



Facility Name HERITAGE WOODS OF ROCKFORD

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

**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	99	Single Unit Apartment	99	36,135	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	99	TOTALS	99	36,135	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	32,494	3,560		36,054	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	32,494	3,560	0	36,054	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 99.78%

**D. Indicate the number of paid bed-hold days the SLF had during this year**

531 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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)

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**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 2020 Fiscal Year: 2020  YES  NO

\* 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. \_\_\_\_\_

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## 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	276,443	254,995	2,603	534,041	0	534,041	1
2	Housekeeping, Laundry and Maintenance	135,955	38,765	52,270	226,990	0	226,990	2
3	Heat and Other Utilities			140,583	140,583	(28,791)	111,792	3
4	Other (specify):	120,326	0	78,262	198,588	0	198,588	4
5	<b>TOTAL General Services</b>	<b>532,724</b>	<b>293,760</b>	<b>273,718</b>	<b>1,100,202</b>	<b>(28,791)</b>	<b>1,071,411</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	571,768	23,353	0	595,121	0	595,121	6
7	Activities and Social Services	46,860	7,674	0	54,534	0	54,534	7
8	Other (specify):	0	0	0	0	0	0	8
9	<b>TOTAL Health Care and Programs</b>	<b>618,628</b>	<b>31,027</b>	<b>0</b>	<b>649,655</b>	<b>0</b>	<b>649,655</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	235,434	44,970	282,070	562,474	(24,264)	538,210	10
11	Marketing Materials, Promotions and Advertising	84,197	8,545	21,493	114,235	0	114,235	11
12	Employee Benefits and Payroll Taxes	0	0	325,361	325,361	0	325,361	12
13	Insurance-Property, Liability and Malpractice	0	0	62,019	62,019	0	62,019	13
14	Other (specify):	0	0	589,966	589,966	(58,501)	531,464	14
15	<b>TOTAL General Administration</b>	<b>319,631</b>	<b>53,515</b>	<b>1,280,909</b>	<b>1,654,055</b>	<b>(82,765)</b>	<b>1,571,289</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,470,983</b>	<b>378,302</b>	<b>1,554,627</b>	<b>3,403,912</b>	<b>(111,557)</b>	<b>3,292,356</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			430,099	430,099	0	430,099	17
18	Interest			288,318	288,318	(33,691)	254,627	18
19	Real Estate Taxes			97,981	97,981	0	97,981	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			18,652	18,652	0	18,652	21
22	Other (specify):	0	0	957,766	957,766	0	957,766	22
23	<b>TOTAL Ownership</b>	<b>0</b>	<b>0</b>	<b>1,792,816</b>	<b>1,792,816</b>	<b>(33,691)</b>	<b>1,759,125</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,470,983</b>	<b>378,302</b>	<b>3,347,443</b>	<b>5,196,728</b>	<b>(145,247)</b>	<b>5,051,481</b>	<b>24</b>

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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	31.38	2
3	Certified Nurse Assistants	15	14.18	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers	0	0.00	5
6	Head Cook	0	0.00	6
7	Cook Helpers/Assistants	9	11.83	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	12.70	10
11	Laundry	0	0.00	11
12	Managers	5	29.35	12
13	Other Administrative	5	27.06	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other	0	0.00	16
17	<b>Total (lines 1 thru 16)</b>	<b>39</b>	<b>\$</b>	<b>17</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
_____		_____	
_____		_____	
_____		_____	

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. (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>\$ 0</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

Amount of Fee

	Name	Amount of Fee	
1	Gardant Management Solutions	\$ 199,327	1
2			2
<b>Total</b>		<b>\$ 199,327</b>	<b>3</b>

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	

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VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 416,192 Year land was acquired 2007

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			2007	\$ 9,947,172	\$ 359,660	27.5	\$ 361,715	\$ 2,055	\$ 4,728,308	1
2									0		2
3									0		3
4									0		4
5									0		5
<b>Improvement Type</b>											
6		Leasehold Improvements			698,214	40,929	15	46,548	5,619	599,917	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 10,645,386	\$ 400,589		\$ 408,263	\$ 7,674	\$ 5,328,225	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	\$ 892,729	\$ 29,510	\$ 178,546	149,036	5	\$ 819,830	18
19		0	0	0			-	19
20	TOTAL (lines 18 and 19)	\$ 892,729	\$ 29,510	\$ 178,546	149,036		\$ 819,830	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 ROCKFORD**

