

		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: 1000118

Facility Name: HERITAGE WOODS OF SOUTH ELGN

Address: 700 N MCLEAN BLVD SOUTH ELGIN 60177
 Number City Zip Code

County: KANE

Telephone Number: (847) 531-8360 Fax # 847 531-8362

Federal Employer ID Number: _____

Date Current Owners were Certified: 10/18/2012

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 SOUTH ELGN

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	182	Single Unit Apartment	182	66,430	1
2		Double Unit Apartment			2
3		Other			3
4	182	TOTALS	182	66,430	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	41,412	12,916		54,328	5
6	Double Unit					6
7	Other					7
8	TOTALS	41,412	12,916		54,328	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.78%

D. Indicate the number of paid bed-hold days the SLF had during this year
916 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 25 (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 SOUTH ELGN

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	424,875	406,554	2,329	833,758		833,758	1
2	Housekeeping, Laundry and Maintenance	195,795	65,564	67,055	328,414		328,414	2
3	Heat and Other Utilities			242,640	242,640	(50,726)	191,914	3
4	Other (specify): See Page 3 Attachment			29,017	29,017		29,017	4
5	TOTAL General Services	620,670	472,118	341,041	1,433,829	(50,726)	1,383,103	5
B. Health Care and Programs								
6	Health Care/ Personal Care	1,382,132	24,191		1,406,323		1,406,323	6
7	Activities and Social Services	114,467	9,633		124,100		124,100	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	1,496,599	33,824		1,530,423		1,530,423	9
C. General Administration								
10	Administrative and Clerical	244,880	50,554	570,767	866,201	(61,958)	804,243	10
11	Marketing Materials, Promotions and Advertising	103,236	18,062	68,384	189,682		189,682	11
12	Employee Benefits and Payroll Taxes			554,410	554,410		554,410	12
13	Insurance-Property, Liability and Malpractice			75,901	75,901		75,901	13
14	Other (specify): See Page 3 Attachment			137,210	137,210	(6,003)	131,207	14
15	TOTAL General Administration	348,116	68,616	1,406,672	1,823,404	(67,961)	1,755,443	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	2,465,385	574,558	1,747,713	4,787,656	(118,687)	4,668,969	16
Capital Expenses								
D. Ownership								
17	Depreciation			1,047,817	1,047,817		1,047,817	17
18	Interest			544,268	544,268	(11,633)	532,635	18
19	Real Estate Taxes			114,573	114,573		114,573	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			12,564	12,564		12,564	21
22	Other (specify): See Page 3 Attachment			128,629	128,629		128,629	22
23	TOTAL Ownership			1,847,851	1,847,851	(11,633)	1,836,218	23
24	GRAND TOTAL (Sum of lines 16 and 23)	2,465,385	574,558	3,595,565	6,635,508	(130,320)	6,505,188	24

Facility Name: HERITAGE WOODS OF SOUTH ELGN

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

V. STAFFING AND SALARY COSTS (Please report each line separately.)

Table with 5 columns: Line, Personnel, Number of FTE, Average Hourly Wage, and another column. Rows include Registered Nurses, Licensed Practical Nurses, Certified Nurse Assistants, Activity Director & Assistants, Social Service Workers, Head Cook, Cook Helpers/Assistants, Dishwashers, Maintenance Workers, Housekeepers, Laundry, Managers, Other Administrative, Clerical, Marketing, Other, and Total (lines 1 thru 16).

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

Table with 5 columns: Line, NAME and FUNCTION, Ownership Interest, Average Hours Per Work Week Devoted to this Business, Amount of Compensation for this Reporting Period, and another column. Includes a Total row at the bottom.

VI. (B) Management fees paid to unrelated parties

Table with 4 columns: Line, Name, Amount of Fee, and another column. Includes a Total row at the bottom.

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

Table with 2 columns: Name, City. Header: RELATED SLF's & HEALTH CARE BUSINESSES.

Table with 4 columns: Name, City, Type of Business. Header: OTHER RELATED BUSINESS ENTITIES.

