

		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: 1000115		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER	
Facility Name: <u>HERITAGE WOODS BOLINGBROOK</u>		<p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2021</u> to <u>12/31/2021</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p>	
Address: <u>550 KILDEER</u> <u>BOLINGBROOK</u> <u>60440</u>			
County: <u>WILL</u>			
Telephone Number: (<u>630</u>) <u>783-9640</u> Fax # <u>630</u> <u>783-9648</u>			
Federal Employer ID Number: _____			
Date Current Owners were Certified: <u>2/27/2009</u>		<div>Officer or Administrator of Provider</div> <div>(Signed) _____ (Date) _____</div> <div>(Type or Print Name) <u>Greg Echols</u></div> <div>(Title) <u>CFO, Gardant Management Solutions</u></div>	
Type of Ownership:			
<div><input type="checkbox"/> VOLUNTARY, NON-PROFIT</div> <div><input type="checkbox"/> Charitable Corp.</div> <div><input type="checkbox"/> Trust</div> <div>IRS Exemption Code _____</div>		<div>Paid Preparer</div> <div>(Signed) _____ (Date) _____</div> <div>(Print Name and Title) _____</div> <div>(Firm Name & Address) _____</div> <div>(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____</div>	
<div><input type="checkbox"/> PROPRIETARY</div> <div><input type="checkbox"/> Individual</div> <div><input checked="" type="checkbox"/> Partnership</div> <div><input type="checkbox"/> Corporation</div> <div><input type="checkbox"/> "Sub-S" Corp.</div> <div><input type="checkbox"/> Limited Liability Co.</div> <div><input type="checkbox"/> Trust</div> <div><input type="checkbox"/> Other _____</div>		<div>MAIL TO: BUREAU OF HEALTH FINANCE</div> <div>IL DEPT OF HEALTHCARE AND FAMILY SERVICES</div> <div>201 S. Grand Avenue East</div> <div>Springfield, IL 62763-0001</div> <div>Phone # (217) 782-1630</div>	
In the event there are further questions about this report, please contact:			
Name: <u>Danel Erickson</u> Telephone Number: <u>(779) 771-6947</u>			
Email Address: _____			

Facility Name HERITAGE WOODS BOLINGBROOK

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	105	Single Unit Apartment	105	38,325	1		
2	0	Double Unit Apartment	0	0	2		
3		Other			3		
4	105	TOTALS	105	38,325	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	28,877	3,568		32,445	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	28,877	3,568	0	32,445	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	84.66%
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84.66%

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

538 Also, indicate the number of unpaid bed-hold days the SLF
38 had during this year. **(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: 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: HERITAGE WOODS BOLINGBROOK

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	322,911	200,481	1,795	525,186	0	525,186	1
2	Housekeeping, Laundry and Maintenance	95,384	33,876	75,086	204,347	0	204,347	2
3	Heat and Other Utilities			175,214	175,214	(24,132)	151,082	3
4	Other (specify):	6,582	0	63,819	70,401	0	70,401	4
5	TOTAL General Services	424,877	234,357	315,914	975,149	(24,132)	951,016	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	568,174	19,835	0	588,009	0	588,009	6
7	Activities and Social Services	33,197	12,637	0	45,834	0	45,834	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	601,370	32,472	0	633,843	0	633,843	9
	C. General Administration							
10	Administrative and Clerical	218,316	37,314	333,477	589,107	(23,157)	565,950	10
11	Marketing Materials, Promotions and Advertising	51,549	9,273	41,277	102,098	0	102,098	11
12	Employee Benefits and Payroll Taxes	0	0	252,220	252,220	0	252,220	12
13	Insurance-Property, Liability and Malpractice	0	0	83,873	83,873	0	83,873	13
14	Other (specify):	0	0	73,396	73,396	(13,660)	59,736	14
15	TOTAL General Administration	269,865	46,587	784,243	1,100,694	(36,817)	1,063,877	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,296,112	313,416	1,100,157	2,709,685	(60,949)	2,648,736	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			494,198	494,198	0	494,198	17
18	Interest			382,124	382,124	(2,506)	379,618	18
19	Real Estate Taxes			85,057	85,057	0	85,057	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			16,923	16,923	0	16,923	21
22	Other (specify):	0	0	1,546,494	1,546,494	0	1,546,494	22
23	TOTAL Ownership	0	0	2,524,796	2,524,796	(2,506)	2,522,289	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,296,112	313,416	3,624,953	5,234,481	(63,455)	5,171,025	24

