

		FOR BHF USE			

LL2

Supportive Living Facility
2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)

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.

<p>I. Facility ID Number: <u>1000135</u></p> <p>Facility Name: <u>River to River Comm of Anna</u></p> <hr/> <p>Address: <u>151 Denny Drive</u> <u>Anna</u> <u>62906</u> Number City Zip Code</p> <p>County: <u>Union</u></p> <p>Telephone Number: (<u>618</u>) <u>993-7533</u> Fax # <u>618 993-7531</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>10/27/2011</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input checked="" type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Other <u>Disregarded Entity</u></td> <td></td> </tr> </table>	<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 checked="" 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 type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust			<input checked="" type="checkbox"/> Other <u>Disregarded Entity</u>		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2018</u> to <u>12/31/2018</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Sherry Barter-Hamlin</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>CEO</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Mark Dallas Partner</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Kerber, Eck & Braeckel, LLP</u> <u>3401 Office Park Drive, Marion, IL 62959</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>618 529-1040</u> Fax <u>618-549-2311</u></td> <td></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Sherry Barter-Hamlin</u>			(Title) <u>CEO</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) <u>Mark Dallas Partner</u>			(Firm Name & Address) <u>Kerber, Eck & Braeckel, LLP</u> <u>3401 Office Park Drive, Marion, IL 62959</u>			(Telephone) <u>618 529-1040</u> Fax <u>618-549-2311</u>	
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<p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>James Srna</u> Telephone Number: (<u>618</u>) <u>993-7533</u></p> <p>Email Address: _____</p>		<p>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</p>																																												

Facility Name River to River Comm of Anna

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	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	43	Single Unit Apartment	43	15,695	1
2	5	Double Unit Apartment	5	1,825	2
3	2	Other	2	730	3
4	50	TOTALS	50	18,250	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	7,373	6,315		13,688	5
6	Double Unit	488	1,260		1,748	6
7	Other	357			357	7
8	TOTALS	8,218	7,575		15,793	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.54%

D. Indicate the number of paid bed-hold days the SLF had during this year
119 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 409 (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: 2018 Fiscal Year: 2018

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principal? Yes
 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 principal? _____
 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 principal? _____
 If no, explain. _____

Facility Name: River to River Comm of Anna

Report Period Beginning:

1/1/2018

Ending: 12/31/2018

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	70,477	124,673	1,507	196,657	(4,502)	192,155	1
2	Housekeeping, Laundry and Maintenance	52,147	10,898	25,357	88,402		88,402	2
3	Heat and Other Utilities			62,624	62,624		62,624	3
4	Other (specify):			10,304	10,304	(2,712)	7,592	4
5	TOTAL General Services	122,624	135,571	99,792	357,987	(7,214)	350,773	5
B. Health Care and Programs								
6	Health Care/ Personal Care	243,127	806	20,022	263,955		263,955	6
7	Activities and Social Services	39,495	1,739	230	41,464		41,464	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	282,622	2,545	20,252	305,419		305,419	9
C. General Administration								
10	Administrative and Clerical	104,378	15,902	163,887	284,167	3,899	288,066	10
11	Marketing Materials, Promotions and Advertising	9,499		13,531	23,030		23,030	11
12	Employee Benefits and Payroll Taxes			104,156	104,156		104,156	12
13	Insurance-Property, Liability and Malpractice			95,262	95,262		95,262	13
14	Other (specify):							14
15	TOTAL General Administration	113,877	15,902	376,836	506,615	3,899	510,514	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	519,123	154,018	496,880	1,170,021	(3,315)	1,166,706	16
Capital Expenses								
D. Ownership								
17	Depreciation			340,081	340,081	4,433	344,514	17
18	Interest			220,632	220,632		220,632	18
19	Real Estate Taxes			57,130	57,130		57,130	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			1,250	1,250		1,250	22
23	TOTAL Ownership			619,093	619,093	4,433	623,526	23
24	GRAND TOTAL (Sum of lines 16 and 23)	519,123	154,018	1,115,973	1,789,114	1,118	1,790,232	24

Facility Name: River to River Comm of Anna

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.5	\$ 25.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10	10.40	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	15.38	5
6	Head Cook			6
7	Cook Helpers/Assistants	4	9.77	7
8	Dishwashers			8
9	Maintenance Workers	1	12.60	9
10	Housekeepers	1	9.37	10
11	Laundry			11
12	Managers	1	17.98	12
13	Other Administrative	1	23.56	13
14	Clerical			14
15	Marketing	1	26.11	15
16	Other	1	10.00	16
17	Total (lines 1 thru 16)	21.5	\$ 160.17	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	\$	1	
2		2	
Total		\$	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

Name	1	City	2
Cache Valley River to River, LP		Ullin, IL	
Marion Supportive Living, LP		Marion, IL	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
River to River Corporation		Marion, IL		Managing Partner	
River to River Senior Services		Marion, IL		Service Provider	

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: River to River Senior Services, LLC If yes, what is the value of those services? \$ 77,811

(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).

