		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: 1000096

Facility Name: HERITAGE WOODS OF MOLINE

Address: 5500 46TH AVENUE DR (Number) MOLINE (City) 61265 (Zip Code)

County: ROCK ISLAND

Telephone Number: (309) 736-5655 **Fax #** 309 736-5651

Federal Employer ID Number:

Date Current Owners were Certified: 11/17/2008

Type of Ownership:

- [ ] VOLUNTARY, NON-PROFIT
  - [ ] Charitable Corp.
  - [ ] Trust
- [ ] PROPRIETARY
  - [ ] Individual
  - [X] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [ ] Limited Liability Co.
  - [ ] Trust
  - [ ] Other
- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

IRS Exemption Code

In the event there are further questions about this report, please contact:
Name: Thomas Staszak **Telephone Number:** (815) 935-1992
Email Address:

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 & Address)
(Telephone) ( ) Fax # ( )

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 MOLINE Report Period Beginning: 01/01/2018 Ending: 12/31/2018

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	99	Single Unit Apartment	99	36,135	1
2		Double Unit Apartment			2
3		Other			3
4	99	TOTALS	99	36,135	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	26,037	8,282		34,319	5
6	Double Unit					6
7	Other					7
8	TOTALS	26,037	8,282		34,319	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.97%

D. Indicate the number of paid bed-hold days the SLF had during this year 161 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 7 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?
YES [ ] NO [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

G. List all services provided by your facility for non-residents.
(E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS
ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 2018 Fiscal Year: 2018
* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the required payments of interest and principle?
If no, explain.

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle?
If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle?
If no, explain.

Facility Name: HERITAGE WOODS OF MOLINE **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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	250,800	198,406	2,194	451,400		451,400	1
2	Housekeeping, Laundry and Maintenance	93,578	40,743	62,780	197,101		197,101	2
3	Heat and Other Utilities			121,113	121,113	(21,822)	99,291	3
4	Other (specify):			60,001	60,001		60,001	4
5	**TOTAL General Services**	344,378	239,149	246,088	829,615	(21,822)	807,793	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	428,172	14,510		442,682		442,682	6
7	Activities and Social Services	36,442	3,006		39,448		39,448	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	464,614	17,516		482,130		482,130	9
	C. General Administration							
10	Administrative and Clerical	177,452	27,119	297,889	502,460	(27,425)	475,035	10
11	Marketing Materials, Promotions and Advertising	44,569	10,131	41,408	96,108		96,108	11
12	Employee Benefits and Payroll Taxes			234,332	234,332		234,332	12
13	Insurance-Property, Liability and Malpractice			39,557	39,557		39,557	13
14	Other (specify):			335,299	335,299	(65,204)	270,095	14
15	**TOTAL General Administration**	222,021	37,250	948,485	1,207,756	(92,630)	1,115,127	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,031,013	293,915	1,194,574	2,519,502	(114,452)	2,405,050	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			442,832	442,832		442,832	17
18	Interest			350,914	350,914	(24,426)	326,488	18
19	Real Estate Taxes			96,709	96,709		96,709	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			11,906	11,906		11,906	21
22	Other (specify):			564,393	564,393		564,393	22
23	**TOTAL Ownership**			1,466,754	1,466,754	(24,426)	1,442,328	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,031,013	293,915	2,661,327	3,986,255	(138,878)	3,847,377	24

Facility Name: HERITAGE WOODS OF MOLINE 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	22.63	2
3	Certified Nurse Assistants	14	10.56	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	10.18	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.65	10
11	Laundry			11
12	Managers	4	22.09	12
13	Other Administrative	4	22.22	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

		Amount of Fee	
1	Gardant Management Solutions	$ 181,501	1
2			2
		Total $ 181,501	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				OTHER RELATED BUSINESS ENTITIES				
Name	1	City	2	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 [X]
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 [X]
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: 01/01/2018 | Ending: 12/31/2018

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	$ 409,113	27.5	$ 409,113	$ 0	$ 4,401,514	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				265,361	15,709	15	17,691	1,981	194,245	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	$ 424,822		$ 426,803	$ 1,981	$ 4,595,760	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	$ 746,420	$ 18,010	$ 149,284	131,274	5	$ 658,166	18
19					$		-	19
20	TOTAL (lines 18 and 19)	$ 746,420	$ 18,010	$ 149,284	131,274		$ 658,166	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: 01/01/2018 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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related Long-Term										
1	LANCASTER POLLARD		X	FIRST MORTGAGE	1/12/17	$ 10,479,500	$ 10,185,686	2/1/52	0.0342	$ 350,914	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 10,479,500	$ 10,185,686			$ 350,914	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 10,479,500	$ 10,185,686			$ 350,914	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:** 01/01/2018 **Ending:** 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 915,254	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (187,713))	905,909		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	19,335		6
7	Other Prepaid Expenses	3,986		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	288		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,844,772	$	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	746,420		16
17	Accumulated Depreciation (book methods)	(5,253,925)		17
18	Deferred Charges	1,861		18
19	Organization & Pre-Operating Costs	22,451		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(22,451)		20
21	Restricted Funds	364,873		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Page 7 Attachment	2,934		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 7,536,152	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 9,380,924	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 136,165	$	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	97,070		31
32	Accrued Interest Payable	29,029		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	587,949		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 850,214	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,919,574		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)**	$ 9,919,574	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 10,769,788	$	45
46	**TOTAL EQUITY**	$ (1,388,864)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 9,380,924	$	47