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**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>		<b>0</b>		<b>\$ 0</b>			<b>7</b>

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	Name of Lender	2		3	4	6		7	8	9						
			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		IHDA		X	FIRST MORTGAGE	8/24/18	\$ 6,687,041	\$ 6,495,885	9/1/53	0.0438	\$ 288,318	1					
2		IHDA		X	Second Mortgage	8/24/18	1,914,283	1,810,331	9/1/53	0.0100		2					
3		0			0	1/0/00	0	0	1/0/00	0.0000		3					
		<b>Working Capital</b>															
4						/ /		0	/ /		0	4					
5						/ /			/ /			5					
6						/ /			/ /			6					
7		<b>TOTAL Facility Related</b>					\$ 8,601,324	\$ 8,306,217			\$ 288,318	7					
		<b>B. Non-Facility Related</b>															
8						/ /			/ /			8					
9						/ /			/ /			9					
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 8,601,324	\$ 8,306,217			\$ 288,318	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.

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,465,223	\$	1
2	Cash-Patient Deposits	2,582		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (86,025) )	0 386,451		3
4	Supply Inventory (priced at )	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	20,674		6
7	Other Prepaid Expenses	2,951		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify):	0		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,877,880	\$ 0	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	416,192		13
14	Buildings, at Historical Cost	9,947,172		14
15	Leasehold Improvements, at Historical Cost	698,214		15
16	Equipment, at Historical Cost	892,729		16
17	Accumulated Depreciation (book methods)	(6,148,055)		17
18	Deferred Charges	337		18
19	Organization & Pre-Operating Costs	22,733		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0 (22,733)		20
21	Restricted Funds	2,080,465		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	3,000		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 7,890,053	\$ 0	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,767,934	\$ 0	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 419,178	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	0		30
31	Accrued Taxes Payable	107,659		31
32	Accrued Interest Payable	23,868		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	1,771,943		35
36		0		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 2,322,648	\$ 0	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	7,951,388		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		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>	\$ 7,951,388	\$ 0	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 10,274,036	\$ 0	45
46	<b>TOTAL EQUITY</b>	\$ (506,102)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 9,767,934	\$ 0	47

\*(See instructions.)

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## 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	\$ 4,385,041	1
2	Discounts and Allowances	(2,400)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,382,641</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	233,507	4
5	Other Health Care Services	0	5
6	Special Grants	382,802	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	4,850	8
9	Non-Resident Meals	311	9
10	Laundry	0	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 621,470</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions	0	12
13	Interest and Other Investment Income	33,691	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 33,691</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	3,105	15
16		0	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 3,105</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 5,040,907</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,100,202	19
20	Health Care/ Personal Care	649,655	20
21	General Administration	1,654,055	21
<b>B. Capital Expense</b>			
22	Ownership	1,792,816	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>\$ 5,196,728</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (155,821)</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>\$ (155,821)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 2,200,079	32
33	Private Pay - Net Inpatient Revenue	2,182,562	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>\$ 4,382,641</b>	<b>37</b>



