

		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: 1000087		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER	
Facility Name: JOHN M EVANS SUPPORTIVE LVG		<p>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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p>	
Address: 1320 EXECUTIVE COURT PEKIN 61554			
County: TAZEWELL			
Telephone Number: (309) 477-8800 Fax # 309 477-8801			
Federal Employer ID Number:			
Date Current Owners were Certified: 4/28/2008		<div>Officer or Administrator of Provider</div> <div>(Signed) _____ (Date) _____</div> <div>(Type or Print Name) Greg Echols</div> <div>(Title) CFO, Gardant Management Solutions</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) () Fax # ()</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: Danel Erickson			
Telephone Number: (779) 771-6947			
Email Address: _____			

Facility Name JOHN M EVANS SUPPORTIVE LVGReport 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	19,444	3,199		22,643	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	19,444	3,199	0	22,643	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.63%

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

475 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 15 (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? Yes If yes, did the facility make all of the required payments of interest and principle? Yes
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: JOHN M EVANS SUPPORTIVE LVG

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	244,864	163,329	2,135	410,328	0	410,328	1
2	Housekeeping, Laundry and Maintenance	125,218	26,276	45,562	197,056	0	197,056	2
3	Heat and Other Utilities			129,271	129,271	(17,766)	111,505	3
4	Other (specify):	19,289	0	40,942	60,231	0	60,231	4
5	TOTAL General Services	389,371	189,604	217,910	796,886	(17,766)	779,120	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	506,307	17,511	0	523,818	0	523,818	6
7	Activities and Social Services	43,701	3,089	0	46,791	0	46,791	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	550,008	20,601	0	570,609	0	570,609	9
	C. General Administration							
10	Administrative and Clerical	190,292	44,191	250,535	485,018	(24,782)	460,236	10
11	Marketing Materials, Promotions and Advertising	56,897	7,831	14,845	79,574	0	79,574	11
12	Employee Benefits and Payroll Taxes	0	0	248,951	248,951	0	248,951	12
13	Insurance-Property, Liability and Malpractice	0	0	60,315	60,315	0	60,315	13
14	Other (specify):	0	0	91,676	91,676	(46,216)	45,460	14
15	TOTAL General Administration	247,189	52,023	666,321	965,533	(70,998)	894,535	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,186,569	262,228	884,231	2,333,028	(88,764)	2,244,264	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			306,559	306,559	0	306,559	17
18	Interest			238,204	238,204	(1,246)	236,958	18
19	Real Estate Taxes			61,494	61,494	0	61,494	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			19,996	19,996	0	19,996	21
22	Other (specify):	0	0	837,345	837,345	0	837,345	22
23	TOTAL Ownership	0	0	1,463,597	1,463,597	(1,246)	1,462,351	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,186,569	262,228	2,347,828	3,796,625	(90,010)	3,706,615	24

Facility Name: JOHN M EVANS SUPPORTIVE LVG

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	26.23	2
3	Certified Nurse Assistants	13	14.68	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	7	12.96	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.77	10
11	Laundry	0	0.00	11
12	Managers	5	26.66	12
13	Other Administrative	3	29.95	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	\$ 191,019	1
2			2
Total		\$ 191,019	3

Facility Name: JOHN M EVANS SUPPORTIVE LVG

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 184,011 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			2007	\$ 7,597,732	\$ 276,170	27.5	\$ 276,281	\$ 111	\$ 3,890,250	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				248,145	14,641	15.0	16,543	1,902	231,163	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)				\$ 7,845,877	\$ 290,810		\$ 292,824	\$ 2,014	\$ 4,121,412	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	\$ 791,945	\$ 15,748	\$ 158,389	142,641	5	\$ 751,814	18
19			0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 791,945	\$ 15,748	\$ 158,389	142,641		\$ 751,814	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	IHDA		X	FIRST MORTGAGE	10/25/06	\$ 5,295,000	\$ 3,943,595	4/1/38	0.0589	\$ 236,089	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,295,000	\$ 3,943,595			\$ 236,089	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,295,000	\$ 3,943,595			\$ 236,089	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: JOHN M EVANS SUPPORTIVE LVG

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	\$ 801,358	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (126,810))	604,100		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	31,334		6
7	Other Prepaid Expenses	1,472		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	94		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,438,358	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	184,011		13
14	Buildings, at Historical Cost	7,597,732		14
15	Leasehold Improvements, at Historical Cost	248,145		15
16	Equipment, at Historical Cost	791,945		16
17	Accumulated Depreciation (book methods)	(4,873,226)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	38,004		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(38,004)		20
21	Restricted Funds	1,423,946		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)	\$ 5,372,587	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,810,945	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 37,458	\$	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	62,243		31
32	Accrued Interest Payable	19,356		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,031,506		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,150,563	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	3,889,278		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)	\$ 3,889,278	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,039,841	\$ 0	45
46	TOTAL EQUITY	\$ 1,771,104	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,810,945	\$ 0	47

*(See instructions.)

