

		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: 1000050

Facility Name: Rockford Supportive Lvg Ctr

Address: 2114 Kishwaukee St Rockford 61104

Number City Zip Code

County: Winnebago

Telephone Number: (815) 966-1030 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 7/12/2005

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

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	13	Double Unit Apartment	13	4,745	2
3		Other			3
4	133	TOTALS	133	48,545	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	39,349	1,664		41,013	5
6	Double Unit					6
7	Other					7
8	TOTALS	39,349	1,664		41,013	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.48%

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)

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.

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: Rockford Supportive Lvg Ctr

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	216,400	320,309	4,749	541,458	(84)	541,374	1
2	Housekeeping, Laundry and Maintenance	140,965	55,815	146,290	343,070	(18,652)	324,418	2
3	Heat and Other Utilities			133,289	133,289	873	134,162	3
4	Other (specify):							4
5	TOTAL General Services	357,365	376,124	284,328	1,017,817	(17,863)	999,954	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	716,295	7,966		724,261	6,881	731,142	6
7	Activities and Social Services	62,278	2,706	5,827	70,811		70,811	7
8	Other (specify):					595	595	8
9	TOTAL Health Care and Programs	778,573	10,672	5,827	795,072	7,476	802,548	9
	C. General Administration							
10	Administrative and Clerical	222,469	6,401	310,515	539,385	(105,304)	434,081	10
11	Marketing Materials, Promotions and Advertising	48,512	1,126	12,473	62,111	2,342	64,453	11
12	Employee Benefits and Payroll Taxes			188,854	188,854		188,854	12
13	Insurance-Property, Liability and Malpractice			70,646	70,646	85,111	155,757	13
14	Other (specify):					7,128	7,128	14
15	TOTAL General Administration	270,981	7,527	582,488	860,996	(10,723)	850,273	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,406,919	394,323	872,643	2,673,885	(21,110)	2,652,775	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			110,625	110,625	207,836	318,461	17
18	Interest					392,149	392,149	18
19	Real Estate Taxes			88,266	88,266		88,266	19
20	Rent -- Facility and Grounds			767,994	767,994	(760,119)	7,875	20
21	Rent -- Equipment			4,256	4,256		4,256	21
22	Other (specify):							22
23	TOTAL Ownership			971,141	971,141	(160,134)	811,007	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,406,919	394,323	1,843,784	3,645,026	(181,244)	3,463,782	24

STATE OF ILLINOIS		Page 3A
Rockford Supportive Lvg Ctr		
Report Period Beginning:	1/1/2019	
Ending:	12/31/2019	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (527,787)	17 1
2 Interest Income	(44)	18 2
3 Bank Charges	(3,975)	10 3
4 Cable Services	(19,169)	02 4
5 Penalties	(300)	10 5
6 Loss & Damages	(28)	10 6
7 Meals & Entertainment	(31)	10 7
8 Use Tax	(31)	10 8
9 Food & Services-Liquor	(84)	01 9
10 Bad Debts	(9,787)	10 10
11 Capitalized R & M	(26,322)	02 11
12 Miscellaneous Revenue	1615	02 12
13 Additional R&M	(574)	02 13
14		14
15 MANAGEMENT OFFICE ALLOCATION		15
16 Housekeeping/Maint/Laundry	1,989	02 16
17 Utilities	873	03 17
18 Health Care/Personal Care	6,881	06 18
19 Health Care Emp Ben/Payroll Taxes	595	08 19
20 Administrative and General	126,864	10 20
21 Advertising and Marketing	2,342	11 21
22 Insurance	4,739	13 22
23 Admin Emp Benefits & Payroll Taxes	7,128	14 23
24 Building Rental	7,875	20 24
25 Management Office Allocation	(218,016)	10 25
26		26
27 BUILDING COMPANY		27
28 Rent	(767,994)	20 28
29 Interest Expense	392,193	18 29
30 Depreciation and Amortization	735,623	17 30
31 Asset Management Fee	36,039	02 31
32 Insurance	80,372	13 32
33		33
34		34
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93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(181,244)	101

Facility Name: Rockford Supportive Lvg Ctr

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	3.83	\$ 31.21	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	17.45	12.89	3
4	Activity Director & Assistants	2.09	14.30	4
5	Social Service Workers			5
6	Head Cook	1.06	18.97	6
7	Cook Helpers/Assistants	8.23	10.20	7
8	Dishwashers			8
9	Maintenance Workers	1.73	18.73	9
10	Housekeepers	3.58	9.89	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.36	32.87	13
14	Clerical	3.26	19.08	14
15	Marketing	0.81	28.65	15
16	Other			16
17	Total (lines 1 thru 16)	43.40	\$ 15.58	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
Coles SLF	Chicago, IL
Jackson Park SLF	Chicago, IL
Robbins SLF	Robbins, IL
Grand Regency of Peoria	Peoria, IL

