

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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: 1000021

Facility Name: Asbury Court

Address: 1750 S Elmhurst Road Des Plaines 60018

County: Cook

Telephone Number: (847) 228-1500 Fax # (847) 228-1579

Federal Employer ID Number:

Date Current Owners were Certified: 2/28/2003

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2021 to 12/31/2021 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)

(Type or Print Name)

(Title)

Paid Preparer

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone)

In the event there are further questions about this report, please contact:

Name: Steven N. Lavenda

Telephone Number: (847) - 282- 6300

Email Address:

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

HFS 3745C (N-4-05)

IL478-2471

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	149	Single Unit Apartment	149	54,385	1
2	41	Double Unit Apartment	41	14,965	2
3		Other		10,412	3
4	190	TOTALS	190	79,762	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	49,519	3,072		52,591	5
6	Double Unit	23,024	3,159		26,183	6
7	Other					7
8	TOTALS	72,543	6,231		78,774	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.76%

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

1,765 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 4 (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)

N/A

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2021 Fiscal Year: 12/31/2021

* 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?

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?

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?

If no, explain.

STATE OF ILLINOIS

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Facility Name: Asbury Court

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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	510,059	600,970	1,508	1,112,537		1,112,537	1
2	Housekeeping, Laundry and Maintenance	222,690	78,898	373,690	675,278	10,248	685,526	2
3	Heat and Other Utilities			331,234	331,234	1,649	332,883	3
4	Other (specify):		277	81,731	82,008		82,008	4
5	TOTAL General Services	732,749	680,145	788,163	2,201,057	11,897	2,212,954	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	1,717,966	20,994	65,588	1,804,548		1,804,548	6
7	Activities and Social Services	179,742	25,232	7,060	212,034		212,034	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	1,897,708	46,226	72,648	2,016,582		2,016,582	9
	C. General Administration							
10	Administrative and Clerical	278,256	38,286	1,311,355	1,627,897	(532,697)	1,095,200	10
11	Marketing Materials, Promotions and Advertising	118,403	5,747	165,890	290,040		290,040	11
12	Employee Benefits and Payroll Taxes			446,918	446,918	29,446	476,364	12
13	Insurance-Property, Liability and Malpractice			222,169	222,169	136,825	358,994	13
14	Other (specify):							14
15	TOTAL General Administration	396,659	44,033	2,146,332	2,587,024	(366,426)	2,220,598	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	3,027,116	770,404	3,007,143	6,804,663	(354,529)	6,450,134	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			181,920	181,920	33,128	215,048	17
18	Interest					863,504	863,504	18
19	Real Estate Taxes					525,420	525,420	19
20	Rent -- Facility and Grounds			2,214,111	2,214,111	(2,214,111)		20
21	Rent -- Equipment			7,888	7,888		7,888	21
22	Other (specify):							22
23	TOTAL Ownership			2,403,919	2,403,919	(792,059)	1,611,860	23
24	GRAND TOTAL (Sum of lines 16 and 23)	3,027,116	770,404	5,411,062	9,208,582	(1,146,588)	8,061,994	24

