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: 1000116

Facility Name: CAMBRIDGE HOUSE OF SWANSEA

Address: 3900 SULLIVAN DRIVE (Number) SWANSEA (City) 62226 (Zip Code)

County: ST CLAIR

Telephone Number: (618) 234-8910 **Fax #** 618 234-8920

Federal Employer ID Number:

Date Current Owners were Certified: 3/11/2009

Type of Ownership:

[ ] VOLUNTARY, NON-PROFIT	[ ] PROPRIETARY	[ ] GOVERNMENTAL
[ ] Charitable Corp.	[ ] Individual	[ ] State
[ ] Trust	[X] Partnership	[ ] County
IRS Exemption Code	[ ] Corporation	[ ] Other
	[ ] "Sub-S" Corp.	
	[ ] 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 CAMBRIDGE HOUSE OF SWANSEA 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	100	Single Unit Apartment	100	36,500	1
2	3	Double Unit Apartment	3	1,095	2
3		Other			3
4	103	TOTALS	103	37,595	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	28,991	7,872		36,863	5
6	Double Unit					6
7	Other					7
8	TOTALS	28,991	7,872		36,863	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.05%

D. Indicate the number of paid bed-hold days the SLF had during this year 615 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 7 **(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: CAMBRIDGE HOUSE OF SWANSEA **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	266,646	184,750	2,183	453,579		453,579	1
2	Housekeeping, Laundry and Maintenance	110,380	46,739	47,153	204,272		204,272	2
3	Heat and Other Utilities			157,045	157,045	(26,391)	130,654	3
4	Other (specify): See Page 3 Attachment			23,330	23,330		23,330	4
5	**TOTAL General Services**	377,026	231,489	229,711	838,226	(26,391)	811,835	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	480,296	11,169		491,465		491,465	6
7	Activities and Social Services	29,985	4,910		34,895		34,895	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	510,281	16,079		526,360		526,360	9
	C. General Administration							
10	Administrative and Clerical	131,063	24,387	223,414	378,864	(34,572)	344,292	10
11	Marketing Materials, Promotions and Advertising	59,649	10,692	25,214	95,555		95,555	11
12	Employee Benefits and Payroll Taxes			302,320	302,320		302,320	12
13	Insurance-Property, Liability and Malpractice			52,986	52,986		52,986	13
14	Other (specify): See Page 3 Attachment			53,909	53,909	(26,090)	27,819	14
15	**TOTAL General Administration**	190,712	35,079	657,843	883,634	(60,662)	822,972	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,078,019	282,647	887,554	2,248,220	(87,053)	2,161,167	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			304,094	304,094		304,094	17
18	Interest			210,446	210,446	(281)	210,165	18
19	Real Estate Taxes			87,955	87,955		87,955	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			6,478	6,478		6,478	21
22	Other (specify): See Page 3 Attachment			1,048,107	1,048,107		1,048,107	22
23	**TOTAL Ownership**			1,657,080	1,657,080	(281)	1,656,799	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,078,019	282,647	2,544,635	3,905,301	(87,334)	3,817,967	24

Facility Name: CAMBRIDGE HOUSE OF SWANSEA 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	1	20.50	2
3	Certified Nurse Assistants	16	11.05	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	11	10.02	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.80	10
11	Laundry			11
12	Managers	5	22.89	12
13	Other Administrative	3	20.71	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)	39	$	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	$ 137,632	1
2			2
		Total $ 137,632	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
CAMBRIDGE HOUSE	O'FALLON			
CAMBRIDGE HOUSE OF MARYVILLE	MARYVILLE			

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: CAMBRIDGE HOUSE OF SWANSEA Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land $ 425,000 Year land was acquired 2008

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	103			2009	$ 7,843,645	$ 285,223	27.5	$ 285,223	$ 0	$ 2,507,590	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				236,759	13,992	15	15,784	1,792	145,891	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)				$ 8,080,404	$ 299,215		$ 301,007	$ 1,792	$ 2,653,480	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	$ 874,877	$ 4,878	$ 174,975	170,098	5	$ 870,919	18
19	Vehicles	53,624		10,725	10,725	5	53,624	19
20	TOTAL (lines 18 and 19)	$ 928,501	$ 4,878	$ 185,700	180,823		$ 924,543	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: CAMBRIDGE HOUSE OF SWANSEA **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	GERSHMAN MORTGAGE		X	FIRST MORTGAGE	10/11/2012	$ 9,423,200	$ 8,501,981	11/1/2047	0.0245	$ 210,446	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 9,423,200	$ 8,501,981			$ 210,446	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 9,423,200	$ 8,501,981			$ 210,446	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: CAMBRIDGE HOUSE OF SWANSEA **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	$ 1,818,725	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (99,422))	575,445		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	69,165		6
7	Other Prepaid Expenses	20,875		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	2,090		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,486,299	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	425,000		13
14	Buildings, at Historical Cost	7,843,645		14
15	Leasehold Improvements, at Historical Cost	236,759		15
16	Equipment, at Historical Cost	928,501		16
17	Accumulated Depreciation (book methods)	(3,578,023)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	282,287		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 6,138,169	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,624,468	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 30,141	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	34,095		30
31	Accrued Taxes Payable	91,955		31
32	Accrued Interest Payable	17,358		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	265,060		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 438,609	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,348,041		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)**	$ 8,348,041	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 8,786,650	$	45
46	**TOTAL EQUITY**	$ (162,181)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 8,624,468	$	47

***(See instructions.)**

Facility Name: CAMBRIDGE HOUSE OF SWANSEA **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	$ 3,736,056	1
2	Discounts and Allowances	(642)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,735,414	3
	B. Other Operating Revenue		
4	Special Services	162,387	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	13,674	8
9	Non-Resident Meals	8,799	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 184,860	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	281	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 281	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	8,618	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 8,618	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,929,173	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	838,226	19
20	Health Care/ Personal Care	526,360	20
21	General Administration	883,634	21
	B. Capital Expense		
22	Ownership	1,657,080	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)**	$ 3,905,301	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 23,872	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 23,872	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 1,523,810	32
33	Private Pay - Net Inpatient Revenue	2,211,604	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 3,735,414	37

Expenses PG 3 Other

	General Services Other	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	3,565
5200-5127-0-0	Rubbish Removal	4,142
5200-5130-0-0	Vehicle Expense	6,667
5200-5131-0-0	Transportation Service	-
5300-5140-0-0	Security & Monitoring	8,956
		23,330

	Health Care & Programs	
		-

	General Administration Other	Amt
5160-5060-0-0	Consulting	3,256
5160-5063-0-0	Legal	6,951
5160-5064-0-0	Accounting	155
5160-5066-0-0	Audit	15,260
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	2,197
5180-5079-0-0	Bad Debt - Resident	16,199
5180-5079-1-0	Bad Debt - Resident - Recovery	(1,146)
5180-5080-0-0	Bad Debt - Resident Prior Period	-
5180-5081-0-0	Bad Debt - Medicaid Pending Denial	11,037
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	-
		53,909

	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	5,160
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	42,947
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	-
9300-9302-0-0	Asset Management Fee	-
9300-9303-0-0	Incentive Management	1,000,000
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	-
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	-
		1,048,107

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	1,787
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0006-0-0	Security Deposit-Equip & Util	303
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
		2,090

	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	-
		-

	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	239,980
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	3,855
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	21,225
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
		265,060

Income Statement PG 8 Other

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	2,148
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	6,469
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		8,618