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: 1000118

Facility Name: HERITAGE WOODS OF SOUTH ELGN

Address: 700 N MCLEAN BLVD (Number) SOUTH ELGIN (City) 60177 (Zip Code)

County: KANE

Telephone Number: (847) 531-8360 **Fax #** 847 531-8362

Federal Employer ID Number:

Date Current Owners were Certified: 10/18/2012

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 SOUTH ELGN 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	182	Single Unit Apartment	182	66,430	1
2		Double Unit Apartment			2
3		Other			3
4	182	TOTALS	182	66,430	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	41,412	12,916		54,328	5
6	Double Unit					6
7	Other					7
8	TOTALS	41,412	12,916		54,328	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.78%

D. Indicate the number of paid bed-hold days the SLF had during this year 916 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 25 **(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 SOUTH ELGN **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	424,875	406,554	2,329	833,758		833,758	1
2	Housekeeping, Laundry and Maintenance	195,795	65,564	67,055	328,414		328,414	2
3	Heat and Other Utilities			242,640	242,640	(50,726)	191,914	3
4	Other (specify): See Page 3 Attachment			29,017	29,017		29,017	4
5	**TOTAL General Services**	620,670	472,118	341,041	1,433,829	(50,726)	1,383,103	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	1,382,132	24,191		1,406,323		1,406,323	6
7	Activities and Social Services	114,467	9,633		124,100		124,100	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	1,496,599	33,824		1,530,423		1,530,423	9
	C. General Administration							
10	Administrative and Clerical	244,880	50,554	570,767	866,201	(61,958)	804,243	10
11	Marketing Materials, Promotions and Advertising	103,236	18,062	68,384	189,682		189,682	11
12	Employee Benefits and Payroll Taxes			554,410	554,410		554,410	12
13	Insurance-Property, Liability and Malpractice			75,901	75,901		75,901	13
14	Other (specify): See Page 3 Attachment			137,210	137,210	(6,003)	131,207	14
15	**TOTAL General Administration**	348,116	68,616	1,406,672	1,823,404	(67,961)	1,755,443	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	2,465,385	574,558	1,747,713	4,787,656	(118,687)	4,668,969	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			1,047,817	1,047,817		1,047,817	17
18	Interest			544,268	544,268	(11,633)	532,635	18
19	Real Estate Taxes			114,573	114,573		114,573	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			12,564	12,564		12,564	21
22	Other (specify): See Page 3 Attachment			128,629	128,629		128,629	22
23	**TOTAL Ownership**			1,847,851	1,847,851	(11,633)	1,836,218	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	2,465,385	574,558	3,595,565	6,635,508	(130,320)	6,505,188	24

Facility Name: HERITAGE WOODS OF SOUTH ELGN 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	3	24.43	2
3	Certified Nurse Assistants	21	11.86	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	17	9.80	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	5	9.80	10
11	Laundry			11
12	Managers	9	22.85	12
13	Other Administrative	6	23.34	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)	61	$	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	$ 417,607	1
2			2
		Total $ 417,607	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

