

		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: 1000115

Facility Name: HERITAGE WOODS BOLINGBROOK

Address: 550 KILDEER BOLINGBROOK 60440

Number City Zip Code

County: WILL

Telephone Number: (630) 783-9640 Fax # 630 783-9648

Federal Employer ID Number:

Date Current Owners were Certified: 02/27/2009

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☒	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	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)		(Date)
	(Type or Print Name)	David J. Mitchell	
Paid Preparer	(Title)	CFO, Gardant Management Solutions	
	(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 HERITAGE WOODS BOLINGBROOK

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	105	Single Unit Apartment	105	38,430	1
2		Double Unit Apartment			2
3		Other			3
4	105	TOTALS	105	38,430	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	31,062	5,620		36,682	5
6	Double Unit					6
7	Other					7
8	TOTALS	31,062	5,620		36,682	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.45%

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

795 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 9 (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.

STATE OF ILLINOIS

Page 3

Facility Name: HERITAGE WOODS BOLINGBROOK

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	248,631	192,228	1,872	442,731		442,731	1
2	Housekeeping, Laundry and Maintenance	109,764	23,847	42,275	175,886		175,886	2
3	Heat and Other Utilities			176,670	176,670	(29,608)	147,062	3
4	Other (specify): See Page 3 Attachment			18,669	18,669		18,669	4
5	TOTAL General Services	358,395	216,075	239,486	813,956	(29,608)	784,348	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	450,097	13,824		463,921		463,921	6
7	Activities and Social Services	32,426	9,635		42,061		42,061	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	482,523	23,459		505,982		505,982	9
	C. General Administration							
10	Administrative and Clerical	187,819	27,481	281,506	496,806	(27,597)	469,209	10
11	Marketing Materials, Promotions and Advertising	55,407	9,674	45,659	110,740		110,740	11
12	Employee Benefits and Payroll Taxes			257,784	257,784		257,784	12
13	Insurance-Property, Liability and Malpractice			50,170	50,170		50,170	13
14	Other (specify): See Page 3 Attachment			152,383	152,383	(79,604)	72,779	14
15	TOTAL General Administration	243,226	37,155	787,502	1,067,883	(107,201)	960,682	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,084,144	276,689	1,026,988	2,387,821	(136,809)	2,251,012	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			483,458	483,458		483,458	17
18	Interest			788,725	788,725	(3,029)	785,696	18
19	Real Estate Taxes			113,110	113,110		113,110	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			10,469	10,469		10,469	21
22	Other (specify): See Page 3 Attachment			442,570	442,570	(4,002)	438,568	22
23	TOTAL Ownership			1,838,332	1,838,332	(7,031)	1,831,301	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,084,144	276,689	2,865,319	4,226,152	(143,840)	4,082,312	24

Facility Name: HERITAGE WOODS BOLINGBROOK

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	22.32	2
3	Certified Nurse Assistants	13	11.61	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	9.48	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	10.17	10
11	Laundry			11
12	Managers	4	24.41	12
13	Other Administrative	4	11.79	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)	35	\$	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

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

ID#: _____ Report Period Beginning: 01/01/2016 Ending: 12/31/2016

Page 4

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	\$ 193,800	1
2			2
Total		\$ 193,800	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>

Facility Name: HERITAGE WOODS BOLINGBROOK ID#: Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 815,542 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	105			2009	\$ 12,529,068	\$ 455,602	27.5	\$ 455,602	\$ 0	\$ 3,602,707	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				242,571	16,171	15	16,171	(0)	128,024	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)				\$ 12,771,639	\$ 471,774		\$ 471,774	\$ 0	\$ 3,730,731	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	\$ 712,825	\$ 11,684	\$ 142,565	130,881	5	\$ 695,796	18
19	Vehicles				\$		-	19
20	TOTAL (lines 18 and 19)	\$ 712,825	\$ 11,684	\$ 142,565	130,881		\$ 695,796	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	AMALGAMATED BANK		X	FIRST MORTGAGE / BOND	12/01/07	\$ 11,900,000	\$ 11,130,000	12/01/42	.0700	\$ 788,725	1
2					/ /	-		/ /	.0000		2
3					/ /	-		/ /	.0000		3
4					/ /	-		/ /	.0000		
5						-			.0000		
	Working Capital										
6					/ /	-		/ /	.0000		4
7	TOTAL Facility Related					\$ 11,900,000	\$ 11,130,000			\$ 788,725	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,900,000	\$ 11,130,000			\$ 788,725	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.

