

		FOR BHF USE			

LL2

Supportive Living Facility

2018

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: 1000017

Facility Name: Robbins SL

Address: 13820 Utica Avenue Robbins 60472

County: Cook

Telephone Number: (708) 389-7140 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 9/30/2002

Type of Ownership:

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

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

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)
(Date)
(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

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	103	Single Unit Apartment	103	37,595	1
2	25	Double Unit Apartment	25	9,125	2
3		Other			3
4	128	TOTALS	128	46,720	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	43,914	54		43,968	5
6	Double Unit					6
7	Other					7
8	TOTALS	43,914	54		43,968	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.11%

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 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)

H. ACCOUNTING BASIS

ACCRUAL X MODIFIED CASH\* CASH\*

I. Is your fiscal year identical to your tax year? X YES NO

Tax Year: 12/31/18 Fiscal Year: 12/31/18

\* 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.

## STATE OF ILLINOIS

Page 3

Facility Name: Robbins SL

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	200,183	257,638	2,938	460,759		460,759	1
2	Housekeeping, Laundry and Maintenance	195,907	48,198	91,618	335,723	46,455	382,178	2
3	Heat and Other Utilities			127,216	127,216	2,294	129,510	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	396,090	305,836	221,772	923,698	48,749	972,447	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	398,169	7,455		405,624	6,541	412,165	6
7	Activities and Social Services	34,261	2,133	5,384	41,778		41,778	7
8	Other (specify):					735	735	8
9	<b>TOTAL Health Care and Programs</b>	432,430	9,588	5,384	447,402	7,276	454,678	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	233,396	5,513	283,051	521,960	(110,863)	411,097	10
11	Marketing Materials, Promotions and Advertising	49,106	638	8,210	57,954	1,270	59,224	11
12	Employee Benefits and Payroll Taxes			179,354	179,354		179,354	12
13	Insurance-Property, Liability and Malpractice			58,318	58,318	1,998	60,316	13
14	Other (specify):					9,782	9,782	14
15	<b>TOTAL General Administration</b>	282,502	6,151	528,933	817,586	(97,813)	719,773	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,111,022	321,575	756,089	2,188,686	(41,788)	2,146,898	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			400,030	400,030	(91,063)	308,967	17
18	Interest			2,347	2,347	586,818	589,165	18
19	Real Estate Taxes			215,293	215,293		215,293	19
20	Rent -- Facility and Grounds			1,153,510	1,153,510	(1,144,329)	9,181	20
21	Rent -- Equipment			1,079	1,079		1,079	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			1,772,259	1,772,259	(648,574)	1,123,685	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,111,022	321,575	2,528,348	3,960,945	(690,362)	3,270,583	24

STATE OF ILLINOIS		Page 3A
Robbins SL		
Report Period Beginning:	1/1/2018	
Ending:	12/31/2018	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (877,608)	17 1
2 Interest Income	(2,556)	18 2
3 Cable TV	(8,865)	2 3
4 Bank Charges	(5,811)	10 4
5 Loss/Damage	(275)	10 5
6 Use Tax	(72)	10 6
7 Capitalized R & M	(3,000)	2 7
8 Meals & Entertainment	(204)	10 8
9 Miscellaneous Income	(182)	10 9
10		10
11 MANAGEMENT OFFICE ALLOCATION		11
12 Housekeeping/Maint/Laundry	17,708	2 12
13 Utilities	2,294	3 13
14 Health Care/Personal Care	6,541	6 14
15 Health Care Emp Ben/Payroll Taxes	735	8 15
16 Administrative and General	133,130	10 16
17 Advertising and Marketing	1,270	11 17
18 Insurance	1,998	13 18
19 Admin Emp Benefits & Payroll Taxes	9,782	14 19
20 Building Rental	9,181	20 20
21 Management Office Allocation	(237,449)	10 21
22		22
23		23
24 BUILDING COMPANY		24
25 Interest Income	(28)	18 25
26 Interest Expense	589,402	18 26
27 Depreciation and Amortization	786,625	17 27
28 Rent	(1,153,510)	20 28
29 Asset Management Fee	40,612	02 29
30		30
31		31
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95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(690,362)	101

Facility Name: Robbins SL

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	2.63	\$ 31.80	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11.50	9.38	3
4	Activity Director & Assistants	1.28	12.88	4
5	Social Service Workers			5
6	Head Cook	1.15	15.00	6
7	Cook Helpers/Assistants	7.85	10.07	7
8	Dishwashers			8
9	Maintenance Workers	1.87	14.05	9
10	Housekeepers	6.44	10.55	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.19	28.26	13
14	Clerical	5.80	13.53	14
15	Marketing	1.27	18.57	15
16	Other			16
17	Total (lines 1 thru 16)	40.98	\$ 13.04	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
Rockford SLF	Rockford, IL
Coles SLF	Chicago, IL
Jackson Park SLF	Chicago, IL

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Robbins SLF Realty	Robbins, 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).

