

		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: 1000044

Facility Name: Alexian Village of Elk Grove

Address: 975 Martha Street Elk Grove 60007

County: Cook

Telephone Number: (847) 437-8070 Fax # (708) 481-3572

Federal Employer ID Number:

Date Current Owners were Certified: 1/6/2005

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 1/1/2019 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)
(Print Name and Title)
(Firm Name & Address)
(Telephone)

*Subject to the attached Accountants' Consulting Report
(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

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	94	Single Unit Apartment	94	34,310	1
2	10	Double Unit Apartment	10	3,650	2
3		Other			3
4	104	TOTALS	104	37,960	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	12,351	21,959		34,310	5
6	Double Unit	964	1,708		2,672	6
7	Other					7
8	TOTALS	13,315	23,667		36,982	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.42%

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

168 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 55 (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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2019 Fiscal Year: 12/31/2019

* 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

STATE OF ILLINOIS

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Facility Name: Alexian Village of Elk Grove

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			
	A. General Services							
1	Dietary and Food Purchase	398,476	251,648	8,332	658,456		658,456	1
2	Housekeeping, Laundry and Maintenance	153,671	49,099	102,539	305,309	5,560	310,869	2
3	Heat and Other Utilities			119,215	119,215	278	119,493	3
4	Other (specify):							4
5	TOTAL General Services	552,147	300,747	230,086	1,082,980	5,837	1,088,817	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	654,896	454	375,174	1,030,524	22,882	1,053,406	6
7	Activities and Social Services	41,862	2,356	42,857	87,075	(2,022)	85,053	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	696,758	2,810	418,031	1,117,599	20,860	1,138,459	9
	C. General Administration							
10	Administrative and Clerical	231,307	10,611	744,111	986,029	(196,519)	789,510	10
11	Marketing Materials, Promotions and Advertising	142,610	597	96,441	239,648	(19,383)	220,265	11
12	Employee Benefits and Payroll Taxes			315,816	315,816		315,816	12
13	Insurance-Property, Liability and Malpractice			129,582	129,582	1,986	131,568	13
14	Other (specify):					31,620	31,620	14
15	TOTAL General Administration	373,917	11,208	1,285,950	1,671,075	(182,296)	1,488,779	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,622,822	314,765	1,934,067	3,871,654	(155,598)	3,716,056	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			518,143	518,143	(110,120)	408,023	17
18	Interest			289,646	289,646	(3,569)	286,077	18
19	Real Estate Taxes			100,532	100,532		100,532	19
20	Rent -- Facility and Grounds			760	760	15,979	16,739	20
21	Rent -- Equipment			17,129	17,129	54	17,183	21
22	Other (specify):			42,943	42,943		42,943	22
23	TOTAL Ownership			969,153	969,153	(97,656)	871,497	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,622,822	314,765	2,903,220	4,840,807	(253,254)	4,587,553	24

STATE OF ILLINOIS		Page 3A
Alexian Village of Elk Grove		
Report Period Beginning:	1/1/2019	
Ending:	12/31/2019	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (122,199)	17 1
2 Additional R&M	12,722	06 2
3 Pet Care	(2,959)	07 3
4 NSF Fees	(35)	10 4
5 Late Fees	(60)	10 5
6 Other Income	(334)	10 6
7 Meals & Entertainment	(1,363)	10 7
8 Bank Service Charges	(4,706)	10 8
9 Late Fees/Finance Charges	(35)	10 9
10 Resident Gifts	(607)	10 10
11 Bad Debts	(25,457)	10 11
12 Cable TV	(349)	10 12
13 Shared Services	(46,174)	11 13
14 Management Fees	(217,709)	10 14
15 Service Provider Fee	(71,020)	10 15
16 Asset Management Fee	(52,941)	10 16
17 Interest Income-Escrows	(2,325)	18 17
18 Interest Income	(1,344)	18 18
19		19
20		20
21 Pathway Management Allocation		21
22 Maintenance	5,560	2 22
23 Utilities	278	3 23
24 Health Care / Personal Care	10,150	6 24
25 Community Life	937	7 25
26 Administrative	177,998	10 26
27 Marketing	26,791	11 27
28 Insurance	1,906	13 28
29 Employee Benefits	31,628	14 29
30 Depreciation	13,079	17 30
31 Rent - Building	15,979	20 31
32 Rent - Equipment	54	21 32
33		33
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100		100
101 Total	(253,254)	101

