

		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: 1000063

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

Address: 6960 STATE ROUTE 162 MARYVILLE 62062

County: MADISON

Telephone Number: (618) 288-2211 Fax # 618 288-2299

Federal Employer ID Number:

Date Current Owners were Certified: 11/29/2006

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: 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)

(Type or Print Name) David J. Mitchell

(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

Facility Name CAMBRIDGE HOUSE OF MARYVILLE

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	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	100	Single Unit Apartment	100	36,600	1
2	3	Double Unit Apartment	3	1,098	2
3		Other			3
4	103	TOTALS	103	37,698	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	31,238	5,678		36,916	5
6	Double Unit					6
7	Other					7
8	TOTALS	31,238	5,678		36,916	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.93%

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

361 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? 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

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Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

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 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	217,391	205,623	2,019	425,033		425,033	1
2	Housekeeping, Laundry and Maintenance	110,902	41,823	67,053	219,778		219,778	2
3	Heat and Other Utilities			150,879	150,879	(21,498)	129,381	3
4	Other (specify): See Page 3 Attachment			32,400	32,400		32,400	4
5	TOTAL General Services	328,293	247,446	252,351	828,090	(21,498)	806,592	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	449,976	13,642		463,618		463,618	6
7	Activities and Social Services	23,245	4,315		27,560		27,560	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	473,221	17,957		491,178		491,178	9
	C. General Administration							
10	Administrative and Clerical	174,544	33,210	319,756	527,510	(29,644)	497,866	10
11	Marketing Materials, Promotions and Advertising	50,492	17,367	43,523	111,382		111,382	11
12	Employee Benefits and Payroll Taxes			265,148	265,148		265,148	12
13	Insurance-Property, Liability and Malpractice			59,456	59,456		59,456	13
14	Other (specify): See Page 3 Attachment			62,853	62,853	(44,711)	18,142	14
15	TOTAL General Administration	225,036	50,577	750,736	1,026,349	(74,355)	951,994	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,026,550	315,980	1,003,087	2,345,617	(95,853)	2,249,764	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			385,944	385,944		385,944	17
18	Interest			405,173	405,173	(9,608)	395,565	18
19	Real Estate Taxes			79,785	79,785		79,785	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			12,256	12,256		12,256	21
22	Other (specify): See Page 3 Attachment			609,101	609,101		609,101	22
23	TOTAL Ownership			1,492,259	1,492,259	(9,608)	1,482,651	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,026,550	315,980	2,495,346	3,837,876	(105,461)	3,732,415	24

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

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	20.74	2
3	Certified Nurse Assistants	15	10.87	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	10	9.51	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	9.55	10
11	Laundry			11
12	Managers	4	19.89	12
13	Other Administrative	4	22.61	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)	37	\$	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
CAMBRIDGE HOUSE OF O'FALLON	O'FALLON
CAMBRIDGE HOUSE OF SWANSEA	SWANSEA

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).

STATE OF ILLINOIS

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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	\$ 214,919	1
2			2
Total		\$ 214,919	3

RELATED SLF's & HEALTH CARE BUSINESSES		OTHER RELATED BUSINESS ENTITIES							
<u>Name</u>	<u>1</u>	<u>City</u>	<u>2</u>	<u>Name</u>	<u>3</u>	<u>City</u>	<u>4</u>	<u>Type of Business</u>	<u>5</u>
CAMBRIDGE HOUSE OF O'FALLON		O'FALLON							
CAMBRIDGE HOUSE OF SWANSEA		SWANSEA							

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE ID#: Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 650,127 Year land was acquired 2004

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	103			2006	\$ 9,629,447	\$ 350,124	27.5	\$ 350,162	\$ 38	\$ 3,720,048	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				334,649	25,764	15	22,310	(3,454)	257,705	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)				\$ 9,964,096	\$ 375,888		\$ 372,472	\$ (3,416)	\$ 3,977,753	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	\$ 920,347	\$ 10,056	\$ 184,069	174,013	5	\$ 883,110	18
19	Vehicles				\$		-	19
20	TOTAL (lines 18 and 19)	\$ 920,347	\$ 10,056	\$ 184,069	174,013		\$ 883,110	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				\$			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	10/01/06	\$ 6,950,000	\$ 6,207,684	11/01/41	.0648	\$ 405,173	1
2					/ /	-		/ /	.0000		2
3					/ /	-		/ /	.0000		3
4					/ /	-		/ /	.0000		
5						-			.0000		
	Working Capital										
6					/ /	-		/ /	.0000		4
7	TOTAL Facility Related					\$ 6,950,000	\$ 6,207,684			\$ 405,173	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,950,000	\$ 6,207,684			\$ 405,173	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.

