

		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: 1000050

Facility Name: Grand Regency of Rockford

Address: 2114 Kishwaukee St Rockford 61104

County: Winnebago

Telephone Number: (815) 966-1030 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 7/12/2005

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 1/1/2021 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	120	Single Unit Apartment	120	43,800	1
2	13	Double Unit Apartment	13	4,745	2
3		Other			3
4	133	TOTALS	133	48,545	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	30,798	2,270		33,068	5
6	Double Unit					6
7	Other					7
8	TOTALS	30,798	2,270		33,068	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 68.12%

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 Rockford

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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	213,160	258,352	27,489	499,001		499,001	1
2	Housekeeping, Laundry and Maintenance	144,762	28,882	105,716	279,360	12,801	292,161	2
3	Heat and Other Utilities			117,090	117,090	1,342	118,432	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	357,922	287,234	250,295	895,451	14,143	909,594	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	759,848	7,698	51,067	818,613	10,322	828,935	6
7	Activities and Social Services	68,388	3,621	4,258	76,267		76,267	7
8	Other (specify):					250	250	8
9	<b>TOTAL Health Care and Programs</b>	828,236	11,319	55,325	894,880	10,572	905,452	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	232,278	6,132	274,596	513,006	(109,905)	403,101	10
11	Marketing Materials, Promotions and Advertising	62,124	1,894	27,277	91,295	1,974	93,269	11
12	Employee Benefits and Payroll Taxes			166,680	166,680		166,680	12
13	Insurance-Property, Liability and Malpractice			37,181	37,181	83,801	120,982	13
14	Other (specify):					1,915	1,915	14
15	<b>TOTAL General Administration</b>	294,402	8,026	505,734	808,162	(22,215)	785,947	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,480,560	306,579	811,354	2,598,493	2,499	2,600,992	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			49,396	49,396	274,913	324,309	17
18	Interest					423,529	423,529	18
19	Real Estate Taxes			97,838	97,838		97,838	19
20	Rent -- Facility and Grounds			797,351	797,351	(788,772)	8,579	20
21	Rent -- Equipment			4,061	4,061		4,061	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			948,646	948,646	(90,330)	858,316	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,480,560	306,579	1,760,000	3,547,139	(87,831)	3,459,308	24

STATE OF ILLINOIS		Page 3A
Grand Regency of Rockford		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	15,767	17 1
2 Misc Revenue	(851)	10 2
3 Interest Income	(1,005)	18 3
4 Bank Charges	(4,702)	10 4
5 Cable Service	(13,826)	02 5
6 Donations	(1,000)	10 6
7 Use Tax	(170)	10 7
8 State of Illinois Income Tax	(30,000)	10 8
9 Capitalized R&M	(3,447)	02 9
10 Additional R&M	2,633	02 10
11		11
12 Management Company		12
13 Housekeeping/Maint/Laundry	350	02 13
14 Utilities	1,342	03 14
15 Health Care / Personal Care	10,322	06 15
16 Health Care Emp Ben/Payroll Taxes	250	08 16
17 Administrative & General	131,682	10 17
18 Advertising & Marketing	1,974	11 18
19 Insurance	13,798	13 19
20 Admin Emp Benefits & Payroll Taxes	1,915	14 20
21 Building Rental	8,579	20 21
22 Management Fees	(204,864)	10 22
23		23
24 Building Company		24
25 Rent	(797,351)	20 25
26 Interest Income	(281)	18 26
27 Asset Management Fee	27,091	02 27
28 Interest Expense	424,815	18 28
29 Depreciation	259,146	17 29
30 Insurance	70,003	13 30
31		31
32		32
33		33
34		34
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90		90
91		91
92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100 Total	(87,831)	100 101

Facility Name: Grand Regency of Rockford

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	3.11	\$ 38.20	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	17.30	14.24	3
4	Activity Director & Assistants	2.03	16.21	4
5	Social Service Workers			5
6	Head Cook	0.84	20.15	6
7	Cook Helpers/Assistants	6.60	12.97	7
8	Dishwashers			8
9	Maintenance Workers	1.41	19.35	9
10	Housekeepers	3.74	11.30	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	45.05	13
14	Clerical	3.75	17.78	14
15	Marketing	1.00	29.87	15
16	Other			16
17	Total (lines 1 thru 16)	40.78	\$ 17.45	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
Coles SLF	Chicago, IL
Jackson Park SLF	Chicago, IL
Robbins SLF	Robbins, IL
Grand Regency of Peoria	Peoria, IL

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Grand Lifestyles	Skokie, IL	Management Co
Rockford SLF Realty	Rockford, IL	Building 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 Rockford

