

		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: 1000051

Facility Name: Springfield SLC

Address: 2034 Clearlake Ave Springfield 62702

County: Sangamon

Telephone Number: (217) 522-8843 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 8/3/2005

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) 5/3/2021
*Subject to the attached Accountants' Consulting Report (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 Springfield SLC

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

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	121	Single Unit Apartment	121	44,286	1
2	14	Double Unit Apartment	14	5,124	2
3		Other			3
4	135	TOTALS	135	49,410	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	26,646	3,734		30,380	5
6	Double Unit	3,083	432		3,515	6
7	Other					7
8	TOTALS	29,729	4,166		33,895	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 68.60%

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

Not Tracker Also, indicate the number of unpaid bed-hold days the SLF had during this year. Not Tracked (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

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/20 Fiscal Year: 12/31/20

* 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: Springfield SLC

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		527,796	1,440	529,236		529,236	1
2	Housekeeping, Laundry and Maintenance	227,454	35,478	95,251	358,183	15,173	373,356	2
3	Heat and Other Utilities			144,881	144,881	(32,760)	112,121	3
4	Other (specify):							4
5	TOTAL General Services	227,454	563,274	241,572	1,032,300	(17,587)	1,014,713	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	737,968	224,481	3,774	966,223		966,223	6
7	Activities and Social Services	84,022	12,084	6,049	102,155	(1,200)	100,955	7
8	Other (specify):			5,535	5,535		5,535	8
9	TOTAL Health Care and Programs	821,990	236,565	15,358	1,073,913	(1,200)	1,072,713	9
	C. General Administration							
10	Administrative and Clerical	334,505	17,327	268,309	620,141	(91,203)	528,938	10
11	Marketing Materials, Promotions and Advertising	63,814		66,539	130,353		130,353	11
12	Employee Benefits and Payroll Taxes			239,580	239,580		239,580	12
13	Insurance-Property, Liability and Malpractice			41,981	41,981	55,352	97,333	13
14	Other (specify):							14
15	TOTAL General Administration	398,319	17,327	616,409	1,032,055	(35,850)	996,205	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,447,763	817,166	873,339	3,138,268	(54,637)	3,083,631	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			180,022	180,022	142,661	322,683	17
18	Interest			49,207	49,207	297,963	347,170	18
19	Real Estate Taxes					70,032	70,032	19
20	Rent -- Facility and Grounds			741,000	741,000	(741,000)		20
21	Rent -- Equipment			682	682		682	21
22	Other (specify):			2,570	2,570	(2,570)	0	22
23	TOTAL Ownership			973,481	973,481	(232,913)	740,568	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,447,763	817,166	1,846,820	4,111,749	(287,550)	3,824,199	24

STATE OF ILLINOIS		Page 3A
Springfield SLC		
Report Period Beginning:	1/1/2020	
Ending:	12/31/2020	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (177,262)	17 1
2 Income - Activities	(1,200)	07 2
3 Interest Income	(121)	18 3
4 Cable TV	(32,760)	03 4
5 Bank Charges	(1,400)	10 5
6 Charitable Contributions	(22,500)	10 6
7 Bad Debts	(48,977)	10 7
8 Amortization Expense	(2,570)	22 8
9 Building Co. - Rent Income	(741,000)	20 9
10 Building Co. - Depreciation	319,923	17 10
11 Building Co. - Insurance	55,352	13 11
12 Building Co. - Interest Expense	296,084	18 12
13 Building Co. - Real Estate Taxes	70,032	19 13
14 Building Co. - Repairs & Maintenance	7,733	02 14
15 Additional R&M	7,440	02 15
16 Prior Year Office Expense	(18,326)	10 16
17		17
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100		100
101 Total	(287,550)	101

Facility Name: Springfield SLC

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	4.26	\$ 27.29	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	18.20	13.10	3
4	Activity Director & Assistants	2.69	15.04	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	2.56	17.78	9
10	Housekeepers	4.65	13.71	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.34	36.00	13
14	Clerical	6.37	17.70	14
15	Marketing	1.34	22.82	15
16	Other			16
17	Total (lines 1 thru 16)	41.41	\$ 16.81	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

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Springfield Property, LLC		Springfield		Building Co	

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).

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	Healthcare Development LLC	17%		\$ 126,000	1
2					2
3					3
4					4
5					5
Total				\$ 126,000	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1		\$	1
2			2
Total		\$	3

Facility Name: Springfield SLC

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 115,071 Year land was acquired

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	135		2005	2005	\$ 8,063,935	\$ 319,923	35	\$ 230,398	\$ (89,525)	\$ 3,754,441	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				588,027	180,022	20	29,403	(150,619)	104,904	6
7	Various			2005	1,750		20	88	88	1,320	7
8	Various			2006	3,321		20	167	167	2,462	8
9	Various			2007	2,632		20	132	132	1,843	9
10	Various			2008	4,900		20	245	245	3,042	10
11	Various			2009	12,558		20	628	628	6,983	11
12	Various			2010	15,823		20	791	791	8,124	12
13	Various			2011	33,844		20	1,692	1,692	15,849	13
14	Various			2012	70,852		20	3,542	3,542	31,037	14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,797,642	\$ 499,945		\$ 267,086	\$ (232,859)	\$ 3,930,005	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	\$ 441,233	\$	\$ 41,937	41,937		\$ 335,960	18
19	Vehicles	68,298		13,660	13,660		54,639	19
20	TOTAL (lines 18 and 19)	\$ 509,531	\$	\$ 55,597	55,597		\$ 390,599	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 Springfield SLC

