

		FOR BHF USE			

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2020)

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: 1000029

Facility Name: HERITAGE WOODS OF BATAVIA

Address: 1079 EAST WILSON ST BATAVIA 60510

County: KANE

Telephone Number: (630) 406-9440 Fax # 630 406-9451

Federal Employer ID Number:

Date Current Owners were Certified: 10/31/2019

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 01/01/2020 to 12/31/2020 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	
Paid Preparer	(Title) CFO, Gardant Management Solutions	
	(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 BATAVIA**

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	145	Single Unit Apartment	145	52,925	1		
2	3	Double Unit Apartment	3	1,095	2		
3		Other			3		
4	148	TOTALS	148	54,020	4		

B. Census-For the entire report period.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	40,581	8,820		49,401	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	40,581	8,820	0	49,401	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **91.45%**

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

1,157 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **223 (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

ACCUAL		MODIFIED	
	X	CASH*	
		CASH*	

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

Tax Year: 2020 **Fiscal Year:** 2020

* 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.

Facility Name: HERITAGE WOODS OF BATAVIA

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	483,832	286,739	1,931	772,502	0	772,502	1
2	Housekeeping, Laundry and Maintenance	195,358	67,881	98,989	362,228	0	362,228	2
3	Heat and Other Utilities			255,449	255,449	(40,731)	214,718	3
4	Other (specify):	168,157	0	90,300	258,458	0	258,458	4
5	TOTAL General Services	847,347	354,620	446,669	1,648,637	(40,731)	1,607,905	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	807,592	25,672	0	833,264	0	833,264	6
7	Activities and Social Services	66,014	7,032	0	73,046	0	73,046	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	873,606	32,704	0	906,310	0	906,310	9
	C. General Administration							
10	Administrative and Clerical	257,470	70,542	455,101	783,113	(38,650)	744,463	10
11	Marketing Materials, Promotions and Advertising	55,274	10,995	28,850	95,119	0	95,119	11
12	Employee Benefits and Payroll Taxes	0	0	444,412	444,412	0	444,412	12
13	Insurance-Property, Liability and Malpractice	0	0	91,908	91,908	0	91,908	13
14	Other (specify):	0	0	167,152	167,152	(73,078)	94,074	14
15	TOTAL General Administration	312,744	81,537	1,187,423	1,581,704	(111,728)	1,469,976	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	2,033,697	468,861	1,634,092	4,136,650	(152,459)	3,984,191	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			609,643	609,643	0	609,643	17
18	Interest			553,626	553,626	(14,491)	539,135	18
19	Real Estate Taxes			116,506	116,506	0	116,506	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			24,356	24,356	0	24,356	21
22	Other (specify):	0	0	249,835	249,835	0	249,835	22
23	TOTAL Ownership	0	0	1,553,966	1,553,966	(14,491)	1,539,476	23
24	GRAND TOTAL (Sum of lines 16 and 23)	2,033,697	468,861	3,188,059	5,690,617	(166,950)	5,523,667	24

Facility Name: HERITAGE WOODS OF BATAVIA

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

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	29.36	2
3	Certified Nurse Assistants	22	15.07	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	13	13.93	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	4	13.51	10
11	Laundry	0	0.00	11
12	Managers	8	26.72	12
13	Other Administrative	5	26.70	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)	54	\$	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

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? \$

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	\$ 383,470	1
2			2
Total		\$ 383,470	3

Facility Name: HERITAGE WOODS OF BATAVIA

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,449,254 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	\$ 15,603,225	\$ 566,581	27.5	\$ 567,390	\$ 809	\$ 8,646,324	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				622,776	19,251	15	41,518	22,267	506,343	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)				\$ 16,226,001	\$ 585,832		\$ 608,908	\$ 23,076	\$ 9,152,667	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	\$ 1,367,355	\$ 23,811	\$ 273,471	249,660	5	\$ 1,323,803	18
19	Vehicles	52,160	0	10,432	10,432	5	52,160	19
20	TOTAL (lines 18 and 19)	\$ 1,419,515	\$ 23,811	\$ 283,903	260,092		\$ 1,375,963	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

