



Facility Name NEW CITY SUPPORTIVE LIVING

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	86	Single Unit Apartment	86	31,390	1
2	15	Double Unit Apartment	15	5,475	2
3		Other			3
4	101	TOTALS	101	36,865	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	30,101	363		30,464	5
6	Double Unit					6
7	Other					7
8	TOTALS	30,101	363		30,464	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.64%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
1,070 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 80 (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)

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**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. \_\_\_\_\_

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## 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	210,475	157,042	2,083	369,600		369,600	1
2	Housekeeping, Laundry and Maintenance	114,001	57,250	69,135	240,386		240,386	2
3	Heat and Other Utilities			175,958	175,958	(9,518)	166,440	3
4	Other (specify): See Page 3 Attachment			126,670	126,670		126,670	4
5	<b>TOTAL General Services</b>	<b>324,476</b>	<b>214,292</b>	<b>373,846</b>	<b>912,614</b>	<b>(9,518)</b>	<b>903,096</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	433,470	10,672		444,142		444,142	6
7	Activities and Social Services	30,008	6,217		36,225		36,225	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>463,478</b>	<b>16,889</b>		<b>480,367</b>		<b>480,367</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	184,934	35,450	243,959	464,343	(9,613)	454,730	10
11	Marketing Materials, Promotions and Advertising	85,430	16,628	44,168	146,226		146,226	11
12	Employee Benefits and Payroll Taxes			238,302	238,302		238,302	12
13	Insurance-Property, Liability and Malpractice			70,020	70,020		70,020	13
14	Other (specify): See Page 3 Attachment			193,244	193,244	(17,660)	175,584	14
15	<b>TOTAL General Administration</b>	<b>270,364</b>	<b>52,078</b>	<b>789,693</b>	<b>1,112,135</b>	<b>(27,273)</b>	<b>1,084,862</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,058,318</b>	<b>283,259</b>	<b>1,163,540</b>	<b>2,505,117</b>	<b>(36,791)</b>	<b>2,468,326</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			1,003,238	1,003,238		1,003,238	17
18	Interest			1,430,087	1,430,087	(6,717)	1,423,370	18
19	Real Estate Taxes			103,512	103,512		103,512	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			7,017	7,017		7,017	21
22	Other (specify): See Page 3 Attachment			135,174	135,174	(16,236)	118,938	22
23	<b>TOTAL Ownership</b>			<b>2,679,028</b>	<b>2,679,028</b>	<b>(22,953)</b>	<b>2,656,075</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,058,318</b>	<b>283,259</b>	<b>3,842,567</b>	<b>5,184,144</b>	<b>(59,744)</b>	<b>5,124,400</b>	<b>24</b>

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**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	2	24.11	2
3	Certified Nurse Assistants	13	12.02	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	7	11.37	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.32	10
11	Laundry			11
12	Managers	5	22.21	12
13	Other Administrative	4	17.62	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>34</b>	<b>\$</b>	<b>17</b>

**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
<b>Total</b>				<b>\$</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	Gardant Management Solutions	\$ 160,487 1
2		
<b>Total</b>		<b>\$ 160,487 3</b>

**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
_____	_____
_____	_____
_____	_____

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).

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VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 1,172,390 Year land was acquired 2013

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	101				\$ 36,107,546	\$ 902,562	40	\$ 902,689	\$ 127	\$ 2,028,735	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Leasehold Improvements				206,741	10,337	20	10,337	(0)	20,507	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)				\$ 36,314,287	\$ 912,899		\$ 913,026	\$ 127	\$ 2,049,242	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	\$ 917,575	\$ 90,339		(90,339)	10	\$ 200,263	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 917,575	\$ 90,339		(90,339)		\$ 200,263	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

