		FOR BHF USE						

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)

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: 1000041

Facility Name: CHURCHVIEW SUPPORTIVE LIVING

Address: 2626 WEST 63RD ST (Number) CHICAGO (City) 60629 (Zip Code)

County: COOK

Telephone Number: (773) 471-4444 **Fax #** 773 471-3935

Federal Employer ID Number:

Date Current Owners were Certified: 03/24/2005

Type of Ownership:

- [ ] VOLUNTARY, NON-PROFIT
  - [ ] Charitable Corp.
  - [ ] Trust
- [ ] PROPRIETARY
  - [ ] Individual
  - [X] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [ ] Limited Liability Co.
  - [ ] Trust
  - [ ] Other
- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

IRS Exemption Code

In the event there are further questions about this report, please contact:

Name: Thomas Staszak **Telephone Number:** (815) 935-1992

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 01/01/2016 to 12/31/2016 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) David J. Mitchell

(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 CHURCHVIEW SUPPORTIVE LIVING ID#: Report Period Beginning: 01/01/2016 Ending: 12/31/2016

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	86	Single Unit Apartment	86	31,476	1
2		Double Unit Apartment			2
3		Other			3
4	86	TOTALS	86	31,476	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	26,428	181		26,609	5
6	Double Unit					6
7	Other					7
8	TOTALS	26,428	181		26,609	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.54%

D. Indicate the number of paid bed-hold days the SLF had during this year 608 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 1 **(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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

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

H. ACCOUNTING BASIS
ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 2016 Fiscal Year: 2016
* 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: CHURCHVIEW SUPPORTIVE LIVING **ID#:** **Report Period Beginning: 01/01/2016** **Ending: 12/31/2016**

IV. COST CENTER EXPENSES (please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	236,242	162,255	1,842	400,339		400,339	1
2	Housekeeping, Laundry and Maintenance	109,946	108,810	93,038	311,794		311,794	2
3	Heat and Other Utilities			180,449	180,449	(8,218)	172,231	3
4	Other (specify): See Page 3 Attachment			81,931	81,931		81,931	4
5	**TOTAL General Services**	346,188	271,065	357,260	974,513	(8,218)	966,295	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	404,285	11,403		415,688		415,688	6
7	Activities and Social Services	29,659	5,601		35,260		35,260	7
8	Other (specifiy):							8
9	**TOTAL Health Care and Programs**	433,944	17,004		450,948		450,948	9
	C. General Administration							
10	Administrative and Clerical	195,645	30,479	245,327	471,451	(11,411)	460,040	10
11	Marketing Materials, Promotions and Advertising	63,797	10,106	40,822	114,725		114,725	11
12	Employee Benefits and Payroll Taxes			244,179	244,179		244,179	12
13	Insurance-Property, Liability and Malpractice			51,551	51,551		51,551	13
14	Other (specify): See Page 3 Attachment			64,369	64,369	(10,755)	53,614	14
15	**TOTAL General Administration**	259,442	40,585	646,248	946,275	(22,166)	924,109	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,039,574	328,654	1,003,508	2,371,736	(30,384)	2,341,352	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			492,728	492,728		492,728	17
18	Interest			25,465	25,465	(1,031)	24,434	18
19	Real Estate Taxes			64,827	64,827		64,827	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,629	7,629		7,629	21
22	Other (specify): See Page 3 Attachment			194,878	194,878	(10,459)	184,419	22
23	**TOTAL Ownership**			785,527	785,527	(11,490)	774,037	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,039,574	328,654	1,789,035	3,157,263	(41,874)	3,115,389	24

Facility Name: CHURCHVIEW SUPPORTIVE LIVING ID#: Report Period Beginning 01/01/2016 Ending: 12/31/2016

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 1	1
2	Licensed Practical Nurses	1	23.71	2
3	Certified Nurse Assistants	12	11.72	3
4	Activity Director & Assistants	Inc line 12	Inc line 1	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8	11.23	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	10.75	10
11	Laundry			11
12	Managers	3	19.26	12
13	Other Administrative	5	20.35	13
14	Clerical	Inc line 13	Inc line 1	14
15	Marketing	Inc line 12	Inc line 1	15
16	Other			16
17	Total (lines 1 thru 16)	32	$	17

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	$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Gardant Management Solutions	$ 136,249	1
2			2
		Total $ 136,249	3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES				OTHER RELATED BUSINESS ENTITIES					
Name	1	City	2	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 [X]

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 [X]

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).

Facility Name: CHURCHVIEW SUPPORTIVE LIVING ID#: Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,302,647 Year land was acquired 1998-2000

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	86			2004	$ 12,319,858	$ 448,073	27.5	$	$ (448,073)	$ 5,533,948	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				292,999	19,534	15	19,533	(1)	239,010	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 12,612,857	$ 467,607		$ 19,533	$ (448,074)	$ 5,772,958	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	$ 427,296	$ 25,122	$ 85,459	60,338	5	$ 348,613	18
19	Vehicles				$		-	19
20	TOTAL (lines 18 and 19)	$ 427,296	$ 25,122	$ 85,459	60,338		$ 348,613	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: CHURCHVIEW SUPPORTIVE LIVING ID#: Report Period Beginning: 01/01/2016 Ending: 2/31/2016

