

		FOR BHF USE			
		HERITAGE WOODS OF FLORA			

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: 1000003

Facility Name: HERITAGE WOODS OF FLORA

Address: 1003 WEST 4TH STREET FLORA 62839

Number City Zip Code

County: CLAY

Telephone Number: (618) 662-4599 Fax # 618 662-6179

Federal Employer ID Number:

Date Current Owners were Certified: 10/25/2007

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT

☐ Charitable Corp.

☐ Trust

IRS Exemption Code

☐ PROPRIETARY

☐ Individual

☐ 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 FLORA

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	52	Single Unit Apartment	52	19,032	1
2		Double Unit Apartment			2
3		Other			3
4	52	TOTALS	52	19,032	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	11,166	7,566		18,732	5
6	Double Unit					6
7	Other					7
8	TOTALS	11,166	7,566		18,732	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 98.42%

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

104 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. _____

STATE OF ILLINOIS

Page 3

Facility Name: HERITAGE WOODS OF FLORA

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	144,240	98,821	2,148	245,209		245,209	1
2	Housekeeping, Laundry and Maintenance	59,228	41,822	75,175	176,225		176,225	2
3	Heat and Other Utilities			86,035	86,035	(11,582)	74,453	3
4	Other (specify): See Page 3 Attachment			25,503	25,503		25,503	4
5	TOTAL General Services	203,468	140,643	188,861	532,972	(11,582)	521,390	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	219,974	7,796		227,770		227,770	6
7	Activities and Social Services		1,966		1,966		1,966	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	219,974	9,762		229,736		229,736	9
	C. General Administration							
10	Administrative and Clerical	79,141	18,215	130,399	227,755	(26,290)	201,465	10
11	Marketing Materials, Promotions and Advertising	47,307	5,116	11,576	63,999		63,999	11
12	Employee Benefits and Payroll Taxes			136,338	136,338		136,338	12
13	Insurance-Property, Liability and Malpractice			30,375	30,375		30,375	13
14	Other (specify): See Page 3 Attachment			22,750	22,750	930	23,680	14
15	TOTAL General Administration	126,448	23,331	331,438	481,217	(25,360)	455,857	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	549,890	173,736	520,299	1,243,925	(36,942)	1,206,983	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			144,900	144,900		144,900	17
18	Interest			95,615	95,615	(146)	95,469	18
19	Real Estate Taxes			31,182	31,182		31,182	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,696	7,696		7,696	21
22	Other (specify): See Page 3 Attachment			71,379	71,379	55,194	126,573	22
23	TOTAL Ownership			350,772	350,772	55,048	405,820	23
24	GRAND TOTAL (Sum of lines 16 and 23)	549,890	173,736	871,071	1,594,697	18,106	1,612,803	24

Facility Name: HERITAGE WOODS OF FLORA

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	16.13	2
3	Certified Nurse Assistants	7	10.38	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	6	9.34	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	2	8.55	10
11	Laundry			11
12	Managers	3	16.42	12
13	Other Administrative	2	20.00	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)	21	\$	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
DSI MANTENO OPERATOR & OWNER		MANTENO	
DSI WATSEKA OPERATOR & OWNER		WATSEKA	
DSI OTTAWA OPERATOR & OWNER		OTTAWA	

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	\$	80,318	1
2				2
Total		\$	80,318	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF FLORA Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 18,260 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	52			2000	\$ 2,820,283	\$ 102,555	27.5	\$ 102,556	\$ 0	\$ 944,376	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				\$ 2,820,283	\$ 102,555		\$ 102,556	\$ 0	\$ 944,376	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	\$ 340,073	\$ 42,345	\$ 68,015	25,670	5	\$ 267,866	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 340,073	\$ 42,345	\$ 68,015	25,670		\$ 267,866	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 FLORA 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	MIDLAND STATES BANK		X	MORTGAGE	09/01/13	\$ 3,208,700	\$ 2,973,088	08/01/47	.0310	\$ 92,330	1
2					/ /	-		/ /			2
3					/ /	-		/ /			3
4					/ /	-		/ /			4
5						-					5
	Working Capital										
6	PEOPLES NATIONAL BANK		X		1/7/16	\$ 340,000	\$ 242,624	1/5/17	VARIABLE	3,286	6
7	TOTAL Facility Related					\$ 3,208,700	\$ 3,215,713			\$ 95,616	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 3,208,700	\$ 3,215,713			\$ 92,330	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 FLORA

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	\$ 33,703	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	375,246		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,555		6
7	Other Prepaid Expenses	8,509		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	250		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 445,262	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	18,260		13
14	Buildings, at Historical Cost	2,820,283		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	340,073		16
17	Accumulated Depreciation (book methods)	(1,212,242)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	726,235		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(284,684)		20
21	Restricted Funds	171,041		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,578,965	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,024,227	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 16,879	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	242,624		29
30	Accrued Salaries Payable	16,973		30
31	Accrued Taxes Payable	40,093		31
32	Accrued Interest Payable	7,680		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	39,933		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 364,182	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	3,024,790		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)	\$ 3,024,790	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,388,972	\$	45
46	TOTAL EQUITY	\$ (364,744)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 3,024,227	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF FLORA

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	\$ 1,692,838	1
2	Discounts and Allowances	(10,375)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,682,463	3
	B. Other Operating Revenue		
4	Special Services	81,862	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	12,256	8
9	Non-Resident Meals	8,454	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 102,572	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	146	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 146	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	1,003	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,003	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,786,184	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	532,972	19
20	Health Care/ Personal Care	229,736	20
21	General Administration	481,217	21
	B. Capital Expense		
22	Ownership	350,772	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)	\$ 1,594,697	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 191,487	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 191,487	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 613,839	32
33	Private Pay - Net Inpatient Revenue	1,068,624	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,682,463	37

Expenses PG 3 Other

General Services Other			Health Care & Programs			General Administration Other			Ownership Other		
							Amt				Amt
5200-5000-0-0	Operating Allocation	-				5160-5060-0-0	Consulting	443	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	2,008				5160-5063-0-0	Legal	3,175	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	2,318				5160-5064-0-0	Accounting	150	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	13,228				5160-5066-0-0	Audit	18,438	9200-9201-1-0	Amortization - Loan Fees	-
5200-5131-0-0	Transportation Service	100				5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	7,849				5160-5068-0-0	Contract Labor	1,475	9200-9203-1-0	Mortgage Interest Premium	-
						5180-5079-0-0	Bad Debt - Resident	(440)	9200-9204-0-0	Mortgage Service Fee	-
						5180-5079-1-0	Bad Debt - Resident - Recovery	-	9200-9205-0-0	Mortgage Insurance Prem	14,996
						5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9206-0-0	Participation Fee	-
						5180-5081-0-0	Bad Debt - Medicaid Pending Denial	(490)	9200-9207-0-0	Letter of Credit Fee	1,189
						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	55,194
									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	-
		25,503			-			22,750			71,379

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	-		2112-0105-0-0	Accrued Liabilities	32,016	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0110-0-0	Accrued Insurance	-	
1105-0006-0-0	Security Deposit-Equip & Util	250		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	429	
				2112-0155-0-0	Reservation Deposit	2,500	
				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	4,989	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
			250				39,933
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	1,003
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	-
		1,003