

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

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: 1000152

Facility Name: Azpira Place

Address: 795 North Rand Road Lake Zurich 60047

County: Lake

Telephone Number: ( 847) 440-3885 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 5/16/2017

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
X Other Limited Partnership

GOVERNMENTAL
State
County
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 1/1/2018 to 12/31/2018 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)
(Print Name and Title)
(Firm Name & Address)
(Telephone)

\*Subject to the attached Accountants' Consulting
(Date)

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

HFS 3745C (N-4-05)

IL478-2471

Facility Name Azpira PlaceReport Period Beginning: 1/1/2018 Ending: 12/31/2018**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	120	Single Unit Apartment	120	43,800	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,800	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	12,375	14,877		27,252	5
6	Double Unit					6
7	Other					7
8	TOTALS	12,375	14,877		27,252	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 62.22%

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

194 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 40 (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 ☐ NOTax Year: 12/31/2018 Fiscal Year: 12/31/2018

\* All facilities other than governmental must report on the accrual basis.

**J. Does the facility have any Illinois Housing Development Authority Loans outstanding?** Yes If yes, did the facility make all of therequired payments of interest and principle? YesIf 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 therequired payments of interest and principle? N/AIf 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 facilitymake all of the required payments of interest and principle? N/AIf no, explain. N/A

## STATE OF ILLINOIS

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Facility Name: Azpira Place

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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	329,936	190,472	4,229	524,637	(6,247)	518,390	1
2	Housekeeping, Laundry and Maintenance	119,565	23,857	88,232	231,654	4,852	236,506	2
3	Heat and Other Utilities			140,862	140,862	(26,117)	114,745	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>449,501</b>	<b>214,329</b>	<b>233,323</b>	<b>897,153</b>	<b>(27,511)</b>	<b>869,642</b>	<b>5</b>
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	564,410	3,079	94,191	661,680	7,485	669,165	6
7	Activities and Social Services	54,604	2,585	7,214	64,403	371	64,774	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>619,014</b>	<b>5,664</b>	<b>101,405</b>	<b>726,083</b>	<b>7,856</b>	<b>733,939</b>	<b>9</b>
	<b>C. General Administration</b>							
10	Administrative and Clerical	212,199	41,408	385,988	639,595	(113,808)	525,787	10
11	Marketing Materials, Promotions and Advertising	127,156	3,554	183,906	314,616	10,010	324,626	11
12	Employee Benefits and Payroll Taxes			262,516	262,516		262,516	12
13	Insurance-Property, Liability and Malpractice			66,481	66,481	584	67,065	13
14	Other (specify):					16,798	16,798	14
15	<b>TOTAL General Administration</b>	<b>339,355</b>	<b>44,962</b>	<b>898,891</b>	<b>1,283,208</b>	<b>(86,416)</b>	<b>1,196,792</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,407,870</b>	<b>264,955</b>	<b>1,233,619</b>	<b>2,906,444</b>	<b>(106,071)</b>	<b>2,800,373</b>	<b>16</b>
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			1,041,605	1,041,605	(264,713)	776,892	17
18	Interest			886,674	886,674	(135)	886,539	18
19	Real Estate Taxes			244,245	244,245		244,245	19
20	Rent -- Facility and Grounds			545	545	6,759	7,304	20
21	Rent -- Equipment			5,352	5,352	29	5,381	21
22	Other (specify):			208,089	208,089		208,089	22
23	<b>TOTAL Ownership</b>			<b>2,386,510</b>	<b>2,386,510</b>	<b>(258,059)</b>	<b>2,128,451</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,407,870</b>	<b>264,955</b>	<b>3,620,129</b>	<b>5,292,954</b>	<b>(364,130)</b>	<b>4,928,824</b>	<b>24</b>

STATE OF ILLINOIS		Page 3A
Aspira Place		
Report Period Beginning:	1/1/2018	
Ending:	12/31/2018	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (266,488)	17 1
2 Guest Meals	(5,425)	01 2
3 Employee Meals	(820)	01 3
4 Late Fees	(10)	10 4
5 Pet Fee	(750)	07 5
6 Interest Income	(135)	18 6
7 Other Income	(2,688)	10 7
8 Meals & Entertainment	(421)	10 8
9 Bank Service Charges	(4,868)	10 9
10 Damage Recovery	(625)	02 10
11 Resident Gifts	(167)	10 11
12 Resident Reimbursables	(27)	10 12
13 Cable TV	(26,335)	03 13
14 Management Fees	(195,180)	10 14
15 Additional R&M	2,311	02 15
16		16
17		17
18		18
19		19
20 PATHWAY MANAGEMENT LLC:		20
21 Maintenance	3,166	02 21
22 Utilities	218	03 22
23 Health Care/Personal Care	7,485	06 23
24 Community Life	1,121	07 24
25 Administrative	89,533	10 25
26 Marketing	10,010	11 26
27 Insurance	584	13 27
28 Employee Benefits	16,798	14 28
29 Depreciation	1,745	17 29
30 Rent - Building	6,759	20 30
31 Rent - Equipment	29	21 31
32		32
33		33
34		34
35		35
36		36
37		37
38		38
39		39
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41		41
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92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(364,130)	101

Facility Name: Azpira Place

Report Period Beginning 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.81	\$ 30.16	1
2	Licensed Practical Nurses	1.48	23.36	2
3	Certified Nurse Assistants	12.48	14.62	3
4	Activity Director & Assistants	1.44	18.19	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.63	13.64	7
8	Dishwashers			8
9	Maintenance Workers	2.03	18.97	9
10	Housekeepers	1.76	10.75	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.18	24.38	13
14	Clerical			14
15	Marketing	1.87	32.77	15
16	Other			16
17	Total (lines 1 thru 16)	38.68	\$ 17.50	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
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached					

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).

