

		FOR BHF USE			

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2020)

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: 1000142

Facility Name: HERITAGE WOODS OF FREEPORT

Address: 1500 SOUTH FOREST RD FREEPORT 61032

County: STEPHENSON

Telephone Number: (815) 801-3900 Fax # 815 801-3901

Federal Employer ID Number:

Date Current Owners were Certified: 6/26/2013

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

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

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: Danel Erickson 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 01/01/2020 to 12/31/2020 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

STATE OF ILLINOIS

Page 3

Facility Name: HERITAGE WOODS OF FREEPORT

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	225,094	148,427	1,887	375,408	0	375,408	1
2	Housekeeping, Laundry and Maintenance	95,181	23,310	35,840	154,331	0	154,331	2
3	Heat and Other Utilities			80,551	80,551	(21,770)	58,781	3
4	Other (specify):	64,713	0	57,960	122,673	0	122,673	4
5	TOTAL General Services	384,988	171,737	176,238	732,963	(21,770)	711,193	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	415,925	12,995	0	428,920	0	428,920	6
7	Activities and Social Services	33,345	5,737	0	39,082	0	39,082	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	449,270	18,732	0	468,002	0	468,002	9
	C. General Administration							
10	Administrative and Clerical	146,767	36,261	223,808	406,836	(20,294)	386,542	10
11	Marketing Materials, Promotions and Advertising	48,011	7,016	45,853	100,880	0	100,880	11
12	Employee Benefits and Payroll Taxes	0	0	245,791	245,791	0	245,791	12
13	Insurance-Property, Liability and Malpractice	0	0	58,501	58,501	0	58,501	13
14	Other (specify):	0	0	473,357	473,357	(48,772)	424,585	14
15	TOTAL General Administration	194,778	43,277	1,047,310	1,285,365	(69,066)	1,216,299	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,029,036	233,746	1,223,547	2,486,329	(90,835)	2,395,494	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			406,943	406,943	0	406,943	17
18	Interest			163,783	163,783	(14,676)	149,107	18
19	Real Estate Taxes			80,511	80,511	0	80,511	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			10,555	10,555	0	10,555	21
22	Other (specify):	0	0	661,579	661,579	0	661,579	22
23	TOTAL Ownership	0	0	1,323,371	1,323,371	(14,676)	1,308,695	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,029,036	233,746	2,546,918	3,809,700	(105,512)	3,704,189	24

Facility Name: HERITAGE WOODS OF FREEPORT

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	28.27	2
3	Certified Nurse Assistants	12	12.27	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers	0	0.00	5
6	Head Cook	0	0.00	6
7	Cook Helpers/Assistants	7	11.35	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.84	10
11	Laundry	0	0.00	11
12	Managers	6	21.11	12
13	Other Administrative	3	23.99	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other	0	0.00	16
17	Total (lines 1 thru 16)	32	\$	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

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				\$ 0	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	Gardant Management Solutions	\$ 173,203	1
2			2
Total		\$ 173,203	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF FREEPORT

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 327,202 Year land was acquired 2011

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	76			2011	\$ 9,683,193	\$ 352,117	27.5	\$ 352,116	\$ (1)	\$ 2,681,613	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				1,542,204	47,888	15	102,814	54,926	778,444	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 11,225,397	\$ 400,004		\$ 454,930	\$ 54,925	\$ 3,460,058	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	\$ 836,814	\$ 6,940	\$ 83,681	76,741	10	\$ 801,926	18
19		0	0	0			-	19
20	TOTAL (lines 18 and 19)	\$ 836,814	\$ 6,940	\$ 83,681	76,741		\$ 801,926	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 FREEPORT

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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		0		\$ 0			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	Merchants Capital		X	FIRST MORTGAGE	8/1/12	\$ 6,650,000	\$ 5,902,408	7/1/52	0.0275	\$ 163,783	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,650,000	\$ 5,902,408			\$ 163,783	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,650,000	\$ 5,902,408			\$ 163,783	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.

STATE OF ILLINOIS

Page 7

Facility Name: HERITAGE WOODS OF FREEPORT

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,045,171	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (88,853))	319,423		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	21,005		6
7	Other Prepaid Expenses	8,863		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify):	0		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,394,463	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	327,202		13
14	Buildings, at Historical Cost	9,683,193		14
15	Leasehold Improvements, at Historical Cost	1,542,204		15
16	Equipment, at Historical Cost	836,814		16
17	Accumulated Depreciation (book methods)	(4,261,983)		17
18	Deferred Charges	278		18
19	Organization & Pre-Operating Costs	176,053		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(133,505)		20
21	Restricted Funds	1,267,792		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,438,047	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,832,509	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 262,462	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	0		30
31	Accrued Taxes Payable	112,525		31
32	Accrued Interest Payable	13,526		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	849,501		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,238,014	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	5,663,369		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,663,369	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,901,383	\$ 0	45
46	TOTAL EQUITY	\$ 3,931,127	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,832,509	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF FREEPORT