Facility Name: JOHN M EVANS SUPPORTIVE LVG

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	\$ 3,416,758	1
2	Discounts and Allowances	(13,251)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,403,507	3
	B. Other Operating Revenue		
4	Special Services	205,091	4
5	Other Health Care Services	0	5
6	Special Grants	270,033	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	7,228	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 482,352	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	1,246	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,246	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	1,245	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,245	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,888,350	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	796,886	19
20	Health Care/ Personal Care	570,609	20
21	General Administration	965,533	21
	B. Capital Expense		
22	Ownership	1,463,597	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)	\$ 3,796,625	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 91,725	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 91,725	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,975,823	32
33	Private Pay - Net Inpatient Revenue	1,427,684	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,403,507	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 19,289	Interest & Dividend Income	\$ -
PG3-4.1	\$ 19,289	Assessment Income	\$ -
A. General Services		Assessment Expense	\$ -
Other (specify):		Amortization - Loan Fees	\$ 3,412
Exterminating	\$ 1,545	Financing Fees	\$ -
Rubbish Removal	\$ 2,569	Mortgage Interest Premium	\$ -
Vehicle Expense	\$ 10,767	Mortgage Service Fee	\$ 10,050
Transportation Service	\$ -	Mortgage Insurance Prem	\$ 20,095
Security & Monitoring	\$ 8,789	Letter of Credit Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 10,704	Bond & Draw Fee	\$ -
Extraordinary COVID - Other	\$ 6,568	Remarketing and Trustee Fee	\$ -
PG3-4.3	\$ 40,942	Interest Expense-Note	\$ -
C. General Administration		Interest Expense-LP	\$ -
Other (specify):		Debt Write-Off	\$ -
Consulting	\$ 1,726	Partnership/Priority Mgmt Fee	\$ -
Legal	\$ (2,201)	Asset Mgmt/Investor Service Fee	\$ 20,000
Audit & Accounting	\$ 19,054	Incentive Management	\$ 737,411
Contract Labor-Serv Prov	\$ 1	Incentive Asset Mgmt Fee	\$ 43,377
Contract Labor	\$ 26,880	Tax Credit Fees	\$ 3,000
Bad Debt - Resident	\$ 19,951	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	\$ 26,264	Property Damage Loss	\$ -
PG3-14.3	\$ 91,676	Abandonment Loss	\$ -
		Grant Income	\$ -
		PG3-22.3	\$ 837,345

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$ 17,766		
PG3-3.5	\$ 17,766		
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$ 7,228		
Internet Access	\$ 5,643		
Telephone- Connection	\$ 8,430		
Telephone- Usage	\$ 606		
Contributions	\$ 2,875		
PG3-10.5	\$ 24,782		
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$ 19,951		
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	\$ 26,264		
PG3-14.5	\$ 46,216		
D. Ownership			
Interest:			
Interest Income	\$ 959		
Interest Income - Reserves	\$ 287		
PG3-18.5	\$ 1,246		
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	\$	-
A/R-CIP	\$	-	Accrued Incentive Mgmt Fee	\$	743,271
A/R-Other	\$	94	Accrued Incentive Asset Mgmt Fee	\$	43,722
A/R-TIF/Abatement	\$	-	Accrued Liabilities	\$	61,940
PG7-9.1	\$	94	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	\$	3,473
			Reservation Deposit	\$	-
			Unearned Revenue - Resident	\$	34,560
			Unearned Revenue - Medicaid	\$	124,539
			Prepaid Medicaid Clearing	\$	-
			Prepaid Rent	\$	-
			PG7-35.1	\$	1,031,506

Income Statement PG 8 Other			
D. Other Revenue			Notes
Contract Service-Serv Prov	\$	-	
Other	\$	1,245	Late fees
Property Tax Adjustments	\$	-	
Property Lease Income	\$	-	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	1,245	