STATE OF ILLINOIS		Page 3A
Ashbury Court		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Ashbury Healthcare		1
2 Professional Fees	27,558	10 2
3 License, Permits, and Dues	75	10 3
4 Personnel Recruitment	3,684	10 4
5 A&G Wages	298,937	10 5
6 Office Expenses	8,157	10 6
7 Travel	16,129	10 7
8 Insurance - General	4,723	13 8
9 Employee Benefits	29,446	12 9
10 Rent Expense	33,708	20 10
11		11
12 7040 N. Ridgeway		12
13 Utilities	5,174	03 13
14 Repairs and Maintenance	7,227	02 14
15 RE Tax Appeal	1,906	10 15
16 Licenses and Permits	25	10 16
17 Office Expense	1,427	10 17
18 Insurance	526	13 18
19 Interest	11,070	18 19
20 Real Estate Taxes	21,538	19 20
21 Rent	(33,708)	20 21
22		22
23 Non-Straight Line Depreciation	(610,266)	17 23
24		24
25 Building Co. - Rent Income	(2,214,111)	20 25
26 Building Co. - Depreciation	643,394	17 26
27 Building Co. - Insurance	23,758	13 27
28 Building Co. - Interest Expense	861,443	18 28
29 Building Co. - Real Estate Taxes	503,882	19 29
30 Building Co.- MIP Expense	107,818	13 30
31 Building Co.- Licenses and Permits	121	10 31
32 Building Co.- Legal	30,701	10 32
33 Building Co.-Interest Income	(928)	18 33
34		34
35		35
36		36
37 Other Income	(9,301)	10 37
38 Office-Food	(65)	10 38
39 Office Contracted Service	(720,690)	10 39
40 Bank Charges	(5,738)	10 40
41 Bad Debt Expense	(182,130)	10 41
42 TV Service	(3,525)	03 42
43 Capitalized R&M	(2,600)	02 43
44 Interest Income	(8,081)	18 44
45 Misc Expenses	(1,693)	10 45
46 Donation	(1,800)	10 46
47 Additional R&M	5,621	02 47
48		48
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96		96
97		97
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99		99
100		100
101 Total	(1,146,588)	101

Facility Name: Asbury Court

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	5.55	\$ 36.27	1
2	Licensed Practical Nurses	0.76	34.23	2
3	Certified Nurse Assistants	25.71	23.28	3
4	Activity Director & Assistants	4.55	18.21	4
5	Social Service Workers	0.14	24.66	5
6	Head Cook	0.42	40.30	6
7	Cook Helpers/Assistants	13.42	17.01	7
8	Dishwashers			8
9	Maintenance Workers	4.03	24.42	9
10	Housekeepers	0.69	12.56	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.06	40.07	13
14	Clerical	0.62	17.81	14
15	Marketing	1.24	45.93	15
16	Other			16
17	Total (lines 1 thru 16)	60.20	\$ 24.17	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				\$	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

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: If yes, what is the value of 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: Asbury Court

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTSA. Purchase price of land 5,011 Year land was acquired Allocated from 7040 N. Ridgeway

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			Allocated	2016	\$ 454,343	\$	35	\$ 12,981	\$ 12,981	\$ 77,887	1
2			7040 North								2
3			Ridgeway								3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				2,709,910	825,314	20	135,495	(689,819)	1,060,300	6
7	Various			1995	247,108		20			247,108	7
8	Various			1996	71,562		20			71,562	8
9	Various			1997	87,183		20			87,183	9
10	Various			1998	120,484		20			120,484	10
11	Various			1999	30,594		20			30,594	11
12	Various			2001	162,412		20			162,412	12
13	Various			2002	109,855		20			109,855	13
14	Various			2003	132,998		20	6,650	6,650	126,348	14
15	Various			2004	102,493		20	5,125	5,125	92,244	15
16	Various			2005	432,088		20	21,604	21,604	367,275	16
17	TOTAL (lines 1 thru 16)				\$ 4,661,030	\$ 825,314		\$ 181,855	\$ (643,459)	\$ 2,553,252	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	\$ 681,522	\$	\$ 33,193	33,193		\$ 511,578	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 681,522	\$	\$ 33,193	33,193		\$ 511,578	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 Asbury Court

