

		FOR BHF USE			

LL2

Supportive Living Facility

2015

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2015)

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: 1000136

Facility Name: HERITAGE WOODS OF PLAINFIELD

Address: 14731 S VAN DYKE RD PLAINFIELD 60544

Number City Zip Code

County: WILL

Telephone Number: (815) 267-3800 Fax # 815 267-3900

Federal Employer ID Number:

Date Current Owners were Certified: 11/21/2011

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: Thomas Staszak

Telephone Number: (815) 935-1992

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

0 I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2015 to 12/31/2015 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) David J. Mitchell

(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 N: **PLAINFIELD SUPPORTIVE LIVING LLC**

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	
		PLAINFIELD SUPPORTIVE LIVING LLC			
1	108	Single Unit Apartment	108	39,420	1
2		Double Unit Apartment			2
3		Other			3
4	108	TOTALS	108	39,420	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	33,243	5,077		38,320	5
6	Double Unit					6
7	Other					7
8	TOTALS	33,243	5,077		38,320	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.21%

D. Indicate the number of paid bed-hold days the SLF had during this year 400 Also, indicate the number of unpaid bed-hold days the SLF had during this year. (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: 2015 Fiscal Year: 2015

* 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: **PLAINFIELD SUPPORTIVE LIVING LLC**

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	262,688	204,408	1,971	469,067		469,067	1
2	Housekeeping, Laundry and Maintenance	92,061	24,106	48,595	164,762		164,762	2
3	Heat and Other Utilities			153,242	153,242	(29,786)	123,456	3
4	Other (specify): See Attachment pg 3			27,859	27,859		27,859	4
5	TOTAL Gener PLAINFIELD SUPPORTIVE LIVING	354,749	228,514	231,667	814,930	(29,786)	785,144	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	498,984	10,474		509,458		509,458	6
7	Activities and Social Services	34,228	5,113		39,341		39,341	7
8	Other (specify): See Attachment							8
9	TOTAL Health Care and Programs	533,212	15,587		548,799		548,799	9
	C. General Administration							
10	Administrative and Clerical	196,748	40,599	264,955	502,302	(31,360)	470,942	10
11	Marketing Materials, Promotions and Advertising	62,873	4,839	49,914	117,626		117,626	11
12	Employee Benefits and Payroll Taxes			271,607	271,607		271,607	12
13	Insurance-Property, Liability and Malpractice			46,691	46,691		46,691	13
14	Other (specify): See Attachment pg 3			97,057	97,057		97,057	14
15	TOTAL General Administration	259,621	45,438	730,224	1,035,283	(31,360)	1,003,923	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,147,582	289,539	961,890	2,399,011	(61,146)	2,337,866	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			411,278	411,278		411,278	17
18	Interest			639,188	639,188		639,188	18
19	Real Estate Taxes			86,583	86,583		86,583	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Attachment page 3			310,351	310,351		310,351	22
23	TOTAL Ownership			1,447,400	1,447,400		1,447,400	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,147,582	289,539	2,409,290	3,846,411	(61,146)	3,785,266	24

Facility Name: PLAINFIELD SUPPORTIVE LIVING LLC

Report Period Beginning 01/01/2015 Ending: 12/31/2015

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	21.96	2
3	Certified Nurse Assistants	16	11.03	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 PLAINFIELD S	12	9.76	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	8.87	10
11	Laundry			11
12	Managers	5	23.96	12
13	Other Administrative	4	24.52	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)	42	\$	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

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).

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	\$	202,316	1
2				2
Total		\$	202,316	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: PLAINFIELD SUPPORTIVE LIVING LLC

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

VIII. OWNERSHIP COSTS

A. Purchase price of land 847,138 Year land was acquired 2010

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	108			2011	\$ 12,300,480	\$ 307,512	40	\$ 307,512	\$	1,281,155	1
2											2
3											3
4											4
5											5
	Improv PLAINFIELD SUPPORTIVE LIVING LLC										
6	Leasehold Improvements				301,335	15,067	20	15,067	(0)	64,035	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)				\$ 12,601,815	\$ 322,579		\$ 322,579	\$ (0)	\$ 1,345,190	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	\$ 808,763	\$ 88,699	\$ 161,753	73,054	5	\$ 728,365	18
19	Vehicles				\$			19
20	TOTAL (lines 18 and 19)	\$ 808,763	\$ 88,699	\$ 161,753	73,054		\$ 728,365	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: PLAINFIELD SUPPORTIVE LIVING LLC

Report Period Beginning: 01/01/2015 Ending: 2/31/2015

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	PLAINFIELD SUPPORTIVE LIVING LLC		/ /				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	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	CENTENNIAL MORTGAGE		X	FIRST MORTGAGE	09/01/10	\$ 12,200,000	\$ 11,784,826	09/01/50	.0540	\$ 639,188	1
2					/ /			/ /	.0000	\$	2
3					/ /			/ /	.0000	\$	3
4					/ /			/ /	.0000	\$	4
5					/ /			/ /	.0000	\$	5
	Working Capital										
6					/ /			/ /	.0000	\$	6
7	TOTAL Facility Related					\$ 12,200,000	\$ 11,784,826			\$ 639,188	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 12,200,000	\$ 11,784,826			\$ 639,188	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: **PLAINFIELD SUPPORTIVE LIVING LLC**

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.As of 12/31/2015

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,364,182	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (84,550))	578,752		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance PLAINFIELD SUPPORT	14,855		6
7	Other Prepaid Expenses	5,413		7
8	Accounts Receivable (owners or related parties)	25,118		8
9	Other(specify): see page 7 attachment	310		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,988,630	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	847,138		13
14	Buildings, at Historical Cost	12,300,480		14
15	Leasehold Improvements, at Historical Cost	301,335		15
16	Equipment, at Historical Cost	808,763		16
17	Accumulated Depreciation (book methods)	(2,073,555)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	867,894		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(104,805)		20
21	Restricted Funds	1,255,382		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,202,630	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,191,260	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 747,250	\$	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	89,863		31
32	Accrued Interest Payable	53,032		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attachment page 7	338,174		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,228,319	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	11,784,826		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)	\$ 11,784,826	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,013,145	\$	45
46	TOTAL EQUITY	\$ 3,178,115	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,191,260	\$	47

*(See instructions.)

