

		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: 1000057

Facility Name: Jackson Park Slf

Address: 1448 East 75th St Chicago 60649

Number City Zip Code

County: Cook

Telephone Number: (773) 667-6500 Fax # (7730 667-1875

Federal Employer ID Number:

Date Current Owners were Certified: 2/9/2006

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☐	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) (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

Facility Name **Jackson Park Slf**

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

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	123	Single Unit Apartment	123	44,895	1		
2	13	Double Unit Apartment	13	4,745	2		
3		Other			3		
4	136	TOTALS	136	49,640	4		

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	46,810			46,810	5
6	Double Unit					6
7	Other					7
8	TOTALS	46,810			46,810	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.30%

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

ACCUAL		MODIFIED	
		CASH*	CASH*
	X		

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.

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.

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.

STATE OF ILLINOIS

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Facility Name: Jackson Park Slf

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	223,142	301,460	2,525	527,127		527,127	1
2	Housekeeping, Laundry and Maintenance	154,518	57,399	148,056	359,973	40,379	400,352	2
3	Heat and Other Utilities			155,256	155,256	996	156,252	3
4	Other (specify):							4
5	TOTAL General Services	377,660	358,859	305,837	1,042,356	41,375	1,083,731	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	411,237	2,900		414,137	7,853	421,990	6
7	Activities and Social Services	56,392	4,685	5,669	66,746		66,746	7
8	Other (specify):					679	679	8
9	TOTAL Health Care and Programs	467,629	7,585	5,669	480,883	8,532	489,415	9
	C. General Administration							
10	Administrative and Clerical	278,887	6,682	342,408	627,977	(140,855)	487,122	10
11	Marketing Materials, Promotions and Advertising	55,569		9,578	65,147	2,673	67,820	11
12	Employee Benefits and Payroll Taxes			174,529	174,529		174,529	12
13	Insurance-Property, Liability and Malpractice			74,454	74,454	163,914	238,368	13
14	Other (specify):					8,136	8,136	14
15	TOTAL General Administration	334,456	6,682	600,969	942,107	33,868	975,975	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,179,745	373,126	912,475	2,465,346	83,775	2,549,121	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			81,561	81,561	488,712	570,273	17
18	Interest					756,670	756,670	18
19	Real Estate Taxes			161,097	161,097		161,097	19
20	Rent -- Facility and Grounds			1,892,349	1,892,349	(1,883,361)	8,988	20
21	Rent -- Equipment			5,724	5,724		5,724	21
22	Other (specify):							22
23	TOTAL Ownership			2,140,731	2,140,731	(637,979)	1,502,752	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,179,745	373,126	3,053,206	4,606,077	(554,204)	4,051,873	24

STATE OF ILLINOIS		Page 3A
Jackson Park SH		
Report Period Beginning:	1/1/2019	
Ending:	12/31/2019	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (916,386)	17 1
2 Interest Income	(5,004)	18 2
3 Bank Charges	(1,717)	10 3
4 Cable TV	(10,488)	02 4
5 Use Tax	(20)	10 5
6 Meals & Entertainment	(1,940)	10 6
7 Bad Debts	(10,544)	10 7
8 Penalties	(61)	10 8
9 Capitalized R & M	(16,786)	02 9
10 Miscellaneous Income	(40)	02 10
11		11
12 MANAGEMENT OFFICE ALLOCATION		12
13 Housekeeping/Maint/Laundry	2,270	02 13
14 Utilities	996	03 14
15 Health Care/Personal Care	7,853	06 15
16 Health Care Emp Ben/Payroll Taxes	679	08 16
17 Administrative and General	144,796	10 17
18 Advertising and Marketing	2,673	11 18
19 Insurance	5,409	13 19
20 Admin Emp Benefits & Payroll Taxes	8,136	14 20
21 Building Rental	8,988	20 21
22 Management Office Allocation	(271,369)	10 22
23		23
24 BUILDING COMPANY		24
25 Interest Income	(487)	18 25
26 Rent	(1,892,349)	20 26
27 Interest Expense	762,161	18 27
28 Depreciation	1,405,098	17 28
29 Asset Management Fee	65,423	02 29
30 Insurance	158,505	13 30
31		31
32		32
33		33
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93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(554,204)	101

Facility Name: Jackson Park Slf

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	1.86	\$ 36.85	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9.83	13.15	3
4	Activity Director & Assistants	1.71	15.84	4
5	Social Service Workers			5
6	Head Cook	1.85	16.06	6
7	Cook Helpers/Assistants	6.76	11.47	7
8	Dishwashers			8
9	Maintenance Workers	1.24	9.64	9
10	Housekeepers	5.44	11.45	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.03	25.26	13
14	Clerical	4.73	17.51	14
15	Marketing	1.03	25.86	15
16	Other			16
17	Total (lines 1 thru 16)	36.49	\$ 15.54	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
Robbins SLF	Chicago, IL
Grand Regency of Peoria	Peoria, IL