#

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	7 Ptac Heat Pump	2013	5,955		20	298	298	2,357	1
2	Security Cameras	2013	5,626		20	281	281	2,156	2
3	Outside Security Cameras	2013	6,048		20	302	302	2,192	3
4	Stairwell Heaters	2013	2,990		20	150	150	1,059	4
5	Carpet Replacement In Resident Rooms	2013	6,446		20	322	322	2,310	5
6	Demolition Of House On Lot	2013	6,000		20	300	300	2,375	6
7	Light Bars For Elevator	2013	3,367		20	168	168	1,318	7
8	Remodel Suite On 5Th Floor	2013	2,986		20	149	149	1,132	8
9	Replacement Pump For Fire Sprinkler	2014	3,382		20	169	169	1,184	9
10	Repair Balcony / Railings On Building	2014	3,215		20	161	161	1,045	10
11	Flooring 1St Floor Activity Room	2014	6,579		20	329	329	2,083	11
12	5 Ptac Heat Pumps	2016	3,597		20	180	180	839	12
13	Hall Cameras	2016	2,723		20	136	136	567	13
14	Solar Panel Project	2016	57,630		20	2,882	2,882	14,409	14
15	Building Improvements	2016	173,969		20	8,698	8,698	43,491	15
16	Carpet	2017	3,765		20	188	188	753	16
17	3Rd Floor Remodel	2017	9,404		20	470	470	1,881	17
18	Service Area Remodel	2017	3,550		20	178	178	711	18
19	Remodel Improvements	2017	43,363		20	2,168	2,168	2,168	19
20	Flooring	2018	14,430		20	722	722	2,165	20
21	Sliding Door	2018	20,900		20	1,045	1,045	3,135	21
22	Improvements	2018	4,247		20	212	212	637	22
23	Ptac Units	2018	4,250		20	213	213	638	23
24	Boiler Improvements	2018	3,160		20	158	158	474	24
25	Boiler Improvements	2019	6,431		20	322	322	644	25
26	Heat Pumps	2019	3,692		20	185	185	370	26
27	Outside Lighting	2019	5,950		20	298	298	596	27
28	Fire Alarm Control Box	2019	6,336		20	317	317	634	28
29	Remodeling	2019	15,024		20	751	751	1,502	29
30	Flooring	2019	48,556		20	2,428	2,428	4,856	30
31	Wall Heaters	2020	13,666		20	683	683	683	31
32	Hvac System	2020	90,790		20	4,540	4,540	4,540	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 588,027	\$		\$ 29,403	\$ 29,403	\$ 104,904	34

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

XL 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									1
2									2
3									3
4									4
5									5
6									6
7									7
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11									11
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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: Springfield SLC

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 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				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?

☐ YES ☐ NO

9. Rental amount for movable equipment \$ 682

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	Sigmund Lefkovitz		X	Operating Line of Credit	1/1/12	\$ 2,464,263	\$ 1,883,239	1/1/41	2.50 %	\$ 48,060	1
2	IL National Bank		X	2017 Ford Starcraft	5/22/17	60,000	18,407	5/22/22	4.50 %	1,147	2
3	Cambridge Realty		X	Mortgage	/ /		7,526,667	/ /		298,122	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 2,524,263	\$ 9,428,313			\$ 347,328	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-121	8
9	Interest Income - Bldg Co.		X		/ /			/ /		-38	9
10	TOTALS (lines 7, 8 and 9)					\$ 2,524,263	\$ 9,428,313			\$ 347,170	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: Springfield SLC

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	\$ 1,799,176	\$ 2,030,836	1
2	Cash-Patient Deposits	139	139	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	39,578	39,578	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,580	40,450	6
7	Other Prepaid Expenses	15,632	15,632	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	62,164	291,661	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,929,269	\$ 2,418,296	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		200,107	13
14	Buildings, at Historical Cost		8,469,357	14
15	Leasehold Improvements, at Historical Cost	410,764	410,764	15
16	Equipment, at Historical Cost	495,350	782,231	16
17	Accumulated Depreciation (book methods)	(778,457)	(5,674,599)	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>	436,455	503,181	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 564,112	\$ 4,691,041	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,493,381	\$ 7,109,337	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 176,945	\$ 176,945	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	45,669	45,669	30
31	Accrued Taxes Payable	4,888	4,888	31
32	Accrued Interest Payable		53,040	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	<u>See Attached</u>	82,223	1,564,062	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 309,725	\$ 1,844,604	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,901,647	1,901,647	38
39	Mortgage Payable		7,526,667	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)	\$ 1,901,647	\$ 9,428,314	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,211,372	\$ 11,272,918	45
46	TOTAL EQUITY	\$ 282,009	\$ (4,163,581)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,493,381	\$ 7,109,337	47

*(See instructions.)

Facility Name: Springfield SLC

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	\$ 3,828,175	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,828,175	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	121	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 121	14
	D. Other Revenue (specify):		
15	See Attached	1,399,363	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,399,363	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,227,659	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,032,300	19
20	Health Care/ Personal Care	1,073,913	20
21	General Administration	1,032,055	21
	B. Capital Expense		
22	Ownership	973,481	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)	\$ 4,111,749	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,115,910	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,115,910	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 258,280	32
33	Private Pay - Net Inpatient Revenue	373,216	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Medicaid Mgd Care</u>	1,954,984	35
36	Other-(specify) <u>Other Rent / Food Stamp</u>	1,241,695	36
37	TOTAL (This total must agree to Line 3)	\$ 3,828,175	37