

		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: 1000072

Facility Name: Magnolia Terrace

Address: 623 Hamacher Street Waterloo 62298

Number City Zip Code

County: Monroe

Telephone Number: (618) 939-3488 Fax # (618) 939-5030

Federal Employer ID Number:

Date Current Owners were Certified: 11/14/1950

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input type="checkbox"/>	PROPRIETARY	<input checked="" 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 checked="" type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	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 12/1/2020 to 11/30/2021 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)

(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

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

Facility Name Magnolia TerraceReport Period Beginning: 12/1/2020 Ending: 11/30/2021**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	43	Single Unit Apartment	43	15,695	1
2	7	Double Unit Apartment	7	2,555	2
3		Other			3
4	50	TOTALS	50	18,250	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	4,583	8,240		12,823	5
6	Double Unit	570	1,119		1,689	6
7	Other					7
8	TOTALS	5,153	9,359		14,512	8

**C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.)** 79.52%

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)

N/A**H. ACCOUNTING BASIS**

ACCRAUAL ☒ MODIFIED
CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NOTax Year: 11/30/2021 Fiscal Year: 11/30/2021

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loansoutstanding? No If yes, did the facility make all of therequired payments of interest and principal? N/AIf no, explain. N/A**K. Does the facility have any loans from the Federal Home Loan Bank**outstanding? No If yes, did the facility make all of therequired payments of interest and principal? N/AIf no, explain. N/A**L. Does the facility have any loans from the IL Dept of Commerce and**Economic Opportunity outstanding? No If yes, did the facilitymake all of the required payments of interest and principal? N/AIf no, explain. N/A

STATE OF ILLINOIS

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Facility Name: Magnolia Terrace

Report Period Beginning:

12/1/2020

Ending:

11/30/2021

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	72,244	113,009		185,253		185,253	1
2	Housekeeping, Laundry and Maintenance	109,168	29,575	175,588	314,331	(6,403)	307,928	2
3	Heat and Other Utilities			111,238	111,238	(16,349)	94,889	3
4	Other (specify):							4
5	TOTAL General Services	181,412	142,584	286,826	610,822	(22,752)	588,070	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	406,823	1,674	211	408,708		408,708	6
7	Activities and Social Services	34,918	7,558	8,848	51,324		51,324	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	441,741	9,232	9,059	460,032		460,032	9
	C. General Administration							
10	Administrative and Clerical	136,170	8,857	366,296	511,323	7,369	518,692	10
11	Marketing Materials, Promotions and Advertising			7,812	7,812		7,812	11
12	Employee Benefits and Payroll Taxes			211,894	211,894		211,894	12
13	Insurance-Property, Liability and Malpractice			19,170	19,170		19,170	13
14	Other (specify):							14
15	TOTAL General Administration	136,170	8,857	605,172	750,199	7,369	757,568	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	759,323	160,673	901,057	1,821,053	(15,384)	1,805,669	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			44,390	44,390	210,046	254,436	17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			662	662		662	21
22	Other (specify):	6,279,509	861,911	5,006,699	12,148,119	(12,148,119)		22
23	TOTAL Ownership	6,279,509	861,911	5,051,751	12,193,171	(11,938,073)	255,098	23
24	GRAND TOTAL (Sum of lines 16 and 23)	7,038,832	1,022,584	5,952,808	14,014,224	(11,953,456)	2,060,768	24

STATE OF ILLINOIS		Page 3A
Magnolia Terrace		
Report Period Beginning:	12/1/2020	
Ending:	11/30/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	210,006	17 1
2 Bad Debt - SLF	(2,504)	10 2
3 SNF Salaries	(6,279,509)	22 3
4 SNF Supplies	(861,911)	22 4
5 Public Relations - SLF	(3,565)	10 5
6 SNF Other	(5,006,099)	22 6
7 Capitalized R&M	(6,403)	02 7
8 Cable TV	(16,349)	03 8
9		9
10 Monroe County:		10
11 County Administration	14,438	10 11
12		12
13		13
14		14
15		15
16		16
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19		19
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94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(11,953,456)	101

Facility Name: Magnolia Terrace

Report Period Beginning 12/1/2020 Ending: 11/30/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	1.60	31.05	2
3	Certified Nurse Assistants	5.97	24.45	3
4	Activity Director & Assistants	1.04	16.21	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2.41	14.40	7
8	Dishwashers			8
9	Maintenance Workers	1.01	26.62	9
10	Housekeepers	1.85	13.85	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.34	31.85	13
14	Clerical	1.21	18.91	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	16.42	\$ 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
Oak Hill (SNF)	Waterloo, IL

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Monroe County	Waterloo, IL	County

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: Magnolia Terrace

Report Period Beginning:

12/1/2020

Ending:

