		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: 1000007

Facility Name: HERITAGE WOODS OF OTTAWA

Address: 801 EAST ETNA ROAD (Number) OTTAWA (City) 61350 (Zip Code)

County: LASALLE

Telephone Number: (815) 431-1400 **Fax #** 815 431-9147

Federal Employer ID Number:

Date Current Owners were Certified: 10/25/2007

Type of Ownership:

	VOLUNTARY, NON-PROFIT		PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	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

(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 OTTAWA 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 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	76	Single Unit Apartment	76	27,740	1
2	8	Double Unit Apartment	8	2,920	2
3		Other			3
4	84	TOTALS	84	30,660	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	15,845	14,053		29,898	5
6	Double Unit					6
7	Other					7
8	TOTALS	15,845	14,053		29,898	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.51%

D. Indicate the number of paid bed-hold days the SLF had during this year 189 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 45 **(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: 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: HERITAGE WOODS OF OTTAWA **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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	223,865	169,101	1,964	394,930		394,930	1
2	Housekeeping, Laundry and Maintenance	95,974	38,791	41,558	176,323		176,323	2
3	Heat and Other Utilities			110,229	110,229	(19,772)	90,457	3
4	Other (specify): See Page 3 Attachment			22,233	22,233		22,233	4
5	**TOTAL General Services**	319,839	207,892	175,984	703,715	(19,772)	683,943	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	397,990	9,334		407,324		407,324	
7	Activities and Social Services	24,958	9,611		34,569		34,569	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	422,948	18,945		441,893		441,893	9
	C. General Administration							
10	Administrative and Clerical	109,528	21,800	229,294	360,622	(45,784)	314,838	10
11	Marketing Materials, Promotions and Advertising	50,409	7,841	33,482	91,732		91,732	11
12	Employee Benefits and Payroll Taxes			250,310	250,310		250,310	12
13	Insurance-Property, Liability and Malpractice			43,713	43,713		43,713	13
14	Other (specify): See Page 3 Attachment			15,921	15,921	9,570	25,491	14
15	**TOTAL General Administration**	159,937	29,641	572,720	762,298	(36,214)	726,084	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	902,724	256,478	748,704	1,907,906	(55,986)	1,851,920	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			253,861	253,861		253,861	17
18	Interest			213,253	213,253	(296)	212,957	18
19	Real Estate Taxes			101,621	101,621		101,621	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			6,874	6,874		6,874	21
22	Other (specify): See Page 3 Attachment			197,647	197,647	162,353	360,000	22
23	**TOTAL Ownership**			773,256	773,256	162,057	935,313	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	902,724	256,478	1,521,959	2,681,161	106,071	2,787,232	24

Facility Name: HERITAGE WOODS OF OTTAWA 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	19.19	2
3	Certified Nurse Assistants	13	11.07	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	8	10.53	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.41	10
11	Laundry			11
12	Managers	5	21.00	12
13	Other Administrative	3	20.71	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)	33	$	17

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	$ 159,136	1
2			2
		Total $ 159,136	3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES		OTHER RELATED BUSINESS ENTITIES		
Name 1	City 2	Name 3	City 4	Type of Business 5
DSI MANTENO OPERATOR & OWNER	MANTENO			
DSI WATSEKA OPERATOR & OWNER	WATSEKA			
DSI FLORA OPERATOR & OWNER	FLORA			

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 [X]
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 [X]
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 OTTAWA Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land $ 518,552 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	84			1999	$ 6,493,418	$ 240,018	27.5	$ 236,124	$ (3,894)	$ 2,377,323	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)				$ 6,493,418	$ 240,018		$ 236,124	$ (3,894)	$ 2,377,323	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	$ 359,208	$ 13,843	$ 71,842	57,999	5	$ 352,899	18
19					$		-	19
20	TOTAL (lines 18 and 19)	$ 359,208	$ 13,843	$ 71,842	57,999		$ 352,899	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 OTTAWA 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

