

		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: 1000136

Facility Name: HERITAGE WOODS OF PLAINFIELD

Address: 14731 S VAN DYKE RD PLAINFIELD 60544

County: WILL

Telephone Number: (815) 267-3800 Fax # 815 267-3900

Federal Employer ID Number:

Date Current Owners were Certified: 11/21/2011

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 HERITAGE WOODS OF PLAINFIELDReport 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>108</u>	Single Unit Apartment	<u>108</u>	<u>39,420</u>	1
2	<u>0</u>	Double Unit Apartment	<u>0</u>	<u>0</u>	2
3		Other			3
4	<u>108</u>	TOTALS	<u>108</u>	<u>39,420</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>32,595</u>	<u>1,806</u>		<u>34,401</u>	5
6	Double Unit				<u>0</u>	6
7	Other				<u>0</u>	7
8	TOTALS	<u>32,595</u>	<u>1,806</u>	<u>0</u>	<u>34,401</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.27%

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

535 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 11 (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? _____

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 PLAINFIELD

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	268,549	216,563	1,795	486,907	0	486,907	1
2	Housekeeping, Laundry and Maintenance	135,614	34,108	81,423	251,146	0	251,146	2
3	Heat and Other Utilities			141,978	141,978	(26,394)	115,584	3
4	Other (specify):	0	0	59,490	59,490	0	59,490	4
5	TOTAL General Services	404,163	250,672	284,687	939,521	(26,394)	913,127	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	626,679	17,157	0	643,836	0	643,836	6
7	Activities and Social Services	37,436	7,036	0	44,472	0	44,472	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	664,115	24,193	0	688,308	0	688,308	9
	C. General Administration							
10	Administrative and Clerical	224,593	39,968	331,086	595,646	(31,537)	564,109	10
11	Marketing Materials, Promotions and Advertising	61,308	12,600	37,755	111,662	0	111,662	11
12	Employee Benefits and Payroll Taxes	0	0	289,070	289,070	0	289,070	12
13	Insurance-Property, Liability and Malpractice	0	0	108,746	108,746	0	108,746	13
14	Other (specify):	0	0	460,753	460,753	(95,332)	365,421	14
15	TOTAL General Administration	285,901	52,567	1,227,409	1,565,877	(126,869)	1,439,009	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,354,179	327,432	1,512,096	3,193,707	(153,263)	3,040,444	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			348,209	348,209	0	348,209	17
18	Interest			359,373	359,373	(3,213)	356,160	18
19	Real Estate Taxes			79,546	79,546	0	79,546	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			15,187	15,187	0	15,187	21
22	Other (specify):	0	0	625,336	625,336	0	625,336	22
23	TOTAL Ownership	0	0	1,427,652	1,427,652	(3,213)	1,424,439	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,354,179	327,432	2,939,748	4,621,358	(156,476)	4,464,883	24

Facility Name: HERITAGE WOODS OF PLAINFIELD

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	25.33	2
3	Certified Nurse Assistants	14	15.70	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	8	13.10	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	13.23	10
11	Laundry	0	0.00	11
12	Managers	5	27.27	12
13	Other Administrative	4	26.92	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)	35	\$	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	\$ 271,723	1
2			2
Total		\$ 271,723	3

VIII. OWNERSHIP COSTS

A. Purchase price of land 847,138 Year land was acquired 2010

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	108			2011	\$ 12,380,550	\$ 309,514	40.0	\$ 309,514	\$ (0)	\$ 3,128,755	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				301,335	15,067	20.0	15,067	(0)	154,437	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)				\$ 12,681,885	\$ 324,581		\$ 324,580	\$ (0)	\$ 3,283,192	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	\$ 935,677	\$ 23,628	\$ 187,135	163,508	5	\$ 857,382	18
19			0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 935,677	\$ 23,628	\$ 187,135	163,508		\$ 857,382	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	CENTENNIAL MORTGAGE		X	FIRST MORTGAGE	9/1/10	\$ 12,200,000	\$ 10,659,461	9/1/50	0.0540	\$ 359,373	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 12,200,000	\$ 10,659,461			\$ 359,373	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 12,200,000	\$ 10,659,461			\$ 359,373	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 PLAINFIELD

