FOR BHF USE

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2019)

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 Ave (Number) Springfield (City) 62702 (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:

	VOLUNTARY, NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven N. Lavenda **Telephone Number:** (847) - 282- 6300
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2019 to 12/31/2019 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) 3/29/2020 (Date)
**Subject to the attached Accountants' Consulting Report*
(Print Name and Title) Steven N. Lavenda, CPA — Partner
(Firm Name & Address) Marcum LLP — Nine Parkway North, Suite 200 Deerfield, IL 60015
(Telephone) (847) 282-6300 Fax (847) 282-6301

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: 1/1/2019 Ending: 12/31/2019

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	121	Single Unit Apartment	121	44,165	1
2	14	Double Unit Apartment	14	5,110	2
3		Other			3
4	135	TOTALS	135	49,275	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	4,978	27,970		32,948	5
6	Double Unit	576	3,236		3,812	6
7	Other					7
8	TOTALS	5,554	31,206		36,760	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 74.60%

D. Indicate the number of paid bed-hold days the SLF had during this year Not Tracke **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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

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 [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31/19 Fiscal Year: 12/31/19
* 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 principal?** 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 principal?** 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 principal?** N/A
If no, explain. N/A

Facility Name: Springfield SLC **Report Period Beginning: 1/1/2019 Ending: 12/31/2019**

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	5	6	
	A. General Services							
1	Dietary and Food Purchase		510,701	1,018	511,719		511,719	1
2	Housekeeping, Laundry and Maintenance	184,288	31,420	88,732	304,440	39,608	344,048	2
3	Heat and Other Utilities			156,050	156,050	(32,760)	123,290	3
4	Other (specify):							4
5	**TOTAL General Services**	184,288	542,121	245,800	972,209	6,848	979,057	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	555,705	19,939	3,600	579,244		579,244	6
7	Activities and Social Services	60,557	14,052	9,849	84,458		84,458	7
8	Other (specify):			6,400	6,400		6,400	8
9	**TOTAL Health Care and Programs**	616,262	33,991	19,849	670,102		670,102	9
	C. General Administration							
10	Administrative and Clerical	243,415	13,641	200,879	457,935	(33,580)	424,355	10
11	Marketing Materials, Promotions and Advertising	52,494		73,301	125,795		125,795	11
12	Employee Benefits and Payroll Taxes			213,796	213,796		213,796	12
13	Insurance-Property, Liability and Malpractice			29,642	29,642	51,213	80,855	13
14	Other (specify):							14
15	**TOTAL General Administration**	295,909	13,641	517,618	827,168	17,633	844,801	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,096,459	589,753	783,267	2,469,479	24,480	2,493,959	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			140,921	140,921	170,655	311,576	17
18	Interest			51,529	51,529	330,595	382,124	18
19	Real Estate Taxes					86,489	86,489	19
20	Rent -- Facility and Grounds			696,000	696,000	(696,000)		20
21	Rent -- Equipment			738	738		738	21
22	Other (specify):			2,570	2,570	(2,570)	0	22
23	**TOTAL Ownership**			891,758	891,758	(110,831)	780,927	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,096,459	589,753	1,675,025	3,361,237	(86,351)	3,274,886	24

Springfield SLC

Report Period Beginning: 1/1/2019
Ending: 12/31/2019

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	$ (148,202)	17	1
2	Interest Income	(4)	18	2
3	Cable TV	(32,760)	03	3
4	Bank Charges	(1,509)	10	4
5	Charitable Contributions	(250)	10	5
6	Bad Debts	(31,698)	10	6
7	Meals & Entertainment	(131)	10	7
8	Amortization Expense	(2,570)	22	8
9	Additional R&M	12,832	02	9
10	Building Co. - Rent Income	(696,000)	20	10
11	Building Co. - Depreciation	318,857	17	11
12	Building Co. - Insurance	51,213	13	12
13	Building Co. - Interest Expense	330,599	18	13
14	Building Co. - Real Estate Taxes	86,489	19	14
15	Building Co. - Repairs & Maintenance	26,776	02	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				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
52				52
53				53
54				54
55				55
56				56
57				57
58				58
59				59
60				60
61				61
62				62
63				63
64				64
65				65
66				66
67				67
68				68
69				69
70				70
71				71
72				72
73				73
74				74
75				75
76				76
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**	(86,351)		101

