

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2017  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2017)**

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>1000001</u></p> <p><b>Facility Name:</b> <u>Evergreen Place Beardstown</u></p> <p><b>Address:</b> <u>8570 St Lukes Dr</u> <u>Beardstown</u> <u>62618</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cass</u></p> <p><b>Telephone Number:</b> ( <u>217</u> ) <u>323-1860</u> Fax # ( )</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>1999</u></p> <p><b>Type of Ownership:</b></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><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>David M Underwood</u> <b>Telephone Number:</b> ( <u>309</u> ) <u>823-7135</u>  <b>Email Address:</b> _____</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	<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>1/1/2017</u> to <u>12/31/2017</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 style="width:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____ (Type or Print Name) <u>David M Underwood</u> (Title) <u>EVP/CFO</u></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____ (Print Name and Title) _____ (Firm Name &amp; Address) _____ (Telephone) ( ) _____ Fax # ( ) _____</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>	<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) <u>David M Underwood</u> (Title) <u>EVP/CFO</u>	<b>Paid Preparer</b>	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) ( ) _____ Fax # ( ) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name: Evergreen Place Beardstown

Report Period Beginning:

1/1/2017

Ending: 12/31/2017

## 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	59,760	67,145		126,906		126,906	1
2	Housekeeping, Laundry and Maintenance	63,067	11,549		74,616		74,616	2
3	Heat and Other Utilities			58,975	58,975		58,975	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	122,827	78,695	58,975	260,496		260,496	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	208,023	624		208,647		208,647	6
7	Activities and Social Services		6,395		6,395		6,395	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	208,023	7,019		215,042		215,042	9
<b>C. General Administration</b>								
10	Administrative and Clerical	60,273	8,386		68,659	(812)	67,847	10
11	Marketing Materials, Promotions and Advertising			12,240	12,240		12,240	11
12	Employee Benefits and Payroll Taxes			92,143	92,143		92,143	12
13	Insurance-Property, Liability and Malpractice			8,461	8,461		8,461	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	60,273	8,386	112,844	181,503	(812)	180,691	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	391,123	94,100	171,818	657,041	(812)	656,229	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			57,683	57,683		57,683	17
18	Interest			20,858	20,858		20,858	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			113,880	113,880		113,880	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			192,420	192,420		192,420	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	391,123	94,100	364,239	849,461	(812)	848,649	24

Facility Name: Evergreen Place Beardstown

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3.04	\$ 28.41	1
2	Licensed Practical Nurses	7.81	23.02	2
3	Certified Nurse Assistants	21.81	12.51	3
4	Activity Director & Assistants	1.39	15.19	4
5	Social Service Workers	0.77	15.94	5
6	Head Cook			6
7	Cook Helpers/Assistants	10.01	10.14	7
8	Dishwashers			8
9	Maintenance Workers	2.50	17.31	9
10	Housekeepers	3.96	10.52	10
11	Laundry	1.84	12.03	11
12	Managers			12
13	Other Administrative	4.32	20.76	13
14	Clerical			14
15	Marketing			15
16	Other Rehab	0.94	25.24	16
17	<b>Total (lines 1 thru 16)</b>	<b>58.39</b>	<b>\$ 16.66</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	None			\$	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	None	\$ 1
2		2
<b>Total</b>		<b>\$ 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
Heritage Manor-Beardstown LLC		Beardstown	

**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: Evergreen Place Beardstown

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

**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	26				\$	\$ 57,683		\$ 57,683	\$	\$	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Replace compressor		2012		14,538						6
7	Elevator door restrictor		2013		6,300						7
8	Duct heater replacement		2013		3,341						8
9	Replace dishwasher		2014		5,478						9
10	Rebuild fan motor		2014		3,608						10
11	Chiller replacement		2014		150,950						11
12	Duct heater replacement		2015		6,295						12
13	Window replacements		2015		53,001						13
14	Replaced electric water heater		2017		9,174						14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 252,685	\$ 57,683		\$ 57,683	\$	\$	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	\$	\$	\$	\$		\$ -	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$	\$	\$		\$	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: Evergreen Place Beardstown

Report Period Beginning: 1/1/2017

Ending: 2/31/2017

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: \_\_\_\_\_

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  YES  NO

		1 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building		26	/ /	\$ 113,880			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>		26		\$ 113,880			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 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1					/ /	\$	\$	/ /		\$ 20,858	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$	\$			\$ 20,858	7
	<b>B. Non-Facility Related</b>										
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$			\$ 20,858	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: Evergreen Place Beardstown

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 984	\$	1
2	Cash-Patient Deposits	10,854		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	946,995		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,720		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(564,628)		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 422,925	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			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	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 422,925	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 116,814	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,854		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	181,446		30
31	Accrued Taxes Payable	30,595		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>Bed Tax</u>	23,867		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 363,576	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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>	\$	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 363,576	\$	45
46	<b>TOTAL EQUITY</b>	\$ 59,349	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 422,925	\$	47

\*(See instructions.)