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building			/ /	$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				$			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 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related Long-Term										
1	HARRIS TRUST & SAVING		X	FIRST MORTGAGE	03/01/03	$ 7,555,000	$ 5,825,000	09/01/33	VARIABLE	$ 25,465	1
2	CITY OF CHICAGO DEPT (		X	SECOND MORTGAGE	03/01/35	4,000,000	4,000,000	03/01/35	NONE		2
3					/ /	-		/ /	.0000		3
4					/ /	-		/ /	.0000		
5						-			.0000		
	Working Capital										
6					/ /	-		/ /	.0000		4
7	TOTAL Facility Related					$ 11,555,000	$ 9,825,000			$ 25,465	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 11,555,000	$ 9,825,000			$ 25,465	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: CHURCHVIEW SUPPORTIVE LIVING **ID#:** **Report Period Beginning:** 01/01/2016 **Ending:** 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 710,969	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (97,233))	1,029,566		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,646		6
7	Other Prepaid Expenses	7,292		7
8	Accounts Receivable (owners or related parties)	55,374		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,818,847	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,302,647		13
14	Buildings, at Historical Cost	12,319,858		14
15	Leasehold Improvements, at Historical Cost	292,999		15
16	Equipment, at Historical Cost	427,296		16
17	Accumulated Depreciation (book methods)	(6,121,571)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	205,780		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(205,780)		20
21	Restricted Funds	386,365		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 8,607,595	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,426,441	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 118,547	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	70,019		31
32	Accrued Interest Payable	478		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	168,435		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 357,479	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,574,775		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 9,574,775	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 9,932,254	$	45
46	**TOTAL EQUITY**	$ 494,187	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 10,426,441	$	47

***(See instructions.)**

Facility Name: CHURCHVIEW SUPPORTIVE LIVING **ID#:** **Report Period Beginning: 01/01/2016** **Ending: 12/31/2016**

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 2,697,783	1
2	Discounts and Allowances	(30,152)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,667,631	3
	B. Other Operating Revenue		
4	Special Services	73,484	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 73,484	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,031	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 1,031	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	5,622	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 5,622	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 2,747,768	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	974,513	19
20	Health Care/ Personal Care	450,948	20
21	General Administration	946,275	21
	B. Capital Expense		
22	Ownership	785,527	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	**TOTAL EXPENSES (sum of lines 19 thru 27)**	$ 3,157,263	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (409,495)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (409,495)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 1,903,286	32
33	Private Pay - Net Inpatient Revenue	764,345	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 2,667,631	37

Expenses PG 3 Other

	General Services Other	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	7,861
5200-5127-0-0	Rubbish Removal	15,319
5200-5130-0-0	Vehicle Expense	5
5200-5131-0-0	Transportation Service	11,551
5300-5140-0-0	Security & Monitoring	47,194
		81,931

Health Care & Programs
-

	General Administration Other	Amt
5160-5060-0-0	Consulting	1,500
5160-5063-0-0	Legal	19,483
5160-5064-0-0	Accounting	110
5160-5066-0-0	Audit	23,105
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	9,416
5180-5079-0-0	Bad Debt - Resident	(18,911)
5180-5079-1-0	Bad Debt - Resident - Recovery	(1,344)
5180-5080-0-0	Bad Debt - Resident Prior Period	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	1,000
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-
5180-5083-0-0	Bad Debt - Medicaid MCO	30,010
5190-5000-0-0	Other Admin Allocation	-
		64,369

	Ownership Other	Amt
9100-9101-0-0	Interest & Dividend Income	-
9100-9102-0-0	Assessment Income	-
9100-9103-0-0	Assessment Expense	-
9200-9201-1-0	Amortization - Loan Fees	21,950
9200-9202-0-0	Financing Fees	-
9200-9203-1-0	Mortgage Interest Premium	-
9200-9204-0-0	Mortgage Service Fee	-
9200-9205-0-0	Mortgage Insurance Prem	-
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	90,915
9200-9208-0-0	Bond & Draw Fee	2,400
9200-9209-0-0	Remarketing and Trustee Fee	10,459
9200-9210-0-0	Interest Expense-Note	-
9200-9211-0-0	Interest Expense-LP	-
9200-9212-0-0	Debt Write-Off	-
9300-9301-0-0	Partnership Management Fee	43,000
9300-9302-0-0	Asset Management Fee	4,300
9300-9303-0-0	Incentive Management	9,710
9300-9303-1-0	Incentive Asset Mgmt Fee	-
9300-9304-0-0	Tax Credit Fees & Incentive Fee	2,150
9300-9305-0-0	Organizational Expense	-
9300-9306-0-0	Developer Fees	-
9300-9307-0-0	Closing Costs	-
9700-9702-0-0	Amortization Expense	(6)
9900-9901-0-0	Prior Period Adjustments	-
9900-9902-0-0	Dissolution of Business	-
9900-9903-0-0	Loss (Gain) on Sale of Assets	-
9900-9904-0-0	Business Interruption	-
9900-9905-0-0	Settlement	10,000
9900-9906-0-0	Property Damage Loss	-
9900-9907-0-0	Abandonment Loss	-
9900-9908-0-0	Grant Income	-
9900-9909-0-0	Misc: Title, Recording, Transfe	-
		194,878

Balance Sheet

	Other Current Assets Detail	Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursemen	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0006-0-0	Security Deposit-Equip & Util	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
		-

	Other Long Term Assets Detail	
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
		-

	Current Liabilities Detail	Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	4,300
2112-0101-0-0	Accrued Partnership Mgmt Fee	53,000
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fe	-
2112-0105-0-0	Accrued Liabilities	61,148
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0140-0-0	Accrued Vacation	-
2112-0144-0-0	Payroll Union Dues	-
2112-0146-0-0	Payroll Benefits	-
2112-0150-0-0	Security Deposits	-
2112-0154-0-0	Unclaimed Property	22,185
2112-0155-0-0	Reservation Deposit	-
2112-0156-0-0	Buy Down Credit	-
2112-0157-0-0	Unapplied Last Month Rent	-
2112-0158-0-0	Deferred Gain on Sale	-
2112-0159-0-0	Unearned Revenue	27,802
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
		168,435

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	3,295
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	2,327
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		5,622