

		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>1000096</u></p> <p>Facility Name: <u>HERITAGE WOODS OF MOLINE</u></p> <p>Address: <u>5500 46TH AVENUE DR</u> <u>MOLINE</u> <u>61265</u> <small>Number City Zip Code</small></p> <p>County: <u>ROCK ISLAND</u></p> <p>Telephone Number: (<u>309</u>) <u>736-5655</u> Fax # <u>309 736-5651</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/17/2008</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: 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) _____ (Type or Print Name) <u>Greg Echols</u> (Title) <u>CFO, Gardant Management Solutions</u></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () _____ 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) _____ (Type or Print Name) <u>Greg Echols</u> (Title) <u>CFO, Gardant Management Solutions</u>	Paid Preparer	(Signed) _____ (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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Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () _____ Fax # () _____																												

Facility Name: HERITAGE WOODS OF MOLINE

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	240,985	188,284	2,425	431,694		431,694	1
2	Housekeeping, Laundry and Maintenance	97,348	26,832	25,309	149,489		149,489	2
3	Heat and Other Utilities			115,118	115,118	(22,817)	92,301	3
4	Other (specify):			48,268	48,268		48,268	4
5	TOTAL General Services	338,333	215,116	191,120	744,569	(22,817)	721,752	5
B. Health Care and Programs								
6	Health Care/ Personal Care	441,400	11,040		452,440		452,440	6
7	Activities and Social Services	30,308	4,490		34,798		34,798	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	471,708	15,530		487,238		487,238	9
C. General Administration								
10	Administrative and Clerical	186,731	23,201	300,636	510,568	(32,691)	477,877	10
11	Marketing Materials, Promotions and Advertising	52,826	8,258	41,031	102,115		102,115	11
12	Employee Benefits and Payroll Taxes			262,540	262,540		262,540	12
13	Insurance-Property, Liability and Malpractice			42,446	42,446		42,446	13
14	Other (specify):			328,929	328,929	(60,405)	268,524	14
15	TOTAL General Administration	239,557	31,459	975,582	1,246,598	(93,096)	1,153,502	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,049,598	262,105	1,166,701	2,478,404	(115,913)	2,362,491	16
Capital Expenses								
D. Ownership								
17	Depreciation			435,966	435,966		435,966	17
18	Interest			366,124	366,124	(583)	365,541	18
19	Real Estate Taxes			92,527	92,527		92,527	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,864	7,864		7,864	21
22	Other (specify):			1,252,620	1,252,620		1,252,620	22
23	TOTAL Ownership			2,155,101	2,155,101	(583)	2,154,518	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,049,598	262,105	3,321,802	4,633,505	(116,496)	4,517,009	24

Facility Name: HERITAGE WOODS OF MOLINE

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

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 12	1
2	Licensed Practical Nurses	1	21.87	2
3	Certified Nurse Assistants	15	10.55	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9	10.16	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.76	10
11	Laundry			11
12	Managers	5	21.14	12
13	Other Administrative	4	22.99	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	Total (lines 1 thru 16)	37	\$	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

	Management fees paid to unrelated parties	Amount of Fee	
1	Gardant Management Solutions	\$ 176,143	1
2			2
Total		\$ 176,143	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: HERITAGE WOODS OF MOLINE

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 158,031 Year land was acquired 2006

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	99			2008	\$ 11,250,598	\$ 408,879	28	\$ 401,807	\$ (7,072)	\$ 3,992,402	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			265,361	15,656	15	17,691	2,034	178,536	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)				\$ 11,515,959	\$ 424,536		\$ 419,498	\$ (5,038)	\$ 4,170,938	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	\$ 676,434	\$ 11,431	\$ 135,287	123,856	5	\$ 640,155	18
19	Vehicles				\$		-	19
20	TOTAL (lines 18 and 19)	\$ 676,434	\$ 11,431	\$ 135,287	123,856		\$ 640,155	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 MOLINE**

