FOR BHF USE

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)

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: 1000038

Facility Name: HERITAGE WOODS OF WATSEKA

Address: 577 EAST MARTIN AVE (Number) WATSEKA (City) 60970 (Zip Code)

County: IROQUOIS

Telephone Number: (815) 432-4560 **Fax #** 815 432-4562

Federal Employer ID Number:

Date Current Owners were Certified: 10/25/2007

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 01/01/2016 to 12/31/2016 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) David J. Mitchell

(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 DSI WATSEKA OPERATOR LLC Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	65	Single Unit Apartment	65	23,790	1
2		Double Unit Apartment			2
3		Other			3
4	65	TOTALS	65	23,790	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	11,195	10,121		21,316	5
6	Double Unit					6
7	Other					7
8	TOTALS	11,195	10,121		21,316	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.60%

D. Indicate the number of paid bed-hold days the SLF had during this year 151 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 5 **(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	MODIFIED CASH*	CASH*
[X]	[ ]	[ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 2016 Fiscal Year: 2016
* 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: DSI WATSEKA OPERATOR LLC **Report Period Beginning: 01/01/2016 Ending: 12/31/2016**

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	167,334	123,164	2,152	292,650		292,650	1
2	Housekeeping, Laundry and Maintenance	61,370	22,524	23,521	107,415		107,415	2
3	Heat and Other Utilities			88,580	88,580	(15,403)	73,177	3
4	Other (specify): See Page 3 Attachment			16,138	16,138		16,138	4
5	**TOTAL General Services**	228,704	145,688	130,391	504,783	(15,403)	489,380	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	277,940	6,231		284,171		284,171	6
7	Activities and Social Services	29,179	2,652		31,831		31,831	7
8	Other (specifiy):							8
9	**TOTAL Health Care and Programs**	307,119	8,883		316,002		316,002	9
	C. General Administration							
10	Administrative and Clerical	88,909	18,686	149,303	256,898	(21,106)	235,792	10
11	Marketing Materials, Promotions and Advertising	17,864	6,281	30,713	54,858		54,858	11
12	Employee Benefits and Payroll Taxes			157,164	157,164		157,164	12
13	Insurance-Property, Liability and Malpractice			37,157	37,157		37,157	13
14	Other (specify): See Page 3 Attachment			65,674	65,674	(44,836)	20,838	14
15	**TOTAL General Administration**	106,773	24,967	440,011	571,751	(65,942)	505,809	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	642,596	179,538	570,401	1,392,535	(81,345)	1,311,190	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			213,086	213,086		213,086	17
18	Interest			162,754	162,754	(182)	162,572	18
19	Real Estate Taxes			66,796	66,796		66,796	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			5,915	5,915		5,915	21
22	Other (specify): See Page 3 Attachment			140,390	140,390	83,515	223,905	22
23	**TOTAL Ownership**			588,941	588,941	83,333	672,274	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	642,596	179,538	1,159,342	1,981,476	1,988	1,983,464	24

Facility Name: DSI WATSEKA OPERATOR LLC Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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 1	1
2	Licensed Practical Nurses	1	18.79	2
3	Certified Nurse Assistants	9	10.13	3
4	Activity Director & Assistants	Inc line 12	Inc line 1	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7	9.33	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	2	9.86	10
11	Laundry			11
12	Managers	4	16.72	12
13	Other Administrative	2	20.51	13
14	Clerical	Inc line 13	Inc line 1	14
15	Marketing	Inc line 12	Inc line 1	15
16	Other			16
17	Total (lines 1 thru 16)	25	$	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	$ 94,853	1
2			2
		Total $ 94,853	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 FLORA OPERATOR & OWNER	FLORA			
DSI OTTAWA OPERATOR & OWNER	OTTAWA			
DSI MANTENO OPERATOR & OWNER	MANTENO			

