

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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 DEKALB 60115

Number City 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

☐ Charitable Corp.

☐ Trust

IRS Exemption Code

☐ PROPRIETARY

☐ Individual

☒ Partnership

☐ Corporation

☐ "Sub-S" Corp.

☐ Limited Liability Co.

☐ Trust

☐ Other

☐ GOVERNMENTAL

☐ State

☐ County

☐ Other

In the event there are further questions about this report, please contact:

Name: Danel Erickson Telephone Number: (779) 771-6947

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 01/01/2021 to 12/31/2021 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 DEKALBReport Period Beginning: 01/01/2021 Ending: 12/31/2021**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	76	Single Unit Apartment	76	27,740	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	76	TOTALS	76	27,740	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	18,378	7,532		25,910	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	18,378	7,532	0	25,910	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.40%

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

607 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 43 (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**

ACCURAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NOTax Year: 2021 Fiscal Year: 2021

* 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:

01/01/2021

Ending:

12/31/2021

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	235,769	168,979	2,091	406,838	0	406,838	1
2	Housekeeping, Laundry and Maintenance	77,854	33,024	43,359	154,238	0	154,238	2
3	Heat and Other Utilities			130,299	130,299	(18,252)	112,047	3
4	Other (specify):	0	0	56,006	56,006	0	56,006	4
5	TOTAL General Services	313,623	202,003	231,754	747,380	(18,252)	729,128	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	599,105	15,520	0	614,625	0	614,625	6
7	Activities and Social Services	35,279	8,093	0	43,372	0	43,372	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	634,384	23,613	0	657,997	0	657,997	9
	C. General Administration							
10	Administrative and Clerical	165,109	33,707	291,049	489,865	(13,261)	476,605	10
11	Marketing Materials, Promotions and Advertising	59,421	7,422	51,413	118,257	0	118,257	11
12	Employee Benefits and Payroll Taxes	0	0	258,049	258,049	0	258,049	12
13	Insurance-Property, Liability and Malpractice	0	0	61,440	61,440	0	61,440	13
14	Other (specify):	0	0	146,753	146,753	(91,831)	54,922	14
15	TOTAL General Administration	224,531	41,130	808,705	1,074,365	(105,092)	969,273	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,172,537	266,746	1,040,459	2,479,742	(123,344)	2,356,398	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			329,029	329,029	0	329,029	17
18	Interest			410,408	410,408	(1,236)	409,172	18
19	Real Estate Taxes			65,224	65,224	0	65,224	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			10,050	10,050	0	10,050	21
22	Other (specify):	0	0	874,310	874,310	0	874,310	22
23	TOTAL Ownership	0	0	1,689,020	1,689,020	(1,236)	1,687,784	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,172,537	266,746	2,729,479	4,168,762	(124,580)	4,044,182	24

Facility Name: HERITAGE WOODS OF DEKALB

Report Period Beginning: 01/01/2021 Ending: 12/31/2021

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	28.20	2
3	Certified Nurse Assistants	12	15.14	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers	0	0.00	5
6	Head Cook	0	0.00	6
7	Cook Helpers/Assistants	7	12.36	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.06	10
11	Laundry	0	0.00	11
12	Managers	5	26.79	12
13	Other Administrative	3	26.58	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other	0	0.00	16
17	Total (lines 1 thru 16)	29	\$	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
none			

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? \$

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).

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				\$ 0	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	Gardant Management Solutions	\$ 211,732	1
2			2
Total		\$ 211,732	3

Facility Name: HERITAGE WOODS OF DEKALB

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

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	27.5	\$ 292,921	\$ 0	\$ 3,966,630	1
2									0		2
3									0		3
4									0		4
5									0		5
Improvement Type											
6	Leasehold Improvements				443,798	26,186	15.0	29,587	3,401	404,390	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 8,499,112	\$ 319,106		\$ 322,507	\$ 3,401	\$ 4,371,021	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	\$ 704,758	\$ 9,924	\$ 140,952	131,027	5	\$ 678,051	18
19			0	0	\$	5	-	19
20	TOTAL (lines 18 and 19)	\$ 704,758	\$ 9,924	\$ 140,952	131,027		\$ 678,051	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

