

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

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

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 Charitable Corp. Trust

PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. X Limited Liability Co. Trust Other

GOVERNMENTAL State County Other

IRS Exemption Code

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 01/01/2018 to 12/31/2018 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 **DEER PATH OF HUNTLEY**

Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	44,570	304		44,874	5
6	Double Unit					6
7	Other					7
8	TOTALS	44,570	304		44,874	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.05%

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

1,174 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 74 (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** ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

**G. List all services provided by your facility for non-residents.
(E.g., day care, "meals on wheels", outpatient therapy)**

H. ACCOUNTING BASIS

ACCUAL		MODIFIED	
		CASH*	CASH*
	X		

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

Tax Year: 2018 Fiscal Year: 2018

* 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.

STATE OF ILLINOIS

Page 3

Facility Name: DEER PATH OF HUNTLEY

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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	273,846	253,479	1,830	529,155		529,155	1
2	Housekeeping, Laundry and Maintenance	134,866	39,010	56,680	230,556		230,556	2
3	Heat and Other Utilities			175,097	175,097	(30,369)	144,728	3
4	Other (specify):			39,839	39,839		39,839	4
5	TOTAL General Services	408,712	292,489	273,446	974,647	(30,369)	944,278	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	802,346	23,049		825,395		825,395	6
7	Activities and Social Services	51,162	8,255		59,417		59,417	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	853,508	31,304		884,812		884,812	9
	C. General Administration							
10	Administrative and Clerical	207,456	44,468	329,742	581,666	(4,275)	577,391	10
11	Marketing Materials, Promotions and Advertising	34,690	16,138	40,086	90,914		90,914	11
12	Employee Benefits and Payroll Taxes			302,271	302,271		302,271	12
13	Insurance-Property, Liability and Malpractice			59,713	59,713		59,713	13
14	Other (specify):			146,949	146,949	(48,287)	98,661	14
15	TOTAL General Administration	242,146	60,606	878,761	1,181,513	(52,562)	1,128,950	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,504,366	384,399	1,152,206	3,040,971	(82,931)	2,958,041	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			581,983	581,983		581,983	17
18	Interest			1,266,823	1,266,823	(78,915)	1,187,908	18
19	Real Estate Taxes			95,042	95,042		95,042	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			13,143	13,143		13,143	21
22	Other (specify):			106,870	106,870	(3,944)	102,926	22
23	TOTAL Ownership			2,063,861	2,063,861	(82,859)	1,981,003	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,504,366	384,399	3,216,068	5,104,833	(165,789)	4,939,043	24

Facility Name: DEER PATH OF HUNTLEY

Report Period Beginning 01/01/2018 Ending: 12/31/2018

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	22.73	2
3	Certified Nurse Assistants	23	12.93	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	10.87	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.73	10
11	Laundry			11
12	Managers	6	22.41	12
13	Other Administrative	4	22.42	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)	49	\$	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

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? \$ _____
(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 ☒
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).

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	\$ 242,705	1
2			2
Total		\$ 242,705	3

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			2013	\$ 18,979,671	\$ 474,492	40	\$ 474,492	\$ (1)	\$ 2,545,001	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				189,360	9,468	20	9,468	0	47,228	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	\$ 483,960		\$ 483,960	\$ (1)	\$ 2,592,229	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	\$ 996,280	\$ 98,023	\$ 99,628	1,605	10	\$ 511,622	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 996,280	\$ 98,023	\$ 99,628	1,605		\$ 511,622	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: 01/01/2018 Ending: 12/31/2018

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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		YES NO
3	Original Building			/ /	\$			3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	
									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	7/13/12	\$ 19,730,000	\$ 19,375,000	12/1/32	0.0650	\$ 1,266,823	1
2			X								2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 19,730,000	\$ 19,375,000			\$ 1,266,823	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 19,730,000	\$ 19,375,000			\$ 1,266,823	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: 01/01/2018

Ending: 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 207,888	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (184,078))	1,107,337		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,908		6
7	Other Prepaid Expenses	4,369		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,338,502	\$	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	996,280		16
17	Accumulated Depreciation (book methods)	(3,103,851)		17
18	Deferred Charges	648		18
19	Organization & Pre-Operating Costs	1,274,223		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(233,086)		20
21	Restricted Funds	1,286,698		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 20,851,063	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 22,189,565	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 458,834	\$	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	95,641		31
32	Accrued Interest Payable	104,948		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,167,335		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,826,758	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	18,779,814		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)	\$ 18,779,814	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 20,606,572	\$	45
46	TOTAL EQUITY	\$ 1,582,993	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 22,189,565	\$	47

*(See instructions.)

Facility Name: DEER PATH OF HUNTLEY

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

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	\$ 4,726,658	1
2	Discounts and Allowances	(24,441)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,702,217	3
	B. Other Operating Revenue		
4	Special Services	130,086	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	1,215	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 131,301	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	78,915	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 78,915	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	10,817	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,817	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,923,250	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	974,647	19
20	Health Care/ Personal Care	884,812	20
21	General Administration	1,181,513	21
	B. Capital Expense		
22	Ownership	2,063,861	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)	\$ 5,104,833	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (181,583)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (181,583)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,338,426	32
33	Private Pay - Net Inpatient Revenue	1,363,791	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,702,217	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Other (specify):			Other (specify):		Amt
5200-5000-0-0	Operating Allocation	-	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	11,590	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	11,471	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	1,857	9200-9201-1-0	Amortization - Loan Fees	40,812
5200-5131-0-0	Transportation Service	-	9200-9202-0-0	Financing Fees	4,500
5300-5140-0-0	Security & Monitoring	14,921	9200-9203-1-0	Mortgage Interest Premium	-
	PG3-4.3	39,839	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	3,944
			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	-
			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	4,582
			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, Transfer	-
			PG3-22.3	106,870	
B. Health Care and Programs					
Other (specify):		PG3-8.3			

Operating Expenses - Reclassifications and Adjustments PG 3			
A. General Services			
Heat and Other Utilities			
3300-3303-0-0	Cable		30,369
	PG3-3.5		30,369
C. General Administration			
Administrative and Clerical			
3300-3301-0-0	Beauty Salon & Manicure		1,215
3300-3304-0-0	Internet Access		-
3300-3321-0-0	Telephone- Connection		1,960
3300-3323-0-0	Telephone- Usage		0
5190-5090-0-0	Contributions		1,100
	PG3-10.5		4,275
C. General Administration			
Other (specify):			
5180-5079-0-0	Bad Debt - Resident		34,424
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		-
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		13,863
	PG3-14.5		48,287
D. Ownership			
Interest			
3300-3380-0-0	Interest Income		52,613
3300-3385-0-0	Interest Income - Reserves		26,301
	PG3-18.5		78,915
D. Ownership			
Other (specify):			
1302-1007-0-0	A/A - Goodwill		-
9200-9209-0-0	Remarketing and Trustee Fee		3,944
	PG3-22.5		3,944

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 Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		-

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	-
PG7-23.1		-

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	29,161
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	1,099,070
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	1,983
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	37,121
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		1,167,335

Income Statement PG 8 Other

Income Statement

Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other (Late Fees, NSF Fees, Call Pendants)	2,430
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	8,387
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-

PG8-15.1	10,817
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