

		FOR BHF USE			

LL2

Supportive Living Facility

**2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2008)**

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>THE POINTE AT KILPATRICK</u></p> <p>Address: <u>14230 S. KILPATRICK</u> <u>CRESTWOOD</u> <u>60445</u> <small>Number City Zip Code</small></p> <p>County: <u>COOK</u></p> <p>Telephone Number: <u>(708) 293-0010</u> Fax # <u>(708) 293-0020</u></p> <p>Federal Employer ID Number: <u>36-4391041</u></p> <p>Date Current Owners were Certified: <u>12/1/03</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" 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 checked="" 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: _____ Telephone Number: <u>()</u> Email Address: _____</p>	<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 _____		<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>01/01/08</u> to <u>12/31/08</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" style="width:100%"> <tr> <td rowspan="2" style="width:20%">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) <u>SHAEL BELLOWS</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>GENERAL PARTNER</u></td> <td></td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td>(Telephone) <u>()</u> Fax # <u>()</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) <u>SHAEL BELLOWS</u>			(Title) <u>GENERAL PARTNER</u>		Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) <u>()</u> Fax # <u>()</u>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																								
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Facility Name THE POINTE AT KILPATRICK

Report Period Beginning: 01/01/08 Ending: 12/31/08

III. STATISTICAL DATA

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

Date of change in certified units / /

	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	44	Single Unit Apartment	44	16,104	1
2	78	Double Unit Apartment	78	28,548	2
3		Other			3
4	122	TOTALS	122	44,652	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	6,452	5,429	200	12,081	5
6	Double Unit	18,820	6,932	1,115	26,867	6
7	Other STUDIO	356	729	7	1,092	7
8	TOTALS	25,628	13,090	1,322	40,040	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.67%

D. Indicate the number of paid bed-hold days the SLF had during this year 1,310 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

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: 01/08-12/08 Fiscal Year: 01/08-12/08

* 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: THE POINTE AT KILPATRICK

Report Period Beginning:

01/01/08

Ending:

12/31/08

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	210,827	214,413	1,587	426,827	(51,617)	375,210	1
2	Housekeeping, Laundry and Maintenance	70,320	21,393	24,523	116,236		116,236	2
3	Heat and Other Utilities			136,494	136,494	(2,313)	134,181	3
4	Other (specify):			10,000	10,000		10,000	4
5	TOTAL General Services	281,147	235,806	172,604	689,557	(53,930)	635,627	5
B. Health Care and Programs								
6	Health Care/ Personal Care	407,506	2,934		410,440		410,440	6
7	Activities and Social Services	6,971	3,882		10,853		10,853	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	414,477	6,816		421,293		421,293	9
C. General Administration								
10	Administrative and Clerical	254,455	14,028	795,536	1,064,019	(8,516)	1,055,503	10
11	Marketing Materials, Promotions and Advertising			57,142	57,142		57,142	11
12	Employee Benefits and Payroll Taxes			191,692	191,692		191,692	12
13	Insurance-Property, Liability and Malpractice			91,816	91,816		91,816	13
14	Other (specify):			166,439	166,439	(71,407)	95,032	14
15	TOTAL General Administration	254,455	14,028	1,302,625	1,571,108	(79,923)	1,491,185	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	950,079	256,650	1,475,229	2,681,958	(133,853)	2,548,105	16
Capital Expenses								
D. Ownership								
17	Depreciation			568,499	568,499	(8,693)	559,806	17
18	Interest			606,801	606,801	(18,979)	587,822	18
19	Real Estate Taxes			203,601	203,601		203,601	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			8,518	8,518		8,518	21
22	Other (specify):			48,538	48,538		48,538	22
23	TOTAL Ownership			1,435,957	1,435,957	(27,672)	1,408,285	23
24	GRAND TOTAL (Sum of lines 16 and 23)	950,079	256,650	2,911,186	4,117,915	(161,525)	3,956,390	24

