

		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>1000111</u></p> <p>Facility Name: <u>HERITAGE WOODS MCLEANSBORO</u></p> <p>Address: <u>605 SOUTH MARSHALL</u> <u>MCLEANSBORO</u> <u>62859</u> <small>Number City Zip Code</small></p> <p>County: <u>HAMILTON</u></p> <p>Telephone Number: (<u>618</u>) <u>643-2908</u> Fax # <u>618 643-2941</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>12/22/2008</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> 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	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> 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) (<u> </u>) _____</td> <td>Fax # (<u> </u>) _____</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) (<u> </u>) _____	Fax # (<u> </u>) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Firm Name & Address) _____																																													
	(Telephone) (<u> </u>) _____	Fax # (<u> </u>) _____																																												

Facility Name: FOX MEADOWS SLF, LP

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	129,144	70,171	1,781	201,096		201,096	1
2	Housekeeping, Laundry and Maintenance	42,622	15,030	11,018	68,670		68,670	2
3	Heat and Other Utilities			77,998	77,998	(10,429)	67,569	3
4	Other (specify): See Page 3 Attachment			24,858	24,858		24,858	4
5	TOTAL General Services	171,766	85,201	115,655	372,622	(10,429)	362,193	5
B. Health Care and Programs								
6	Health Care/ Personal Care	168,546	4,245		172,791		172,791	6
7	Activities and Social Services		3,612		3,612		3,612	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	168,546	7,857		176,403		176,403	9
C. General Administration								
10	Administrative and Clerical	80,351	16,027	96,381	192,759	(17,454)	175,305	10
11	Marketing Materials, Promotions and Advertising	21,240	7,367	15,385	43,992		43,992	11
12	Employee Benefits and Payroll Taxes			134,758	134,758		134,758	12
13	Insurance-Property, Liability and Malpractice			20,336	20,336		20,336	13
14	Other (specify): See Page 3 Attachment			18,315	18,315	(4,580)	13,735	14
15	TOTAL General Administration	101,591	23,394	285,175	410,160	(22,034)	388,126	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	441,903	116,452	400,829	959,184	(32,463)	926,721	16
Capital Expenses								
D. Ownership								
17	Depreciation			133,533	133,533		133,533	17
18	Interest			170,581	170,581	(239)	170,342	18
19	Real Estate Taxes			38,574	38,574		38,574	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			6,365	6,365		6,365	21
22	Other (specify): See Page 3 Attachment			13,173	13,173		13,173	22
23	TOTAL Ownership			362,226	362,226	(239)	361,987	23
24	GRAND TOTAL (Sum of lines 16 and 23)	441,903	116,452	763,056	1,321,411	(32,702)	1,288,709	24

Facility Name: FOX MEADOWS SLF, LP

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	19.37	2
3	Certified Nurse Assistants	7	9.84	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	5	9.69	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	1	9.11	10
11	Laundry			11
12	Managers	2	14.15	12
13	Other Administrative	2	20.18	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)	18	\$	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	\$ 39,268	1	
2			2	
		Total	\$ 39,268	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: FOX MEADOWS SLF, LP

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 145,000 Year land was acquired 2005

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	20			2008	\$ 4,948,747	\$ 115,471	40	\$ 123,719	\$ 8,248	\$ 1,253,684	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			352,520	15,602	20	17,626	2,024	165,292	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)				\$ 5,301,267	\$ 131,073		\$ 141,345	\$ 10,272	\$ 1,418,976	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	\$ 504,771	\$ 2,460	\$ 56,086	53,626	9	\$ 483,401	18
19	Vehicles				\$		-	19
20	TOTAL (lines 18 and 19)	\$ 504,771	\$ 2,460	\$ 56,086	53,626		\$ 483,401	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: **FOX MEADOWS SLE, LP**

