

		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: 1000077

Facility Name: PRAIRIE WINDS OF URBANA

Address: 1905 S PRAIRIE WINDS URBANA 61801

County: CHAMPAIGN

Telephone Number: ( 217 ) 344-6400 Fax # 217 344-6444

Federal Employer ID Number:

Date Current Owners were Certified: 9/19/2007

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

X 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: (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)

(Type or Print Name) Greg Echols

(Title) CFO, Gardant Management Solutions

Paid Preparer

(Signed)

(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

HFS 3745C (N-4-05)

IL478-2471

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

### Date of change in certified units

/ /

**G. List all services provided by your facility for non-residents.  
(E.g., day care, "meals on wheels", outpatient therapy)**

**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.**

**462** Also, indicate the number of unpaid bed-hold days the SLF  
           had during this year. **8 (Do not include bed-hold days in Section B.)**

## STATE OF ILLINOIS

Page 3

Facility Name: PRAIRIE WINDS OF URBANA

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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	256,174	181,483	2,455	440,112	0	440,112	1
2	Housekeeping, Laundry and Maintenance	91,515	56,592	75,637	223,744	0	223,744	2
3	Heat and Other Utilities			128,997	128,997	(22,936)	106,061	3
4	Other (specify):	7,001	0	58,152	65,153	0	65,153	4
5	<b>TOTAL General Services</b>	<b>354,691</b>	<b>238,075</b>	<b>265,241</b>	<b>858,006</b>	<b>(22,936)</b>	<b>835,070</b>	<b>5</b>
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	527,535	16,871	0	544,406	0	544,406	6
7	Activities and Social Services	41,205	9,535	0	50,741	0	50,741	7
8	Other (specify):	0	0	0	0	0	0	8
9	<b>TOTAL Health Care and Programs</b>	<b>568,740</b>	<b>26,406</b>	<b>0</b>	<b>595,146</b>	<b>0</b>	<b>595,146</b>	<b>9</b>
	<b>C. General Administration</b>							
10	Administrative and Clerical	213,437	34,648	300,045	548,130	(9,705)	538,425	10
11	Marketing Materials, Promotions and Advertising	52,267	10,145	62,768	125,180	0	125,180	11
12	Employee Benefits and Payroll Taxes	0	0	248,310	248,310	0	248,310	12
13	Insurance-Property, Liability and Malpractice	0	0	68,866	68,866	0	68,866	13
14	Other (specify):	0	0	148,311	148,311	(115,551)	32,760	14
15	<b>TOTAL General Administration</b>	<b>265,704</b>	<b>44,793</b>	<b>828,300</b>	<b>1,138,796</b>	<b>(125,256)</b>	<b>1,013,540</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,189,135</b>	<b>309,273</b>	<b>1,093,541</b>	<b>2,591,949</b>	<b>(148,192)</b>	<b>2,443,757</b>	<b>16</b>
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			221,822	221,822	0	221,822	17
18	Interest			181,509	181,509	(946)	180,564	18
19	Real Estate Taxes			95,530	95,530	0	95,530	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			11,827	11,827	0	11,827	21
22	Other (specify):	0	0	288,601	288,601	0	288,601	22
23	<b>TOTAL Ownership</b>	<b>0</b>	<b>0</b>	<b>799,289</b>	<b>799,289</b>	<b>(946)</b>	<b>798,343</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,189,135</b>	<b>309,273</b>	<b>1,892,829</b>	<b>3,391,238</b>	<b>(149,138)</b>	<b>3,242,100</b>	<b>24</b>

Facility Name: PRAIRIE WINDS OF URBANA

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	31.65	2
3	Certified Nurse Assistants	12	14.42	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	13.61	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.82	10
11	Laundry	0	0.00	11
12	Managers	4	24.24	12
13	Other Administrative	3	33.13	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)	29	\$	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			

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? \$ \_\_\_\_\_

(Please attach a separate schedule itemizing 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	\$ 206,619	1
2			2
Total		\$ 206,619	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: PRAIRIE WINDS OF URBANA Report Period Beginning: 01/01/2021 Ending: 12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 566,500 Year land was acquired 2007

