

		FOR BHF USE			

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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>I. Facility ID Number: <u>1000057</u></p> <p>Facility Name: <u>Jackson Park Slf</u></p> <hr/> <p>Address: <u>1448 East 75th St</u> <u>Chicago</u> <u>60649</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>(773) 667-6500</u> Fax # <u>(773) 667-1875</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>1/1/2016</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: <u>Steven N. Lavenda</u> Telephone Number: <u>(847) 282 - 6300</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>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 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) _____ * Subject to the attached Accountants' Consulting Report (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u> (Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</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) _____ * Subject to the attached Accountants' Consulting Report (Date) _____ (Print Name and Title) _____ (Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u> (Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>
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Facility Name Jackson Park Slf

Report Period Beginning: 1/1/2017 Ending: 12/31/2017

III. STATISTICAL DATA

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

Date of change in certified units NA

	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	123	Single Unit Apartment	123	44,895	1
2	13	Double Unit Apartment	13	4,745	2
3		Other			3
4	136	TOTALS	136	49,640	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	46,621	365		46,986	5
6	Double Unit					6
7	Other					7
8	TOTALS	46,621	365		46,986	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.65%

D. Indicate the number of paid bed-hold days the SLF had during this year
None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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: 12/31/17 Fiscal Year: 12/31/17

* 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. _____

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. _____

Facility Name: Jackson Park Slf

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			
A. General Services								
1	Dietary and Food Purchase	196,045	305,063	1,512	502,620		502,620	1
2	Housekeeping, Laundry and Maintenance	146,961	39,880	102,821	289,662	29,514	319,176	2
3	Heat and Other Utilities			166,707	166,707	956	167,663	3
4	Other (specify):							4
5	TOTAL General Services	343,006	344,943	271,040	958,989	30,470	989,459	5
B. Health Care and Programs								
6	Health Care/ Personal Care	428,285	3,535		431,820	4,481	436,301	6
7	Activities and Social Services	59,818	1,534	3,140	64,492		64,492	7
8	Other (specify):					827	827	8
9	TOTAL Health Care and Programs	488,103	5,069	3,140	496,312	5,308	501,620	9
C. General Administration								
10	Administrative and Clerical	207,701	6,653	283,406	497,760	(151,547)	346,213	10
11	Marketing Materials, Promotions and Advertising	55,038		7,376	62,414	367	62,781	11
12	Employee Benefits and Payroll Taxes			197,116	197,116		197,116	12
13	Insurance-Property, Liability and Malpractice			61,732	61,732	1,930	63,662	13
14	Other (specify):					15,884	15,884	14
15	TOTAL General Administration	262,739	6,653	549,630	819,022	(133,366)	685,656	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,093,848	356,665	823,810	2,274,323	(97,588)	2,176,735	16
Capital Expenses								
D. Ownership								
17	Depreciation					544,153	544,153	17
18	Interest					732,493	732,493	18
19	Real Estate Taxes			144,600	144,600		144,600	19
20	Rent -- Facility and Grounds			1,661,533	1,661,533	(1,653,663)	7,870	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			1,806,133	1,806,133	(377,017)	1,429,116	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,093,848	356,665	2,629,943	4,080,456	(474,605)	3,605,851	24

Jackson Park SIF

Report Period Beginning: 1/1/2017
Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (860,945)	17	1
2	Bad Debt	(325)	10	2
3	Bank Charges	(6,412)	10	3
4	Cable TV	(8,382)	02	4
5	Penalties	(300)	10	5
6	Use Tax	(287)	10	6
7	Meals & Entertainment	(391)	10	7
8	Interest Income	(6,915)	18	8
9	Capitalized R&M	(20,921)	02	9
10				10
11	MANAGEMENT OFFICE ALLOCATION			11
12	Housekeeping/Maint/Laundry	663	2	12
13	Utilities	956	3	13
14	Health Care/Personal Care	4,481	6	14
15	Health Care Emp Ben/Payroll Taxes	827	8	15
16	Administrative and General	107,934	10	16
17	Advertising and Marketing	367	11	17
18	Insurance	1,930	13	18
19	Admin Emp Benefits & Payroll Taxes	15,884	14	19
20	Building Rental	7,870	20	20
21	Management Office Allocation	(251,766)	10	21
22				22
23	BUILDING COMPANY			23
24	Interest Income	(625)	18	24
25	Rent	(1,661,533)	20	25
26	Interest Expense	740,033	18	26
27	Depreciation and Amortization	1,405,098	17	27
28	Asset Management Fee	58,154	02	28
29				29
30				30
31				31
32				32
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97			97
98			98
99			99
100			100
101			101
102	Total	(474,605)	102

