

		FOR BHF USE			

LL2

Supportive Living Facility

2017

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2017)

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 I

Address: 1079 EAST WILSON ST BATAVIA 60510

Number City Zip Code

County: KANE

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

Federal Employer ID Number:

Date Current Owners were Certified: 2/27/2008

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: Thomas Staszak 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 01/01/2017 to 12/31/2017 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 IReport Period Beginning: 01/01/2017 Ending: 12/31/2017**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	<u>93</u>	Single Unit Apartment	<u>93</u>	<u>33,945</u>	1
2		Double Unit Apartment			2
3		Other			3
4	93	TOTALS	93	33,945	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	<u>29,221</u>	<u>3,510</u>		<u>32,731</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,221	3,510		32,731	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.42%

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

389 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 9 (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 BASISACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐I. Is your fiscal year identical to your tax year? ☒ YES ☐ NOTax Year: 2017 Fiscal Year: 2017

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? YES If yes, did the facility make all of the required payments of interest and principle? YES
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 I

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	346,792	187,833	1,936	536,561		536,561	1
2	Housekeeping, Laundry and Maintenance	98,219	28,704	32,788	159,711		159,711	2
3	Heat and Other Utilities			167,581	167,581	(26,671)	140,910	3
4	Other (specify): See Page 3 Attachment			21,815	21,815		21,815	4
5	TOTAL General Services	445,011	216,537	224,120	885,668	(26,671)	858,997	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	541,545	10,783		552,328		552,328	6
7	Activities and Social Services	46,815	7,490		54,305		54,305	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	588,360	18,273		606,633		606,633	9
	C. General Administration							
10	Administrative and Clerical	222,282	22,953	270,416	515,651	(34,059)	481,592	10
11	Marketing Materials, Promotions and Advertising	40,485	9,315	30,902	80,702		80,702	11
12	Employee Benefits and Payroll Taxes			301,029	301,029		301,029	12
13	Insurance-Property, Liability and Malpractice			37,027	37,027		37,027	13
14	Other (specify): See Page 3 Attachment			59,138	59,138	(4,039)	55,099	14
15	TOTAL General Administration	262,767	32,268	698,512	993,547	(38,098)	955,449	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,296,138	267,078	922,631	2,485,847	(64,769)	2,421,078	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			355,283	355,283		355,283	17
18	Interest			398,287	398,287	(8,770)	389,517	18
19	Real Estate Taxes			67,540	67,540		67,540	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,483	7,483		7,483	21
22	Other (specify): See Page 3 Attachment			493,006	493,006		493,006	22
23	TOTAL Ownership			1,321,599	1,321,599	(8,770)	1,312,829	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,296,138	267,078	2,244,230	3,807,446	(73,539)	3,733,907	24

Facility Name: HERITAGE WOODS OF BATAVIA I

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	32.65	2
3	Certified Nurse Assistants	15	12.82	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10	11.79	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	10.70	10
11	Laundry			11
12	Managers	5	20.06	12
13	Other Administrative	5	15.33	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	Total (lines 1 thru 16)	39	\$	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
Heritage Woods of Batavia II		Batavia	

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				\$	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	Gardant Management Solutions	\$ 188,271	1
2			2
Total		\$ 188,271	3

RELATED SLF's & HEALTH CARE BUSINESSES		OTHER RELATED BUSINESS ENTITIES							
<u>Name</u>	<u>1</u>	<u>City</u>	<u>2</u>	<u>Name</u>	<u>3</u>	<u>City</u>	<u>4</u>	<u>Type of Business</u>	<u>5</u>
Heritage Woods of Batavia II		Batavia							

Facility Name: HERITAGE WOODS OF BATAVIA I Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 878,771 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	\$ 8,627,309	\$ 313,716	28	\$ 313,720	\$ 4	\$ 4,470,824	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				310,989	19,789	15	20,733	944	282,735	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)				\$ 8,938,298	\$ 333,505		\$ 334,453	\$ 948	\$ 4,753,559	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	\$ 806,105	\$ 21,778	\$	(21,778)	10	\$ 793,194	18
19	Vehicles	52,160			\$	5	52,160	19
20	TOTAL (lines 18 and 19)	\$ 858,265	\$ 21,778	\$	(21,778)		\$ 845,354	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: HERITAGE WOODS OF BATAVIA I

