

		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.

I.

Facility Name: Robbins Supportive Living

Address: 13820 Utica Avenue Robbins 60672
 Number City Zip Code

County: Cook

Telephone Number: (708) 389-7140 Fax # _____

Federal Employer ID Number: 36-4373680

Date Current Owners were Certified: 9/30/2002

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" 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 checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

In the event there are further questions about this report, please contact:
 Name: Steve Lavenda Telephone Number: (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2007 to 12/31/2007 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) _____	(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.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>	
	(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>	

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 Name Robbins Supportive Living

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 01/01/2007

	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	101	Single Unit Apartment	103	37,595	1
2	24	Double Unit Apartment	25	9,125	2
3		Other			3
4	125	TOTALS	128	46,720	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	31,447	2,491		33,938	5
6	Double Unit	7,473	591		8,064	6
7	Other					7
8	TOTALS	38,920	3,082		42,002	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.90%

D. Indicate the number of paid bed-hold days the SLF had during this year
298 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)

N/A

H. ACCOUNTING BASIS

ACCURAL 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. _____

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. N/A

Facility Name: Robbins Supportive Living

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	158,142	206,254	1,188	365,584		365,584	1
2	Housekeeping, Laundry and Maintenance	187,290	41,126	73,075	301,491	(23,605)	277,886	2
3	Heat and Other Utilities			133,293	133,293	(15,310)	117,983	3
4	Other (specify):							4
5	TOTAL General Services	345,432	247,380	207,556	800,368	(38,915)	761,453	5
B. Health Care and Programs								
6	Health Care/ Personal Care	479,677	16,320	4,313	500,310		500,310	6
7	Activities and Social Services	89,980	8,300		98,280		98,280	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	569,657	24,620	4,313	598,590		598,590	9
C. General Administration								
10	Administrative and Clerical	112,805	5,432	1,005,560	1,123,797	(774,248)	349,549	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			180,694	180,694	(774)	179,920	12
13	Insurance-Property, Liability and Malpractice			14,549	14,549		14,549	13
14	Other (specify):							14
15	TOTAL General Administration	112,805	5,432	1,200,803	1,319,040	(775,022)	544,018	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,027,894	277,432	1,412,672	2,717,998	(813,937)	1,904,061	16
Capital Expenses								
D. Ownership								
17	Depreciation			29,792	29,792	193,047	222,839	17
18	Interest			136,626	136,626	326,462	463,088	18
19	Real Estate Taxes					230,379	230,379	19
20	Rent -- Facility and Grounds			663,673	663,673	(663,673)		20
21	Rent -- Equipment			3,712	3,712		3,712	21
22	Other (specify):			4,000	4,000	(4,000)		22
23	TOTAL Ownership			837,803	837,803	82,215	920,018	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,027,894	277,432	2,250,475	3,555,801	(731,722)	2,824,079	24

Facility Name: Robbins Supportive Living

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	1.04	\$ 22.94	1
2	Licensed Practical Nurses	3.69	24.69	2
3	Certified Nurse Assistants	12.85	9.01	3
4	Activity Director & Assistants	2.93	11.16	4
5	Social Service Workers	1.05	10.10	5
6	Head Cook	1.03	19.64	6
7	Cook Helpers/Assistants	6.68	8.36	7
8	Dishwashers	-		8
9	Maintenance Workers	2.24	13.62	9
10	Housekeepers	6.39	9.31	10
11	Laundry	-		11
12	Managers	-		12
13	Other Administrative	1.03	31.79	13
14	Clerical	1.95	11.02	14
15	Marketing	-		15
16	Other	-		16
17	Total (lines 1 thru 16)	40.86	\$ 12.09	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
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Robbins Property, LLC		Robbins		Building Co.	
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? \$ N/A

(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: Robbins Supportive Living

Report Period Beginning: 1/1/2007

Ending: 12/31/2007

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ Year land was acquired

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	128		2002	2002	\$ 6,775,910	\$ 247,130	35	\$ 193,597	\$ (53,533)	\$ 914,453	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				226,193	29,792		7,309	(22,483)	22,090	6
7	Leashold Improvements			2002	800		20	40	40	240	7
8	Leashold Improvements			2003	2,400		20	120	120	600	8
9	Landscaping			2003	9,775		20			2,444	9
10	Home Depot			2004	1,152		20	57	57	230	10
11	Room Signs			2004	831		20	41	41	166	11
12	4Th Floor Improvements			2004	603		20	31	31	121	12
13	Cabinets, Base Covers			2004	1,842		20	92	92	368	13
14	Sewage Pump, Flooring			2004	2,816		20	140	140	563	14
15	Sewage Pump			2004	653		20	33	33	131	15
16	Doors, Mirrors			2004	2,243		20	113	113	449	16
17	TOTAL (lines 1 thru 16)				\$ 7,025,218	\$ 276,922		\$ 201,573	\$ (75,349)	\$ 941,855	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	\$ 202,008	\$	\$ 19,393	19,393	10	\$ 64,386	18
19	Vehicles	38,934		1,872	1,872	5	32,359	19
20	TOTAL (lines 18 and 19)	\$ 240,942	\$	\$ 21,265	21,265		\$ 96,745	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 Robbins Supportive Living

