080-0-0 Bad Debt - Resident Prior Period	-	9200-9206-0-0 Participation Fee	-
		5180-5081-0-0 Bad Debt - Medicaid Pending Denial	409	9200-9207-0-0 Letter of Credit Fee	1,192
		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	5,671	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	-
				9300-9303-0-0 Incentive Management	-
				9300-9303-1-0 Incentive Asset Mgmt Fee	-
				9300-9304-0-0 Tax Credit Fees & Incentive Fee	-
				9300-9305-0-0 Organizational Expense	-
				9300-9306-0-0 Developer Fees	-
				9300-9307-0-0 Closing Costs	-
				9700-9702-0-0 Amortization Expense	281,241
				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	-
	24,663		37,797		327,237

Balance Sheet

Other Current Assets Detail			Current Liabilities Detail		
		Amt			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	-
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	-
1102-9975-0-0	A/R-CIP	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9976-0-0	A/R-Other	2,453	2112-0105-0-0	Accrued Liabilities	34,215
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	493	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	2,248
			2112-0154-0-0	Unclaimed Property	4,973
			2112-0155-0-0	Reservation Deposit	13,900
			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	15,099
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		2,946			70,435
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

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	-
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		(20)