

		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.

<p>I. Facility ID Number: 1000007</p> <p>Facility Name: HERITAGE WOODS OF OTTAWA</p> <p>Address: 801 EAST ETNA ROAD OTTAWA 61350</p> <p>County: LASALLE</p> <p>Telephone Number: ( 815 ) 431-1400 Fax # 815 431-9147</p> <p>Federal Employer ID Number:</p> <p>Date Current Owners were Certified: 10/25/2007</p> <p>Type of Ownership:</p> <table><tr><td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td><td><input type="checkbox"/> PROPRIETARY</td><td><input type="checkbox"/> GOVERNMENTAL</td></tr><tr><td><input type="checkbox"/> Charitable Corp.</td><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> State</td></tr><tr><td><input type="checkbox"/> Trust</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> County</td></tr><tr><td>IRS Exemption Code</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Other</td></tr><tr><td></td><td><input checked="" type="checkbox"/> "Sub-S" Corp.</td><td></td></tr><tr><td></td><td><input checked="" type="checkbox"/> Limited Liability Co.</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Trust</td><td></td></tr><tr><td></td><td><input type="checkbox"/> Other</td><td></td></tr></table> <p>In the event there are further questions about this report, please contact:</p> <p>Name: Danel Erickson Telephone Number: (779) 771-6947</p> <p>Email Address:</p>	<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 type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Type or Print Name) Greg Echols</td><td></td></tr><tr><td rowspan="5">Paid Preparer</td><td>(Title) CFO, Gardant Management Solutions</td><td></td></tr><tr><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td><td></td></tr><tr><td>(Firm Name &amp; Address) _____</td><td></td></tr><tr><td>(Telephone) ( ) _____ Fax # ( ) _____</td><td></td></tr></table> <p>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</p>	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 # ( ) _____	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																							
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	(Telephone) ( ) _____ Fax # ( ) _____																																								



Facility Name: HERITAGE WOODS OF OTTAWA

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	237,913	165,034	2,024	404,971	0	404,971	1
2	Housekeeping, Laundry and Maintenance	102,929	28,100	41,193	172,221	0	172,221	2
3	Heat and Other Utilities			116,898	116,898	(22,042)	94,856	3
4	Other (specify):	12,982	0	50,390	63,372	0	63,372	4
5	<b>TOTAL General Services</b>	353,823	193,134	210,504	757,462	(22,042)	735,420	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	446,687	16,369	0	463,056	0	463,056	6
7	Activities and Social Services	30,536	4,207	0	34,743	0	34,743	7
8	Other (specify):	0	0	0	0	0	0	8
9	<b>TOTAL Health Care and Programs</b>	477,223	20,577	0	497,800	0	497,800	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	139,560	30,870	256,714	427,144	(26,599)	400,544	10
11	Marketing Materials, Promotions and Advertising	54,494	7,541	45,205	107,241	0	107,241	11
12	Employee Benefits and Payroll Taxes	0	0	228,167	228,167	0	228,167	12
13	Insurance-Property, Liability and Malpractice	0	0	93,923	93,923	0	93,923	13
14	Other (specify):	0	0	41,807	41,807	(9,995)	31,812	14
15	<b>TOTAL General Administration</b>	194,054	38,411	665,816	898,281	(36,594)	861,687	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,025,100	252,122	876,320	2,153,542	(58,635)	2,094,907	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			266,071	266,071	0	266,071	17
18	Interest			318,911	318,911	(1,107)	317,804	18
19	Real Estate Taxes			73,783	73,783	0	73,783	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			11,294	11,294	0	11,294	21
22	Other (specify):	0	0	389,916	389,916	(162,353)	227,563	22
23	<b>TOTAL Ownership</b>	0	0	1,059,975	1,059,975	(163,460)	896,515	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,025,100	252,122	1,936,295	3,213,517	(222,095)	2,991,422	24

Facility Name: HERITAGE WOODS OF OTTAWA

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	25.41	2
3	Certified Nurse Assistants	11	14.84	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	7	12.94	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.52	10
11	Laundry	0	0.00	11
12	Managers	5	23.38	12
13	Other Administrative	3	22.53	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)	29	\$	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 FLORA OPERATOR LLC	FLORA
DSI MANTENO OPERATOR LLC	MANTENO
DSI WATSEKA OPERATOR LLC	WATSEKA

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	\$ 181,738	1
2			2
Total		\$ 181,738	3

