

		FOR BHF USE			

LL2

## Supportive Living Facility

**2018**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2018)**

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.

I. Facility ID Number: 1000003

Facility Name: HERITAGE WOODS OF FLORA

Address: 1003 WEST 4TH STREET FLORA 62839  
Number City Zip Code

County: CLAYTelephone Number: ( 618 ) 662-4599 Fax # 618 662-6179

Federal Employer ID Number: \_\_\_\_\_

Date Current Owners were Certified: 10/25/2007

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL State
<input type="checkbox"/> Trust	<input 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 checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2018 to 12/31/2018 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

(Type or Print Name) Greg Echols(Title) CFO, Gardant Management Solutions

Paid Preparer

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

(Print Name and Title) \_\_\_\_\_

(Firm Name &amp; Address) \_\_\_\_\_

(Telephone) (     ) \_\_\_\_\_ Fax # (     ) \_\_\_\_\_

In the event there are further questions about this report, please contact:

Name: Thomas Staszak Telephone Number: (815) 935-1992  
Email Address: \_\_\_\_\_

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



Facility Name: HERITAGE WOODS OF FLORA

Report Period Beginning:

01/01/2018

Ending: 12/31/2018

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	144,101	103,047	2,034	249,182		249,182	1
2	Housekeeping, Laundry and Maintenance	60,495	29,410	21,586	111,491		111,491	2
3	Heat and Other Utilities			82,206	82,206	(11,169)	71,037	3
4	Other (specify):			25,578	25,578		25,578	4
5	<b>TOTAL General Services</b>	<b>204,596</b>	<b>132,457</b>	<b>131,404</b>	<b>468,457</b>	<b>(11,169)</b>	<b>457,288</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	265,571	6,016		271,587		271,587	6
7	Activities and Social Services		3,081		3,081		3,081	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>265,571</b>	<b>9,097</b>		<b>274,668</b>		<b>274,668</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	83,909	18,933	140,897	243,739	(25,045)	218,694	10
11	Marketing Materials, Promotions and Advertising	46,937	7,219	15,408	69,564		69,564	11
12	Employee Benefits and Payroll Taxes			147,738	147,738		147,738	12
13	Insurance-Property, Liability and Malpractice			26,160	26,160		26,160	13
14	Other (specify):			55,618	55,618	(11,080)	44,538	14
15	<b>TOTAL General Administration</b>	<b>130,846</b>	<b>26,152</b>	<b>385,821</b>	<b>542,819</b>	<b>(36,126)</b>	<b>506,694</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>601,013</b>	<b>167,706</b>	<b>517,225</b>	<b>1,285,944</b>	<b>(47,295)</b>	<b>1,238,650</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			126,208	126,208		126,208	17
18	Interest			86,298	86,298	(10,071)	76,227	18
19	Real Estate Taxes			41,128	41,128		41,128	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			10,816	10,816		10,816	21
22	Other (specify):			72,457	72,457	55,194	127,651	22
23	<b>TOTAL Ownership</b>			<b>336,907</b>	<b>336,907</b>	<b>45,123</b>	<b>382,030</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>601,013</b>	<b>167,706</b>	<b>854,132</b>	<b>1,622,851</b>	<b>(2,172)</b>	<b>1,620,679</b>	<b>24</b>

Facility Name: HERITAGE WOODS OF FLORA

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

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	18.68	2
3	Certified Nurse Assistants	8	11.30	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	6	9.11	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	8.27	10
11	Laundry			11
12	Managers	4	18.63	12
13	Other Administrative	2	21.53	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>22</b>	<b>\$</b>	<b>17</b>

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	
				<b>Total</b>	<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

		Amount of Fee		
1	Gardant Management Solutions	\$ 84,586	1	
2			2	
		<b>Total</b>	<b>\$ 84,586</b>	<b>3</b>

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
DSI OTTAWA OPERATOR LLC		OTTAWA	
DSI WATSEKA OPERATOR LLC		WATSEKA	
DSI MANTENO OPERATOR LLC		MANTENO	

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 FLORA

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

## VIII. OWNERSHIP COSTS

A. Purchase price of land 18,260 Year land was acquired 1999

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	52			2000	\$ 2,869,975	\$ 103,487	27.5	\$ 104,363	\$ 875	\$ 1,150,527	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Leasehold Improvements						15				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)				\$ 2,869,975	\$ 103,487		\$ 104,363	\$ 875	\$ 1,150,527	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	\$ 395,865	\$ 22,721	\$ 79,173	56,452	5	\$ 333,644	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 395,865	\$ 22,721	\$ 79,173	56,452		\$ 333,644	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 FLORA

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

**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	<b>TOTAL</b>				\$			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	2	3	4	6	7	8	9			
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	MIDLAND STATES BANK		X	FIRST MORTGAGE	9/1/13	\$ 9,596,500	\$ 2,853,214	8/1/47	0.0310	\$ 84,499	1
2											2
3											3
	<b>Working Capital</b>										
4	PEOPLES NATIONAL BANK		X	Line of Credit	1/3/18	340,000	115,181	2/3/19	VARIABLE	1,799	4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 9,936,500	\$ 2,968,394			\$ 86,298	7
	<b>B. Non-Facility Related</b>										
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 9,936,500	\$ 2,968,394			\$ 86,298	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 FLORA

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 30,629	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (13,925) )	234,323		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,466		6
7	Other Prepaid Expenses	6,940		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Page 7 Attachment</a>	1,050		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 304,407	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	18,260		13
14	Buildings, at Historical Cost	2,869,975		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	395,865		16
17	Accumulated Depreciation (book methods)	(1,484,172)		17
18	Deferred Charges	265		18
19	Organization & Pre-Operating Costs	726,235		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(395,072)		20
21	Restricted Funds	146,370		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,277,727	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,582,134	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 24,421	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	115,181		29
30	Accrued Salaries Payable	23,040		30
31	Accrued Taxes Payable	42,684		31
32	Accrued Interest Payable	7,706		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<a href="#">See Page 7 Attachment</a>	36,557		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 249,588	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	2,899,975		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 2,899,975	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 3,149,564	\$	45
46	<b>TOTAL EQUITY</b>	\$ (567,430)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,582,134	\$	47

\*(See instructions.)

