

		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: 1000063

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

Address: 6960 STATE ROUTE 162 MARYVILLE 62062

County: MADISON

Telephone Number: (618) 288-2211 Fax # 618 288-2299

Federal Employer ID Number:

Date Current Owners were Certified: 11/29/2006

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

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)

(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

HFS 3745C (N-4-05)

IL478-2471

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

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ **NO** ☒

YES ☐ NO ☒

**G. List all services provided by your facility for non-residents.
(E.g., day care, "meals on wheels", outpatient therapy)**

MODIFIED

ACCRUAL	<input checked="" type="checkbox"/>	CASH*	<input type="checkbox"/>	CASH*	<input type="checkbox"/>
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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.

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	3	Double Unit Apartment	3	1,095	2
3		Other			3
4	103	TOTALS	103	37,595	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	23,530	7,077		30,607	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	23,530	7,077	0	30,607	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	81.41%
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407 Also, indicate the number of unpaid bed-hold days the SLF
 had during this year. **0** (Do not include bed-hold days in Section B.)

STATE OF ILLINOIS

Page 3

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

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			
	A. General Services							
1	Dietary and Food Purchase	304,885	214,942	1,750	521,576	0	521,576	1
2	Housekeeping, Laundry and Maintenance	135,865	46,890	131,554	314,309	0	314,309	2
3	Heat and Other Utilities			163,944	163,944	(36,452)	127,492	3
4	Other (specify):	8,576	0	70,035	78,611	0	78,611	4
5	TOTAL General Services	449,325	261,832	367,282	1,078,440	(36,452)	1,041,988	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	565,225	23,611	0	588,836	0	588,836	6
7	Activities and Social Services	30,252	9,230	0	39,482	0	39,482	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	595,477	32,841	0	628,318	0	628,318	9
	C. General Administration							
10	Administrative and Clerical	210,562	53,103	383,692	647,357	(30,017)	617,340	10
11	Marketing Materials, Promotions and Advertising	71,751	11,134	56,620	139,505	0	139,505	11
12	Employee Benefits and Payroll Taxes	0	0	315,489	315,489	0	315,489	12
13	Insurance-Property, Liability and Malpractice	0	0	106,957	106,957	0	106,957	13
14	Other (specify):	0	0	66,695	66,695	(5,449)	61,245	14
15	TOTAL General Administration	282,314	64,237	929,452	1,276,003	(35,466)	1,240,537	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,327,116	358,910	1,296,735	2,982,760	(71,918)	2,910,842	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			405,385	405,385	0	405,385	17
18	Interest			216,653	216,653	(21,782)	194,872	18
19	Real Estate Taxes			71,154	71,154	0	71,154	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			17,324	17,324	0	17,324	21
22	Other (specify):	0	0	1,065,890	1,065,890	0	1,065,890	22
23	TOTAL Ownership	0	0	1,776,407	1,776,407	(21,782)	1,754,625	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,327,116	358,910	3,073,142	4,759,167	(93,700)	4,665,468	24

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

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	26.97	2
3	Certified Nurse Assistants	14	14.40	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	13.41	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.59	10
11	Laundry	0	0.00	11
12	Managers	4	28.93	12
13	Other Administrative	5	23.28	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)	37	\$	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
Cambridge House		O'Fallon	
Cambridge House of Swansea		Swansea	

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	\$ 277,842	1
2			2
Total		\$ 277,842	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE Report Period Beginning: 01/01/2021 Ending: 12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 650,127 Year land was acquired 2004

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	103			2006	\$ 9,646,659	\$ 350,646	27.5	\$ 350,788	\$ 142	\$ 5,471,844	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				334,649	9,906	15.0	22,310	12,404	334,649	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)				\$ 9,981,308	\$ 360,552		\$ 373,098	\$ 12,546	\$ 5,806,493	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	\$ 1,067,404	\$ 44,833	\$ 213,481	168,647	5	\$ 1,022,732	18
19	Vehicles	68,304	0	13,661	13,661	5	-	19
20	TOTAL (lines 18 and 19)	\$ 1,135,708	\$ 44,833	\$ 227,142	182,308		\$ 1,022,732	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: CAMBRIDGE HOUSE OF MARYVILLE

Report Period Beginning: 01/01/2021

Ending: 12/31/2021

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	GERSHMAN MORTGAGE		X	FIRST MORTGAGE	4/1/18	\$ 6,915,200	\$ 6,531,529	5/1/53	0.0379	\$ 213,935	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,915,200	\$ 6,531,529			\$ 213,935	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,915,200	\$ 6,531,529			\$ 213,935	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: CAMBRIDGE HOUSE OF MARYVILLE

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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,731,137	\$	1
2	Cash-Patient Deposits	1,236		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (195,532))	1,072,745		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	99,448		6
7	Other Prepaid Expenses	19,445		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify):	0		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,924,012	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	650,127		13
14	Buildings, at Historical Cost	9,646,659		14
15	Leasehold Improvements, at Historical Cost	334,649		15
16	Equipment, at Historical Cost	1,135,708		16
17	Accumulated Depreciation (book methods)	(6,829,225)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	45,895		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(45,895)		20
21	Restricted Funds	531,751		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)	\$ 5,469,703	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,393,716	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ (207)	\$	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	64,626		30
31	Accrued Taxes Payable	71,673		31
32	Accrued Interest Payable	14,968		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,316,442		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,467,503	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	6,380,089		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42	FMV of Derivative	0		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,380,089	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,847,592	\$ 0	45
46	TOTAL EQUITY	\$ 546,124	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,393,716	\$ 0	47

*(See instructions.)