Facility Name: **PLAINFIELD SUPPORTIVE LIVING LLC**

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,968,439	1
2	Discounts and Allowances	(4,460)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,963,979	3
	B. Other Operating Revenue		
4	Special Services	165,126	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	11,794	8
9	Non-Resident Meals	2,843	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 179,763	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,575	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,575	14
	D. Other Revenue (specify):		
15	See Attachment	23,016	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16) see page 8 attachment	\$ 23,016	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,169,333	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	814,930	19
20	Health Care/ Personal Care	548,799	20
21	General Administration	1,035,283	21
	B. Capital Expense		
22	Ownership	1,447,400	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)	\$ 3,846,411	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 322,922	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 322,922	31

Expenses PG

	General Services Other		Health Care & Programs	
5200-5000-0-0	Operating Allocation	-		5160-5060-0-0
5200-5124-0-0	Exterminating	1,723		5160-5063-0-0
5200-5127-0-0	Rubbish Removal	16,816		5160-5064-0-0
5200-5130-0-0	Vehicle Expense	746		5160-5066-0-0
5200-5131-0-0	Transportation Service	-		5160-5067-0-0
5300-5140-0-0	Security & Monitoring	8,574		5160-5068-0-0
				5190-5000-0-0
				5180-5079-0-0
			PLAINFIELD SUPPORTIVE LIVING LLC	5180-5079-1-0
				5180-5080-0-0
				5180-5081-0-0
				5180-5081-1-0
				5180-5082-0-0

27,859

-

3 Other

General Administration Other			Ownership Other		
	Amt			Amt	
Consulting	20,342	9100-9101-0-0	Interest & Dividend Income	-	
Legal	8,120	9100-9102-0-0	Assessment Income	-	
Accounting	150	9100-9103-0-0	Assessment Expense	-	
Audit	10,180	9200-9202-0-0	Financing Fees	3,660	
Contract Labor-Serv Prov	-	9200-9204-0-0	Mortgage Service Fee	-	
Contract Labor	5,225	9200-9205-0-0	Mortgage Insurance Prem	53,266	
Other Admin Allocation	0	9200-9206-0-0	Participation Fee	-	
Bad Debt - Resident	6,275	9200-9207-0-0	Letter of Credit Fee	-	
Bad Debt - Resident - Recovery	-	9200-9208-0-0	Bond & Draw Fee	-	
Bad Debt - Resident Prior Period	-	9200-9209-0-0	Remarketing and Trustee Fee	-	
Bad Debt - Medicaid Pending Deni	46,765	9200-9210-0-0	Interest Expense-Note	-	
Bad Debt - Medicaid Pending - Rec	-	9200-9211-0-0	Interest Expense-LP	-	
Bad Debt - Medicaid Denial Prior F	-	9200-9212-0-0	Debt Write-Off	-	
		9300-9301-0-0	Partnership Management Fee	213,847	
		9300-9302-0-0	Asset Management Fee	14,069	
		9300-9303-0-0	Incentive Management	-	
		9300-9303-1-0	Incentive Asset Mgmt Fee	-	
		9300-9304-0-0	Tax Credit Fees & Incentive Fee	690	
		9300-9305-0-0	Organizational Expense	-	
		9300-9306-0-0	Developer Fees	-	
		9300-9307-0-0	Closing Costs	-	
		9700-9702-0-0	Amortization Expense	24,820	
		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, Transfer	-	

97,057

310,351

Balance Sheet

Other Current Assets Detail			Amt	Current Liabilities Detail			Amt
1102-9971-0-0	A/R-Employee Advance	-		2112-0100-0-0	Accrued Asset Management Fee	14,069	
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-		2112-0101-0-0	Accrued Partnership Mgmt Fee	213,847	
1102-9973-0-0	A/R-Insurance Reimbursement	-		2112-0102-0-0	Accrued Incentive Mgmt Fee	-	
1102-9974-0-0	A/R-Subscription Receivable	-		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-	
1102-9975-0-0	A/R-CIP	-		2112-0105-0-0	Accrued Liabilities	25,552	
1102-9976-0-0	A/R-Other	-		2112-0110-0-0	Accrued Insurance	-	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0115-0-0	Accrued Developer Fee	-	
1105-0006-0-0	Security Deposit-Equip & Util	310		2112-0130-0-0	Accrued MIP	-	
1105-0009-0-0	Transfer Account	-	PLAINFIE	2112-0140-0-0	Accrued Vacation	-	
1105-0012-0-0	Undeposited Funds	-		2112-0146-0-0	Payroll Benefits	-	
				2112-0154-0-0	Unclaimed Property	2	
				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	84,705	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
				2111-0040-0-0	Construction Account Payable	-	
				2112-0140-0-0	Accrued Vacation	0	
		310		2112-0144-0-0	Payroll Union Dues	0	
						338,174	
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

Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,737
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	5,447
3300-3395-0-0	Developer Fee Income	15,832
3300-3396-0-0	Home Office Rent Income	-

PLAINFIELD SUPPORTIVE LIVING LLC

23,016

