

		FOR BHF USE			

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**Supportive Living Facility**

**2014  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2014)**

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><b>I. Facility ID Number:</b> <u>1000100</u></p> <p><b>Facility Name:</b> <u>Pinnacle Place</u></p> <p><b>Address:</b> <u>1125 North 5th St</u> <u>Savanna</u> <u>61074</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Carroll</u></p> <p><b>Telephone Number:</b> ( <u>815</u> ) <u>273-2105</u> Fax # <u>815 778-4503</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>06/30/2008</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input checked="" 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 type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> <u>501 (C)3</u></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 type="checkbox"/> Other</td> <td>_____</td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Sam Card</u> <b>Telephone Number:</b> ( <u>815</u> ) <u>778-3683</u>  <b>Email Address:</b> _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> <u>501 (C)3</u>	<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 type="checkbox"/> Other	_____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2014</u> to <u>12/31/2014</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%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Sam Card</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Chief Financial Officer</u></td> <td></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) ( ) _____</td> <td>Fax # ( ) _____</td> </tr> </table> <p align="right">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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) <u>Sam Card</u>			(Title) <u>Chief Financial Officer</u>		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) ( ) _____	Fax # ( ) _____
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	(Firm Name & Address) _____																																													
	(Telephone) ( ) _____	Fax # ( ) _____																																												



Facility Name: Pinnacle Place

Report Period Beginning:

01/01/2014

Ending: 12/31/2014

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	38,959	54,142	2,163	95,263		95,263	1
2	Housekeeping, Laundry and Maintenance	22,350	10,479	17,603	50,433		50,433	2
3	Heat and Other Utilities			54,251	54,251	(5,644)	48,607	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>61,309</b>	<b>64,621</b>	<b>74,017</b>	<b>199,947</b>	<b>(5,644)</b>	<b>194,303</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	136,599	421		137,020		137,020	6
7	Activities and Social Services		634		634		634	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>136,599</b>	<b>1,055</b>		<b>137,654</b>		<b>137,654</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	33,645	816	68,523	102,984	5,415	108,399	10
11	Marketing Materials, Promotions and Advertising			7,684	7,684		7,684	11
12	Employee Benefits and Payroll Taxes			31,585	31,585	6,865	38,450	12
13	Insurance-Property, Liability and Malpractice			9,719	9,719		9,719	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>33,645</b>	<b>816</b>	<b>117,511</b>	<b>151,972</b>	<b>12,280</b>	<b>164,252</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>231,553</b>	<b>66,492</b>	<b>191,528</b>	<b>489,573</b>	<b>6,636</b>	<b>496,209</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			97,089	97,089		97,089	17
18	Interest			21,902	21,902		21,902	18
19	Real Estate Taxes			13,970	13,970		13,970	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>132,961</b>	<b>132,961</b>		<b>132,961</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>231,553</b>	<b>66,492</b>	<b>324,489</b>	<b>622,534</b>	<b>6,636</b>	<b>629,170</b>	<b>24</b>

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1125 N. 5TH ST.  
SAVANNA, IL 61074  
FEIN 23-7136038

2014 Cost Report

SCHEDULE OF RECLASSIFICATION

Page 3, Schedule IV

Line #	D	C
		\$5,644
3 REMOVE RESIDENT ROOM PORTION OF CABVLE TV		
10 ADJUSTMENT FOR RELATEI	\$5,415	
12 ORGANIZATION COSTS	\$6,865	



Facility Name: Pinnacle Place

Report Period Beginning 01/01/2014 Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.24	\$ 21.26	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	4.86	12.44	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1.89	9.91	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	0.99	10.82	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.06	15.27	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>9.04</b>	<b>\$ 12.30</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	Winning Wheels	100		\$	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	\$	1
2		2
<b>Total</b>		<b>\$ 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 <u>1</u>	City <u>2</u>
Winning Wheels	Prophetstown
STRIVE	Prophetstown
Frontier Hollow	Prophetstown

OTHER RELATED BUSINESS ENTITIES

Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
American Health Enterprises	Lyndon	Mgt. Company

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).

PINNACLE PLACE  
 1125 N. 5th St.  
 Savanna, IL 61074  
 FIN: 23-7136038

2014 Cost Report

SCHEDULE OF RELATED ORGANIZATION COSTS

Page 4, Schedule VII, Question C

<b>Page 3 Line #</b>	<b>Related Organization</b>	<b>Nature of Expense</b>	<b>Cost per General Ledger</b>	<b>Cost to Related Organization</b>	<b>Difference: Adjustment for Related Organization Cost</b>
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Administrative contract service	60,167		-60,167
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Manager salary		57,220	57,220
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office salaries		7,404	7,404
12	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Employee benefits		6,865	6,865
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office costs		958	958
	<b>Total Difference: Adjustment for Related Organization Cost</b>				<b>12,280</b>

Facility Name: Pinnacle Place

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 40,000 Year land was acquired 1997

