

		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: 1000017

Facility Name: Grand Regency of Robbins

Address: 13820 Utica Avenue Robbins 60472

County: Cook

Telephone Number: (708) 389-7140 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 9/30/2002

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 1/1/2021 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)
(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	103	Single Unit Apartment	103	37,595	1
2	25	Double Unit Apartment	25	9,125	2
3		Other			3
4	128	TOTALS	128	46,720	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	43,792			43,792	5
6	Double Unit					6
7	Other					7
8	TOTALS	43,792			43,792	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.73%

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 of Robbins

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					5	6	
1	Dietary and Food Purchase	237,435	266,595	32,409	536,439		536,439	1
2	Housekeeping, Laundry and Maintenance	231,039	37,830	111,897	380,766	25,469	406,235	2
3	Heat and Other Utilities			117,549	117,549	1,777	119,326	3
4	Other (specify):							4
5	TOTAL General Services	468,474	304,425	261,855	1,034,754	27,246	1,062,000	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	459,711	7,321	20,917	487,949	13,670	501,619	6
7	Activities and Social Services	45,254	132	3,863	49,249		49,249	7
8	Other (specify):					331	331	8
9	TOTAL Health Care and Programs	504,965	7,453	24,780	537,198	14,000	551,198	9
	C. General Administration							
10	Administrative and Clerical	311,818	9,497	366,274	687,589	(161,358)	526,231	10
11	Marketing Materials, Promotions and Advertising	70,465	7,420	5,540	83,425	2,614	86,039	11
12	Employee Benefits and Payroll Taxes			172,994	172,994		172,994	12
13	Insurance-Property, Liability and Malpractice			41,795	41,795	143,952	185,747	13
14	Other (specify):					2,536	2,536	14
15	TOTAL General Administration	382,283	16,917	586,603	985,803	(12,257)	973,546	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,355,722	328,795	873,238	2,557,755	28,989	2,586,744	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			28,055	28,055	333,402	361,457	17
18	Interest					736,427	736,427	18
19	Real Estate Taxes			251,888	251,888		251,888	19
20	Rent -- Facility and Grounds			1,363,296	1,363,296	(1,351,935)	11,361	20
21	Rent -- Equipment			11,447	11,447		11,447	21
22	Other (specify):							22
23	TOTAL Ownership			1,654,686	1,654,686	(282,106)	1,372,580	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,355,722	328,795	2,527,924	4,212,441	(253,117)	3,959,324	24

STATE OF ILLINOIS		Page 3A
Grand Regency of Robbins		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	67,797	17 1
2 Interest Income	(1,928)	18 2
3 Bank Charges	(2,623)	10 3
4 Cable Service	(9,138)	02 4
5 Use Tax	(47)	10 5
6 State of Illinois Income Tax	(46,000)	10 6
7 Additional R&M	2,979	02 7
8 Capitalized R&M	(14,978)	02 8
9		9
10 Management Company		10
11 Housekeeping/Maint/Laundry	464	02 11
12 Utilities	1,777	03 12
13 Health Care / Personal Care	13,670	06 13
14 Health Care Emp Ben/Payroll Taxes	331	08 14
15 Administrative & General	171,695	10 15
16 Advertising & Marketing	2,614	11 16
17 Insurance	18,273	13 17
18 Admin Emp Benefits & Payroll Taxes	2,536	14 18
19 Building Rental	11,362	20 19
20 Management Fees	(284,382)	10 20
21		21
22 Building Company		22
23 Rent	(1,363,297)	20 23
24 Interest Income	(273)	18 24
25 Asset Management Fee	47,051	02 25
26 Interest Expense	738,629	18 26
27 Depreciation	265,605	17 27
28 Insurance	125,678	13 28
29		29
30		30
31		31
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95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(253,117)	101

Facility Name: Grand Regency of Robbins

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	2.57	\$ 33.21	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9.57	14.19	3
4	Activity Director & Assistants	1.00	21.76	4
5	Social Service Workers			5
6	Head Cook	1.03	19.68	6
7	Cook Helpers/Assistants	6.77	13.86	7
8	Dishwashers			8
9	Maintenance Workers	1.17	25.90	9
10	Housekeepers	5.25	15.38	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.02	40.42	13
14	Clerical	6.00	18.11	14
15	Marketing	1.00	33.88	15
16	Other			16
17	Total (lines 1 thru 16)	35.38	\$ 18.42	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
Jackson Park SLF	Chicago, IL
Grand Regency of Peoria	Peoria, IL

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Robbins SLF Realty	Robbins, 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

Facility Name: Grand Regency of Robbins

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 567,500 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	128		2016	2002	\$ 4,548,527	\$ 265,605	35	\$ 129,958	\$ (135,647)	\$ 779,748	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				352,621	2,070	20	17,633	15,563	57,440	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)				\$ 4,901,148	\$ 267,675		\$ 147,591	\$ (120,084)	\$ 837,188	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	\$ 2,138,653	\$ 25,985	\$ 213,866	187,881		\$ 1,165,501	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 2,138,653	\$ 25,985	\$ 213,866	187,881		\$ 1,165,501	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 of Robbins