Facility Name: Alexian Village of Elk Grove

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	1.40	\$ 32.41	1
2	Licensed Practical Nurses	1.61	27.14	2
3	Certified Nurse Assistants	15.62	14.45	3
4	Activity Director & Assistants	1.00	20.15	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	13.53	14.16	7
8	Dishwashers			8
9	Maintenance Workers	2.05	22.93	9
10	Housekeepers	2.31	11.60	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.62	24.07	13
14	Clerical			14
15	Marketing	2.81	24.38	15
16	Other			16
17	Total (lines 1 thru 16)	44.96	\$ 17.35	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			

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	0.001415%	2.33	\$ 14,583	1
2					2
3					3
4					4
5					5
Total				\$ 14583	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
Total		\$ 3

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 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: Alexian Village of Elk Grove

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTSA. Purchase price of land 915,674 Year land was acquired 2004

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	104		2004	2004	\$ 11,826,242	\$ 518,143	35	\$ 337,893	\$ (180,251)	\$ 4,768,395	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				449,399		20	24,290	24,290	92,166	6
7	Various			2004	442,058		20	22,103	22,103	331,543	7
8	Various			2005	70,092		20	3,505	3,505	49,587	8
9	Various			2007	18,316		20	153	153	1,985	9
10	Various			2009	7,678		20	384	384	4,223	10
11	Various			2010	15,250		20	763	763	7,626	11
12	Various			2011	3,540		20	177	177	1,593	12
13											13
14	Allocated from Pathway Management					13,079			(13,079)		14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,832,575	\$ 531,222		\$ 389,267	\$ (141,955)	\$ 5,257,117	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	\$ 1,098,409	\$	\$ 18,756	18,756		\$ 1,011,320	18
19	Vehicles	16,646					16,646	19
20	TOTAL (lines 18 and 19)	\$ 1,115,055	\$	\$ 18,756	18,756		\$ 1,027,966	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 Alexian Village of Elk Grove

#

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	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	Flooring In Wellness & Md Office	2013	2,563		20	128	128	896	1
2	Compressor	2013	9,740		20	487	487	3,409	2
3	Outside Painting 20 Dormers, A Cupola & A Fireplace	2013	7,800		20	390	390	2,730	3
4	Cement & Sewer Repairs	2014	8,263		20	413	413	2,479	4
5	Dining Room Floor	2014	14,720		20	736	736	4,416	5
6	Professional Paving	2014	2,680		20	134	134	804	6
7	Driveway Repaving	2015	4,428		20	221	221	1,107	7
8	Shed Purchase	2015	3,513		20	176	176	878	8
9	Phone System	2015	20,056		20	1,003	1,003	5,014	9
10	Phone System	2015	19,409		20	970	970	4,852	10
11	Interior Painting	2015	18,260		20	913	913	4,565	11
12	Nurse Call System	2015	38,533		20	1,927	1,927	9,633	12
13	Building Painting	2015	19,590		20	980	980	4,898	13
14	Nurse Call System	2015	28,591		20	1,430	1,430	7,148	14
15	Nurse Call	2015	8,024		20	401	401	2,006	15
16	Compressor Repair	2015	3,200		20	160	160	800	16
17	Custom Carpeting	2016	4,921		20	246	246	984	17
18	Capital Carpeting Replacement	2016	6,323		20	316	316	1,265	18
19	New Carpet Entire Building	2016	77,628		20	3,881	3,881	15,526	19
20	Electrical Work- Emergency Outlets	2016	3,250		20	163	163	650	20
21	New Floor- Community Room	2017	10,113		20	506	506	1,517	21
22	6 Fire Rated Doors	2017	3,521		20	176	176	528	22
23	Exhaust System- Laundry Area	2017	6,960		20	696	696	2,088	23
24	Boiler Pump Repair	2017	2,630		20	132	132	395	24
25	White General Machine Door Replacement	2018	2,664		20	133	133	266	25
26	Replaced Generator Controller	2018	5,856		20	293	293	586	26
27	Bathroom Wall Mounts	2018	2,701		20	135	135	270	27
28	Nurse Call System Upgrade	2018	21,262		20	1,063	1,063	2,126	28
29	Walk In Freezer	2018	18,271		20	914	914	1,827	29
30	New Counters, Countertop, Shelf	2018	29,454		20	2,945	2,945	5,891	30
31	Refrigerant Leak Repair	2018	3,641		20	182	182	364	31
32	Boilers And Pumps	2018	4,134		20	207	207	413	32
33	Cooler / Freezer Electrical	2019	4,200		20	210	210	210	33
34	TOTAL (lines 1 thru 33)		\$ 416,899	\$		\$ 22,666	\$ 22,666	\$ 90,541	34