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	21		1997		\$ 1,155,267	\$ 42,010	28	\$ 42,010		\$ 722,917	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		BUILDING ADDITION			107,843	2,696	40	2,696		46,058	6
7		BUILDING ADDITION			16,500	600	28	600		10,175	7
8		WATER HEATER			3,357	86	39	86		1,304	8
9		SEAL PARKING LOT			6,240	368	15	416	48	5,318	9
10		CHIMNEY CAPS			984	36	28	36		419	10
11		TUCK POINTING			128,000	4,655	28	4,655		53,722	11
12		REMODEL BATH			24,893	905	28	905		10,372	12
13		ROOF			92,377	3,359	28	3,359		37,930	13
14		CARPET			8,269		7			8,269	14
15		ENTRANCE SIGN			1,621	96	15	108	12	999	15
16		SEE PAGE 5 SUPPORT			182,702	11,444		13,794	2,350	116,977	16
17		TOTAL (lines 1 thru 16)			\$ 1,728,053	\$ 66,255		\$ 68,665	\$ 2,410	\$ 1,014,460	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	\$ 130,695	\$ 1,969	\$ 2,141	172	9	\$ 119,267	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 130,695	\$ 1,969	\$ 2,141	172		\$ 119,267	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: Pinnacle Place

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## SCHEDULE OF PAGE 5, SCHEDULE VIII, SECTION B, LINE 16

		3	4	5	6	7	8	9
		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
1	ASBESTOS REMOVAL	2007	960	57	15	64	7	535
2	LOCKS	2008	4,386	259	15	292	33	2,184
3	SMOKE DETECTORS	2008	19,522	1,153	15	1,301	148	9,724
4	FIRE DOORS	2008	7,843	463	15	523	60	3,906
5	FLOORING	2009	700	62	7	100	38	606
6	WASHERS AND DRYERS	2007	3,685	164	7	164		3,685
7	PLASMA TV	2009	1,050		3			1,050
8	A/C CONDENSOR	2009	1,020	91	7	146	55	884
9	ICE MACHINE	2009	2,295	205	7	328	123	1,988
10	WATER HEATER	2009	4,628	413	7	661	248	4,008
11	PARKING LOT	1997	31,223		15			31,223
12	REFRIGERATOR	2004	2,799		7			2,799
13	WATER HEATER	2004	4,214		7			4,214
14	NURSE CALL SYSTEM	2005	24,971	2,497	10	2,497		23,723
15	ZENITH TV	2005	2,845		7			2,845
16	SLF ASSESSMENT	2008	9,879	583	15	659	76	4,920
17	DELL COMPUTER	2008	728		5			728
18	FLOORING	2010	940	108	5	188	80	886
19	WHIRLPOOL	2010	8,841	789	7	1,263	474	6,868
20	FLOORING	2010	853	98	5	171	73	803
21	AWNING	2010	2,030	141	15	135	(6)	765
22	EROSION CONTROL	2010	7,195	498	15	480	(18)	2,710
23	FLOORING	2010	1,467	169	5	293	124	1,382
24	FLOORING-DINING ROOM AND FRONT ACTIVITY	2013	5,801	828	7	828		1,242
25	ROOF REPAIRS AROUND ELEVATOR	2013	12,980	865	15	865		1,298
26	ELEVATOR REPAIRS	2014	11,464	819	7	1,638	819	819
27	LOCKS AND KEYS	2014	2,633	376	7	376		376
28	APARTMENT FLOORING	2014	1,622	232	7	232		232
29	APARTMENT FURNACE	2014	1,422	203	7	203		203
30	APARTMENT FLOORING	2014	1,379	197	7	197		197
31	AIR CONDITIONER	2014	1,327	174	7	190	16	174
32								
	TOTAL FOR LINE 16 ON PAGE 5		\$ 182,702	\$ 11,444		\$ 13,794	\$ 2,350	\$ 116,977

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Facility Name: Pinnacle Place

Report Period Beginning: 01/01/2014

Ending: 2/31/2014

**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

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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	Midland States Bank		X	Building Mortgage	7/27/07	\$ 744,497	\$ 555,640	2/27/28	3.7700	\$ 21,902
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 744,497	\$ 555,640			\$ 21,902
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 744,497	\$ 555,640			\$ 21,902

\* 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: Pinnacle Place

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 4,441	\$ 4,441	1
2	Cash-Patient Deposits	4,291	4,291	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	117,094	117,094	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	62	62	6
7	Other Prepaid Expenses	945	945	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 126,832	\$ 126,832	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	40,000	40,000	13
14	Buildings, at Historical Cost	1,565,621	1,565,621	14
15	Leasehold Improvements, at Historical Cost	164,725	164,725	15
16	Equipment, at Historical Cost	130,695	130,695	16
17	Accumulated Depreciation (book methods)	(1,133,727)	(1,133,727)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			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>	\$ 767,314	\$ 767,314	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 894,146	\$ 894,146	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 19,266	\$ 19,266	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,909	3,909	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	9,500	9,500	31
32	Accrued Interest Payable	180	180	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 32,855	\$ 32,855	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	555,640	555,640	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>	\$ 555,640	\$ 555,640	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 588,495	\$ 588,495	45
46	<b>TOTAL EQUITY</b>	\$ 305,651	\$ 305,651	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 894,146	\$ 894,146	47

\*(See instructions.)

Facility Name: Pinnacle Place

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 570,973	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 570,973</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services	9,589	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	1,128	8
9	Non-Resident Meals	1,972	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 12,689</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 583,662</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	199,947	19
20	Health Care/ Personal Care	137,654	20
21	General Administration	151,972	21
<b>B. Capital Expense</b>			
22	Ownership	132,961	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 622,534</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (38,872)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (38,872)</b>	<b>31</b>