

		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: 1000114

Facility Name: HERITAGE WOODS OF STERLING

Address: 2205 OAK GROVE AVE STERLING 61081

Number City Zip Code

County: WHITESIDE

Telephone Number: (815) 625-7045 Fax # 815 625-7054

Federal Employer ID Number:

Date Current Owners were Certified: 3/16/2009

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 STERLINGReport 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	76	Single Unit Apartment	76	27,740	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	76	TOTALS	76	27,740	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	17,792	4,071		21,863	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	17,792	4,071	0	21,863	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 78.81%

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

206 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 26 (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 STERLING

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	241,479	124,238	2,564	368,281	0	368,281	1
2	Housekeeping, Laundry and Maintenance	82,217	30,852	49,396	162,465	0	162,465	2
3	Heat and Other Utilities			97,883	97,883	(17,490)	80,393	3
4	Other (specify):	25,017	0	38,083	63,100	0	63,100	4
5	TOTAL General Services	348,714	155,089	187,926	691,729	(17,490)	674,239	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	522,737	13,370	0	536,106	0	536,106	6
7	Activities and Social Services	37,704	7,661	0	45,365	0	45,365	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	560,441	21,030	0	581,471	0	581,471	9
	C. General Administration							
10	Administrative and Clerical	146,864	34,768	282,088	463,719	(10,699)	453,020	10
11	Marketing Materials, Promotions and Advertising	47,515	9,201	42,258	98,974	0	98,974	11
12	Employee Benefits and Payroll Taxes	0	0	195,100	195,100	0	195,100	12
13	Insurance-Property, Liability and Malpractice	0	0	64,021	64,021	0	64,021	13
14	Other (specify):	0	0	119,251	119,251	(66,826)	52,424	14
15	TOTAL General Administration	194,379	43,969	702,717	941,064	(77,526)	863,538	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,103,533	220,089	890,642	2,214,264	(95,016)	2,119,248	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			361,556	361,556	0	361,556	17
18	Interest			146,572	146,572	(584)	145,988	18
19	Real Estate Taxes			70,756	70,756	0	70,756	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			11,498	11,498	0	11,498	21
22	Other (specify):	0	0	944,671	944,671	0	944,671	22
23	TOTAL Ownership	0	0	1,535,053	1,535,053	(584)	1,534,469	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,103,533	220,089	2,425,695	3,749,317	(95,600)	3,653,717	24

Facility Name: HERITAGE WOODS OF STERLING

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	23.02	2
3	Certified Nurse Assistants	7	13.61	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	12.71	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	12.09	10
11	Laundry	0	0.00	11
12	Managers	5	21.92	12
13	Other Administrative	4	18.99	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)	26	\$	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	\$ 157,863	1
2			2
Total		\$ 157,863	3

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

VIII. OWNERSHIP COSTS

A. Purchase price of land 140,336 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	76			2009	\$ 7,604,546	\$ 276,529	27.5	\$ 276,529	\$ (0)	\$ 3,548,788	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				832,257	55,484	15.0	55,484	0	694,179	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)				\$ 8,436,803	\$ 332,013		\$ 332,013	\$ (0)	\$ 4,242,968	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	\$ 827,624	\$ 29,544	\$ 118,232	88,688	7	\$ 712,792	18
19			0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 827,624	\$ 29,544	\$ 118,232	88,688		\$ 712,792	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	5/1/14	\$ 4,750,000	\$ 0	5/1/49	0.0398	\$ 84,684	1
2	ORIX Real Estate Capital LLC		X	FIRST MORTGAGE	6/22/21	\$ 4,497,800	\$ 4,464,972	7/1/56	0.0263	\$ 61,888	2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,247,800	\$ 4,464,972			\$ 146,572	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,247,800	\$ 4,464,972			\$ 146,572	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 STERLING

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	\$ 896,875	\$	1
2	Cash-Patient Deposits	355		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (160,988))	509,906		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	40,687		6
7	Other Prepaid Expenses	1,413		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	62		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,449,299	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	140,336		13
14	Buildings, at Historical Cost	7,604,546		14
15	Leasehold Improvements, at Historical Cost	832,257		15
16	Equipment, at Historical Cost	827,624		16
17	Accumulated Depreciation (book methods)	(4,955,759)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	38,038		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(38,038)		20
21	Restricted Funds	755,079		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)	\$ 5,204,116	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,653,415	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 33,258	\$	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	73,349		31
32	Accrued Interest Payable	9,786		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	957,429		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,073,822	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	4,411,789		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)	\$ 4,411,789	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,485,612	\$ 0	45
46	TOTAL EQUITY	\$ 1,167,804	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,653,415	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF STERLING

