

		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: 1000057

Facility Name: Grand Regency Jackson Park

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

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)

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone)

PAID PREPARER

Steven N. Lavenda, CPA

Partner

Marcum LLP

Nine Parkway North, Suite 200 Deerfield, IL 60015

(847) 282-6300

(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

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

Name: Steven N. Lavenda

Telephone Number: (847) - 282- 6300

Email Address:

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	123	Single Unit Apartment	123	44,895	1
2	13	Double Unit Apartment	13	4,745	2
3		Other			3
4	136	TOTALS	136	49,640	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	45,101			45,101	5
6	Double Unit					6
7	Other					7
8	TOTALS	45,101			45,101	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.86%

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)

None

H. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/21 Fiscal Year: 12/31/21

* 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: Grand Regency Jackson Park

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	219,017	295,002	15,049	529,068	(94)	528,974	1
2	Housekeeping, Laundry and Maintenance	194,312	27,560	139,178	361,050	29,679	390,729	2
3	Heat and Other Utilities			196,406	196,406	1,830	198,236	3
4	Other (specify):							4
5	TOTAL General Services	413,329	322,562	350,633	1,086,524	31,414	1,117,938	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	424,297	1,511	13,947	439,755	14,078	453,833	6
7	Activities and Social Services	42,115	2,813	4,906	49,834		49,834	7
8	Other (specify):					341	341	8
9	TOTAL Health Care and Programs	466,412	4,324	18,853	489,589	14,419	504,008	9
	C. General Administration							
10	Administrative and Clerical	319,990	5,791	375,120	700,901	(358,258)	342,643	10
11	Marketing Materials, Promotions and Advertising	57,955		7,036	64,991	2,692	67,683	11
12	Employee Benefits and Payroll Taxes			176,669	176,669		176,669	12
13	Insurance-Property, Liability and Malpractice			43,347	43,347	154,201	197,548	13
14	Other (specify):					2,612	2,612	14
15	TOTAL General Administration	377,945	5,791	602,172	985,908	(198,753)	787,155	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,257,686	332,677	971,658	2,562,021	(152,920)	2,409,101	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			22,246	22,246	551,142	573,388	17
18	Interest					793,431	793,431	18
19	Real Estate Taxes			189,361	189,361		189,361	19
20	Rent -- Facility and Grounds			1,967,193	1,967,193	(1,955,492)	11,701	20
21	Rent -- Equipment			6,717	6,717		6,717	21
22	Other (specify):							22
23	TOTAL Ownership			2,185,517	2,185,517	(610,919)	1,574,598	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,257,686	332,677	3,157,175	4,747,538	(763,839)	3,983,699	24

STATE OF ILLINOIS		Page 3A
Grand Regency Jackson Park		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	70,572	17 1
2 Interest Income	(2,210)	18 2
3 Food Service - Liquor	(94)	01 3
4 Bank Charges	(2,204)	10 4
5 Cable Service	(9,563)	02 5
6 Use Tax	(141)	10 6
7 Meals & Entertainment	(193)	10 7
8 State of Illinois Income Tax	(41,000)	10 8
9 Additional R&M	4,258	02 9
10 Capitalized R&M	(33,560)	02 10
11 Misc Revenue	(193,390)	10 11
12		12
13 Management Company		13
14 Housekeeping/Maint/Laundry	478	02 14
15 Utilities	1,830	03 15
16 Health Care / Personal Care	14,078	06 16
17 Health Care Emp Ben Payroll Taxes	341	08 17
18 Administrative & General	176,827	10 18
19 Advertising & Marketing	2,692	11 19
20 Insurance	18,819	13 20
21 Admin Emp Benefits & Payroll Taxes	2,612	14 21
22 Building Rental	11,701	20 22
23 Management Fees	(298,157)	10 23
24		24
25 Building Company		25
26 Rent	(1,967,193)	20 26
27 Interest Income	(351)	18 27
28 Asset Management Fee	68,066	02 28
29 Interest Expense	795,991	18 29
30 Depreciation	480,570	17 30
31 Insurance	135,382	13 31
32		32
33		33
34		34
35		35
36		36
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93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(763,839)	101

Facility Name: Grand Regency Jackson Park

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	2.29	\$ 28.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9.39	14.91	3
4	Activity Director & Assistants	1.00	20.25	4
5	Social Service Workers			5
6	Head Cook	1.00	21.69	6
7	Cook Helpers/Assistants	5.54	15.09	7
8	Dishwashers			8
9	Maintenance Workers	0.73	22.27	9
10	Housekeepers	5.08	15.19	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	51.45	13
14	Clerical	5.93	17.27	14
15	Marketing	0.67	41.45	15
16	Other			16
17	Total (lines 1 thru 16)	32.63	\$ 18.53	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

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).

