

		FOR BHF USE			

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**Supportive Living Facility**

**2012  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2012)**

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>1000055</u></p> <p><b>Facility Name:</b> <u>Franciscan Court</u></p> <p><b>Address:</b> <u>1996 Franciscan Crt</u> <u>West Chicago</u> <u>60185</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Dupage</u></p> <p><b>Telephone Number:</b> ( <u>630</u> ) <u>562-4242</u> <b>Fax #</b> <u>(630)562-3593</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>12/21/2005</u></p> <p><b>Type of Ownership:</b></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 type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Amy Allen, C.P.A.</u> <b>Telephone Number:</b> <u>(217) 423-6000</u>  <b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><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>1/1/2012</u> to <u>12/31/2012</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%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) <u>David W. White, C.P.A.</u> <u>Partner</u> (Firm Name &amp; Address) <u>Sikich LLP</u> <u>132 S. Water St, Suite 300</u> (Telephone) <u>(217) 423-6000</u> Fax <u>(217) 423-6100</u></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>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>David W. White, C.P.A.</u> <u>Partner</u> (Firm Name & Address) <u>Sikich LLP</u> <u>132 S. Water St, Suite 300</u> (Telephone) <u>(217) 423-6000</u> Fax <u>(217) 423-6100</u>
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Facility Name Franciscan Court

Report Period Beginning: 1/1/2012 Ending: 12/31/2012

**III. STATISTICAL DATA**

A. Certified units; enter number of units and unit days N/A  
 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	46	Single Unit Apartment	46	16,790	1
2	24	Double Unit Apartment	24	8,760	2
3		Other			3
4	70	TOTALS	70	25,550	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	3,752	11,250		15,002	5
6	Double Unit	1,546	5,900		7,446	6
7	Other					7
8	TOTALS	5,298	17,150		22,448	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.86%

D. Indicate the number of paid bed-hold days the SLF had during this year 60 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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: 12/31/12 Fiscal Year: 12/31/12

\* 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: Franciscan Court

Report Period Beginning:

1/1/2012

Ending: 12/31/2012

## 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	98,796	80,941	1,560	181,297		181,297	1
2	Housekeeping, Laundry and Maintenance	65,321	41,383	5,230	111,934		111,934	2
3	Heat and Other Utilities			83,116	83,116		83,116	3
4	Other (specify):			6,312	6,312		6,312	4
5	<b>TOTAL General Services</b>	<b>164,117</b>	<b>122,324</b>	<b>96,218</b>	<b>382,659</b>		<b>382,659</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	406,541	4,574	170	411,285		411,285	6
7	Activities and Social Services	45,208	7,043		52,251		52,251	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>451,749</b>	<b>11,617</b>	<b>170</b>	<b>463,536</b>		<b>463,536</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	254,444	10,153	78,929	343,526	(5,041)	338,485	10
11	Marketing Materials, Promotions and Advertising		9,506	58,700	68,206		68,206	11
12	Employee Benefits and Payroll Taxes			144,605	144,605		144,605	12
13	Insurance-Property, Liability and Malpractice			53,285	53,285	(13,768)	39,517	13
14	Other (specify):			10,633	10,633	(10,633)		14
15	<b>TOTAL General Administration</b>	<b>254,444</b>	<b>19,659</b>	<b>346,152</b>	<b>620,255</b>	<b>(29,442)</b>	<b>590,813</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>870,310</b>	<b>153,600</b>	<b>442,540</b>	<b>1,466,450</b>	<b>(29,442)</b>	<b>1,437,008</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			305,275	305,275	(27,327)	277,948	17
18	Interest			410,805	410,805	(126,080)	284,725	18
19	Real Estate Taxes			194,285	194,285		194,285	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):): Amortization			10,687	10,687		10,687	22
23	<b>TOTAL Ownership</b>			<b>921,052</b>	<b>921,052</b>	<b>(153,407)</b>	<b>767,645</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>870,310</b>	<b>153,600</b>	<b>1,363,592</b>	<b>2,387,502</b>	<b>(182,849)</b>	<b>2,204,653</b>	<b>24</b>

See independent accountant's compilation report.

HFS 3745C (N-4-05)

IL478-2471

Report Period Beginning: 1/1/2012  
Ending: 12/31/2012

Sch. IV Line  
Reference

## Detail of General Services - Other

1	Trash removal	4,458	4
2	Security expense	1,854	4
	Total	6,312	

Sch. IV Line  
Reference

## Non-allowable expenses:

1	TV system - resident rooms	(5,041)	10
2	Officer life insurance	(13,768)	13
3	Illinois replacement taxes	(10,633)	14
4	Depreciation difference	(27,327)	17
5	Interest income	(126,080)	18
	Total	(182,849)	



Facility Name: Franciscan Court

Report Period Beginning 1/1/2012 Ending: 12/31/2012

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.80	\$ 32.85	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11.53	13.10	3
4	Activity Director & Assistants	0.99	22.09	4
5	Social Service Workers			5
6	Head Cook	1.00	19.30	6
7	Cook Helpers/Assistants	2.58	10.87	7
8	Dishwashers			8
9	Maintenance Workers	1.00	19.23	9
10	Housekeepers	0.99	11.33	10
11	Laundry	0.07	10.50	11
12	Managers	1.38	41.26	12
13	Other Administrative			13
14	Clerical	0.99	17.09	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>23.32</b>	<b>\$ 197.60</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	Zachary Caulkins	75%	40	\$ 95,615	1
2	Rene Caulkins	0%	40	100,074	2
3	Andrew Gill	0%	40	57,920	3
4					4
5					5
				<b>Total</b>	<b>\$ 253,609 6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
		<b>Total \$ 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	1	City	2
N/A			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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: Franciscan Court

