

		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: 1000025

Facility Name: Asbury Gardens

Address: 210 Airport Rd North Aurora 60542

Number City Zip Code

County: Kane

Telephone Number: (630) 896-7778 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 5/5/2003

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input checked="" type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	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 1/1/2021 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) (Date)

(Type or Print Name)

(Title)

Paid Preparer

(Signed) (Date)

*Subject to the attached Accountants' Consulting Report

(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 Asbury GardensReport Period Beginning: 1/1/2021 Ending: 12/31/2021**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	<u>117</u>	Single Unit Apartment	<u>117</u>	<u>42,705</u>	1
2	<u>53</u>	Double Unit Apartment	<u>53</u>	<u>19,345</u>	2
3		Other		<u>17,909</u>	3
4	<u>170</u>	TOTALS	<u>170</u>	<u>79,959</u>	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	<u>28,130</u>	<u>4,983</u>		<u>33,113</u>	5
6	Double Unit	<u>26,531</u>	<u>6,031</u>		<u>32,562</u>	6
7	Other					7
8	TOTALS	<u>54,661</u>	<u>11,014</u>		<u>65,675</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.14%

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

830 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 66 (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 ☐ NOTax 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?NoIf 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?**NoIf 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?**NoIf yes, did the facility make all of the required payments of interest and principal? If no, explain.

STATE OF ILLINOIS

Page 3

Facility Name: Asbury Gardens

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	380,600	426,526	3,645	810,771		810,771	1
2	Housekeeping, Laundry and Maintenance	162,399	94,994	481,974	739,367	3,513	742,880	2
3	Heat and Other Utilities			192,057	192,057	1,948	194,005	3
4	Other (specify):							4
5	TOTAL General Services	542,999	521,520	677,676	1,742,195	5,461	1,747,656	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	2,079,328	39,517	173,635	2,292,480		2,292,480	6
7	Activities and Social Services	90,408	1,844	151	92,403		92,403	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	2,169,736	41,361	173,786	2,384,883		2,384,883	9
	C. General Administration							
10	Administrative and Clerical	258,538	67,278	942,171	1,267,987	(512,692)	755,295	10
11	Marketing Materials, Promotions and Advertising	53,608		50,987	104,595		104,595	11
12	Employee Benefits and Payroll Taxes			401,169	401,169	17,604	418,773	12
13	Insurance-Property, Liability and Malpractice			460,631	460,631	102,227	562,858	13
14	Other (specify):							14
15	TOTAL General Administration	312,146	67,278	1,854,958	2,234,382	(392,862)	1,841,520	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	3,024,881	630,159	2,706,420	6,361,460	(387,401)	5,974,059	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					9,862	9,862	17
18	Interest					138,035	138,035	18
19	Real Estate Taxes					95,413	95,413	19
20	Rent -- Facility and Grounds			1,433,166	1,433,166	(1,433,166)	(0)	20
21	Rent -- Equipment			12,889	12,889		12,889	21
22	Other (specify):							22
23	TOTAL Ownership			1,446,055	1,446,055	(1,189,856)	256,199	23
24	GRAND TOTAL (Sum of lines 16 and 23)	3,024,881	630,159	4,152,475	7,807,515	(1,577,257)	6,230,258	24

STATE OF ILLINOIS		Page 3A
Ashbury Gardens		
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	16,476	10 2
3 License, Permits, and Dues	45	10 3
4 Personnel Recruitment	2,203	10 4
5 A&G Wages	178,721	10 5
6 Office Expenses	4,877	10 6
7 Travel	9,642	10 7
8 Insurance - General	2,824	13 8
9 Employee Benefits	17,604	12 9
10 Rent Expense	20,153	20 10
11		11
12 7040 N. Ridgeway		12
13 Utilities	3,093	03 13
14 Repairs and Maintenance	4,321	02 14
15 RE Tax Appeal	1,139	10 15
16 Licenses and Permits	15	10 16
17 Office Expense	853	10 17
18 Insurance	214	13 18
19 Interest	6,618	18 19
20 Real Estate Taxes	12,877	19 20
21 Rent	(20,153)	20 21
22		22
23 Non-Straight Line Depreciation	(378,532)	17 23
24		24
25 Office - Food	(16)	10 25
26 Bank Charges	(5,557)	10 26
27 Bad Debt Expense	(141,889)	10 27
28 TV Service	(1,145)	03 28
29 Misc Expenses	(1,062)	10 29
30 Office Contracted Service	(584,656)	10 30
31 Interest Income	(5,590)	18 31
32 Additional R&M	4,542	02 32
33 Capitalized R&M	(5,250)	02 33
34		34
35 Building Co. - Rent Income	(1,433,166)	20 35
36 Building Co. - Depreciation	388,395	17 36
37 Building Co. - Insurance	19,533	13 37
38 Building Co. - Interest Expense	137,664	18 38
39 Building Co. - Dues & Subscriptions	121	10 39
40 Building Co. - MIP Expense	79,555	13 40
41 Building Co. - Professional Fees	6,384	10 41
42 Building Co. - Property Taxes	82,536	19 42
43 Building Co.-Interest Income	(657)	18 43
44		44
45		45
46		46
47		47
48		48
49		49
50		50
51		51
52		52
53		53
54		54
55		55
56		56
57		57
58		58
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89		89
90		90
91		91
92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(1,577,257)	101