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: DSI WATSEKA OPERATOR LLC Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 195,956 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	65				$ 4,972,949	$ 180,835	27.5	$ 180,835	$ 0	$ 1,657,066	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements						15				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)				$ 4,972,949	$ 180,835		$ 180,835	$ 0	$ 1,657,066	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	$ 330,396	$ 32,252	$ 66,079	33,828	5	$ 222,624	18
19	Vehicles	20,000			$		20,000	19
20	TOTAL (lines 18 and 19)	$ 350,396	$ 32,252	$ 66,079	33,828		$ 242,624	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: DSI WATSEKA OPERATOR LLC Report Period Beginning: 01/01/2016 Ending: 2/31/2016

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	MORTGAGE	09/01/13	$ 5,758,700	$ 5,328,038	08/01/47	.0300	$ 159,717	1
2					/ /	-		/ /	.0000		2
3					/ /	-		/ /	.0000		3
4					/ /	-		/ /	.0000		
5						-			.0000		
	Working Capital										
6	PEOPLES BANK		X		1/7/2016	400,000	182,593	1/5/17	VARIABLE	3,037	4
7	TOTAL Facility Related					$ 6,158,700	$ 5,510,631			$ 162,754	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 6,158,700	$ 5,510,631			$ 162,754	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: DSI WATSEKA OPERATOR LLC **Report Period Beginning:** 01/01/2016 **Ending:** 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 84,138	$	1
2	Cash-Patient Deposits	4,245		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (55,468))	401,292		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	39,476		6
7	Other Prepaid Expenses	12,286		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	71,928		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 613,365	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	195,956		13
14	Buildings, at Historical Cost	4,972,949		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	350,396		16
17	Accumulated Depreciation (book methods)	(1,899,690)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	1,325,038		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(431,186)		20
21	Restricted Funds	238,671		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 4,752,134	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,365,498	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 31,250	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	182,593		29
30	Accrued Salaries Payable	18,513		30
31	Accrued Taxes Payable	130,204		31
32	Accrued Interest Payable	13,320		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	66,318		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 442,198	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,409,511		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)**	$ 5,409,511	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 5,851,709	$	45
46	**TOTAL EQUITY**	$ (486,211)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 5,365,498	$	47

***(See instructions.)**

Facility Name: DSI WATSEKA OPERATOR LLC **Report Period Beginning: 01/01/2016 Ending: 12/31/2016**

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	$ 2,099,930	1
2	Discounts and Allowances	(9,259)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,090,671	3
	B. Other Operating Revenue		
4	Special Services	65,904	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	8,840	8
9	Non-Resident Meals	6,565	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 81,309	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	182	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 182	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	1,186	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 1,186	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 2,173,348	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	504,783	19
20	Health Care/ Personal Care	316,002	20
21	General Administration	571,751	21
	B. Capital Expense		
22	Ownership	588,941	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)**	$ 1,981,476	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 191,872	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 191,872	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 574,764	32
33	Private Pay - Net Inpatient Revenue	1,515,907	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 2,090,671	37

Expenses PG 3 Other

	General Services Other	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	910
5200-5127-0-0	Rubbish Removal	4,192
5200-5130-0-0	Vehicle Expense	3,750
5200-5131-0-0	Transportation Service	-
5300-5140-0-0	Security & Monitoring	7,286
		16,138

Health Care & Programs	
	-

	General Administration Other	Amt
5160-5060-0-0	Consulting	313
5160-5063-0-0	Legal	611
5160-5064-0-0	Accounting	110
5160-5066-0-0	Audit	18,438
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	1,366
5180-5079-0-0	Bad Debt - Resident	32,009
5180-5079-1-0	Bad Debt - Resident - Recovery	(100)
5180-5080-0-0	Bad Debt - Resident Prior Period	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	16,100
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	(3,173)
5190-5000-0-0	Other Admin Allocation	-
		65,674

	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	-
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	26,879
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	1,179
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	112,332
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	-
		140,390

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	5,491
1102-9978-0-0	A/R-TIF/Abatement	65,102
1105-0006-0-0	Security Deposit-Equip & Util	1,336
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
		71,928

	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	30,659
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	4,245
2112-0154-0-0	Unclaimed Property	4,575
2112-0155-0-0	Reservation Deposit	1,300
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	25,539
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
		66,318

	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

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,186
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	-
		1,186