Facility Name: THE POINTE AT KILPATRICK

Report Period Beginning 01/01/08 Ending: 12/31/08

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 36.44	1
2	Licensed Practical Nurses	1	22.70	2
3	Certified Nurse Assistants	11	10.41	3
4	Activity Director & Assistants	1	11.05	4
5	Social Service Workers	1	24.04	5
6	Head Cook	3	11.23	6
7	Cook Helpers/Assistants	8	8.71	7
8	Dishwashers			8
9	Maintenance Workers	1	18.75	9
10	Housekeepers	2	8.49	10
11	Laundry			11
12	Managers	1	25.53	12
13	Other Administrative	1	20.12	13
14	Clerical	4	9.05	14
15	Marketing	2	18.90	15
16	Other			16
17	Total (lines 1 thru 16)	37	\$	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	SHAEL BELLOWS GENERAL PARTNER	0.01%	5	\$ 0	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 LIST OF RELATED ENTITIES			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
NONE					

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).

Facility Name: THE POINTE AT KILPATRICK

Report Period Beginning: 01/01/08

Ending: 12/31/08

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	122			2003	\$ 12,408,081	\$ 451,203		\$ 451,203	\$	\$ 2,274,828	1
2				2003	438,754	28,488		29,250	762	148,689	2
3				2005	300,000	10,909		10,909		35,909	3
4											4
5											5
Improvement Type											
6											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)				\$ 13,146,835	\$ 490,600		\$ 491,362	\$ 762	\$ 2,459,426	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	\$ 686,012	\$ 77,899	\$ 68,444	(9,455)	3-10 YRS	\$ 324,071	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 686,012	\$ 77,899	\$ 68,444	(9,455)		\$ 324,071	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: THE POINTE AT KILPATRICK

Report Period Beginning: 01/01/08

Ending: 12/31/08

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	Balance				
		A. Directly Facility Related Long-Term										
1		CAPMARK		X	MORTGAGE	12/1/02	\$ 10,000,000	\$ 9,679,375	1/1/44	0.0620	\$ 602,260	1
2		LOAN COSTS		X		12/5/03	181,630		1/1/44		4,541	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 10,181,630	\$ 9,679,375			\$ 606,801	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 10,181,630	\$ 9,679,375			\$ 606,801	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.

STATE OF ILLINOIS

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Facility Name: THE POINTE AT KILPATRICK

Report Period Beginning: 01/01/08

Ending:

12/31/08

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,518,225	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 66,642)	615,216		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	102,314		6
7	Other Prepaid Expenses	13,412		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): ESCROW DEPOSITS	773,871		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,023,038	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	350,000		13
14	Buildings, at Historical Cost	12,846,835		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	707,687		16
17	Accumulated Depreciation (book methods)	(3,166,824)		17
18	Deferred Charges	491,804		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	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,229,502	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,252,540	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 157,889	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	212,506		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,247		30
31	Accrued Taxes Payable	211,196		31
32	Accrued Interest Payable	50,010		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	MANAGEMENT FEES	530,460		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,195,308	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	9,679,375		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)	\$ 9,679,375	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,874,683	\$	45
46	TOTAL EQUITY	\$ 3,377,857	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,252,540	\$	47

*(See instructions.)

Facility Name: THE POINTE AT KILPATRICK

Report Period Beginning: 01/01/08

Ending:

12/31/08

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	\$ 3,757,638	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,757,638	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
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	19,122	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 19,122	14
D. Other Revenue (specify):			
15	VENDING COMMISSIONS	198	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 198	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,776,958	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	689,557	19
20	Health Care/ Personal Care	421,293	20
21	General Administration	1,571,108	21
B. Capital Expense			
22	Ownership	1,435,957	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 4,117,915	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (340,957)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (340,957)	31

