

		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: 100X029

Facility Name: HERITAGE WOODS OF BATAVIA II

Address: 1079 EAST WILSON ST BATAVIA 60510

County: KANE

Telephone Number: (630) 406-9440 Fax # 630 406-9451

Federal Employer ID Number:

Date Current Owners were Certified: 02/27/2008

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 HERITAGE WOODS OF BATAVIA II

Report Period Beginning: 01/01/2016 Ending: 12/31/2016

HERITAGE WOODS OF BATAVIA II

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	52	Single Unit Apartment	52		19,032	1	
2	3	Double Unit Apartment	3		1,098	2	
3		Other				3	
4	55	TOTALS	55		20,130	4	

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	15,652	4,161		19,813	5
6	Double Unit					6
7	Other					7
8	TOTALS	15,652	4,161		19,813	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.43%

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

210 Also, indicate the number of unpaid bed-hold days the SLF 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: 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

Page 3

Facility Name: HERITAGE WOODS OF BATAVIA II

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	92,563	108,925	608	202,096		202,096	1
2	Housekeeping, Laundry and Maintenance	45,170	30,739	21,144	97,053		97,053	2
3	Heat and Other Utilities			112,107	112,107	(15,061)	97,046	3
4	Other (specify): See Page 3 Attachment			15,276	15,276		15,276	4
5	TOTAL General Services	137,733	139,664	149,135	426,532	(15,061)	411,471	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	284,887	6,597		291,484		291,484	6
7	Activities and Social Services	18,249	2,715		20,964		20,964	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	303,136	9,312		312,448		312,448	9
	C. General Administration							
10	Administrative and Clerical	39,026	17,192	172,215	228,433	(20,468)	207,965	10
11	Marketing Materials, Promotions and Advertising	4,820	5,137	22,633	32,590		32,590	11
12	Employee Benefits and Payroll Taxes			105,076	105,076		105,076	12
13	Insurance-Property, Liability and Malpractice			25,953	25,953		25,953	13
14	Other (specify): See Page 3 Attachment			30,578	30,578	(1,197)	29,381	14
15	TOTAL General Administration	43,846	22,329	356,455	422,630	(21,665)	400,965	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	484,715	171,305	505,590	1,161,610	(36,726)	1,124,884	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			285,901	285,901		285,901	17
18	Interest			379,269	379,269	(4,626)	374,643	18
19	Real Estate Taxes			72,571	72,571		72,571	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			6,968	6,968		6,968	21
22	Other (specify): See Page 3 Attachment			485,480	485,480		485,480	22
23	TOTAL Ownership			1,230,189	1,230,189	(4,626)	1,225,563	23
24	GRAND TOTAL (Sum of lines 16 and 23)	484,715	171,305	1,735,779	2,391,799	(41,352)	2,350,447	24

Facility Name: HERITAGE WOODS OF BATAVIA II

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	31.51	2
3	Certified Nurse Assistants	8	12.30	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	3	11.10	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	1	10.29	10
11	Laundry			11
12	Managers	2	26.81	12
13	Other Administrative	1	13.71	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)	16	\$	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
HERITAGE WOODS OF BATAVIA	BATAVIA

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	\$ 119,592	1
2			2
Total		\$ 119,592	3

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).

VIII. OWNERSHIP COSTS

A. Purchase price of land 570,483 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	55			2008	\$ 6,953,281	\$ 252,847	27.5	\$ 252,847	\$ (0)	\$ 2,222,944	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				236,738	13,991	15	15,783	1,792	146,660	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)				\$ 7,190,019	\$ 266,838		\$ 268,629	\$ 1,791	\$ 2,369,604	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	\$ 480,591	\$ 19,063	\$ 96,118	77,055	5	\$ 448,246	18
19	Vehicles				\$		-	19
20	TOTAL (lines 18 and 19)	\$ 480,591	\$ 19,063	\$ 96,118	77,055		\$ 448,246	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: HERITAGE WOODS OF BATAVIA II

