

		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: 1000096

Facility Name: HERITAGE WOODS OF MOLINE

Address: 5500 46TH AVENUE DR MOLINE 61265

County: ROCK ISLAND

Telephone Number: (309) 736-5655 Fax # 309 736-5651

Federal Employer ID Number:

Date Current Owners were Certified: 11/17/2008

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)
(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 HERITAGE WOODS OF MOLINE SUPPORTIVE LIVING FACILITY LP

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	<u>99</u>	Single Unit Apartment	<u>99</u>	<u>36,234</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>99</u>	TOTALS	<u>99</u>	<u>36,234</u>	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	<u>24,751</u>	<u>10,312</u>		<u>35,063</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>24,751</u>	<u>10,312</u>		<u>35,063</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.77%

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

421 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

ACCRUAL ☒ 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? 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: **HERITAGE WOODS OF MOLINE SUPPORTIVE LIVING**

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	226,824	192,357	2,106	421,287		421,287	1
2	Housekeeping, Laundry and Maintenance	85,926	39,475	64,819	190,220		190,220	2
3	Heat and Other Utilities			111,271	111,271	(23,327)	87,944	3
4	Other (specify): See Page 3 Attachment			34,130	34,130		34,130	4
5	TOTAL General Services	312,750	231,832	212,326	756,908	(23,327)	733,581	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	432,854	10,224		443,078		443,078	6
7	Activities and Social Services	29,658	4,526		34,184		34,184	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	462,512	14,750		477,262		477,262	9
	C. General Administration							
10	Administrative and Clerical	188,270	36,324	276,486	501,080	(31,906)	469,174	10
11	Marketing Materials, Promotions and Advertising	50,315	7,848	38,728	96,891		96,891	11
12	Employee Benefits and Payroll Taxes			235,295	235,295		235,295	12
13	Insurance-Property, Liability and Malpractice			48,543	48,543		48,543	13
14	Other (specify): See Page 3 Attachment			248,170	248,170	(16,325)	231,845	14
15	TOTAL General Administration	238,585	44,172	847,222	1,129,979	(48,231)	1,081,748	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,013,847	290,754	1,059,548	2,364,149	(71,558)	2,292,591	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			427,858	427,858		427,858	17
18	Interest			601,250	601,250	(2,537)	598,713	18
19	Real Estate Taxes			90,862	90,862		90,862	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			5,890	5,890		5,890	21
22	Other (specify): See Page 3 Attachment			269,461	269,461		269,461	22
23	TOTAL Ownership			1,395,321	1,395,321	(2,537)	1,392,784	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,013,847	290,754	2,454,869	3,759,470	(74,095)	3,685,375	24

Facility Name: **HERITAGE WOODS OF MOLINE SUPPORTIVE LIVING FACIL**

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	21.22	2
3	Certified Nurse Assistants	15	10.55	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	9	9.47	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	9.67	10
11	Laundry			11
12	Managers	4	19.95	12
13	Other Administrative	4	22.94	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)	36	\$	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

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	\$ 183,619	1
2			2
Total		\$ 183,619	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).

Facility Name: HERITAGE WOODS OF MOLINE SUPPORTIVE LIVING I

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 158,031 Year land was acquired 2006

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	99			2008	\$ 11,235,240	\$ 408,554	28	\$ 408,554	\$ 0	\$ 3,583,523	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				265,361	15,656	15	17,691	2,034	162,880	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)				\$ 11,500,601	\$ 424,210		\$ 426,245	\$ 2,034	\$ 3,746,402	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	\$ 638,167	\$ 3,646	\$ 127,633	123,988	5	\$ 628,724	18
19	Vehicles				\$		-	19
20	TOTAL (lines 18 and 19)	\$ 638,167	\$ 3,646	\$ 127,633	123,988		\$ 628,724	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 MOLINE SUPPORTIVE LIVING FAC