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	94			2007	\$ 5,838,238	\$ 145,632	40.0	\$ 145,956	\$ 324	\$ 2,014,901	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				718,277	35,914	20.0	35,914	0	520,893	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)				\$ 6,556,514	\$ 181,545		\$ 181,870	\$ 324	\$ 2,535,794	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	\$ 1,288,311	\$ 26,971	\$ 184,044	157,074	7	\$ 1,215,675	18
19	Vehicles	70,831	(22,083)	10,119	32,201	7	10,625	19
20	TOTAL (lines 18 and 19)	\$ 1,359,142	\$ 4,888	\$ 194,163	189,275		\$ 1,226,300	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: PRAIRIE WINDS OF URBANA

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	WALKER DUNLAP		X	FIRST MORTGAGE	3/1/12	\$ 7,909,200	\$ 0	4/1/47	0.0335	\$ 56,003	1
2	MERCHANTS CAPITAL CORP		X	FIRST MORTGAGE	3/1/21	6,983,000	6,896,562	4/1/56	0.0235	125,506	2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 14,892,200	\$ 6,896,562			\$ 181,509	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 14,892,200	\$ 6,896,562			\$ 181,509	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: PRAIRIE WINDS OF URBANA

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 858,569	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (237,110) )	792,538		3
4	Supply Inventory (priced at )	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	70,802		6
7	Other Prepaid Expenses	66,632		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	1,102		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,789,642	\$ 0	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	566,500		13
14	Buildings, at Historical Cost	5,838,238		14
15	Leasehold Improvements, at Historical Cost	718,277		15
16	Equipment, at Historical Cost	1,359,142		16
17	Accumulated Depreciation (book methods)	(3,762,093)		17
18	Deferred Charges	628		18
19	Organization & Pre-Operating Costs	11,579		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(11,579)		20
21	Restricted Funds	312,977		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 5,033,668	\$ 0	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,823,311	\$ 0	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 58,874	\$	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	73,095		30
31	Accrued Taxes Payable	95,597		31
32	Accrued Interest Payable	13,506		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	231,022		35
36		0		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 472,094	\$ 0	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	6,780,252		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	<b>Other Long-Term Liabilities(specify):</b>			
42	FMV of Derivative	0		42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 6,780,252	\$ 0	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 7,252,345	\$ 0	45
46	<b>TOTAL EQUITY</b>	\$ (429,035)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 6,823,311	\$ 0	47

\*(See instructions.)

Facility Name: PRAIRIE WINDS OF URBANA

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	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 4,015,209	1
2	Discounts and Allowances	(26,145)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 3,989,064	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	202,535	4
5	Other Health Care Services	0	5
6	Special Grants	5,068	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	1,062	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 208,665	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions	0	12
13	Interest and Other Investment Income	946	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 946	14
	<b>D. Other Revenue (specify):</b>		
15	See Page 8 Attachment	2,022	15
16		0	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 2,022	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 4,200,697	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	858,006	19
20	Health Care/ Personal Care	595,146	20
21	General Administration	1,138,796	21
	<b>B. Capital Expense</b>		
22	Ownership	799,289	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers	0	23
24	Non-Operating Expenses	0	24
25	Other (specify):	0	25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 3,391,238	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 809,460	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 809,460	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 2,592,411	32
33	Private Pay - Net Inpatient Revenue	1,396,653	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 3,989,064	37



Operating Expenses PG 3 Other			
<b>A. General Services</b>		<b>D. Ownership</b>	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ 7,001	Interest & Dividend Income	\$ -
<b>PG3-4.1</b>	<b>\$ 7,001</b>	Assessment Income	\$ -
		Assessment Expense	\$ -
<b>A. General Services</b>		Amortization - Loan Fees	\$ 112,674
Other (specify):		Financing Fees	\$ 133,973
Externimating	\$ 3,370	Mortgage Interest Premium	\$ -
Rubbish Removal	\$ 7,610	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 1,297	Mortgage Insurance Prem	\$ 33,303
Transportation Service	\$ 507	Letter of Credit Fee	\$ -
Security & Monitoring	\$ 19,608	Bond & Draw Fee	\$ -
Extraordinary COVID - Supplies & Equipment	\$ 17,864	Remarketing and Trustee Fee	\$ -
Extraordinary COVID - Other	\$ 7,896	Interest Expense-Note	\$ -
<b>PG3-4.3</b>	<b>\$ 58,152</b>	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
<b>C. General Administration</b>		Partnership/Priority Mgmt Fee	\$ -
Other (specify):		Asset Mgmt/Investor Service Fee	\$ -
Consulting	\$ 5,453	Incentive Management	\$ -
Legal	\$ 1,343	Incentive Asset Mgmt Fee	\$ -
Audit & Accounting	\$ 15,534	Tax Credit Fees	\$ -
Contract Labor-Serv Prov	\$ -	Organizational Expense	\$ -
Contract Labor	\$ 10,430	Developer Fees	\$ -
Bad Debt - Resident	\$ 81,673	Amortization Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid Pending Denial	\$ 20,350	Loss (Gain) on Sale of Assets	\$ 8,651
Bad Debt - Medicaid Pending - Recovery	\$ -	Settlement	\$ -
Bad Debt - Medicaid	\$ -	Property Damage Loss	\$ -
Bad Debt - Medicaid Recovery	\$ -	Abandonment Loss	\$ -
Bad Debt - Medicaid MCO	\$ 13,527	Grant Income	\$ -
<b>PG3-14.3</b>	<b>\$ 148,311</b>	<b>PG3-22.3</b>	<b>\$ 288,601</b>