Facility Name: Springfield SLC Report Period Beginning: 1/1/2019 Ending: 12/31/2019

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3.00	$ 29.80	1
2	Licensed Practical Nurses	0.01	25.56	2
3	Certified Nurse Assistants	16.84	10.54	3
4	Activity Director & Assistants	1.90	15.29	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	2.01	17.87	9
10	Housekeepers	4.07	12.95	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.25	30.00	13
14	Clerical	6.22	12.81	14
15	Marketing	1.03	24.40	15
16	Other			16
17	Total (lines 1 thru 16)	36.33	$ 14.51	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	17%		$ 112,500	1
2					2
3					3
4					4
5					5
			Total	$ 112500	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				OTHER RELATED BUSINESS ENTITIES				
Name	1	City	2	Name	3	City	4	Type of Business 5
				Springfield Property, LLC		Springfield		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 [X]
Name of related entity: N/A 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 [X] 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: 1/1/2019 Ending: 12/31/2019

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	$ 318,857	35	$ 230,398	$ (88,459)	$ 3,524,043	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				511,060	140,921	20	25,553	(115,368)	102,994	6
7	Various			2005	1,750		20	88	88	1,232	7
8	Various			2006	3,321		20	166	166	2,295	8
9	Various			2007	2,632		20	132	132	1,711	9
10	Various			2008	4,900		20	245	245	2,797	10
11	Various			2009	12,558		20	628	628	6,355	11
12	Various			2010	15,823		20	791	791	7,333	12
13	Various			2011	33,844		20	1,692	1,692	14,156	13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 8,649,823	$ 459,778		$ 259,692	$ (200,086)	$ 3,662,917	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	$ 402,803	$	$ 38,224	38,224		$ 386,082	18
19	Vehicles	68,298		13,660	13,660		40,979	19
20	TOTAL (lines 18 and 19)	$ 471,101	$	$ 51,883	51,883		$ 427,061	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: 1/1/2019 Ending: 12/31/2019

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Exit Alarms	2012	3,994		20	200	200	1,415	1
2	2Nd Floor Remodel-Chair Rail, Electrical, Window Treatments, Fir	2012	49,947		20	2,497	2,497	19,771	2
3	3Rd Floor Activity Room Remodel	2012	3,200		20	160	160	1,227	3
4	Carpet	2012	7,984		20	399	399	2,994	4
5	Front Door Awning	2012	2,867		20	143	143	1,075	5
6	Wall / Door Addition To Front Office	2012	2,860		20	143	143	1,013	6
7	7 Ptac Heat Pump	2013	5,955		20	298	298	2,059	7
8	Security Cameras	2013	5,626		20	281	281	1,875	8
9	Outside Security Cameras	2013	6,048		20	302	302	1,890	9
10	Stairwell Heaters	2013	2,990		20	150	150	909	10
11	Carpet Replacement In Resident Rooms	2013	6,446		20	322	322	1,988	11
12	Demolition Of House On Lot	2013	6,000		20	300	300	2,075	12
13	Light Bars For Elevator	2013	3,367		20	168	168	1,150	13
14	Remodel Suite On 5Th Floor	2013	2,986		20	149	149	983	14
15	Replacement Pump For Fire Sprinkler	2014	3,382		20	169	169	1,015	15
16	Repair Balcony / Railings On Building	2014	3,215		20	161	161	884	16
17	Flooring 1St Floor Activity Room	2014	6,579		20	329	329	1,754	17
18	5 Ptac Heat Pumps	2016	3,597		20	180	180	659	18
19	Hall Cameras	2016	2,723		20	136	136	431	19
20	Solar Panel Project	2016	57,630		20	2,882	2,882	11,527	20
21	Building Improvements	2016	173,969		20	8,698	8,698	34,793	21
22	Carpet	2017	3,765		20	188	188	565	22
23	3Rd Floor Remodel	2017	9,404		20	470	470	1,411	23
24	Service Area Remodel	2017	3,550		20	178	178	533	24
25	Flooring	2018	14,430		20	722	722	1,443	25
26	Sliding Door	2018	20,900		20	1,045	1,045	2,090	26
27	Improvements	2018	4,247		20	212	212	425	27
28	Ptac Units	2018	4,250		20	213	213	425	28
29	Boiler Improvements	2018	3,160		20	158	158	316	29
30	Boiler Improvements	2019	6,431		20	322	322	322	30
31	Heat Pumps	2019	3,692		20	185	185	185	31
32	Outside Lighting	2019	5,950		20	298	298	298	32
33	Fire Alarm Control Box	2019	6,336		20	317	317	317	33
34	TOTAL (lines 1 thru 33)		$ 447,480	$		$ 22,374	$ 22,374	$ 99,815	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: 1/1/2019 Ending: 12/31/2019

