

		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: <u>1000121</u>			II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER		
Facility Name: <u>HERITAGE WOODS OF DWIGHT</u>			I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2016</u> to <u>12/31/2016</u> 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: <u>701 EAST MAZON AVE</u> <u>DWIGHT</u> <u>60420</u>			Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.		
County: <u>LIVINGSTON</u>					
Telephone Number: <u>(815) 584-9280</u> Fax # <u>815 584-9283</u>					
Federal Employer ID Number: _____					
Date Current Owners were Certified: <u>11/24/2009</u>					
Type of Ownership:					
☐ VOLUNTARY, NON-PROFIT			☐ PROPRIETARY		
☐ Charitable Corp.			☐ GOVERNMENTAL		
☐ Trust			☐ Individual		
IRS Exemption Code _____			☐ Partnership		
			☐ Corporation		
			☐ "Sub-S" Corp.		
			☒ Limited Liability Co.		
			☐ Trust		
			☐ Other _____		
In the event there are further questions about this report, please contact:					
Name: <u>Thomas Staszak</u>			Telephone Number: <u>(815) 935-1992</u>		
Email Address: _____					
			Officer or Administrator of Provider		
			(Signed) _____ (Date) _____		
			(Type or Print Name) <u>David J. Mitchell</u>		
			(Title) <u>CFO, Gardant Management Solutions</u>		
			(Signed) _____ (Date) _____		
			Paid Preparer		
			(Print Name and Title) _____		
			(Firm Name & Address) _____		
			(Telephone) <u>()</u> 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 DWIGHT

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	68	Single Unit Apartment	68	24,888	1
2		Double Unit Apartment			2
3		Other			3
4	68	TOTALS	68	24,888	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	15,438	8,056		23,494	5
6	Double Unit					6
7	Other					7
8	TOTALS	15,438	8,056		23,494	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.40%

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

473 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: HERITAGE WOODS OF DWIGHT

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	189,124	126,341	2,763	318,228		318,228	1
2	Housekeeping, Laundry and Maintenance	73,357	27,987	36,335	137,679		137,679	2
3	Heat and Other Utilities			108,070	108,070	(16,160)	91,910	3
4	Other (specify): See Page 3 Attachment			23,077	23,077		23,077	4
5	TOTAL General Services	262,481	154,328	170,245	587,054	(16,160)	570,894	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	324,858	8,137		332,995		332,995	6
7	Activities and Social Services	25,670	1,930		27,600		27,600	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	350,528	10,067		360,595		360,595	9
	C. General Administration							
10	Administrative and Clerical	96,478	20,862	219,587	336,927	(25,377)	311,550	10
11	Marketing Materials, Promotions and Advertising	42,617	5,861	22,913	71,391		71,391	11
12	Employee Benefits and Payroll Taxes			162,803	162,803		162,803	12
13	Insurance-Property, Liability and Malpractice			31,461	31,461		31,461	13
14	Other (specify): See Page 3 Attachment			25,592	25,592	(13,677)	11,915	14
15	TOTAL General Administration	139,095	26,723	462,356	628,174	(39,054)	589,120	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	752,104	191,118	632,601	1,575,823	(55,214)	1,520,609	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			158,228	158,228		158,228	17
18	Interest			271,515	271,515	(162)	271,353	18
19	Real Estate Taxes			62,028	62,028		62,028	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,019	7,019		7,019	21
22	Other (specify): See Page 3 Attachment			51,991	51,991		51,991	22
23	TOTAL Ownership			550,781	550,781	(162)	550,619	23
24	GRAND TOTAL (Sum of lines 16 and 23)	752,104	191,118	1,183,382	2,126,604	(55,376)	2,071,228	24

Facility Name: HERITAGE WOODS OF DWIGHT

ID#:

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	23.21	2
3	Certified Nurse Assistants	10	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	7	9.59	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	2	9.12	10
11	Laundry			11
12	Managers	4	18.69	12
13	Other Administrative	2	23.17	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)	26	\$	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

OTHER RELATED BUSINESS ENTITIES

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

☒

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).