STATE OF ILLINOIS

Page 7

Facility Name: HERITAGE WOODS BOLINGBROOK

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	\$ 370,419	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (132,885))	469,839		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,827		6
7	Other Prepaid Expenses	2,357		7
8	Accounts Receivable (owners or related parties)	7,172		8
9	Other(specify): See Page 7 Attachment	433		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 864,047	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	815,542		13
14	Buildings, at Historical Cost	12,529,068		14
15	Leasehold Improvements, at Historical Cost	242,571		15
16	Equipment, at Historical Cost	712,825		16
17	Accumulated Depreciation (book methods)	(4,426,527)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	22,927		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(18,342)		20
21	Restricted Funds	1,973,137		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,851,201	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,715,248	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 105,706	\$	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	116,182		31
32	Accrued Interest Payable	64,925		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	478,391		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 765,204	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,726,451		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)	\$ 10,726,451	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,491,656	\$	45
46	TOTAL EQUITY	\$ 1,223,593	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,715,248	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS BOLINGBROOK

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	\$ 3,823,965	1
2	Discounts and Allowances	(1,207)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,822,758	3
	B. Other Operating Revenue		
4	Special Services	121,773	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	8,454	8
9	Non-Resident Meals	3,440	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 133,667	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	3,029	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,029	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	5,211	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 5,211	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,964,665	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	813,956	19
20	Health Care/ Personal Care	505,982	20
21	General Administration	1,067,883	21
	B. Capital Expense		
22	Ownership	1,838,332	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)	\$ 4,226,152	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (261,487)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (261,487)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,913,554	32
33	Private Pay - Net Inpatient Revenue	1,909,204	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,822,758	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	15,338		9100-9101-0-0	Interest & Dividend Income	-	
5200-5124-0-0	Exterminating	3,787				5160-5063-0-0	Legal	14,759		9100-9102-0-0	Assessment Income	-	
5200-5127-0-0	Rubbish Removal	869				5160-5064-0-0	Accounting	110		9100-9103-0-0	Assessment Expense	-	
5200-5130-0-0	Vehicle Expense	1,811				5160-5066-0-0	Audit	12,100		9200-9201-1-0	Amortization - Loan Fees	14,900	
5200-5131-0-0	Transportation Service	-				5160-5067-0-0	Contract Labor-Serv Prov	-		9200-9202-0-0	Financing Fees	-	
5300-5140-0-0	Security & Monitoring	12,202				5160-5068-0-0	Contract Labor	30,473		9200-9203-1-0	Mortgage Interest Premium	-	
						5180-5079-0-0	Bad Debt - Resident	71,705		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	(16,772)		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	4,002	
						5180-5083-0-0	Bad Debt - Medicaid MCO	24,671		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	18,448	
										9300-9303-0-0	Incentive Management	400,214	
										9300-9303-1-0	Incentive Asset Mgmt Fee	2,713	
										9300-9304-0-0	Tax Credit Fees & Incentive Fee	-	
										9300-9305-0-0	Organizational Expense	-	
										9300-9306-0-0	Developer Fees	-	
										9300-9307-0-0	Closing Costs	-	
										9700-9702-0-0	Amortization Expense	2,293	
										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	-	
		18,669			-								442,570
								152,383					

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	18,448
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	400,214
1102-9975-0-0	A/R-CIP	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	2,713
1102-9976-0-0	A/R-Other	97	2112-0105-0-0	Accrued Liabilities	25,794
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1102-0006-0-0	Security Deposit-Equip & Util	336	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	9,848
			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	21,374
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		433			478,391
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	1,611
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		5,211