

		FOR BHF USE			

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2020)

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

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
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 1/1/2020 to 12/31/2020 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) 4/30/2021
(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	123	Single Unit Apartment	123	45,018	1
2	13	Double Unit Apartment	13	4,758	2
3		Other			3
4	136	TOTALS	136	49,776	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	42,826			42,826	5
6	Double Unit					6
7	Other					7
8	TOTALS	42,826			42,826	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.04%

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)

None

H. ACCOUNTING BASIS

ACCRUAL X MODIFIED CASH* CASH*

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

* 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:

1/1/2020

Ending:

12/31/2020

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	199,477	273,247	76,544	549,268		549,268	1
2	Housekeeping, Laundry and Maintenance	145,919	42,761	140,819	329,499	49,354	378,853	2
3	Heat and Other Utilities			189,453	189,453	1,990	191,443	3
4	Other (specify):							4
5	TOTAL General Services	345,396	316,008	406,816	1,068,220	51,344	1,119,564	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	382,450	(1,128)	85,581	466,903		466,903	6
7	Activities and Social Services	56,036	3,598	4,113	63,747		63,747	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	438,486	2,470	89,694	530,650		530,650	9
	C. General Administration							
10	Administrative and Clerical	277,820	6,800	345,374	629,994	(137,565)	492,429	10
11	Marketing Materials, Promotions and Advertising	54,126		7,400	61,526	1,598	63,124	11
12	Employee Benefits and Payroll Taxes			177,261	177,261		177,261	12
13	Insurance-Property, Liability and Malpractice			45,442	45,442	166,195	211,637	13
14	Other (specify):					7,546	7,546	14
15	TOTAL General Administration	331,946	6,800	575,477	914,223	37,774	951,997	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,115,828	325,278	1,071,987	2,513,093	89,118	2,602,211	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					570,810	570,810	17
18	Interest					741,722	741,722	18
19	Real Estate Taxes			172,713	172,713		172,713	19
20	Rent -- Facility and Grounds			1,929,402	1,929,402	(1,918,635)	10,767	20
21	Rent -- Equipment			5,724	5,724		5,724	21
22	Other (specify):							22
23	TOTAL Ownership			2,107,839	2,107,839	(606,102)	1,501,737	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,115,828	325,278	3,179,826	4,620,932	(516,984)	4,103,948	24

STATE OF ILLINOIS		Page 3A
Jackson Park SLE		
Report Period Beginning:	1/1/2020	
Ending:	12/31/2020	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight-Line Depreciation	\$ (204,309)	17 1
2 Interest Income	(9,050)	18 2
3 Bad Debts	(6,082)	10 3
4 Bank Charges	(2,575)	10 4
5 Cable Service	(9,831)	02 5
6 Use Tax	(151)	10 6
7 Capitalized R&M	(8,200)	02 7
8		8
9 BUILDING COMPANY		9
10 Interest Income	(360)	18 10
11 Rent	(1,929,402)	20 11
12 Interest Expense	751,132	18 12
13 Depreciation	775,179	17 13
14 Asset Management Fee	66,731	02 14
15 Insurance	164,025	13 15
16		16
17 MANAGEMENT OFFICE ALLOCATION		17
18 Housekeeping/Main/Laundry	654	02 18
19 Utilities	1,990	03 19
20 Administrative and General	151,268	10 20
21 Advertising and Marketing	1,598	11 21
22 Insurance	2,170	13 22
23 Admin Emp. Benefits & Payroll Taxes	7,546	14 23
24 Building Rental	10,767	20 24
25 Management Fees	(280,025)	10 25
26		26
27		27
28		28
29		29
30		30
31		31
32		32
33		33
34		34
35		35
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92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(516,984)	101

Facility Name: Jackson Park SLF

Report Period Beginning 1/1/2020 Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.40	\$ 23.41	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10.33	12.37	3
4	Activity Director & Assistants	1.81	14.87	4
5	Social Service Workers			5
6	Head Cook	0.97	21.18	6
7	Cook Helpers/Assistants	5.45	13.84	7
8	Dishwashers			8
9	Maintenance Workers	0.64	19.10	9
10	Housekeepers	4.43	13.06	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.97	51.23	13
14	Clerical	5.08	16.53	14
15	Marketing	0.94	27.62	15
16	Other			16
17	Total (lines 1 thru 16)	33.02	\$	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

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	\$	1
2		2
Total		\$ 3

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? \$

(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).

