

		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: 1000096

Facility Name: HERITAGE WOODS OF MOLINE

Address: 5500 46TH AVENUE DR MOLINE 61265

County: ROCK ISLAND

Telephone Number: (309) 736-5655 Fax # 309 736-5651

Federal Employer ID Number:

Date Current Owners were Certified: 11/17/2008

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 checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
	<input type="checkbox"/> "Sub-S" Corp.	
	<input 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 HERITAGE WOODS OF MOLINEReport 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>99</u>	Single Unit Apartment	<u>99</u>	<u>36,135</u>	1
2	<u>0</u>	Double Unit Apartment	<u>0</u>	<u>0</u>	2
3		Other			3
4	<u>99</u>	TOTALS	<u>99</u>	<u>36,135</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>26,823</u>	<u>4,450</u>		<u>31,273</u>	5
6	Double Unit				<u>0</u>	6
7	Other				<u>0</u>	7
8	TOTALS	<u>26,823</u>	<u>4,450</u>	<u>0</u>	<u>31,273</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.54%

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

442 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 29 (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**

ACCURAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NOTax 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? 0
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 OF MOLINE

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	327,407	197,623	2,413	527,443	0	527,443	1
2	Housekeeping, Laundry and Maintenance	91,827	61,360	76,153	229,341	0	229,341	2
3	Heat and Other Utilities			118,045	118,045	(26,276)	91,769	3
4	Other (specify):	2,186	0	100,762	102,949	0	102,949	4
5	TOTAL General Services	421,420	258,983	297,374	977,777	(26,276)	951,501	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	548,354	21,643	0	569,997	0	569,997	6
7	Activities and Social Services	36,959	4,909	0	41,868	0	41,868	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	585,314	26,552	0	611,865	0	611,865	9
	C. General Administration							
10	Administrative and Clerical	204,399	42,781	329,700	576,880	(22,115)	554,764	10
11	Marketing Materials, Promotions and Advertising	60,915	8,029	22,110	91,053	0	91,053	11
12	Employee Benefits and Payroll Taxes	0	0	279,094	279,094	0	279,094	12
13	Insurance-Property, Liability and Malpractice	0	0	92,964	92,964	0	92,964	13
14	Other (specify):	0	0	536,954	536,954	(36,651)	500,302	14
15	TOTAL General Administration	265,313	50,810	1,260,820	1,576,944	(58,767)	1,518,177	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,272,048	336,345	1,558,194	3,166,587	(85,043)	3,081,544	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			455,149	455,149	0	455,149	17
18	Interest			336,263	336,263	(801)	335,462	18
19	Real Estate Taxes			77,719	77,719	0	77,719	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			14,840	14,840	0	14,840	21
22	Other (specify):	0	0	737,522	737,522	0	737,522	22
23	TOTAL Ownership	0	0	1,621,493	1,621,493	(801)	1,620,692	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,272,048	336,345	3,179,688	4,788,080	(85,844)	4,702,236	24

Facility Name: HERITAGE WOODS OF MOLINE

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	24.43	2
3	Certified Nurse Assistants	14	14.64	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	9	12.65	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	12.34	10
11	Laundry	0	0.00	11
12	Managers	5	24.44	12
13	Other Administrative	4	25.24	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)	36	\$	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	\$ 244,381	1
2			2
Total		\$ 244,381	3

Facility Name: HERITAGE WOODS OF MOLINE

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 158,031 Year land was acquired 2006

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	99			2008	\$ 11,301,933	\$ 409,906	27.5	\$ 410,979	\$ 1,074	\$ 5,629,645	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				265,361	15,656	15.0	17,691	2,034	241,240	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)				\$ 11,567,294	\$ 425,562		\$ 428,670	\$ 3,108	\$ 5,870,885	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	\$ 803,917	\$ 29,588	\$ 160,783	131,195	5	\$ 758,692	18
19			0	0	\$	5	-	19
20	TOTAL (lines 18 and 19)	\$ 803,917	\$ 29,588	\$ 160,783	131,195		\$ 758,692	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	1/12/17	\$ 10,479,500	\$ 9,663,393	2/1/52	0.0342	\$ 333,328	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,479,500	\$ 9,663,393			\$ 333,328	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 10,479,500	\$ 9,663,393			\$ 333,328	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 MOLINE

