

		FOR BHF USE			

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2016)

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: 1000148

Facility Name: New City Supportive Living

Address: 4700 S Ashland Ave Chicago 60609

County: COOK

Telephone Number: (773) 376-1223 Fax # 773-376-1226

Federal Employer ID Number:

Date Current Owners were Certified: 8/23/2016

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	

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2016 to 12/31/2016 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)	David J. Mitchell	
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

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

Name: Thomas Staszak Telephone Number: (815) 935-1992

Email Address:

Facility Name **Goldblatts of Chicago Limited Partnership**

Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	86	Single Unit Apartment	86		31,476	1	
2	15	Double Unit Apartment	15		5,490	2	
3		Other				3	
4	101	TOTALS	101		36,966	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	25,117	933		26,050	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,117	933		26,050	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 70.47%

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

705 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **37** (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: 2016 **Fiscal Year:** 2016

* 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: Goldblatts of Chicago Limited Partnership

Report Period Beginning:

01/01/2016

Ending: 12/31/2016

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	222,353	147,521	2,570	372,444		372,444	1
2	Housekeeping, Laundry and Maintenance	95,891	57,530	68,985	222,406		222,406	2
3	Heat and Other Utilities			167,277	167,277	(4,642)	162,635	3
4	Other (specify): See Page 3 Attachment			134,256	134,256		134,256	4
5	TOTAL General Services	318,244	205,051	373,088	896,383	(4,642)	891,741	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	398,072	5,804		403,876		403,876	6
7	Activities and Social Services	29,253	5,416		34,669		34,669	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	427,325	11,220		438,545		438,545	9
	C. General Administration							
10	Administrative and Clerical	185,841	23,460	235,429	444,730	(4,080)	440,650	10
11	Marketing Materials, Promotions and Advertising	67,107	8,675	54,249	130,031		130,031	11
12	Employee Benefits and Payroll Taxes			174,859	174,859		174,859	12
13	Insurance-Property, Liability and Malpractice			81,158	81,158		81,158	13
14	Other (specify): See Page 3 Attachment			132,533	132,533	(29,168)	103,365	14
15	TOTAL General Administration	252,948	32,135	678,228	963,311	(33,248)	930,063	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	998,517	248,406	1,051,316	2,298,239	(37,890)	2,260,349	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			999,234	999,234		999,234	17
18	Interest			1,515,070	1,515,070	(745)	1,514,325	18
19	Real Estate Taxes			13,503	13,503		13,503	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,814	7,814		7,814	21
22	Other (specify): See Page 3 Attachment			104,405	104,405	(7,711)	96,694	22
23	TOTAL Ownership			2,640,026	2,640,026	(8,456)	2,631,570	23
24	GRAND TOTAL (Sum of lines 16 and 23)	998,517	248,406	3,691,342	4,938,265	(46,346)	4,891,919	24

Facility Name: Goldblatts of Chicago Limited Partnership

Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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 1	1
2	Licensed Practical Nurses	3	23.10	2
3	Certified Nurse Assistants	27	11.65	3
4	Activity Director & Assistants	Inc line 12	Inc line 1	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	13	10.79	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	5	10.23	10
11	Laundry			11
12	Managers	8	20.44	12
13	Other Administrative	7	18.66	13
14	Clerical	Inc line 13	Inc line 1	14
15	Marketing	Inc line 12	Inc line 1	15
16	Other			16
17	Total (lines 1 thru 16)	63	\$	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

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				\$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Gardant Management Solutions	\$ 132,565	1
2			2
Total		\$ 132,565	3

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).

Facility Name: Goldblatts of Chicago Limited Partnership

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,172,390 Year land was acquired 2013

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	101		2013		\$ 36,046,700	\$ 900,953	40	\$ 901,168	\$ 214	\$ 1,126,173	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				206,741	9,920	20	10,337	417	10,170	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 36,253,441	\$ 910,873		\$ 911,505	\$ 631	\$ 1,136,343	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	\$ 898,675	\$ 88,361	\$ 89,868	1,506	10	\$ 109,924	18
19	Vehicles				\$		-	19
20	TOTAL (lines 18 and 19)	\$ 898,675	\$ 88,361	\$ 89,868	1,506		\$ 109,924	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 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				\$			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	CITY OF CHICAGO BONDS	X		FIRST MORTGAGE	1/1/2013	\$ 18,000,000	\$ 18,000,000	12/1/52	0.0613	\$ 1,125,000	1
2	AFFORDABLE HOUSING CONTIN	X		SECOND MORTGAGE	1/30/2013	988,011	988,011	12/1/54	0.0231	22,823	2
3	AFFORDABLE HOUSING CONTIN	X		THIRD MORTGAGE	1/30/2013	2,248,300	2,248,300	12/1/54	0.0231	51,936	3
4	CITY OF CHICAGO - HOME	X		FOURTH MORTGAGE	12/1/2012	1,000,000	989,000	12/1/54	0.0000		
5	AFFORDABLE HOUSING CONTIN	X		FIFTH MORTGAGE	1/30/2013	2,900,000	2,175,000	12/1/54	0.0000		
6	CITY OF CHICAGO BONDS	X		SIXTH MORTGAGE	5/1/2015	2,420,000	2,420,000	12/1/30	0.0600	149,233	
	Working Capital										
7											4
8	TOTAL Facility Related					\$ 27,556,311	\$ 26,820,311			\$ 1,348,992	7
	B. Non-Facility Related										
9					/ /			/ /			8
10					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 27,556,311	\$ 26,820,311			\$ 1,348,992	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: Goldblatts of Chicago Limited Partnership