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	Jerry Finis	0.007061%	0.7	\$ 5,298	1
2					2
3					3
4					4
5					5
Total				\$ 5298	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	N/A	\$		1
2				2
Total		\$		3

Facility Name: Azpira Place Report Period Beginning: 1/1/2018 Ending: 12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 865,000 Year land was acquired 2017

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	120		2017		\$ 21,366,372	\$ 1,041,605	28	\$ 763,085	\$ (278,520)	\$ 1,526,170	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				25,351			1,268	1,268	1,268	6
7											7
8	Allocated from Pathway Management					1,745			(1,745)		8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 21,391,723	\$ 1,043,350		\$ 764,352	\$ (278,998)	\$ 1,527,437	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	\$ 1,343,331	\$	\$	\$		\$ -	18
19	Vehicles	62,701		12,540	12,540		25,080	19
20	TOTAL (lines 18 and 19)	\$ 1,406,032	\$	\$ 12,540	12,540		\$ 25,080	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

**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	Engineering Cost On Construction	2018	21,927		20	1,096	1,096	1,096	1
2	Elevator Repair & Replacement Parts	2018	3,424		20	171	171	171	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
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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)		\$ 25,351	\$		\$ 1,268	\$ 1,268	\$ 1,268	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
12									12
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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.



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
12									12
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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: Azpira Place Report Period Beginning: 1/1/2018 Ending: 2/31/2018

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*		8. Is movable equipment rental included in building rental? YES NO
3	Original Building			/ /	\$			3	9. Rental amount for movable equipment \$ 5,381  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.
4	Additions			/ /				4	
5	Storage Rental			/ /	545			5	
6	Allocated from Pathway Management			/ /	6,759			6	
7	TOTAL				\$ 7,304			7	

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	MB Financial Bank		X	1st Mortgage	10/14/15	\$ 17,725,268	\$ 17,941,644	/ /		\$ 883,425	1
2	Wells Fargo		X	Bus Loan	2/1/17	62,701	42,105	1/31/22	6.7100	3,249	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 17,787,969	\$ 17,983,749			\$ 886,674	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(135.00)	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 17,787,969	\$ 17,983,749			\$ 886,539	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: Azpira Place

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 253,020	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	426,410		3
4	Supply Inventory (priced at )	9,092		4
5	Short-Term Investments			5
6	Prepaid Insurance	67,856		6
7	Other Prepaid Expenses	28,877		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	295,809		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,081,064	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	865,000		13
14	Buildings, at Historical Cost	19,457,085		14
15	Leasehold Improvements, at Historical Cost	1,931,215		15
16	Equipment, at Historical Cost	1,411,767		16
17	Accumulated Depreciation (book methods)	(1,734,889)		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): <u>See Attached</u>	495,908		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 22,426,086	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 23,507,150	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 71,926	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	70,098		30
31	Accrued Taxes Payable	255,000		31
32	Accrued Interest Payable	76,675		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<u>See Attached</u>	3,000		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 476,699	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	17,983,749		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</b> (sum of lines 38 thru 43)	\$ 17,983,749	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 18,460,448	\$	45
46	<b>TOTAL EQUITY</b>	\$ 5,046,702	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 23,507,150	\$	47

\*(See instructions.)

Facility Name: Azpira Place

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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

		1	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 3,853,139	1
2	Discounts and Allowances		2
	<b>SUBTOTAL Resident Care</b>		
3	(line 1 minus line 2)	\$ 3,853,139	3
	<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	1,434	8
9	Non-Resident Meals	6,247	9
10	Laundry		10
	<b>SUBTOTAL OTHER OPERATING REVENUE</b>		
11	(sum of lines 4 thru 10)	\$ 7,681	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	135	13
	<b>SUBTOTAL Non-Operating Revenue</b>		
14	(sum of lines 12 and 13)	\$ 135	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached	43,053	15
16			16
	<b>SUBTOTAL Other Revenue</b>		
17	(sum of lines 15 and 16)	\$ 43,053	17
	<b>TOTAL REVENUE</b>		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,904,008	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	897,153	19
20	Health Care/ Personal Care	726,083	20
21	General Administration	1,283,208	21
	<b>B. Capital Expense</b>		
22	Ownership	2,386,510	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	<b>TOTAL EXPENSES</b>		
28	(sum of lines 19 thru 27)	\$ 5,292,954	28
	<b>Income Before Income Taxes</b>		
29	(line 18 minus line 28)	\$ (1,388,946)	29
30	<b>Income Taxes</b>		30
	<b>NET INCOME OR LOSS FOR THE YEAR</b>		
31	(line 29 minus line 30)	\$ (1,388,946)	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 1,359,364	32
33	Private Pay - Net Inpatient Revenue	2,382,196	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Mngd Care/2nd Person</u>	111,579	35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 3,853,139	37