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	\$	130,298	1
2				2
Total		\$	130,298	3

VIII. OWNERSHIP COSTS

A. Purchase price of land 295,541 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	68			2009	\$ 5,346,138	\$ 137,080	39	\$ 137,080	\$ 0	\$ 308,431	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				288,340	19,223	15	19,223	(0)	43,251	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)				\$ 5,634,478	\$ 156,303		\$ 156,303	\$ 0	\$ 351,682	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	\$ 14,437	\$ 1,925	\$ 2,887	963	5	\$ 1,925	18
19	Vehicles				\$		-	19
20	TOTAL (lines 18 and 19)	\$ 14,437	\$ 1,925	\$ 2,887	963		\$ 1,925	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	LANCASTER POLLARD		X	FIRST MORTGAGE	09/30/14	\$ 7,035,200	\$ 6,824,322	10/01/49	.0395	\$ 271,349	1	
2	PEOPLES BANK OF KANK.		X	SECOND MORTGAGE	09/30/14	144,694		09/29/19	.0525	165	2	
3						-			.0000		3	
4						-			.0000			
5						-			.0000			
	Working Capital											
6					/ /	-		/ /	.0000		4	
7	TOTAL Facility Related					\$ 7,179,894	\$ 6,824,322			\$ 271,515	7	
	B. Non-Facility Related											
8					/ /			/ /			8	
9					/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)					\$ 7,179,894	\$ 6,824,322			\$ 271,515	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 DWIGHT

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	\$ 329,159	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (21,786))	510,484		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	56,175		6
7	Other Prepaid Expenses	7,927		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	4,304		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 908,050	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	295,541		13
14	Buildings, at Historical Cost	5,346,138		14
15	Leasehold Improvements, at Historical Cost	288,340		15
16	Equipment, at Historical Cost	14,437		16
17	Accumulated Depreciation (book methods)	(353,606)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	42,550		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(42,550)		20
21	Restricted Funds	190,124		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,780,974	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,689,024	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 21,252	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	21,679		30
31	Accrued Taxes Payable	61,020		31
32	Accrued Interest Payable	22,463		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	33,899		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 160,313	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,647,130		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)	\$ 6,647,130	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,807,443	\$	45
46	TOTAL EQUITY	\$ (118,419)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,689,024	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF DWIGHT

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	\$ 2,527,623	1
2	Discounts and Allowances	(17,007)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,510,616	3
	B. Other Operating Revenue		
4	Special Services	84,510	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	8,798	8
9	Non-Resident Meals	7,064	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 100,372	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	162	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 162	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	1,924	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,924	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,613,074	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	587,054	19
20	Health Care/ Personal Care	360,595	20
21	General Administration	628,174	21
	B. Capital Expense		
22	Ownership	550,781	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)	\$ 2,126,604	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 486,470	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 486,470	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 770,307	32
33	Private Pay - Net Inpatient Revenue	1,740,309	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,510,616	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	-	9100-9101-0-0	Interest & Dividend Income	-		
5200-5124-0-0	Exterminating	1,425	5160-5063-0-0	Legal	1,153	9100-9102-0-0	Assessment Income	-		
5200-5127-0-0	Rubbish Removal	4,071	5160-5064-0-0	Accounting	65	9100-9103-0-0	Assessment Expense	-		
5200-5130-0-0	Vehicle Expense	3,540	5160-5066-0-0	Audit	8,850	9200-9201-1-0	Amortization - Loan Fees	5,411		
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	14,041	5160-5068-0-0	Contract Labor	1,847	9200-9203-1-0	Mortgage Interest Premium	-		
			5180-5079-0-0	Bad Debt - Resident	3,895	9200-9204-0-0	Mortgage Service Fee	-		
			5180-5079-1-0	Bad Debt - Resident - Recovery	(215)	9200-9205-0-0	Mortgage Insurance Prem	46,581		
			5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9206-0-0	Participation Fee	-		
			5180-5081-0-0	Bad Debt - Medicaid Pending Denial	9,997	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	-		
		23,077		-	25,592				51,991	

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	-
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	2,750	2112-0105-0-0	Accrued Liabilities	19,253
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1102-0006-0-0	Security Deposit-Equip & Util	1,554	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	-
			2112-0155-0-0	Reservation Deposit	400
			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	14,246
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		4,304			33,899
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	1,924
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	-
		1,924