

		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: 1000116					II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER				
Facility Name: CAMBRIDGE HOUSE OF SWANSEA					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.				
Address: 3900 SULLIVAN DRIVE SWANSEA 62226 Number City Zip Code					Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.				
County: ST CLAIR									
Telephone Number: (618) 234-8910 Fax # 618 234-8920									
Federal Employer ID Number:									
Date Current Owners were Certified: 03/11/2009									
Type of Ownership:					Officer or Administrator of Provider				
☐ VOLUNTARY, NON-PROFIT Charitable Corp.					(Signed) _____ (Date) _____				
☐ PROPRIETARY Individual					(Type or Print Name) David J. Mitchell				
☒ Partnership					(Title) CFO, Gardant Management Solutions				
☐ GOVERNMENTAL State									
☐ Corporation County					(Signed) _____ (Date) _____				
☐ "Sub-S" Corp. Other					(Print Name and Title) _____				
☐ Limited Liability Co.					(Firm Name & Address) _____				
☐ Trust					(Telephone) () Fax # ()				
☐ Other									
IRS Exemption Code					PAID PREPARER				
In the event there are further questions about this report, please contact:					MAIL TO: BUREAU OF HEALTH FINANCE				
Name: Thomas Staszak					IL DEPT OF HEALTHCARE AND FAMILY SERVICES				
Telephone Number: (815) 935-1992					201 S. Grand Avenue East				
Email Address:					Springfield, IL 62763-0001 Phone # (217) 782-1630				

Facility Name CAMBRIDGE HOUSE OF SWANSEA

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	27,342	9,823		37,165	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,342	9,823		37,165	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.59%

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

374 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 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: CAMBRIDGE HOUSE OF SWANSEA

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	257,538	178,690	2,135	438,363		438,363	1
2	Housekeeping, Laundry and Maintenance	105,976	40,521	52,752	199,249		199,249	2
3	Heat and Other Utilities			140,351	140,351	(28,192)	112,159	3
4	Other (specify): See Page 3 Attachment			19,918	19,918		19,918	4
5	TOTAL General Services	363,514	219,211	215,156	797,881	(28,192)	769,689	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	458,184	12,121		470,305		470,305	6
7	Activities and Social Services	18,331	4,645		22,976		22,976	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	476,515	16,766		493,281		493,281	9
	C. General Administration							
10	Administrative and Clerical	129,761	23,553	214,616	367,930	(38,203)	329,727	10
11	Marketing Materials, Promotions and Advertising	42,190	10,065	27,728	79,983		79,983	11
12	Employee Benefits and Payroll Taxes			273,811	273,811		273,811	12
13	Insurance-Property, Liability and Malpractice			59,368	59,368		59,368	13
14	Other (specify): See Page 3 Attachment			73,718	73,718	(51,623)	22,095	14
15	TOTAL General Administration	171,951	33,618	649,241	854,810	(89,826)	764,984	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,011,980	269,595	864,397	2,145,972	(118,018)	2,027,954	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			305,602	305,602		305,602	17
18	Interest			215,027	215,027	(207)	214,820	18
19	Real Estate Taxes			83,116	83,116		83,116	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			6,944	6,944		6,944	21
22	Other (specify): See Page 3 Attachment			1,049,049	1,049,049		1,049,049	22
23	TOTAL Ownership			1,659,738	1,659,738	(207)	1,659,531	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,011,980	269,595	2,524,135	3,805,710	(118,225)	3,687,485	24

Facility Name: CAMBRIDGE HOUSE OF SWANSEA

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	19.89	2
3	Certified Nurse Assistants	16	10.50	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	11	9.60	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	9.44	10
11	Laundry			11
12	Managers	4	21.96	12
13	Other Administrative	4	19.24	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)	39	\$	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	O'FALLON
CAMBRIDGE HOUSE OF MARYVILLE	MARYVILLE

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	\$ 132,596	1
2			2
Total		\$ 132,596	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: CAMBRIDGE HOUSE OF SWANSEA

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 425,000 Year land was acquired 2008

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			2009	\$ 7,843,645	\$ 285,223	28	\$ 280,130	\$ (5,093)	\$ 2,222,366	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				236,759	13,969	15	15,784	1,815	131,899	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)				\$ 8,080,404	\$ 299,192		\$ 295,914	\$ (3,278)	\$ 2,354,265	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	\$ 874,877	\$ 6,410	\$ 174,975	168,566	5	\$ 866,041	18
19	Vehicles	53,624			\$		53,624	19
20	TOTAL (lines 18 and 19)	\$ 928,501	\$ 6,410	\$ 174,975	168,566		\$ 919,665	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: CAMBRIDGE HOUSE OF SWANSEA