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		IHDA		X	FIRST MORTGAGE	02/28/08	\$ 2,760,000	\$ 2,445,603	09/01/39	.0600	\$ 170,581	1
2		IHDA		X	SECOND MORTGAGE	02/28/08	2,000,000	2,000,000	09/01/29	.0100		2
3						/ /	-		/ /	.0000		3
4							-			.0000		
5							-			.0000		
		Working Capital										
6						/ /	-			.0000		4
7		TOTAL Facility Related					\$ 4,760,000	\$ 4,445,603			\$ 170,581	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 4,760,000	\$ 4,445,603			\$ 170,581	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: FOX MEADOWS SLF, LP

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	\$ 71,625	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (17,290))	324,719		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,156		6
7	Other Prepaid Expenses	8,863		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	1,009		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 418,371	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	145,000		13
14	Buildings, at Historical Cost	4,948,747		14
15	Leasehold Improvements, at Historical Cost	352,520		15
16	Equipment, at Historical Cost	504,771		16
17	Accumulated Depreciation (book methods)	(1,902,377)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	12,519		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(10,016)		20
21	Restricted Funds	707,423		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,758,587	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,176,958	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 20,463	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	12,394		30
31	Accrued Taxes Payable	39,002		31
32	Accrued Interest Payable	14,302		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	36,170		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 122,331	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,355,382		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)	\$ 4,355,382	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,477,712	\$	45
46	TOTAL EQUITY	\$ 699,245	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,176,958	\$	47

*(See instructions.)

Facility Name: FOX MEADOWS SLF, LP

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	\$ 1,267,111	1
2	Discounts and Allowances	(7,067)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,260,044	3
B. Other Operating Revenue			
4	Special Services	48,873	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	8,621	8
9	Non-Resident Meals	4,512	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 62,006	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	239	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 239	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	566	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 566	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,322,855	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	372,622	19
20	Health Care/ Personal Care	176,403	20
21	General Administration	410,160	21
B. Capital Expense			
22	Ownership	362,226	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)	\$ 1,321,411	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,444	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,444	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 467,045	32
33	Private Pay - Net Inpatient Revenue	792,999	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,260,044	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	-	9100-9101-0-0 Interest & Dividend Income	-
5200-5124-0-0 Exterminating	1,020	5160-5063-0-0 Legal	558	9100-9102-0-0 Assessment Income	-
5200-5127-0-0 Rubbish Removal	4,904	5160-5064-0-0 Accounting	150	9100-9103-0-0 Assessment Expense	-
5200-5130-0-0 Vehicle Expense	1,962	5160-5066-0-0 Audit	11,550	9200-9201-1-0 Amortization - Loan Fees	7,519
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	16,971	5160-5068-0-0 Contract Labor	1,477	9200-9203-1-0 Mortgage Interest Premium	-
		5180-5079-0-0 Bad Debt - Resident	2,494	9200-9204-0-0 Mortgage Service Fee	-
		5180-5079-1-0 Bad Debt - Resident - Recovery	-	9200-9205-0-0 Mortgage Insurance Prem	-
		5180-5080-0-0 Bad Debt - Resident Prior Period	-	9200-9206-0-0 Participation Fee	-
		5180-5081-0-0 Bad Debt - Medicaid Pending Denial	2,086	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	-	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	3,000
				9300-9303-0-0 Incentive Management	-
				9300-9303-1-0 Incentive Asset Mgmt Fee	-
				9300-9304-0-0 Tax Credit Fees & Incentive Fee	1,403
				9300-9305-0-0 Organizational Expense	-
				9300-9306-0-0 Developer Fees	-
				9300-9307-0-0 Closing Costs	-
				9700-9702-0-0 Amortization Expense	1,252
				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	-
	24,858		18,315		13,173

Balance Sheet PG 7 Other, See Attachment
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	3,000
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	-	2112-0105-0-0	Accrued Liabilities	14,584
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	1,009	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	-
			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	18,586
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		1,009			36,170
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	566
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	-
		566