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: 1000099

Facility Name: HERITAGE_WOODS OF DEKALB

Address: 2626 N ANNIE GLIDDEN (Number) DEKALB (City) 60115 (Zip Code)

County: DEKALB

Telephone Number: (815) 787-6500 **Fax #** 815 787-6560

Federal Employer ID Number:

Date Current Owners were Certified: 12/5/2008

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 HERITAGE_WOODS OF DEKALB 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	76	Single Unit Apartment	76	27,740	1
2		Double Unit Apartment			2
3		Other			3
4	76	TOTALS	76	27,740	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	15,617	11,276		26,893	5
6	Double Unit					6
7	Other					7
8	TOTALS	15,617	11,276		26,893	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.95%

D. Indicate the number of paid bed-hold days the SLF had during this year 397 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 2 (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: HERITAGE_WOODS OF DEKALB **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	221,964	152,769	1,586	376,319		376,319	1
2	Housekeeping, Laundry and Maintenance	78,097	29,579	50,810	158,486		158,486	2
3	Heat and Other Utilities			125,440	125,440	(26,223)	99,217	3
4	Other (specify): See Page 3 Attachment			24,723	24,723		24,723	4
5	**TOTAL General Services**	300,061	182,348	202,559	684,968	(26,223)	658,745	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	374,108	10,331		384,439		384,439	6
7	Activities and Social Services	31,993	10,151		42,144		42,144	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	406,101	20,482		426,583		426,583	9
	C. General Administration							
10	Administrative and Clerical	146,498	25,449	251,015	422,962	(26,697)	396,265	10
11	Marketing Materials, Promotions and Advertising	63,514	6,976	53,885	124,375		124,375	11
12	Employee Benefits and Payroll Taxes			273,569	273,569		273,569	12
13	Insurance-Property, Liability and Malpractice			30,829	30,829		30,829	13
14	Other (specify): See Page 3 Attachment			59,150	59,150	(27,569)	31,581	14
15	**TOTAL General Administration**	210,012	32,425	668,448	910,885	(54,266)	856,619	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	916,174	235,255	871,007	2,022,436	(80,489)	1,941,947	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			330,236	330,236		330,236	17
18	Interest			443,115	443,115	(6,477)	436,638	18
19	Real Estate Taxes			65,637	65,637		65,637	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,285	9,285		9,285	21
22	Other (specify): See Page 3 Attachment			614,743	614,743	(521)	614,222	22
23	**TOTAL Ownership**			1,463,016	1,463,016	(6,998)	1,456,018	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	916,174	235,255	2,334,023	3,485,452	(87,487)	3,397,965	24

Facility Name: HERITAGE_WOODS OF DEKALB 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	22.06	2
3	Certified Nurse Assistants	12	10.44	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	9	9.50	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	9.14	10
11	Laundry			11
12	Managers	5	24.99	12
13	Other Administrative	3	24.10	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)	32	$	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	$ 159,838	1
2			2
		Total $ 159,838	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

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: HERITAGE_WOODS OF DEKALB Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land $ 204,014 Year land was acquired 2007

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			2008	$ 8,055,314	$ 292,920	28	$ 287,690	$ (5,231)	$ 2,794,948	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				443,798	26,184	15	29,587	3,402	299,608	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)				$ 8,499,112	$ 319,105		$ 317,276	$ (1,828)	$ 3,094,557	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	$ 646,469	$ 11,132	$ 129,294	118,162	5	$ 638,097	18
19					$		-	19
20	TOTAL (lines 18 and 19)	$ 646,469	$ 11,132	$ 129,294	118,162		$ 638,097	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 DEKALB 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	AMALGAMATED BANK		X	FIRST MORTGAGE	6/1/2007	$ 8,000,000	$ 7,145,000	12/1/2041	0.0610	$ 443,115	1
2	DEKALB CO SUPPORTIVE		X	Second Mortgage	6/6/2007	360,000	360,000	12/1/2042	none		2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 8,360,000	$ 7,505,000			$ 443,115	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 8,360,000	$ 7,505,000			$ 443,115	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 DEKALB **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	$ 220,487	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (51,965))	444,142		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,359		6
7	Other Prepaid Expenses	48,150		7
8	Accounts Receivable (owners or related parties)	9,962		8
9	Other(specify): See Page 7 Attachment	147		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 731,248	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	204,014		13
14	Buildings, at Historical Cost	8,055,314		14
15	Leasehold Improvements, at Historical Cost	443,798		15
16	Equipment, at Historical Cost	646,469		16
17	Accumulated Depreciation (book methods)	(3,732,653)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	22,017		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(20,919)		20
21	Restricted Funds	1,621,679		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 7,239,718	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,970,966	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 43,375	$	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	71,873		31
32	Accrued Interest Payable	36,321		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	653,190		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 804,758	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,201,149		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)**	$ 7,201,149	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 8,005,907	$	45
46	**TOTAL EQUITY**	$ (34,942)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 7,970,966	$	47

***(See instructions.)**

Facility Name: HERITAGE_WOODS OF DEKALB **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	$ 3,146,768	1
2	Discounts and Allowances	(1,038)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,145,730	3
	B. Other Operating Revenue		
4	Special Services	97,121	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	13,653	8
9	Non-Resident Meals	2,969	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 113,743	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	6,477	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 6,477	14
	D. Other Revenue (specify):		
15	**See Page 8 Attachment**	5,536	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 5,536	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,271,486	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	684,968	19
20	Health Care/ Personal Care	426,583	20
21	General Administration	910,885	21
	B. Capital Expense		
22	Ownership	1,463,016	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)**	$ 3,485,452	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (213,966)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (213,966)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 945,139	32
33	Private Pay - Net Inpatient Revenue	2,200,591	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 3,145,730	37

Expenses PG 3 Other

	General Services Other	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	1,315
5200-5127-0-0	Rubbish Removal	3,011
5200-5130-0-0	Vehicle Expense	1,872
5200-5131-0-0	Transportation Service	-
5300-5140-0-0	Security & Monitoring	18,525
		24,723

	Health Care & Programs	
		-

	General Administration Other	Amt
5160-5060-0-0	Consulting	12,860
5160-5063-0-0	Legal	119
5160-5064-0-0	Accounting	183
5160-5066-0-0	Audit	14,210
5160-5067-0-0	Contract Labor-Serv Prov	-
5160-5068-0-0	Contract Labor	4,209
5180-5079-0-0	Bad Debt - Resident	18,894
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	5,660
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	3,015
5190-5000-0-0	Other Admin Allocation	-
		59,150

	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	12,582
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	3,929
9200-9209-0-0	Remarketing and Trustee Fee	521
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	19,572
9300-9303-0-0	Incentive Management	542,524
9300-9303-1-0	Incentive Asset Mgmt Fee	31,913
9300-9304-0-0	Tax Credit Fees & Incentive Fee	1,500
9300-9305-0-0	Organizational Expense	-
9300-9306-0-0	Developer Fees	-
9300-9307-0-0	Closing Costs	-
9700-9702-0-0	Amortization Expense	2,202
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	-
		614,743

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	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0006-0-0	Security Deposit-Equip & Util	147
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
		147

	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	19,572
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	542,524
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	31,913
2112-0105-0-0	Accrued Liabilities	32,097
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	44
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	27,040
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
		653,190

Income Statement PG 8 Other

Income Statement

	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	905
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	4,632
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		5,536