

		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: 1000115

Facility Name: HERITAGE WOODS OF BOLINGBRK

Address: 550 KILDEER BOLINGBROOK 60440

Number City Zip Code

County: WILL

Telephone Number: (630) 783-9640 Fax # 630 783-9648

Federal Employer ID Number:

Date Current Owners were Certified: 2/27/2009

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 HERITAGE WOODS OF BOLINGBRK 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	105	Single Unit Apartment	105	38,325
2		Double Unit Apartment		
3		Other		
4	105	TOTALS	105	38,325

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	30,765	4,609		35,374
6	Double Unit				
7	Other				
8	TOTALS	30,765	4,609		35,374

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

92.30%

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

737

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

34

 (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:

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.

HFS 3745C (N-4-05)

IL478-2471

Facility Name: HERITAGE WOODS OF BOLINGBRK

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	260,968	206,132	2,160	469,260		469,260	1
2	Housekeeping, Laundry and Maintenance	117,921	32,427	55,306	205,654		205,654	2
3	Heat and Other Utilities			172,657	172,657	(31,032)	141,625	3
4	Other (specify): See Page 3 Attachment			28,790	28,790		28,790	4
5	TOTAL General Services	378,889	238,559	258,913	876,361	(31,032)	845,329	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	482,283	12,134		494,417		494,417	6
7	Activities and Social Services	36,121	9,225		45,346		45,346	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	518,404	21,359		539,763		539,763	9
	C. General Administration							
10	Administrative and Clerical	217,016	34,309	281,620	532,945	(27,439)	505,506	10
11	Marketing Materials, Promotions and Advertising	46,558	11,086	38,782	96,426		96,426	11
12	Employee Benefits and Payroll Taxes			259,735	259,735		259,735	12
13	Insurance-Property, Liability and Malpractice			41,603	41,603		41,603	13
14	Other (specify): See Page 3 Attachment			124,203	124,203	(18,237)	105,966	14
15	TOTAL General Administration	263,574	45,395	745,943	1,054,912	(45,676)	1,009,236	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,160,867	305,313	1,004,856	2,471,036	(76,708)	2,394,328	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			479,132	479,132		479,132	17
18	Interest			778,167	778,167	(14,625)	763,542	18
19	Real Estate Taxes			88,005	88,005		88,005	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			11,522	11,522		11,522	21
22	Other (specify): See Page 3 Attachment			376,827	376,827	(4,105)	372,722	22
23	TOTAL Ownership			1,733,653	1,733,653	(18,730)	1,714,923	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,160,867	305,313	2,738,508	4,204,688	(95,438)	4,109,250	24

Facility Name: HERITAGE WOODS OF BOLINGBRK

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	1	23.50	2
3	Certified Nurse Assistants	14	11.96	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	10	10.10	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	10.43	10
11	Laundry			11
12	Managers	5	24.79	12
13	Other Administrative	4	24.62	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)	37	\$	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

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	\$ 191,945	1
2			2
Total		\$ 191,945	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).

Facility Name: HERITAGE WOODS OF BOLINGBRK Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 815,542 Year land was acquired 2007

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	105			2009	\$ 12,529,068	\$ 455,602	27.5	\$ 455,602	\$ 0	\$ 4,058,310	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				242,571	16,171	15	16,171	(0)	144,195	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)				\$ 12,771,639	\$ 471,774		\$ 471,774	\$ 0	\$ 4,202,505	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	\$ 712,825	\$ 7,358	\$ 142,565	135,207	5	\$ 703,154	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 712,825	\$ 7,358	\$ 142,565	135,207		\$ 703,154	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 BOLINGBRK

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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	AMALGAMATED BANK		X	FIRST MORTGAGE / BOND	12/1/2007	\$ 11,900,000	\$ 10,970,000	12/1/2042	0.0700	\$ 778,167	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,900,000	\$ 10,970,000			\$ 778,167	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,900,000	\$ 10,970,000			\$ 778,167	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 BOLINGBRK

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	\$ 186,042	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (143,110))	365,396		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,575		6
7	Other Prepaid Expenses	85,683		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	3,944		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 651,640	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	815,542		13
14	Buildings, at Historical Cost	12,529,068		14
15	Leasehold Improvements, at Historical Cost	242,571		15
16	Equipment, at Historical Cost	712,825		16
17	Accumulated Depreciation (book methods)	(4,905,659)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	22,927		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(20,635)		20
21	Restricted Funds	2,080,906		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Page 7 Attachment	15,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,492,546	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,144,187	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 150,767	\$	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	94,972		31
32	Accrued Interest Payable	63,992		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	409,888		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 719,618	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,581,352		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)	\$ 10,581,352	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,300,970	\$	45
46	TOTAL EQUITY	\$ 843,216	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,144,187	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF BOLINGBRK

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	\$ 3,706,179	1
2	Discounts and Allowances	(18,502)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,687,677	3
	B. Other Operating Revenue		
4	Special Services	149,590	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	4,461	8
9	Non-Resident Meals	2,073	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 156,124	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	14,625	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 14,625	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	10,656	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,656	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,869,082	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	876,361	19
20	Health Care/ Personal Care	539,763	20
21	General Administration	1,054,912	21
	B. Capital Expense		
22	Ownership	1,733,653	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)	\$ 4,204,688	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (335,606)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (335,606)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,854,959	32
33	Private Pay - Net Inpatient Revenue	1,832,718	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,687,677	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	17,649	9100-9101-0-0	Interest & Dividend Income	-					
5200-5124-0-0	Exterminating	10,087	5160-5063-0-0	Legal	28,529	9100-9102-0-0	Assessment Income	-					
5200-5127-0-0	Rubbish Removal	878	5160-5064-0-0	Accounting	185	9100-9103-0-0	Assessment Expense	-					
5200-5130-0-0	Vehicle Expense	2,455	5160-5066-0-0	Audit	12,440	9200-9201-1-0	Amortization - Loan Fees	14,901					
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	15,371	5160-5068-0-0	Contract Labor	47,163	9200-9203-1-0	Mortgage Interest Premium	-					
			5180-5079-0-0	Bad Debt - Resident	10,644	9200-9204-0-0	Mortgage Service Fee	-					
			5180-5079-1-0	Bad Debt - Resident - Recovery	(115)	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	7,704	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	4,105					
			5180-5083-0-0	Bad Debt - Medicaid MCO	3	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	19,002					
						9300-9303-0-0	Incentive Management	334,452					
						9300-9303-1-0	Incentive Asset Mgmt Fee	-					
						9300-9304-0-0	Tax Credit Fees & Incentive Fee	2,075					
						9300-9305-0-0	Organizational Expense	-					
						9300-9306-0-0	Developer Fees	-					
						9300-9307-0-0	Closing Costs	-					
						9700-9702-0-0	Amortization Expense	2,293					
						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	-					
		28,790			-			124,203				376,827	

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	19,002	
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	334,452	
1102-9975-0-0	A/R-CIP	-		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-	
1102-9976-0-0	A/R-Other	3,608		2112-0105-0-0	Accrued Liabilities	27,541	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0110-0-0	Accrued Insurance	-	
1105-0006-0-0	Security Deposit-Equip & Util	336		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	10,906	
				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	17,988	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
			3,944				409,888
Other Long Term Assets Detail							
1201-0020-0-0	CIP	-					
1201-0021-0-0	CIP- Land Option Addition	15,000					
1201-0022-0-0	CIP- Other Addition	-					
			15,000.00				

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	931
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
3300-3393-0-0	Insurance Adjustments	6,125
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		10,656