

		FOR BHF USE			

LL2

Supportive Living Facility

2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)

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 ID Number: 1000051

Facility Name: Springfield SLC

Address: 2034 Clearlake Avenue Springfield 62702
 Number City Zip Code

County: Sangamon

Telephone Number: (217) 522-8843 Fax # _____

Federal Employer ID Number: _____

Date Current Owners were Certified: 8/3/2005

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 _____	

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2013 to 12/31/2013 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>	

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

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 Springfield SLC

Report Period Beginning: 1/1/2013 Ending: 12/31/2013

III. STATISTICAL DATA

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

Date of change in certified units 6/1/13

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
		Springfield SLC			
1	123	Single Unit Apartment	121	44,467	1
2	13	Double Unit Apartment	14	4,959	2
3		Other			3
4	136	TOTALS	135	49,426	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Resident	Days by Unit and Primary Source of Payment			Total	
		Medicaid Recipient	Private Pay	Other		
		36-4455055				
5	Single Unit	25,868	5,207		31,075	5
6	Double Unit	2,885	581		3,466	6
7	Other					7
8	TOTALS	28,753	5,788		34,541	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 69.88%

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

Not tracked Also, indicate the number of unpaid bed-hold days the SLF had during this year. Not tracked (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: 12/31/13 Fiscal Year: 12/31/13

* 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. N/A

Facility Name: Springfield SLC

Report Period Beginning:

1/1/2013

Ending: 12/31/2013

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	177,956	264,540	4,593	447,089	(109)	446,980	1
2	Housekeeping, Laundry and Maintenance	154,266	24,795	69,829	248,890	22,334	271,224	2
3	Heat and Other Utilities			164,233	164,233	(28,269)	135,964	3
4	Other (specify):							4
5	TOTAL General Services Springfield SLC	332,222	289,335	238,655	860,212	(6,044)	854,168	5
B. Health Care and Programs								
6	Health Care/ Personal Care	417,430	8,535	3,600	429,565		429,565	6
7	Activities and Social Services	57,850	12,360	14,739	84,949		84,949	7
8	Other (specify): Barber & Beauty			5,556	5,556		5,556	8
9	TOTAL Health Care and Programs	475,280	20,895	23,895	520,070		520,070	9
C. General Administration								
10	Administrative and Clerical	203,180	12,592	207,067	422,839	(44,191)	378,648	10
11	Marketing Materials, Promotions and Advertising	45,888		53,277	99,165		99,165	11
12	Employee Benefits and Payroll Taxes			224,719	224,719		224,719	12
13	Insurance-Property, Liability and Malpractice			27,769	27,769	50,453	78,222	13
14	Other (specify):							14
15	TOTAL General Administration	249,068	12,592	512,832	774,492	6,262	780,754	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,056,570	322,822	775,382	2,154,774	218	2,154,992	16
Capital Expenses								
D. Ownership								
17	Depreciation			17,676	17,676	256,597	274,273	17
18	Interest			29,981	29,981	506,410	536,391	18
19	Real Estate Taxes					77,043	77,043	19
20	Rent -- Facility and Grounds			636,663	636,663	(636,663)		20
21	Rent -- Equipment			788	788		788	21
22	Other (specify):							22
23	TOTAL Ownership			685,108	685,108	203,387	888,495	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,056,570	322,822	1,460,490	2,839,882	203,605	3,043,487	24

Springfield SLC

Report Period Beginning: 1/1/2013
 Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line
			Reference
1	Non-Straight Line Depreciation	\$ (52,991)	17
2	Additional R&M	22,334	02
3	Misc Income	(136)	10
4	Interest Income	Spr (4)	18
5	Cable TV	(28,269)	03
6	Bank Charges	(1,252)	10
7	Charitable Donations	(1,000)	10
8	Bad Debts	(42,000)	10
9	Meals & Entertainment	(38)	10
10			10
11	Building Co. - Rent Income	(636,663)	20
12	Building Co. - Depreciation	309,589	17
13	Building Co. Interest Expense	596,414	18
14	Building Co. Insurance	50,453	13
15	Building Co. Real Estate Taxes	77,043	19
16	Vending Income	(109)	01
17	Prior Year Expense	(665)	10
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			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49			49
50			50
51			51
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77			77
78			78
79			79
80			80
81			81
82			82
83			83
84			84
85			85
86			86
87			87
88			88
89			89
90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	203,605	101

Facility Name: Springfield SLC

Report Period Beginning: 1/1/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 28.91	1
2	Licensed Practical Nurses	2.01	17.70	2
3	Certified Nurse Assistants	14.00	9.72	3
4	Activity Director & Assistants	2.54	10.95	4
5	Social Service Workers			5
6	Head Cook	1.03	19.84	6
7	Cook Helpers/Assistants Springfield SLC	6.71	9.72	7
8	Dishwashers			8
9	Maintenance Workers	2.00	16.33	9
10	Housekeepers	3.61	11.49	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	32.45	13
14	Clerical	4.41	14.78	14
15	Marketing	1.00	22.06	15
16	Other			16
17	Total (lines 1 thru 16)	39.32	\$ 12.92	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	Healthcare Development, LLC			\$	1
2		17.0%		98,656	2
3					3
4					4
5					5
Total				\$ 98,656	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

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Springfield Property, LLC				Building Co.	