Facility Name: River to River Comm of Anna

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 160,000 Year land was acquired 2011

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	50			2011	\$ 7,792,678	\$ 283,370	27.5	\$ 283,370	\$	\$ 2,041,946	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Landscaping	2011		30,000	1,771	15	2,000	229	16,714	6
7		Walkway-Back & Front	2013		2,129	142	15	142		781	7
8		Storage Building	2015		11,381	414	27.5	414		1,638	8
9		Driveway for Generator	2015		4,400	147	15.0	629	482	2,677	9
10		Storage Electrical	2015		2,991	54	27.5	109	55	1,686	10
11		Parking Lot	2017		11,312	754	15.0	2,262	1,508	1,131	11
12		Terrace Fence - Dumpster Enclosure	2018		4,580	4,580	15	153	(4,427)	4,580	12
13		Camera & Security System	2018		20,169	1,513	10	560	(953)	1,513	13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,879,640	\$ 292,745		\$ 289,639	\$ (3,106)	\$ 2,072,666	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	\$ 589,978	\$ 32,407	\$ 39,946	7,539	5	\$ 552,315	18
19	Vehicles	10,426	1,201	1,201		5	9,826	19
20	TOTAL (lines 18 and 19)	\$ 600,404	\$ 33,608	\$ 41,147	7,539		\$ 562,141	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: River to River Comm of Anna

Report Period Beginning: 1/1/2018

Ending: 2/31/2018

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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

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				
			YES	NO			Original					
		A. Directly Facility Related										
		Long-Term										
1		IL Housing Dept Authority		x	To construct project building	10/1/10	\$ 5,700,000	\$	5/1/17	0.0557	\$	1
2		River to River Corporation	x		To construct project building	10/27/11	739,546			0.0475	8,646	2
3		HUD Loan		x	To construct project building	5/1/17	5,610,000	5,478,752	5/1/52	0.0383	211,986	3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 12,049,546	\$ 5,478,752			\$ 220,632	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 12,049,546	\$ 5,478,752			\$ 220,632	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: River to River Comm of Anna

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 40,030	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	190,124		3
4	Supply Inventory (priced at)	13,882		4
5	Short-Term Investments			5
6	Prepaid Insurance	23,581		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 267,617	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	160,000		13
14	Buildings, at Historical Cost	7,792,678		14
15	Leasehold Improvements, at Historical Cost	86,962		15
16	Equipment, at Historical Cost	600,404		16
17	Accumulated Depreciation (book methods)	(2,634,807)		17
18	Deferred Charges	311,782		18
19	Organization & Pre-Operating Costs	9,948		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(7,212)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Deferred Financing, net	831,634		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,151,389	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,419,006	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 91,974	\$	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	53,467		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Insurance and Other	14,719		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 160,160	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,478,752		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)	\$ 5,478,752	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,638,912	\$	45
46	TOTAL EQUITY	\$ 1,780,094	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,419,006	\$	47

*(See instructions.)

Facility Name: River to River Comm of Anna

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	\$ 412,315	1
2	Discounts and Allowances	(30,435)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 381,880	3
B. Other Operating Revenue			
4	Special Services	71,514	4
5	Other Health Care Services	1,095,621	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	4,502	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,171,637	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	12,524	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 12,524	14
D. Other Revenue (specify):			
15	Senior TV	2,713	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,713	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,568,754	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	357,987	19
20	Health Care/ Personal Care	305,419	20
21	General Administration	506,615	21
B. Capital Expense			
22	Ownership	619,093	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)	\$ 1,789,114	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (220,360)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (220,360)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$	37

Anna Supportive Living, L.P.
 Additional Information
 12/31/2018

Page 4 Section VII A.

Related Organization	Nature of Purchase	Facility Book Value	Actual Cost	Difference
Management Fee	Managing/Accounting	\$ 77,811	\$ 81,710	\$ 3,899
Congregate Expense	Corporate Expenses	\$ 10,134	\$ 10,134	\$ -
Record Storage	Storage Fee	\$ 12,360	\$ 12,360	\$ -

Page 3 Section IV eliminations

	Amount	Line #	
Guest Meals	(4,502)	Line 1	Account 4600
Senior TV	(2,712)	Line 4	Account 4081
Admin & General	3,899	Line 10	See above
Admin & General - Bad debt	-	Line 10	Account 9010
Accelerated Depreciation	4,433	Line 17 + 20	Schedule VIII
Total	<u>1,118</u>		

Page 3 Section IV Line 4

Trash	3,832
TV	6,472
	<u>10,304</u>

Page 3 Section IV Line 22

Tax Credit Fee	1,250
	<u>1,250</u>