

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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: 1000101

Facility Name: HERITAGE WOODS OF MCHENRY

Address: 4609 W CRYSTAL LAKE MCHENRY 60050

County: MCHENRY

Telephone Number: (815) 344-2690 Fax # 815 344-2691

Federal Employer ID Number:

Date Current Owners were Certified: 7/23/2008

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

X Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

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 01/01/2019 to 12/31/2019 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)

(Type or Print Name) Greg Echols

(Title) CFO, Gardant Management Solutions

Paid Preparer

(Signed)

(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: Danel Erickson

Telephone Number: (815) 935-1992

Email Address:

HFS 3745C (N-4-05)

IL478-2471

Report Period Beginning: 01/01/2019 Ending: 12/31/2019

Date of change in certified units

11 / 11

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.

560 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **10 (Do not include bed-hold days in Section B.)**

STATE OF ILLINOIS

Page 3

Facility Name: HERITAGE WOODS OF MCHENRY

Report Period Beginning:

01/01/2019

Ending:

12/31/2019

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	275,355	231,259	1,834	508,448	0	508,448	1
2	Housekeeping, Laundry and Maintenance	133,070	73,762	58,446	265,278	0	265,278	2
3	Heat and Other Utilities			127,832	127,832	(35,755)	92,077	3
4	Other (specify):	0	0	28,970	28,970	0	28,970	4
5	TOTAL General Services	408,425	305,021	217,082	930,528	(35,755)	894,773	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	542,489	15,093	0	557,582	0	557,582	6
7	Activities and Social Services	41,521	6,691	0	48,212	0	48,212	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	584,010	21,784	0	605,794	0	605,794	9
	C. General Administration							
10	Administrative and Clerical	202,602	47,578	281,913	532,093	(28,642)	503,451	10
11	Marketing Materials, Promotions and Advertising	50,781	9,221	37,476	97,478	0	97,478	11
12	Employee Benefits and Payroll Taxes	0	0	272,768	272,768	0	272,768	12
13	Insurance-Property, Liability and Malpractice	0	0	50,908	50,908	0	50,908	13
14	Other (specify):	0	0	414,901	414,901	(17,378)	397,523	14
15	TOTAL General Administration	253,383	56,799	1,057,966	1,368,148	(46,021)	1,322,128	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,245,818	383,604	1,275,049	2,904,471	(81,776)	2,822,695	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			546,952	546,952	0	546,952	17
18	Interest			363,823	363,823	(8,853)	354,970	18
19	Real Estate Taxes			102,406	102,406	0	102,406	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			14,004	14,004	0	14,004	21
22	Other (specify):	0	0	950,141	950,141	300	950,441	22
23	TOTAL Ownership	0	0	1,977,326	1,977,326	(8,553)	1,968,773	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,245,818	383,604	3,252,375	4,881,797	(90,329)	4,791,468	24

Facility Name: HERITAGE WOODS OF MCHENRY

Report Period Beginning: 01/01/2019 Ending: 12/31/2019

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	28.79	2
3	Certified Nurse Assistants	15	13.19	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	10	10.96	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.92	10
11	Laundry	0	0.00	11
12	Managers	6	25.62	12
13	Other Administrative	4	26.58	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)	38	\$	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

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	\$ 173,946	1
2			2
Total		\$ 173,946	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF MCHENRY Report Period Beginning: 01/01/2019 Ending: 12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,030,680 Year land was acquired 2008

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	100			2008	\$ 11,304,479	\$ 410,598	27.5	\$ 411,072	\$ 474	\$ 4,732,500	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				1,519,431	89,508	15	101,295	11,787	1,194,119	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)				\$ 12,823,910	\$ 500,106		\$ 512,367	\$ 12,261	\$ 5,926,619	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	\$ 853,344	\$ 46,847	\$ 170,669	123,822	5	\$ 772,461	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 853,344	\$ 46,847	\$ 170,669	123,822		\$ 772,461	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 MCHENRY

Report Period Beginning: 01/01/2019 Ending: 12/31/2019

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	AMALGAMATED BANK		X	FIRST MORTGAGE / BOND	7/1/07	\$ 12,450,000	\$ 0	12/1/41	0.0610	\$ 0	1
2	ORIX Real Estate Capital LL		X	FIRST MORTGAGE	12/6/17	11,229,400	10,892,466	1/1/51	0.0310	363,223	2
3	0			0	1/0/00	0	0	1/0/00	0.0000		3
	Working Capital										
4	Illinois National Bank		X	Letter of Credit	12/20/18	500,000	0	12/20/19	Variable	599	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 24,179,400	\$ 10,892,466			\$ 363,823	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 24,179,400	\$ 10,892,466			\$ 363,823	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 MCHENRY

