

		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: 1000111

Facility Name: HERITAGE WOODS OF MCLEANSBRO

Address: 605 SOUTH MARSHALL MCLEANSBORO 62859

Number City Zip Code

County: HAMILTON

Telephone Number: (618) 643-2908 Fax # 618 643-2941

Federal Employer ID Number:

Date Current Owners were Certified: 12/22/2008

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☒	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	
Paid Preparer	(Title)	CFO, Gardant Management Solutions	
	(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

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	41	Single Unit Apartment	41	14,965	1
2		Double Unit Apartment			2
3		Other			3
4	41	TOTALS	41	14,965	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	8,811	4,288		13,099	5
6	Double Unit					6
7	Other					7
8	TOTALS	8,811	4,288		13,099	8

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

87.53%

D. Indicate the number of paid bed-hold days the SLF had during this year

300

 Also, indicate the number of unpaid bed-hold days the SLF had during this year.

78

 (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?

Yes

 If yes, did the facility make all of the required payments of interest and principle?

Yes

 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 MCLEANSBRO

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	128,882	68,868	1,980	199,730		199,730	1
2	Housekeeping, Laundry and Maintenance	47,584	12,228	8,828	68,640		68,640	2
3	Heat and Other Utilities			77,910	77,910	(9,867)	68,043	3
4	Other (specify): See Page 3 Attachment			21,606	21,606		21,606	4
5	TOTAL General Services	176,466	81,096	110,324	367,886	(9,867)	358,019	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	166,539	4,679		171,218		171,218	6
7	Activities and Social Services		2,735		2,735		2,735	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	166,539	7,414		173,953		173,953	9
	C. General Administration							
10	Administrative and Clerical	82,826	18,483	128,914	230,223	(16,444)	213,779	10
11	Marketing Materials, Promotions and Advertising	28,343	3,726	16,750	48,819		48,819	11
12	Employee Benefits and Payroll Taxes			134,479	134,479		134,479	12
13	Insurance-Property, Liability and Malpractice			17,183	17,183		17,183	13
14	Other (specify): See Page 3 Attachment			43,411	43,411	(29,716)	13,695	14
15	TOTAL General Administration	111,169	22,209	340,737	474,115	(46,160)	427,955	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	454,174	110,719	451,061	1,015,954	(56,027)	959,927	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			136,468	136,468		136,468	17
18	Interest			167,028	167,028	(217)	166,811	18
19	Real Estate Taxes			26,407	26,407		26,407	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,509	7,509		7,509	21
22	Other (specify): See Page 3 Attachment			84,153	84,153		84,153	22
23	TOTAL Ownership			421,565	421,565	(217)	421,348	23
24	GRAND TOTAL (Sum of lines 16 and 23)	454,174	110,719	872,626	1,437,519	(56,244)	1,381,275	24

Facility Name: HERITAGE WOODS OF MCLEANSBRO

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	18.23	2
3	Certified Nurse Assistants	7	10.10	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	5	9.70	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	1	9.42	10
11	Laundry			11
12	Managers	3	14.42	12
13	Other Administrative	2	21.68	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)	19	\$	17

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

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	\$ 49,227	1
2			2
Total		\$ 49,227	3

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? \$

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).

OTHER RELATED BUSINESS ENTITIES				
Name	3	City	4	Type of Business 5

Facility Name: HERITAGE WOODS OF MCLEANSBRO Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 145,000 Year land was acquired 2005

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	41			2008	\$ 4,948,747	\$ 115,471	40	\$ 123,719	\$ 8,248	\$ 1,369,155	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				352,520	15,602	20	17,626	2,024	180,894	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)				\$ 5,301,267	\$ 131,073		\$ 141,345	\$ 10,272	\$ 1,550,049	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	\$ 522,333	\$ 5,395	\$ 58,037	52,642	9	\$ 488,796	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 522,333	\$ 5,395	\$ 58,037	52,642		\$ 488,796	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 MCLEANSBRO

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☐ 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**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Peoples National Bank		X	FIRST MORTGAGE	2/28/2008	\$ 2,760,000	\$ 2,392,495	9/1/2039	0.0600	\$ 167,028	1
2	IHDA		X	Second Mortgage	2/28/2008	2,000,000	2,000,000	9/1/2029	0.0100		2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,760,000	\$ 4,392,495			\$ 167,028	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,760,000	\$ 4,392,495			\$ 167,028	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 MCLEANSBRO