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Remodeling	2019	15,024		20	751	751	751	1
2	Flooring	2019	48,556		20	2,428	2,428	2,428	2
3									3
4									4
5									5
6									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)		$ 63,580	$		$ 3,179	$ 3,179	$ 3,179	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: 1/1/2019 Ending: 12/31/2019

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									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)		$	$		$	$	$	34

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

Facility Name: Springfield SLC Report Period Beginning: 1/1/2019 Ending: 2/31/2019

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 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			/ /	$			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 $ 738

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** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related Long-Term										
1	Sigmund Lefkovitz		X	Operating Line of Credit	1/1/12	$ 2,464,263	$ 1,955,180	1/1/41	2.50%	$ 50,148	1
2	IL National Bank		X	2017 Ford Starcraft	5/22/17	60,000	30,705	5/22/22	4.50%	1,380	2
3	Cambridge Realty		X	Mortgage	/ /		7,620,260	/ /		330,716	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 2,524,263	$ 9,606,146			$ 382,244	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-4	8
9	Interest Income - Bldg Co		X		/ /			/ /		-117	9
10	TOTALS (lines 7, 8 and 9)					$ 2,524,263	$ 9,606,146			$ 382,123	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:** 1/1/2019 **Ending:** 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019 (last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 487,326	$ 593,282	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	251,709	251,709	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,498	38,368	6
7	Other Prepaid Expenses	15,920	15,920	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	475	225,880	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 765,928	$ 1,125,159	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		200,107	13
14	Buildings, at Historical Cost		8,449,764	14
15	Leasehold Improvements, at Historical Cost	276,118	276,118	15
16	Equipment, at Historical Cost	435,812	722,693	16
17	Accumulated Depreciation (book methods)	(598,342)	(5,174,561)	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):	438,932	507,423	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 552,520	$ 4,981,544	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,318,448	$ 6,106,703	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ (181,207)	$ (181,207)	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	30,822	30,822	30
31	Accrued Taxes Payable	3,565	3,565	31
32	Accrued Interest Payable		52,502	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	55,654	1,555,914	36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ (91,166)	$ 1,461,596	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,985,885	1,985,885	38
39	Mortgage Payable		7,620,260	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)**	$ 1,985,885	$ 9,606,145	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 1,894,719	$ 11,067,741	45
46	**TOTAL EQUITY**	$ (576,271)	$ (4,961,038)	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 1,318,448	$ 6,106,703	47

***(See instructions.)**

Facility Name: Springfield SLC Report Period Beginning: 1/1/2019 Ending: 12/31/2019

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

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 3,625,734	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,625,734	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	4	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 4	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)**	$ 3,625,738	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	972,209	19
20	Health Care/ Personal Care	670,102	20
21	General Administration	827,168	21
	B. Capital Expense		
22	Ownership	891,758	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)**	$ 3,361,237	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 264,501	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 264,501	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 1,099,372	32
33	Private Pay - Net Inpatient Revenue	511,346	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) **Medicaid Mgd Care**	799,905	35
36	Other-(specify) **Other Rent / Food Stamp**	1,215,111	36
37	TOTAL (This total must agree to Line 3)	$ 3,625,734	37