

		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: 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:

☐ 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 HERITAGE WOODS OF OTTAWA

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	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	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	15,953	13,866		29,819	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	15,953	13,866	0	29,819	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.26%

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

166 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 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: 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? 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: HERITAGE WOODS OF OTTAWA

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	256,937	184,730	2,012	443,679	0	443,679	1
2	Housekeeping, Laundry and Maintenance	101,421	43,911	55,836	201,168	0	201,168	2
3	Heat and Other Utilities			116,219	116,219	(21,069)	95,150	3
4	Other (specify):	0	0	26,213	26,213	0	26,213	4
5	TOTAL General Services	358,358	228,641	200,280	787,279	(21,069)	766,211	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	442,263	13,751	0	456,014	0	456,014	6
7	Activities and Social Services	28,631	5,540	0	34,171	0	34,171	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	470,894	19,291	0	490,185	0	490,185	9
	C. General Administration							
10	Administrative and Clerical	115,940	29,735	286,849	432,524	(40,923)	391,601	10
11	Marketing Materials, Promotions and Advertising	51,913	6,826	30,141	88,880	0	88,880	11
12	Employee Benefits and Payroll Taxes	0	0	256,864	256,864	0	256,864	12
13	Insurance-Property, Liability and Malpractice	0	0	53,383	53,383	0	53,383	13
14	Other (specify):	0	0	77,376	77,376	(27,445)	49,931	14
15	TOTAL General Administration	167,853	36,561	704,613	909,027	(68,369)	840,658	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	997,105	284,493	904,893	2,186,491	(89,437)	2,097,054	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			248,565	248,565	0	248,565	17
18	Interest			195,193	195,193	(5,383)	189,810	18
19	Real Estate Taxes			76,478	76,478	0	76,478	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			7,989	7,989	0	7,989	21
22	Other (specify):	0	0	199,132	199,132	162,353	361,485	22
23	TOTAL Ownership	0	0	727,357	727,357	156,970	884,327	23
24	GRAND TOTAL (Sum of lines 16 and 23)	997,105	284,493	1,632,250	2,913,848	67,532	2,981,381	24

Facility Name: HERITAGE WOODS OF OTTAWA

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	21.96	2
3	Certified Nurse Assistants	14	12.20	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	11.24	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.63	10
11	Laundry	0	0.00	11
12	Managers	5	22.18	12
13	Other Administrative	3	22.04	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)	34	\$	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
DSI MANTENO OPERATOR & OWNER	MANTENO		
DSI WATSEKA OPERATOR & OWNER	WATSEKA		
DSI FLORA OPERATOR & OWNER	FLORA		

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	\$ 207,076	1
2			2
Total		\$ 207,076	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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	\$ 241,839	27.5	\$ 237,023	\$ (4,816)	\$ 2,860,293	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				0	0	15	0	0	0	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)				\$ 6,518,142	\$ 241,839		\$ 237,023	\$ (4,816)	\$ 2,860,293	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	\$ 452,127	\$ 6,726	\$ 90,425	83,699	5	\$ 363,854	18
19		0	0	0			-	19
20	TOTAL (lines 18 and 19)	\$ 452,127	\$ 6,726	\$ 90,425	83,699		\$ 363,854	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: 01/01/2019 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	
		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		0		\$ 0			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	\$ 6,691,253	8/1/47	0.0300	\$ 193,884	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	Peoples National Bank			Line of Credit	2/3/19	460,000	122,056	2/3/20	Variable	464	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,173,700	\$ 6,813,309			\$ 194,347	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,173,700	\$ 6,813,309			\$ 194,347	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: 01/01/2019

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	\$ 20,696	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (50,449))	237,528		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	71,659		6
7	Other Prepaid Expenses	14,253		7
8	Accounts Receivable (owners or related parties)	6,531		8
9	Other(specify): See Page 7 Attachment	22,537		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 373,205	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	518,552		13
14	Buildings, at Historical Cost	6,518,142		14
15	Leasehold Improvements, at Historical Cost	0		15
16	Equipment, at Historical Cost	452,127		16
17	Accumulated Depreciation (book methods)	(3,224,147)		17
18	Deferred Charges	1,287		18
19	Organization & Pre-Operating Costs	1,814,824		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(1,003,058)		20
21	Restricted Funds	307,769		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	93,180		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,478,675	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,851,880	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 69,498	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	122,056		29
30	Accrued Salaries Payable	36,846		30
31	Accrued Taxes Payable	77,978		31
32	Accrued Interest Payable	16,983		32
33	Deferred Compensation	377		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	70,133		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 393,871	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	6,794,326		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)	\$ 6,794,326	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,188,197	\$ 0	45
46	TOTAL EQUITY	\$ (1,336,317)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,851,880	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF OTTAWA

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	\$ 3,658,625	1
2	Discounts and Allowances	(1,615)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,657,010	3
	B. Other Operating Revenue		
4	Special Services	102,461	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	22,764	8
9	Non-Resident Meals	2,584	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 127,809	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	5,383	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,383	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	6,517	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 6,517	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,796,719	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	787,279	19
20	Health Care/ Personal Care	490,185	20
21	General Administration	909,027	21
	B. Capital Expense		
22	Ownership	727,357	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)	\$ 2,913,848	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 882,871	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 882,871	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 854,076	32
33	Private Pay - Net Inpatient Revenue	2,802,934	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,657,010	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	1,135	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	5,256	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	5,059	9200-9201-1-0	Amortization - Loan Fees	2,463
5200-5131-0-0	Transportation Service	260	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	14,502	9200-9203-1-0	Mortgage Interest Premium	-
	PG3-4.3	26,213	9200-9204-0-0	Mortgage Service Fee	-
			9200-9205-0-0	Mortgage Insurance Prem	33,806
			9200-9206-0-0	Participation Fee	-
			9200-9207-0-0	Letter of Credit Fee	510
			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	-
			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	199,132	
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	1,052			
5160-5063-0-0	Legal	2,682			
5160-5064-0-0	Accounting	270			
5160-5066-0-0	Audit	18,527			
5160-5067-0-0	Contract Labor-Serv Prov	-			
5160-5068-0-0	Contract Labor	27,400			
5180-5079-0-0	Bad Debt - Resident	5,638			
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	2,583			
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	19,224			
5190-5000-0-0	Other Admin Allocation	-			
	PG3-14.3	77,376			
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		21,069
	PG3-3.5		21,069
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		22,764
3300-3304-0-0	Internet Access		1,995
3300-3321-0-0	Telephone- Connection		14,228
3300-3323-0-0	Telephone- Usage		1,686
5190-5090-0-0	Contributions		250
	PG3-10.5		40,923
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		5,638
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		2,583
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		19,224
	PG3-14.5		27,445
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		5,003
3300-3385-0-0	Interest Income - Reserves		380
	PG3-18.5		5,383
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	537
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		22,537

Other Long Term Assets Detail		
1201-0020-0-0	CIP	93,180
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		93,180.00

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	30,568
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	39,365
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		70,133

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	3,846
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	2,671
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		6,517