

		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: 1000003

Facility Name: HERITAGE WOODS OF FLORA

Address: 1003 WEST 4TH STREET FLORA 62839
 Number City Zip Code

County: CLAY

Telephone Number: (618) 662-4599 Fax # 618 662-6179

Federal Employer ID Number: _____

Date Current Owners were Certified: 10/25/2007

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> 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) <u>Greg Echols</u>	
	(Title) <u>CFO, Gardant Management Solutions</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____	

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 HERITAGE WOODS OF FLORA

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	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	52	Single Unit Apartment	52	18,980	1
2		Double Unit Apartment			2
3		Other			3
4	52	TOTALS	52	18,980	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	10,506	7,927		18,433	5
6	Double Unit					6
7	Other					7
8	TOTALS	10,506	7,927		18,433	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.12%

D. Indicate the number of paid bed-hold days the SLF had during this year
 137 Also, indicate the number of unpaid bed-hold days the SLF had during this year. **(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

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? 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: HERITAGE WOODS OF FLORA

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 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	146,393	100,556	1,960	248,909		248,909	1
2	Housekeeping, Laundry and Maintenance	56,985	39,203	21,369	117,557		117,557	2
3	Heat and Other Utilities			81,241	81,241	(11,687)	69,554	3
4	Other (specify): See Page 3 Attachment			20,015	20,015		20,015	4
5	TOTAL General Services	203,378	139,759	124,585	467,722	(11,687)	456,035	5
B. Health Care and Programs								
6	Health Care/ Personal Care	232,463	6,111		238,574		238,574	
7	Activities and Social Services		2,681		2,681		2,681	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	232,463	8,792		241,255		241,255	9
C. General Administration								
10	Administrative and Clerical	81,123	14,487	136,959	232,569	(26,458)	206,111	10
11	Marketing Materials, Promotions and Advertising	45,379	6,350	13,688	65,417		65,417	11
12	Employee Benefits and Payroll Taxes			154,841	154,841		154,841	12
13	Insurance-Property, Liability and Malpractice			27,761	27,761		27,761	13
14	Other (specify): See Page 3 Attachment			25,562	25,562	(6,132)	19,430	14
15	TOTAL General Administration	126,502	20,837	358,811	506,150	(32,590)	473,560	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	562,343	169,388	483,396	1,215,127	(44,277)	1,170,850	16
Capital Expenses								
D. Ownership								
17	Depreciation			145,722	145,722		145,722	17
18	Interest			97,035	97,035	(192)	96,843	18
19	Real Estate Taxes			36,752	36,752		36,752	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,657	7,657		7,657	21
22	Other (specify): See Page 3 Attachment			69,899	69,899	55,194	125,093	22
23	TOTAL Ownership			357,065	357,065	55,002	412,067	23
24	GRAND TOTAL (Sum of lines 16 and 23)	562,343	169,388	840,461	1,572,192	10,725	1,582,917	24

Facility Name: HERITAGE WOODS OF FLORA

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	16.03	2
3	Certified Nurse Assistants	7	10.57	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	6	9.37	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	8.61	10
11	Laundry			11
12	Managers	4	18.04	12
13	Other Administrative	2	20.56	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)	22	\$	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

	Management fees paid to unrelated parties	Amount of Fee	
1	Gardant Management Solutions	\$ 81,695	1
2			2
Total		\$ 81,695	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
DSI MANTENO OPERATOR & OWNER		MANTENO	
DSI WATSEKA OPERATOR & OWNER		WATSEKA	
DSI OTTAWA OPERATOR & OWNER		OTTAWA	

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

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).

Facility Name: HERITAGE WOODS OF FLORA

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 18,260 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	52			2000	\$ 2,838,307	\$ 102,665	27.5	\$ 103,211	\$ 547	\$ 1,047,040	1
2											2
3											3
4											4
5											5
Improvement Type											
6											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)				\$ 2,838,307	\$ 102,665		\$ 103,211	\$ 547	\$ 1,047,040	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	\$ 354,323	\$ 43,057	\$ 70,865	27,807	5	\$ 310,924	18
19					\$		-	19
20	TOTAL (lines 18 and 19)		\$ 354,323	\$ 43,057	\$ 70,865	27,807	\$ 310,924	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 FLORA**

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	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	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

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		3	4	6		7	8	9						
			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		MIDLAND STATES BANK		X	FIRST MORTGAGE	9/1/2013	\$ 9,596,500	\$ 2,914,079	8/1/2047	0.0310	\$ 88,702	1					
2												2					
3												3					
		Working Capital															
4						/ /			/ /			4					
5						/ /			/ /			5					
6						/ /			/ /			6					
7		TOTAL Facility Related					\$ 9,596,500	\$ 2,914,079			\$ 88,702	7					
		B. Non-Facility Related															
8						/ /			/ /			8					
9						/ /			/ /			9					
10		TOTALS (lines 7, 8 and 9)					\$ 9,596,500	\$ 2,914,079			\$ 88,702	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: HERITAGE WOODS OF FLORA

