

		FOR BHF USE				

LL2

Supportive Living Facility

**2007
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2007)**

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.</p> <p>Facility Name: <u>Jackson Park SLF</u></p> <hr/> <p>Address: <u>1448 East 75Th Street</u> <u>Chicago</u> <u>60649</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 667-6500</u> Fax # <u>0</u></p> <p>Federal Employer ID Number: <u>0</u></p> <p>Date Current Owners were Certified: <u>2/9/2006</u></p> <p>Type of Ownership:</p> <table border="0"> <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 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 type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u></p>	<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 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 type="checkbox"/> Other _____		<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>1/1/2007</u> to <u>12/31/2007</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 border="1"> <tr> <td rowspan="2">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) _____</td> <td>(Title) _____</td> </tr> </table> <table border="1"> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Jeff Singer, C.P.A.</u></td> <td></td> </tr> <tr> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> <td></td> </tr> </table> <p align="center">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>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____	(Title) _____	Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) <u>Jeff Singer, C.P.A.</u>		(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>		(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																					
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Facility Name Jackson Park SLF

Report Period Beginning: 1/1/2007 Ending: 12/31/2007

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	123	Single Unit Apartment	123	44,895	1
2	13	Double Unit Apartment	13	4,745	2
3		Other			3
4	136	TOTALS	136	49,640	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	29,453	2,289		31,742	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,453	2,289		31,742	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 63.94%

D. Indicate the number of paid bed-hold days the SLF had during this year 212 Also, indicate the number of unpaid bed-hold days the SLF had during this year. N/A **(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)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/07 Fiscal Year: 12/31/07

* 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? N/A

If no, explain. N/A

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? N/A

If no, explain. N/A

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? N/A

If no, explain.

Facility Name: Jackson Park SLF

Report Period Beginning:

1/1/2007

Ending: 12/31/2007

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	149,201	238,069	1,938	389,208		389,208	1
2	Housekeeping, Laundry and Maintenance	148,733	39,642	50,210	238,585	(2,847)	235,738	2
3	Heat and Other Utilities			205,972	205,972	(12,919)	193,053	3
4	Other (specify):			125,670	125,670		125,670	4
5	TOTAL General Services	297,934	277,711	383,790	959,435	(15,766)	943,669	5
B. Health Care and Programs								
6	Health Care/ Personal Care	373,051	9,906	3,550	386,507		386,507	6
7	Activities and Social Services	41,792	16,036		57,828		57,828	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	414,843	25,942	3,550	444,335		444,335	9
C. General Administration								
10	Administrative and Clerical	170,155	12,708	631,189	814,052	(371,316)	442,736	10
11	Marketing Materials, Promotions and Advertising	10,531		17,901	28,432		28,432	11
12	Employee Benefits and Payroll Taxes			127,289	127,289		127,289	12
13	Insurance-Property, Liability and Malpractice			7,589	7,589		7,589	13
14	Other (specify):							14
15	TOTAL General Administration	180,686	12,708	783,968	977,362	(371,316)	606,046	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	893,463	316,361	1,171,308	2,381,132	(387,082)	1,994,050	16
Capital Expenses								
D. Ownership								
17	Depreciation			1,789	1,789	246,557	248,346	17
18	Interest			39,864	39,864	627,405	667,269	18
19	Real Estate Taxes			38,767	38,767	(17,683)	21,084	19
20	Rent -- Facility and Grounds			611,830	611,830	(611,830)		20
21	Rent -- Equipment			6,382	6,382		6,382	21
22	Other (specify):					12,803	12,803	22
23	TOTAL Ownership			698,632	698,632	257,252	955,884	23
24	GRAND TOTAL (Sum of lines 16 and 23)	893,463	316,361	1,869,940	3,079,764	(129,830)	2,949,934	24

Facility Name: Jackson Park SLF

Report Period Beginning: 1/1/2007 Ending: 12/31/2007

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 23.98	1
2	Licensed Practical Nurses	3.99	20.27	2
3	Certified Nurse Assistants	9.07	8.22	3
4	Activity Director & Assistants	2.03	9.90	4
5	Social Service Workers	-		5
6	Head Cook	1.06	15.29	6
7	Cook Helpers/Assistants	6.91	8.03	7
8	Dishwashers	-		8
9	Maintenance Workers	1.26	16.94	9
10	Housekeepers	5.69	8.82	10
11	Laundry	-		11
12	Managers	-		12
13	Other Administrative	2.17	25.33	13
14	Clerical	2.59	10.35	14
15	Marketing	0.17	30.61	15
16	Other	-		16
17	Total (lines 1 thru 16)	35.93	\$ 11.95	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 <u>1</u>	City <u>2</u>
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
See Attached		

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: N/A 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).