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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	\$ 3,133,314	1
2	Discounts and Allowances	(13,872)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,119,442	3
	B. Other Operating Revenue		
4	Special Services	140,223	4
5	Other Health Care Services	0	5
6	Special Grants	231,345	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	3,259	8
9	Non-Resident Meals	225	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 375,052	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	14,676	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 14,676	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	2,277	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,277	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,511,447	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	732,963	19
20	Health Care/ Personal Care	468,002	20
21	General Administration	1,285,365	21
	B. Capital Expense		
22	Ownership	1,323,371	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)	\$ 3,809,700	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (298,253)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (298,253)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,305,829	32
33	Private Pay - Net Inpatient Revenue	1,813,613	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,119,442	37

Operating Expenses PG 3 Other					
A. General Services			D. Ownership		
Labor Other (specify):			Other (specify):		
			Amt		
9900-9001-0-0	Extraordinary COVID Labor	64,713	9100-9101-0-0	Interest & Dividend Income	-
9900-9001-0-2	Extraordinary COVID - Labor	-	9100-9102-0-0	Assessment Income	-
	PG3-4.1	64,713	9100-9103-0-0	Assessment Expense	-
			9200-9201-1-0	Amortization - Loan Fees	10,921
			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	30,043
			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	-
			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	92,241
			9300-9302-0-0	Asset Management Fee	9,996
			9300-9303-0-0	Incentive Management	497,723
			9300-9303-1-0	Incentive Asset Mgmt Fee	-
			9300-9304-0-0	Tax Credit Fees & Incentive Fee	3,050
			9300-9305-0-0	Organizational Expense	-
			9300-9306-0-0	Developer Fees	-
			9300-9307-0-0	Closing Costs	-
			9700-9702-0-0	Amortization Expense	17,605
			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, Transfer	-
				PG3-22.3	661,579
A. General Services					
Other (specify):			Amt		
5200-5000-0-0	Operating Allocation	129,426			
5200-5124-0-0	Exterminating	2,260			
5200-5127-0-0	Rubbish Removal	3,932			
5200-5130-0-0	Vehicle Expense	768			
5200-5131-0-0	Transportation Service	-			
5300-5140-0-0	Security & Monitoring	10,206			
9900-9002-0-0	Extraordinary COVID - Supplies & Equipment	34,989			
9900-9003-0-0	Extraordinary COVID - Other	5,805			
	PG3-4.3	57,960			
C. General Administration					
Other (specify):			Amt		
5160-5060-0-0	Consulting	167,735			
5160-5063-0-0	Legal	18,561			
5160-5064-0-0	Accounting	230			
5160-5066-0-0	Audit	13,932			
5160-5067-0-0	Contract Labor-Serv Prov	199,323			
5160-5068-0-0	Contract Labor	24,804			
5180-5079-0-0	Bad Debt - Resident	533,544			
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	11,320			
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	13,988			
5190-5000-0-0	Other Admin Allocation	-			
	PG3-14.3	473,357			

Operating Expenses - Reclassifications and Adjustments PG 3		
A. General Services		
Heat and Other Utilities		
3300-3303-0-0	Cable	21,770
	PG3-3.5	21,770
C. General Administration		
Administrative and Clerical		
3300-3301-0-0	Beauty Salon & Manicure	3,259
3300-3304-0-0	Internet Access	1,752
3300-3321-0-0	Telephone- Connection	11,510
3300-3323-0-0	Telephone- Usage	721
5190-5090-0-0	Contributions	3,052
	PG3-10.5	20,294
C. General Administration		
Other (specify):		
5180-5079-0-0	Bad Debt - Resident	23,464
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	11,320
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	13,988
	PG3-14.5	48,772
D. Ownership		
Interest		
3300-3380-0-0	Interest Income	12,257
3300-3385-0-0	Interest Income - Reserves	2,419
	PG3-18.5	14,676
D. Ownership		
Other (specify):		
1302-1007-0-0	A/A - Goodwill	-
9200-9209-0-0	Remarketing and Trustee Fee	-
	PG3-22.5	-

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	92,241
2112-0102-0-0	Accrued Incentive Mgmt Fee	497,723
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	18,539
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	2,483
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	33,730
2112-0159-1-0	Medicaid Prepayments	204,786
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		849,501

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other - call pendants, late fees, NSF fees	2,277
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
3300-3202-0-0	Food & Meal Prep	-
PG8-15.1		2,277