Facility Name: HERITAGE WOODS OF FLORA

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

## XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 1,734,632	1
2	Discounts and Allowances	(6,480)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 1,728,152</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	78,634	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	11,788	8
9	Non-Resident Meals	5,257	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 95,679</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	10,071	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 10,071</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	3,014	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 3,014</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 1,836,916</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	468,457	19
20	Health Care/ Personal Care	274,668	20
21	General Administration	542,819	21
<b>B. Capital Expense</b>			
22	Ownership	336,907	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 1,622,851</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 214,065</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 214,065</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 544,542	32
33	Private Pay - Net Inpatient Revenue	1,183,610	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 1,728,152</b>	<b>37</b>

Operating Expenses PG 3 Other			
<b>A. General Services</b>		<b>D. Ownership</b>	
Other (specify):		Other (specify):	Amt
5200-5000-0-0	Operating Allocation	9100-9101-0-0	Interest & Dividend Income
5200-5124-0-0	Exterminating	9100-9102-0-0	Assessment Income
5200-5127-0-0	Rubbish Removal	9100-9103-0-0	Assessment Expense
5200-5130-0-0	Vehicle Expense	9200-9201-1-0	Amortization - Loan Fees
5200-5131-0-0	Transportation Service	9200-9202-0-0	Financing Fees
5300-5140-0-0	Security & Monitoring	9200-9203-1-0	Mortgage Interest Premium
	<b>PG3-4.3</b>	9200-9204-0-0	Mortgage Service Fee
	<b>25,578</b>	9200-9205-0-0	Mortgage Insurance Prem
		9200-9206-0-0	Participation Fee
		9200-9207-0-0	Letter of Credit Fee
		9200-9208-0-0	Bond & Draw Fee
		9200-9209-0-0	Remarketing and Trustee Fee
		9200-9210-0-0	Interest Expense-Note
		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, Transfer
			<b>PG3-22.3</b>
			<b>72,457</b>
<b>C. General Administration</b>			
Other (specify):	Amt		
5160-5060-0-0	Consulting	176	
5160-5063-0-0	Legal	1,446	
5160-5064-0-0	Accounting	155	
5160-5066-0-0	Audit	17,537	
5160-5067-0-0	Contract Labor-Serv Prov	-	
5160-5068-0-0	Contract Labor	25,224	
5180-5079-0-0	Bad Debt - Resident	7,836	
5180-5079-1-0	Bad Debt - Resident - Recovery	-	
5180-5080-0-0	Bad Debt - Resident Prior Period	-	
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	3,245	
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	
5180-5083-0-0	Bad Debt - Medicaid MCO	-	
5190-5000-0-0	Other Admin Allocation	-	
	<b>PG3-14.3</b>	<b>55,618</b>	
<b>B. Health Care and Programs</b>			
Other (specify):	<b>PG3-8.3</b>		

Operating Expenses - Reclassifications and Adjustments PG 3		
<b>A. General Services</b>		
Heat and Other Utilities		
3300-3303-0-0	Cable	11,169
	<b>PG3-3.5</b>	<b>11,169</b>
<b>C. General Administration</b>		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	11,788
3300-3304-0-0	Internet Access	109
3300-3321-0-0	Telephone- Connection	12,035
3300-3323-0-0	Telephone- Usage	614
5190-5090-0-0	Contributions	500
	<b>PG3-10.5</b>	<b>25,045</b>
<b>C. General Administration</b>		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	7,836
5180-5079-1-0	Bad Debt - Resident - Recovery	-
5180-5080-0-0	Bad Debt - Resident Prior Period	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	3,245
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-
5180-5083-0-0	Bad Debt - Medicaid MCO	-
	<b>PG3-14.5</b>	<b>11,080</b>
<b>D. Ownership</b>		
Interest		
3300-3380-0-0	Interest Income	9,880
3300-3385-0-0	Interest Income - Reserves	191
	<b>PG3-18.5</b>	<b>10,071</b>
<b>D. Ownership</b>		
Other (specify):		
1302-1007-0-0	A/A - Goodwill	(55,194)
9200-9209-0-0	Remarketing and Trustee Fee	-
	<b>PG3-22.5</b>	<b>(55,194)</b>

**Balance Sheet PG 7 Other**

Balance Sheet

Other Current Assets Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	1,050
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
<b>PG7-9.1</b>		<b>1,050</b>

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	-
<b>PG7-23.1</b>		<b>-</b>

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	-
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	29,199
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
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	100
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	7,258
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
<b>PG7-35.1</b>		<b>36,557</b>

Income Statement PG 8 Other

Income Statement	
Other Revenue	Amt
3300-3388-0-0 Contract Service-Serv Prov	-
3300-3390-0-0 Other	456
3300-3391-0-0 Property Tax Adjustments	-
3300-3392-0-0 Property Lease Income	-
3300-3393-0-0 Insurance Adjustments	2,558
3300-3395-0-0 Developer Fee Income	-
3300-3396-0-0 Home Office Rent Income	-

<b>PG8-15.1</b>	<b>3,014</b>
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