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 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	\$ 480,570	35	\$ 234,857	\$ (245,713)	\$ 1,409,142	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				565,853	17,450	20	28,292	10,842	100,871	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)				\$ 8,785,853	\$ 498,020		\$ 263,150	\$ (234,870)	\$ 1,510,014	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	\$ 4,796	\$ 310,238	305,442		\$ 1,856,825	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 3,102,381	\$ 4,796	\$ 310,238	305,442		\$ 1,856,825	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 Grand Regency Jackson Park

#

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	Repaired Roof	2017	\$ 3,225	\$ 498,020	20	\$ 161	\$ (497,859)	\$ 806	1
2	Repaired Roof	2017	3,225		20	161	161	806	2
3	Installed Scald Protectors	2017	2,557		20	128	128	640	3
4	Installed New Camera System	2017	5,205		20	260	260	1,301	4
5	Painted Exterior	2017	4,165		20	208	208	1,041	5
6	1St-5Th Floor-Interior/Exterior Tiling/Paint/Lighting	2018	364,937		20	18,247	18,247	72,988	6
7	Furnish & Install New Clip Board And Repair - Elevator	2018	3,650		20	183	183	731	7
8	Replace New Boiler	2018	17,990		20	900	900	3,599	8
9	Change Compressor And Freon	2018	2,600		20	130	130	520	9
10	Installed Security Camera System	2018	5,205		20	260	260	1,041	10
11	Lobby/1St Floor Tiling/Millwork/Cornerguards	2019	5,791		20	290	290	870	11
12	Rework Entry Doors	2019	63,770		20	3,189	3,189	9,567	12
13	Architecture Work On Entry Doors	2019	7,000		20	350	350	1,050	13
14	Roofing Repair	2019	3,160		20	158	158	474	14
15	Replaced 4Th Floor A/C Condenser & Compressor	2019	4,567		20	228	228	684	15
16	Installed Security Camera System	2019	2,641		20	132	132	396	16
17	Installed Security Camera System	2019	3,469		20	173	173	519	17
18	Ptac Heat Pump	2019	2,948		20	147	147	441	18
19	Roof Repair	2020	8,200		20	410	410	820	19
20	1St & 5Th Fl A/C Repair	2020	7,297		20	365	365	365	20
21	Kitchen Split System Replacement	2021	9,895		20	495	495	495	21
22	4Th Fl Compressor Replacement	2021	5,094		20	255	255	255	22
23	Pump Replacement	2021	2,999		20	150	150	150	23
24	Repair Walkin Freezer	2021	2,592		20	130	130	130	24
25	Roofing Repair	2021	11,500		20	575	575	575	25
26	Repair Kitchen Split	2021	2,500		20	125	125	125	26
27	Repair Walkin Cooler Evaporator	2021	3,575		20	179	179	179	27
28	Repaired A/C	2021	6,096		20	305	305	305	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 565,853	\$ 498,020		\$ 28,292	\$ (469,728)	\$ 100,871	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			\$	\$ 498,020		\$	\$ (498,020)	\$	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)		\$	\$ 498,020		\$	\$ (498,020)	\$	34

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

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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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: Grand Regency Jackson Park

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 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 Lifestyle			/ /	11,701			6
7	TOTAL				\$ 11,701			7

8. Is movable equipment rental included in building rental?

YES

NO

9. Rental amount for movable equipment \$ 6,717

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	/ /	\$	18,683,717	/ /		\$ 795,991	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	18,683,717			\$ 795,991	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-2,210	8
9	Interest Income - Bldg Co		X		/ /			/ /		-351	9
10	TOTALS (lines 7, 8 and 9)					\$	18,683,717			\$ 793,430	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.

Facility Name: Grand Regency Jackson Park

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	\$ 2,474,653	\$ 3,492,685	1
2	Cash-Patient Deposits	1,312	1,312	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,420,266	1,773,122	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	133,593	133,593	6
7	Other Prepaid Expenses	492,073	615,648	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,300	1,300	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,523,197	\$ 6,017,660	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	17,450	8,326,347	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	516,841	3,510,444	16
17	Accumulated Depreciation (book methods)	(534,291)	(5,170,633)	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	170,241	6,032,544	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 170,241	\$ 13,726,202	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,693,438	\$ 19,743,862	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 114,929	\$ 131,612	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	86,048	86,048	30
31	Accrued Taxes Payable	151,713	151,713	31
32	Accrued Interest Payable		61,189	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	27,651	27,651	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 380,341	\$ 458,213	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	See Attached	1,805,180	1,805,180	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,805,180	\$ 20,488,897	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,185,521	\$ 20,947,110	45
46	TOTAL EQUITY	\$ 2,507,917	\$ (1,203,248)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,693,438	\$ 19,743,862	47

*(See instructions.)

Facility Name: Grand Regency Jackson Park

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	\$ 5,991,173	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,991,173	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	2,210	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,210	14
	D. Other Revenue (specify):		
15	See Attached	464,838	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 464,838	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 6,458,221	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,086,524	19
20	Health Care/ Personal Care	489,589	20
21	General Administration	985,908	21
	B. Capital Expense		
22	Ownership	2,185,517	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)	\$ 4,747,538	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,710,683	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,710,683	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,843,686	32
33	Private Pay - Net Inpatient Revenue	1,147,487	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,991,173	37