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: 1000145

Facility Name: ST ANTHONY OF LANSING

Address: 3025 SPRING LAKE DR (Number) LANSING (City) 60438 (Zip Code)

County: COOK

Telephone Number: (708) 474-6100 **Fax #** 708 474-6102

Federal Employer ID Number:

Date Current Owners were Certified: 6/17/2009

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 ST ANTHONY OF LANSING 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	125	Single Unit Apartment	125	45,625	1
2		Double Unit Apartment			2
3		Other			3
4	125	TOTALS	125	45,625	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	40,727	3,614		44,341	5
6	Double Unit					6
7	Other					7
8	TOTALS	40,727	3,614		44,341	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.19%

D. Indicate the number of paid bed-hold days the SLF had during this year 1,021 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 132 **(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: ST ANTHONY OF LANSING **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	235,000	236,614	2,233	473,847		473,847	1
2	Housekeeping, Laundry and Maintenance	116,792	71,054	102,675	290,521		290,521	2
3	Heat and Other Utilities			167,526	167,526	(28,541)	138,985	3
4	Other (specify): See Page 3 Attachment			26,216	26,216		26,216	4
5	**TOTAL General Services**	351,792	307,668	298,650	958,110	(28,541)	929,569	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	601,798	14,316		616,114		616,114	6
7	Activities and Social Services	36,034	8,612		44,646		44,646	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	637,832	22,928		660,760		660,760	9
	C. General Administration							
10	Administrative and Clerical	149,251	34,770	316,236	500,257	(32,312)	467,945	10
11	Marketing Materials, Promotions and Advertising	66,774	10,216	24,054	101,044		101,044	11
12	Employee Benefits and Payroll Taxes			275,936	275,936		275,936	12
13	Insurance-Property, Liability and Malpractice			67,825	67,825		67,825	13
14	Other (specify): See Page 3 Attachment			166,396	166,396	(26,967)	139,429	14
15	**TOTAL General Administration**	216,025	44,986	850,447	1,111,458	(59,279)	1,052,179	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,205,649	375,582	1,149,098	2,730,329	(87,820)	2,642,509	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			599,444	599,444		599,444	17
18	Interest			1,203,502	1,203,502	(16,492)	1,187,010	18
19	Real Estate Taxes			274,923	274,923		274,923	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			8,826	8,826		8,826	21
22	Other (specify): See Page 3 Attachment			122,799	122,799	(4,088)	118,711	22
23	**TOTAL Ownership**			2,209,494	2,209,494	(20,580)	2,188,914	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,205,649	375,582	3,358,592	4,939,823	(108,400)	4,831,423	24

Facility Name: ST ANTHONY OF LANSING 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	24.01	2
3	Certified Nurse Assistants	19	10.98	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	9	9.50	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.24	10
11	Laundry			11
12	Managers	6	22.27	12
13	Other Administrative	3	22.38	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)	42	$	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	$ 238,943	1
2			2
		Total $ 238,943	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
DEER PATH SLF, LLC	HUNTLEY			

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: ST ANTHONY OF LANSING Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land $ 2,558,268 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	125			2013	$ 17,631,220	$ 440,781	40	$ 440,781	$ (0)	$ 1,924,120	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				327,005	16,350	20	16,350	0	71,404	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)				$ 17,958,225	$ 457,131		$ 457,131	$ (0)	$ 1,995,523	17

