

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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: 1000149

Facility Name: GATEWAY AT RIVER CITY

Address: 518 W ROMEO GARRETT PEORIA 61605

Number City Zip Code

County: PEORIA

Telephone Number: ( 309 ) 673-3115 Fax # 309 673-3117

Federal Employer ID Number:

Date Current Owners were Certified: 10/27/2016

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other	

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

Name: Danel Erickson Telephone Number: (779) 771-6947

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 01/01/2021 to 12/31/2021 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** **GATEWAY AT RIVER CITY**

Report Period Beginning: 01/01/2021 Ending: 12/31/2021

### 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	100	Single Unit Apartment	100	36,500	1		
2	5	Double Unit Apartment	5	1,825	2		
3		Other			3		
4	105	TOTALS	105	38,325	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	34,773	271		35,044	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	34,773	271	0	35,044	8

<b>C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)</b>	<b>91.44%</b>
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**91.44%**

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

**680** Also, indicate the number of unpaid bed-hold days the SLF  
           had during this year. **45** (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	X	MODIFIED		
CASH*		CASH*		

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

**Tax Year:** 2021 **Fiscal Year:** 2021

\* 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: GATEWAY AT RIVER CITY

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

## 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	267,036	217,288	2,085	486,410	0	486,410	1
2	Housekeeping, Laundry and Maintenance	157,942	53,432	56,711	268,085	0	268,085	2
3	Heat and Other Utilities			188,759	188,759	(30,583)	158,176	3
4	Other (specify):	15,756	0	70,078	85,834	0	85,834	4
5	<b>TOTAL General Services</b>	440,734	270,720	317,634	1,029,088	(30,583)	998,505	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	709,838	22,865	0	732,703	0	732,703	6
7	Activities and Social Services	49,096	7,795	0	56,892	0	56,892	7
8	Other (specify):	0	0	0	0	0	0	8
9	<b>TOTAL Health Care and Programs</b>	758,935	30,660	0	789,595	0	789,595	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	205,830	61,377	334,187	601,395	(9,327)	592,068	10
11	Marketing Materials, Promotions and Advertising	61,319	13,084	25,382	99,785	0	99,785	11
12	Employee Benefits and Payroll Taxes	0	0	267,353	267,353	0	267,353	12
13	Insurance-Property, Liability and Malpractice	0	0	135,556	135,556	0	135,556	13
14	Other (specify):	0	0	79,526	79,526	(5,272)	74,255	14
15	<b>TOTAL General Administration</b>	267,149	74,461	842,005	1,183,615	(14,599)	1,169,016	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,466,818	375,842	1,159,639	3,002,299	(45,182)	2,957,116	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			693,061	693,061	0	693,061	17
18	Interest			277,703	277,703	(1,751)	275,951	18
19	Real Estate Taxes			88,922	88,922	0	88,922	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			16,984	16,984	0	16,984	21
22	Other (specify):	0	0	650,908	650,908	0	650,908	22
23	<b>TOTAL Ownership</b>	0	0	1,727,578	1,727,578	(1,751)	1,725,827	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,466,818	375,842	2,887,217	4,729,877	(46,933)	4,682,943	24

Facility Name: GATEWAY AT RIVER CITY

Report Period Beginning: 01/01/2021 Ending: 12/31/2021

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	28.65	2
3	Certified Nurse Assistants	11	15.75	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	11.73	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.24	10
11	Laundry	0	0.00	11
12	Managers	6	24.69	12
13	Other Administrative	5	23.88	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)	35	\$	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
none			

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	\$ 258,151	1
2			2
Total		\$ 258,151	3

Facility Name: GATEWAY AT RIVER CITY

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,793,354 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	105			2016	\$ 10,413,755	\$ 260,343	40.0	\$ 260,344	\$ 1	\$ 1,360,013	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				1,186,018	59,301	20.0	59,301	(1)	309,829	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)				\$ 11,599,773	\$ 319,645		\$ 319,645	\$ (0)	\$ 1,669,842	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	\$ 3,735,076	\$ 373,418	\$ 373,508	90	10	\$ 1,942,170	18
19			0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 3,735,076	\$ 373,418	\$ 373,508	90		\$ 1,942,170	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	MERCHANTS CAPITAL CO		X	FIRST MORTGAGE	5/1/15	\$ 9,000,000	\$ 8,408,354	12/1/56	0.0328	\$ 277,703	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,000,000	\$ 8,408,354			\$ 277,703	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,000,000	\$ 8,408,354			\$ 277,703	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: GATEWAY AT RIVER CITY