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

Facility Name: Robbins SL

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## VIII. OWNERSHIP COSTS

A. Purchase price of land 567,500 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	128		2016	2002	\$ 4,548,527	\$ 1,186,655	35	\$ 129,958	\$ (1,056,697)	\$ 389,874	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				192,230			9,612	9,612	10,851	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)				\$ 4,740,757	\$ 1,186,655		\$ 139,570	\$ (1,047,085)	\$ 400,725	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	\$ 1,900,958	\$	\$ 169,397	169,397		\$ 508,191	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 1,900,958	\$	\$ 169,397	169,397		\$ 508,191	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		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	Repaired Roof	2017	4,750		20	238	238	475	1
2	Installed New Hoses	2017	2,500		20	125	125	250	2
3	Installed Scald Protectors	2017	3,096		20	155	155	310	3
4	Installed New Furnace	2017	5,771		20	289	289	577	4
5	Installed New Surveillance System	2017	5,172		20	259	259	517	5
6	Installed A/C System	2017	3,500		20	175	175	350	6
7	1St-4Th Floor-Office/Corridor Tiling/Paint/Lighting	2018	164,441		20	8,222	8,222	8,222	7
8	Roof Repair	2018	3,000		20	150	150	150	8
9									9
10									10
11									11
12									12
13									13
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 192,230	\$		\$ 9,612	\$ 9,612	\$ 10,851	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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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
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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: Robbins SL

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*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6	Allocated from Grand Lifestyles			/ /	9,181			6
7	TOTAL				\$ 9,181			7

8. Is movable equipment rental included in building rental?

☐ YES

☒ NO

9. Rental amount for movable equipment \$ 1,079

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				
	A. Directly Facility Related										
	Long-Term										
1	MB Financial		X	Mortgage	/ /	\$	18,155,314	/ /		\$ 589,402	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	MB Financial		X	Line of Credit	/ /			/ /		2,347	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	18,155,314			\$ 591,749	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-2,556	8
9	Building Co. - Interest Income		X		/ /			/ /		-28	9
10	TOTALS (lines 7, 8 and 9)					\$	18,155,314			\$ 589,165	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

Page 7

Facility Name: Robbins SL

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	\$ 522,960	\$ 850,494	1
2	Cash-Patient Deposits	4,025	4,025	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,288,313	1,098,942	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	108,068	108,068	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):		606,659	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,923,366	\$ 2,668,188	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		567,500	13
14	Buildings, at Historical Cost		4,548,527	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	400,030	2,094,003	16
17	Accumulated Depreciation (book methods)	(400,030)	(3,013,910)	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>	192,651	4,732,651	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 192,651	\$ 8,928,771	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,116,017	\$ 11,596,959	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 53,715	\$ 69,326	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	66,294	66,294	30
31	Accrued Taxes Payable	212,354	212,354	31
32	Accrued Interest Payable			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>	123,614	437,073	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 455,977	\$ 785,047	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		18,155,314	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	<u>See Attached</u>	399,870	399,870	43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 399,870	\$ 18,555,184	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 855,847	\$ 19,340,231	45
46	<b>TOTAL EQUITY</b>	\$ 1,260,170	\$ (7,743,272)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,116,017	\$ 11,596,959	47

\*(See instructions.)

Facility Name: Robbins SL

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	\$ 4,746,244	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 4,746,244	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		8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	2,556	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 2,556	14
	<b>D. Other Revenue (specify):</b>		
15		182	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 182	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 4,748,982	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	923,698	19
20	Health Care/ Personal Care	447,402	20
21	General Administration	817,586	21
	<b>B. Capital Expense</b>		
22	Ownership	1,772,259	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>	\$ 3,960,945	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 788,037	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 788,037	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 3,599,821	32
33	Private Pay - Net Inpatient Revenue	1,146,423	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>	\$ 4,746,244	37