Facility Name: HERITAGE WOODS BOLINGBROOK

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	0	26.85	2
3	Certified Nurse Assistants	12	17.58	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	12.82	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	13.20	10
11	Laundry	0	0.00	11
12	Managers	5	28.12	12
13	Other Administrative	4	25.43	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)	32	\$	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
none			

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? \$

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	\$ 254,092	1
2			2
Total		\$ 254,092	3

VIII. OWNERSHIP COSTS

A. Purchase price of land 815,542 Year land was acquired 2007

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	105			2009	\$ 12,529,068	\$ 455,602	27.5	\$ 455,602	\$ 1	\$ 5,880,719	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				242,571	16,171	15.0	16,171	0	208,880	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)				\$ 12,771,639	\$ 471,773		\$ 471,774	\$ 1	\$ 6,089,599	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	\$ 798,094	\$ 22,425	\$ 159,619	137,194	5	\$ 758,657	18
19			0	0	\$	5	-	19
20	TOTAL (lines 18 and 19)	\$ 798,094	\$ 22,425	\$ 159,619	137,194		\$ 758,657	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	ORIX Real Estate Capital LLC		X	FIRST MORTGAGE	3/1/18	\$ 11,220,800	\$ 10,590,780	4/1/53	0.0373	\$ 382,124	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,220,800	\$ 10,590,780			\$ 382,124	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,220,800	\$ 10,590,780			\$ 382,124	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 BOLINGBROOK

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	\$ 1,582,209	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (126,627))	936,341		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	48,665		6
7	Other Prepaid Expenses	3,829		7
8	Accounts Receivable (owners or related parties)	6,071		8
9	Other(specify): See Page 7 Attachment	520		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,577,635	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	815,542		13
14	Buildings, at Historical Cost	12,529,068		14
15	Leasehold Improvements, at Historical Cost	242,571		15
16	Equipment, at Historical Cost	798,094		16
17	Accumulated Depreciation (book methods)	(6,848,257)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	22,927		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(22,927)		20
21	Restricted Funds	846,015		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	58,559		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,441,628	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,019,263	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 35,220	\$	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	89,453		31
32	Accrued Interest Payable	31,596		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,939,412		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,095,682	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	10,395,647		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)	\$ 10,395,647	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,491,328	\$ 0	45
46	TOTAL EQUITY	\$ (1,472,065)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,019,263	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS BOLINGBROOK

