FOR BHF USE

LL2

Supportive Living Facility

2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

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: 1000051

Facility Name: Springfield Slc

Address: 2034 Clearlake Ave (Number) | Springfield (City) | 62702 (Zip Code)

County: Sangamon

Telephone Number: ((217) 522-8843 **Fax #**

Federal Employer ID Number:

Date Current Owners were Certified: 8/3/2005

Type of Ownership:

	VOLUNTARY, NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			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 1/1/2017 to 12/31/2017 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)

(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 Springfield Slc Report Period Beginning: 1/1/2017 Ending: 12/31/2017

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	121	Single Unit Apartment	121	44,165	1
2	14	Double Unit Apartment	14	5,110	2
3		Other			3
4	135	TOTALS	135	49,275	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	26,393	5,534		31,927	5
6	Double Unit	3,054	640		3,694	6
7	Other					7
8	TOTALS	29,447	6,174		35,621	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 72.29%

D. Indicate the number of paid bed-hold days the SLF had during this year Not Tracke **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** Not Tracked **(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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)
None

H. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31/17 Fiscal Year: 12/31/17
* 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 principle?** N/A
If 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 the required payments of interest and principle?** N/A
If 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 facility make all of the required payments of interest and principle?** N/A
If no, explain. N/A

Facility Name: Springfield Slc **Report Period Beginning: 1/1/2017 Ending: 12/31/2017**

IV. COST CENTER EXPENSES (please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase		484,991	1,344	486,335		486,335	1
2	Housekeeping, Laundry and Maintenance	168,168	27,930	82,292	278,390	19,585	297,975	2
3	Heat and Other Utilities			151,545	151,545	(31,179)	120,366	3
4	Other (specify):							4
5	**TOTAL General Services**	168,168	512,921	235,181	916,270	(11,594)	904,676	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	493,718	15,047	3,600	512,365		512,365	6
7	Activities and Social Services	39,254	6,300	9,099	54,653		54,653	7
8	Other (specify): Barber & Beauty			5,615	5,615		5,615	8
9	**TOTAL Health Care and Programs**	532,972	21,347	18,314	572,633		572,633	9
	C. General Administration							
10	Administrative and Clerical	224,940	12,632	159,690	397,262	(3,861)	393,401	10
11	Marketing Materials, Promotions and Advertising	49,276		42,773	92,049		92,049	11
12	Employee Benefits and Payroll Taxes			195,137	195,137		195,137	12
13	Insurance-Property, Liability and Malpractice			28,961	28,961	49,067	78,028	13
14	Other (specify):							14
15	**TOTAL General Administration**	274,216	12,632	426,561	713,409	45,206	758,615	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	975,356	546,900	680,056	2,202,312	33,612	2,235,924	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			94,230	94,230	207,971	302,201	17
18	Interest			54,770	54,770	359,954	414,724	18
19	Real Estate Taxes			373	373	82,469	82,842	19
20	Rent -- Facility and Grounds			669,988	669,988	(669,988)	0	20
21	Rent -- Equipment			722	722		722	21
22	Other (specify): Amortization			2,570	2,570	(2,570)	0	22
23	**TOTAL Ownership**			822,653	822,653	(22,164)	800,489	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	975,356	546,900	1,502,709	3,024,965	11,448	3,036,413	24

Springfield Slc

Report Period Beginning: 1/1/2017
Ending: 12/31/2017

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	$ (106,248)	17	1
2	Additional R&M	19,585	2	2
3	Amortization Expense	(2,570)	22	3
4	Cable TV	(31,179)	03	4
5	Bank Charges	(874)	10	5
6	Political Contributions	(1,000)	10	6
7	Bad Debts	(1,948)	10	7
8	Meals & Entertainment	(40)	10	8
9	Building Co. - Rent Income	(669,988)	20	9
10	Building Co. - Depreciation	314,219	17	10
11	Building Co. - Insurance	49,067	13	11
12	Building Co. - Interest Expense	359,999	18	12
13	Building Co. - Real Estate Taxes	82,469	19	13
14	Interest Income	(45)	18	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
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99				99
100				100
101	Total	11,448		101

Facility Name: Springfield Slc **Report Period Beginning: 1/1/2017 Ending: 12/31/2017**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.11	$ 26.56	1
2	Licensed Practical Nurses	1.06	19.67	2
3	Certified Nurse Assistants	14.74	10.89	3
4	Activity Director & Assistants	1.38	13.71	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	1.97	17.22	9
10	Housekeepers	3.70	12.68	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	34.56	13
14	Clerical	4.33	16.99	14
15	Marketing	1.03	23.08	15
16	Other			16
17	Total (lines 1 thru 16)	31.31	$ 14.98	17

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	Healthcare Development, LLC	17.00000%		$ 108,000	1
2					2
3					3
4					4
5					5
			Total	$ 108000	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1		$	1
2			2
	Total	$	3

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	

OTHER RELATED BUSINESS ENTITIES				
Name 3		City 4		Type of Business 5
Springfield Property, LLC				Building Co.

