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: 1000015

Facility Name: HERITAGE WOODS OF CHICAGO

Address: 2800 WEST FULTON (Number) CHICAGO (City) 60612 (Zip Code)

County: COOK

Telephone Number: (773) 722-2900 **Fax #** 773 772-7662

Federal Employer ID Number:

Date Current Owners were Certified: 08/14/2002

Type of Ownership:

[ ] VOLUNTARY, NON-PROFIT	[ ] PROPRIETARY	[ ] GOVERNMENTAL
[ ] Charitable Corp.	[ ] Individual	[ ] State
[ ] Trust	[X] 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

(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 RENAISSANCE CENTER, 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 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	110	Single Unit Apartment	110	40,260	1
2		Double Unit Apartment			2
3		Other			3
4	110	TOTALS	110	40,260	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	31,807	93		31,900	5
6	Double Unit					6
7	Other					7
8	TOTALS	31,807	93		31,900	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 79.23%

D. Indicate the number of paid bed-hold days the SLF had during this year 505 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 97 **(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	MODIFIED CASH*	CASH*
[X]	[ ]	[ ]

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.

Facility Name: RENAISSANCE CENTER, LP **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	218,331	189,043	2,084	409,458		409,458	1
2	Housekeeping, Laundry and Maintenance	129,610	50,628	56,530	236,768		236,768	2
3	Heat and Other Utilities			170,832	170,832		170,832	3
4	Other (specify): See Page 3 Attachment			117,683	117,683		117,683	4
5	**TOTAL General Services**	347,941	239,671	347,129	934,741		934,741	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	464,142	9,845		473,987		473,987	6
7	Activities and Social Services	23,003	5,804		28,807		28,807	7
8	Other (specifiy):							8
9	**TOTAL Health Care and Programs**	487,145	15,649		502,794		502,794	9
	C. General Administration							
10	Administrative and Clerical	276,784	26,742	277,223	580,749	(1,644)	579,105	10
11	Marketing Materials, Promotions and Advertising	46,668	11,415	55,028	113,111		113,111	11
12	Employee Benefits and Payroll Taxes			216,322	216,322		216,322	12
13	Insurance-Property, Liability and Malpractice			69,051	69,051		69,051	13
14	Other (specify): See Page 3 Attachment			319,260	319,260	(100,500)	218,760	14
15	**TOTAL General Administration**	323,452	38,157	936,884	1,298,493	(102,144)	1,196,349	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,158,538	293,477	1,284,013	2,736,028	(102,144)	2,633,884	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			292,318	292,318		292,318	17
18	Interest			16,403	16,403	(1,281)	15,122	18
19	Real Estate Taxes			77,366	77,366		77,366	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			10,285	10,285		10,285	21
22	Other (specify): See Page 3 Attachment			180,374	180,374	(2,208)	178,166	22
23	**TOTAL Ownership**			576,746	576,746	(3,489)	573,257	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,158,538	293,477	1,860,758	3,312,773	(105,633)	3,207,140	24

Facility Name: RENAISSANCE CENTER, LP 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	2	28.28	2
3	Certified Nurse Assistants	14	11.47	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	11.01	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	10.48	10
11	Laundry			11
12	Managers	4	22.09	12
13	Other Administrative	7	23.04	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)	38	$	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	$ 192,090	1
2			2
		Total $ 192,090	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: RENAISSANCE CENTER, LP Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 108,947 Year land was acquired 1999