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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☐ 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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related Long-Term										
1	IHDA		X	FIRST MORTGAGE	5/1/2002	\$ 7,335,000	\$ 5,635,056	2/1/2044	0.0688	\$ 398,287	1
2	IHDA		X	Second Mortgage	5/1/2002	750,000	423,724	6/1/2032	0.0100		2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,085,000	\$ 6,058,780			\$ 398,287	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,085,000	\$ 6,058,780			\$ 398,287	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 I

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,249,100	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (7,898))	504,693		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,180		6
7	Other Prepaid Expenses	6,352		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	2,184		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,771,509	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	878,771		13
14	Buildings, at Historical Cost	8,627,309		14
15	Leasehold Improvements, at Historical Cost	310,989		15
16	Equipment, at Historical Cost	858,265		16
17	Accumulated Depreciation (book methods)	(5,598,913)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	241,003		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(241,003)		20
21	Restricted Funds	998,634		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,075,055	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,846,564	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 229,789	\$	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	73,992		31
32	Accrued Interest Payable	32,661		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	516,650		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 853,093	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,896,102		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)	\$ 5,896,102	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,749,195	\$	45
46	TOTAL EQUITY	\$ 1,097,369	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,846,564	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF BATAVIA I

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	\$ 3,628,083	1
2	Discounts and Allowances	(1,120)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,626,963	3
	B. Other Operating Revenue		
4	Special Services	150,072	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	17,184	8
9	Non-Resident Meals	2,116	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 169,372	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	8,770	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 8,770	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	9,046	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 9,046	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,814,151	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	885,668	19
20	Health Care/ Personal Care	606,633	20
21	General Administration	993,547	21
	B. Capital Expense		
22	Ownership	1,321,599	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)	\$ 3,807,446	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 6,705	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 6,705	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,784,993	32
33	Private Pay - Net Inpatient Revenue	1,841,970	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,626,963	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	31	9100-9101-0-0	Interest & Dividend Income	-		
5200-5124-0-0	Exterminating	757	5160-5063-0-0	Legal	12,420	9100-9102-0-0	Assessment Income	-		
5200-5127-0-0	Rubbish Removal	12,511	5160-5064-0-0	Accounting	97	9100-9103-0-0	Assessment Expense	-		
5200-5130-0-0	Vehicle Expense	2,000	5160-5066-0-0	Audit	14,130	9200-9201-1-0	Amortization - Loan Fees	6,648		
5200-5131-0-0	Transportation Service	-	5160-5067-0-0	Contract Labor-Serv Prov	(4,409)	9200-9202-0-0	Financing Fees	-		
5300-5140-0-0	Security & Monitoring	6,546	5160-5068-0-0	Contract Labor	32,830	9200-9203-1-0	Mortgage Interest Premium	-		
			5180-5079-0-0	Bad Debt - Resident	3,074	9200-9204-0-0	Mortgage Service Fee	15,419		
			5180-5079-1-0	Bad Debt - Resident - Recovery	-	9200-9205-0-0	Mortgage Insurance Prem	26,254		
			5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9206-0-0	Participation Fee	-		
			5180-5081-0-0	Bad Debt - Medicaid Pending Denial	964	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	-		
			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	50,000		
						9300-9302-0-0	Asset Management Fee	23,250		
						9300-9303-0-0	Incentive Management	368,606		
						9300-9303-1-0	Incentive Asset Mgmt Fee	-		
						9300-9304-0-0	Tax Credit Fees & Incentive Fee	1,775		
						9300-9305-0-0	Organizational Expense	-		
						9300-9306-0-0	Developer Fees	-		
						9300-9307-0-0	Closing Costs	-		
						9700-9702-0-0	Amortization Expense	-		
						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	1,054		
						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	-		
		21,815		-						
					59,138					493,006

Balance Sheet PG 7 Other

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	23,250	
1102-9973-0-0	A/R-Insurance Reimbursemen	-		2112-0101-0-0	Accrued Partnership Mgmt Fee	50,000	
1102-9974-0-0	A/R-Subscription Receivable	-		2112-0102-0-0	Accrued Incentive Mgmt Fee	411,304	
1102-9975-0-0	A/R-CIP	-		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-	
1102-9976-0-0	A/R-Other	-		2112-0105-0-0	Accrued Liabilities	23,480	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0110-0-0	Accrued Insurance	-	
1105-0006-0-0	Security Deposit-Equip & Util	2,184		2112-0115-0-0	Accrued Developer Fee	-	
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	98	
				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	8,518	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
			2,184				516,650

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	-
		-

Income Statement PG 8 Other

Income Statement PG 8 Other, See Attachment

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	5,746
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,300
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		9,046