

		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.

I. Facility ID Number: 1000023

Facility Name: Concord Place

Address: 401 West Lake Northlake 60164

Number City Zip Code

County: Cook

Telephone Number: (708) 562-9000 Fax # (708) 409-2750

Federal Employer ID Number:

Date Current Owners were Certified: 4/10/2003

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
		☒	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

IRS Exemption Code

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 1/1/2017 to 12/31/2017 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)			
	* Subject to the attached Accountants' Consulting Report (Date)			
	(Print Name and Title)			
	(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 Concord Place 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 N/A

	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	124	Single Unit Apartment	124	45,260	1
2	20	Double Unit Apartment	20	7,300	2
3		Other			3
4	144	TOTALS	144	52,560	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	43,800	1,460		45,260	5
6	Double Unit	6,205			6,205	6
7	Other					7
8	TOTALS	50,005	1,460		51,465	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.92%

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)

Independent Living Apartments, Banquet Facilities

H. ACCOUNTING BASIS

ACCRAUAL ☒ 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. 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: Concord Place

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	930,807	887,253	41,269	1,859,329	(980,901)	878,428	1
2	Housekeeping, Laundry and Maintenance	450,905	162,531	496,559	1,109,995	(755,496)	354,499	2
3	Heat and Other Utilities			769,548	769,548	(523,778)	245,770	3
4	Other (specify):							4
5	TOTAL General Services	1,381,712	1,049,784	1,307,376	3,738,872	(2,260,176)	1,478,696	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	470,169	20,263		490,432		490,432	6
7	Activities and Social Services	205,193		20,779	225,972	(107,648)	118,324	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	675,362	20,263	20,779	716,404	(107,648)	608,756	9
	C. General Administration							
10	Administrative and Clerical	574,769	8,838	897,799	1,481,406	(1,122,209)	359,197	10
11	Marketing Materials, Promotions and Advertising	300,863		85,596	386,459	(227,076)	159,383	11
12	Employee Benefits and Payroll Taxes			631,939	631,939	(136,170)	495,769	12
13	Insurance-Property, Liability and Malpractice			246,818	246,818	(168,422)	78,396	13
14	Other (specify): Gift Shop			3,530	3,530		3,530	14
15	TOTAL General Administration	875,632	8,838	1,865,682	2,750,152	(1,653,878)	1,096,274	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	2,932,706	1,078,885	3,193,837	7,205,428	(4,021,702)	3,183,726	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			228,760	228,760	(40,370)	188,390	17
18	Interest					365,549	365,549	18
19	Real Estate Taxes					106,256	106,256	19
20	Rent -- Facility and Grounds			1,899,022	1,899,022	(1,899,022)	0	20
21	Rent -- Equipment			4,190	4,190	(2,852)	1,338	21
22	Other (specify):							22
23	TOTAL Ownership			2,131,972	2,131,972	(1,470,438)	661,534	23
24	GRAND TOTAL (Sum of lines 16 and 23)	2,932,706	1,078,885	5,325,809	9,337,400	(5,492,140)	3,845,260	24

STATE OF ILLINOIS		Page 3A
Concord Place		
Report Period Beginning:	1/1/2017	
Ending:	12/31/2017	
Sch. V Line		
NON-ALLOWABLE EXPENSES		
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (285,300)	17 1
2 Food Stamp Revenue	(177,684)	01 2
3 Telephone Revenue	(9,334)	10 3
4 Food Revenue	(610)	01 4
5 Misc Revenue	(5,017)	10 5
6 Office Rental Revenue	(49,700)	10 6
7 Vending Income	(2,692)	01 7
8 Beverage Cost - Liquor	(351)	01 8
9 Bank Charges	(4,919)	10 9
10 Credit Card/Merchant Fees	(13,320)	10 10
11 Donations	(5,180)	10 11
12 Holiday Gifts	(10,892)	10 12
13 Meals & Entertainment	(1,081)	10 13
14 Management Fees	(432,000)	10 14
15 Insurance - Liquor Liability	(1,347)	13 15
16 Food Service - Liquor	(189)	01 16
17 Federal Income Tax Expense	(70,000)	10 17
18		18
19 L.H.S. Real Estate, LLC		19
20 Building Co. - Rental Income	(1,899,023)	20 20
21 Building Co. - Interest Income	(54)	18 21
22 Building Co. - Depreciation - Cap. Improvements	244,936	17 22
23 Building Co. - Interest Expense	1,144,651	18 23
24 Building Co. - Real Estate Taxes	332,706	19 24
25		25
26 Non - Care Allocation		26
27 Dietary	(799,175)	01 27
28 Housekeeping, Laundry, Maintenance	(755,496)	02 28
29 Utilities	(323,778)	03 29
30 Activities & Social Service	(107,648)	07 30
31 Administrative & Clerical	(511,756)	10 31
32 Sales & Marketing	(227,076)	11 32
33 Employee Benefits	(136,170)	12 33
34 Insurance	(167,073)	13 34
35 Interest	(779,048)	18 35
36 Real Estate Taxes	(226,450)	19 36
37 Equipment Rental	(2,852)	21 37
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99		99
100		100
101 Total	(5,492,140)	101

Facility Name: Concord Place

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	2.07	\$ 28.49	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	13.78	12.13	3
4	Activity Director & Assistants	5.11	19.29	4
5	Social Service Workers			5
6	Head Cook	3.90	15.63	6
7	Cook Helpers/Assistants	32.02	10.10	7
8	Dishwashers	6.68	9.47	8
9	Maintenance Workers	2.66	27.86	9
10	Housekeepers	10.95	13.02	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.54	59.16	13
14	Clerical	5.16	24.42	14
15	Marketing	4.31	33.59	15
16	Other			16
17	Total (lines 1 thru 16)	89.17	\$ 15.81	17