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? \$ _____

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 SOUTH ELGN

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 2,285,525 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	182			2009	\$ 13,788,099	\$ 501,385	27.5	\$ 501,385	\$ (0)	\$ 2,548,709	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Leasehold Improvements				1,021,134	68,076	15	68,076	(0)	346,051	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)				\$ 14,809,233	\$ 569,461		\$ 569,461	\$ (0)	\$ 2,894,760	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	\$ 2,622,867	\$ 478,356	\$ 524,573	46,218	5	\$ 2,553,868	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 2,622,867	\$ 478,356	\$ 524,573	46,218		\$ 2,553,868	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 SOUTH ELGN

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	2		3	4	6		7	8	9	
		Name of Lender	Related**			Purpose of Loan	Date of Note				
		YES	NO			Original	Balance				
A. Directly Facility Related											
Long-Term											
1	LANCASTER POLLARD		X	FIRST MORTGAGE	12/1/2012	\$ 23,713,700	\$ 21,487,777	1/1/48	0.0248	\$ 538,320	1
2											2
3											3
Working Capital											
4								/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 23,713,700	\$ 21,487,777			\$ 538,320	7
B. Non-Facility Related											
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 23,713,700	\$ 21,487,777			\$ 538,320	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 SOUTH ELGN

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	\$ 440,743	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (95,412))	963,727		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	49,634		6
7	Other Prepaid Expenses	29,374		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	26,531		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,510,010	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,285,525		13
14	Buildings, at Historical Cost	13,788,099		14
15	Leasehold Improvements, at Historical Cost	1,021,134		15
16	Equipment, at Historical Cost	2,622,867		16
17	Accumulated Depreciation (book methods)	(5,448,628)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	637,042		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,906,038	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,416,048	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 165,670	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	78,245		30
31	Accrued Taxes Payable	182,738		31
32	Accrued Interest Payable	44,408		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	97,539		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 568,599	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	21,044,461		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)	\$ 21,044,461	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 21,613,061	\$	45
46	TOTAL EQUITY	\$ (5,197,013)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,416,048	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF SOUTH ELGN

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	\$ 8,009,335	1
2	Discounts and Allowances	(747)	2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 8,008,588	3
B. Other Operating Revenue			
4	Special Services	291,800	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	33,835	8
9	Non-Resident Meals	955	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 326,590	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	11,633	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 11,633	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	12,325	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 12,325	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 8,359,136	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,433,829	19
20	Health Care/ Personal Care	1,530,423	20
21	General Administration	1,823,404	21
B. Capital Expense			
22	Ownership	1,847,851	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 6,635,508	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 1,723,628	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 1,723,628	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 3,552,783	32
33	Private Pay - Net Inpatient Revenue	4,455,805	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 8,008,588	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	9,075	9100-9101-0-0	Interest & Dividend Income	-
5200-5124-0-0	Exterminating	2,700	5160-5063-0-0	Legal	39,269	9100-9102-0-0	Assessment Income	-
5200-5127-0-0	Rubbish Removal	13,094	5160-5064-0-0	Accounting	223	9100-9103-0-0	Assessment Expense	-
5200-5130-0-0	Vehicle Expense	976	5160-5066-0-0	Audit	9,565	9200-9201-1-0	Amortization - Loan Fees	14,818
5200-5131-0-0	Transportation Service	61	5160-5067-0-0	Contract Labor-Serv Prov	-	9200-9202-0-0	Financing Fees	-
5300-5140-0-0	Security & Monitoring	12,187	5160-5068-0-0	Contract Labor	73,076	9200-9203-1-0	Mortgage Interest Premium	-
			5180-5079-0-0	Bad Debt - Resident	18,059	9200-9204-0-0	Mortgage Service Fee	-
			5180-5079-1-0	Bad Debt - Resident - Recovery	-	9200-9205-0-0	Mortgage Insurance Prem	108,530
			5180-5080-0-0	Bad Debt - Resident Prior Period	-	9200-9206-0-0	Participation Fee	-
			5180-5081-0-0	Bad Debt - Medicaid Pending Denial	9,857	9200-9207-0-0	Letter of Credit Fee	1,031
			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	(21,913)	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	-
						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	4,250
						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	-
		29,017						
		-			137,210			128,629

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	21,750	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9976-0-0	A/R-Other	1,984	2112-0105-0-0	Accrued Liabilities	39,893
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	2,797	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	192
			2112-0155-0-0	Reservation Deposit	3,150
			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	54,305
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		26,531			97,539

Other Long Term Assets Detail		Amt
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	2,411
3300-3391-0-0	Property Tax Adjustments	0
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	9,913
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		12,325