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		0		\$ 0			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	2		3	4	6		7	8	9	
	Name of Lender	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	AMALGAMATED BANK		X	FIRST MORTGAGE	6/1/07	\$ 8,000,000	\$ 6,535,000	12/1/41	0.0610	\$ 407,861	1
2	DEKALB CO SUPPORTIVE LIVING F		X	Second Mortgage	6/6/07	360,000	360,000	12/1/42	none		2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,360,000	\$ 6,895,000			\$ 407,861	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,360,000	\$ 6,895,000			\$ 407,861	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: 01/01/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 519,957	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (169,327))	641,231		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	24,465		6
7	Other Prepaid Expenses	2,646		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify):	0		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,188,299	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		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	704,758		16
17	Accumulated Depreciation (book methods)	(5,049,072)		17
18	Deferred Charges	299		18
19	Organization & Pre-Operating Costs	22,017		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(22,017)		20
21	Restricted Funds	1,915,871		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,274,982	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,463,281	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 34,571	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	0		30
31	Accrued Taxes Payable	68,573		31
32	Accrued Interest Payable	33,220		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,122,483		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,258,847	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	6,641,477		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,641,477	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,900,324	\$ 0	45
46	TOTAL EQUITY	\$ (437,043)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,463,281	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF DEKALB

Report Period Beginning: 01/01/2021

Ending:

12/31/2021

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	\$ 3,869,514	1
2	Discounts and Allowances	(7,050)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,862,464	3
	B. Other Operating Revenue		
4	Special Services	162,904	4
5	Other Health Care Services	0	5
6	Special Grants	237,559	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	3,554	8
9	Non-Resident Meals	0	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 404,017	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	1,236	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,236	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	240	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 240	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,267,957	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	747,380	19
20	Health Care/ Personal Care	657,997	20
21	General Administration	1,074,365	21
	B. Capital Expense		
22	Ownership	1,689,020	22
	C. Other Expenses		
23	Special Cost Centers	0	23
24	Non-Operating Expenses	0	24
25	Other (specify):	0	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 4,168,762	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 99,195	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 99,195	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,832,551	32
33	Private Pay - Net Inpatient Revenue	2,029,913	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,862,464	37

Operating Expenses PG 3 Other			
A. General Services		D. Ownership	
Labor Other (specify):		Other (specify):	
Extraordinary COVID Labor	\$ -	Interest & Dividend Income	\$ -
PG3-4.1	\$ -	Assessment Income	\$ -
		Assessment Expense	\$ -
A. General Services		Amortization - Loan Fees	\$ 12,582
Other (specify):		Financing Fees	\$ -
Exterminating	\$ 1,645	Mortgage Interest Premium	\$ -
Rubbish Removal	\$ 8,156	Mortgage Service Fee	\$ -
Vehicle Expense	\$ 3,369	Mortgage Insurance Prem	\$ -
Transportation Service	\$ -	Letter of Credit Fee	\$ -
Security & Monitoring	\$ 11,537	Bond & Draw Fee	\$ 3,972
Extraordinary COVID - Supplies & Equipment	\$ 20,456	Remarketing and Trustee Fee	\$ -
Extraordinary COVID - Other	\$ 10,843	Interest Expense-Note	\$ -
PG3-4.3	\$ 56,006	Interest Expense-LP	\$ -
		Debt Write-Off	\$ -
C. General Administration		Partnership/Priority Mgmt Fee	\$ -
Other (specify):		Asset Mgmt/Investor Service Fee	\$ 22,028
Consulting	\$ 15,203	Incentive Management	\$ 787,882
Legal	\$ (505)	Incentive Asset Mgmt Fee	\$ 46,346
Audit & Accounting	\$ 16,225	Tax Credit Fees	\$ 1,500
Contract Labor-Serv Prov	\$ (1)	Organizational Expense	\$ -
Contract Labor	\$ 24,000	Developer Fees	\$ -
Bad Debt - Resident	\$ 72,746	Amortization Expense	\$ -
Bad Debt - Resident - Recovery	\$ -	Prior Period Adjustments	\$ -
Bad Debt - Medicaid Pending Denial	\$ 3,635	Loss (Gain) on Sale of Assets	\$ -
Bad Debt - Medicaid Pending - Recovery	\$ -	Settlement	\$ -
Bad Debt - Medicaid	\$ -	Property Damage Loss	\$ -
Bad Debt - Medicaid Recovery	\$ -	Abandonment Loss	\$ -
Bad Debt - Medicaid MCO	\$ 15,451	Grant Income	\$ -
PG3-14.3	\$ 146,753	PG3-22.3	\$ 874,310