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

VIII. OWNERSHIP COSTS

A. Purchase price of land $ 2,285,525 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	182			2009	$ 13,788,099	$ 501,385	27.5	$ 501,385	$ (0)	$ 2,548,709	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				1,021,134	68,076	15	68,076	(0)	346,051	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)				$ 14,809,233	$ 569,461		$ 569,461	$ (0)	$ 2,894,760	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	$ 2,622,867	$ 478,356	$ 524,573	46,218	5	$ 2,553,868	18
19					$		-	19
20	TOTAL (lines 18 and 19)	$ 2,622,867	$ 478,356	$ 524,573	46,218		$ 2,553,868	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 SOUTH ELGN 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	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** YES	Related** NO	Purpose of Loan	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
	A. Directly Facility Related Long-Term										
1	LANCASTER POLLARD		X	FIRST MORTGAGE	12/1/2012	$ 23,713,700	$ 21,487,777	1/1/48	0.0248	$ 538,320	1
2											2
3											3
	Working Capital										
4								/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 23,713,700	$ 21,487,777			$ 538,320	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 23,713,700	$ 21,487,777			$ 538,320	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 SOUTH ELGN **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	$ 440,743	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (95,412))	963,727		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	49,634		6
7	Other Prepaid Expenses	29,374		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	26,531		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,510,010	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,285,525		13
14	Buildings, at Historical Cost	13,788,099		14
15	Leasehold Improvements, at Historical Cost	1,021,134		15
16	Equipment, at Historical Cost	2,622,867		16
17	Accumulated Depreciation (book methods)	(5,448,628)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	637,042		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 14,906,038	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 16,416,048	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 165,670	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	78,245		30
31	Accrued Taxes Payable	182,738		31
32	Accrued Interest Payable	44,408		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	97,539		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 568,599	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	21,044,461		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)**	$ 21,044,461	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 21,613,061	$	45
46	**TOTAL EQUITY**	$ (5,197,013)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 16,416,048	$	47

***(See instructions.)**

Facility Name: HERITAGE WOODS OF SOUTH ELGN **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	$ 8,009,335	1
2	Discounts and Allowances	(747)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 8,008,588	3
	B. Other Operating Revenue		
4	Special Services	291,800	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	33,835	8
9	Non-Resident Meals	955	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 326,590	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	11,633	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 11,633	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	12,325	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 12,325	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 8,359,136	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,433,829	19
20	Health Care/ Personal Care	1,530,423	20
21	General Administration	1,823,404	21
	B. Capital Expense		
22	Ownership	1,847,851	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)**	$ 6,635,508	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 1,723,628	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 1,723,628	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 3,552,783	32
33	Private Pay - Net Inpatient Revenue	4,455,805	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 8,008,588	37

Expenses PG 3 Other

	General Services Other	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	2,700
5200-5127-0-0	Rubbish Removal	13,094
5200-5130-0-0	Vehicle Expense	976
5200-5131-0-0	Transportation Service	61
5300-5140-0-0	Security & Monitoring	12,187
		29,017

Health Care & Programs	
	-

	General Administration Other	Amt
5160-5060-0-0	Consulting	9,075
5160-5063-0-0	Legal	39,269
5160-5064-0-0	Accounting	223
5160-5066-0-0	Audit	9,565
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	73,076
5180-5079-0-0	Bad Debt - Resident	18,059
5180-5079-1-0	Bad Debt - Resident - Recovery	-
5180-5080-0-0	Bad Debt - Resident Prior Period	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	9,857
5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-
5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-
5180-5083-0-0	Bad Debt - Medicaid MCO	(21,913)
5190-5000-0-0	Other Admin Allocation	-
		137,210

	Ownership Other	Amt
9100-9101-0-0	Interest & Dividend Income	-
9100-9102-0-0	Assessment Income	-
9100-9103-0-0	Assessment Expense	-
9200-9201-1-0	Amortization - Loan Fees	14,818
9200-9202-0-0	Financing Fees	-
9200-9203-1-0	Mortgage Interest Premium	-
9200-9204-0-0	Mortgage Service Fee	-
9200-9205-0-0	Mortgage Insurance Prem	108,530
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	1,031
9200-9208-0-0	Bond & Draw Fee	-
9200-9209-0-0	Remarketing and Trustee Fee	-
9200-9210-0-0	Interest Expense-Note	-
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	4,250
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	-
		128,629

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	21,750
1102-9976-0-0	A/R-Other	1,984
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0006-0-0	Security Deposit-Equip & Util	2,797
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
		26,531

	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	39,893
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	-
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	192
2112-0155-0-0	Reservation Deposit	3,150
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	54,305
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
		97,539

	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	2,411
3300-3391-0-0	Property Tax Adjustments	0
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	9,913
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		12,325