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	\$ 4,809,449	1
2	Discounts and Allowances	(23,380)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,786,069	3
	B. Other Operating Revenue		
4	Special Services	266,895	4
5	Other Health Care Services	0	5
6	Special Grants	5,783	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	(8)	8
9	Non-Resident Meals	32	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 272,702	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	2,506	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,506	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,106	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,106	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,065,383	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	975,149	19
20	Health Care/ Personal Care	633,843	20
21	General Administration	1,100,694	21
	B. Capital Expense		
22	Ownership	2,524,796	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)	\$ 5,234,481	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (169,098)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (169,098)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,884,924	32
33	Private Pay - Net Inpatient Revenue	1,891,665	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,776,589	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 6,582	Interest & Dividend Income	\$ -
PG3-4.1	\$ 6,582	Assessment Income	\$ -
A. General Services		Assessment Expense	\$ -
Other (specify):		Amortization - Loan Fees	\$ 6,244
Exterminating	\$ 3,590	Financing Fees	\$ -
Rubbish Removal	\$ 916	Mortgage Interest Premium	\$ -
Vehicle Expense	\$ 5,860	Mortgage Service Fee	\$ -
Transportation Service	\$ -	Mortgage Insurance Prem	\$ 48,029
Security & Monitoring	\$ 15,749	Letter of Credit Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 29,773	Bond & Draw Fee	\$ -
Extraordinary COVID - Other	\$ 7,931	Remarketing and Trustee Fee	\$ -
PG3-4.3	\$ 63,819	Interest Expense-Note	\$ -
C. General Administration		Interest Expense-LP	\$ -
Other (specify):		Debt Write-Off	\$ -
Consulting	\$ 14,912	Partnership/Priority Mgmt Fee	\$ -
Legal	\$ (2,141)	Asset Mgmt/Investor Service Fee	\$ 21,387
Audit & Accounting	\$ 18,165	Incentive Management	\$ 1,468,758
Contract Labor-Serv Prov	\$ -	Incentive Asset Mgmt Fee	\$ -
Contract Labor	\$ 28,800	Tax Credit Fees	\$ 2,075
Bad Debt - Resident	\$ 24,190	Organizational Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Developer Fees	\$ -
Bad Debt - Medicaid Pending Denial	\$ (13,090)	Amortization Expense	\$ -
Bad Debt - Medicaid Pending - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid	\$ -	Loss (Gain) on Sale of Assets	\$ -
Bad Debt - Medicaid Recovery	\$ -	Settlement	\$ -
Bad Debt - Medicaid MCO	\$ 2,560	Property Damage Loss	\$ -
PG3-14.3	\$ 73,396	Abandonment Loss	\$ -
		Grant Income	\$ -
		PG3-22.3	\$ 1,546,494

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$	24,132	
PG3-3.5	\$	24,132	
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$	(8)	
Internet Access	\$	5,149	
Telephone- Connection	\$	15,282	
Telephone- Usage	\$	234	
Contributions	\$	2,500	
PG3-10.5	\$	23,157	
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$	24,190	
Bad Debt - Resident - Recovery	\$	-	
Bad Debt - Medicaid Pending Denial	\$	(13,090)	
Bad Debt - Medicaid Pending - Recovery	\$	-	
Bad Debt - Medicaid	\$	-	
Bad Debt - Medicaid Recovery	\$	-	
Bad Debt - Medicaid MCO	\$	2,560	
PG3-14.5	\$	13,660	
D. Ownership			
Interest:			
Interest Income	\$	2,176	
Interest Income - Reserves	\$	331	
PG3-18.5	\$	2,506	
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	\$	21,386
A/R-Insurance Reimbursement	\$	-	Accrued Partnership/Priority Mgmt Fee	\$	-
A/R-CIP	\$	-	Accrued Incentive Mgmt Fee	\$	1,468,758
A/R-Other	\$	520	Accrued Incentive Asset Mgmt Fee	\$	-
A/R-TIF/Abatement	\$	-	Accrued Liabilities	\$	71,299
PG7-9.1	\$	520	Accrued Insurance	\$	-
B. Other Long Term Assets Detail			Accrued Developer Fee	\$	-
CIP	\$	42,159	Accrued MIP	\$	-
CIP- Land Option Addition	\$	16,400	Accrued Vacation	\$	-
CIP- Other Addition	\$	-	Payroll Union Dues	\$	-
PG7-23.1	\$	58,559	Payroll Benefits	\$	-
			Security Deposits Held	\$	-
			Unclaimed Property	\$	-
			Reservation Deposit	\$	-
			Unearned Revenue - Resident	\$	63,616
			Unearned Revenue - Medicaid	\$	314,352
			Prepaid Medicaid Clearing	\$	-
			Prepaid Rent	\$	-
			PG7-35.1	\$	1,939,412

Income Statement PG 8 Other		
D. Other Revenue		Notes
Contract Service-Serv Prov	\$ -	
Other	\$ 506	
Property Tax Adjustments	\$ -	
Property Lease Income	\$ 3,600	
Insurance Adjustments	\$ -	
Developer Fee Income	\$ -	
Home Office Rent Income	\$ -	
Food & Meal Prep	\$ -	
PG8-15.1	\$ 4,106	