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** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related Long-Term										
1	MIDLAND STATES BANK		X	FIRST MORTGAGE	9/1/2013	$ 7,713,700	$ 6,992,735	8/1/2047	0.0300	$ 206,043	1
2											2
3											3
	Working Capital										
4	PEOPLES BANK		X	LINE OF CREDIT	1/5/17	460,000	78,693	1/3/18	VARIABLE	7,208	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 8,173,700	$ 7,071,428			$ 213,252	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 8,173,700	$ 7,071,428			$ 213,252	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 OTTAWA **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	$ 71,712	$	1
2	Cash-Patient Deposits	3,241		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (4,557))	330,781		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	47,704		6
7	Other Prepaid Expenses	15,406		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	13,543		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 482,387	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	518,552		13
14	Buildings, at Historical Cost	6,493,418		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	359,208		16
17	Accumulated Depreciation (book methods)	(2,730,222)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	1,814,824		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(678,352)		20
21	Restricted Funds	323,807		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 6,101,235	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 6,583,623	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 27,683	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	78,693		29
30	Accrued Salaries Payable	28,594		30
31	Accrued Taxes Payable	105,207		31
32	Accrued Interest Payable	17,562		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	44,569		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 302,308	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,107,168		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)**	$ 7,107,168	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 7,409,476	$	45
46	**TOTAL EQUITY**	$ (825,853)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 6,583,623	$	47

***(See instructions.)**

Facility Name: HERITAGE WOODS OF OTTAWA **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.)

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 3,395,697	1
2	Discounts and Allowances	(5,917)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,389,780	3
	B. Other Operating Revenue		
4	Special Services	96,825	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	26,123	8
9	Non-Resident Meals	3,542	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 126,490	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	296	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 296	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	5,159	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 5,159	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,521,725	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	703,715	19
20	Health Care/ Personal Care	441,893	20
21	General Administration	762,298	21
	B. Capital Expense		
22	Ownership	773,256	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)**	$ 2,681,161	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 840,564	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 840,564	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 868,707	32
33	Private Pay - Net Inpatient Revenue	2,521,073	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 3,389,780	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	3,454		9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	1,740		5160-5063-0-0	Legal	3,315		9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	4,750		5160-5064-0-0	Accounting	183		9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	-		5160-5066-0-0	Audit	17,306		9200-9201-1-0	Amortization - Loan Fees	-
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	15,743		5160-5068-0-0	Contract Labor	1,232		9200-9203-1-0	Mortgage Interest Premium	-
				5180-5079-0-0	Bad Debt - Resident	1,687		9200-9204-0-0	Mortgage Service Fee	-
				5180-5079-1-0	Bad Debt - Resident - Recovery	-		9200-9205-0-0	Mortgage Insurance Prem	35,293
				5180-5080-0-0	Bad Debt - Resident Prior Period	-		9200-9206-0-0	Participation Fee	-
				5180-5081-0-0	Bad Debt - Medicaid Pending Denial	(11,257)	########	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	162,353
								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	-
		22,233	-			15,921				197,647

Balance Sheet PG 7 Other

Balance Sheet

	Other Current Assets Detail	Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursemen	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	12,000
1102-9976-0-0	A/R-Other	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0006-0-0	Security Deposit-Equip & Util	1,543
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
		13,543

	Current Liabilities Detail	Amt	
2111-0040-0-0	Construction Account Payable	-	
2112-0100-0-0	Accrued Asset Management Fee	-	
2112-0101-0-0	Accrued Partnership Mgmt Fee	-	
2112-0102-0-0	Accrued Incentive Mgmt Fee	-	
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-	
2112-0105-0-0	Accrued Liabilities	24,276	
2112-0110-0-0	Accrued Insurance	-	
2112-0115-0-0	Accrued Developer Fee	-	
2112-0130-0-0	Accrued MIP	-	
2112-0140-0-0	Accrued Vacation	-	0
2112-0144-0-0	Payroll Union Dues	-	0
2112-0146-0-0	Payroll Benefits	-	
2112-0150-0-0	Security Deposits	3,241	
2112-0154-0-0	Unclaimed Property	-	
2112-0155-0-0	Reservation Deposit	200	
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	16,852	
2112-0159-1-0	Medicaid Prepayments	-	
2112-0159-2-0	Prepaid Medicaid Clearing	-	
2112-0159-3-0	Prepaid Rent	-	
		44,569	

	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	323	
3300-3391-0-0	Property Tax Adjustments	-	
3300-3392-0-0	Property Lease Income	-	
3300-3393-0-0	Insurance Adjustments	4,835	
3300-3395-0-0	Developer Fee Income	-	
3300-3396-0-0	Home Office Rent Income	-	
			0
		5,159	0