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	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 54,034	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (6,132))	182,074		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	25,150		6
7	Other Prepaid Expenses	10,722		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	337		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 272,318	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	18,260		13
14	Buildings, at Historical Cost	2,838,307		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	354,323		16
17	Accumulated Depreciation (book methods)	(1,357,964)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	726,235		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(339,878)		20
21	Restricted Funds	184,466		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,423,750	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,696,068	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 15,237	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	17,244		30
31	Accrued Taxes Payable	42,585		31
32	Accrued Interest Payable	7,528		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	38,764		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 121,358	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	2,963,303		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)	\$ 2,963,303	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,084,661	\$	45
46	TOTAL EQUITY	\$ (388,593)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,696,068	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF FLORA

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.)

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,724,768	1
2	Discounts and Allowances	(1,503)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,723,265	3
B. Other Operating Revenue			
4	Special Services	78,217	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	12,561	8
9	Non-Resident Meals	6,971	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 97,749	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	192	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 192	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	3,036	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,036	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,824,242	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	467,722	19
20	Health Care/ Personal Care	241,255	20
21	General Administration	506,150	21
B. Capital Expense			
22	Ownership	357,065	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)	\$ 1,572,192	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 252,050	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 252,050	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 558,677	32
33	Private Pay - Net Inpatient Revenue	1,164,588	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,723,265	37

Expenses PG 3 Other

General Services Other		Health Care & Programs	General Administration Other		Amt	Ownership Other		Amt
5200-5000-0-0	Operating Allocation	-	5160-5060-0-0	Consulting	60	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	1,814	5160-5063-0-0	Legal	579	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	2,985	5160-5064-0-0	Accounting	253	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	12,891	5160-5066-0-0	Audit	17,306	9200-9201-1-0	Amortization - Loan Fees	-
5200-5131-0-0	Transportation Service	60	5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	2,266	5160-5068-0-0	Contract Labor	1,232	9200-9203-1-0	Mortgage Interest Premium	-
			5180-5079-0-0	Bad Debt - Resident	6,132	9200-9204-0-0	Mortgage Service Fee	-
			5180-5079-1-0	Bad Debt - Resident - Recovery	-	9200-9205-0-0	Mortgage Insurance Prem	14,705
			5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9206-0-0	Participation Fee	-
			5180-5081-0-0	Bad Debt - Medicaid Pending Denial	-	9200-9207-0-0	Letter of Credit Fee	-
			5180-5081-1-0	Bad Debt - Medicaid Pending - Recovery	-	9200-9208-0-0	Bond & Draw Fee	-
			5180-5082-0-0	Bad Debt - Medicaid Denial Prior Period	-	9200-9209-0-0	Remarketing and Trustee Fee	-
			5180-5083-0-0	Bad Debt - Medicaid MCO	-	9200-9210-0-0	Interest Expense-Note	-
			5190-5000-0-0	Other Admin Allocation	-	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	55,194
						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	-
		20,015						
					25,562			69,899

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-	2111-0040-0-0	Construction Account Payable	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-	2112-0100-0-0	Accrued Asset Management Fee	-
1102-9973-0-0	A/R-Insurance Reimbursen	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	-
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	-
1102-9975-0-0	A/R-CIP	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9976-0-0	A/R-Other	87	2112-0105-0-0	Accrued Liabilities	30,067
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	250	2112-0115-0-0	Accrued Developer Fee	-
1105-0009-0-0	Transfer Account	-	2112-0130-0-0	Accrued MIP	-
1105-0012-0-0	Undeposited Funds	-	2112-0140-0-0	Accrued Vacation	0
			2112-0144-0-0	Payroll Union Dues	0
			2112-0146-0-0	Payroll Benefits	-
			2112-0150-0-0	Security Deposits	-
			2112-0154-0-0	Unclaimed Property	-
			2112-0155-0-0	Reservation Deposit	200
			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	8,496
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		337			38,764

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

Income Statement			
	Other Revenue	Amt	
3300-3388-0-0	Contract Service-Serv Prov	-	
3300-3390-0-0	Other	620	
3300-3391-0-0	Property Tax Adjustments	-	
3300-3392-0-0	Property Lease Income	-	
3300-3393-0-0	Insurance Adjustments	2,416	
3300-3395-0-0	Developer Fee Income	-	
3300-3396-0-0	Home Office Rent Income	-	
		3,036	0
			0