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Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

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	\$ 512,509	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (64,641))	1,119,910		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	62,279		6
7	Other Prepaid Expenses	15,974		7
8	Accounts Receivable (owners or related parties)	744		8
9	Other(specify): See Page 7 Attachment	324		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,711,740	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	650,127		13
14	Buildings, at Historical Cost	9,629,447		14
15	Leasehold Improvements, at Historical Cost	334,649		15
16	Equipment, at Historical Cost	920,347		16
17	Accumulated Depreciation (book methods)	(4,860,863)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	45,895		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(45,895)		20
21	Restricted Funds	1,745,412		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,419,120	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,130,860	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 55,946	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	30,635		30
31	Accrued Taxes Payable	81,105		31
32	Accrued Interest Payable	34,815		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	688,006		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 890,506	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,155,623		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)	\$ 6,155,623	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,046,129	\$	45
46	TOTAL EQUITY	\$ 3,084,731	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,130,860	\$	47

*(See instructions.)

Facility Name: CAMBRIDGE HOUSE OF MARYVILLE

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.)

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,578,444	1
2	Discounts and Allowances	(22,650)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,555,794	3
	B. Other Operating Revenue		
4	Special Services	114,486	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	14,395	8
9	Non-Resident Meals	6,725	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 135,606	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	9,608	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 9,608	14
	D. Other Revenue (specify):		
15		(720)	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ (720)	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,700,288	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	828,090	19
20	Health Care/ Personal Care	491,178	20
21	General Administration	1,026,349	21
	B. Capital Expense		
22	Ownership	1,492,259	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)	\$ 3,837,876	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (137,588)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (137,588)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,567,624	32
33	Private Pay - Net Inpatient Revenue	1,988,170	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,555,794	37

Expenses PG 3 Other

	General Services Other		Health Care & Programs		General Administration Other		Amt	Ownership Other		Amt
5200-5000-0-0	Operating Allocation	-	5160-5060-0-0	Consulting	258	9100-9101-0-0	Interest & Dividend Income	-		
5200-5124-0-0	Exterminating	2,176	5160-5063-0-0	Legal	2,495	9100-9102-0-0	Assessment Income	-		
5200-5127-0-0	Rubbish Removal	4,155	5160-5064-0-0	Accounting	150	9100-9103-0-0	Assessment Expense	-		
5200-5130-0-0	Vehicle Expense	5,402	5160-5066-0-0	Audit	13,960	9200-9201-1-0	Amortization - Loan Fees	3,336		
5200-5131-0-0	Transportation Service	-	5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9202-0-0	Financing Fees	3,811		
5300-5140-0-0	Security & Monitoring	20,667	5160-5068-0-0	Contract Labor	1,279	9200-9203-1-0	Mortgage Interest Premium	-		
			5180-5079-0-0	Bad Debt - Resident	34,109	9200-9204-0-0	Mortgage Service Fee	15,632		
			5180-5079-1-0	Bad Debt - Resident - Recovery	-	9200-9205-0-0	Mortgage Insurance Prem	31,075		
			5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9206-0-0	Participation Fee	-		
			5180-5081-0-0	Bad Debt - Medicaid Pending Denial	10,602	9200-9207-0-0	Letter of Credit Fee	-		
			5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9200-9208-0-0	Bond & Draw Fee	-		
			5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9200-9209-0-0	Remarketing and Trustee Fee	-		
			5180-5083-0-0	Bad Debt - Medicaid MCO	-	9200-9210-0-0	Interest Expense-Note	-		
			5190-5000-0-0	Other Admin Allocation	-	9200-9211-0-0	Interest Expense-LP	-		
						9200-9212-0-0	Debt Write-Off	-		
						9300-9301-0-0	Partnership Management Fee	25,000		
						9300-9302-0-0	Asset Management Fee	5,004		
						9300-9303-0-0	Incentive Management	521,673		
						9300-9303-1-0	Incentive Asset Mgmt Fee	-		
						9300-9304-0-0	Tax Credit Fees & Incentive Fee	3,570		
						9300-9305-0-0	Organizational Expense	-		
						9300-9306-0-0	Developer Fees	-		
						9300-9307-0-0	Closing Costs	-		
						9700-9702-0-0	Amortization Expense	-		
						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	-		
						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	-		
		32,400		-	62,853					609,101

Balance Sheet

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-	2111-0040-0-0	Construction Account Payable	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-	2112-0100-0-0	Accrued Asset Management Fee	5,004
1102-9973-0-0	A/R-Insurance Reimbursemen	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	25,000
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	521,673
1102-9975-0-0	A/R-CIP	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9976-0-0	A/R-Other	-	2112-0105-0-0	Accrued Liabilities	115,768
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1102-0006-0-0	Security Deposit-Equip & Util	324	2112-0115-0-0	Accrued Developer Fee	-
1105-0009-0-0	Transfer Account	-	2112-0130-0-0	Accrued MIP	-
1105-0012-0-0	Undeposited Funds	-	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	4,675
			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	15,886
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		324			688,006
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	-			
		-			

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	(720)
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		(720)