

		FOR BHF USE			

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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>100029</u></p> <p>Facility Name: <u>HERITAGE WOODS OF BATAVIA I</u></p> <p>Address: <u>1079 EAST WILSON ST</u> <u>BATAVIA</u> <u>60510</u> <small>Number City Zip Code</small></p> <p>County: <u>KANE</u></p> <p>Telephone Number: (<u>630</u>) <u>406-9440</u> Fax # <u>630 406-9451</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>02/27/2008</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:</p> <p>Name: <u>Thomas Staszak</u> Telephone Number: <u>(815) 935-1992</u></p> <p>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>01/01/2015</u> to <u>12/31/2015</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%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) <u>David J. Mitchell</u> (Title) <u>CFO, Gardant Management Solutions</u> </td> </tr> <tr> <td style="width:20%; vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (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>David J. Mitchell</u> (Title) <u>CFO, Gardant Management Solutions</u>	Paid Preparer	(Signed) _____ (Date) _____ (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) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () _____ Fax # () _____																												

Facility Name HERITAGE WOODS OF BATAVIA I

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	93	Single Unit Apartment	93	33,945	1
2		Double Unit Apartment			2
3		Other			3
4	93	TOTALS	93	33,945	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	25,556	7,624		33,180	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,556	7,624		33,180	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.75%

D. Indicate the number of paid bed-hold days the SLF had during this year 644 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: 2015 Fiscal Year: 2015

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? YES If yes, did the facility make all of the required payments of interest and principle? Yes
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 BATAVIA I

Report Period Beginning:

01/01/2015

Ending: 12/31/2015

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	318,604	176,995	1,284	496,883		496,883	1
2	Housekeeping, Laundry and Maintenance	99,905	22,301	29,023	151,229		151,229	2
3	Heat and Other Utilities			178,464	178,464	(25,119)	153,345	3
4	Other (specify): See Page 3 Attachment			27,387	27,387		27,387	4
5	TOTAL General Services	418,509	199,296	236,158	853,963	(25,119)	828,844	5
B. Health Care and Programs								
6	Health Care/ Personal Care	519,703	8,102		527,805		527,805	6
7	Activities and Social Services	46,060	5,293		51,353		51,353	7
8	Other (specify): See Attachment							8
9	TOTAL Health Care and Programs	565,763	13,395		579,158		579,158	9
C. General Administration								
10	Administrative and Clerical	208,659	53,534	245,982	508,175	(30,788)	477,387	10
11	Marketing Materials, Promotions and Advertising	50,362	6,145	43,281	99,788		99,788	11
12	Employee Benefits and Payroll Taxes			315,100	315,100		315,100	12
13	Insurance-Property, Liability and Malpractice			40,300	40,300		40,300	13
14	Other (specify): See Page 3 Attachment			15,767	15,767		15,767	14
15	TOTAL General Administration	259,021	59,679	660,430	979,130	(30,788)	948,342	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,243,293	272,370	896,588	2,412,251	(55,908)	2,356,343	16
Capital Expenses								
D. Ownership								
17	Depreciation			368,578	368,578		368,578	17
18	Interest			422,114	422,114		422,114	18
19	Real Estate Taxes			93,304	93,304		93,304	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Page 3 Attachment			584,145	584,145		584,145	22
23	TOTAL Ownership			1,468,141	1,468,141		1,468,141	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,243,293	272,370	2,364,729	3,880,392	(55,908)	3,824,485	24

Facility Name: HERITAGE WOODS OF BATAVIA I

Report Period Beginning 01/01/2015 Ending: 12/31/2015

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	2	28.44	2
3	Certified Nurse Assistants	15	12.08	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	10.43	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.68	10
11	Laundry			11
12	Managers	5	25.24	12
13	Other Administrative	6	22.08	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)	42	\$	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

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
HERITAGE WOODS OF BATAVIA II		BATAVIA	

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).

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	Gardant Management Solutions	\$ 190,175	1
2			2
Total		\$ 190,175	3

Facility Name: HERITAGE WOODS OF BATAVIA I

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

VIII. OWNERSHIP COSTS

A. Purchase price of land 878,771 Year land was acquired 2001

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	93			2003	\$ 8,627,309	\$ 313,720	28	\$ 308,118	\$ (5,602)	\$ 3,843,392	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			292,138	19,476	15	292,123	272,647	243,470	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)				\$ 8,919,447	\$ 333,196		\$ 600,241	\$ 267,045	\$ 4,086,862	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	\$ 52,160	\$ 35,382	\$ 10432	(24,950)	5	\$ 747,030	18
19	Vehicles	806,105		161,221	161,221	5	52,160	19
20	TOTAL (lines 18 and 19)	\$ 858,265	\$ 35,382	\$ 171,653	136,271		\$ 799,190	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 BATAVIA I