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	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		X	FIRST MORTGAGE / BOND	12/14/06	\$ 10,870,000	\$ 9,865,000	12/01/41	.0600	\$ 601,250	1
2					/ /	-		/ /	.0000		2
3					/ /	-		/ /	.0000		3
4					/ /	-		/ /	.0000		
5						-			.0000		
	Working Capital										
6					/ /	-		/ /	.0000		4
7	TOTAL Facility Related					\$ 10,870,000	\$ 9,865,000			\$ 601,250	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 10,870,000	\$ 9,865,000			\$ 601,250	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 MOLINE SUPPORTIVE LIVING FACIL**

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	\$ 115,626	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (68,087))	859,488		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,780		6
7	Other Prepaid Expenses	92,841		7
8	Accounts Receivable (owners or related parties)	14,292		8
9	Other(specify): See Page 7 Attachment	1,864		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,096,891	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	158,031		13
14	Buildings, at Historical Cost	11,235,240		14
15	Leasehold Improvements, at Historical Cost	265,361		15
16	Equipment, at Historical Cost	638,167		16
17	Accumulated Depreciation (book methods)	(4,375,126)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	22,451		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(19,637)		20
21	Restricted Funds	1,392,996		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,317,483	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,414,374	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 25,825	\$	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	91,000		31
32	Accrued Interest Payable	49,325		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	340,306		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 506,456	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,427,623		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)	\$ 9,427,623	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,934,079	\$	45
46	TOTAL EQUITY	\$ 480,295	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,414,374	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MOLINE SUPPORTIVE LIV

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	\$ 3,595,444	1
2	Discounts and Allowances	(10,154)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,585,290	3
	B. Other Operating Revenue		
4	Special Services	111,118	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	13,558	8
9	Non-Resident Meals	6,772	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 131,448	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,537	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,537	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	26,287	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 26,287	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,745,562	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	756,908	19
20	Health Care/ Personal Care	477,262	20
21	General Administration	1,129,979	21
	B. Capital Expense		
22	Ownership	1,395,321	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)	\$ 3,759,470	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (13,908)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (13,908)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,444,850	32
33	Private Pay - Net Inpatient Revenue	2,140,440	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,585,290	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	18,248	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	2,616		5160-5063-0-0	Legal	13,190	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	15,685		5160-5064-0-0	Accounting	110	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	3,659		5160-5066-0-0	Audit	14,000	9200-9201-1-0	Amortization - Loan Fees	17,388
5200-5131-0-0	Transportation Service	-		5160-5067-0-0	Contract Labor-Serv Prov	180,547	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	12,170		5160-5068-0-0	Contract Labor	5,751	9200-9203-1-0	Mortgage Interest Premium	-
				5180-5079-0-0	Bad Debt - Resident	(42,228)	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	58,553	9200-9207-0-0	Letter of Credit Fee	-
				5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9200-9208-0-0	Bond & Draw Fee	4,535
				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	50,000
							9300-9302-0-0	Asset Management Fee	5,004
							9300-9303-0-0	Incentive Management	186,933
							9300-9303-1-0	Incentive Asset Mgmt Fee	-
							9300-9304-0-0	Tax Credit Fees & Incentive Fee	3,358
							9300-9305-0-0	Organizational Expense	-
							9300-9306-0-0	Developer Fees	-
							9300-9307-0-0	Closing Costs	-
							9700-9702-0-0	Amortization Expense	2,244
							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, Transfer	-
		34,130	-			248,170			269,461

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	-	
1102-9973-0-0	A/R-Insurance Reimbursemen	-		2112-0101-0-0	Accrued Partnership Mgmt Fee	50,000	
1102-9974-0-0	A/R-Subscription Receivable	-		2112-0102-0-0	Accrued Incentive Mgmt Fee	186,933	
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	25,516	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0110-0-0	Accrued Insurance	-	
1105-0006-0-0	Security Deposit-Equip & Util	1,864		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	1,874	
				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	75,983	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
			1,864				340,306
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	26,287
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	-
		26,287