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: 1000129

Facility Name: HERITAGE WOODS OF BELVIDERE

Address: 4730 SQUAW PRAIRIE (Number) BELVIDERE (City) 61008 (Zip Code)

County: BOONE

Telephone Number: (815) 544-9495 **Fax #** 815 544-9525

Federal Employer ID Number:

Date Current Owners were Certified: 4/25/2011

Type of Ownership:

	VOLUNTARY, NON-PROFIT		PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			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) 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 BELVIDERE 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	120	Single Unit Apartment	120	43,800	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,800	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	32,638	10,628		43,266	5
6	Double Unit					6
7	Other					7
8	TOTALS	32,638	10,628		43,266	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.78%

D. Indicate the number of paid bed-hold days the SLF had during this year 609 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 73 (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? 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 BELVIDERE | 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	265,456	237,160	2,461	505,077		505,077	1
2	Housekeeping, Laundry and Maintenance	146,946	35,355	64,787	247,088		247,088	2
3	Heat and Other Utilities			144,077	144,077	(36,722)	107,355	3
4	Other (specify):			32,566	32,566		32,566	4
5	TOTAL General Services	412,402	272,515	243,891	928,808	(36,722)	892,087	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	600,378	18,981		619,359		619,359	6
7	Activities and Social Services	34,873	12,045		46,918		46,918	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	635,251	31,026		666,277		666,277	9
	C. General Administration							
10	Administrative and Clerical	238,049	41,750	352,378	632,177	(42,923)	589,254	10
11	Marketing Materials, Promotions and Advertising	35,381	11,689	49,511	96,581		96,581	11
12	Employee Benefits and Payroll Taxes			338,955	338,955		338,955	12
13	Insurance-Property, Liability and Malpractice			47,312	47,312		47,312	13
14	Other (specify):			53,166	53,166	(11,349)	41,817	14
15	TOTAL General Administration	273,430	53,439	841,322	1,168,191	(54,272)	1,113,919	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,321,083	356,980	1,085,214	2,763,277	(90,994)	2,672,283	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			643,455	643,455		643,455	17
18	Interest			451,887	451,887	(36,766)	415,121	18
19	Real Estate Taxes			90,684	90,684		90,684	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			11,610	11,610		11,610	21
22	Other (specify):			73,523	73,523		73,523	22
23	TOTAL Ownership			1,271,159	1,271,159	(36,766)	1,234,393	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,321,083	356,980	2,356,373	4,034,436	(127,760)	3,906,676	24

Facility Name: HERITAGE WOODS OF BELVIDERE 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	2	23.71	2
3	Certified Nurse Assistants	18	11.10	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	10.02	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	4	10.01	10
11	Laundry			11
12	Managers	6	21.61	12
13	Other Administrative	5	23.63	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)	45	$	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	$ 247,445	1
2			2
		Total $ 247,445	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 [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 BELVIDERE Report Period Beginning: 01/01/2018 Ending: 12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 99 Year land was acquired 2011

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	120			2011	$ 16,617,308	$ 604,205	27.5	$ 604,266	$ 61	$ 4,659,084	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				553,830	36,940	15	36,922	(18)	277,023	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)				$ 17,171,138	$ 641,145		$ 641,188	$ 43	$ 4,936,107	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	$ 894,550	$ 2,310	$ 178,910	176,600	5	$ 878,339	18
19					$		-	19
20	TOTAL (lines 18 and 19)	$ 894,550	$ 2,310	$ 178,910	176,600		$ 878,339	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 BELVIDERE 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	9/1/15	$ 10,875,000	$ 10,439,364	9/1/51	0.0425	$ 446,498	1
2	IHDA		X	Second Mortgage	12/30/09	5,997,823	5,910,257	10/1/51	none		2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 16,872,823	$ 16,349,621			$ 446,498	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 16,872,823	$ 16,349,621			$ 446,498	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 BELVIDERE **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	$ 1,877,519	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (86,383))	904,574		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	91,968		6
7	Other Prepaid Expenses	25,924		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,899,985	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	99		13
14	Buildings, at Historical Cost	16,617,308		14
15	Leasehold Improvements, at Historical Cost	553,830		15
16	Equipment, at Historical Cost	894,550		16
17	Accumulated Depreciation (book methods)	(5,814,445)		17
18	Deferred Charges	302		18
19	Organization & Pre-Operating Costs	273,524		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(105,423)		20
21	Restricted Funds	1,809,556		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 14,229,302	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 17,129,287	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 78,088	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	45,213		30
31	Accrued Taxes Payable	97,658		31
32	Accrued Interest Payable	36,973		32
33	Deferred Compensation	3,449		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	75,297		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 336,678	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	16,187,119		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)**	$ 16,187,119	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 16,523,797	$	45
46	**TOTAL EQUITY**	$ 605,489	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 17,129,287	$	47

***(See instructions.)**

Facility Name: HERITAGE WOODS OF BELVIDERE 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	$ 4,798,958	1
2	Discounts and Allowances	(2,794)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 4,796,164	3
	B. Other Operating Revenue		
4	Special Services	161,397	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	21,288	8
9	Non-Resident Meals	8,068	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 190,753	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	36,766	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 36,766	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	8,758	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 8,758	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 5,032,441	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	928,808	19
20	Health Care/ Personal Care	666,277	20
21	General Administration	1,168,191	21
	B. Capital Expense		
22	Ownership	1,271,159	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)**	$ 4,034,436	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 998,005	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 998,005	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 1,983,397	32
33	Private Pay - Net Inpatient Revenue	2,812,767	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 4,796,164	37

Operating Expenses PG 3 Other

A. General Services

Other (specify):		
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	1,820
5200-5127-0-0	Rubbish Removal	7,908
5200-5130-0-0	Vehicle Expense	7,566
5200-5131-0-0	Transportation Service	-
5300-5140-0-0	Security & Monitoring	15,273
	PG3-4.3	**32,566**

C. General Administration

Other (specify):		Amt
5160-5060-0-0	Consulting	9,572
5160-5063-0-0	Legal	3,452
5160-5064-0-0	Accounting	155
5160-5066-0-0	Audit	12,668
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	15,970
5180-5079-0-0	Bad Debt - Resident	8,443
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	2,906
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	**53,166**

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	(0)
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	57,780
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	2,400
9300-9305-0-0	Organizational Expense	-
9300-9306-0-0	Developer Fees	-
9300-9307-0-0	Closing Costs	-
9700-9702-0-0	Amortization Expense	13,344
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	**73,523**

Operating Expenses - Reclassifications and Adjustments PG 3

A. General Services

Heat and Other Utilities

3300-3303-0-0	Cable	36,722
	PG3-3.5	**36,722**

C. General Administration

Administrative and Clerical

3300-3301-0-0	Beauty Salon & Manicure	21,288
3300-3304-0-0	Internet Access	1,358
3300-3321-0-0	Telephone- Connection	16,662
3300-3323-0-0	Telephone- Usage	865
5190-5090-0-0	Contributions	2,750
	PG3-10.5	**42,923**

C. General Administration

Other (specify):

5180-5079-0-0	Bad Debt - Resident	8,443
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	2,906
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	**11,349**

D. Ownership

Interest

3300-3380-0-0	Interest Income	35,321
3300-3385-0-0	Interest Income - Reserves	1,445
	PG3-18.5	**36,766**

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	-
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	**-**

	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	-
	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	37,458
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	3,746
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	34,093
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
	PG7-35.1	**75,297**

Income Statement PG 8 Other

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	2,307
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	1,005
3300-3393-0-0	Insurance Adjustments	5,446
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

PG8-15.1	**8,758**