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

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	Sprinkler Heads In Cooler / Freezer	2019	2,620		20	131	131	131	1
2	Walk In Freezer - Final Payment	2019	18,271		20	914	914	914	2
3	Replace Entrance Door	2019	2,937		20	147	147	147	3
4	Fire Doors	2019	5,969		20	298	298	298	4
5	Fire Door Replacement	2019	2,703		20	135	135	135	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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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)		\$ 32,500	\$		\$ 1,625	\$ 1,625	\$ 1,625	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
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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)		\$	\$		\$	\$	\$	34

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

Facility Name: Alexian Village of Elk Grove

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	Storage Rental			/ /	760			5
6	Allocated from Pathway			/ /	15,979			6
7	TOTAL				\$ 16,739			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 17,183

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	Greystone		X	1ST Mortgage	4/1/12	\$ 9,279,000	\$ 7,958,056	3/1/45	3.6000	\$ 289,646	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,279,000	\$ 7,958,056			\$ 289,646	7
	B. Non-Facility Related										
8	Interest Income-Escrows				/ /			/ /		(2,325)	8
9	Interest Income				/ /			/ /		(1,244)	9
10	TOTALS (lines 7, 8 and 9)					\$ 9,279,000	\$ 7,958,056			\$ 286,077	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: Alexian Village of Elk Grove

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	\$ 1,898,366	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	813,675		3
4	Supply Inventory (priced at)	9,949		4
5	Short-Term Investments			5
6	Prepaid Insurance	160,987		6
7	Other Prepaid Expenses	18,711		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,371,284		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,272,972	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	915,674		13
14	Buildings, at Historical Cost	11,902,150		14
15	Leasehold Improvements, at Historical Cost	874,378		15
16	Equipment, at Historical Cost	1,202,738		16
17	Accumulated Depreciation (book methods)	(8,149,153)		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	83,690		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,829,477	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,102,449	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 153,244	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	87,767		30
31	Accrued Taxes Payable	102,692		31
32	Accrued Interest Payable	23,874		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	166,358		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 533,935	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,958,056		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)	\$ 7,958,056	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,491,991	\$	45
46	TOTAL EQUITY	\$ 2,610,458	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,102,449	\$	47

*(See instructions.)

Facility Name: Alexian Village of Elk Grove

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.)

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 5,782,141	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,782,141	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	6,056	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 6,056	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	3,569	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,569	14
	D. Other Revenue (specify):		
15	See Attached	679	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 679	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,792,445	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,082,980	19
20	Health Care/ Personal Care	1,117,599	20
21	General Administration	1,671,075	21
	B. Capital Expense		
22	Ownership	969,153	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)	\$ 4,840,807	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 951,638	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 951,638	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,271,719	32
33	Private Pay - Net Inpatient Revenue	3,510,422	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,782,141	37