

		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: 1000007

Facility Name: HERITAGE WOODS OF OTTAWA

Address: 801 EAST ETNA ROAD OTTAWA 61350
 Number City Zip Code

County: LASALLE

Telephone Number: (815) 431-1400 Fax # 815 431-9147

Federal Employer ID Number: _____

Date Current Owners were Certified: 10/25/2007

Type of Ownership:

<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 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 _____	

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) <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> _____	

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 OTTAWA

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	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	76	Single Unit Apartment	76	27,740	1
2	8	Double Unit Apartment	8	2,920	2
3		Other			3
4	84	TOTALS	84	30,660	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	16,477	13,267		29,744	5
6	Double Unit					6
7	Other					7
8	TOTALS	16,477	13,267		29,744	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.01%

D. Indicate the number of paid bed-hold days the SLF had during this year 198 Also, indicate the number of unpaid bed-hold days the SLF had during this year. (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

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

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

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? 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 OTTAWA

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			
A. General Services								
1	Dietary and Food Purchase	236,015	179,504	1,980	417,499		417,499	1
2	Housekeeping, Laundry and Maintenance	99,195	36,462	56,940	192,597		192,597	2
3	Heat and Other Utilities			117,274	117,274	(21,490)	95,784	3
4	Other (specify):			14,621	14,621		14,621	4
5	TOTAL General Services	335,210	215,966	190,815	741,991	(21,490)	720,501	5
B. Health Care and Programs								
6	Health Care/ Personal Care	408,602	10,284		418,886		418,886	6
7	Activities and Social Services	27,195	6,844		34,039		34,039	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	435,797	17,128		452,925		452,925	9
C. General Administration								
10	Administrative and Clerical	112,093	25,798	239,052	376,943	(43,182)	333,761	10
11	Marketing Materials, Promotions and Advertising	50,814	6,602	42,678	100,094		100,094	11
12	Employee Benefits and Payroll Taxes			249,579	249,579		249,579	12
13	Insurance-Property, Liability and Malpractice			40,860	40,860		40,860	13
14	Other (specify):			76,229	76,229	(25,345)	50,883	14
15	TOTAL General Administration	162,907	32,400	648,398	843,705	(68,527)	775,178	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	933,914	265,494	839,212	2,038,620	(90,017)	1,948,604	16
Capital Expenses								
D. Ownership								
17	Depreciation			245,360	245,360		245,360	17
18	Interest			204,489	204,489	(16,415)	188,074	18
19	Real Estate Taxes			49,174	49,174		49,174	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,842	7,842		7,842	21
22	Other (specify):			200,737	200,737	162,353	363,090	22
23	TOTAL Ownership			707,602	707,602	145,938	853,540	23
24	GRAND TOTAL (Sum of lines 16 and 23)	933,914	265,494	1,546,814	2,746,222	55,922	2,802,144	24

Facility Name: HERITAGE WOODS OF OTTAWA

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	19.81	2
3	Certified Nurse Assistants	14	11.13	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	8	10.86	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.71	10
11	Laundry			11
12	Managers	5	21.40	12
13	Other Administrative	3	21.52	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)	33	\$	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	\$ 176,438	1
2			2
Total		\$ 176,438	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
DSI MANTENO OPERATOR & OWNER		MANTENO	
DSI WATSEKA OPERATOR & OWNER		WATSEKA	
DSI FLORA OPERATOR & OWNER		FLORA	

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 OTTAWA

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 518,552 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	84			2007	\$ 6,518,142	\$ 241,131	27.5	\$ 237,023	\$ (4,107)	\$ 2,618,454	1
2											2
3											3
4											4
5											5
Improvement Type											
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)				\$ 6,518,142	\$ 241,131		\$ 237,023	\$ (4,107)	\$ 2,618,454	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	\$ 359,208	\$ 4,229	\$ 71,842	67,612	5	\$ 357,128	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 359,208	\$ 4,229	\$ 71,842	67,612		\$ 357,128	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 OTTAWA**

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	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	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				
	A. Directly Facility Related										
	Long-Term										
1	MIDLAND STATES BANK		X	FIRST MORTGAGE	9/1/13	\$ 7,713,700	\$ 6,844,252	8/1/47	0.0300	\$ 198,358	1
2											2
3											3
	Working Capital										
4	PEOPLES NATIONAL BANK			Line of Credit	1/3/18	460,000	204,430	2/3/19	VARIABLE	6,131	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,173,700	\$ 7,048,682			\$ 204,489	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,173,700	\$ 7,048,682			\$ 204,489	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 OTTAWA