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Jackson Park SLF Realty	Chicago, 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: Jackson Park Slf

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,027,500 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	136		2016	2005	\$ 8,220,000	\$ 1,486,659	35	\$ 234,857	\$ (1,251,802)	\$ 939,428	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				506,105		20	25,305	25,305	46,862	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)				\$ 8,726,105	\$ 1,486,659		\$ 260,162	\$ (1,226,497)	\$ 986,290	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	\$ 3,102,381	\$	\$ 310,111	310,111		\$ 1,236,349	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 3,102,381	\$	\$ 310,111	310,111		\$ 1,236,349	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 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	Repaired Roof	2017	3,225		20	161	161	484	1
2	Repaired Roof	2017	3,225		20	161	161	484	2
3	Installed Scald Protectors	2017	2,557		20	128	128	384	3
4	Installed New Camera System	2017	5,205		20	260	260	781	4
5	Painted Exterior	2017	4,165		20	208	208	625	5
6	1St-5Th Floor-Interior/Exterior Tiling/Paint/Lighting	2018	364,937		20	18,247	18,247	36,494	6
7	Furnish & Install New Clip Board And Repair - Elevator	2018	3,650		20	183	183	365	7
8	Replace New Boiler	2018	17,990		20	900	900	1,799	8
9	Change Compressor And Freon	2018	2,600		20	130	130	260	9
10	Installed Security Camera System	2018	5,205		20	260	260	521	10
11	Lobby/1St Floor Tiling/Millwork/Cornerguards	2019	5,791		20	290	290	290	11
12	Rework Entry Doors	2019	63,770		20	3,189	3,189	3,189	12
13	Architecture Work On Entry Doors	2019	7,000		20	350	350	350	13
14	Roofing Repair	2019	3,160		20	158	158	158	14
15	Replaced 4Th Floor A/C Condenser & Compressor	2019	4,567		20	228	228	228	15
16	Installed Security Camera System	2019	2,641		20	132	132	132	16
17	Installed Security Camera System	2019	3,469		20	173	173	173	17
18	Ptac Heat Pump	2019	2,948		20	147	147	147	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)		\$ 506,105	\$		\$ 25,305	\$ 25,305	\$ 46,862	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									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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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
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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: Jackson Park Slf

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	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6	Allocated from Grand Lifestyle			/ /	8,988			6
7	TOTAL				\$ 8,988			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 5,724

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	MB Financial		X	Mortgage	/ /	\$	19,266,607	/ /		\$ 761,674	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	19,266,607			\$ 761,674	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-5,004	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	19,266,607			\$ 756,670	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: Jackson Park Slf

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	\$ 556,772	\$ 833,838	1
2	Cash-Patient Deposits	5,407	5,407	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,188,351	1,188,351	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,606	15,606	6
7	Other Prepaid Expenses	159,811	209,138	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,300	1,410,861	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,927,247	\$ 3,663,201	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,027,500	13
14	Buildings, at Historical Cost		8,808,942	14
15	Leasehold Improvements, at Historical Cost	81,561	81,561	15
16	Equipment, at Historical Cost	430,484	3,424,387	16
17	Accumulated Depreciation (book methods)	(512,045)	(4,209,216)	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):	207,090	8,427,090	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 207,090	\$ 17,560,264	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,134,337	\$ 21,223,465	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 64,394	\$ 138,435	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	72,030	72,030	30
31	Accrued Taxes Payable	144,642	312,294	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	445,867	602,022	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 726,933	\$ 1,124,781	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		19,266,607	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	492,748	651,632	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 492,748	\$ 19,918,239	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,219,681	\$ 21,043,020	45
46	TOTAL EQUITY	\$ 914,656	\$ 180,445	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,134,337	\$ 21,223,465	47

*(See instructions.)

Facility Name: Jackson Park Slf

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	\$ 5,443,542	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,443,542	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	5,004	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,004	14
	D. Other Revenue (specify):		
15		40	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 40	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,448,586	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,042,356	19
20	Health Care/ Personal Care	480,883	20
21	General Administration	942,107	21
	B. Capital Expense		
22	Ownership	2,140,731	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)	\$ 4,606,077	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 842,509	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 842,509	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,261,464	32
33	Private Pay - Net Inpatient Revenue	1,182,078	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,443,542	37