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

## VIII. OWNERSHIP COSTS

A. Purchase price of land 550,000 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	133		2016	2005	\$ 4,400,000	\$ 259,146	35	\$ 125,714	\$ (133,432)	\$ 754,284	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				556,362	12,716	20	27,820	15,104	100,673	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)				\$ 4,956,362	\$ 271,862		\$ 153,534	\$ (118,328)	\$ 854,957	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	\$ 1,707,755	\$ 36,680	\$ 170,775	134,095		\$ 1,001,691	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 1,707,755	\$ 36,680	\$ 170,775	134,095		\$ 1,001,691	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 Rockford

#

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	Installed New Surveillance System	2017	\$ 6,502	\$ 271,862	20	\$ 325	\$ (271,537)	\$ 1,625	1
2	Heat Pump	2017	3,646		20	182	182	911	2
3	Replaced Coil/Relay On Fire Pump	2017	3,818		20	191	191	955	3
4	1St-5Th Floor-Room/Corridor/Lounge Tiling/Paint/Lighting	2018	358,477		20	17,924	17,924	71,696	4
5	Furnish & Install Gcio Boards, Asibna Boards	2018	7,790		20	390	390	1,559	5
6	Parking Lots & Building Lights	2018	7,014		20	351	351	1,403	6
7	Lobby/1St Floor Tiling/Millwork/Windows/Lighting	2019	10,383		20	519	519	1,557	7
8	Reattached Entry Doors	2019	63,770		20	3,189	3,189	9,567	8
9	Repaired Parking Lot Pavement	2019	31,613		20	1,581	1,581	4,743	9
10	Repaired Broken Sewer	2019	5,765		20	288	288	864	10
11	Installed New Surveillance System By The Reception Area	2019	2,836		20	142	142	426	11
12	Replaced Boiler Circulation Pump	2019	3,890		20	195	195	585	12
13	Repaired Broken Sewer	2019	4,065		20	203	203	609	13
14	Replaced Hot Water Mixing Valve	2019	3,340		20	167	167	501	14
15	Wall Sign & Awning	2020	27,029		20	1,351	1,351	2,702	15
16	Door & Frame Replacement	2020	2,950		20	148	148	296	16
17	Replace Ice Machine Compressor	2020	3,447		20	172	172	172	17
18	Run New Electrical To Monument Sign	2021	6,747		20	337	337	337	18
19	Replace Jockey Pump	2021	3,280		20	164	164	164	19
20									20
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)		\$ 556,362	\$ 271,862		\$ 27,820	\$ (244,042)	\$ 100,673	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			\$	\$ 271,862		\$	\$ (271,862)	\$	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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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$ 271,862		\$	\$ (271,862)	\$	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
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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: Grand Regency of Rockford 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 Lifestyles			/ /	8,579			6
7	TOTAL				\$ 8,579			7

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

9. Rental amount for movable equipment \$ 4,061

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	/ /	\$	9,626,777	/ /		\$ 424,815	1	
2					/ /			/ /			2	
3					/ /			/ /			3	
	Working Capital											
4					/ /			/ /			4	
5					/ /			/ /			5	
6					/ /			/ /			6	
7	TOTAL Facility Related					\$	9,626,777				\$ 424,815	7
	B. Non-Facility Related											
8	Interest Income		X		/ /			/ /		-1,005	8	
9	Interest Income - Bldg Co		X		/ /			/ /		-281	9	
10	TOTALS (lines 7, 8 and 9)					\$	9,626,777				\$ 423,529	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 Rockford

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,302,603	\$ 1,447,135	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	496,637	778,688	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	133,593	133,593	6
7	Other Prepaid Expenses	392,764	473,299	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,325,597	\$ 2,832,715	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		550,000	13
14	Buildings, at Historical Cost	12,716	4,395,340	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	607,039	2,274,415	16
17	Accumulated Depreciation (book methods)	(619,756)	(3,035,702)	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): <a href="#">See Attached</a>	187,667	3,443,945	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 187,666	\$ 7,627,998	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 2,513,263	\$ 10,460,713	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 19,803	\$ 11,448	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	92,167	92,167	30
31	Accrued Taxes Payable	84,594	84,594	31
32	Accrued Interest Payable		31,528	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>	9,524	9,524	36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 206,088	\$ 229,261	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		9,626,777	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	<a href="#">See Attached</a>	1,243,872	1,243,872	43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$ 1,243,872	\$ 10,870,649	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 1,449,960	\$ 11,099,910	45
46	<b>TOTAL EQUITY</b>	\$ 1,063,303	\$ (639,197)	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 2,513,263	\$ 10,460,713	47

\*(See instructions.)

Facility Name: Grand Regency of Rockford

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	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 4,124,127	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 4,124,127	3
	<b>B. Other Operating Revenue</b>		
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	1,005	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 1,005	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached	303,149	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 303,149	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 4,428,281	18

2			
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	895,451	19
20	Health Care/ Personal Care	894,880	20
21	General Administration	808,162	21
	<b>B. Capital Expense</b>		
22	Ownership	948,646	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 3,547,139	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 881,142	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 881,142	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 2,654,345	32
33	Private Pay - Net Inpatient Revenue	1,469,782	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 4,124,127	37