LINE		TOTAL	
1	DIETARY AND FOOD PURCHASE		
	DIETITIAN - CONSULTANT	798	1,587
	REPAIRS AND MAINTENANCE	789	
2	HOUSEKEEPING, LAUNDRY AND MAINTENANCE		
	GROUNDS MAINTENANCE	14,232	
	PAINTING & DECORATING	251	
	EQPT MAINTENANCE & REPAIRS	3,029	
	ELEVATOR MAINTENANCE & REPAIRS	6,873	
	LAUNDRY EQPT REPAIRS & MTCE	138	
			24,523
3	HEAT AND OTHER UTILITIES		
	GAS	59,049	
	ELECTRICITY	65,561	
	WATER	9,571	
	CABLE TV	2,313	
			136,494
4	OTHER		
	SCAVENGER	5,430	
	EXTERMINATING SERVICE	2,094	
	FIRE SERVICE	2,212	
	SECURITY SERVICE	264	10,000
6	HEALTH CARE/PERSONAL CARE		
	NURSE CONSULTANT		
			0
7	ACTIVITIES AND SOCIAL SERVICES		
	SOCIAL WORKER		
			0
8	OTHER		
			0
10	ADMINISTRATIVE AND CLERICAL		
	PENALTIES	1,843	
	TELEPHONE	22,228	
	MANAGEMENT FEES	764,792	
	BANK CHARGES	6,673	
	THEFT & DAMAGE LOSS		
			0
		795,536	

LINE	SCHED REF	TOTAL	
11	MARKETING MATERIALS, PROMOTIONS & ADV.		
	MARKETING CONSULTANT	17,627	
	YELLOW PAGES & NEWSPAPER ADS	9,351	
	ADVERTISING & PROMOTIONS	30,164	57,142
12	EMPLOYEE BENEFITS AND PAYROLL TAXES		
	PAYROLL TAXES	89,242	
	WORKERS COMP. INSURANCE	36,861	
	HEALTH INSURANCE	52,832	
	EMPLOYEE PHYSICAL EXAMS	201	
	PENSION PLAN CONTRIBUTIONS	4,662	
	EMPLOYEE BENEFITS - OTHER	7,894	191,692
	INSURANCE - PROPERTY, LIABILITY	91,816	91,816
14	OTHER (GENERAL ADMINISTRATION)		
	EMPLOYEE WANT ADS	532	
	POLITICAL CONTRIBUTIONS		
	CONTRIBUTIONS	873	
	DATA PROCESSING	10,540	
	DUES AND SUBSCRIPTIONS	5,088	
	EDUCATION AND SEMINARS	2,395	
	EQUIPMENT REPAIRS & MTCE	347	
	EMPLOYEE BACKGROUND CHECKS	330	
	LICENSES AND PERMITS	1,338	
	MESSENGER SERVICES	3,789	
	ACCOUNTING FEES	14,378	
	LEGAL FEES	10,218	
	OTHER PROFESSIONAL FEES	39,371	
	BAD DEBTS	71,407	
	TRANSPORTATION STAFF	5,833	166,439
17	DEPRECIATION	568,499	568,499
18	INTEREST	606,801	606,801
19	REAL ESTATE TAXES	203,601	203,601
20	RENT -- FACILITY AND GROUNDS		0
21	RENT - EQUIPMENT	8,518	8,518
22	OTHER (OWNERSHIP)		
	MORTGAGE INSURANCE	48,538	48,538

GRAND TOTAL COLUMN 3 OTHER 2,911,186

IV.COST CENTER EXPENSES PAGE 3 - COLUMN 5 (RECLASSIFICATIONS AND ADJUSTMENTS)

LINE		TOTAL
	GENERAL EXPENSES	
1	FOOD STAMP REVENUE	(50,150)
3	CABLE TV - RESIDENT ROOMS	(2,313)
1	SALES TAX ON FOOD	(1,467)
		(53,930)
	HEALTH CARE AND PROGRAMS	
		0
	GENERAL ADMINISTRATION	
10	BANK CHARGES	(6,673)
10	PENALTIES	(1,843)
14	POLITICAL CONTRIBUTIONS	
14	BAD DEBTS	(71,407)
		0
		(79,923)
	OWNERSHIP	
17	STRAIGHTLINE DEPRECIATION ADJ.	(8,693)
18	INTEREST INCOME	(18,979)
		0
		(27,672)
	GRAND TOTAL - COLMN 5	(161,525)