Facility Name: Asbury Gardens

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	6.18	\$ 36.95	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	38.35	20.11	3
4	Activity Director & Assistants	2.54	17.08	4
5	Social Service Workers			5
6	Head Cook	0.49	24.49	6
7	Cook Helpers/Assistants	8.94	19.13	7
8	Dishwashers			8
9	Maintenance Workers	3.50	21.00	9
10	Housekeepers	0.39	12.15	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.48	31.98	13
14	Clerical	0.78	16.76	14
15	Marketing	0.77	33.48	15
16	Other			16
17	Total (lines 1 thru 16)	65.41	\$ 22.23	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 Gardens

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 2,996 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	\$ 271,632	\$	35	\$ 7,761	\$ 7,761	\$ 46,565	1
2			7040 North								2
3			Ridgeway								3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				12,070	388,395	20	604	(387,791)	604	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)				\$ 283,702	\$ 388,395		\$ 8,365	\$ (380,030)	\$ 47,169	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	\$ 14,980	\$	\$ 1,498	1,498		\$ 8,988	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 14,980	\$	\$ 1,498	1,498		\$ 8,988	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

XL 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	Leasehold Improvement	2021	\$ 6,720	\$ 388,395	20	\$ 336	\$ (388,059)	\$ 336	1
2	Generator	2021	5,350		20	268	268	268	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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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)		\$ 12,070	\$ 388,395		\$ 604	\$ (387,791)	\$ 604	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 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			\$	\$ 388,395		\$	\$ (388,395)	\$	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)		\$	\$ 388,395		\$	\$ (388,395)	\$	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
13									13
14									14
15									15
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19									19
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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)		\$	\$		\$	\$	\$	34

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

Facility Name: Asbury Gardens Report Period Beginning: 1/1/2021 Ending: 12/31/2021

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 \$ 12,889

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	/ /	\$	21,368,261	/ /		\$ 137,664	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5	Allocated from 7040 N. Ridgeway		X		/ /			/ /		6,618	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	21,368,261			\$ 144,282	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-5,590	8
9	Interest Income-Bldg Co		X		/ /			/ /		-657	9
10	TOTALS (lines 7, 8 and 9)					\$	21,368,261			\$ 138,035	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 Gardens

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	\$ 1,115,428	\$ 2,258,124	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	670,858	670,858	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,030	6,921	6
7	Other Prepaid Expenses		685,656	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	9,360	9,360	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,797,676	\$ 3,630,919	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		210,899	13
14	Buildings, at Historical Cost		13,571,384	14
15	Leasehold Improvements, at Historical Cost	6,720	11,775,542	15
16	Equipment, at Historical Cost	4,542	2,154,527	16
17	Accumulated Depreciation (book methods)		(18,327,616)	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	445,287	2,516,991	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 456,549	\$ 11,901,727	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,254,225	\$ 15,532,646	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 537,878	\$ 537,878	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	60,304	60,304	30
31	Accrued Taxes Payable	5,116	115,593	31
32	Accrued Interest Payable		62,070	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	49,300	171,700	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 652,598	\$ 947,545	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		21,368,261	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	28,448	28,448	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 28,448	\$ 21,396,709	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 681,046	\$ 22,344,254	45
46	TOTAL EQUITY	\$ 1,573,179	\$ (6,811,608)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,254,225	\$ 15,532,646	47

*(See instructions.)

Facility Name: Asbury Gardens

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	\$ 9,187,700	1
2	Discounts and Allowances	(2,679)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 9,185,021	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	5,590	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,590	14
	D. Other Revenue (specify):		
15	See Attached	1,215,941	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,215,941	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 10,406,552	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,742,195	19
20	Health Care/ Personal Care	2,384,883	20
21	General Administration	2,234,382	21
	B. Capital Expense		
22	Ownership	1,446,055	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)	\$ 7,807,515	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 2,599,037	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 2,599,037	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 6,466,303	32
33	Private Pay - Net Inpatient Revenue	2,718,718	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 9,185,021	37