

		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: 1000150

Facility Name: LACEY CREEK

Address: 4800 LACEY ROAD DOWNERS GROVE 60515

Number City Zip Code

County: DUPAGE

Telephone Number: (630) 964-7720 Fax # 630 964-4229

Federal Employer ID Number:

Date Current Owners were Certified: 8/23/2017

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	
	(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

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	120	Single Unit Apartment	120	43,800	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	120	TOTALS	120	43,800	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	35,121	4,196		39,317	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	35,121	4,196	0	39,317	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.76%

D. Indicate the number of paid bed-hold days the SLF had during this year 932 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 232 (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
ACCRUAL ☒ MODIFIED 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.

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	351,688	215,004	1,324	568,016	0	568,016	1
2	Housekeeping, Laundry and Maintenance	139,987	43,807	77,847	261,641	0	261,641	2
3	Heat and Other Utilities			158,008	158,008	(22,712)	135,296	3
4	Other (specify):	129,943	0	90,039	219,982	0	219,982	4
5	TOTAL General Services	621,618	258,811	327,218	1,207,647	(22,712)	1,184,935	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	634,651	18,738	0	653,389	0	653,389	6
7	Activities and Social Services	46,758	6,531	0	53,289	0	53,289	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	681,409	25,269	0	706,678	0	706,678	9
	C. General Administration							
10	Administrative and Clerical	218,724	60,006	382,411	661,141	(17,741)	643,400	10
11	Marketing Materials, Promotions and Advertising	53,303	9,630	45,413	108,346	0	108,346	11
12	Employee Benefits and Payroll Taxes	0	0	277,897	277,897	0	277,897	12
13	Insurance-Property, Liability and Malpractice	0	0	130,226	130,226	0	130,226	13
14	Other (specify):	0	0	55,038	55,038	(174,038)	(119,000)	14
15	TOTAL General Administration	272,027	69,636	890,985	1,232,648	(191,779)	1,040,869	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,575,054	353,716	1,218,203	3,146,974	(214,491)	2,932,482	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			716,535	716,535	0	716,535	17
18	Interest			1,163,962	1,163,962	(17,701)	1,146,261	18
19	Real Estate Taxes			95,246	95,246	0	95,246	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			18,784	18,784	0	18,784	21
22	Other (specify):	0	0	1,573,092	1,573,092	(3,000)	1,570,092	22
23	TOTAL Ownership	0	0	3,567,619	3,567,619	(20,701)	3,546,918	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,575,054	353,716	4,785,822	6,714,593	(235,193)	6,479,400	24

Facility Name: LACEY CREEK

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	1	29.68	2
3	Certified Nurse Assistants	14	15.53	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	6	13.95	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.87	10
11	Laundry	0	0.00	11
12	Managers	6	27.35	12
13	Other Administrative	5	23.11	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)	36	\$	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? \$ _____
(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	\$ 327,234	1
2			2
Total		\$ 327,234	3

Facility Name: LACEY CREEK

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 2,117,546 Year land was acquired 2015

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			2016	\$ 20,063,798	\$ 501,595	40	\$ 501,595	\$ (0)	\$ 2,088,765	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				1,780,428	88,516	20	89,021	505	366,885	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)				\$ 21,844,225	\$ 590,111		\$ 590,616	\$ 505	\$ 2,455,650	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	\$ 1,205,374	\$ 120,424	\$ 120,537	114	10	\$ 482,051	18
19	Vehicles	59,990	6,000	5,999	(1)	10	25,000	19
20	TOTAL (lines 18 and 19)	\$ 1,265,364	\$ 126,424	\$ 126,536	113		\$ 507,051	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: LACEY CREEK

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

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		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	HEARTLAND BANK and TRU		X	FIRST MORTGAGE	12/1/17	\$ 20,114,920	\$ 19,432,600	12/1/32	0.0562	\$ 1,115,563	1
2	HEARTLAND BANK and TRUST		X	SECOND MORTGAGE	12/1/17	835,080	806,520	12/1/32	0.0562	46,353	2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 20,950,000	\$ 20,239,120			\$ 1,161,916	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 20,950,000	\$ 20,239,120			\$ 1,161,916	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: LACEY CREEK

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	\$ 336,460	\$	1
2	Cash-Patient Deposits	1,763		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (397,041))	416,704		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	55,680		6
7	Other Prepaid Expenses	17,657		7
8	Accounts Receivable (owners or related parties)	37,070		8
9	Other(specify):	0		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 865,333	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	2,117,546		13
14	Buildings, at Historical Cost	20,063,798		14
15	Leasehold Improvements, at Historical Cost	1,780,428		15
16	Equipment, at Historical Cost	1,265,364		16
17	Accumulated Depreciation (book methods)	(2,962,701)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	813,913		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(29,564)		20
21	Restricted Funds	3,314,329		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	1,159		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 26,364,305	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 27,229,638	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 135,500	\$	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	99,159		31
32	Accrued Interest Payable	97,859		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,335,880		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,668,397	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	242,852		38
39	Mortgage Payable	19,962,434		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42	FMV Interest Rate Swaps	4,420,752		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 24,626,038	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 26,294,435	\$ 0	45
46	TOTAL EQUITY	\$ 935,203	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 27,229,638	\$ 0	47

*(See instructions.)