C. Equipment Depreciation -- Including Transportation.

TOTALS		Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
	18	Movable Equipment	$ 1,424,914	$ 142,314	$	(142,314)	10	$ 618,100	18
	19					$		-	19
	20	TOTAL (lines 18 and 19)	$ 1,424,914	$ 142,314	$	(142,314)		$ 618,100	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: ST ANTHONY OF LANSING **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	AMALGAMATED BANK		X	FIRST MORTGAGE	7/13/2012	$ 18,630,000	$ 18,410,000	12/1/2032	0.0650	$ 1,203,502	1
2	COUNTY OF COOK		X	Second Mortgage	7/12/2012	3,000,000	3,000,000	7/12/1954	none		2
3											3
	Working Capital										
4	D. C				/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 21,630,000	$ 21,410,000			$ 1,203,502	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 21,630,000	$ 21,410,000			$ 1,203,502	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: ST ANTHONY OF LANSING **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	$ 327,624	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (83,613))	786,460		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,653		6
7	Other Prepaid Expenses	10,129		7
8	Accounts Receivable (owners or related parties)	8,531		8
9	Other(specify): See Page 7 Attachment	792		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,157,188	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,558,268		13
14	Buildings, at Historical Cost	17,631,220		14
15	Leasehold Improvements, at Historical Cost	327,005		15
16	Equipment, at Historical Cost	1,424,914		16
17	Accumulated Depreciation (book methods)	(2,613,623)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	1,339,864		19
20	**DEER PATH SLF, LLC** Organization & Pre-Operating Costs	(190,010)		20
21	Restricted Funds	2,169,472		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Page 7 Attachment	13,045		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 22,660,155	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 23,817,343	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 144,280	$	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	244,881		31
32	Accrued Interest Payable	99,721		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	641,859		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 1,130,741	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	20,590,866		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)**	$ 20,590,866	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 21,721,607	$	45
46	**TOTAL EQUITY**	$ 2,095,736	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 23,817,343	$	47

***(See instructions.)**

Facility Name: ST ANTHONY OF LANSING **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	$ 4,738,605	1
2	Discounts and Allowances	(7,829)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 4,730,776	3
	B. Other Operating Revenue		
4	Special Services	155,724	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	9,609	8
9	Non-Resident Meals	1,808	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 167,141	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	16,492	13
14	**SUBTOTAL Non-Operating Revenue**	$ 16,492	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	6,592	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 6,592	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 4,921,001	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	958,110	19
20	Health Care/ Personal Care	660,760	20
21	General Administration	1,111,458	21
	B. Capital Expense		
22	Ownership	2,209,494	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)**	$ 4,939,823	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (18,822)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (18,822)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 2,739,320	32
33	Private Pay - Net Inpatient Revenue	1,991,456	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 4,730,776	37

Expenses PG 3 Other, See attachment

	General Services Other	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	3,220
5200-5127-0-0	Rubbish Removal	10,059
5200-5130-0-0	Vehicle Expense	3,090
5200-5131-0-0	Transportation Service	1,549
5300-5140-0-0	Security & Monitoring	8,299
		26,216

Health Care & Programs		
		-

	General Administration Other	Amt
5160-5060-0-0	Consulting	6,120
5160-5063-0-0	Legal	41,436
5160-5064-0-0	Accounting	155
5160-5066-0-0	Audit	12,440
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	79,279
5180-5079-0-0	Bad Debt - Resident	25,711
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	1,256
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	-
5190-5000-0-0	Other Admin Allocation	-
		166,396

	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	52,565
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	-
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	-
9200-9208-0-0	Bond & Draw Fee	-
9200-9209-0-0	Remarketing and Trustee Fee	4,088
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	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	3,125
9300-9305-0-0	Organizational Expense	-
9300-9306-0-0	Developer Fees	-
9300-9307-0-0	Closing Costs	-
9700-9702-0-0	Amortization Expense	43,021
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	10,000
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	-
		122,799

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	-
1102-9976-0-0	A/R-Other	300
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0006-0-0	Security Deposit-Equip & Util	492
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
		792

Accumulated Amortization -

	Other Long Term Assets Detail	
1201-0020-0-0	CIP	13,045
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
		13,045.00

	Current Liabilities Detail	Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	10,000
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	39,143
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	553,619
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	6,448
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	32,649
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
		641,859

Income Statement PG 8 Other

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,592
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	5,000
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		6,592