Operating Expenses PG 3 Other				
<b>A. General Services</b>			<b>D. Ownership</b>	
Labor Other (specify):			Other (specify):	
9900-9001-0-0	Extraordinary COVID Labor	120,326	9100-9101-0-0	Interest & Dividend Income
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income
	<b>PG3-4.1</b>	120,326	9100-9103-0-0	Assessment Expense
<b>A. General Services</b>			9200-9201-1-0	Amortization - Loan Fees
Other (specify):			9200-9202-0-0	Financing Fees
5200-5000-0-0	Operating Allocation	240,653	9200-9203-1-0	Mortgage Interest Premium
5200-5124-0-0	Exterminating	2,286	9200-9204-0-0	Mortgage Service Fee
5200-5127-0-0	Rubbish Removal	8,450	9200-9205-0-0	Mortgage Insurance Prem
5200-5130-0-0	Vehicle Expense	5,379	9200-9206-0-0	Participation Fee
5200-5131-0-0	Transportation Service	-	9200-9207-0-0	Letter of Credit Fee
5300-5140-0-0	Security & Monitoring	7,303	9200-9208-0-0	Bond & Draw Fee
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	52,548	9200-9209-0-0	Remarketing and Trustee Fee
9900-9003-0-0	Extraordinary COVID - Other	2,296	9200-9210-0-0	Interest Expense-Note
	<b>PG3-4.3</b>	<b>78,262</b>	9200-9211-0-0	Interest Expense-LP
<b>C. General Administration</b>			9200-9212-0-0	Debt Write-Off
Other (specify):		Amt	9300-9301-0-0	Partnership Management Fee
5160-5060-0-0	Consulting	337,412	9300-9302-0-0	Asset Management Fee
5160-5063-0-0	Legal	14,308	9300-9303-0-0	Incentive Management
5160-5064-0-0	Accounting	310	9300-9303-1-0	Incentive Asset Mgmt Fee
5160-5066-0-0	Audit	16,841	9300-9304-0-0	Tax Credit Fees & Incentive Fee
5160-5067-0-0	Contract Labor-Serv Prov	133,518	9300-9305-0-0	Organizational Expense
5160-5068-0-0	Contract Labor	29,075	9300-9306-0-0	Developer Fees
5180-5079-0-0	Bad Debt - Resident	671,874	9300-9307-0-0	Closing Costs
5180-5079-1-0	Bad Debt - Resident - Recovery	-	9700-9702-0-0	Amortization Expense
5180-5080-0-0	Bad Debt - Resident Prior Period	-	9900-9901-0-0	Prior Period Adjustments
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	18,887	9900-9902-0-0	Dissolution of Business
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9900-9903-0-0	Loss (Gain) on Sale of Assets
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9900-9904-0-0	Business Interruption
5180-5083-0-0	Bad Debt - Medicaid MCO	17,554	9900-9905-0-0	Settlement
5190-5000-0-0	Other Admin Allocation	-	9900-9906-0-0	Property Damage Loss
	<b>PG3-14.3</b>	<b>589,966</b>	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>957,766</b>

Operating Expenses - Reclassifications and Adjustments PG 3		
<b>A. General Services</b>		
Heat and Other Utilities		
3300-3303-0-0	Cable	28,791
	<b>PG3-3.5</b>	<b>28,791</b>
<b>C. General Administration</b>		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	4,850
3300-3304-0-0	Internet Access	3,349
3300-3321-0-0	Telephone- Connection	12,625
3300-3323-0-0	Telephone- Usage	440
5190-5090-0-0	Contributions	3,000
	<b>PG3-10.5</b>	<b>24,264</b>
<b>C. General Administration</b>		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	22,061
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	18,887
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	17,554
	<b>PG3-14.5</b>	<b>58,501</b>
<b>D. Ownership</b>		
Interest		
3300-3380-0-0	Interest Income	19,884
3300-3385-0-0	Interest Income - Reserves	13,807
	<b>PG3-18.5</b>	<b>33,691</b>
<b>D. Ownership</b>		
Other (specify):		
1302-1007-0-0	A/A - Goodwill	-
9200-9209-0-0	Remarketing and Trustee Fee	-
	<b>PG3-22.5</b>	<b>-</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	-
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>-</b>
Other Long Term Assets Detail		
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	3,000
1201-0022-0-0	CIP- Other Addition	-
<b>PG7-23.1</b>		<b>3,000.00</b>

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	39,143
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	1,294,042
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	148,363
2112-0105-0-0	Accrued Liabilities	36,818
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	4,503
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	34,247
2112-0159-1-0	Medicaid Prepayments	214,827
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
<b>PG7-35.1</b>		<b>1,771,943</b>

## Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other - call pendants, late fees, NSF	1,404
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	1,701
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
3300-3202-0-0	Food & Meal Prep	-
<b>PG8-15.1</b>		<b>3,105</b>