Facility Name: Jackson Park SLF

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	\$ 775,179	35	\$ 234,857	\$ (540,322)	\$ 1,174,285	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				514,305		20	25,715	25,715	72,579	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)				\$ 8,734,305	\$ 775,179		\$ 260,572	\$ (514,607)	\$ 1,246,864	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	\$	\$ 310,238	310,238		\$ 1,546,587	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 3,102,381	\$	\$ 310,238	310,238		\$ 1,546,587	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	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	645	1
2 Repaired Roof	2017	3,225		20	161	161	645	2
3 Installed Scald Protectors	2017	2,557		20	128	128	512	3
4 Installed New Camera System	2017	5,205		20	260	260	1,041	4
5 Painted Exterior	2017	4,165		20	208	208	833	5
6 1St-5Th Floor-Interior/Exterior Tiling/Paint/Lighting	2018	364,937		20	18,247	18,247	54,741	6
7 Furnish & Install New Clip Board And Repair - Elevator	2018	3,650		20	183	183	548	7
8 Replace New Boiler	2018	17,990		20	900	900	2,699	8
9 Change Compressor And Freon	2018	2,600		20	130	130	390	9
10 Installed Security Camera System	2018	5,205		20	260	260	781	10
11 Lobby/1St Floor Tiling/Millwork/Cornerguards	2019	5,791		20	290	290	580	11
12 Rework Entry Doors	2019	63,770		20	3,189	3,189	6,378	12
13 Architecture Work On Entry Doors	2019	7,000		20	350	350	700	13
14 Roofing Repair	2019	3,160		20	158	158	316	14
15 Replaced 4Th Floor A/C Condenser & Compressor	2019	4,567		20	228	228	456	15
16 Installed Security Camera System	2019	2,641		20	132	132	264	16
17 Installed Security Camera System	2019	3,469		20	173	173	346	17
18 Ptac Heat Pump	2019	2,948		20	147	147	294	18
19 Roof Repair	2020	8,200		20	410	410	410	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)		\$ 514,305	\$		\$ 25,715	\$ 25,715	\$ 72,579	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
13									13
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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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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: 1/1/2020

Ending: 2/31/2020

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			/ /	10,767			6
7	TOTAL				\$ 10,767			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	/ /	\$	18,980,879	/ /		\$ 751,132	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	18,980,879			\$ 751,132	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		-9,050	8
9	Interest Income - Bldg Co				/ /			/ /		-360	9
10	TOTALS (lines 7, 8 and 9)					\$	18,980,879			\$ 741,722	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: 1/1/2020

Ending: 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,837,813	\$ 2,262,241	1
2	Cash-Patient Deposits	1,645	1,645	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,105,382	1,105,382	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	67,786	67,786	6
7	Other Prepaid Expenses	162,208	41,365	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,300	2,635,872	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,176,134	\$ 6,114,291	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		8,879,142	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	512,045	3,505,948	16
17	Accumulated Depreciation (book methods)	(512,045)	(4,354,476)	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):	179,584	8,605,107	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 179,584	\$ 17,663,221	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,355,718	\$ 23,777,512	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 97,432	\$ 108,593	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		297,162	29
30	Accrued Salaries Payable	85,415	85,415	30
31	Accrued Taxes Payable	149,011	334,190	31
32	Accrued Interest Payable		62,162	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36		66,988	204,453	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 398,846	\$ 1,091,975	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		18,683,717	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43		1,809,639	1,809,639	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,809,639	\$ 20,493,356	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,208,485	\$ 21,585,331	45
46	TOTAL EQUITY	\$ 1,147,233	\$ 2,192,181	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 3,355,718	\$ 23,777,512	47

*(See instructions.)

Facility Name: Jackson Park SLF

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

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	\$ 5,606,316	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,606,316	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	9,095	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 9,095	14
	D. Other Revenue (specify):		
15		263,100	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 263,100	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,878,511	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,068,220	19
20	Health Care/ Personal Care	530,650	20
21	General Administration	914,223	21
	B. Capital Expense		
22	Ownership	2,107,839	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)	\$ 4,620,932	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,257,579	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,257,579	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,517,697	32
33	Private Pay - Net Inpatient Revenue	1,088,619	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,606,316	37