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	GERSHMAN MORTGAGE		X	FIRST MORTGAGE	10/11/12	\$	9,423,200	\$	8,692,372	11/01/47	.0245	\$	215,027	1
2					/ /		-		/ /	.0000				2
3					/ /		-		/ /	.0000				3
4					/ /		-		/ /	.0000				
5							-			.0000				
	Working Capital													
6					/ /		-		/ /	.0000				4
7	TOTAL Facility Related					\$	9,423,200	\$	8,692,372			\$	215,027	7
	B. Non-Facility Related													
8					/ /				/ /					8
9					/ /				/ /					9
10	TOTALS (lines 7, 8 and 9)					\$	9,423,200	\$	8,692,372			\$	215,027	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: CAMBRIDGE HOUSE OF SWANSEA

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	\$ 1,316,631	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (74,626))	988,044		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	78,216		6
7	Other Prepaid Expenses	18,215		7
8	Accounts Receivable (owners or related parties)	250		8
9	Other(specify): See Page 7 Attachment	585		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,401,940	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	425,000		13
14	Buildings, at Historical Cost	7,843,645		14
15	Leasehold Improvements, at Historical Cost	236,759		15
16	Equipment, at Historical Cost	928,501		16
17	Accumulated Depreciation (book methods)	(3,273,930)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	225,131		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,385,106	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,787,046	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 29,435	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	28,530		30
31	Accrued Taxes Payable	80,218		31
32	Accrued Interest Payable	17,747		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	283,897		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 439,826	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,533,272		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)	\$ 8,533,272	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,973,098	\$	45
46	TOTAL EQUITY	\$ (186,051)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,787,046	\$	47

*(See instructions.)

Facility Name: CAMBRIDGE HOUSE OF SWANSEA

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	\$ 3,739,176	1
2	Discounts and Allowances	(7,644)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,731,532	3
	B. Other Operating Revenue		
4	Special Services	133,053	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	15,786	8
9	Non-Resident Meals	8,780	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 157,619	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	207	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 207	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	1,200	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,200	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,890,558	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	797,881	19
20	Health Care/ Personal Care	493,281	20
21	General Administration	854,810	21
	B. Capital Expense		
22	Ownership	1,659,738	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)	\$ 3,805,710	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 84,848	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 84,848	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,401,249	32
33	Private Pay - Net Inpatient Revenue	2,330,283	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,731,532	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	2,200	5160-5063-0-0	Legal	5,566	9100-9102-0-0	Assessment Income	-					
5200-5127-0-0	Rubbish Removal	3,614	5160-5064-0-0	Accounting	-	9100-9103-0-0	Assessment Expense	-					
5200-5130-0-0	Vehicle Expense	4,416	5160-5066-0-0	Audit	14,810	9200-9201-1-0	Amortization - Loan Fees	5,160					
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	9,688	5160-5068-0-0	Contract Labor	1,461	9200-9203-1-0	Mortgage Interest Premium	-					
			5180-5079-0-0	Bad Debt - Resident	22,310	9200-9204-0-0	Mortgage Service Fee	-					
			5180-5079-1-0	Bad Debt - Resident - Recovery	(133)	9200-9205-0-0	Mortgage Insurance Prem	43,889					
			5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9206-0-0	Participation Fee	-					
			5180-5081-0-0	Bad Debt - Medicaid Pending Denial	29,446	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	-					
						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	-					
						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	-					
		19,918		-	73,718							#####	

Balance Sheet

Other Current Assets Detail			Amt	Current Liabilities Detail			Amt
1102-9971-0-0	A/R-Employee Advance		281	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		-
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		-
1102-9976-0-0	A/R-Other		-	2112-0105-0-0	Accrued Liabilities		254,058
1102-9978-0-0	A/R-TIF/Abatement		-	2112-0110-0-0	Accrued Insurance		-
1102-0006-0-0	Security Deposit-Equip & Util		303	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		3
				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		29,836
				2112-0159-1-0	Medicaid Prepayments		-
				2112-0159-2-0	Prepaid Medicaid Clearing		-
				2112-0159-3-0	Prepaid Rent		-
			585				283,897
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	1,200
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	-
		1,200