

		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: 1000101

Facility Name: HERITAGE WOODS OF MCHENRY

Address: 4609 W CRYSTAL LAKE MCHENRY 60050

Number City Zip Code

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

☒ 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) (Date)

(Type or Print Name) Greg Echols

(Title) CFO, Gardant Management Solutions

Paid Preparer

(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 MCHENRY**

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	100	Single Unit Apartment	100	36,500	1		
2	0	Double Unit Apartment	0	0	2		
3		Other			3		
4	100	TOTALS	100	36,500	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	31,145	4,927		36,072	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	31,145	4,927	0	36,072	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	98.83%
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98.83%

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

533 Also, indicate the number of unpaid bed-hold days the SLF
 had during this year. **33** (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	<input checked="" type="checkbox"/>	MODIFIED		
CASH*	<input type="checkbox"/>	CASH*	<input type="checkbox"/>	

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.

STATE OF ILLINOIS

Page 3

Facility Name: HERITAGE WOODS OF MCHENRY

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	302,215	222,022	1,873	526,110	0	526,110	1
2	Housekeeping, Laundry and Maintenance	124,507	51,770	52,063	228,340	0	228,340	2
3	Heat and Other Utilities			123,087	123,087	(22,921)	100,167	3
4	Other (specify):	0	0	90,148	90,148	0	90,148	4
5	TOTAL General Services	426,722	273,792	267,171	967,686	(22,921)	944,765	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	649,440	23,439	0	672,879	0	672,879	6
7	Activities and Social Services	44,942	7,811	0	52,753	0	52,753	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	694,383	31,250	0	725,632	0	725,632	9
	C. General Administration							
10	Administrative and Clerical	251,240	42,052	326,586	619,878	(15,791)	604,087	10
11	Marketing Materials, Promotions and Advertising	57,101	9,394	38,492	104,987	0	104,987	11
12	Employee Benefits and Payroll Taxes	0	0	303,235	303,235	0	303,235	12
13	Insurance-Property, Liability and Malpractice	0	0	99,313	99,313	0	99,313	13
14	Other (specify):	0	0	626,704	626,704	(49,229)	577,475	14
15	TOTAL General Administration	308,341	51,446	1,394,331	1,754,119	(65,020)	1,689,099	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,429,446	356,488	1,661,502	3,447,436	(87,941)	3,359,496	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			534,921	534,921	0	534,921	17
18	Interest			353,416	353,416	(2,163)	351,253	18
19	Real Estate Taxes			96,103	96,103	0	96,103	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			15,232	15,232	0	15,232	21
22	Other (specify):	0	0	1,181,733	1,181,733	300	1,182,033	22
23	TOTAL Ownership	0	0	2,181,406	2,181,406	(1,863)	2,179,543	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,429,446	356,488	3,842,909	5,628,842	(89,804)	5,539,039	24

Facility Name: HERITAGE WOODS OF MCHENRY

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	30.31	2
3	Certified Nurse Assistants	15	15.96	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	12.36	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	12.15	10
11	Laundry	0	0.00	11
12	Managers	6	27.44	12
13	Other Administrative	4	30.12	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
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? \$

(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	\$ 233,993	1
2			2
Total		\$ 233,993	3

Facility Name: HERITAGE WOODS OF MCHENRY Report Period Beginning: 01/01/2021 Ending: 12/31/2021

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	\$ 411,072	27.5	\$ 411,072	\$ 0	\$ 5,554,407	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				1,519,431	90,053	15.0	101,295	11,242	1,373,681	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	\$ 501,125		\$ 512,367	\$ 11,243	\$ 6,928,087	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	\$ 910,038	\$ 33,797	\$ 182,008	148,211	5	\$ 845,269	18
19			0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 910,038	\$ 33,797	\$ 182,008	148,211		\$ 845,269	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	12/6/17	\$ 11,229,400	\$ 10,517,454	1/1/53	0.0331	\$ 351,037	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,229,400	\$ 10,517,454			\$ 351,037	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,229,400	\$ 10,517,454			\$ 351,037	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: **01/01/2021**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	\$ 1,433,869	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (170,102))	934,858		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	45,284		6
7	Other Prepaid Expenses	1,545		7
8	Accounts Receivable (owners or related parties)	21,571		8
9	Other(specify): See Page 7 Attachment	2,611		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,439,740	\$ 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	910,038		16
17	Accumulated Depreciation (book methods)	(7,773,357)		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	1,216,839		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)	\$ 8,208,458	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,648,198	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 38,982	\$	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	103,061		31
32	Accrued Interest Payable	29,011		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,723,316		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,894,370	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	10,327,834		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)	\$ 10,327,834	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,222,204	\$ 0	45
46	TOTAL EQUITY	\$ (1,574,006)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,648,198	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MCHENRY