Report Period Beginning: 01/01/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,456,730	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (73,370))	664,133		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	30,226		6
7	Other Prepaid Expenses	3,655		7
8	Accounts Receivable (owners or related parties)	22,050		8
9	Other(specify): See Page 7 Attachment	6,723		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,183,516	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	1,030,680		13
14	Buildings, at Historical Cost	11,304,479		14
15	Leasehold Improvements, at Historical Cost	1,519,431		15
16	Equipment, at Historical Cost	853,344		16
17	Accumulated Depreciation (book methods)	(6,699,080)		17
18	Deferred Charges	348		18
19	Organization & Pre-Operating Costs	24,774		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(24,774)		20
21	Restricted Funds	422,100		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,431,301	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,614,817	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 154,723	\$	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	108,536		31
32	Accrued Interest Payable	30,045		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,136,252		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,429,556	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	160,000		38
39	Mortgage Payable	10,690,174		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 10,850,174	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,279,730	\$ 0	45
46	TOTAL EQUITY	\$ (1,664,912)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,614,817	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MCHENRY

Report Period Beginning: 01/01/2019

Ending:

12/31/2019

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	\$ 4,334,820	1
2	Discounts and Allowances	0	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,334,820	3
	B. Other Operating Revenue		
4	Special Services	128,954	4
5	Other Health Care Services	0	5
6	Special Grants	0	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	8,677	8
9	Non-Resident Meals	58	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 137,689	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	8,853	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 8,853	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	5,966	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,966	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,487,328	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	930,528	19
20	Health Care/ Personal Care	605,794	20
21	General Administration	1,368,148	21
	B. Capital Expense		
22	Ownership	1,977,326	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)	\$ 4,881,797	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (394,469)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (394,469)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,417,819	32
33	Private Pay - Net Inpatient Revenue	1,917,001	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,334,820	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Other (specify):			Other (specify):		Amt
5200-5000-0-0	Operating Allocation	-	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	1,890	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	6,695	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	8,068	9200-9201-1-0	Amortization - Loan Fees	6,336
5200-5131-0-0	Transportation Service	312	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	12,005	9200-9203-1-0	Mortgage Interest Premium	933
	PG3-4.3	28,970	9200-9204-0-0	Mortgage Service Fee	-
			9200-9205-0-0	Mortgage Insurance Prem	54,490
			9200-9206-0-0	Participation Fee	-
			9200-9207-0-0	Letter of Credit Fee	500
			9200-9208-0-0	Bond & Draw Fee	-
			9200-9209-0-0	Remarketing and Trustee Fee	(300)
			9200-9210-0-0	Interest Expense-Note	-
			9200-9211-0-0	Interest Expense-LP	-
			9200-9212-0-0	Debt Write-Off	-
			9300-9301-0-0	Partnership Management Fee	150,000
			9300-9302-0-0	Asset Management Fee	35,000
			9300-9303-0-0	Incentive Management	701,207
			9300-9303-1-0	Incentive Asset Mgmt Fee	-
			9300-9304-0-0	Tax Credit Fees & Incentive Fee	1,975
			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	-
			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, Transfer	-
			PG3-22.3	950,141	
C. General Administration					
Other (specify):		Amt			
5160-5060-0-0	Consulting	13,152			
5160-5063-0-0	Legal	11,436			
5160-5064-0-0	Accounting	185			
5160-5066-0-0	Audit	14,250			
5160-5067-0-0	Contract Labor-Serv Prov	318,732			
5160-5068-0-0	Contract Labor	39,767			
5180-5079-0-0	Bad Debt - Resident	13,737			
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	3,642			
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	-			
5190-5000-0-0	Other Admin Allocation	-			
	PG3-14.3	414,901			
B. Health Care and Programs					
Other (specify):		PG3-8.3			

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable	35,755	
	PG3-3.5	35,755	
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure	8,677	
3300-3304-0-0	Internet Access	-	
3300-3321-0-0	Telephone- Connection	12,708	
3300-3323-0-0	Telephone- Usage	1,457	
5190-5090-0-0	Contributions	5,800	
	PG3-10.5	28,642	
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident	13,737	
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	3,642	
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	-	
	PG3-14.5	17,378	
D. Ownership			
Interest			
3300-3380-0-0	Interest Income	8,095	
3300-3385-0-0	Interest Income - Reserves	758	
	PG3-18.5	8,853	
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill	-	
9200-9209-0-0	Remarketing and Trustee Fee	(300)	
	PG3-22.5	(300)	

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	6,723
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		6,723

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	-
PG7-23.1		-

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	-
2112-0101-0-0	Accrued Partnership Mgmt Fee	150,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	919,749
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	38,544
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
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	884
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	27,075
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		1,136,252

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	676
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	5,290
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
3300-3202-0-0	Food & Meal Prep	-
PG8-15.1		5,966