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: Springfield SLC

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

VIII. OWNERSHIP COSTS

A. Purchase price of land 115,071 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	135		2005	2005	\$ 8,063,935	\$ 309,589	35	\$ 230,398	\$ (79,191)	\$ 2,141,655	1
2											2
3											3
4											4
5											5
Improv. Springfield SLC											
6	Total From Supplemental Page 5's				183,348	17,676		9,167	(8,509)	20,934	6
7	Various		2005		1,750		20	88	88	707	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)				\$ 8,249,033	\$ 327,265		\$ 239,653	\$ (87,612)	\$ 2,163,296	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	\$ 308,567	\$	\$ 30,857	30,857	10	\$ 181,688	18
19	Vehicles	43,071		3,764	3,764	5	37,425	19
20	TOTAL (lines 18 and 19)	\$ 351,639	\$	\$ 34,621	34,621		\$ 219,113	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 Springfield SLC

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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	Window Treatments	2006	2,370		20	119	119	938	2
3	Shelving	2006	951		20	48	48	361	3
4	Carbon Monoxide Detectors	2007	2,632		20	132	132	921	4
5	Elevator - Upgrade To Code	2008	4,900		20	245	245	1,327	5
6	Concrete Sidewalk Springfield SLC	2009	6,762		20	338	338	1,381	6
7	Paint / Wallpaper	2009	5,796		20	290	290	1,208	7
8	Water Damage Repair	2010	4,404		20	220	220	826	8
9	Improvements	2010	11,419		20	571	571	1,760	9
10	Fire Pump	2011	2,936		20	147	147	440	10
11	Security Cameras / Installation	2011	8,136		20	407	407	1,051	11
12	Carpet	2011	3,046		20	152	152	457	12
13	2Nd Floor Dining Room Remodel	2011	19,726		20	986	986	2,055	13
14	Exit Alarms	2012	3,994		20	200	200	216	14
15	2Nd Floor Remodel-Chair Rail, Electrical, Window Treatments, Fire	2012	49,947		20	2,497	2,497	4,787	15
16	3Rd Floor Activity Room Remodel	2012	3,200		20	160	160	267	16
17	Carpet	2012	7,984		20	399	399	599	17
18	Front Door Awning	2012	2,867		20	143	143	215	18
19	Wall / Door Addition To Front Office	2012	2,860		20	143	143	155	19
20	7 Ptac Heat Pump	2013	5,955		20	298	298	298	20
21	Security Cameras	2013	5,626		20	281	281	281	21
22	Outside Security Cameras	2013	6,048		20	302	302	302	22
23	Stairwell Heaters	2013	2,990		20	150	150	150	23
24	Carpet Replacement In Resident Rooms	2013	6,446		20	322	322	322	24
25	Demolition Of House On Lot	2013	6,000		20	300	300	300	25
26	Light Bars For Elevator	2013	3,367		20	168	168	168	26
27	Remodel Suite On 5Th Floor	2013	2,986		20	149	149	149	27
28									28
29									29
30									30
31									31
32									32
33	Total Book Depreciation			17,676			(17,676)		33
34	TOTAL (lines 1 thru 33)		\$ 183,348	\$ 17,676		\$ 9,167	\$ (8,509)	\$ 20,934	34

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

Facility Name & ID Number Springfield SLC

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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							
2							
3							
4							
5							
6	Springfield SLC						
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
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22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$

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

Facility Name & ID Number Springfield SLC

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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	Springfield SLC						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)		\$	\$		\$	\$

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

Facility Name: Springfield SLC

Report Period Beginning: 1/1/2013

Ending: 2/31/2013

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	Springfield SLC		/ /				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 \$ 788

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 36-4455055	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	Signumd Leftkovitz		X	Operating line of credit	1/1/12	\$ 2,464,263	\$ 2,310,156	1/1/41	2.5000	\$ 29,981	1
2	Cambridge Realty		X	Mortgage	/ /		7,607,908	/ /		506,547	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 2,464,263	\$ 9,918,064			\$ 536,528	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-4	8
9	Interest Income-BLDG				/ /			/ /		-133	9
10	TOTALS (lines 7, 8 and 9)					\$ 2,464,263	\$ 9,918,064			\$ 536,391	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.

Facility Name: Springfield SLC

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 140,043	\$ 273,742	1
2	Cash-Patient Deposits	100	100	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	65,086	304,294	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance Springfield SLC	10,033	48,733	6
7	Other Prepaid Expenses	10,539	10,539	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	200	259,908	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 226,001	\$ 897,316	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		34 141,173	13
14	Buildings, at Historical Cost		8,078,175	14
15	Leasehold Improvements, at Historical Cost	133,872	133,872	15
16	Equipment, at Historical Cost	231,871	436,453	16
17	Accumulated Depreciation (book methods)	(219,267)	(2,891,828)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		233,795	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(65,369)	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)	\$ 146,476	\$ 6,066,271	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 372,477	\$ 6,963,587	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 139,307	\$ 139,307	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	56,166	56,166	30
31	Accrued Taxes Payable	6,248	6,248	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36			1,727,762	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 201,721	\$ 1,929,483	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,310,156	2,310,156	38
39	Mortgage Payable		7,607,908	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)	\$ 2,310,156	\$ 9,918,064	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,511,877	\$ 11,847,547	45
46	TOTAL EQUITY	\$ (2,139,400)	\$ (4,883,960)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 372,477	\$ 6,963,587	47

*(See instructions.)

Facility Name: Springfield SLC

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,838,619	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	Springfield SLC \$ 2,838,619	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	500	12
13	Interest and Other Investment Income	4	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 504	14
	D. Other Revenue (specify):		
15		56,886	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 56,886	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,896,009	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	860,212	19
20	Health Care/ Personal Care	520,070	20
21	General Administration	774,492	21
	B. Capital Expense		
22	Ownership	685,108	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	36-4455055 (sum of lines 19 thru 27)	\$ 2,839,882	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 56,127	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 56,127	31