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**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	<b>TOTAL</b>				\$			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			
		<b>A. Directly Facility Related</b>															
		<b>Long-Term</b>															
1		CITY OF CHICAGO BONDS		X	FIRST MORTGAGE	1/1/2013	\$ 18,000,000	\$ 17,960,000	12/1/2052	0.0613	\$ 1,125,000	1					
2		AFFORDABLE HOUSING C		X	Second Mortgage	1/30/2013	988,011	988,011	12/1/2054	0.0231	22,823	2					
3		AFFORDABLE HOUSING C		X	Third Mortgage	1/30/2013	2,248,300	2,248,300	12/1/2054	0.0231	51,936	3					
4		CITY OF CHICAGO - HOM		X	Fourth Mortgage	12/1/2012	1,000,000	989,000	12/1/2054	None		4					
5		AFFORDABLE HOUSING C		X	Fifth Mortgage	1/30/2013	2,900,000	2,900,000	12/1/2054	None		5					
6		CITY OF CHICAGO BONDS		X	Sixth Mortgage	5/1/2015	2,420,000		12/1/2030	0.0600	78,310	6					
		<b>Working Capital</b>															
7						/ /	27,556,311	25,085,311	/ /		1,278,069	7					
8		<b>TOTAL Facility Related</b>					\$ 27,556,311	\$ 25,085,311			\$ 1,278,069	8					
		<b>B. Non-Facility Related</b>															
9						/ /			/ /			9					
10						/ /	27,556,311	25,085,311	/ /		1,278,069	10					
11		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 27,556,311	\$ 25,085,311			\$ 1,278,069	11					

\* 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.

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 219,873	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (34,137) )	545,515		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	22,937		6
7	Other Prepaid Expenses	70,620		7
8	Accounts Receivable (owners or related parties)	677		8
9	Other(specify): See Page 7 Attachment	162,807		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,022,429	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,172,390		13
14	Buildings, at Historical Cost	36,107,546		14
15	Leasehold Improvements, at Historical Cost	206,741		15
16	Equipment, at Historical Cost	917,575		16
17	Accumulated Depreciation (book methods)	(2,249,505)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	36,497		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(8,212)		20
21	Restricted Funds	1,354,684		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 37,537,716	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 38,560,145	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 141,388	\$	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	98,752		31
32	Accrued Interest Payable	807,845		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	See Page 7 Attachment	3,227,181		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 4,275,166	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	316,288		38
39	Mortgage Payable	23,897,436		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 24,213,724	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 28,488,889	\$	45
46	<b>TOTAL EQUITY</b>	\$ 10,071,255	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 38,560,145	\$	47

\*(See instructions.)

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## XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,173,078	1
2	Discounts and Allowances	(38,149)	2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 3,134,929	3
<b>B. Other Operating Revenue</b>			
4	Special Services	118,125	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	420	8
9	Non-Resident Meals	192	9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 118,737	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	6,717	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 6,717	14
<b>D. Other Revenue (specify):</b>			
15	See Page 8 Attachment	11,479	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 11,479	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,271,862	18

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	912,614	19
20	Health Care/ Personal Care	480,367	20
21	General Administration	1,112,135	21
<b>B. Capital Expense</b>			
22	Ownership	2,679,028	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 5,184,144	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (1,912,282)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (1,912,282)	31
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 2,284,742	32
33	Private Pay - Net Inpatient Revenue	850,187	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,134,929	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	5,500	9100-9101-0-0 Interest & Dividend Income	-
5200-5124-0-0 Exterminating	9,596	5160-5063-0-0 Legal	130,898	9100-9102-0-0 Assessment Income	-
5200-5127-0-0 Rubbish Removal	14,894	5160-5064-0-0 Accounting	115	9100-9103-0-0 Assessment Expense	-
5200-5130-0-0 Vehicle Expense	509	5160-5066-0-0 Audit	14,112	9200-9201-1-0 Amortization - Loan Fees	31,329
5200-5131-0-0 Transportation Service	1,279	5160-5067-0-0 Contract Labor-Serv Prov	-	9200-9202-0-0 Financing Fees	-
5300-5140-0-0 Security & Monitoring	100,393	5160-5068-0-0 Contract Labor	24,959	9200-9203-1-0 Mortgage Interest Premium	-
		5180-5079-0-0 Bad Debt - Resident	11,813	9200-9204-0-0 Mortgage Service Fee	-
		5180-5079-1-0 Bad Debt - Resident - Recovery	(1,320)	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	7,208	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	16,236
		5180-5083-0-0 Bad Debt - Medicaid MCO	(41)	9200-9210-0-0 Interest Expense-Note	15,000
		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	53,045
				9300-9302-0-0 Asset Management Fee	15,914
				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	3,650
				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	-
	126,670				
	-		193,244		
					135,174

**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	46,364
1102-9973-0-0	A/R-Insurance Reimbursemen	142,842	2112-0101-0-0	Accrued Partnership Mgmt Fee	104,545
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	19,051	2112-0105-0-0	Accrued Liabilities	31,868
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	914	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	846
			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	22,025
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		162,807			#####

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	5,067
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	2,475
3300-3393-0-0	Insurance Adjustments	3,937
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		11,479