

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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: 1000125

Facility Name: GRAND PRAIRIE SUPPORTIVE LVG

Address: 1307 MEADOWLARK LANE MACOMB 61455

NumberCityZip Code

County: MCDONOUGH

Telephone Number: (309) 833-5000 Fax # 309 833-5005

Federal Employer ID Number:

Date Current Owners were Certified: 3/28/2013

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☒	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:

Name: Danel Erickson

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 01/01/2019 to 12/31/2019 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 GRAND PRAIRIE SUPPORTIVE LVG

Report Period Beginning: 01/01/2019 Ending: 12/31/2019

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	82	Single Unit Apartment	82	29,930	1
2	4	Double Unit Apartment	4	1,460	2
3		Other			3
4	86	TOTALS	86	31,390	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	20,911	6,985		27,896	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	20,911	6,985	0	27,896	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.87%

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

353 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 8 (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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 2019 Fiscal Year: 2019

* 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? No
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. _____

STATE OF ILLINOIS

Page 3

Facility Name: GRAND PRAIRIE SUPPORTIVE LVG

Report Period Beginning:

01/01/2019

Ending:

12/31/2019

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	217,142	174,756	2,295	394,193	0	394,193	1
2	Housekeeping, Laundry and Maintenance	95,846	27,315	46,151	169,312	0	169,312	2
3	Heat and Other Utilities			135,009	135,009	(17,181)	117,828	3
4	Other (specify):	0	0	41,435	41,435	0	41,435	4
5	TOTAL General Services	312,988	202,071	224,890	739,949	(17,181)	722,768	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	429,478	17,690	0	447,168	0	447,168	6
7	Activities and Social Services	30,724	14,084	0	44,808	0	44,808	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	460,202	31,774	0	491,976	0	491,976	9
	C. General Administration							
10	Administrative and Clerical	161,475	31,353	220,807	413,635	(15,670)	397,965	10
11	Marketing Materials, Promotions and Advertising	39,451	6,495	60,287	106,233	0	106,233	11
12	Employee Benefits and Payroll Taxes	0	0	240,996	240,996	0	240,996	12
13	Insurance-Property, Liability and Malpractice	0	0	40,706	40,706	0	40,706	13
14	Other (specify):	0	0	33,188	33,188	(7,885)	25,302	14
15	TOTAL General Administration	200,926	37,848	595,984	834,758	(23,555)	811,203	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	974,116	271,693	820,874	2,066,683	(40,736)	2,025,947	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			281,130	281,130	0	281,130	17
18	Interest			353,461	353,461	0	353,461	18
19	Real Estate Taxes			50,083	50,083	0	50,083	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			7,942	7,942	0	7,942	21
22	Other (specify):	0	0	181,362	181,362	110,100	291,462	22
23	TOTAL Ownership	0	0	873,978	873,978	110,100	984,078	23
24	GRAND TOTAL (Sum of lines 16 and 23)	974,116	271,693	1,694,852	2,940,661	69,364	3,010,025	24

Facility Name: GRAND PRAIRIE SUPPORTIVE LVG

Report Period Beginning: 01/01/2019 Ending: 12/31/2019

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	23.98	2
3	Certified Nurse Assistants	13	11.63	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	9.84	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	10.18	10
11	Laundry	0	0.00	11
12	Managers	5	22.68	12
13	Other Administrative	4	22.67	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	Total (lines 1 thru 16)	33	\$	17

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
Total				\$ 0	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	Gardant Management Solutions	\$ 151,931	1
2			2
Total		\$ 151,931	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: GRAND PRAIRIE SUPPORTIVE LVG Report Period Beginning: 01/01/2019 Ending: 12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 456,000 Year land was acquired 2017

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	86			2010	\$ 8,260,655	\$ 206,740	15	\$ 550,710	\$ 343,970	\$ 464,692	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				650,000	32,500	40	16,250	(16,250)	73,125	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)				\$ 8,910,655	\$ 239,240		\$ 566,960	\$ 327,720	\$ 537,817	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	\$ 407,597	\$ 41,890	\$ 27,173	(14,717)	15	\$ 91,971	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 407,597	\$ 41,890	\$ 27,173	(14,717)		\$ 91,971	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: GRAND PRAIRIE SUPPORTIVE LVG Report Period Beginning: 01/01/2019 Ending: 12/31/2019

