

		FOR BHF USE			

LL2

Supportive Living Facility

2017

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2017)

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: 1000144

Facility Name: DEER PATH OF HUNTLEY

Address: 12500 REGENCY PKWY HUNTLEY 60142

Number City Zip Code

County: KANE

Telephone Number: (847) 515-1800 Fax # 847 515-1802

Federal Employer ID Number:

Date Current Owners were Certified: 8/21/2013

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT	☐ PROPRIETARY	☐ GOVERNMENTAL
☐ Charitable Corp.	☐ Individual	☐ State
☐ Trust	☐ 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 01/01/2017 to 12/31/2017 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)	Greg Echols	
Paid Preparer	(Title)	CFO, Gardant Management Solutions	
	(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 **DEER PATH OF HUNTLEY**

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	128	Single Unit Apartment	128	46,720	1		
2		Double Unit Apartment			2		
3		Other			3		
4	128	TOTALS	128	46,720	4		

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	44,444	973		45,417	5
6	Double Unit					6
7	Other					7
8	TOTALS	44,444	973		45,417	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.21%

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

875 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **27** (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

ACCUAL	X	MODIFIED		
CASH*		CASH*		

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 2017 **Fiscal Year:** 2017

* 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: DEER PATH OF HUNTLEY

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	273,796	262,101	2,110	538,007		538,007	1
2	Housekeeping, Laundry and Maintenance	134,366	33,349	53,564	221,279		221,279	2
3	Heat and Other Utilities			184,913	184,913	(31,087)	153,826	3
4	Other (specify): See Page 3 Attachment			40,563	40,563		40,563	4
5	TOTAL General Services	408,162	295,450	281,150	984,762	(31,087)	953,675	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	805,068	17,497		822,565		822,565	6
7	Activities and Social Services	42,244	6,757		49,001		49,001	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	847,312	24,254		871,566		871,566	9
	C. General Administration							
10	Administrative and Clerical	237,902	36,134	323,335	597,371	(5,951)	591,420	10
11	Marketing Materials, Promotions and Advertising	52,809	9,577	34,885	97,271		97,271	11
12	Employee Benefits and Payroll Taxes			335,779	335,779		335,779	12
13	Insurance-Property, Liability and Malpractice			64,327	64,327		64,327	13
14	Other (specify): See Page 3 Attachment			166,248	166,248	(68,813)	97,435	14
15	TOTAL General Administration	290,711	45,711	924,574	1,260,996	(74,764)	1,186,232	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,546,185	365,415	1,205,724	3,117,324	(105,851)	3,011,473	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			579,210	579,210		579,210	17
18	Interest			1,274,650	1,274,650	(14,463)	1,260,187	18
19	Real Estate Taxes			100,657	100,657		100,657	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			13,543	13,543		13,543	21
22	Other (specify): See Page 3 Attachment			101,131	101,131	(4,087)	97,044	22
23	TOTAL Ownership			2,069,191	2,069,191	(18,550)	2,050,641	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,546,185	365,415	3,274,914	5,186,514	(124,401)	5,062,113	24

Facility Name: DEER PATH OF HUNTLEY

Report Period Beginning 01/01/2017 Ending: 12/31/2017

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 12	1
2	Licensed Practical Nurses	2	22.22	2
3	Certified Nurse Assistants	24	12.14	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11	9.58	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.31	10
11	Laundry			11
12	Managers	5	25.12	12
13	Other Administrative	7	18.98	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	Total (lines 1 thru 16)	52	\$	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
ST. ANTHONY SLF, LLC	LANSING

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	\$ 235,352	1
2			2
Total		\$ 235,352	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? \$

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).