Report Period Beginning: 01/01/2015

Ending: 2/31/2015

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	IHDA		X	FIRST MORTGAGE	05/01/02	\$ 7,335,000	\$ 5,990,674	02/01/44	.0688	\$ 417,671
2	IHDA		X	SECOND MORTGAGE	05/01/02	750,000	472,634	06/01/32	.0100	\$ 4,443
3					/ /			/ /	.0000	\$
4					/ /			/ /	.0000	\$
5					/ /			/ /	.0000	\$
	Working Capital									
6					/ /			/ /	.0000	\$
7	TOTAL Facility Related					\$ 8,085,000	\$ 6,463,308			\$ 422,114
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 8,085,000	\$ 6,463,308			\$ 422,114

* 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 BATAVIA I

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 981,186	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (3,321))	434,322		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,093		6
7	Other Prepaid Expenses	2,937		7
8	Accounts Receivable (owners or related parties)	66,226		8
9	Other(specify): See Page 7 Attachment	532		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,497,296	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	878,771		13
14	Buildings, at Historical Cost	8,627,309		14
15	Leasehold Improvements, at Historical Cost	292,138		15
16	Equipment, at Historical Cost	858,265		16
17	Accumulated Depreciation (book methods)	(4,886,052)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	498,975		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(323,001)		20
21	Restricted Funds	943,074		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,889,479	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,386,775	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 92,274	\$	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	93,604		31
32	Accrued Interest Payable	36,197		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	565,182		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 787,257	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,463,308		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)	\$ 6,463,308	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,250,565	\$	45
46	TOTAL EQUITY	\$ 1,136,210	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,386,775	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF BATAVIA I

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,638,980	1
2	Discounts and Allowances	(1,993)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,636,987	3
B. Other Operating Revenue			
4	Special Services	125,258	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	15,712	8
9	Non-Resident Meals	3,162	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 144,132	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,943	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,943	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	10,339	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,339	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,793,401	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	433,051	19
20	Health Care/ Personal Care	13,395	20
21	General Administration	1,965,806	21
B. Capital Expense			
22	Ownership	1,468,141	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)	\$ 3,880,393	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (86,992)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (86,992)	31

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	8,183	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	1,101	5160-5063-0-0	Legal	3,756	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	13,233	5160-5064-0-0	Accounting	94	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	1,680	5160-5066-0-0	Audit	15,146	9200-9202-0-0	Financing Fees	-
5200-5131-0-0	Transportation Service	-	5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9204-0-0	Mortgage Service Fee	17,663
5300-5140-0-0	Security & Monitoring	11,372	5160-5068-0-0	Contract Labor	4,234	9200-9205-0-0	Mortgage Insurance Prem	30,325
			5190-5000-0-0	Other Admin Allocation	0	9200-9206-0-0	Participation Fee	-
			5180-5079-0-0	Bad Debt - Resident	7,280	9200-9207-0-0	Letter of Credit Fee	-
			5180-5079-1-0	Bad Debt - Resident - Recovery	(6,539)	9200-9208-0-0	Bond & Draw Fee	-
			5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9209-0-0	Remarketing and Trustee Fee	-
			5180-5081-0-0	Bad Debt - Medicaid Pending Deni	(16,386)	9200-9210-0-0	Interest Expense-Note	-
			5180-5081-1-0	Bad Debt - Medicaid Pending - Rec	-	9200-9211-0-0	Interest Expense-LP	-
			5180-5082-0-0	Bad Debt - Medicaid Denial Prior I	-	9200-9212-0-0	Debt Write-Off	-
						9300-9301-0-0	Partnership Management Fee	50,000
						9300-9302-0-0	Asset Management Fee	23,250
						9300-9303-0-0	Incentive Management	452,402
						9300-9303-1-0	Incentive Asset Mgmt Fee	-
						9300-9304-0-0	Tax Credit Fees & Incentive Fee	533
						9300-9305-0-0	Organizational Expense	-
						9300-9306-0-0	Developer Fees	-
						9300-9307-0-0	Closing Costs	-
						9700-9702-0-0	Amortization Expense	6,648
						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	3,325
						9900-9907-0-0	Abandonment Loss	-
						9900-9908-0-0	Grant Income	-
						9900-9909-0-0	Misc: Title, Recording, Transfer	-
		27,387			15,767			584,145

Balance Sheet Page 7 Other, See Attachment

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-	2112-0100-0-0	Accrued Asset Management Fee	23,250
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	50,000
1102-9973-0-0	A/R-Insurance Reimbursement	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	452,402
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9975-0-0	A/R-CIP	-	2112-0105-0-0	Accrued Liabilities	22,953
1102-9976-0-0	A/R-Other	-	2112-0110-0-0	Accrued Insurance	-
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0115-0-0	Accrued Developer Fee	-
1105-0006-0-0	Security Deposit-Equip & Util	532	2112-0130-0-0	Accrued MIP	2,496
1105-0009-0-0	Transfer Account	-	2112-0140-0-0	Accrued Vacation	-
1105-0012-0-0	Undeposited Funds	-	2112-0146-0-0	Payroll Benefits	-
			2112-0154-0-0	Unclaimed Property	659
			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	13,421
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
			2111-0040-0-0	Construction Account Payable	-
			2112-0140-0-0	Accrued Vacation	0
		532	2112-0144-0-0	Payroll Union Dues	0
					565,182
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 Page 8 Other, See Attachment

Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	2,604
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,300
3300-3393-0-0	Insurance Adjustments	4,435
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		10,339