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	110			2000	$ 11,093,060	$ 276,837	40	$ 277,327	$ 489	$ 3,903,688	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements						5				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)				$ 11,093,060	$ 276,837		$ 277,327	$ 489	$ 3,903,688	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	$ 531,191	$ 12,578	$ 106,238	93,660	5	$ 504,903	18
19	Vehicles	25,200	2,903		(2,903)		23,749	19
20	TOTAL (lines 18 and 19)	$ 556,391	$ 15,481	$ 106,238	90,757		$ 528,652	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: RENAISSANCE CENTER, LP 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	12/01/99	$ 3,050,000	$ 2,130,000	10/01/31	VARIABLE	$ 9,895	1
2	CITY OF CHICAGO		X	SECOND MORTGAGE	12/01/99	2,011,977	2,011,977	12/01/34	NONE		2
3	CITY OF CHICAGO		X	THIRD MORTGAGE	12/01/99	1,300,000	1,300,000	01/01/34	NONE		3
4	RENAISSANCE SOCIAL SV		X	FOURTH MORTGAGE	12/01/99	300,000	300,000	12/31/29	NONE		
5	IDHA		X	FIFTH MORTGAGE	11/01/01	875,000	670,403	10/01/31	.0100	6,508	
	Working Capital										
6					/ /	-		/ /	.0000		4
7	TOTAL Facility Related					$ 7,536,977	$ 6,412,380			$ 16,403	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 7,536,977	$ 6,412,380			$ 16,403	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: RENAISSANCE CENTER, LP **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	$ 624,882	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (184,964))	1,169,806		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	39,965		6
7	Other Prepaid Expenses	235,133		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	6,345		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,076,131	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	108,947		13
14	Buildings, at Historical Cost	11,093,060		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	556,391		16
17	Accumulated Depreciation (book methods)	(4,432,341)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	4,356		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(4,356)		20
21	Restricted Funds	661,421		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 7,987,479	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,063,611	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 227,071	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	38,460		30
31	Accrued Taxes Payable	86,809		31
32	Accrued Interest Payable	4,830		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	216,065		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 573,234	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,170,252		38
39	Mortgage Payable	6,223,074		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)**	$ 8,393,325	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 8,966,559	$	45
46	**TOTAL EQUITY**	$ 1,097,052	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 10,063,611	$	47

***(See instructions.)**

Facility Name: RENAISSANCE CENTER, LP **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	$ 3,237,827	1
2	Discounts and Allowances	(33,630)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,204,197	3
	B. Other Operating Revenue		
4	Special Services	72,127	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	1,144	8
9	Non-Resident Meals	1,940	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 75,211	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,281	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 1,281	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	3,306	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 3,306	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,283,995	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	934,741	19
20	Health Care/ Personal Care	502,794	20
21	General Administration	1,298,493	21
	B. Capital Expense		
22	Ownership	576,746	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)**	$ 3,312,773	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (28,778)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (28,778)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 2,375,744	32
33	Private Pay - Net Inpatient Revenue	828,453	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 3,204,197	37

Expenses PG 3 Other

	General Services Other	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	8,823
5200-5127-0-0	Rubbish Removal	14,829
5200-5130-0-0	Vehicle Expense	2,452
5200-5131-0-0	Transportation Service	1,604
5300-5140-0-0	Security & Monitoring	89,975
		117,683

Health Care & Programs		
		-

	General Administration Other	Amt
5160-5060-0-0	Consulting	-
5160-5063-0-0	Legal	189,957
5160-5064-0-0	Accounting	110
5160-5066-0-0	Audit	14,240
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	14,453
5180-5079-0-0	Bad Debt - Resident	3,931
5180-5079-1-0	Bad Debt - Resident - Recovery	(1,248)
5180-5080-0-0	Bad Debt - Resident Prior Period	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	4,446
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	93,372
5190-5000-0-0	Other Admin Allocation	-
		319,260

	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	12,386
9200-9202-0-0	Financing Fees	66
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	50,263
9200-9208-0-0	Bond & Draw Fee	2,700
9200-9209-0-0	Remarketing and Trustee Fee	2,208
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	10,000
9300-9302-0-0	Asset Management Fee	-
9300-9303-0-0	Incentive Management	-
9300-9303-1-0	Incentive Asset Mgmt Fee	-
9300-9304-0-0	Tax Credit Fees & Incentive Fee	2,750
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	100,000
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	-
		180,374

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	6,345
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	-
		6,345

	Current Liabilities Detail	Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	-
2112-0101-0-0	Accrued Partnership Mgmt Fee	4,165
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	137,956
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	31,845
2112-0144-0-0	Payroll Union Dues	-
2112-0146-0-0	Payroll Benefits	21,069
2112-0150-0-0	Security Deposits	-
2112-0154-0-0	Unclaimed Property	4,660
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	16,370
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
		216,065

	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	306
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,000
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		3,306