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	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	12/01/06	\$ 7,000,000	\$ 6,506,274	05/01/48	.0580	\$ 379,269	1
2					/ /	-		/ /	.0000		2
3					/ /	-		/ /	.0000		3
4					/ /	-		/ /	.0000		
5						-			.0000		
	Working Capital										
6					/ /	-		/ /	.0000		4
7	TOTAL Facility Related					\$ 7,000,000	\$ 6,506,274			\$ 379,269	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,000,000	\$ 6,506,274			\$ 379,269	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: HERITAGE WOODS OF BATAVIA II

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	\$ 664,378	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (4,252))	387,642		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,079		6
7	Other Prepaid Expenses	2,542		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,061,642	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	570,483		13
14	Buildings, at Historical Cost	6,953,281		14
15	Leasehold Improvements, at Historical Cost	236,738		15
16	Equipment, at Historical Cost	480,591		16
17	Accumulated Depreciation (book methods)	(2,817,850)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	14,513		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(12,824)		20
21	Restricted Funds	3,137,772		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,562,704	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,624,345	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 50,361	\$	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	76,719		31
32	Accrued Interest Payable	31,447		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	2,364,397		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,522,924	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,292,953		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)	\$ 6,292,953	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,815,877	\$	45
46	TOTAL EQUITY	\$ 808,468	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,624,345	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF BATAVIA II

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	\$ 2,293,283	1
2	Discounts and Allowances	(2,370)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,290,913	3
	B. Other Operating Revenue		
4	Special Services	87,925	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	10,345	8
9	Non-Resident Meals	54	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 98,324	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	4,626	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 4,626	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	1,076	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,076	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,394,939	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	426,532	19
20	Health Care/ Personal Care	312,448	20
21	General Administration	422,630	21
	B. Capital Expense		
22	Ownership	1,230,189	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)	\$ 2,391,799	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 3,140	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 3,140	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,017,170	32
33	Private Pay - Net Inpatient Revenue	1,273,743	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,290,913	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		494		9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	481	5160-5063-0-0	Legal		7,433		9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	7,058	5160-5064-0-0	Accounting		41		9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	1,248	5160-5066-0-0	Audit		13,654		9200-9201-1-0	Amortization - Loan Fees	6,852
5200-5131-0-0	Transportation Service	-	5160-5067-0-0	Contract Labor-Serv Prov		(252)		9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	6,489	5160-5068-0-0	Contract Labor		8,012		9200-9203-1-0	Mortgage Interest Premium	-
			5180-5079-0-0	Bad Debt - Resident		1,117		9200-9204-0-0	Mortgage Service Fee	-
			5180-5079-1-0	Bad Debt - Resident - Recovery		-		9200-9205-0-0	Mortgage Insurance Prem	-
			5180-5080-0-0	Bad Debt - Resident Prior Period		-		9200-9206-0-0	Participation Fee	-
			5180-5081-0-0	Bad Debt - Medicaid Pending Denial		(1,789)		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		1,869		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	-
								9300-9302-0-0	Asset Management Fee	10,000
								9300-9303-0-0	Incentive Management	439,375
								9300-9303-1-0	Incentive Asset Mgmt Fee	25,846
								9300-9304-0-0	Tax Credit Fees & Incentive Fee	1,955
								9300-9305-0-0	Organizational Expense	-
								9300-9306-0-0	Developer Fees	-
								9300-9307-0-0	Closing Costs	-
								9700-9702-0-0	Amortization Expense	1,452
								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	-
		15,276					30,578			485,480

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	10,000	
1102-9973-0-0	A/R-Insurance Reimbursemen	-		2112-0101-0-0	Accrued Partnership Mgmt Fee	-	
1102-9974-0-0	A/R-Subscription Receivable	-		2112-0102-0-0	Accrued Incentive Mgmt Fee	#####	
1102-9975-0-0	A/R-CIP	-		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	129,148	
1102-9976-0-0	A/R-Other	-		2112-0105-0-0	Accrued Liabilities	19,966	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0110-0-0	Accrued Insurance	-	
1105-0006-0-0	Security Deposit-Equip & Util	-		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	20	
				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	9,774	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
			-			#####	
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	1,076
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	-
		1,076