

		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>1000043</u></p> <p>Facility Name: <u>PRAIRIE LVG AT CHAUTAUQUA I</u></p> <hr/> <p>Address: <u>955 VILLA COURT</u> <u>CARBONDALE</u> <u>62901</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>JACKSON</u></p> <p>Telephone Number: (<u>618</u>) <u>351-7955</u> Fax # <u>618 351-6955</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/22/2004</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) (_____)</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	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Firm Name & Address) _____																																													
	(Telephone) (_____)	Fax # (_____)																																												

Facility Name: CARBONDALE 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	169,038	139,794	1,157	309,989		309,989	1
2	Housekeeping, Laundry and Maintenance	50,792	33,509	61,839	146,140		146,140	2
3	Heat and Other Utilities			118,567	118,567	(13,607)	104,960	3
4	Other (specify): See Page 3 Attachment			20,142	20,142		20,142	4
5	TOTAL General Services	219,830	173,303	201,705	594,838	(13,607)	581,231	5
B. Health Care and Programs								
6	Health Care/ Personal Care	294,566	9,295		303,861		303,861	6
7	Activities and Social Services	21,340	3,277		24,617		24,617	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	315,906	12,572		328,478		328,478	9
C. General Administration								
10	Administrative and Clerical	84,958	17,658	190,225	292,841	(24,225)	268,616	10
11	Marketing Materials, Promotions and Advertising	57,664	5,507	25,974	89,145		89,145	11
12	Employee Benefits and Payroll Taxes			197,776	197,776		197,776	12
13	Insurance-Property, Liability and Malpractice			34,568	34,568		34,568	13
14	Other (specify): See Page 3 Attachment			1,588	1,588	14,386	15,974	14
15	TOTAL General Administration	142,622	23,165	450,131	615,918	(9,839)	606,079	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	678,358	209,040	651,836	1,539,234	(23,446)	1,515,788	16
Capital Expenses								
D. Ownership								
17	Depreciation			285,095	285,095		285,095	17
18	Interest			256,326	256,326	(914)	255,412	18
19	Real Estate Taxes			69,026	69,026		69,026	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			8,046	8,046		8,046	21
22	Other (specify): See Page 3 Attachment			72,439	72,439		72,439	22
23	TOTAL Ownership			690,932	690,932	(914)	690,018	23
24	GRAND TOTAL (Sum of lines 16 and 23)	678,358	209,040	1,342,768	2,230,166	(24,360)	2,205,806	24

Facility Name: CARBONDALE 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	19.11	2
3	Certified Nurse Assistants	12	9.75	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	7	9.10	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	2	9.07	10
11	Laundry			11
12	Managers	2	20.46	12
13	Other Administrative	2	18.86	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)	26	\$	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	\$ 113,934	1	
2			2	
		Total	\$ 113,934	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
PRAIRIE LIVING WEST		CARBONDALE	

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: CARBONDALE SLF, LP

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 400,000 Year land was acquired 2003