OTHER RELATED BUSINESS ENTITIES		
Name 3	City 4	Type of Business 5

Facility Name: DEER PATH OF HUNTLEY Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 1,461,120 Year land was acquired 2012

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	128				\$ 18,979,671	\$ 474,492	40	\$ 474,492	\$ (1)	\$ 2,070,509	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				189,360	9,469	20	9,468	(1)	37,760	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)				\$ 19,169,031	\$ 483,961		\$ 483,960	\$ (2)	\$ 2,108,269	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	\$ 957,768	\$ 95,249	\$	(95,249)	10	\$ 413,599	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 957,768	\$ 95,249	\$	(95,249)		\$ 413,599	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: DEER PATH OF HUNTLEY

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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☐ 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 BANK		X	FIRST MORTGAGE	7/13/2012	\$ 19,730,000	\$ 19,500,000	12/1/2032	0.0650	\$ 1,274,650	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 19,730,000	\$ 19,500,000			\$ 1,274,650	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 19,730,000	\$ 19,500,000			\$ 1,274,650	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: DEER PATH OF HUNTLEY

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 194,982	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (144,959))	1,114,135		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,058		6
7	Other Prepaid Expenses	4,165		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	346		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,330,687	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,461,120		13
14	Buildings, at Historical Cost	18,979,671		14
15	Leasehold Improvements, at Historical Cost	189,360		15
16	Equipment, at Historical Cost	957,768		16
17	Accumulated Depreciation (book methods)	(2,521,868)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	1,000,283		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(190,054)		20
21	Restricted Funds	1,840,531		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 21,716,812	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 23,047,498	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 300,911	\$	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	119,504		31
32	Accrued Interest Payable	105,625		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,193,432		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,719,472	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	272,172		38
39	Mortgage Payable	18,864,002		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)	\$ 19,136,174	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 20,855,646	\$	45
46	TOTAL EQUITY	\$ 2,191,853	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 23,047,498	\$	47

*(See instructions.)

Facility Name: DEER PATH OF HUNTLEY

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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	\$ 4,735,722	1
2	Discounts and Allowances	(14,607)	2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 4,721,115	3
	B. Other Operating Revenue		
4	Special Services	160,096	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	1,430	8
9	Non-Resident Meals	58	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 161,584	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	14,463	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 14,463	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	11,963	15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 11,963	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 4,909,125	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	984,762	19
20	Health Care/ Personal Care	871,566	20
21	General Administration	1,260,996	21
	B. Capital Expense		
22	Ownership	2,069,191	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 5,186,514	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (277,389)	29
30	Income Taxes	\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (277,389)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,119,230	32
33	Private Pay - Net Inpatient Revenue	1,601,885	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,721,115	37

Expenses PG 3 Other, See Attachment

	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	15,989		5160-5063-0-0	Legal	44,295	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	10,302		5160-5064-0-0	Accounting	155	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	2,624		5160-5066-0-0	Audit	12,440	9200-9201-1-0	Amortization - Loan Fees	40,812
5200-5131-0-0	Transportation Service	90		5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	11,558		5160-5068-0-0	Contract Labor	40,545	9200-9203-1-0	Mortgage Interest Premium	-
				5180-5079-0-0	Bad Debt - Resident	49,737	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	16,384	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	4,087
				5180-5083-0-0	Bad Debt - Medicaid MCO	2,692	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	10,000
							9300-9303-0-0	Incentive Management	-
							9300-9303-1-0	Incentive Asset Mgmt Fee	-
							9300-9304-0-0	Tax Credit Fees & Incentive Fee	3,200
							9300-9305-0-0	Organizational Expense	-
							9300-9306-0-0	Developer Fees	-
							9300-9307-0-0	Closing Costs	-
							9700-9702-0-0	Amortization Expense	43,032
							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	-
		40,563				166,248			101,131

Balance Sheet PG 7 Other

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	29,586	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0110-0-0	Accrued Insurance	-	
1105-0006-0-0	Security Deposit-Equip & Util	346		2112-0115-0-0	Accrued Developer Fee	1,143,770	
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	2,083	
				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	17,992	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
			346				1,193,432
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 PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	4,874
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	7,089
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		11,963