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

VIII. OWNERSHIP COSTS

A. Purchase price of land 916,502 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	70		2005	2005	\$ 5,075,288	\$ 130,017	39	\$ 130,135	\$ 118	\$ 916,371	1
2			2006	2006	9,000	231	39	231		1,606	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	See attachment - Page 5A				822,043	47,586		51,464	3,878	334,220	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)				\$ 5,906,331	\$ 177,834		\$ 181,830	\$ 3,996	\$ 1,252,197	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	\$ 911,072	\$ 121,201	\$ 88,627	(32,574)	7	\$ 648,132	18
19	Vehicles	37,457	6,240	7,491	1,251	5	35,584	19
20	TOTAL (lines 18 and 19)	\$ 948,529	\$ 127,441	\$ 96,118	(31,323)		\$ 683,716	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: Franciscan Court

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

## VIII. OWNERSHIP COSTS

	2	3		5	6	7	8	9
1	Year	Year	4	Current Book	Life	Straight Line		Accumulated
Improvement Type	Acquired	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation
1 Land improvements	2005	2005	622,852	41,523	15	41,524	1	294,125
2 Landscaping - sign	2006	2006	2,730	182	15	182	0	1,153
3 Landscaping	2006	2006	4,714	314	15	314	0	1,990
4 Carpeting	2006	2006	1,791	0	5	0	0	1,791
5 Sign	2006	2006	7,610	195	39	196	1	1,277
6 Electric for sign	2006	2006	700	18	39	18	0	115
7 Electric for sign	2006	2006	320	8	39	8	0	53
8 Flooring	2006	2006	1,642	164	10	164	0	1,150
9 Land improvements	2006	2006	4,675	311	15	312	1	2,182
10 Walls & flooring installation	2007	2007	2,856	73	39	73	0	381
11 Basement flooring	2007	2007	1,279	33	39	33	0	171
12 Basement flooring	2007	2007	5,000	128	39	128	0	668
13 Lay flooring & marble	2007	2007	3,761	96	39	96	0	502
14 Basement flooring	2007	2007	954	24	39	24	0	123
15 Basement flooring	2007	2007	343	9	39	9	0	44
16 Parking lot repavement	2007	2007	2,838	0	10	284	284	1,561
17 New compressor	2008	2008	3,190	638	5	638	0	2,818
18 Fire monitoring system	2008	2008	1,668	41	39	41	0	186
19 D. Olqui-Building wall & door	2008	2008	3,800	95	39	95	0	425
20 Albright Rest-Basement	2008	2008	4,000	100	39	102	2	474
21 Albright Rest-Basement	2008	2008	1,800	46	39	47	1	214
22 Generator	2009	2009	137,520	3,438	20	6,876	3,438	21,917
23 Generator	2010	2010	6,000	150	20	300	150	900
24								
25								
26								
27								
28								
29								
30 TOTAL (lines 1 thru 30)			\$ 822,043	47,586		\$ 51,464	\$ 3,878	\$ 334,220

See independent accountant's compilation report.

HFS 3745C (N-4-05)

IL478-2471

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Facility Name: Franciscan Court

Report Period Beginning: 1/1/2012

Ending: 12/31/2012

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 467,242	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	190,919		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments	1,618,001		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	67,887		7
8	Accounts Receivable (owners or related parties)	269,425		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,613,474	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	916,502		13
14	Buildings, at Historical Cost	5,721,637		14
15	Leasehold Improvements, at Historical Cost	172,416		15
16	Equipment, at Historical Cost	953,362		16
17	Accumulated Depreciation (book methods)	(2,161,807)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	160,308		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(115,455)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <b>Security deposit</b>	538		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 5,647,501	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 8,260,975	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 19,924	\$	26
27	Officer's Accounts Payable	1,114		27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	237,000		29
30	Accrued Salaries Payable	16,135		30
31	Accrued Taxes Payable	194,683		31
32	Accrued Interest Payable	31,742		32
33	Deferred Compensation			33
34	Federal and State Income Taxes	8,807		34
	<b>Other Current Liabilities(specify):</b>			
35	<b>Deferred income</b>	69,612		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 579,017	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	858,904		38
39	Mortgage Payable	4,513,947		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>	\$ 5,372,851	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 5,951,868	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,309,107	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 8,260,975	\$	47

\*(See instructions.)

See independent accountant's compilation report.

HFS 3745C (N-4-05)

IL478-2471

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2012

Ending:

12/31/2012

**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	\$ 3,170,443	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,170,443</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	126,080	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 126,080</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Other income	200	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 200</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,296,723</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	382,659	19
20	Health Care/ Personal Care	463,536	20
21	General Administration	609,622	21
<b>B. Capital Expense</b>			
22	Ownership	921,052	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>\$ 2,376,869</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 919,854</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$ 10,633</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 909,221</b>	<b>31</b>

Report Period Beginning: 1/1/2012  
Ending: 12/31/2012

Detail of General Administration Expense			Sch. XII Line Reference
1	General Administration	609,622	21
2	Income taxes	10,633	30
	Total - agrees to Sch. IV, Col. 4, Line 15	620,255	