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	75			2004	\$ 7,514,459	\$ 273,253	27.5	\$ 273,253	\$ (0)	\$ 3,284,688	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			89,246	5,332	15	5,950	618	71,994	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)				\$ 7,603,705	\$ 278,585		\$ 279,203	\$ 618	\$ 3,356,682	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	\$ 943,843	\$ 6,511	\$ 188,769	182,258	5	\$ 939,468	18
19	Vehicles	44,552			\$		44,552	19
20	TOTAL (lines 18 and 19)	\$ 988,395	\$ 6,511	\$ 188,769	182,258		\$ 984,020	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: CARBONDALE SLF, 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	12/01/03	\$ 4,438,000	\$ 4,001,547	5/1/45	.0615	\$ 256,326	1
2		IHDA		X	SECOND MORTGAGE	12/01/03	702,032	486,623	06/01/38	.0100		2
3		VILLA PARK INC	X		THIRD MORTGAGE	12/08/03	335,000	335,000	01/01/44	NONE		3
4		VILLA LAND TRUST	X		FOURTH MORTGAGE	1/31/2003	110,000	68,379	12/31/23	5%		
5							-			.0000		
Working Capital												
6						/ /	-		/ /	.0000		4
7		TOTAL Facility Related					\$ 5,585,032	\$ 4,891,549			\$ 256,326	7
B. Non-Facility Related												
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 5,585,032	\$ 4,891,549			\$ 256,326	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: CARBONDALE 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	\$ 75,719	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (22,390))	610,439		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,875		6
7	Other Prepaid Expenses	2,755		7
8	Accounts Receivable (owners or related parties)	84,865		8
9	Other(specify): See Page 7 Attachment	2,992		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 787,645	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	400,000		13
14	Buildings, at Historical Cost	7,514,459		14
15	Leasehold Improvements, at Historical Cost	89,246		15
16	Equipment, at Historical Cost	988,395		16
17	Accumulated Depreciation (book methods)	(4,340,702)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	123,369		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(123,369)		20
21	Restricted Funds	610,426		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Page 7 Attachment	33,548		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,295,372	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,083,017	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 77,110	\$	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	69,982		31
32	Accrued Interest Payable	38,677		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	241,801		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 427,570	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,757,081		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)	\$ 4,757,081	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,184,651	\$	45
46	TOTAL EQUITY	\$ 898,366	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,083,017	\$	47

*(See instructions.)

Facility Name: CARBONDALE 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	\$ 2,224,186	1
2	Discounts and Allowances	(27,444)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,196,742	3
B. Other Operating Revenue			
4	Special Services	95,755	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	9,483	8
9	Non-Resident Meals	722	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 105,960	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	914	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 914	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	1,964	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,964	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,305,580	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	594,838	19
20	Health Care/ Personal Care	328,478	20
21	General Administration	615,918	21
B. Capital Expense			
22	Ownership	690,932	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)	\$ 2,230,166	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 75,414	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 75,414	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,067,087	32
33	Private Pay - Net Inpatient Revenue	1,129,655	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,196,742	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	637	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	3,542	5160-5063-0-0	Legal	821	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	3,407	5160-5064-0-0	Accounting	66	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	2,860	5160-5066-0-0	Audit	13,686	9200-9201-1-0	Amortization - Loan Fees	4,800
5200-5131-0-0	Transportation Service	77	5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	10,256	5160-5068-0-0	Contract Labor	764	9200-9203-1-0	Mortgage Interest Premium	-
			5180-5079-0-0	Bad Debt - Resident	(19,383)	9200-9204-0-0	Mortgage Service Fee	10,063
			5180-5079-1-0	Bad Debt - Resident - Recovery	-	9200-9205-0-0	Mortgage Insurance Prem	20,529
			5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9206-0-0	Participation Fee	-
			5180-5081-0-0	Bad Debt - Medicaid Pending Denial	4,997	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	20,763
						9300-9303-0-0	Incentive Management	-
						9300-9303-1-0	Incentive Asset Mgmt Fee	-
						9300-9304-0-0	Tax Credit Fees & Incentive Fee	3,090
						9300-9305-0-0	Organizational Expense	-
						9300-9306-0-0	Developer Fees	-
						9300-9307-0-0	Closing Costs	-
						9700-9702-0-0	Amortization Expense	-
						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	13,194
						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	-
		20,142			1,588			72,439

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	115,854
1102-9973-0-0	A/R-Insurance Reimbursemen	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	46,627
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	347	2112-0105-0-0	Accrued Liabilities	38,558
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	2,645	2112-0115-0-0	Accrued Developer Fee	-
1105-0009-0-0	Transfer Account	-	2112-0130-0-0	Accrued MIP	23,062
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	5,997
			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	11,703
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		2,992			241,801

Other Long Term Assets Detail		
1201-0020-0-0	CIP	33,548
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-

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Income Statement

Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,964
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	-
		1,964