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: 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 #VALUE!

Federal Employer ID Number:

Date Current Owners were Certified: 08/21/2013

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	

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 # ( )

In the event there are further questions about this report, please contact:
Name: Thomas Staszak **Telephone Number:** (815) 935-1992
Email Address:

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 SLF, 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	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	125	Single Unit Apartment	125	45,750	1
2		Double Unit Apartment			2
3		Other			3
4	125	TOTALS	125	45,750	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	38,266	4,513		42,779	5
6	Double Unit					6
7	Other					7
8	TOTALS	38,266	4,513		42,779	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.51%

D. Indicate the number of paid bed-hold days the SLF had during this year 728 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 107 (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: 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: ST ANTHONY SLF, 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 Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclassifications and Adjustments 5	Adjusted Total 6	
	A. General Services							
1	Dietary and Food Purchase	254,198	225,265	2,310	481,773		481,773	1
2	Housekeeping, Laundry and Maintenance	116,911	56,532	39,074	212,517		212,517	2
3	Heat and Other Utilities			175,372	175,372	(31,195)	144,177	3
4	Other (specify): See Page 3 Attachment			41,609	41,609		41,609	4
5	**TOTAL General Services**	371,109	281,797	258,365	911,271	(31,195)	880,076	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	552,842	13,187		566,029		566,029	6
7	Activities and Social Services	42,022	5,669		47,691		47,691	7
8	Other (specifiy):							8
9	**TOTAL Health Care and Programs**	594,864	18,856		613,720		613,720	9
	C. General Administration							
10	Administrative and Clerical	204,636	34,306	343,800	582,742	(34,902)	547,840	10
11	Marketing Materials, Promotions and Advertising	67,503	12,235	53,985	133,723		133,723	11
12	Employee Benefits and Payroll Taxes			256,736	256,736		256,736	12
13	Insurance-Property, Liability and Malpractice			68,038	68,038		68,038	13
14	Other (specify): See Page 3 Attachment			108,006	108,006	(62,738)	45,268	14
15	**TOTAL General Administration**	272,139	46,541	830,565	1,149,245	(97,640)	1,051,605	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,238,112	347,194	1,088,930	2,674,236	(128,835)	2,545,401	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			599,444	599,444		599,444	17
18	Interest			1,210,381	1,210,381	(3,785)	1,206,596	18
19	Real Estate Taxes			217,476	217,476		217,476	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			6,928	6,928		6,928	21
22	Other (specify): See Page 3 Attachment			122,763	122,763	(4,052)	118,711	22
23	**TOTAL Ownership**			2,156,992	2,156,992	(7,837)	2,149,155	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,238,112	347,194	3,245,922	4,831,228	(136,672)	4,694,556	24

Facility Name: ST ANTHONY SLF, 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	2	24.07	2
3	Certified Nurse Assistants	18	10.88	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	11	9.62	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	9.04	10
11	Laundry			11
12	Managers	3	23.73	12
13	Other Administrative	5	17.72	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)**	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	$ 232,333	1
2			2
	Total	$ 232,333	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

Name 1	City 2
DEER PATH SLF, LLC	HUNTLEY

OTHER RELATED BUSINESS ENTITIES

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: ST ANTHONY SLF, LLC   Report Period Beginning: 01/01/2016   Ending: 12/31/2016

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	40.0	$ 440,781	$ (0)	$ 1,483,339	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				327,005	16,350	20	16,350	0	55,053	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)	$ 1,538,393	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	$ 1,424,914	$ 142,314	$ 142,491	178	10	$ 475,787	18
19	Vehicles				$		-	19
20	TOTAL (lines 18 and 19)	$ 1,424,914	$ 142,314	$ 142,491	178		$ 475,787	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 SLF, 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	NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	AMALGAMATED		X	FIRST MORTGAGE	07/13/12	$ 18,630,000	$ 18,525,000	12/01/32	.0650	$ 1,210,381	1
2	COUNTY OF COOK		X	SECOND MORTGAGE	07/12/12	3,000,000	3,000,000	07/12/54	.0000		2
3						-			.0000		3
4						-			.0000		
5						-			.0000		
	Working Capital										
6					/ /	-			.0000		4
7	TOTAL Facility Related					$ 21,630,000	$ 21,525,000			$ 1,210,381	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 21,630,000	$ 21,525,000			$ 1,210,381	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 SLF, 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	$ 310,565	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (62,300))	1,233,078		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	19,792		6
7	Other Prepaid Expenses	2,873		7
8	Accounts Receivable (owners or related parties)	13,140		8
9	Other(specify): See Page 7 Attachment	492		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,579,941	$	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)	(2,014,179)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	430,212		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(146,989)		20
21	Restricted Funds	2,213,062		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 22,423,513	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 24,003,454	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 130,345	$	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	207,707		31
32	Accrued Interest Payable	100,344		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	643,061		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 1,081,457	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	20,653,301		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)**	$ 20,653,301	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 21,734,758	$	45
46	**TOTAL EQUITY**	$ 2,268,696	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 24,003,454	$	47

***(See instructions.)**

Facility Name: ST ANTHONY SLF, 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	$ 4,574,080	1
2	Discounts and Allowances	(18,544)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 4,555,536	3
	B. Other Operating Revenue		
4	Special Services	176,724	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	12,904	8
9	Non-Resident Meals	4,029	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 193,657	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	3,785	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 3,785	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	3,299	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 3,299	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 4,756,277	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	911,271	19
20	Health Care/ Personal Care	613,720	20
21	General Administration	1,149,245	21
	B. Capital Expense		
22	Ownership	2,156,992	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)**	$ 4,831,228	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (74,951)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (74,951)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 2,490,957	32
33	Private Pay - Net Inpatient Revenue	2,064,579	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 4,555,536	37

Expenses PG 3 Other

	General Services Other	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	20,147
5200-5127-0-0	Rubbish Removal	9,294
5200-5130-0-0	Vehicle Expense	1,753
5200-5131-0-0	Transportation Servic	-
5300-5140-0-0	Security & Monitoring	10,415
		41,609

Health Care & Programs
-

	General Administration Other	Amt
5160-5060-0-0	Consulting	-
5160-5063-0-0	Legal	16,280
5160-5064-0-0	Accounting	65
5160-5066-0-0	Audit	12,600
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	16,323
5180-5079-0-0	Bad Debt - Resident	35,196
5180-5079-1-0	Bad Debt - Resident - Recovery	(346)
5180-5080-0-0	Bad Debt - Resident Prior Period	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	27,888
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	-
		108,006

	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	4,052
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	-
9900-9906-0-0	Property Damage Loss	10,000
9900-9907-0-0	Abandonment Loss	-
9900-9908-0-0	Grant Income	-
9900-9909-0-0	Misc: Title, Recording, Transfe	-
		122,763

Balance Sheet PG 7 Other, See Attachment
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	-
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	-
		492

	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	37,397
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	6,265
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	35,780
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
		643,061

	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, See Attachment
Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	3,299
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	-
		3,299