Report Period Beginning: 01/01/2021

Ending: 12/31/2021

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 686,204	\$	1
2	Cash-Patient Deposits	2,575		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (84,745) )	0 1,086,805		3
4	Supply Inventory (priced at )	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	58,180		6
7	Other Prepaid Expenses	2,457		7
8	Accounts Receivable (owners or related parties)	72,720		8
9	Other(specify): See Page 7 Attachment	2,727		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,911,668	\$ 0	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	1,793,354		13
14	Buildings, at Historical Cost	10,413,755		14
15	Leasehold Improvements, at Historical Cost	1,186,018		15
16	Equipment, at Historical Cost	3,735,076		16
17	Accumulated Depreciation (book methods)	(3,612,012)		17
18	Deferred Charges	672		18
19	Organization & Pre-Operating Costs	141,004		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0 (70,500)		20
21	Restricted Funds	967,944		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	24,954		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 14,580,265	\$ 0	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 16,491,934	\$ 0	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 49,695	\$	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	91,098		31
32	Accrued Interest Payable	22,983		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	235,821		35
36		0		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 399,597	\$ 0	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	8,160,068		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>	\$ 8,160,068	\$ 0	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,559,665	\$ 0	45
46	<b>TOTAL EQUITY</b>	\$ 7,932,268	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 16,491,934	\$ 0	47

\*(See instructions.)

Facility Name: GATEWAY AT RIVER CITY

Report Period Beginning: 01/01/2021

Ending:

12/31/2021

**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	\$ 4,806,713	1
2	Discounts and Allowances	(10,115)	2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 4,796,598	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	350,531	4
5	Other Health Care Services	0	5
6	Special Grants	9,836	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	0	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 360,367	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions	0	12
13	Interest and Other Investment Income	1,751	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 1,751	14
	<b>D. Other Revenue (specify):</b>		
15	See Page 8 Attachment	3,909	15
16		0	16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 3,909	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 5,162,625	18

		2	
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	1,029,088	19
20	Health Care/ Personal Care	789,595	20
21	General Administration	1,183,615	21
	<b>B. Capital Expense</b>		
22	Ownership	1,727,578	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers	0	23
24	Non-Operating Expenses	0	24
25	Other (specify):	0	25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 4,729,877	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ 432,748	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ 432,748	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 3,687,841	32
33	Private Pay - Net Inpatient Revenue	1,108,757	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>	\$ 4,796,598	37



Operating Expenses PG 3 Other			
<b>A. General Services</b>		<b>D. Ownership</b>	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 15,756	Interest & Dividend Income	\$ -
<b>PG3-4.1</b>	<b>\$ 15,756</b>	Assessment Income	\$ -
		Assessment Expense	\$ -
<b>A. General Services</b>		Amortization - Loan Fees	\$ 9,576
Other (specify):		Financing Fees	\$ -
Exterminating	\$ 10,638	Mortgage Interest Premium	\$ -
Rubbish Removal	\$ 27,151	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 5,784	Mortgage Insurance Prem	\$ 38,099
Transportation Service	\$ 911	Letter of Credit Fee	\$ 500
Security & Monitoring	\$ 6,503	Bond & Draw Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 11,686	Remarketing and Trustee Fee	\$ -
Extraordinary COVID - Other	\$ 7,405	Interest Expense-Note	\$ -
<b>PG3-4.3</b>	<b>\$ 70,078</b>	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
<b>C. General Administration</b>		Partnership/Priority Mgmt Fee	\$ -
Other (specify):		Asset Mgmt/Investor Service Fee	\$ 16,883
Consulting	\$ 6,799	Incentive Management	\$ 566,500
Legal	\$ 7,475	Incentive Asset Mgmt Fee	\$ -
Audit & Accounting	\$ 23,475	Tax Credit Fees	\$ 5,250
Contract Labor-Serv Prov	\$ -	Organizational Expense	\$ -
Contract Labor	\$ 36,507	Developer Fees	\$ -
Bad Debt - Resident	\$ (5,200)	Amortization Expense	\$ 14,100
Bad Debt - Resident - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid Pending Denial	\$ (5,746)	Loss (Gain) on Sale of Assets	\$ -
Bad Debt - Medicaid Pending - Recovery	\$ -	Settlement	\$ -
Bad Debt - Medicaid	\$ -	Property Damage Loss	\$ -
Bad Debt - Medicaid Recovery	\$ -	Abandonment Loss	\$ -
Bad Debt - Medicaid MCO	\$ 16,217	Grant Income	\$ -
<b>PG3-14.3</b>	<b>\$ 79,526</b>	<b>PG3-22.3</b>	<b>\$ 650,908</b>

