

		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: 1000154

Facility Name: MONTCLARE SL COMM LAWNSDALE

Address: 4339 W 18TH STREET CHICAGO 60623

Number City Zip Code

County: COOK

Telephone Number: (773) 277-0288 Fax # 773 277-0312

Federal Employer ID Number:

Date Current Owners were Certified: 6/22/2017

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: (773) 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 MONTCLARE SL COMM LAWNDAL

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	120	Single Unit Apartment	120	43,800	1		
2	0	Double Unit Apartment	0	0	2		
3		Other			3		
4	120	TOTALS	120	43,800	4		

B. Census-For the entire report period.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	28,463	0		28,463	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	28,463	0	0	28,463	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	64.98%
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64.98%

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

798 Also, indicate the number of unpaid bed-hold days the SLF
60 had during this year. **(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	X	MODIFIED		
CASH*		CASH*		

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: MONTCLARE SL COMM LAWNDAL

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	310,121	193,226	3,147	506,493	0	506,493	1
2	Housekeeping, Laundry and Maintenance	135,507	40,140	88,305	263,953	0	263,953	2
3	Heat and Other Utilities			163,556	163,556	(31,202)	132,353	3
4	Other (specify):	5,401	0	294,511	299,912	0	299,912	4
5	TOTAL General Services	451,029	233,366	549,519	1,233,914	(31,202)	1,202,711	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	558,921	22,383	0	581,304	0	581,304	6
7	Activities and Social Services	38,332	6,065	0	44,397	0	44,397	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	597,252	28,449	0	625,701	0	625,701	9
	C. General Administration							
10	Administrative and Clerical	237,643	64,748	312,555	614,946	(19,883)	595,063	10
11	Marketing Materials, Promotions and Advertising	40,844	12,689	79,577	133,110	0	133,110	11
12	Employee Benefits and Payroll Taxes	0	0	272,192	272,192	0	272,192	12
13	Insurance-Property, Liability and Malpractice	0	0	170,152	170,152	0	170,152	13
14	Other (specify):	0	0	458,403	458,403	(107,695)	350,708	14
15	TOTAL General Administration	278,487	77,437	1,292,879	1,648,803	(127,578)	1,521,225	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,326,768	339,252	1,842,397	3,508,417	(158,780)	3,349,637	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			1,145,717	1,145,717	0	1,145,717	17
18	Interest			428,345	428,345	(1,554)	426,791	18
19	Real Estate Taxes			190,248	190,248	0	190,248	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			11,394	11,394	0	11,394	21
22	Other (specify):	0	0	326,991	326,991	0	326,991	22
23	TOTAL Ownership	0	0	2,102,696	2,102,696	(1,554)	2,101,142	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,326,768	339,252	3,945,093	5,611,113	(160,334)	5,450,779	24

Facility Name: MONTCLARE SL COMM LAWNDALE

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	29.77	2
3	Certified Nurse Assistants	12	16.84	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	16.10	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	15.39	10
11	Laundry	0	0.00	11
12	Managers	5	26.20	12
13	Other Administrative	3	32.15	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)	31	\$	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	\$ 228,467	1
2			2
Total		\$ 228,467	3

Facility Name: MONTCLARE SL COMM LAWNSDALE

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 138,848 Year land was acquired 2016

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	120			2017	\$ 17,680,837	\$ 441,911	40.0	\$ 442,021	\$ 110	\$ 2,203,872	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				1,773,687	88,178	20.0	88,684	506	439,955	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)				\$ 19,454,524	\$ 530,089		\$ 530,705	\$ 616	\$ 2,643,827	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	\$ 3,088,041	\$ 615,628	\$ 617,608	1,980	5	\$ 3,072,262	18
19			0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 3,088,041	\$ 615,628	\$ 617,608	1,980		\$ 3,072,262	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

Facility Name: MONTCLARE SL COMM LAWNDALE

Report Period Beginning: 01/01/2021 Ending: 12/31/2021

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	MIDLAND STATES BANK			THIRD MORTGAGE	1/1/16	\$ 12,300,000	\$ 11,645,436	7/1/57	0.0363	\$ 425,844	1
2	City of Chicago			Second Mortgage	1/1/16	3,005,000	2,980,879	12/31/58	none		2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 15,305,000	\$ 14,626,315			\$ 425,844	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 15,305,000	\$ 14,626,315			\$ 425,844	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: MONTCLARE SL COMM LAWNDAL

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	\$ 98,961	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (183,429))	1,380,441		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	97,735		6
7	Other Prepaid Expenses	67,101		7
8	Accounts Receivable (owners or related parties)	57,071		8
9	Other(specify): See Page 7 Attachment	46,724		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,748,033	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	138,848		13
14	Buildings, at Historical Cost	17,680,837		14
15	Leasehold Improvements, at Historical Cost	1,773,687		15
16	Equipment, at Historical Cost	3,088,041		16
17	Accumulated Depreciation (book methods)	(5,716,089)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	89,190		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(35,676)		20
21	Restricted Funds	1,841,436		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)	\$ 18,860,308	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 20,608,341	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,459,986	\$	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	187,416		31
32	Accrued Interest Payable	36,607		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,784,758		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,468,766	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	14,096,742		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)	\$ 14,096,742	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 17,565,508	\$ 0	45
46	TOTAL EQUITY	\$ 3,042,833	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 20,608,341	\$ 0	47

*(See instructions.)

