

		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: 1000144

Facility Name: DEER PATH OF HUNTLEY

Address: 12500 REGENCY PKWY HUNTLEY 60142

Number City Zip Code

County: KANE

Telephone Number: (847) 515-1800 Fax # 847 515-1802

Federal Employer ID Number:

Date Current Owners were Certified: 8/21/2013

Type of Ownership:

<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	

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) _____	(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

DEER PATH OF HUNTLEY

Report Period Beginning:

01/01/2021

Ending:

12/31/2021**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>128</u>	Single Unit Apartment	<u>128</u>	<u>46,720</u>	1
2	<u>0</u>	Double Unit Apartment	<u>0</u>	<u>0</u>	2
3		Other			3
4	<u>128</u>	TOTALS	<u>128</u>	<u>46,720</u>	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>44,126</u>	<u>395</u>		<u>44,521</u>	5
6	Double Unit				<u>0</u>	6
7	Other				<u>0</u>	7
8	TOTALS	<u>44,126</u>	<u>395</u>	<u>0</u>	<u>44,521</u>	8

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

95.29%

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

863

Also, indicate the number of unpaid bed-hold days the SLF

had during this year.

35

(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

ACCRUAL

☒

MODIFIED

CASH*

☐

CASH*

☐

I. Is your fiscal year identical to your tax year?

☒

YES

☐

NO

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. _____

Facility Name: DEER PATH OF HUNTLEY

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	247,362	236,559	2,062	485,983	0	485,983	1
2	Housekeeping, Laundry and Maintenance	134,091	94,630	179,489	408,210	0	408,210	2
3	Heat and Other Utilities			180,561	180,561	(27,388)	153,173	3
4	Other (specify):	1,528	0	72,267	73,795	0	73,795	4
5	TOTAL General Services	382,980	331,189	434,380	1,148,549	(27,388)	1,121,160	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	839,842	27,148	0	866,990	0	866,990	6
7	Activities and Social Services	55,977	10,795	0	66,772	0	66,772	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	895,819	37,943	0	933,762	0	933,762	9
	C. General Administration							
10	Administrative and Clerical	253,757	66,807	430,034	750,597	(3,860)	746,737	10
11	Marketing Materials, Promotions and Advertising	54,147	10,135	21,126	85,408	0	85,408	11
12	Employee Benefits and Payroll Taxes	0	0	299,892	299,892	0	299,892	12
13	Insurance-Property, Liability and Malpractice	0	0	159,171	159,171	0	159,171	13
14	Other (specify):	0	0	(145,525)	(145,525)	(66,115)	(211,640)	14
15	TOTAL General Administration	307,904	76,941	764,697	1,149,543	(69,975)	1,079,568	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,586,703	446,073	1,199,077	3,231,853	(97,363)	3,134,490	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			592,575	592,575	0	592,575	17
18	Interest			1,264,610	1,264,610	(3,639)	1,260,970	18
19	Real Estate Taxes			94,141	94,141	0	94,141	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			14,269	14,269	0	14,269	21
22	Other (specify):	0	0	990,593	990,593	4,024	994,618	22
23	TOTAL Ownership	0	0	2,956,188	2,956,188	385	2,956,573	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,586,703	446,073	4,155,265	6,188,042	(96,978)	6,091,064	24

Facility Name: DEER PATH OF HUNTLEY

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	2	28.24	2
3	Certified Nurse Assistants	19	16.20	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	12.34	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	12.55	10
11	Laundry	0	0.00	11
12	Managers	6	25.75	12
13	Other Administrative	4	29.68	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)	41	\$	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
ST. ANTHONY SLF, LLC	

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	\$ 365,248	1
2			2
Total		\$ 365,248	3

Facility Name: DEER PATH OF HUNTLEY Report Period Beginning: 01/01/2021 Ending: 12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,461,120 Year land was acquired 2012

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	128			2013	\$ 19,007,065	\$ 475,132	40.0	\$ 475,177	\$ 44	\$ 3,968,983	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				189,360	9,468	20.0	9,468	0	75,632	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)				\$ 19,196,425	\$ 484,600		\$ 484,645	\$ 44	\$ 4,044,615	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	\$ 1,098,739	\$ 107,975	\$ 109,874	1,899	10	\$ 827,456	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 1,098,739	\$ 107,975	\$ 109,874	1,899		\$ 827,456	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	AMALGAMATED BANK		X	FIRST MORTGAGE	7/13/12	\$ 19,730,000	\$ 0	12/1/32	0.0650	\$ 1,235,399	1
2	MERCHANTS CAPITAL		X	FIRST MORTGAGE	12/14/21	20,693,200	20,693,200	1/1/57	0.0256	26,487	2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 40,423,200	\$ 20,693,200			\$ 1,261,886	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 40,423,200	\$ 20,693,200			\$ 1,261,886	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: DEER PATH OF HUNTLEY

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	\$ 714,907	\$	1
2	Cash-Patient Deposits	1,069		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (318,991))	0 2,144,136		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	262,124		6
7	Other Prepaid Expenses	3,853		7
8	Accounts Receivable (owners or related parties)	179,599		8
9	Other(specify):	0		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,305,687	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	1,461,120		13
14	Buildings, at Historical Cost	19,007,065		14
15	Leasehold Improvements, at Historical Cost	189,360		15
16	Equipment, at Historical Cost	1,098,739		16
17	Accumulated Depreciation (book methods)	(4,872,071)		17
18	Deferred Charges	337		18
19	Organization & Pre-Operating Costs	1,000,283		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0 (362,182)		20
21	Restricted Funds	908,185		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	3,623		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 18,434,458	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 21,740,145	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 493,233	\$	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	95,837		31
32	Accrued Interest Payable	0		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	605,807		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,194,877	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	20,125,742		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)	\$ 20,125,742	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 21,320,619	\$ 0	45
46	TOTAL EQUITY	\$ 419,526	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 21,740,145	\$ 0	47

*(See instructions.)