11/30/2021

VIII. OWNERSHIP COSTS**A. Purchase price of land \$****Year land was acquired _____****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	50			2007	\$ 7,707,025	\$ 44,390	35	\$ 220,201	\$ 175,811	\$ 1,938,231	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				535,089		20	26,332	26,332	117,008	6
7	Various			2007	5,411		20	206	206	4,459	7
8	Various			2008	1,395		20	70	70	977	8
9	Various			2009	12,699		20	635	635	8,254	9
10	Various			2011	10,851		20	543	543	5,969	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,272,470	\$ 44,390		\$ 247,986	\$ 203,596	\$ 2,074,898	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	\$ 64,505	\$	\$ 6,450	6,450		\$ 37,655	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 64,505	\$	\$ 6,450	6,450		\$ 37,655	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 Magnolia Terrace

#

Report Period Beginning:

12/1/2020

Ending:

11/30/2021

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	1St Floor Bathroom Flooring	2014	\$ 8,193	\$ 44,390	20	\$ 410	\$ (43,980)	\$ 3,278	1
2	Signage	2014	6,550		20	328	328	2,621	2
3	Kitchen Plumbing	2014	43,136		20	2,157	2,157	17,255	3
4	New Flooring For 2Nd Floor	2015	23,902		20	1,195	1,195	8,366	4
5	A/C Units	2015	13,410		20	671	671	4,695	5
6	Warming Kitchen	2015	4,667		20	233	233	1,633	6
7	Repair Doors On Tulip And Center To Stairwells	2017	3,860		20	193	193	965	7
8	Synthetic Stucco Monument Sign- Bv Road -2017	2017	5,145		20	257	257	1,286	8
9	New Call Light System -2017	2017	74,704		20	3,735	3,735	18,676	9
10	Flooring - Room 217/116	2018	4,542		20	227	227	908	10
11	Flooring - Rooms 210/110	2018	4,110		20	206	206	822	11
12	Cabinets	2018	9,291		20	465	465	1,859	12
13	Hvac Air Conditioners	2018	8,000		20	400	400	1,600	13
14	Painted Resident Rooms	2019	6,000		20	300	300	900	14
15	A/C Units	2019	8,475		20	424	424	1,272	15
16	Widening Service Road	2019	6,440		20	322	322	966	16
17	Slf - Camera	2019	8,500		20			8,500	17
18	Repaired Fire Sprinkler	2019	212,831		20	10,642	10,642	31,926	18
19	Repaired Asphalt	2019	32,361		20	1,618	1,618	4,854	19
20	Flooring Resident Rooms	2019	20,781		20	1,039	1,039	3,117	20
21	2Nd Floor Decking/Railing Replacement	2021	9,100		20	455	455	455	21
22	Vtac Units	2021	14,688		20	734	734	734	22
23	Repair Sprinkler System	2021	6,403		20	320	320	320	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)		\$ 535,089	\$ 44,390		\$ 26,332	\$ (18,059)	\$ 117,008	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			\$	\$ 44,390		\$	\$ (44,390)	\$	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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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$ 44,390		\$	\$ (44,390)	\$	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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27									27
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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: Magnolia Terrace

Report Period Beginning: 12/1/2020 Ending: 11/30/2021

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 \$ 661

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					/ /	\$		/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$	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: Magnolia Terrace

Report Period Beginning: 12/1/2020

Ending: 11/30/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 11/30/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 4,425,413	\$	1
2	Cash-Patient Deposits	17,419		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,785,437		3
4	Supply Inventory (priced at)	109,527		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	333,221		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)	\$ 6,671,017	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	4,184,513		14
15	Leasehold Improvements, at Historical Cost	1,320,627		15
16	Equipment, at Historical Cost	1,526,028		16
17	Accumulated Depreciation (book methods)	(1,886,959)		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			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,144,209	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,815,226	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 245,845	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	17,419		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	510,558		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	673,584		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,447,406	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached			43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,447,406	\$	45
46	TOTAL EQUITY	\$ 10,367,820	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,815,226	\$	47

*(See instructions.)

Facility Name: Magnolia Terrace

Report Period Beginning: 12/1/2020

Ending:

11/30/2021

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	\$ 1,693,902	1
2	Discounts and Allowances	(87,920)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,605,982	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	3,273	5
6	Special Grants		6
7	Gift and Coffee Shop	13,272	7
8	Barber and Beauty Care	6,054	8
9	Non-Resident Meals	110,971	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 133,570	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	10,054	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 10,054	14
	D. Other Revenue (specify):		
15	See Attached	12,161,118	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,161,118	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 13,910,724	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	610,822	19
20	Health Care/ Personal Care	460,032	20
21	General Administration	750,199	21
	B. Capital Expense		
22	Ownership	12,193,171	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)	\$ 14,014,224	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (103,500)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (103,500)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 575,753	32
33	Private Pay - Net Inpatient Revenue	1,030,229	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,605,982	37