Facility Name: HERITAGE WOODS OF OTTAWA

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

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	\$ 6,740,144	\$ 245,666	27.5	\$ 245,096	\$ (570)	\$ 3,351,626	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6									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)				\$ 6,740,144	\$ 245,666		\$ 245,096	\$ (570)	\$ 3,351,626	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	\$ 497,970	\$ 20,405	\$ 99,594	79,189	5	\$ 404,663	18
19					\$	5	-	19
20	TOTAL (lines 18 and 19)	\$ 497,970	\$ 20,405	\$ 99,594	79,189		\$ 404,663	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	MIDLAND STATES BANK		X	FIRST MORTGAGE	9/1/13	\$ 7,713,700	\$ 6,371,153	8/1/47	0.0300	\$ 184,210	1
2	Peoples National Bank		X	BRIDGE LOAN	3/22/21	6,002,024	6,002,024	3/22/22	0.0295	192,362	2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,715,724	\$ 12,373,177			\$ 376,572	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 13,715,724	\$ 12,373,177			\$ 376,572	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: 01/01/2021

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	\$ 6,070,128	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (55,487) )	484,236		3
4	Supply Inventory (priced at )	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	95,585		6
7	Other Prepaid Expenses	100,714		7
8	Accounts Receivable (owners or related parties)	340,377		8
9	Other(specify): See Page 7 Attachment	51,385		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 7,142,425	\$ 0	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	518,552		13
14	Buildings, at Historical Cost	6,740,144		14
15	Leasehold Improvements, at Historical Cost	0		15
16	Equipment, at Historical Cost	497,970		16
17	Accumulated Depreciation (book methods)	(3,756,289)		17
18	Deferred Charges	1,287		18
19	Organization & Pre-Operating Costs	1,814,824		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(1,327,764)		20
21	Restricted Funds	248,332		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,737,055	\$ 0	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 11,879,480	\$ 0	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 381,495	\$	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	47,793		30
31	Accrued Taxes Payable	76,662		31
32	Accrued Interest Payable	208,256		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	195,292		35
36		0		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 909,497	\$ 0	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	6,002,024		38
39	Mortgage Payable	6,461,936		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>	\$ 12,463,960	\$ 0	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 13,373,457	\$ 0	45
46	<b>TOTAL EQUITY</b>	\$ (1,493,977)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 11,879,480	\$ 0	47

\*(See instructions.)

Facility Name: HERITAGE WOODS OF OTTAWA

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	\$ 3,811,349	1
2	Discounts and Allowances	(16,939)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 3,794,410	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	230,663	4
5	Other Health Care Services	0	5
6	Special Grants	44,881	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	9,729	8
9	Non-Resident Meals	15	9
10	Laundry	0	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 285,288	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions	0	12
13	Interest and Other Investment Income	1,107	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 1,107	14
	<b>D. Other Revenue (specify):</b>		
15	See Page 8 Attachment	5,839	15
16		0	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 5,839	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 4,086,644	18

		2	
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	757,462	19
20	Health Care/ Personal Care	497,800	20
21	General Administration	898,281	21
	<b>B. Capital Expense</b>		
22	Ownership	1,059,975	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 (sum of lines 19 thru 27)</b>	\$ 3,213,517	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 873,127	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 873,127	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 1,457,779	32
33	Private Pay - Net Inpatient Revenue	2,336,632	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>	\$ 3,794,411	37



Operating Expenses PG 3 Other			
<b>A. General Services</b>		<b>D. Ownership</b>	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 12,982	Interest & Dividend Income	\$ -
<b>PG3-4.1</b>	<b>\$ 12,982</b>	Assessment Income	\$ -
<b>A. General Services</b>		Assessment Expense	\$ -
Other (specify):		Amortization - Loan Fees	\$ 2,463
Exterminating	\$ 3,048	Financing Fees	\$ -
Rubbish Removal	\$ 5,298	Mortgage Interest Premium	\$ -
Vehicle Expense	\$ 12,937	Mortgage Service Fee	\$ -
Transportation Service	\$ 105	Mortgage Insurance Prem	\$ 32,227
Security & Monitoring	\$ 8,260	Letter of Credit Fee	\$ 510
Extraordinary COVID - Supplies & Equipment	\$ 13,552	Bond & Draw Fee	\$ -
Extraordinary COVID - Other	\$ 7,190	Remarketing and Trustee Fee	\$ -
<b>PG3-4.3</b>	<b>\$ 50,390</b>	Interest Expense-Note	\$ 192,362
<b>C. General Administration</b>		Interest Expense-LP	\$ -
Other (specify):		Debt Write-Off	\$ -
Consulting	\$ 1,902	Partnership/Priority Mgmt Fee	\$ -
Legal	\$ 923	Asset Mgmt/Investor Service Fee	\$ -
Audit & Accounting	\$ 21,077	Incentive Management	\$ -
Contract Labor-Serv Prov	\$ -	Incentive Asset Mgmt Fee	\$ -
Contract Labor	\$ 7,910	Tax Credit Fees	\$ -
Bad Debt - Resident	\$ 4,180	Organizational Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Developer Fees	\$ -
Bad Debt - Medicaid Pending Denial	\$ -	Amortization Expense	\$ 162,353
Bad Debt - Medicaid Pending - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid	\$ -	Loss (Gain) on Sale of Assets	\$ -
Bad Debt - Medicaid Recovery	\$ -	Settlement	\$ -
Bad Debt - Medicaid MCO	\$ 5,814	Property Damage Loss	\$ -
<b>PG3-14.3</b>	<b>\$ 41,807</b>	Abandonment Loss	\$ -
		Grant Income	\$ -
		<b>PG3-22.3</b>	<b>\$ 389,916</b>