Operating Expenses - Reclassifications and Adjustments PG3			
<b>A. General Services</b>			
Heat and Other Utilities			
Cable	\$	30,583	
<b>PG3-3.5</b>	<b>\$</b>	<b>30,583</b>	
<b>C. General Administration</b>			
Administrative and Clerical			
Beauty Salon & Manicure	\$	-	
Internet Access	\$	5,542	
Telephone- Connection	\$	724	
Telephone- Usage	\$	562	
Contributions	\$	2,500	
<b>PG3-10.5</b>	<b>\$</b>	<b>9,327</b>	
<b>C. General Administration</b>			
Other (specify):			
Bad Debt - Resident	\$	(5,200)	
Bad Debt - Resident - Recovery	\$	-	
Bad Debt - Medicaid Pending Denial	\$	(5,746)	
Bad Debt - Medicaid Pending - Recovery	\$	-	
Bad Debt - Medicaid	\$	-	
Bad Debt - Medicaid Recovery	\$	-	
Bad Debt - Medicaid MCO	\$	16,217	
<b>PG3-14.5</b>	<b>\$</b>	<b>5,272</b>	
<b>D. Ownership</b>			
Interest:			
Interest Income	\$	942	
Interest Income - Reserves	\$	809	
<b>PG3-18.5</b>	<b>\$</b>	<b>1,751</b>	
<b>D. Ownership</b>			
Other (specify):			
Goodwill Amortization	\$	-	
Remarketing and Trustee Fee	\$	-	
<b>PG3-22.5</b>	<b>\$</b>	<b>-</b>	

Balance Sheet PG 7 Other				
<b>A. Other Current Asset Details</b>			<b>C. Current Liabilities Detail</b>	
A/R-Employee Advance	\$	-	Construction Account Payable	\$ -
A/R-Gardant Mgmt Solutions	\$	-	Accrued Asset Mgmt/Investor Service Fee	\$ 16,883
A/R-Insurance Reimbursement	\$	-	Accrued Partnership/Priority Mgmt Fee	\$ -
A/R-CIP	\$	-	Accrued Incentive Mgmt Fee	\$ -
A/R-Other	\$	2,727	Accrued Incentive Asset Mgmt Fee	\$ -
A/R-TIF/Abatement	\$	-	Accrued Liabilities	\$ 80,106
<b>PG7-9.1</b>	<b>\$</b>	<b>2,727</b>	Accrued Insurance	\$ -
<b>B. Other Long Term Assets Detail</b>			Accrued Developer Fee	\$ -
CIP	\$	24,954	Accrued MIP	\$ -
CIP- Land Option Addition	\$	-	Accrued Vacation	\$ -
CIP- Other Addition	\$	-	Payroll Union Dues	\$ -
<b>PG7-23.1</b>	<b>\$</b>	<b>24,954</b>	Payroll Benefits	\$ -
			Security Deposits Held	\$ -
			Unclaimed Property	\$ 2,640
			Reservation Deposit	\$ -
			Unearned Revenue - Resident	\$ 47,447
			Unearned Revenue - Medicaid	\$ 88,745
			Prepaid Medicaid Clearing	\$ -
			Prepaid Rent	\$ -
			<b>PG7-35.1</b>	<b>\$ 235,821</b>

Income Statement PG 8 Other			
D. Other Revenue			Notes
Contract Service-Serv Prov	\$	-	
Other	\$	3,909	Late fees
Property Tax Adjustments	\$	-	
Property Lease Income	\$	-	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	3,909	