#

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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	Kitchenettes	2014	\$ 16,800	\$ 825,314	20	\$ 840	\$ (824,474)	\$ 6,720	1
2	Wellness Center	2014	6,100		20	305	305	2,440	2
3	Gazebo	2014	18,900		20	945	945	7,560	3
4	Roofing	2014	94,165		20	4,708	4,708	37,666	4
5	Bathrooms	2014	153,300		20	7,665	7,665	61,320	5
6	Dr Office	2014	9,800		20	490	490	3,920	6
7	Unit Renovations	2014	68,305		20	3,415	3,415	27,322	7
8	Exterior Repairs	2014	70,795		20	3,540	3,540	28,318	8
9	Pavement Parking Blocks	2014	8,653		20	433	433	3,461	9
10	Leasehold Improvement	2016	9,630		20	481	481	2,889	10
11	Vinyl Flooring	2017	10,370		20	519	519	2,593	11
12	Building Improvements	2017	50,702		20	2,535	2,535	12,676	12
13	Lighting	2017	3,440		20	172	172	1,032	13
14	Parking Lot Repairs	2018	11,132		20	557	557	2,783	14
15	Corridor Improvements	2018	560,026		20	28,001	28,001	140,006	15
16	Signage	2018	20,781		20	1,039	1,039	5,195	16
17	Flooring	2019	50,621		20	2,531	2,531	10,124	17
18	Kitchenettes	2019	5,980		20	299	299	1,196	18
19	Bathrooms	2019	29,005		20	1,450	1,450	5,801	19
20	Window Treatments	2019	12,826		20	641	641	2,565	20
21	Wireless Nurse Calling System	2020	81,124		20	4,056	4,056	12,169	21
22	Office Furniture	2020	1,908		20	95	95	286	22
23	Installed New Booster Pump	2021	46,465		20	2,323	2,323	2,323	23
24	Installed New Control Valves For Hot Water Storage Tanks	2021	16,010		20	801	801	801	24
25	Installed Shadowbox Frames	2021	4,906		20	245	245	245	25
26	Installed Rtu	2021	15,848		20	792	792	792	26
27	Repaired Plumbing And Hvac	2021	7,184		20	359	359	359	27
28	Repaired Plumbing And Hvac	2021	10,535		20	527	527	527	28
29	Repaired Plumbing And Hvac	2021	2,977		20	149	149	149	29
30	Sprinkler System	2021	2,600		20	130	130	130	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,400,889	\$ 825,314		\$ 70,044	\$ (755,270)	\$ 383,368	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			\$	\$ 825,314		\$	\$ (825,314)	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$ 825,314		\$	\$ (825,314)	\$	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 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
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7									7
8									8
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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.

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				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?
☐ YES ☐ NO

9. Rental amount for movable equipment \$ 7,888

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	Capital One			Mortgage	/ /	\$	27,252,163	/ /		\$ 861,443	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5	Allocated from 7040 N. Ridgeway		X		/ /			/ /		11,070	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	27,252,163			\$ 872,513	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-8,081	8
9	Interest Income-Bldg Co		X		/ /			/ /		-928	9
10	TOTALS (lines 7, 8 and 9)					\$	27,252,163			\$ 863,504	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: Asbury Court

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 856,647	\$ 2,453,001	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,622,494	1,622,494	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	380	11,918	6
7	Other Prepaid Expenses	5,322	29,172	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	7,213	7,213	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,492,056	\$ 4,123,798	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		375,000	13
14	Buildings, at Historical Cost		2,930,944	14
15	Leasehold Improvements, at Historical Cost	3,762,294	18,274,138	15
16	Equipment, at Historical Cost	1,140,730	2,088,881	16
17	Accumulated Depreciation (book methods)	(2,815,130)	(2,815,130)	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	2,937,050	6,308,045	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,024,944	\$ 27,161,878	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,517,000	\$ 31,285,676	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 706,357	\$ 706,357	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	117,229	117,229	30
31	Accrued Taxes Payable	6,365	1,022,882	31
32	Accrued Interest Payable		89,948	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	14,727	370,579	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 844,678	\$ 2,306,995	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		27,252,163	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	96,787	96,787	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 96,787	\$ 27,348,950	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 941,465	\$ 29,655,945	45
46	TOTAL EQUITY	\$ 6,575,535	\$ 1,629,731	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,517,000	\$ 31,285,676	47

*(See instructions.)

Facility Name: Asbury Court

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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	\$ 11,409,794	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 11,409,794	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	8,081	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 8,081	14
	D. Other Revenue (specify):		
15	See Attached	1,300,195	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,300,195	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 12,718,070	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	2,201,057	19
20	Health Care/ Personal Care	2,016,582	20
21	General Administration	2,587,024	21
	B. Capital Expense		
22	Ownership	2,403,919	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)	\$ 9,208,582	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 3,509,488	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 3,509,488	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 8,421,665	32
33	Private Pay - Net Inpatient Revenue	2,988,129	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 11,409,794	37