Facility Name: Jackson Park SLF

Report Period Beginning:

1/1/2007

Ending:

12/31/2007

VIII. OWNERSHIP COSTS

A. Purchase price of land 170,811 Year land was acquired 2005

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	136		2005	2005	\$ 8,007,168	\$ 291,170	35	\$ 228,776	\$ (62,394)	\$ 457,552	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				14,557	1,789		728	(1,061)	728	6
7	Remove And Reinstall Carpet/1St Flr Hall			2006	1,916		20	96	96	192	7
8	Door/Corner Guard/Door/			2006	855		20	43	43	86	8
9	Install Door Alarms On 3 Doors			2006	962		20	48	48	96	9
10											10
11											11
12											12
13	Heating / Piping / Electrical			2007	4,539		20	227	227	227	13
14	Remodel Lobby, Office, Therapy			2007	15,458		20	773	773	773	14
15	5Th Floor Balcony Roof			2007	2,150		20	108	108	108	15
16	Ramps			2007	6,752		20	338	338	338	16
17	TOTAL (lines 1 thru 16)				\$ 8,054,357	\$ 292,959		\$ 231,135	\$ (61,824)	\$ 460,098	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	\$ 172,104	\$ 22,215	\$ 17,211	(5,004)	10	\$ 18,856	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 172,104	\$ 22,215	\$ 17,211	(5,004)		\$ 18,856	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 & ID Number Jackson Park SLF

Report Period Beginning:

1/1/2007

Ending:

12/31/2007

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2	2007	14,557		20	728	728	728	2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33			1,789			(1,789)		33
34		\$ 14,557	\$ 1,789		\$ 728	\$ (1,061)	\$ 728	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Jackson Park SLF

Report Period Beginning: 1/1/2007 Ending: 12/31/2007

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Jackson Park SLF

Report Period Beginning:

1/1/2007

Ending:

12/31/2007

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Jackson Park SLF

Report Period Beginning: 1/1/2007

Ending: 2/31/2007

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 \$ 6,382

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	Cambridge Realty Capital		X		/ /	\$	\$ 7,651,036	/ /		\$ 667,269
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	Venture Fund	X		Working Capital:Line of Credit	/ /		1,790,589	/ /		39,864
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$	\$ 9,441,625			\$ 707,133
	B. Non-Facility Related									
8	Non-Allowalbe Interest				/ /			/ /		-39,864
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$	\$ 9,441,625			\$ 667,269

* 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: Jackson Park SLF

Report Period Beginning: 1/1/2007

Ending: 12/31/2007

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2007

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 148,146	\$ 221,593	1
2	Cash-Patient Deposits	4,747	4,747	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	572,125	572,125	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,367	20,367	6
7	Other Prepaid Expenses	5,091	5,091	7
8	Accounts Receivable (owners or related parties)	2,380	2,380	8
9	Other(specify): See Attached	65,805	107,521	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 818,661	\$ 933,824	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		170,811	13
14	Buildings, at Historical Cost		8,007,168	14
15	Leasehold Improvements, at Historical Cost	43,456	43,456	15
16	Equipment, at Historical Cost	13,752	169,257	16
17	Accumulated Depreciation (book methods)	(1,854)	(621,218)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		851	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(5,193)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	74,281	465,908	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 129,635	\$ 8,231,040	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 948,296	\$ 9,164,864	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,326,893	\$ 1,326,893	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	45,808	45,808	30
31	Accrued Taxes Payable	174,330	174,330	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35				35
36	See Attached	68,468	130,943	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,615,499	\$ 1,677,974	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable		9,441,625	38
39	Mortgage Payable			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)	\$	\$ 9,441,625	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,615,499	\$ 11,119,599	45
46	TOTAL EQUITY	\$ (667,203)	\$ (1,954,735)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 948,296	\$ 9,164,864	47

*(See instructions.)

Facility Name: Jackson Park SLF

Report Period Beginning: 1/1/2007

Ending:

12/31/2007

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 2,606,687	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,606,687	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,606,687	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	959,435	19
20	Health Care/ Personal Care	444,335	20
21	General Administration	977,362	21
B. Capital Expense			
22	Ownership	698,632	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)	\$ 3,079,764	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (473,077)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (473,077)	31