Operating Expenses - Reclassifications and Adjustments PG3			
A. General Services			
Heat and Other Utilities			
Cable	\$	18,252	
PG3-3.5	\$	18,252	
C. General Administration			
Administrative and Clerical			
Beauty Salon & Manicure	\$	3,554	
Internet Access	\$	400	
Telephone- Connection	\$	6,807	
Telephone- Usage	\$	-	
Contributions	\$	2,500	
PG3-10.5	\$	13,261	
C. General Administration			
Other (specify):			
Bad Debt - Resident	\$	72,746	
Bad Debt - Resident - Recovery	\$	-	
Bad Debt - Medicaid Pending Denial	\$	3,635	
Bad Debt - Medicaid Pending - Recovery	\$	-	
Bad Debt - Medicaid	\$	-	
Bad Debt - Medicaid Recovery	\$	-	
Bad Debt - Medicaid MCO	\$	15,451	
PG3-14.5	\$	91,831	
D. Ownership			
Interest:			
Interest Income	\$	681	
Interest Income - Reserves	\$	555	
PG3-18.5	\$	1,236	
D. Ownership			
Other (specify):			
Goodwill Amortization	\$	-	
Remarketing and Trustee Fee	\$	-	
PG3-22.5	\$	-	

Balance Sheet PG 7 Other				
A. Other Current Asset Details		C. Current Liabilities Detail		
A/R-Employee Advance	\$	-	Construction Account Payable	\$ -
A/R-Gardant Mgmt Solutions	\$	-	Accrued Asset Mgmt/Investor Service Fee	\$ 22,028
A/R-Insurance Reimbursement	\$	-	Accrued Partnership/Priority Mgmt Fee	\$ -
A/R-CIP	\$	-	Accrued Incentive Mgmt Fee	\$ 810,699
A/R-Other	\$	-	Accrued Incentive Asset Mgmt Fee	\$ 47,688
A/R-TIF/Abatement	\$	-	Accrued Liabilities	\$ 52,799
PG7-9.1	\$	-	Accrued Insurance	\$ -
B. Other Long Term Assets Detail			Accrued Developer Fee	\$ -
CIP	\$	-	Accrued MIP	\$ -
CIP- Land Option Addition	\$	-	Accrued Vacation	\$ -
CIP- Other Addition	\$	-	Payroll Union Dues	\$ -
PG7-23.1	\$	-	Payroll Benefits	\$ -
			Security Deposits Held	\$ -
			Unclaimed Property	\$ 1,318
			Reservation Deposit	\$ -
			Unearned Revenue - Resident	\$ 73,101
			Unearned Revenue - Medicaid	\$ 114,849
			Prepaid Medicaid Clearing	\$ -
			Prepaid Rent	\$ -
			PG7-35.1	\$ 1,122,483

Income Statement PG 8 Other		
D. Other Revenue		Notes
Contract Service-Serv Prov	\$	-
Other	\$	240
Property Tax Adjustments	\$	-
Property Lease Income	\$	-
Insurance Adjustments	\$	-
Developer Fee Income	\$	-
Home Office Rent Income	\$	-
Food & Meal Prep	\$	-
PG8-15.1	\$	240