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	\$ 138,421	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (46,494))	193,928		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,934		6
7	Other Prepaid Expenses	11,145		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	1,009		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 354,437	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	145,000		13
14	Buildings, at Historical Cost	4,948,747		14
15	Leasehold Improvements, at Historical Cost	352,520		15
16	Equipment, at Historical Cost	522,333		16
17	Accumulated Depreciation (book methods)	(2,038,845)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	12,519		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(11,268)		20
21	Restricted Funds	783,502		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,714,509	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,068,946	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 49,899	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	15,173		30
31	Accrued Taxes Payable	27,099		31
32	Accrued Interest Payable	14,028		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	127,902		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 234,101	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,309,793		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)	\$ 4,309,793	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,543,894	\$	45
46	TOTAL EQUITY	\$ 525,052	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,068,946	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MCLEANSBRO

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	\$ 1,209,193	1
2	Discounts and Allowances	(7,864)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,201,329	3
	B. Other Operating Revenue		
4	Special Services	48,843	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	7,087	8
9	Non-Resident Meals	3,215	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 59,145	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	217	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 217	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	2,634	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,634	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,263,325	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	367,886	19
20	Health Care/ Personal Care	173,953	20
21	General Administration	474,115	21
	B. Capital Expense		
22	Ownership	421,565	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)	\$ 1,437,519	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (174,194)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (174,194)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 404,036	32
33	Private Pay - Net Inpatient Revenue	797,293	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,201,329	37

Expenses PG 3 Other, See attachment

General Services Other			Health Care & Programs			General Administration Other			Amt	Ownership Other			Amt
5200-5000-0-0	Operating Allocation	-				5160-5060-0-0	Consulting	103		9100-9101-0-0	Interest & Dividend Income	-	
5200-5124-0-0	Exterminating	1,020				5160-5063-0-0	Legal	49		9100-9102-0-0	Assessment Income	-	
5200-5127-0-0	Rubbish Removal	5,298				5160-5064-0-0	Accounting	115		9100-9103-0-0	Assessment Expense	-	
5200-5130-0-0	Vehicle Expense	4,171				5160-5066-0-0	Audit	11,850		9200-9201-1-0	Amortization - Loan Fees	7,519	
5200-5131-0-0	Transportation Service	40				5160-5067-0-0	Contract Labor-Serv Prov	-		9200-9202-0-0	Financing Fees	-	
5300-5140-0-0	Security & Monitoring	11,077				5160-5068-0-0	Contract Labor	1,579		9200-9203-1-0	Mortgage Interest Premium	-	
						5180-5079-0-0	Bad Debt - Resident	21,920		9200-9204-0-0	Mortgage Service Fee	-	
						5180-5079-1-0	Bad Debt - Resident - Recovery	-		9200-9205-0-0	Mortgage Insurance Prem	-	
						5180-5080-0-0	Bad Debt - Resident Prior Period	-		9200-9206-0-0	Participation Fee	-	
						5180-5081-0-0	Bad Debt - Medicaid Pending Denial	7,796		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	3,000	
										9300-9303-0-0	Incentive Management	71,557	
										9300-9303-1-0	Incentive Asset Mgmt Fee	-	
										9300-9304-0-0	Tax Credit Fees & Incentive Fee	825	
										9300-9305-0-0	Organizational Expense	-	
										9300-9306-0-0	Developer Fees	-	
										9300-9307-0-0	Closing Costs	-	
										9700-9702-0-0	Amortization Expense	1,252	
										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	-	
		21,606			-			43,411					84,153

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	6,000	
1102-9973-0-0	A/R-Insurance Reimbursemen	-		2112-0101-0-0	Accrued Partnership Mgmt Fee	-	
1102-9974-0-0	A/R-Subscription Receivable	-		2112-0102-0-0	Accrued Incentive Mgmt Fee	71,557	
1102-9975-0-0	A/R-CIP	-		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-	
1102-9976-0-0	A/R-Other	-		2112-0105-0-0	Accrued Liabilities	16,093	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0110-0-0	Accrued Insurance	-	
1105-0006-0-0	Security Deposit-Equip & Util	1,009		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	-	
				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	-	
				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	34,252	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
			1,009				127,902

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	-
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	2,634
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		2,634