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	\$ 3,019,679	1
2	Discounts and Allowances	(6,859)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,012,820	3
	B. Other Operating Revenue		
4	Special Services	145,592	4
5	Other Health Care Services	0	5
6	Special Grants	39,881	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	0	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 185,473	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	584	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 584	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	999	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 999	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,199,876	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	691,729	19
20	Health Care/ Personal Care	581,471	20
21	General Administration	941,064	21
	B. Capital Expense		
22	Ownership	1,535,053	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)	\$ 3,749,317	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (549,441)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (549,441)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,753,878	32
33	Private Pay - Net Inpatient Revenue	1,258,942	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,012,820	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 25,017	Interest & Dividend Income	\$ -
PG3-4.1	\$ 25,017	Assessment Income	\$ -
		Assessment Expense	\$ -
A. General Services		Amortization - Loan Fees	\$ 130,491
Other (specify):		Financing Fees	\$ 168,707
Exterminating	\$ 1,570	Mortgage Interest Premium	\$ -
Rubbish Removal	\$ 5,209	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 6,847	Mortgage Insurance Prem	\$ 22,716
Transportation Service	\$ 135	Letter of Credit Fee	\$ -
Security & Monitoring	\$ 9,048	Bond & Draw Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 13,045	Remarketing and Trustee Fee	\$ -
Extraordinary COVID - Other	\$ 2,229	Interest Expense-Note	\$ -
PG3-4.3	\$ 38,083	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
C. General Administration		Partnership/Priority Mgmt Fee	\$ 15,000
Other (specify):		Asset Mgmt/Investor Service Fee	\$ 20,000
Consulting	\$ 10,726	Incentive Management	\$ 552,041
Legal	\$ 513	Incentive Asset Mgmt Fee	\$ 32,442
Audit & Accounting	\$ 17,185	Tax Credit Fees	\$ 3,000
Contract Labor-Serv Prov	\$ -	Organizational Expense	\$ -
Contract Labor	\$ 24,000	Developer Fees	\$ -
Bad Debt - Resident	\$ 22,352	Amortization Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid Pending Denial	\$ 24,161	Loss (Gain) on Sale of Assets	\$ -
Bad Debt - Medicaid Pending - Recovery	\$ -	Settlement	\$ -
Bad Debt - Medicaid	\$ -	Property Damage Loss	\$ 274
Bad Debt - Medicaid Recovery	\$ -	Abandonment Loss	\$ -
Bad Debt - Medicaid MCO	\$ 20,314	Grant Income	\$ -
PG3-14.3	\$ 119,251	PG3-22.3	\$ 944,671

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$	17,490	
PG3-3.5	\$	17,490	
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$	-	
Internet Access	\$	1,871	
Telephone- Connection	\$	5,672	
Telephone- Usage	\$	657	
Contributions	\$	2,500	
PG3-10.5	\$	10,699	
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$	22,352	
Bad Debt - Resident - Recovery	\$	-	
Bad Debt - Medicaid Pending Denial	\$	24,161	
Bad Debt - Medicaid Pending - Recovery	\$	-	
Bad Debt - Medicaid	\$	-	
Bad Debt - Medicaid Recovery	\$	-	
Bad Debt - Medicaid MCO	\$	20,314	
PG3-14.5	\$	66,826	
D. Ownership			
Interest:			
Interest Income	\$	404	
Interest Income - Reserves	\$	180	
PG3-18.5	\$	584	
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	\$	20,000
A/R-Insurance Reimbursement	\$	-	Accrued Partnership/Priority Mgmt Fee	\$	15,000
A/R-CIP	\$	-	Accrued Incentive Mgmt Fee	\$	552,041
A/R-Other	\$	62	Accrued Incentive Asset Mgmt Fee	\$	32,442
A/R-TIF/Abatement	\$	-	Accrued Liabilities	\$	42,541
PG7-9.1	\$	62	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	\$	3,182
			Reservation Deposit	\$	-
			Unearned Revenue - Resident	\$	50,952
			Unearned Revenue - Medicaid	\$	241,271
			Prepaid Medicaid Clearing	\$	-
			Prepaid Rent	\$	-
			PG7-35.1	\$	957,429

Income Statement PG 8 Other			
D. Other Revenue		Notes	
Contract Service-Serv Prov	\$	-	
Other	\$	999	Late fees; returned check fees
Property Tax Adjustments	\$	-	
Property Lease Income	\$	-	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	999	