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 54,535	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (20,670))	1,106,968		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,735		6
7	Other Prepaid Expenses	39,360		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	85,889		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,315,486	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,172,390		13
14	Buildings, at Historical Cost	36,046,700		14
15	Leasehold Improvements, at Historical Cost	206,741		15
16	Equipment, at Historical Cost	898,675		16
17	Accumulated Depreciation (book methods)	(1,246,268)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	36,497		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(4,562)		20
21	Restricted Funds	888,597		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 37,998,771	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 39,314,257	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 143,055	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	33,600		31
32	Accrued Interest Payable	582,406		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	3,139,778		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,898,839	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	316,288		38
39	Mortgage Payable	25,601,107		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 25,917,395	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 29,816,234	\$	45
46	TOTAL EQUITY	\$ 9,498,023	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 39,314,257	\$	47

*(See instructions.)

Facility Name: Goldblatts of Chicago Limited Partnership

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

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	\$ 2,654,137	1
2	Discounts and Allowances	(27,780)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,626,357	3
	B. Other Operating Revenue		
4	Special Services	47,638	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	33	8
9	Non-Resident Meals	628	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 48,299	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	745	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 745	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	24,117	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 24,117	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,699,518	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	896,383	19
20	Health Care/ Personal Care	438,545	20
21	General Administration	963,311	21
	B. Capital Expense		
22	Ownership	2,640,026	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)	\$ 4,938,265	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (2,238,747)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (2,238,747)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,878,782	32
33	Private Pay - Net Inpatient Revenue	747,575	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,626,357	37

Expenses PG 3 Other

General Services Other			Health Care & Programs		General Administration Other		Amt	Ownership Other		Amt
5200-5000-0-0	Operating Allocation	-	5160-5060-0-0	Consulting	4,000	9100-9101-0-0	Interest & Dividend Income	-		
5200-5124-0-0	Exterminating	12,058	5160-5063-0-0	Legal	39,890	9100-9102-0-0	Assessment Income	-		
5200-5127-0-0	Rubbish Removal	6,568	5160-5064-0-0	Accounting	65	9100-9103-0-0	Assessment Expense	-		
5200-5130-0-0	Vehicle Expense	702	5160-5066-0-0	Audit	49,040	9200-9201-1-0	Amortization - Loan Fees	26,094		
5200-5131-0-0	Transportation Service	1,808	5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9202-0-0	Financing Fees	-		
5300-5140-0-0	Security & Monitoring	113,121	5160-5068-0-0	Contract Labor	10,370	9200-9203-1-0	Mortgage Interest Premium	-		
			5180-5079-0-0	Bad Debt - Resident	32,386	9200-9204-0-0	Mortgage Service Fee	-		
			5180-5079-1-0	Bad Debt - Resident - Recovery	-	9200-9205-0-0	Mortgage Insurance Prem	-		
			5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9206-0-0	Participation Fee	-		
			5180-5081-0-0	Bad Debt - Medicaid Pending Denial	(3,218)	9200-9207-0-0	Letter of Credit Fee	-		
			5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9200-9208-0-0	Bond & Draw Fee	-		
			5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9200-9209-0-0	Remarketing and Trustee Fee	7,711		
			5180-5083-0-0	Bad Debt - Medicaid MCO	-	9200-9210-0-0	Interest Expense-Note	-		
			5190-5000-0-0	Other Admin Allocation	-	9200-9211-0-0	Interest Expense-LP	-		
						9200-9212-0-0	Debt Write-Off	-		
						9300-9301-0-0	Partnership Management Fee	51,500		
						9300-9302-0-0	Asset Management Fee	15,450		
						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	3,650		
						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, Transfe	-		
		134,256		-		132,533				104,405

Balance Sheet

Other Current Assets Detail			Amt	Current Liabilities Detail			Amt
1102-9971-0-0	A/R-Employee Advance	-		2111-0040-0-0	Construction Account Payable	-	
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-		2112-0100-0-0	Accrued Asset Management Fee	30,450	
1102-9973-0-0	A/R-Insurance Reimbursemen	76,229		2112-0101-0-0	Accrued Partnership Mgmt Fee	51,500	
1102-9974-0-0	A/R-Subscription Receivable	-		2112-0102-0-0	Accrued Incentive Mgmt Fee	-	
1102-9975-0-0	A/R-CIP	-		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-	
1102-9976-0-0	A/R-Other	8,746		2112-0105-0-0	Accrued Liabilities	27,288	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0110-0-0	Accrued Insurance	-	
1102-0006-0-0	Security Deposit-Equip & Util	914		2112-0115-0-0	Accrued Developer Fee	3,021,533	
1105-0009-0-0	Transfer Account	-		2112-0130-0-0	Accrued MIP	-	
1105-0012-0-0	Undeposited Funds	-		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	-	
				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	9,007	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
			85,889				3,139,778

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	-

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Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	23,892
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	225
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		24,117