Facility Name: Evergreen Place Beardstown

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

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

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 790,470	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 790,470</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		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Miscellaneous		15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 790,470</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	260,496	19
20	Health Care/ Personal Care	215,042	20
21	General Administration	181,503	21
<b>B. Capital Expense</b>			
22	Ownership	192,420	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>\$ 849,461</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (58,991)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (58,991)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$</b>	<b>37</b>

Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg Adjustment Line #	Amount			
PETTY CASH	984						1,009	1,009 CASH	984
CASH IN BANK							1,100	1,100 ACCTS REC	1,063,085
CASH IN BANK-PAYROLL							1,101	1,101 ALLOW. FO	-116,090
ACCOUNTS RECEIVABLE	946,995						1,110	1,110 ACCTS RECEIV-M/C	
MEDICARE RECEIVABLES							1,125	1,125 ACCTS RECEIV-IPA	
IPA INCOME RECEIVABLE							1,135	1,135 ACCTS RECEIV-IC	
MEDICARE COST REPORT							1,140	1,140 UNAPPLIED CASH RECEIPTS	
ACCOUNTS RECEIVABLE-IC							1,145	1,145 A/R SUSPENSE-REFUNDS	
UNAPPLIED CASH RECEIPTS							1,200	1,200 PREPAID EXP	2,347
A/R SUSPENSE-REFUNDS							1,220	1,220 OTHER PREPAID EXPENSES	
ACCRUED INTEREST REC							1,300	1,300 DIETARY INVENTORY	
PREPAID INSURANCE	28,720						1,310	1,310 SUPPLIES IN	26,373
OTHER PREPAID EXPENSES							1,320	1,320 LINEN INVENTORY	
FOOD INVENTORY							1,409	1,409 LAND	0
SUPPLIES INVENTORY							1,450	1,450 FURNITURE	0
LAND	0						1,460	ACCUM DEP	0
FURNITURE & EQUIPMENT	0						1,475	1,475 BUILDING	0
ACCUM DEPR-FURN & EQUIP	0						1,490	1,490 ACCUM DEP	0
BUILDING & IMPROVEMENT	0						1,530	1,530 RESIDENT F	10,854
ACCUM DEPR-BUILDING	0						1,550	1,550 LOAN FEES	0
RESIDENT FUNDS	10,854						1,551	1,551 LOAN FEES ADDED	
LOAN FEES	0						1,850	1,850 INTERCOMI	-564,628
REAL ESTATE TAX ESCROW							2,010	2,010 ACCOUNTS	-116,814
REIMBURSABLE PURCHASES							2,100	2,095 BONUSES PAYABLE	
INTRACOMPANY	-564,628						2,100	2,100 ACCRUED F	-50,342
ACCOUNTS PAYABLE	-116,814						2,100	2,100 PR CLEARING-BENEFITS	
BONUSES PAYABLE							2,100	2,100 PR CLEARING-LABOR	
ACCRUED PAYROLL	-50,342						2,110	2,110 ACCRUED F	-131,104
ACCRUED VACATION PAY	-131,104						2,120	2,120 U.C. TAXES PAYABLE	
UC TAXES PAYABLE							2,125	2,125 FICA TAXES	-30,595
FICA TAX PAYABLE	-30,595	-30,595					2,130	2,130 FEDERAL W/H TAX PAYABLE	
FIT PAYABLE							2,140	2,140 STATE W/H TAX PAYABLE	
STATE W/H PAYABLE			0				2,152	2,152 WORKERS COMP ACCRUAL	
EARNED INCOME CREDIT							2,225	2,225 EMPLOYEEE INSURANCE REFUND	
UC FED CREDIT REDUCTION							2,230	2,230 PAYROLL SAVINGS	
PAYROLL SAVINGS							2,235	2,240 UNITED FUND	

Heritage Health Beardstown and Evergreen Place SLF  
Allocation of Shared Expenses  
For the Twelve Months Ending December 31, 2017

	SLF	SNF		<u>Allocated</u>		<u>Direct</u>	
	12/31/17	12/31/17		<u>G&amp;A</u>		<u>G&amp;A</u>	
-----	-----			PR Taxes	193,031 50,190	Wages	60,273
PRIVATE DAYS	5,087	7,277		Health ins	121,523 31,597	Supplies	8,386
MEDICAID DAYS	3,850	15,920		Liab ins	32,541 8,461	PR	12,240
MEDICARE DAYS	0	2,238		Work Comp	39,830 10,356	Taxes	0
TOTAL DAYS	8,937	25,435	34372		<u>386,925 100,604</u>		<u>80,899</u>
LICENSED DAYS	9,490	28,835		<u>Maint</u>		<u>Maint</u>	
PERCENT OCCUPANCY	94.17%	88.21%		Wages	98,760 25,678	Repairs	3,825
				Utilities	226,819 58,975		
				R/E taxes	0 0		
					<u>325,579 84,653</u>		<u>3,825</u>
				<u>Dietary</u>		<u>Dietary</u>	
				Wages	229,840 59,760		0
				Food	256,551 66,705		0
				Supplies	0 0	Supplies	440
ROUTINE SERVICE INCOME	790,470				<u>486,391 126,466</u>		<u>440</u>
NET ANCILLARY INCOME	0			<u>Laundry/Hsk</u>		<u>Laundry</u>	
TOTAL OPERATING INCOME	790,470			Wages	143,796 37,388		0
				Supplies	29,708 7,724		0
GENERAL AND ADMIN	100,604	80,899	181,503		<u>173,504 45,112</u>		0
PROPERTY AND PLANT	84,653	3,825	88,478	Total Alloc	<u>1,372,399 356,835</u>	<u>Housekeeping</u>	
DIETARY	126,466	440	126,906			Salary	0
LAUNDRY	45,112	0	45,112			Supplies	0
HOUSEKEEPING	0	0	0				0
NURSING	0	208,647	208,647			<u>Nursing</u>	
OTHER SERVICES	0	6,395	6,395			Salaries	208,023
TOTAL EXPENSES	356,835	300,206	657,041			Supplies	624
							<u>208,647</u>
GROSS MARGIN	133,429					Activities	
						Supplies	6,395
CENTRAL OFFICE FEES	0	0					
INTEREST	18,910	0					
RENT	113,880						
DEPRECIATION	57,683						
AMORTIZATION & OTHER	1,948						
FINANCING & MANAGEMEN	192,420						
NET INCOME	-58,991					Total Direct	<u>300,206</u>
						Grnd Tot	<u>657,041</u>