Facility Name: Jackson Park Slf

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	2.20	\$ 36.72	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12.24	10.23	3
4	Activity Director & Assistants	2.00	14.41	4
5	Social Service Workers			5
6	Head Cook	0.71	16.06	6
7	Cook Helpers/Assistants	7.23	11.45	7
8	Dishwashers			8
9	Maintenance Workers	1.21	9.64	9
10	Housekeepers	5.19	11.38	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.09	25.20	13
14	Clerical	4.15	17.44	14
15	Marketing	1.03	25.77	15
16	Other			16
17	Total (lines 1 thru 16)	37.04	\$ 14.20	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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 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
Coles SLF		Chicago, IL	
Rockford SLF		Rockford, IL	
Robbins SLF		Robbins, IL	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Jackson Park SLF Realty		Chicago, IL		Building Co	
Grand Lifestyles		Skokie, IL		Management Co	
Grand at Twin Lakes		Palatine, IL		Ind Living	

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: Jackson Park Slf

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,027,500 Year land was acquired 2016

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	136		2016	2005	\$ 8,220,000	\$ 1,405,098	35	\$ 234,857	\$ (1,170,241)	\$ 469,714	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				18,377			919	919	919	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)				\$ 8,238,377	\$ 1,405,098		\$ 235,776	\$ (1,169,322)	\$ 470,633	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	\$ 3,085,044	\$	\$ 308,377	308,377		\$ 616,627	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 3,085,044	\$	\$ 308,377	308,377		\$ 616,627	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 Jackson Park Slf

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	Repaired Roof	2017	3,225		20	161	161	161	2
3	Repaired Roof	2017	3,225		20	161	161	161	3
4	Installed Scald Protectors	2017	2,557		20	128	128	128	4
5	Installed New Camera System	2017	5,205		20	260	260	260	5
6	Painted Exterior	2017	4,165		20	208	208	208	6
7									7
8									8
9									9
10									10
11									11
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 18,377	\$		\$ 919	\$ 919	\$ 919	34

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

Facility Name & ID Number Jackson Park Slf

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	
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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 & ID Number Jackson Park Slf

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	
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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: Jackson Park Slf

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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 441,938	\$ 1,497,605	1
2	Cash-Patient Deposits	7,120	7,120	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,268,252	1,268,252	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	160,913	180,913	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	70,843	360,654	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,949,066	\$ 3,314,544	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,027,500	13
14	Buildings, at Historical Cost		8,308,897	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost		2,993,603	16
17	Accumulated Depreciation (book methods)		(2,810,196)	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): See Attached	75,121	8,295,121	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 75,121	\$ 17,814,925	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,024,187	\$ 21,129,469	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 101,682	\$ 339,919	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	49,086	49,086	30
31	Accrued Taxes Payable	139,296	139,296	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	433,899	504,552	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 723,963	\$ 1,032,853	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		16,440,000	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	21,946	21,946	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 21,946	\$ 16,461,946	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 745,909	\$ 17,494,799	45
46	TOTAL EQUITY	\$ 1,278,278	\$ 3,634,670	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,024,187	\$ 21,129,469	47

*(See instructions.)

Facility Name: Jackson Park SIF

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	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 5,028,401	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,028,401	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	6,915	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 6,915	14
D. Other Revenue (specify):			
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,035,316	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	958,989	19
20	Health Care/ Personal Care	496,312	20
21	General Administration	819,022	21
B. Capital Expense			
22	Ownership	1,806,133	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)	\$ 4,080,456	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 954,860	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 954,860	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	3,878,319	32
33	Private Pay - Net Inpatient Revenue	1,150,082	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,028,401	37