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	\$ 1,096,792	\$	1
2	Cash-Patient Deposits	500		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (126,791))	887,928		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	45,961		6
7	Other Prepaid Expenses	3,906		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	1,607		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,036,694	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	158,031		13
14	Buildings, at Historical Cost	11,301,933		14
15	Leasehold Improvements, at Historical Cost	265,361		15
16	Equipment, at Historical Cost	803,917		16
17	Accumulated Depreciation (book methods)	(6,629,577)		17
18	Deferred Charges	1,896		18
19	Organization & Pre-Operating Costs	22,451		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(22,451)		20
21	Restricted Funds	874,915		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)	\$ 6,776,475	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,813,169	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 96,784	\$	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	80,595		31
32	Accrued Interest Payable	27,541		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,113,266		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,318,186	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	9,421,440		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)	\$ 9,421,440	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,739,626	\$ 0	45
46	TOTAL EQUITY	\$ (1,926,457)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,813,169	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MOLINE

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	\$ 4,393,971	1
2	Discounts and Allowances	(32,206)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,361,765	3
	B. Other Operating Revenue		
4	Special Services	248,487	4
5	Other Health Care Services	0	5
6	Special Grants	265,126	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	3,378	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 516,991	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	801	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 801	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	844	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 844	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,880,401	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	977,777	19
20	Health Care/ Personal Care	611,865	20
21	General Administration	1,576,944	21
	B. Capital Expense		
22	Ownership	1,621,493	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)	\$ 4,788,080	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 92,321	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 92,321	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,556,931	32
33	Private Pay - Net Inpatient Revenue	1,804,834	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,361,765	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 2,186	Interest & Dividend Income	\$ -
PG3-4.1	\$ 2,186	Assessment Income	\$ -
A. General Services		Assessment Expense	\$ -
Other (specify):		Amortization - Loan Fees	\$ 8,053
Exterminating	\$ 4,066	Financing Fees	\$ -
Rubbish Removal	\$ 27,540	Mortgage Interest Premium	\$ -
Vehicle Expense	\$ 12,892	Mortgage Service Fee	\$ -
Transportation Service	\$ -	Mortgage Insurance Prem	\$ 43,857
Security & Monitoring	\$ 24,163	Letter of Credit Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 17,512	Bond & Draw Fee	\$ 300
Extraordinary COVID - Other	\$ 14,589	Remarketing and Trustee Fee	\$ -
PG3-4.3	\$ 100,762	Interest Expense-Note	\$ -
C. General Administration		Interest Expense-LP	\$ -
Other (specify):		Debt Write-Off	\$ -
Consulting	\$ 114,594	Partnership/Priority Mgmt Fee	\$ 50,000
Legal	\$ 7,113	Asset Mgmt/Investor Service Fee	\$ 5,004
Audit & Accounting	\$ 21,049	Incentive Management	\$ 628,333
Contract Labor-Serv Prov	\$ 328,747	Incentive Asset Mgmt Fee	\$ -
Contract Labor	\$ 28,800	Tax Credit Fees	\$ 1,975
Bad Debt - Resident	\$ 23,195	Organizational Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Developer Fees	\$ -
Bad Debt - Medicaid Pending Denial	\$ -	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	\$ 13,457	Property Damage Loss	\$ -
PG3-14.3	\$ 536,954	Abandonment Loss	\$ -
		Grant Income	\$ -
		PG3-22.3	\$ 737,522

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$	26,276	
PG3-3.5	\$	26,276	
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$	3,378	
Internet Access	\$	2,149	
Telephone- Connection	\$	13,501	
Telephone- Usage	\$	588	
Contributions	\$	2,500	
PG3-10.5	\$	22,115	
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$	23,195	
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	\$	13,457	
PG3-14.5	\$	36,651	
D. Ownership			
Interest:			
Interest Income	\$	586	
Interest Income - Reserves	\$	215	
PG3-18.5	\$	801	
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	\$	50,000
A/R-CIP	\$	-	Accrued Incentive Mgmt Fee	\$	680,492
A/R-Other	\$	1,607	Accrued Incentive Asset Mgmt Fee	\$	-
A/R-TIF/Abatement	\$	-	Accrued Liabilities	\$	61,784
PG7-9.1	\$	1,607	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	\$	950
			Reservation Deposit	\$	-
			Unearned Revenue - Resident	\$	68,587
			Unearned Revenue - Medicaid	\$	251,452
			Prepaid Medicaid Clearing	\$	-
			Prepaid Rent	\$	-
			PG7-35.1	\$	1,113,266

Income Statement PG 8 Other			
D. Other Revenue		Notes	
Contract Service-Serv Prov	\$	-	
Other	\$	844	Call pendants; returned check fees
Property Tax Adjustments	\$	-	
Property Lease Income	\$	-	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	844	