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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 43,907	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (23,687))	510,558		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	57,380		6
7	Other Prepaid Expenses	16,107		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	22,000		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 649,953	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	518,552		13
14	Buildings, at Historical Cost	6,518,142		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	359,208		16
17	Accumulated Depreciation (book methods)	(2,975,582)		17
18	Deferred Charges	1,252		18
19	Organization & Pre-Operating Costs	1,814,824		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(840,705)		20
21	Restricted Funds	370,761		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,766,452	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,416,405	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 40,104	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	204,430		29
30	Accrued Salaries Payable	32,350		30
31	Accrued Taxes Payable	70,177		31
32	Accrued Interest Payable	17,742		32
33	Deferred Compensation	3,154		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	92,551		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 460,506	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,952,986		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)	\$ 6,952,986	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,413,492	\$	45
46	TOTAL EQUITY	\$ (997,087)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,416,405	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF OTTAWA

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	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,440,692	1
2	Discounts and Allowances	(569)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,440,123	3
B. Other Operating Revenue			
4	Special Services	108,546	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	23,871	8
9	Non-Resident Meals	3,476	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 135,893	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	16,415	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 16,415	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	5,657	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,657	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,598,088	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	741,991	19
20	Health Care/ Personal Care	452,925	20
21	General Administration	843,705	21
B. Capital Expense			
22	Ownership	707,602	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)	\$ 2,746,222	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 851,866	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 851,866	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 869,275	32
33	Private Pay - Net Inpatient Revenue	2,570,848	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,440,123	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
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
	1,045		-
5200-5127-0-0	Rubbish Removal	9100-9103-0-0	Assessment Expense
	4,871		-
5200-5130-0-0	Vehicle Expense	9200-9201-1-0	Amortization - Loan Fees
	-		3,323
5200-5131-0-0	Transportation Service	9200-9202-0-0	Financing Fees
	168		-
5300-5140-0-0	Security & Monitoring	9200-9203-1-0	Mortgage Interest Premium
	8,536		-
	PG3-4.3		
			14,621
C. General Administration			
Other (specify):	Amt		
5160-5060-0-0	Consulting	9200-9204-0-0	Mortgage Service Fee
	-		-
5160-5063-0-0	Legal	9200-9205-0-0	Mortgage Insurance Prem
	7,849		34,561
5160-5064-0-0	Accounting	9200-9206-0-0	Participation Fee
	223		-
5160-5066-0-0	Audit	9200-9207-0-0	Letter of Credit Fee
	17,537		500
5160-5067-0-0	Contract Labor-Serv Prov	9200-9208-0-0	Bond & Draw Fee
	-		-
5160-5068-0-0	Contract Labor	9200-9209-0-0	Remarketing and Trustee Fee
	25,274		-
5180-5079-0-0	Bad Debt - Resident	9200-9210-0-0	Interest Expense-Note
	7,279		-
5180-5079-1-0	Bad Debt - Resident - Recovery	9200-9211-0-0	Interest Expense-LP
	-		-
5180-5080-0-0	Bad Debt - Resident Prior Period	9200-9212-0-0	Debt Write-Off
	-		-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	9300-9301-0-0	Partnership Management Fee
	18,066		-
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	9300-9302-0-0	Asset Management Fee
	-		-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	9300-9303-0-0	Incentive Management
	-		-
5180-5082-1-0	Bad Debt - Medicaid Denial - Recovery	9300-9303-1-0	Incentive Asset Mgmt Fee
	-		-
5180-5083-0-0	Bad Debt - Medicaid MCO	9300-9304-0-0	Tax Credit Fees & Incentive Fee
	-		-
5190-5000-0-0	Other Admin Allocation	9300-9304-0-0	Tax Credit Fees & Incentive Fee
	-		-
	PG3-14.3	9300-9305-0-0	Organizational Expense
			-
		9300-9306-0-0	Developer Fees
			-
		9300-9307-0-0	Closing Costs
			-
		9700-9702-0-0	Amortization Expense
			162,353
		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
			200,737
B. Health Care and Programs			
Other (specify):	PG3-8.3		

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable		21,490
	PG3-3.5		21,490
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		23,871
3300-3304-0-0	Internet Access		1,656
3300-3321-0-0	Telephone- Connection		15,263
3300-3323-0-0	Telephone- Usage		1,892
5190-5090-0-0	Contributions		500
	PG3-10.5		43,182
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		7,279
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		18,066
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		25,345
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		16,051
3300-3385-0-0	Interest Income - Reserves		364
	PG3-18.5		16,415
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		(162,353)
9200-9209-0-0	Remarketing and Trustee Fee		-
	PG3-22.5		(162,353)

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	22,000
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		22,000

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	-
PG7-23.1		-

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	32,263
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	200
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	60,087
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		92,551

Income Statement PG 8 Other

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	747
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	4,910
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

PG8-15.1	5,657
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