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	2	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	Pa Amplifier	2004	192		20	9	9	38	2
3	Loading Dock, Patio	2004	8,464		20	424	424	1,693	3
4	Tile	2004	7,567		20	378	378	1,513	4
5	Tile	2004	132		20	6	6	26	5
6	Block Around Transformer	2004	2,700		20	135	135	540	6
7	Front Ent. Pillars	2004	1,000		20	50	50	200	7
8	Wood Doors	2004	1,093		20	55	55	219	8
9	Landscaping	2004	5,350		20	267	267	1,070	9
10	Tile & Doors	2004	2,774		20	139	139	555	10
11	Dining Room Flooring	2004	431		20	21	21	86	11
12	Jack Packing On Elevators	2004	3,564		20	179	179	713	12
13	Elevator Transformer	2004	10,481		20	524	524	2,096	13
14	Window Replacement	2005	4,969		20	248	248	745	14
15	Smoke Detectors	2005	15,618		20	716	716	2,278	15
16	Phone System	2006	4,072		20	152	152	356	16
17	Flooring	2006	1,518		20	63	63	139	17
18	Renovation/ Front Entrance	2006	4,695		20	195	195	430	18
19	Paint/Ceramic Tile Replace/Wall Covering	2006	6,445		20	269	269	591	19
20	Install Cameras/20" Lcd Monitor/	2006	6,743		20	281	281	618	20
21	Renovation/Hallway/Paint/	2006	3,434		20	128	128	300	21
22	Renovation/Paint/Elect. Panel/Caulk/Labor/	2006	3,495		20	131	131	306	22
23	Cove Base/Wood Putty Labor 3Rd Floor Repalcement	2006	2,690		20	89	89	224	23
24	Security System	2006	4,236		20	141	141	353	24
25	Closet Door	2006	696		20	14	14	49	25
26	Pull Wire Nurse Call/Power Supply	2006	1,544		20	26	26	103	26
27	Install Nurse Calls/Wiremold Boxes/Lights For Annunciator	2006	1,116		20	18	18	74	27
28	Scarpe Loose Paint/Sand Floor/Paint//Anti-Slip Basement/	2006	1,717		20	28	28	114	28
29	Relocate Nurses Call System/4Th Floor/Repair	2006	994		20	16	16	66	29
30	Install New Kitchen Exhaust Fan Motor/Belt	2006	971		20	12	12	61	30
31	Remodel Room 326 & 327/Install Ninyl Ceramic/New Cabinet/	2006	3,993		20	50	50	250	31
32	Material Wall Cabinets/& Doors/Grout/Vinyl Cove Base	2006	2,458		20	31	31	154	32
33	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		\$ 115,152	\$		\$ 4,795	\$ 4,795	\$ 15,960	34

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

Facility Name & ID Number Robbins Supportive Living

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	2006	2,606		20	22	22	152	2
3	2006	1,864		20	16	16	109	3
4	2006	2,406		20	10	10	130	4
5	2006	829		20	4	4	45	5
6	2006	638		20	3	3	35	6
7	2006	68,121		20	284	284	3,690	7
8	2007	10,011		20	918	918	918	8
9	2007	1,150		20	86	86	86	9
10	2007	4,524		20	226	226	20	10
11	2007	2,581		20	129	129	129	11
12	2007	7,031		20	352	352	352	12
13	2007	9,280		20	464	464	464	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					29,792		(29,792)	33
34		\$ 111,041	\$ 29,792		\$ 2,514	\$ (27,278)	\$ 6,130	34

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

Facility Name & ID Number Robbins Supportive Living

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: Robbins Supportive LivingReport Period Beginning: 1/1/2007Ending: 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	Crestwood Office			/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?

 YES NO9. Rental amount for movable equipment \$ 3,712

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	Venture Fund	X		Mortgage	/ /	\$	\$ 5,328,432	/ /		\$ 479,601
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	S Lefkowitz	X		Developer	/ /		784,000	/ /		
5	FEI Architects		X	Planning	/ /		106,975	/ /		
6	Venture Fund LLC	X		Notes Payable	/ /		1,206,877	/ /		
7	TOTAL Facility Related					\$	\$ 7,426,284			\$ 479,601
	B. Non-Facility Related									
8	Interest Income				/ /			/ /		-13
9	Other Revenue				/ /			/ /		-16,500
10	TOTALS (lines 7, 8 and 9)					\$	\$ 7,426,284			\$ 463,088

* 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: **Robbins Supportive Living**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	\$ 228,375	\$ 247,950	1
2	Cash-Patient Deposits	7,554	7,554	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,756,247	1,756,247	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,401	28,401	6
7	Other Prepaid Expenses	2,723	2,723	7
8	Accounts Receivable (owners or related parties)	213	213	8
9	Other(specify): See Attached	27,889	215,366	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,051,402	\$ 2,258,454	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		54,600	13
14	Buildings, at Historical Cost		6,775,910	14
15	Leasehold Improvements, at Historical Cost	70,612	70,612	15
16	Equipment, at Historical Cost	241,876	241,876	16
17	Accumulated Depreciation (book methods)	(180,133)	(1,463,449)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(3,453)	20
21	Restricted Funds	14,102	14,102	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):		20,169	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 146,457	\$ 5,710,367	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,197,859	\$ 7,968,821	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,110,698	\$ 3,110,698	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	67,965	67,965	30
31	Accrued Taxes Payable	14,050	14,050	31
32	Accrued Interest Payable			32
33	Deferred Compensation	1,640	1,640	33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	187,477	187,477	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,381,830	\$ 3,381,830	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		7,426,284	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)	\$	\$ 7,426,284	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,381,830	\$ 10,808,114	45
46	TOTAL EQUITY	\$ (1,183,971)	\$ (2,839,293)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,197,859	\$ 7,968,821	47

*(See instructions.)

Facility Name: Robbins Supportive Living

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	\$ 3,504,311	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,504,311	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	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13	14
D. Other Revenue (specify):			
15	See Supplemental	16,500	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 16,500	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,520,824	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	800,368	19
20	Health Care/ Personal Care	598,590	20
21	General Administration	1,319,040	21
B. Capital Expense			
22	Ownership	837,803	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)	\$ 3,555,801	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (34,977)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (34,977)	31