

		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>1000077</u></p> <p>Facility Name: <u>PRAIRIE WINDS OF URBANA</u></p> <p>Address: <u>1905 S PRAIRIE WINDS</u> <u>URBANA</u> <u>61801</u> <small>Number City Zip Code</small></p> <p>County: <u>CHAMPAIGN</u></p> <p>Telephone Number: <u>(217) 344-6400</u> Fax # <u>217 344-6444</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>9/19/2007</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 # () _____</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 # () _____
<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 # () _____																																												

Facility Name: PRAIRIE WINDS OF URBANA

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	282,209	197,488	1,539	481,236		481,236	1
2	Housekeeping, Laundry and Maintenance	94,573	39,790	51,706	186,069		186,069	2
3	Heat and Other Utilities			130,508	130,508	(26,982)	103,526	3
4	Other (specify): See Page 3 Attachment			25,290	25,290		25,290	4
5	TOTAL General Services	376,782	237,278	209,043	823,103	(26,982)	796,121	5
B. Health Care and Programs								
6	Health Care/ Personal Care	410,973	10,336		421,309		421,309	6
7	Activities and Social Services	34,463	7,885		42,348		42,348	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	445,436	18,221		463,657		463,657	9
C. General Administration								
10	Administrative and Clerical	145,809	21,171	268,390	435,370	(38,517)	396,853	10
11	Marketing Materials, Promotions and Advertising	62,131	8,075	33,264	103,470		103,470	11
12	Employee Benefits and Payroll Taxes			186,595	186,595		186,595	12
13	Insurance-Property, Liability and Malpractice			37,542	37,542		37,542	13
14	Other (specify): See Page 3 Attachment			67,948	67,948	(22,311)	45,637	14
15	TOTAL General Administration	207,940	29,246	593,739	830,925	(60,828)	770,097	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,030,158	284,745	802,782	2,117,685	(87,810)	2,029,875	16
Capital Expenses								
D. Ownership								
17	Depreciation			216,230	216,230		216,230	17
18	Interest			242,284	242,284	(243)	242,041	18
19	Real Estate Taxes			405,257	405,257		405,257	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			6,859	6,859		6,859	21
22	Other (specify): See Page 3 Attachment			40,343	40,343		40,343	22
23	TOTAL Ownership			910,973	910,973	(243)	910,730	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,030,158	284,745	1,713,756	3,028,659	(88,053)	2,940,606	24

Facility Name: PRAIRIE WINDS OF URBANA

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	21.06	2
3	Certified Nurse Assistants	13	11.35	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	11	10.86	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.49	10
11	Laundry			11
12	Managers	5	23.36	12
13	Other Administrative	3	22.66	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)	36	\$	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	\$ 187,205	1
2			2
Total		\$ 187,205	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: PRAIRIE WINDS OF URBANA

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 566,500 Year land was acquired 2007

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	94			2007	\$ 5,720,129	\$ 143,617	40	\$ 143,003	\$ (614)	\$ 1,440,500	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			718,277	35,744	20	35,914	170	377,068	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)				\$ 6,438,406	\$ 179,361		\$ 178,917	\$ (444)	\$ 1,817,567	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	\$ 1,219,129	\$ 27,862	\$ 243,826	215,964	5	\$ 1,136,663	18
19	Vehicles	45,039	9,008	6,434	(2,574)	7	15,978	19
20	TOTAL (lines 18 and 19)	\$ 1,264,169	\$ 36,870	\$ 250,260	213,390		\$ 1,152,641	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: PRAIRIE WINDS OF URBANA

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		Walker Dunlop		X	FIRST MORTGAGE	6/20/2016	\$ 7,899,276	\$ 7,167,162	1/1/2047	0.0335	\$ 242,284	1					
2												2					
3												3					
		Working Capital															
4						/ /			/ /			4					
5						/ /			/ /			5					
6						/ /			/ /			6					
7		TOTAL Facility Related					\$ 7,899,276	\$ 7,167,162			\$ 242,284	7					
		B. Non-Facility Related															
8						/ /			/ /			8					
9						/ /			/ /			9					
10		TOTALS (lines 7, 8 and 9)					\$ 7,899,276	\$ 7,167,162			\$ 242,284	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: PRAIRIE WINDS OF URBANA

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	\$ 1,064,437	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (27,514))	610,192		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	32,979		6
7	Other Prepaid Expenses	6,839		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	682		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,715,130	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	566,500		13
14	Buildings, at Historical Cost	5,720,129		14
15	Leasehold Improvements, at Historical Cost	718,277		15
16	Equipment, at Historical Cost	1,264,169		16
17	Accumulated Depreciation (book methods)	(2,970,208)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	11,579		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(11,579)		20
21	Restricted Funds	312,919		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,611,785	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,326,915	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 68,491	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,588		30
31	Accrued Taxes Payable	278,772		31
32	Accrued Interest Payable	20,008		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	88,998		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 489,859	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,044,772		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)	\$ 7,044,772	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,534,631	\$	45
46	TOTAL EQUITY	\$ (207,716)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,326,915	\$	47

*(See instructions.)

Facility Name: PRAIRIE WINDS OF URBANA

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	\$ 3,656,473	1
2	Discounts and Allowances	(2,136)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,654,337	3
B. Other Operating Revenue			
4	Special Services	126,652	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	8,082	8
9	Non-Resident Meals	8,726	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 143,460	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	243	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 243	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	8,669	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 8,669	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,806,709	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	823,103	19
20	Health Care/ Personal Care	463,657	20
21	General Administration	830,925	21
B. Capital Expense			
22	Ownership	910,973	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)	\$ 3,028,659	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 778,050	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 778,050	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,441,237	32
33	Private Pay - Net Inpatient Revenue	2,213,100	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,654,337	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	120	9100-9101-0-0 Interest & Dividend Income	-
5200-5124-0-0 Exterminating	2,105	5160-5063-0-0 Legal	20,855	9100-9102-0-0 Assessment Income	-
5200-5127-0-0 Rubbish Removal	7,326	5160-5064-0-0 Accounting	155	9100-9103-0-0 Assessment Expense	-
5200-5130-0-0 Vehicle Expense	8,914	5160-5066-0-0 Audit	14,948	9200-9201-1-0 Amortization - Loan Fees	4,184
5200-5131-0-0 Transportation Service	88	5160-5067-0-0 Contract Labor-Serv Prov	-	9200-9202-0-0 Financing Fees	-
5300-5140-0-0 Security & Monitoring	6,857	5160-5068-0-0 Contract Labor	9,560	9200-9203-1-0 Mortgage Interest Premium	-
		5180-5079-0-0 Bad Debt - Resident	22,293	9200-9204-0-0 Mortgage Service Fee	-
		5180-5079-1-0 Bad Debt - Resident - Recovery	-	9200-9205-0-0 Mortgage Insurance Prem	36,159
		5180-5080-0-0 Bad Debt - Resident Prior Period	-	9200-9206-0-0 Participation Fee	-
		5180-5081-0-0 Bad Debt - Medicaid Pending Denial	54	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	(36)	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	-
				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	-
	25,290				
	-		67,948		40,343

Balance Sheet PG 7 Other

Balance Sheet PG 7 Other, See Attachment

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	-
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	407	2112-0105-0-0	Accrued Liabilities	30,043
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	275	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	16,150
			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	100
			2112-0155-0-0	Reservation Deposit	5,300
			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	37,405
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		682			88,998

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

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	3,336
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	5,333
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		8,669