#

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	\$ 4,750	\$ 267,675	20	\$ 238	\$ (267,437)	\$ 1,189	1
2	Installed New Hoses	2017	2,500		20	125	125	625	2
3	Installed Scald Protectors	2017	3,096		20	155	155	774	3
4	Installed New Furnace	2017	5,771		20	289	289	1,444	4
5	Installed New Surveillance System	2017	5,172		20	259	259	1,294	5
6	Installed A/C System	2017	3,500		20	175	175	875	6
7	1St-4Th Floor-Office/Corridor Tiling/Paint/Lighting	2018	164,441		20	8,222	8,222	32,888	7
8	Roof Repair	2018	3,000		20	150	150	600	8
9	Repaired Pavement And Sewer	2019	26,050		20	1,303	1,303	3,909	9
10	Ptac Heat Pump	2019	2,703		20	135	135	405	10
11	Repairs Of Roof	2019	7,100		20	355	355	1,065	11
12	Installed Fire Alarm	2019	9,639		20	482	482	1,305	12
13	Repaired Sewer In Basement	2019	3,412		20	171	171	513	13
14	Installed Security Cameras	2019	3,385		20	169	169	507	14
15	Repaired Elevator	2019	2,826		20	141	141	423	15
16	Wall Face Sign	2020	19,421		20	971	971	1,942	16
17	Roof Repair	2020	9,500		20	475	475	950	17
18	1St-4Th Floor-Office/Corridor Tiling/Paint/Lighting	2020	30,644		20	1,532	1,532	3,064	18
19	Heater Repair	2020	3,908		20	195	195	390	19
20	Elevator Repair	2020	3,250		20	163	163	326	20
21	2 Furnaces Repair	2020	4,730		20	237	237	474	21
22	Repair Walk-In Freezer	2020	15,745		20	787	787	1,574	22
23	Flooring	2021	3,100		20	155	155	155	23
24	Redo Awning	2021	3,580		20	179	179	179	24
25	Ptac	2021	2,530		20	127	127	127	25
26	Hvac	2021	2,843		20	142	142	142	26
27	Plumbing	2021	6,025		20	301	301	301	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 352,621	\$ 267,675		\$ 17,633	\$ (250,042)	\$ 57,440	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			\$	\$ 267,675		\$	\$ (267,675)	\$	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)		\$	\$ 267,675		\$	\$ (267,675)	\$	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: Grand Regency of Robbins 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	Allocated from Grand Lifestyle			/ /	11,362			6
7	TOTAL				\$ 11,362			7

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

9. Rental amount for movable equipment \$ 11,447

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	/ /	\$	17,358,519	/ /		\$ 738,629	1	
2					/ /			/ /			2	
3					/ /			/ /			3	
	Working Capital											
4					/ /			/ /			4	
5					/ /			/ /			5	
6					/ /			/ /			6	
7	TOTAL Facility Related					\$	17,358,519				\$ 738,629	7
	B. Non-Facility Related											
8	Interest Income		X		/ /			/ /		-1,928	8	
9	Interest Income - Bldg Co		X		/ /			/ /		-273	9	
10	TOTALS (lines 7, 8 and 9)					\$	17,358,519				\$ 736,428	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: **Grand Regency of Robbins**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	\$ 1,858,128	\$ 2,082,862	1
2	Cash-Patient Deposits	4,078	4,078	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,266,411	1,510,326	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	133,593	133,593	6
7	Other Prepaid Expenses	340,508	451,388	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,602,718	\$ 4,182,247	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		567,500	13
14	Buildings, at Historical Cost	3,100	4,551,627	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	501,040	2,195,013	16
17	Accumulated Depreciation (book methods)	(504,140)	(3,109,943)	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	240,192	3,655,813	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 240,192	\$ 7,860,010	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,842,910	\$ 12,042,257	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 65,526	\$ 313,696	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	95,854	95,854	30
31	Accrued Taxes Payable	187,928	187,928	31
32	Accrued Interest Payable		56,849	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	47,342	47,342	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 396,650	\$ 701,669	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		17,358,519	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	1,192,499	1,192,499	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,192,499	\$ 18,551,018	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,589,149	\$ 19,252,687	45
46	TOTAL EQUITY	\$ 2,253,761	\$ (7,210,430)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 3,842,910	\$ 12,042,257	47

*(See instructions.)

Facility Name: Grand Regency of Robbins

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	\$ 5,696,582	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,696,582	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	1,928	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,928	14
	D. Other Revenue (specify):		
15	See Attached	278,276	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 278,276	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,976,786	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,034,754	19
20	Health Care/ Personal Care	537,198	20
21	General Administration	985,803	21
	B. Capital Expense		
22	Ownership	1,654,686	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)	\$ 4,212,441	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,764,345	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,764,345	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,581,423	32
33	Private Pay - Net Inpatient Revenue	1,115,159	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,696,582	37