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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		YES NO
3	Original Building			/ /	\$			3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL		0		\$ 0			7	
									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	INB			FIRST MORTGAGE	10/2/17	\$ 9,095,000	\$ 8,987,640	10/2/20	0.0385	\$ 353,461	1	
2	0			0	1/0/00	0	0	1/0/00	0.0000		2	
3	0			0	1/0/00	0	0	1/0/00	0.0000		3	
	Working Capital											
4					/ /		0	/ /		0	4	
5					/ /			/ /			5	
6					/ /			/ /			6	
7	TOTAL Facility Related					\$ 9,095,000	\$ 8,987,640				\$ 353,461	7
	B. Non-Facility Related											
8					/ /			/ /			8	
9					/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)					\$ 9,095,000	\$ 8,987,640				\$ 353,461	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: GRAND PRAIRIE SUPPORTIVE LVG

Report Period Beginning: 01/01/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 749,825	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (12,846))	357,738		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	45,455		6
7	Other Prepaid Expenses	94,859		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	25,598		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,273,475	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	456,000		13
14	Buildings, at Historical Cost	8,260,655		14
15	Leasehold Improvements, at Historical Cost	650,000		15
16	Equipment, at Historical Cost	407,597		16
17	Accumulated Depreciation (book methods)	(629,788)		17
18	Deferred Charges	323		18
19	Organization & Pre-Operating Costs	1,101,000		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(247,725)		20
21	Restricted Funds	0		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	5,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,003,062	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,276,536	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 14,766	\$	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	67,929		30
31	Accrued Taxes Payable	53,075		31
32	Accrued Interest Payable	56,593		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	58,620		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 250,982	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,751,000		38
39	Mortgage Payable	8,982,430		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 10,733,430	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,984,412	\$ 0	45
46	TOTAL EQUITY	\$ 292,124	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,276,536	\$ 0	47

*(See instructions.)

Facility Name: GRAND PRAIRIE SUPPORTIVE LVG

Report Period Beginning: 01/01/2019

Ending:

12/31/2019

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	\$ 3,087,364	1
2	Discounts and Allowances	(42,192)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,045,172	3
	B. Other Operating Revenue		
4	Special Services	38,846	4
5	Other Health Care Services	0	5
6	Special Grants	0	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	2,936	8
9	Non-Resident Meals	5,263	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 47,045	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	0	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 0	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	5,810	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,810	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,098,027	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	739,949	19
20	Health Care/ Personal Care	491,976	20
21	General Administration	834,758	21
	B. Capital Expense		
22	Ownership	873,978	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)	\$ 2,940,661	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 157,366	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 157,366	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,287,450	32
33	Private Pay - Net Inpatient Revenue	1,757,722	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,045,172	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	9,222	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	21,809	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	8,014	9200-9201-1-0	Amortization - Loan Fees	6,946
5200-5131-0-0	Transportation Service	100	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	2,291	9200-9203-1-0	Mortgage Interest Premium	-
	PG3-4.3	41,435	9200-9204-0-0	Mortgage Service Fee	-
			9200-9205-0-0	Mortgage Insurance Prem	-
			9200-9206-0-0	Participation Fee	-
			9200-9207-0-0	Letter of Credit Fee	4,388
			9200-9208-0-0	Bond & Draw Fee	-
			9200-9209-0-0	Remarketing and Trustee Fee	-
			9200-9210-0-0	Interest Expense-Note	49,928
			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	-
			9300-9305-0-0	Organizational Expense	-
			9300-9306-0-0	Developer Fees	-
			9300-9307-0-0	Closing Costs	-
			9700-9702-0-0	Amortization Expense	110,100
			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	10,000
			9900-9907-0-0	Abandonment Loss	-
			9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3	181,362	
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	3,558			
5160-5063-0-0	Legal	2,742			
5160-5064-0-0	Accounting	180			
5160-5066-0-0	Audit	9,585			
5160-5067-0-0	Contract Labor-Serv Prov	-			
5160-5068-0-0	Contract Labor	9,238			
5180-5079-0-0	Bad Debt - Resident	7,885			
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	-			
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	33,188			
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		17,181
	PG3-3.5		17,181
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		2,936
3300-3304-0-0	Internet Access		-
3300-3321-0-0	Telephone- Connection		12,068
3300-3323-0-0	Telephone- Usage		459
5190-5090-0-0	Contributions		207
	PG3-10.5		15,670
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		7,885
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		-
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		7,885
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		-
3300-3385-0-0	Interest Income - Reserves		-
	PG3-18.5		-
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		(110,100)
9200-9209-0-0	Remarketing and Trustee Fee		-
	PG3-22.5		(110,100)

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	22,252
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	3,346
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		25,598

Other Long Term Assets Detail		
1201-0020-0-0	CIP	5,000
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		5,000.00

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	38,651
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	70
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	19,899
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		58,620

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	590 Call Pendant, NSF fees
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	5,220
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	-

PG8-15.1

5,810