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	\$ 1,781,780	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (249,111))	1,163,555		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	46,638		6
7	Other Prepaid Expenses	25,389		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	10,440		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,027,801	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	847,138		13
14	Buildings, at Historical Cost	12,380,550		14
15	Leasehold Improvements, at Historical Cost	301,335		15
16	Equipment, at Historical Cost	935,677		16
17	Accumulated Depreciation (book methods)	(4,140,573)		17
18	Deferred Charges	0		18
19	Organization & Pre-Operating Costs	41,644		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(41,644)		20
21	Restricted Funds	1,784,733		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	1,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,109,859	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,137,660	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 345,379	\$	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	83,242		31
32	Accrued Interest Payable	29,669		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,038,189		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,496,478	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	10,032,148		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)	\$ 10,032,148	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,528,626	\$ 0	45
46	TOTAL EQUITY	\$ 3,609,034	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,137,660	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF PLAINFIELD

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	\$ 5,127,692	1
2	Discounts and Allowances	(29,885)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,097,807	3
	B. Other Operating Revenue		
4	Special Services	283,597	4
5	Other Health Care Services	0	5
6	Special Grants	20,600	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	9,282	8
9	Non-Resident Meals	283	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 313,762	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	3,213	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,213	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	5,902	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,902	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,420,684	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	939,521	19
20	Health Care/ Personal Care	688,308	20
21	General Administration	1,565,877	21
	B. Capital Expense		
22	Ownership	1,427,652	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)	\$ 4,621,358	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 799,326	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 799,326	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,425,644	32
33	Private Pay - Net Inpatient Revenue	1,672,163	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,097,807	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	\$ 20,656
Other (specify):		Financing Fees	\$ -
Exterminating	\$ 5,342	Mortgage Interest Premium	\$ -
Rubbish Removal	\$ 13,115	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 4,261	Mortgage Insurance Prem	\$ 48,419
Transportation Service	\$ 176	Letter of Credit Fee	\$ 3,660
Security & Monitoring	\$ 5,152	Bond & Draw Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 24,910	Remarketing and Trustee Fee	\$ -
Extraordinary COVID - Other	\$ 6,535	Interest Expense-Note	\$ -
PG3-4.3	\$ 59,490	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
C. General Administration		Partnership/Priority Mgmt Fee	\$ 255,344
Other (specify):		Asset Mgmt/Investor Service Fee	\$ 16,799
Consulting	\$ 15,336	Incentive Management	\$ 268,784
Legal	\$ (1,616)	Incentive Asset Mgmt Fee	\$ -
Audit & Accounting	\$ 20,097	Tax Credit Fees	\$ 8,200
Contract Labor-Serv Prov	\$ 302,382	Organizational Expense	\$ -
Contract Labor	\$ 29,223	Developer Fees	\$ -
Bad Debt - Resident	\$ 88,620	Amortization Expense	\$ 3,474
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	\$ 6,711	Grant Income	\$ -
PG3-14.3	\$ 460,753	PG3-22.3	\$ 625,336

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$	26,394	
PG3-3.5	\$	26,394	
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$	9,282	
Internet Access	\$	6,086	
Telephone- Connection	\$	12,848	
Telephone- Usage	\$	821	
Contributions	\$	2,500	
PG3-10.5	\$	31,537	
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$	88,620	
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	\$	6,711	
PG3-14.5	\$	95,332	
D. Ownership			
Interest:			
Interest Income	\$	2,796	
Interest Income - Reserves	\$	417	
PG3-18.5	\$	3,213	
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	\$ 16,799
A/R-Insurance Reimbursement	\$ -	Accrued Partnership/Priority Mgmt Fee	\$ 255,344
A/R-CIP	\$ -	Accrued Incentive Mgmt Fee	\$ 268,784
A/R-Other	\$ 10,440	Accrued Incentive Asset Mgmt Fee	\$ -
A/R-TIF/Abatement	\$ -	Accrued Liabilities	\$ 69,676
PG7-9.1	\$ 10,440	Accrued Insurance	\$ -
B. Other Long Term Assets Detail		Accrued Developer Fee	\$ -
CIP	\$ -	Accrued MIP	\$ -
CIP- Land Option Addition	\$ 1,000	Accrued Vacation	\$ -
CIP- Other Addition	\$ -	Payroll Union Dues	\$ -
PG7-23.1	\$ 1,000	Payroll Benefits	\$ -
		Security Deposits Held	\$ -
		Unclaimed Property	\$ 7,337
		Reservation Deposit	\$ -
		Unearned Revenue - Resident	\$ 111,152
		Unearned Revenue - Medicaid	\$ 309,096
		Prepaid Medicaid Clearing	\$ -
		Prepaid Rent	\$ -
		PG7-35.1	\$ 1,038,189

Income Statement PG 8 Other			
D. Other Revenue			Notes
Contract Service-Serv Prov	\$	-	
Other	\$	2,302	Late fees and call pendants
Property Tax Adjustments	\$	-	
Property Lease Income	\$	3,600	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	5,902	