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

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	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 4,188,998	1
2	Discounts and Allowances	(95,368)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,093,630	3
	B. Other Operating Revenue		
4	Special Services	187,235	4
5	Other Health Care Services	0	5
6	Special Grants	298,928	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	5,234	8
9	Non-Resident Meals	10	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 491,407	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	21,782	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 21,782	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,555	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,555	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,611,374	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,078,440	19
20	Health Care/ Personal Care	628,318	20
21	General Administration	1,276,003	21
	B. Capital Expense		
22	Ownership	1,776,407	22
	C. Other Expenses		
23	Special Cost Centers	0	23
24	Non-Operating Expenses	0	24
25	Other (specify):	0	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 4,759,167	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (147,793)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (147,793)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,181,948	32
33	Private Pay - Net Inpatient Revenue	1,911,682	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,093,630	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 8,576	Interest & Dividend Income	\$ -
PG3-4.1	\$ 8,576	Assessment Income	\$ -
		Assessment Expense	\$ -
A. General Services		Amortization - Loan Fees	\$ 11,070
Other (specify):		Financing Fees	\$ 4,137
Exterminating	\$ 1,605	Mortgage Interest Premium	\$ (3,062)
Rubbish Removal	\$ 11,117	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 1,492	Mortgage Insurance Prem	\$ 29,647
Transportation Service	\$ -	Letter of Credit Fee	\$ -
Security & Monitoring	\$ 16,618	Bond & Draw Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 28,607	Remarketing and Trustee Fee	\$ -
Extraordinary COVID - Other	\$ 10,595	Interest Expense-Note	\$ -
PG3-4.3	\$ 70,035	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
C. General Administration		Partnership/Priority Mgmt Fee	\$ 25,000
Other (specify):		Asset Mgmt/Investor Service Fee	\$ -
Consulting	\$ 1,794	Incentive Management	\$ 980,779
Legal	\$ 872	Incentive Asset Mgmt Fee	\$ -
Audit & Accounting	\$ 17,900	Tax Credit Fees	\$ 2,075
Contract Labor-Serv Prov	\$ -	Organizational Expense	\$ -
Contract Labor	\$ 40,680	Developer Fees	\$ -
Bad Debt - Resident	\$ 24,296	Amortization Expense	\$ -
Bad Debt - Resident - Recovery	\$ (20)	Prior Period Adjustments	\$ -
Bad Debt - Medicaid Pending Denial	\$ (18,827)	Loss (Gain) on Sale of Assets	\$ 16,244
Bad Debt - Medicaid Pending - Recovery	\$ -	Settlement	\$ -
Bad Debt - Medicaid	\$ -	Property Damage Loss	\$ -
Bad Debt - Medicaid Recovery	\$ -	Abandonment Loss	\$ -
Bad Debt - Medicaid MCO	\$ -	Grant Income	\$ -
PG3-14.3	\$ 66,695	PG3-22.3	\$ 1,065,890

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$ 36,452		
PG3-3.5	\$ 36,452		
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$ 5,234		
Internet Access	\$ 6,082		
Telephone- Connection	\$ 14,823		
Telephone- Usage	\$ 617		
Contributions	\$ 3,260		
PG3-10.5	\$ 30,017		
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$ 24,296		
Bad Debt - Resident - Recovery	\$ (20)		
Bad Debt - Medicaid Pending Denial	\$ (18,827)		
Bad Debt - Medicaid Pending - Recovery	\$ -		
Bad Debt - Medicaid	\$ -		
Bad Debt - Medicaid Recovery	\$ -		
Bad Debt - Medicaid MCO	\$ -		
PG3-14.5	\$ 5,449		
D. Ownership			
Interest:			
Interest Income	\$ 21,384		
Interest Income - Reserves	\$ 398		
PG3-18.5	\$ 21,782		
D. Ownership			
Other (specify):			
Goodwill Amortization	\$ -		
Remarketing and Trustee Fee	\$ -		
PG3-22.5	\$ -		

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	\$ 25,000
A/R-CIP	\$	-	Accrued Incentive Mgmt Fee	\$ 907,770
A/R-Other	\$	-	Accrued Incentive Asset Mgmt Fee	\$ -
A/R-TIF/Abatement	\$	-	Accrued Liabilities	\$ 161,014
PG7-9.1	\$	-	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	\$ 2,058
			Reservation Deposit	\$ -
			Unearned Revenue - Resident	\$ 55,053
			Unearned Revenue - Medicaid	\$ 165,547
			Prepaid Medicaid Clearing	\$ -
			Prepaid Rent	\$ -
			PG7-35.1	\$ 1,316,442

Income Statement PG 8 Other			
D. Other Revenue			Notes
Contract Service-Serv Prov	\$	-	
Other	\$	2,155	Late fees; call pendants
Property Tax Adjustments	\$	-	
Property Lease Income	\$	2,400	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	4,555	