

	FOR BHF USE					

LL2

Supportive Living Facility

**2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)**

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>1000142</u></p> <p>Facility Name: <u>HERITAGE WOODS OF FREEPORT</u></p> <p>Address: <u>1500 SOUTH FOREST RD</u> <u>FREEPORT</u> <u>61032</u> <small>Number City Zip Code</small></p> <p>County: <u>STEPHENSON</u></p> <p>Telephone Number: (<u>815</u>) <u>801-3900</u> Fax # <u>815 801-3901</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>6/26/2013</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: Name: <u>Thomas Staszak</u> Telephone Number: <u>(815) 935-1992</u> 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>01/01/2017</u> to <u>12/31/2017</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>Greg Echols</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>Greg Echols</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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	(Telephone) (<u> </u>) _____	Fax # (<u> </u>) _____																																												

Facility Name: HERITAGE WOODS OF FREEPORT

Report Period Beginning:

01/01/2017

Ending: 12/31/2017

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	206,124	147,610	1,866	355,600		355,600	1
2	Housekeeping, Laundry and Maintenance	74,214	30,792	38,885	143,891		143,891	2
3	Heat and Other Utilities			85,422	85,422	(24,229)	61,193	3
4	Other (specify): See Page 3 Attachment			14,394	14,394		14,394	4
5	TOTAL General Services	280,338	178,402	140,567	599,307	(24,229)	575,078	5
B. Health Care and Programs								
6	Health Care/ Personal Care	390,976	9,166		400,142		400,142	
7	Activities and Social Services	28,963	5,680		34,643		34,643	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	419,939	14,846		434,785		434,785	9
C. General Administration								
10	Administrative and Clerical	121,024	21,463	205,785	348,272	(25,654)	322,618	10
11	Marketing Materials, Promotions and Advertising	47,471	7,991	23,139	78,601		78,601	11
12	Employee Benefits and Payroll Taxes			243,787	243,787		243,787	12
13	Insurance-Property, Liability and Malpractice			30,645	30,645		30,645	13
14	Other (specify): See Page 3 Attachment			226,335	226,335	(22,885)	203,450	14
15	TOTAL General Administration	168,495	29,454	729,691	927,640	(48,539)	879,101	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	868,772	222,702	870,258	1,961,732	(72,768)	1,888,964	16
Capital Expenses								
D. Ownership								
17	Depreciation			550,233	550,233		550,233	17
18	Interest			198,234	198,234	(1,448)	196,786	18
19	Real Estate Taxes			74,424	74,424		74,424	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,024	7,024		7,024	21
22	Other (specify): See Page 3 Attachment			564,507	564,507		564,507	22
23	TOTAL Ownership			1,394,422	1,394,422	(1,448)	1,392,974	23
24	GRAND TOTAL (Sum of lines 16 and 23)	868,772	222,702	2,264,680	3,356,154	(74,216)	3,281,938	24

Facility Name: HERITAGE WOODS OF FREEPORT

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

V. STAFFING AND SALARY COSTS (Please report each line separately.)

Table with 5 columns: Line, Personnel, Number of FTE, Average Hourly Wage, and another column. Rows include Registered Nurses, Licensed Practical Nurses, Certified Nurse Assistants, etc.

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

Table with 5 columns: Line, NAME and FUNCTION, Ownership Interest, Average Hours Per Work Week Devoted to this Business, Amount of Compensation for this Reporting Period. Includes a Total row at the bottom.

VI. (B) Management fees paid to unrelated parties

Table with 3 columns: Line, Name, Amount of Fee. Includes Gardant Management Solutions and a Total row.

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

Table for RELATED SLF's & HEALTH CARE BUSINESSES with columns Name, City.

Table for OTHER RELATED BUSINESS ENTITIES with columns Name, City, Type of Business.

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 [X]

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES [] NO [X]

Facility Name: HERITAGE WOODS OF FREEPORT

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 327,202 Year land was acquired 2011

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			2011	\$ 9,667,014	\$ 351,493	27.5	\$ 351,528	\$ 35	\$ 1,625,703	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			1,542,204	107,337	15	102,814	(4,523)	576,925	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)				\$ 11,209,219	\$ 458,830		\$ 454,341	\$ (4,489)	\$ 2,202,627	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	\$ 793,440	\$ 91,403	\$ 158,688	67,285	5	\$ 747,658	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 793,440	\$ 91,403	\$ 158,688	67,285		\$ 747,658	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 FREEPORT**

Report Period Beginning: **01/01/2017**

Ending: **12/31/2017**

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

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					Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
			YES	NO									Original	Balance			
		A. Directly Facility Related															
		Long-Term															
1		P/R MORTGAGE & INVEST		X	FIRST MORTGAGE	8/1/2012	\$ 6,650,000	\$ 6,231,454	7/1/2052	0.0275	\$ 187,285	1					
2												2					
3												3					
		Working Capital															
4						/ /			/ /			4					
5						/ /			/ /			5					
6						/ /			/ /			6					
7		TOTAL Facility Related					\$ 6,650,000	\$ 6,231,454			\$ 187,285	7					
		B. Non-Facility Related															
8						/ /			/ /			8					
9						/ /			/ /			9					
10		TOTALS (lines 7, 8 and 9)					\$ 6,650,000	\$ 6,231,454			\$ 187,285	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 FREEPORT