Facility Name: MONTCLARE SL COMM LAWNDAL

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	\$ 4,191,052	1
2	Discounts and Allowances	(1,928)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,189,124	3
	B. Other Operating Revenue		
4	Special Services	136,203	4
5	Other Health Care Services	0	5
6	Special Grants	265,678	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)	\$ 401,881	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	1,554	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,554	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	19,738	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 19,738	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,612,297	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,233,914	19
20	Health Care/ Personal Care	625,701	20
21	General Administration	1,648,803	21
	B. Capital Expense		
22	Ownership	2,102,696	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)	\$ 5,611,113	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (998,816)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (998,816)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,382,026	32
33	Private Pay - Net Inpatient Revenue	807,098	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,189,124	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 5,401	Interest & Dividend Income	\$ -
PG3-4.1	\$ 5,401	Assessment Income	\$ -
		Assessment Expense	\$ -
A. General Services		Amortization - Loan Fees	\$ 15,076
Other (specify):		Financing Fees	\$ -
Exterminating	\$ 24,520	Mortgage Interest Premium	\$ -
Rubbish Removal	\$ 16,112	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 10,650	Mortgage Insurance Prem	\$ 52,728
Transportation Service	\$ 94	Letter of Credit Fee	\$ -
Security & Monitoring	\$ 228,274	Bond & Draw Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 11,557	Remarketing and Trustee Fee	\$ -
Extraordinary COVID - Other	\$ 3,303	Interest Expense-Note	\$ -
PG3-4.3	\$ 294,511	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
C. General Administration		Partnership/Priority Mgmt Fee	\$ 236,357
Other (specify):		Asset Mgmt/Investor Service Fee	\$ 13,911
Consulting	\$ 35,286	Incentive Management	\$ -
Legal	\$ 21,358	Incentive Asset Mgmt Fee	\$ -
Audit & Accounting	\$ 14,700	Tax Credit Fees	\$ -
Contract Labor-Serv Prov	\$ 236,361	Organizational Expense	\$ -
Contract Labor	\$ 43,003	Developer Fees	\$ -
Bad Debt - Resident	\$ 66,329	Amortization Expense	\$ 8,919
Bad Debt - Resident - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid Pending Denial	\$ 14,147	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	\$ 27,219	Grant Income	\$ -
PG3-14.3	\$ 458,403	PG3-22.3	\$ 326,991

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$ 31,202		
PG3-3.5	\$ 31,202		
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$ -		
Internet Access	\$ -		
Telephone- Connection	\$ 383		
Telephone- Usage	\$ -		
Contributions	\$ 19,500		
PG3-10.5	\$ 19,883		
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$ 66,329		
Bad Debt - Resident - Recovery	\$ -		
Bad Debt - Medicaid Pending Denial	\$ 14,147		
Bad Debt - Medicaid Pending - Recovery	\$ -		
Bad Debt - Medicaid	\$ -		
Bad Debt - Medicaid Recovery	\$ -		
Bad Debt - Medicaid MCO	\$ 27,219		
PG3-14.5	\$ 107,695		
D. Ownership			
Interest:			
Interest Income	\$ 1,288		
Interest Income - Reserves	\$ 266		
PG3-18.5	\$ 1,554		
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	\$ 13,911	
A/R-Insurance Reimbursement	\$ -	Accrued Partnership/Priority Mgmt Fee	\$ 1,114,918	
A/R-CIP	\$ -	Accrued Incentive Mgmt Fee	\$ -	
A/R-Other	\$ 46,724	Accrued Incentive Asset Mgmt Fee	\$ -	
A/R-TIF/Abatement	\$ -	Accrued Liabilities	\$ 71,172	
PG7-9.1	\$ 46,724	Accrued Insurance	\$ -	
B. Other Long Term Assets Detail		Accrued Developer Fee	\$ 390,000	
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	\$ 2,861	
		Reservation Deposit	\$ -	
		Unearned Revenue - Resident	\$ 45,070	
		Unearned Revenue - Medicaid	\$ 146,824	
		Prepaid Medicaid Clearing	\$ -	
		Prepaid Rent	\$ -	
		PG7-35.1	\$ 1,784,758	

Income Statement PG 8 Other			
D. Other Revenue			Notes
Contract Service-Serv Prov	\$	-	
Other	\$	5,722	Late Fees
Property Tax Adjustments	\$	9,292	
Property Lease Income	\$	4,725	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	19,738	