***(See instructions.)**

Facility Name: HERITAGE WOODS OF MOLINE 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.)

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 3,631,085	1
2	Discounts and Allowances	(9,096)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,621,989	3
	B. Other Operating Revenue		
4	Special Services	83,152	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	10,830	8
9	Non-Resident Meals	1,232	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 95,214	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	24,426	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 24,426	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	5,494	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 5,494	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,747,123	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	829,615	19
20	Health Care/ Personal Care	482,130	20
21	General Administration	1,207,756	21
	B. Capital Expense		
22	Ownership	1,466,754	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)**	$ 3,986,255	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (239,132)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (239,132)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 1,432,243	32
33	Private Pay - Net Inpatient Revenue	2,189,746	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 3,621,989	37

Operating Expenses PG 3 Other

A. General Services

	Other (specify):	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	8,067
5200-5127-0-0	Rubbish Removal	24,618
5200-5130-0-0	Vehicle Expense	12,896
5200-5131-0-0	Transportation Service	-
5300-5140-0-0	Security & Monitoring	14,421
	PG3-4.3	**60,001**

C. General Administration

	Other (specify):	Amt
5160-5060-0-0	Consulting	9,248
5160-5063-0-0	Legal	6,872
5160-5064-0-0	Accounting	115
5160-5066-0-0	Audit	18,597
5160-5067-0-0	Contract Labor-Serv Prov	200,093
5160-5068-0-0	Contract Labor	35,171
5180-5079-0-0	Bad Debt - Resident	18,752
5180-5079-1-0	Bad Debt - Resident - Recovery	(480)
5180-5080-0-0	Bad Debt - Resident Prior Period	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	46,932
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	-
	PG3-14.3	**335,299**

B. Health Care and Programs

Other (specify):	**PG3-8.3**

D. Ownership

	Other (specify):	Amt
9100-9101-0-0	Interest & Dividend Income	-
9100-9102-0-0	Assessment Income	-
9100-9103-0-0	Assessment Expense	-
9200-9201-1-0	Amortization - Loan Fees	8,053
9200-9202-0-0	Financing Fees	-
9200-9203-1-0	Mortgage Interest Premium	-
9200-9204-0-0	Mortgage Service Fee	-
9200-9205-0-0	Mortgage Insurance Prem	55,515
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	-
9200-9208-0-0	Bond & Draw Fee	300
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	50,000
9300-9302-0-0	Asset Management Fee	5,004
9300-9303-0-0	Incentive Management	444,951
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	570
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	-
	PG3-22.3	**564,393**

Operating Expenses - Reclassifications and Adjustments PG 3

A. General Services

	Heat and Other Utilities	
3300-3303-0-0	Cable	21,822
	PG3-3.5	**21,822**

C. General Administration

	Administrative and Clerical	
3300-3301-0-0	Beauty Salon & Manicure	10,830
3300-3304-0-0	Internet Access	931
3300-3321-0-0	Telephone- Connection	14,469
3300-3323-0-0	Telephone- Usage	446
5190-5090-0-0	Contributions	750
	PG3-10.5	**27,425**

C. General Administration

	Other (specify):	
5180-5079-0-0	Bad Debt - Resident	18,752
5180-5079-1-0	Bad Debt - Resident - Recovery	(480)
5180-5080-0-0	Bad Debt - Resident Prior Period	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	46,932
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	-
	PG3-14.5	**65,204**

D. Ownership

	Interest	
3300-3380-0-0	Interest Income	24,074
3300-3385-0-0	Interest Income - Reserves	352
	PG3-18.5	**24,426**

D. Ownership

	Other (specify):	
1302-1007-0-0	A/A - Goodwill	-
9200-9209-0-0	Remarketing and Trustee Fee	-
	PG3-22.5	**-**

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	288
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	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
	PG7-9.1	**288**

	Other Long Term Assets Detail	
1201-0020-0-0	CIP	2,934
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
	PG7-23.1	**2,933.90**

	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	50,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	444,951
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	22,227
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	685
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	70,087
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
	PG7-35.1	**587,949**

Income Statement PG 8 Other

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other - Late Fees & NSF	1,604
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	3,890
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

PG8-15.1	**5,494**