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	\$ 5,552,725	1
2	Discounts and Allowances	(2,917)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,549,808	3
	B. Other Operating Revenue		
4	Special Services	257,874	4
5	Other Health Care Services	0	5
6	Special Grants	294,416	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	4,457	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 556,747	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	2,163	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,163	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	41,010	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 41,010	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 6,149,728	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	967,686	19
20	Health Care/ Personal Care	725,632	20
21	General Administration	1,754,119	21
	B. Capital Expense		
22	Ownership	2,181,406	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)	\$ 5,628,842	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 520,886	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 520,886	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,450,806	32
33	Private Pay - Net Inpatient Revenue	2,099,003	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,549,809	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ -	Interest & Dividend Income	\$ -
PG3-4.1	\$ -	Assessment Income	\$ -
		Assessment Expense	\$ -
A. General Services		Amortization - Loan Fees	\$ 6,336
Other (specify):		Financing Fees	\$ -
Exterminating	\$ 2,895	Mortgage Interest Premium	\$ -
Rubbish Removal	\$ 13,624	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 13,963	Mortgage Insurance Prem	\$ 47,723
Transportation Service	\$ -	Letter of Credit Fee	\$ -
Security & Monitoring	\$ 32,586	Bond & Draw Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 16,783	Remarketing and Trustee Fee	\$ 300
Extraordinary COVID - Other	\$ 10,296	Interest Expense-Note	\$ -
PG3-4.3	\$ 90,148	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
C. General Administration		Partnership/Priority Mgmt Fee	\$ 150,000
Other (specify):		Asset Mgmt/Investor Service Fee	\$ 35,000
Consulting	\$ 164,829	Incentive Management	\$ 936,474
Legal	\$ (541)	Incentive Asset Mgmt Fee	\$ -
Audit & Accounting	\$ 17,720	Tax Credit Fees	\$ 5,900
Contract Labor-Serv Prov	\$ 365,800	Organizational Expense	\$ -
Contract Labor	\$ 29,668	Developer Fees	\$ -
Bad Debt - Resident	\$ 40,458	Amortization Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	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	\$ -
Bad Debt - Medicaid Recovery	\$ -	Abandonment Loss	\$ -
Bad Debt - Medicaid MCO	\$ 8,771	Grant Income	\$ -
PG3-14.3	\$ 626,704	PG3-22.3	\$ 1,181,733

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$	22,921	
PG3-3.5	\$	22,921	
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$	4,457	
Internet Access	\$	-	
Telephone- Connection	\$	8,834	
Telephone- Usage	\$	-	
Contributions	\$	2,500	
PG3-10.5	\$	15,791	
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$	40,458	
Bad Debt - Resident - Recovery	\$	-	
Bad Debt - Medicaid Pending Denial	\$	-	
Bad Debt - Medicaid Pending - Recovery	\$	-	
Bad Debt - Medicaid	\$	-	
Bad Debt - Medicaid Recovery	\$	-	
Bad Debt - Medicaid MCO	\$	8,771	
PG3-14.5	\$	49,229	
D. Ownership			
Interest:			
Interest Income	\$	1,904	
Interest Income - Reserves	\$	259	
PG3-18.5	\$	2,163	
D. Ownership			
Other (specify):			
Goodwill Amortization	\$	-	
Remarketing and Trustee Fee	\$	300	
PG3-22.5	\$	300	

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	\$ 150,000
A/R-CIP	\$ -	Accrued Incentive Mgmt Fee	\$ 1,000,578
A/R-Other	\$ 2,611	Accrued Incentive Asset Mgmt Fee	\$ -
A/R-TIF/Abatement	\$ -	Accrued Liabilities	\$ 75,116
PG7-9.1	\$ 2,611	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	\$ 1,410
		Reservation Deposit	\$ -
		Unearned Revenue - Resident	\$ 22,855
		Unearned Revenue - Medicaid	\$ 473,357
		Prepaid Medicaid Clearing	\$ -
		Prepaid Rent	\$ -
		PG7-35.1	\$ 1,723,316

Income Statement PG 8 Other			
D. Other Revenue		Notes	
Contract Service-Serv Prov	\$	-	
Other	\$	41,010	Fees for film on site; call pendants
Property Tax Adjustments	\$	-	
Property Lease Income	\$	-	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	41,010	