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				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		AMALGAMATED BANK		X	FIRST MORTGAGE / BOND	12/14/2006	\$ 10,870,000	\$	12/1/2041	0.0600	\$ 69,055	1
2		LANCASTER POLLARD		X	FIRST MORTGAGE / BOND	1/1/2017	10,479,500	10,348,226	1/1/2052	0.0342	297,069	2
3												3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 21,349,500	\$ 10,348,226			\$ 366,124	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 21,349,500	\$ 10,348,226			\$ 366,124	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 MOLINE

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	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 706,378	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (122,028))	622,871		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,004		6
7	Other Prepaid Expenses	6,250		7
8	Accounts Receivable (owners or related parties)	767		8
9	Other(specify):	1,957		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,365,226	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	158,031		13
14	Buildings, at Historical Cost	11,250,598		14
15	Leasehold Improvements, at Historical Cost	265,361		15
16	Equipment, at Historical Cost	676,434		16
17	Accumulated Depreciation (book methods)	(4,811,093)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	22,451		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(21,881)		20
21	Restricted Funds	893,844		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,433,745	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,798,971	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 33,561	\$	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	93,120		31
32	Accrued Interest Payable	29,492		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	655,944		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 812,118	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,074,062		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)	\$ 10,074,062	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,886,180	\$	45
46	TOTAL EQUITY	\$ (1,087,209)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,798,971	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MOLINE

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	\$ 3,537,806	1
2	Discounts and Allowances	(17,441)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,520,365	3
B. Other Operating Revenue			
4	Special Services	102,542	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	12,393	8
9	Non-Resident Meals	1,719	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 116,654	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	583	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 583	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	4,729	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,729	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,642,331	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	744,569	19
20	Health Care/ Personal Care	487,238	20
21	General Administration	1,246,598	21
B. Capital Expense			
22	Ownership	2,155,101	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)	\$ 4,633,505	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (991,174)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (991,174)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,417,211	32
33	Private Pay - Net Inpatient Revenue	2,103,154	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,520,365	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	21,689	9100-9101-0-0 Interest & Dividend Income	-
5200-5124-0-0 Exterminating		5160-5063-0-0 Legal	21,960	9100-9102-0-0 Assessment Income	-
5200-5127-0-0 Rubbish Removal	19,835	5160-5064-0-0 Accounting	115	9100-9103-0-0 Assessment Expense	-
5200-5130-0-0 Vehicle Expense	6,391	5160-5066-0-0 Audit	14,390	9200-9201-1-0 Amortization - Loan Fees	378,561
5200-5131-0-0 Transportation Service	-	5160-5067-0-0 Contract Labor-Serv Prov	205,221	9200-9202-0-0 Financing Fees	205,100
5300-5140-0-0 Security & Monitoring	13,433	5160-5068-0-0 Contract Labor	5,149	9200-9203-1-0 Mortgage Interest Premium	-
		5180-5079-0-0 Bad Debt - Resident	22,481	9200-9204-0-0 Mortgage Service Fee	-
		5180-5079-1-0 Bad Debt - Resident - Recovery	-	9200-9205-0-0 Mortgage Insurance Prem	100,401
		5180-5080-0-0 Bad Debt - Resident Prior Period	-	9200-9206-0-0 Participation Fee	-
		5180-5081-0-0 Bad Debt - Medicaid Pending Denial	37,923	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	50,000
				9300-9302-0-0 Asset Management Fee	5,004
				9300-9303-0-0 Incentive Management	509,335
				9300-9303-1-0 Incentive Asset Mgmt Fee	-
				9300-9304-0-0 Tax Credit Fees & Incentive Fee	1,975
				9300-9305-0-0 Organizational Expense	-
				9300-9306-0-0 Developer Fees	-
				9300-9307-0-0 Closing Costs	-
				9700-9702-0-0 Amortization Expense	2,244
				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	-
	48,268		328,929		1,252,620

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 Reimbursemen	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	50,000
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	509,335
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	21,093
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	1,864	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	371
			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	75,145
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		1,957			655,944

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	504
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	4,225
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		4,729