Operating Expenses - Reclassifications and Adjustments PG3	
<b>A. General Services</b>	
Heat and Other Utilities	
Cable	\$ 22,936
<b>PG3-3.5</b>	<b>\$ 22,936</b>
<b>C. General Administration</b>	
Administrative and Clerical	
Beauty Salon & Manicure	\$ 1,062
Internet Access	\$ 1,880
Telephone- Connection	\$ 4,263
Telephone- Usage	\$ -
Contributions	\$ 2,500
<b>PG3-10.5</b>	<b>\$ 9,705</b>
<b>C. General Administration</b>	
Other (specify):	
Bad Debt - Resident	\$ 81,673
Bad Debt - Resident - Recovery	\$ -
Bad Debt - Medicaid Pending Denial	\$ 20,350
Bad Debt - Medicaid Pending - Recovery	\$ -
Bad Debt - Medicaid	\$ -
Bad Debt - Medicaid Recovery	\$ -
Bad Debt - Medicaid MCO	\$ 13,527
<b>PG3-14.5</b>	<b>\$ 115,551</b>
<b>D. Ownership</b>	
Interest:	
Interest Income	\$ 468
Interest Income - Reserves	\$ 477
<b>PG3-18.5</b>	<b>\$ 946</b>
<b>D. Ownership</b>	
Other (specify):	
Goodwill Amortization	\$ -
Remarketing and Trustee Fee	\$ -
<b>PG3-22.5</b>	<b>\$ -</b>

Balance Sheet PG 7 Other			
<b>A. Other Current Asset Details</b>		<b>C. Current Liabilities Detail</b>	
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	\$ -
A/R-CIP	\$ -	Accrued Incentive Mgmt Fee	\$ -
A/R-Other	\$ 1,102	Accrued Incentive Asset Mgmt Fee	\$ -
A/R-TIF/Abatement	\$ -	Accrued Liabilities	\$ 56,379
<b>PG7-9.1</b>	<b>\$ 1,102</b>	Accrued Insurance	\$ -
<b>B. Other Long Term Assets Detail</b>		Accrued Developer Fee	\$ -
CIP	\$ -	Accrued MIP	\$ -
CIP- Land Option Addition	\$ -	Accrued Vacation	\$ 11,088
CIP- Other Addition	\$ -	Payroll Union Dues	\$ -
<b>PG7-23.1</b>	<b>\$ -</b>	Payroll Benefits	\$ -
		Security Deposits Held	\$ -
		Unclaimed Property	\$ 1,775
		Reservation Deposit	\$ 3,300
		Unearned Revenue - Resident	\$ 29,299
		Unearned Revenue - Medicaid	\$ 140,270
		Prepaid Medicaid Clearing	\$ -
		Prepaid Rent	\$ -
		<b>PG7-35.1</b>	<b>\$ 242,110</b>

Income Statement PG 8 Other			
D. Other Revenue			Notes
Contract Service-Serv Prov	\$	-	
Other	\$	335	Late fees
Property Tax Adjustments	\$	-	
Property Lease Income	\$	1,688	
Insurance Adjustments	\$	-	
Developer Fee Income	\$	-	
Home Office Rent Income	\$	-	
Food & Meal Prep	\$	-	
PG8-15.1	\$	2,022	