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 475,750	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (56,477))	335,229		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,401		6
7	Other Prepaid Expenses	2,613		7
8	Accounts Receivable (owners or related parties)	15,021		8
9	Other(specify): See Page 7 Attachment	381		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 836,396	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	327,202		13
14	Buildings, at Historical Cost	9,667,014		14
15	Leasehold Improvements, at Historical Cost	1,542,204		15
16	Equipment, at Historical Cost	793,440		16
17	Accumulated Depreciation (book methods)	(2,950,286)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	176,053		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(80,690)		20
21	Restricted Funds	1,167,949		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,642,887	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,479,283	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 25,633	\$	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	74,973		31
32	Accrued Interest Payable	14,322		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	568,399		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 683,327	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,959,604		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)	\$ 5,959,604	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,642,931	\$	45
46	TOTAL EQUITY	\$ 4,836,352	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,479,283	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF FREEPORT

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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	\$ 2,874,125	1
2	Discounts and Allowances	(2,924)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,871,201	3
B. Other Operating Revenue			
4	Special Services	107,641	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	10,532	8
9	Non-Resident Meals	6,360	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 124,533	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,448	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,448	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	6,224	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 6,224	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,003,406	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	599,307	19
20	Health Care/ Personal Care	434,785	20
21	General Administration	927,640	21
B. Capital Expense			
22	Ownership	1,394,422	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)	\$ 3,356,154	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (352,748)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (352,748)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,043,619	32
33	Private Pay - Net Inpatient Revenue	1,827,582	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,871,201	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	9,120	9100-9101-0-0 Interest & Dividend Income	-
5200-5124-0-0 Exterminating	1,935	5160-5063-0-0 Legal	3,767	9100-9102-0-0 Assessment Income	-
5200-5127-0-0 Rubbish Removal	2,117	5160-5064-0-0 Accounting	230	9100-9103-0-0 Assessment Expense	-
5200-5130-0-0 Vehicle Expense	772	5160-5066-0-0 Audit	13,349	9200-9201-1-0 Amortization - Loan Fees	-
5200-5131-0-0 Transportation Service	-	5160-5067-0-0 Contract Labor-Serv Prov	172,774	9200-9202-0-0 Financing Fees	-
5300-5140-0-0 Security & Monitoring	9,570	5160-5068-0-0 Contract Labor	4,209	9200-9203-1-0 Mortgage Interest Premium	-
		5180-5079-0-0 Bad Debt - Resident	23,005	9200-9204-0-0 Mortgage Service Fee	-
		5180-5079-1-0 Bad Debt - Resident - Recovery	-	9200-9205-0-0 Mortgage Insurance Prem	31,692
		5180-5080-0-0 Bad Debt - Resident Prior Period	-	9200-9206-0-0 Participation Fee	-
		5180-5081-0-0 Bad Debt - Medicaid Pending Denial	(119) #####	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	84,413
				9300-9302-0-0 Asset Management Fee	9,996
				9300-9303-0-0 Incentive Management	419,276
				9300-9303-1-0 Incentive Asset Mgmt Fee	-
				9300-9304-0-0 Tax Credit Fees & Incentive Fee	1,525
				9300-9305-0-0 Organizational Expense	-
				9300-9306-0-0 Developer Fees	-
				9300-9307-0-0 Closing Costs	-
				9700-9702-0-0 Amortization Expense	17,605
				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	-
	14,394		226,335		564,507

Balance Sheet PG 7 Other

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	-
1102-9973-0-0	A/R-Insurance Reimbursen	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	84,413
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	441,784
1102-9975-0-0	A/R-CIP	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9976-0-0	A/R-Other	92	2112-0105-0-0	Accrued Liabilities	20,865
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	289	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	0
			2112-0144-0-0	Payroll Union Dues	0
			2112-0146-0-0	Payroll Benefits	-
			2112-0150-0-0	Security Deposits	-
			2112-0154-0-0	Unclaimed Property	192
			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	21,146
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		381			568,399

Other Long Term Assets Detail		Amt
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

Income Statement			
	Other Revenue	Amt	
3300-3388-0-0	Contract Service-Serv Prov	-	
3300-3390-0-0	Other	2,708	
3300-3391-0-0	Property Tax Adjustments	-	
3300-3392-0-0	Property Lease Income	-	
3300-3393-0-0	Insurance Adjustments	3,515	
3300-3395-0-0	Developer Fee Income	-	
3300-3396-0-0	Home Office Rent Income	-	
		6,224	0
			0