Operating Expenses - Reclassifications and Adjustments PG3			
<b>A. General Services</b>			
Heat and Other Utilities			
Cable	\$ 22,042		
<b>PG3-3.5</b>	<b>\$ 22,042</b>		
<b>C. General Administration</b>			
Administrative and Clerical			
Beauty Salon & Manicure	\$ 9,729		
Internet Access	\$ 3,083		
Telephone- Connection	\$ 9,921		
Telephone- Usage	\$ 1,366		
Contributions	\$ 2,500		
<b>PG3-10.5</b>	<b>\$ 26,599</b>		
<b>C. General Administration</b>			
Other (specify):			
Bad Debt - Resident	\$ 4,180		
Bad Debt - Resident - Recovery	\$ -		
Bad Debt - Medicaid Pending Denial	\$ -		
Bad Debt - Medicaid Pending - Recovery	\$ -		
Bad Debt - Medicaid	\$ -		
Bad Debt - Medicaid Recovery	\$ -		
Bad Debt - Medicaid MCO	\$ 5,814		
<b>PG3-14.5</b>	<b>\$ 9,995</b>		
<b>D. Ownership</b>			
Interest:			
Interest Income	\$ 892		
Interest Income - Reserves	\$ 215		
<b>PG3-18.5</b>	<b>\$ 1,107</b>		
<b>D. Ownership</b>			
Other (specify):			
Goodwill Amortization	\$ (162,353)		
Remarketing and Trustee Fee	\$ -		
<b>PG3-22.5</b>	<b>\$ (162,353)</b>		

Balance Sheet PG 7 Other			
A. Other Current Asset Details		C. Current Liabilities Detail	
A/R-Employee Advance	\$ -	Construction Account Payable	\$ -
A/R-Gardant Mgmt Solutions	\$ -	Accrued Asset Mgmt/Investor Service Fee	\$ -
A/R-Insurance Reimbursement	\$ -	Accrued Partnership/Priority Mgmt Fee	\$ -
A/R-CIP	\$ 22,000	Accrued Incentive Mgmt Fee	\$ -
A/R-Other	\$ 29,385	Accrued Incentive Asset Mgmt Fee	\$ -
A/R-TIF/Abatement	\$ -	Accrued Liabilities	\$ 52,994
PG7-9.1	\$ 51,385	Accrued Insurance	\$ -
B. Other Long Term Assets Detail		Accrued Developer Fee	\$ -
CIP	\$ -	Accrued MIP	\$ -
CIP- Land Option Addition	\$ -	Accrued Vacation	\$ -
CIP- Other Addition	\$ -	Payroll Union Dues	\$ -
PG7-23.1	\$ -	Payroll Benefits	\$ -
		Security Deposits Held	\$ -
		Unclaimed Property	\$ 184
		Reservation Deposit	\$ -
		Unearned Revenue - Resident	\$ 73,874
		Unearned Revenue - Medicaid	\$ 68,240
		Prepaid Medicaid Clearing	\$ -
		Prepaid Rent	\$ -
		PG7-35.1	\$ 195,292

Income Statement PG 8 Other			
D. Other Revenue		Notes	
Contract Service-Serv Prov	\$	-	
Other	\$	2,549	Call pendants; transportation fees
Property Tax Adjustments	\$	-	
Property Lease Income	\$	3,290	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	5,839	