Facility Name: DEER PATH OF HUNTLEY

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	\$ 6,694,535	1
2	Discounts and Allowances	(2,939)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 6,691,596	3
	B. Other Operating Revenue		
4	Special Services	306,263	4
5	Other Health Care Services	0	5
6	Special Grants	10,309	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	196	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 316,768	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	3,639	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,639	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	2,705	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,705	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 7,014,708	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,148,549	19
20	Health Care/ Personal Care	933,762	20
21	General Administration	1,149,543	21
	B. Capital Expense		
22	Ownership	2,956,188	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)	\$ 6,188,042	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 826,666	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 826,666	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 5,143,021	32
33	Private Pay - Net Inpatient Revenue	1,548,575	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 6,691,596	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 1,528	Interest & Dividend Income	\$ -
PG3-4.1	\$ 1,528	Assessment Income	\$ -
		Assessment Expense	\$ -
A. General Services		Amortization - Loan Fees	\$ 514,240
Other (specify):		Financing Fees	\$ 190,900
Exterminating	\$ 15,670	Mortgage Interest Premium	\$ -
Rubbish Removal	\$ 22,907	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 359	Mortgage Insurance Prem	\$ 12,501
Transportation Service	\$ 145	Letter of Credit Fee	\$ -
Security & Monitoring	\$ 7,955	Bond & Draw Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 19,961	Remarketing and Trustee Fee	\$ 4,024
Extraordinary COVID - Other	\$ 5,270	Interest Expense-Note	\$ -
PG3-4.3	\$ 72,267	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
C. General Administration		Partnership/Priority Mgmt Fee	\$ -
Other (specify):		Asset Mgmt/Investor Service Fee	\$ 10,000
Consulting	\$ 6,856	Incentive Management	\$ 208,496
Legal	\$ 63,852	Incentive Asset Mgmt Fee	\$ -
Audit & Accounting	\$ 14,285	Tax Credit Fees	\$ 6,400
Contract Labor-Serv Prov	\$ (337,323)	Organizational Expense	\$ -
Contract Labor	\$ 40,690	Developer Fees	\$ -
Bad Debt - Resident	\$ 36,673	Amortization Expense	\$ 43,032
Bad Debt - Resident - Recovery	\$ (2,386)	Prior Period Adjustments	\$ -
Bad Debt - Medicaid Pending Denial	\$ -	Loss (Gain) on Sale of Assets	\$ -
Bad Debt - Medicaid Pending - Recovery	\$ -	Settlement	\$ -
Bad Debt - Medicaid	\$ -	Property Damage Loss	\$ 1,000
Bad Debt - Medicaid Recovery	\$ -	Abandonment Loss	\$ -
Bad Debt - Medicaid MCO	\$ 31,827	Grant Income	\$ -
PG3-14.3	\$ (145,525)	PG3-22.3	\$ 990,593

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$ 27,388		
PG3-3.5	\$ 27,388		
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$ 196		
Internet Access	\$ 184		
Telephone- Connection	\$ 979		
Telephone- Usage	\$ -		
Contributions	\$ 2,500		
PG3-10.5	\$ 3,860		
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$ 36,673		
Bad Debt - Resident - Recovery	\$ (2,386)		
Bad Debt - Medicaid Pending Denial	\$ -		
Bad Debt - Medicaid Pending - Recovery	\$ -		
Bad Debt - Medicaid	\$ -		
Bad Debt - Medicaid Recovery	\$ -		
Bad Debt - Medicaid MCO	\$ 31,827		
PG3-14.5	\$ 66,115		
D. Ownership			
Interest:			
Interest Income	\$ 2,929		
Interest Income - Reserves	\$ 710		
PG3-18.5	\$ 3,639		
D. Ownership			
Other (specify):			
Goodwill Amortization	\$ -		
Remarketing and Trustee Fee	\$ 4,024		
PG3-22.5	\$ 4,024		

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	\$	-	Accrued Incentive Mgmt Fee	\$	208,496
A/R-Other	\$	-	Accrued Incentive Asset Mgmt Fee	\$	-
A/R-TIF/Abatement	\$	-	Accrued Liabilities	\$	81,859
PG7-9.1	\$	-	Accrued Insurance	\$	-
B. Other Long Term Assets Detail			Accrued Developer Fee	\$	-
CIP	\$	3,623	Accrued MIP	\$	-
CIP- Land Option Addition	\$	-	Accrued Vacation	\$	-
CIP- Other Addition	\$	-	Payroll Union Dues	\$	-
PG7-23.1	\$	3,623	Payroll Benefits	\$	-
			Security Deposits Held	\$	-
			Unclaimed Property	\$	4,260
			Reservation Deposit	\$	-
			Unearned Revenue - Resident	\$	48,491
			Unearned Revenue - Medicaid	\$	262,701
			Prepaid Medicaid Clearing	\$	-
			Prepaid Rent	\$	-
			PG7-35.1	\$	605,807

Income Statement PG 8 Other			
D. Other Revenue			Notes
Contract Service-Serv Prov	\$	-	
Other	\$	2,705	Late fees
Property Tax Adjustments	\$	-	
Property Lease Income	\$	-	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	2,705	