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Grand Lifestyles	Skokie, IL	Management Co
Rockford SLF Realty	Rockford, IL	Building 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

VIII. OWNERSHIP COSTS

A. Purchase price of land 550,000 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	\$ 4,400,000	\$ 846,248	35	\$ 125,714	\$ (720,534)	\$ 502,856	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				512,908		20	25,645	25,645	45,706	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)				\$ 4,912,908	\$ 846,248		\$ 151,359	\$ (694,889)	\$ 548,562	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	\$ 1,671,020	\$	\$ 167,102	167,102		\$ 663,815	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 1,671,020	\$	\$ 167,102	167,102		\$ 663,815	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	Rockford Supportive Lvg Ctr
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XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Installed New Surveillance System	2017	6,502		20	325	325	975	1
2	Heat Pump	2017	3,646		20	182	182	547	2
3	Replaced Coil/Relay On Fire Pump	2017	3,818		20	191	191	573	3
4	1St-5Th Floor-Room/Corridor/Lounge Tiling/Paint/Lighting	2018	358,477		20	17,924	17,924	35,848	4
5	Furnish & Install Gcio Boards, Asibna Boards	2018	7,790		20	390	390	779	5
6	Parking Lots & Building Lights	2018	7,014		20	351	351	701	6
7	Lobby/1St Floor Tiling/Millwork/Windows/Lighting	2019	10,383		20	519	519	519	7
8	Reattached Entry Doors	2019	63,770		20	3,189	3,189	3,189	8
9	Repaired Parking Lot Pavement	2019	31,613		20	1,581	1,581	1,581	9
10	Repaired Broken Sewer	2019	5,765		20	288	288	288	10
11	Installed New Surveillance System By The Reception Area	2019	2,836		20	142	142	142	11
12	Replaced Boiler Circulation Pump	2019	3,890		20	195	195	195	12
13	Repaired Broken Sewer	2019	4,065		20	203	203	203	13
14	Replaced Hot Water Mixing Valve	2019	3,340		20	167	167	167	14
15									15
16									16
17									17
18									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)		\$ 512,908	\$		\$ 25,645	\$ 25,645	\$ 45,706	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
12									12
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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.

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.

Facility Name: Rockford Supportive Lvg Ctr

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				/ /				5
6	Allocated from Grand Lifestyles			/ /	7,875			6
7	TOTAL				\$ 7,875			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 4,256

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	/ /	\$	9,927,111	/ /		\$ 392,193	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	9,927,111			\$ 392,193	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-44	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	9,927,111			\$ 392,149	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: Rockford Supportive Lvg Ctr

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	\$ 329,661	\$ 459,993	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	319,402	319,402	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,167	10,167	6
7	Other Prepaid Expenses	64,031	90,077	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	212,517	987,732	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 935,778	\$ 1,867,371	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		550,000	13
14	Buildings, at Historical Cost		4,907,192	14
15	Leasehold Improvements, at Historical Cost	110,625	110,625	15
16	Equipment, at Historical Cost	432,706	2,100,082	16
17	Accumulated Depreciation (book methods)	(541,693)	(2,458,770)	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):		1,666,264	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,638	\$ 6,875,393	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 937,416	\$ 8,742,764	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 26,746	\$ 51,496	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	75,673	75,673	30
31	Accrued Taxes Payable	88,928	177,737	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	9,831	185,964	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 201,178	\$ 490,870	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		9,927,111	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	512,367	575,604	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 512,367	\$ 10,502,715	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 713,545	\$ 10,993,585	45
46	TOTAL EQUITY	\$ 223,871	\$ (2,250,821)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 937,416	\$ 8,742,764	47

*(See instructions.)

Facility Name: Rockford Supportive Lvg Ctr

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	\$ 4,389,817	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,389,817	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	44	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 44	14
	D. Other Revenue (specify):		
15		615	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 615	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,390,476	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,017,817	19
20	Health Care/ Personal Care	795,072	20
21	General Administration	860,996	21
	B. Capital Expense		
22	Ownership	971,141	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)	\$ 3,645,026	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 745,450	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 745,450	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,673,922	32
33	Private Pay - Net Inpatient Revenue	1,715,895	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,389,817	37