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			

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				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
I.H.S. Real Estate, LLC				Building Co.	
F&F Realty		Skokie		Management	

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? \$ (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: Concord Place Report Period Beginning: 1/1/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 201,301 Year land was acquired 1986

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	144		1986	1974	\$ 1,151,851	\$ 473,696	35	\$ 32,910	\$ (440,786)	\$ 1,086,031	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				1,841,542			92,081	92,081	1,063,286	6
7	Various			1988	33,891		20			33,891	7
8	Various			1991	3,461		20			3,461	8
9	Various			1992	2,960		20			2,960	9
10	Various			1995	2,858		20			2,858	10
11	Various			1996	11,419		20	1	1	11,419	11
12	Various			1997	9,154		20	458	458	9,154	12
13	Various			1998	44,693		20	2,235	2,235	42,460	13
14	Various			1999	224,924		20	11,247	11,247	202,435	14
15	Various			2000	685,460		20	34,273	34,273	582,641	15
16	Various			2001	175,089		20	8,754	8,754	140,069	16
17	TOTAL (lines 1 thru 16)				\$ 4,187,302	\$ 473,696		\$ 181,959	\$ (291,737)	\$ 3,180,665	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	\$ 199,281	\$	\$ 6,431	6,431		\$ 189,108	18
19	Vehicles	30,715					13,869	19
20	TOTAL (lines 18 and 19)	\$ 229,996	\$	\$ 6,431	6,431		\$ 202,977	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	Total Non-Care	\$ 9,310,527	\$ \$ -	\$ \$ -	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 9,310,527	\$	\$	24

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	Smoke Detector Repair	2010	3,526		20	176	176	1,233	2
3	A/C Repair- Valve & Actuator	2010	4,250		20	213	213	1,490	3
4	Landscaping	2010	4,934		20	247	247	1,728	4
5	Improvements	2010	100,421		20	5,021	5,021	35,147	5
6	Carpeting	2010	47,817		20	2,391	2,391	16,737	6
7	Wall Covering, Carpeting, Closet Shelves, And Bathrooms	2011	150,000		20	7,500	7,500	52,500	7
8	Small And Large Coils	2011	11,992		20	600	600	4,199	8
9	Boiler Water And Cooling Tower Treatment, Tower Biocide	2011	2,536		20	127	127	889	9
10	Combin Sys, Control Panel, Mic And Dual Phono	2011	2,826		20	141	141	988	10
11	6.5"2Wy Vent Clng Spk W/Xfmr Pr	2011	3,742		20	187	187	1,309	11
12	Carpeting	2015	6,648		20	332	332	997	12
13	Tuckpointing	2015	55,040		20	2,752	2,752	8,256	13
14	New Generator	2015	43,067		20	2,153	2,153	6,460	14
15									15
16									16
17									17
18									18
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 436,799	\$		\$ 21,841	\$ 21,841	\$ 131,933	34

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

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
10									10
11									11
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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.

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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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: Concord Place

Report Period Beginning: 1/1/2017

Ending: 2/31/2017

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 \$ 1,339

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	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	Private Bank		X	Mortgage	/ /	\$	24,480,000	/ /		\$ 1,144,651	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	24,480,000			\$ 1,144,651	7
	B. Non-Facility Related										
8	Interest Income - Bldg Co		X		/ /			/ /		(54)	8
9	Allocation to IL				/ /			/ /		(779,048)	9
10	TOTALS (lines 7, 8 and 9)					\$	24,480,000			\$ 365,549	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.

STATE OF ILLINOIS

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Facility Name: Concord Place

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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,974,249	\$ 2,974,249	1
2	Cash-Patient Deposits	10,912	10,912	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,491,200	1,491,200	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	94,532	94,532	6
7	Other Prepaid Expenses	2,950	2,950	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	3,124,576	3,124,576	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,698,419	\$ 7,698,419	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		629,065	13
14	Buildings, at Historical Cost		3,599,535	14
15	Leasehold Improvements, at Historical Cost	3,899,907	10,787,557	15
16	Equipment, at Historical Cost	1,607,599	1,607,599	16
17	Accumulated Depreciation (book methods)	(2,451,191)	(10,167,145)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		268,518	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)	\$ 3,056,315	\$ 6,725,129	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,754,734	\$ 14,423,548	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 258,553	\$ 258,553	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	83,180	83,180	30
31	Accrued Taxes Payable		339,240	31
32	Accrued Interest Payable		106,070	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	<u>See Attached</u>	632,232	632,232	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 973,965	\$ 1,419,275	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		24,480,000	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	<u>See Attached</u>	23,490,887	2,299,726	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 23,490,887	\$ 26,779,726	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 24,464,852	\$ 28,199,001	45
46	TOTAL EQUITY	\$ (13,710,118)	\$ (13,775,453)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,754,734	\$ 14,423,548	47

*(See instructions.)

Facility Name: Concord Place

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	\$ 5,258,952	1
2	Discounts and Allowances	(32,867)	2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 5,226,085	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	2,343	7
8	Barber and Beauty Care		8
9	Non-Resident Meals	177,684	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 180,027	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	See Attached	7,821,011	15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 7,821,011	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 13,227,123	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	3,738,872	19
20	Health Care/ Personal Care	716,404	20
21	General Administration	2,750,152	21
	B. Capital Expense		
22	Ownership	2,131,972	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	Banquet Expenses	2,595,257	26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 11,932,657	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 1,294,466	29
30	Income Taxes	\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 1,294,466	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 5,226,085	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,226,085	37