		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 (Number) PLAINFIELD (City) 60544 (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		PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	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

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 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 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 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
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

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

VII. RELATED ORGANIZATIONS

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

RELATED SLF's & HEALTH CARE BUSINESSES				OTHER RELATED BUSINESS ENTITIES					
Name	1	City	2	Name	3	City	4	Type of Busines	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 [X]
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 [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: 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	$ 161753	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 SUPPORTI		/ /				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 us 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** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	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	1 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	2 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

	General Services Other	
5200-5000-0-0	Operating Allocation	-
5200-5124-0-0	Exterminating	1,723
5200-5127-0-0	Rubbish Removal	16,816
5200-5130-0-0	Vehicle Expense	746
5200-5131-0-0	Transportation Service	-
5300-5140-0-0	Security & Monitoring	8,574

Health Care & Programs

PLAINFIELD SUPPORTIVE LIVING LLC

5160-5060-0-0
5160-5063-0-0
5160-5064-0-0
5160-5066-0-0
5160-5067-0-0
5160-5068-0-0
5190-5000-0-0
5180-5079-0-0
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	Amt
Consulting	20,342
Legal	8,120
Accounting	150
Audit	10,180
Contract Labor-Serv Prov	-
Contract Labor	5,225
Other Admin Allocation	0
Bad Debt - Resident	6,275
Bad Debt - Resident - Recovery	-
Bad Debt - Resident Prior Period	-
Bad Debt - Medicaid Pending Deni	46,765
Bad Debt - Medicaid Pending - Rec	-
Bad Debt - Medicaid Denial Prior F	-

	Ownership Other	Amt
9100-9101-0-0	Interest & Dividend Income	-
9100-9102-0-0	Assessment Income	-
9100-9103-0-0	Assessment Expense	-
9200-9202-0-0	Financing Fees	3,660
9200-9204-0-0	Mortgage Service Fee	-
9200-9205-0-0	Mortgage Insurance Prem	53,266
9200-9206-0-0	Participation Fee	-
9200-9207-0-0	Letter of Credit Fee	-
9200-9208-0-0	Bond & Draw Fee	-
9200-9209-0-0	Remarketing and Trustee Fee	-
9200-9210-0-0	Interest Expense-Note	-
9200-9211-0-0	Interest Expense-LP	-
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
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0006-0-0	Security Deposit-Equip & Util	310
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-

	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	-

			Current Liabilities Detail	Amt
		2112-0100-0-0	Accrued Asset Management Fee	14,069
		2112-0101-0-0	Accrued Partnership Mgmt Fee	213,847
		2112-0102-0-0	Accrued Incentive Mgmt Fee	-
		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
		2112-0105-0-0	Accrued Liabilities	25,552
		2112-0110-0-0	Accrued Insurance	-
		2112-0115-0-0	Accrued Developer Fee	-
		2112-0130-0-0	Accrued MIP	-
	PLAINFIE	2112-0140-0-0	Accrued Vacation	-
		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

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