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	Illinois National Bank		X	FIRST MORTGAGE	6/28/19	\$ 16,100,000	\$ 0	6/28/21	0.0497	\$ 297,214	1
2	Lument Capital		X	FIRST MORTGAGE	5/1/20	16,949,000	16,804,189	6/1/55	0.0276	256,412	2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 33,049,000	\$ 16,804,189			\$ 553,626	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 33,049,000	\$ 16,804,189			\$ 553,626	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 BATAVIA**Report Period Beginning: **01/01/2020**Ending: **12/31/2020****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2020**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 3,334,980	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (139,764))	544,995		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	115,534		6
7	Other Prepaid Expenses	9,010		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	300,013		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,304,533	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	1,449,254		13
14	Buildings, at Historical Cost	15,603,225		14
15	Leasehold Improvements, at Historical Cost	622,776		15
16	Equipment, at Historical Cost	1,419,515		16
17	Accumulated Depreciation (book methods)	(10,528,630)		17
18	Deferred Charges	0		18
19	Organization & Pre-Operating Costs	255,516		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(255,516)		20
21	Restricted Funds	1,304,299		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,870,439	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,174,972	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 489,060	\$	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	129,170		31
32	Accrued Interest Payable	38,650		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	583,820		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,240,700	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	16,520,446		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)	\$ 16,520,446	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 17,761,146	\$ 0	45
46	TOTAL EQUITY	\$ (3,586,174)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,174,972	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF BATAVIA

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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	\$ 6,766,497	1
2	Discounts and Allowances	(4,695)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 6,761,802	3
	B. Other Operating Revenue		
4	Special Services	272,571	4
5	Other Health Care Services	0	5
6	Special Grants	630,285	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	4,659	8
9	Non-Resident Meals	575	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 908,090	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	14,491	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 14,491	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,992	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,992	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 7,689,375	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,648,637	19
20	Health Care/ Personal Care	906,310	20
21	General Administration	1,581,704	21
	B. Capital Expense		
22	Ownership	1,553,966	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)	\$ 5,690,617	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,998,758	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,998,758	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,496,015	32
33	Private Pay - Net Inpatient Revenue	3,265,787	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 6,761,802	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	168,157	9100-9101-0-0	Interest & Dividend Income	-
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	168,157	9100-9103-0-0	Assessment Expense	-
A. General Services			9200-9201-1-0	Amortization - Loan Fees	139,452
Other (specify):			9200-9202-0-0	Financing Fees	-
5200-5000-0-0	Operating Allocation	336,315	9200-9203-1-0	Mortgage Interest Premium	-
5200-5124-0-0	Exterminating	3,028	9200-9204-0-0	Mortgage Service Fee	-
5200-5127-0-0	Rubbish Removal	22,042	9200-9205-0-0	Mortgage Insurance Prem	105,783
5200-5130-0-0	Vehicle Expense	789	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	17,875	9200-9208-0-0	Bond & Draw Fee	-
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	37,344	9200-9209-0-0	Remarketing and Trustee Fee	-
9900-9003-0-0	Extraordinary COVID - Other	9,222	9200-9210-0-0	Interest Expense-Note	-
	PG3-4.3	90,300	9200-9211-0-0	Interest Expense-LP	-
C. General Administration			9200-9212-0-0	Debt Write-Off	-
Other (specify):		Amt	9300-9301-0-0	Partnership Management Fee	-
5160-5060-0-0	Consulting	7,735	9300-9302-0-0	Asset Management Fee	-
5160-5063-0-0	Legal	12,990	9300-9303-0-0	Incentive Management	-
5160-5064-0-0	Accounting	385	9300-9303-1-0	Incentive Asset Mgmt Fee	-
5160-5066-0-0	Audit	21,430	9300-9304-0-0	Tax Credit Fees & Incentive Fee	4,600
5160-5067-0-0	Contract Labor-Serv Prov	-	9300-9305-0-0	Organizational Expense	-
5160-5068-0-0	Contract Labor	51,533	9300-9306-0-0	Developer Fees	-
5180-5079-0-0	Bad Debt - Resident	248,816	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	28,885	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	17,363	9900-9905-0-0	Settlement	-
5190-5000-0-0	Other Admin Allocation	-	9900-9906-0-0	Property Damage Loss	-
	PG3-14.3	167,152	9900-9907-0-0	Abandonment Loss	-
			9900-9908-0-0	Grant Income	-
			9900-9909-0-0	Misc: Title, Recording, Transfer	-
			PG3-22.3	249,835	

Operating Expenses - Reclassifications and Adjustments PG 3		
A. General Services		
Heat and Other Utilities		
3300-3303-0-0	Cable	40,731
	PG3-3.5	40,731
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	4,659
3300-3304-0-0	Internet Access	8,243
3300-3321-0-0	Telephone- Connection	15,560
3300-3323-0-0	Telephone- Usage	5,188
5190-5090-0-0	Contributions	5,000
	PG3-10.5	38,650
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	26,830
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	28,885
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	17,363
	PG3-14.5	73,078
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	6,254
3300-3385-0-0	Interest Income - Reserves	8,237
	PG3-18.5	14,491
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	300,013
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		300,013
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	46,811
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
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	8,787
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	140,158
2112-0159-1-0	Medicaid Prepayments	388,064
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		583,820
		1167640.94

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,392 Returned Check Charges; Late Fees
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
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

4,992