Facility Name: LACEY CREEK

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	\$ 5,162,207	1
2	Discounts and Allowances	(1,952)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,160,255	3
	B. Other Operating Revenue		
4	Special Services	139,003	4
5	Other Health Care Services	0	5
6	Special Grants	885,675	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	1,832	8
9	Non-Resident Meals	160	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,026,670	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	17,701	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 17,701	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	11,008	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 11,008	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 6,215,634	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,207,647	19
20	Health Care/ Personal Care	706,678	20
21	General Administration	1,232,648	21
	B. Capital Expense		
22	Ownership	3,567,619	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)	\$ 6,714,593	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (498,959)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (498,959)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,998,554	32
33	Private Pay - Net Inpatient Revenue	2,161,701	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,160,255	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		Amt
9900-9001-0-0	Extraordinary COVID Labor	129,943	9100-9101-0-0	Interest & Dividend Income	-
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	129,943	9100-9103-0-0	Assessment Expense	-
			9200-9201-1-0	Amortization - Loan Fees	21,284
			9200-9202-0-0	Financing Fees	-
A. General Services			9200-9203-1-0	Mortgage Interest Premium	-
Other (specify):			9200-9204-0-0	Mortgage Service Fee	-
5200-5000-0-0	Operating Allocation	259,887	9200-9205-0-0	Mortgage Insurance Prem	-
5200-5124-0-0	Exterminating	1,985	9200-9206-0-0	Participation Fee	-
5200-5127-0-0	Rubbish Removal	11,845	9200-9207-0-0	Letter of Credit Fee	-
5200-5130-0-0	Vehicle Expense	578	9200-9208-0-0	Bond & Draw Fee	-
5200-5131-0-0	Transportation Service	-	9200-9209-0-0	Remarketing and Trustee Fee	3,000
5300-5140-0-0	Security & Monitoring	8,190	9200-9210-0-0	Interest Expense-Note	-
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	65,746	9200-9211-0-0	Interest Expense-LP	-
9900-9003-0-0	Extraordinary COVID - Other	1,696	9200-9212-0-0	Debt Write-Off	-
	PG3-4.3	90,039	9300-9301-0-0	Partnership Management Fee	-
			9300-9302-0-0	Asset Management Fee	12,500
C. General Administration			9300-9303-0-0	Incentive Management	-
Other (specify):		Amt	9300-9303-1-0	Incentive Asset Mgmt Fee	-
5160-5060-0-0	Consulting	1,689	9300-9304-0-0	Tax Credit Fees & Incentive Fee	2,625
5160-5063-0-0	Legal	130,778	9300-9305-0-0	Organizational Expense	-
5160-5064-0-0	Accounting	155	9300-9306-0-0	Developer Fees	-
5160-5066-0-0	Audit	12,954	9300-9307-0-0	Closing Costs	-
5160-5067-0-0	Contract Labor-Serv Prov	(305,856)	9700-9702-0-0	Amortization Expense	7,391
5160-5068-0-0	Contract Labor	41,280	9900-9901-0-0	Prior Period Adjustments	-
5180-5079-0-0	Bad Debt - Resident	46,671	9900-9902-0-0	Dissolution of Business	-
5180-5079-1-0	Bad Debt - Resident - Recovery	-	9900-9903-0-0	Loss (Gain) on Sale of Assets	1,526,292
5180-5080-0-0	Bad Debt - Resident Prior Period	-	9900-9904-0-0	Business Interruption	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	72,103	9900-9905-0-0	Settlement	-
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9900-9906-0-0	Property Damage Loss	-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9900-9907-0-0	Abandonment Loss	-
5180-5083-0-0	Bad Debt - Medicaid MCO	14,134	9900-9908-0-0	Grant Income	-
5190-5000-0-0	Other Admin Allocation	-	9900-9909-0-0	Misc: Title, Recording, Transfer	-
	PG3-14.3	55,038		PG3-22.3	1,573,092

Operating Expenses - Reclassifications and Adjustments PG 3		
A. General Services		
Heat and Other Utilities		
3300-3303-0-0	Cable	22,712
	PG3-3.5	22,712
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	1,832
3300-3304-0-0	Internet Access	2,574
3300-3321-0-0	Telephone- Connection	5,045
3300-3323-0-0	Telephone- Usage	3,290
5190-5090-0-0	Contributions	5,000
	PG3-10.5	17,741
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	87,802
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	72,103
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	14,134
	PG3-14.5	174,038
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	7,897
3300-3385-0-0	Interest Income - Reserves	9,804
	PG3-18.5	17,701
D. Ownership		
Other (specify):		
1302-1007-0-0	A/A - Goodwill	-
9200-9209-0-0	Remarketing and Trustee Fee	3,000
	PG3-22.5	3,000

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	1,159
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		1,158.58

Current Liabilities Detail

2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	12,500
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	44,947
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	943,310
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	778
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	49,546
2112-0159-1-0	Medicaid Prepayments	284,799
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-

PG7-35.1	1,335,880
	2671759.02

Income Statement PG 8 Other

Income Statement

Other Revenue	Amt	
Contract Service-Serv Prov	-	
Other	2,008	Late fees; NSF fees; Call pendants
Property Tax Adjustments	-	
Property Lease Income	9,000	
Insurance Adjustments	-	
Developer Fee Income	-	
Home Office Rent Income	-	
Food & Meal Prep	-	

PG8-15.1	11,008
----------	--------