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 [X]

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 [X] 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: Springfield Slc Report Period Beginning: 1/1/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 115,071 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	135		2005	2005	$ 8,063,935	$ 314,219	35	$ 230,398	$ (83,821)	$ 3,063,247	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				427,751	94,230		21,388	(72,843)	72,883	6
7	Various			2005	1,750		20	88	88	1,057	7
8	Various			2006	3,321		20	166	166	1,963	8
9	Various			2007	2,632		20	132	132	1,448	9
10	Various			2008	4,900		20	245	245	2,307	10
11	Various			2009	12,558		20	628	628	5,100	11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 8,516,847	$ 408,449		$ 253,044	$ (155,406)	$ 3,148,005	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	$ 371,950	$	$ 35,498	35,498		$ 310,189	18
19	Vehicles	68,298		13,660	13,660		13,660	19
20	TOTAL (lines 18 and 19)	$ 440,248	$	$ 49,157	49,157		$ 323,849	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 Springfield Slc Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	Water Damage Repair	2010	4,404		20	220	220	1,707	2
3	Improvements	2010	11,419		20	571	571	4,044	3
4	Fire Pump	2011	2,936		20	147	147	1,028	4
5	Security Cameras / Installation	2011	8,136		20	407	407	2,678	5
6	Carpet	2011	3,046		20	152	152	1,066	6
7	2Nd Floor Dining Room Remodel	2011	19,726		20	986	986	6,000	7
8	Exit Alarms	2012	3,994		20	200	200	1,015	8
9	2Nd Floor Remodel-Chair Rail, Electrical, Window Treatments, Fir	2012	49,947		20	2,497	2,497	14,776	9
10	3Rd Floor Activity Room Remodel	2012	3,200		20	160	160	907	10
11	Carpet	2012	7,984		20	399	399	2,196	11
12	Front Door Awning	2012	2,867		20	143	143	788	12
13	Wall / Door Addition To Front Office	2012	2,860		20	143	143	727	13
14	7 Ptac Heat Pump	2013	5,955		20	298	298	1,464	14
15	Security Cameras	2013	5,626		20	281	281	1,313	15
16	Outside Security Cameras	2013	6,048		20	302	302	1,285	16
17	Stairwell Heaters	2013	2,990		20	150	150	610	17
18	Carpet Replacement In Resident Rooms	2013	6,446		20	322	322	1,343	18
19	Demolition Of House On Lot	2013	6,000		20	300	300	1,475	19
20	Light Bars For Elevator	2013	3,367		20	168	168	814	20
21	Remodel Suite On 5Th Floor	2013	2,986		20	149	149	684	21
22	Replacement Pump For Fire Sprinkler	2014	3,382		20	169	169	676	22
23	Repair Balcony / Railings On Building	2014	3,215		20	161	161	563	23
24	Flooring 1St Floor Activity Room	2014	6,579		20	329	329	1,096	24
25	5 Ptac Heat Pumps	2016	3,597		20	180	180	360	25
26	Hall Cameras	2016	2,723		20	136	136	272	26
27	Solar Panel Project	2016	57,630		20	2,882	2,882	5,764	27
28	Building Improvements	2016	173,969		20	8,698	8,698	17,396	28
29	Carpet	2017	3,765		20	188	188	188	29
30	3Rd Floor Remodel	2017	9,404		20	470	470	470	30
31	Service Area Remodel	2017	3,550		20	178	178	178	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 427,751	$		$ 21,388	$ 21,388	$ 72,883	34

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

Facility Name & ID Number Springfield Slc Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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
6									6
7									7
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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 & ID Number Springfield Slc Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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
6									6
7									7
8									8
9									9
10									10
11									11
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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: Springfield Slc **Report Period Beginning:** 1/1/2017 **Ending:** 2/31/2017

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				/ /				6
7	TOTAL				$			7

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

9. **Rental amount for movable equipment $** 722

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** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	Signumd Leftkovitz		X	Operating Line of Credit	1/1/12	$ 2,464,263	$ 2,093,783	1/1/41	2.5%	$ 53,284	1
2	IL National Bank		X	Operating Line of Credit	5/22/17	60,000	53,643	5/22/22	4.5%	1,487	2
3	Cambridge Realty		X	Mortgage	/ /		7,279,018	/ /		359,999	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 2,524,263	$ 9,426,444			$ 414,770	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(45)	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 2,524,263	$ 9,426,444			$ 414,724	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: Springfield Slc **Report Period Beginning:** 1/1/2017 **Ending:** 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 429,175	$ 588,981	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	62,772	62,772	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,109	12,109	6
7	Other Prepaid Expenses	10,685	10,685	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):		229,238	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 514,741	$ 903,785	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		200,107	13
14	Buildings, at Historical Cost		8,437,733	14
15	Leasehold Improvements, at Historical Cost	169,555	169,555	15
16	Equipment, at Historical Cost	358,725	617,036	16
17	Accumulated Depreciation (book methods)	(395,041)	(4,337,010)	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	444,559	491,889	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 577,798	$ 5,579,310	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,092,539	$ 6,483,095	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 96,585	$ 96,585	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	23,118	23,118	30
31	Accrued Taxes Payable	3,192	3,192	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36			1,652,705	36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 122,895	$ 1,775,600	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,147,426	2,147,426	38
39	Mortgage Payable		7,279,018	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 2,147,426	$ 9,426,444	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 2,270,321	$ 11,202,044	45
46	**TOTAL EQUITY**	$ (1,177,782)	$ (4,718,949)	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 1,092,539	$ 6,483,095	47

***(See instructions.)**

Facility Name: Springfield Slc **Report Period Beginning: 1/1/2017 Ending: 12/31/2017**

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 3,213,099	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,213,099	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	45	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 45	14
	D. Other Revenue (specify):		
15	**See Attached**	1,800	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 1,800	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,214,944	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	916,270	19
20	Health Care/ Personal Care	572,633	20
21	General Administration	713,409	21
	B. Capital Expense		
22	Ownership	822,653	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)**	$ 3,024,965	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 189,979	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 189,979	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 1,533,188	32
33	Private Pay - Net Inpatient Revenue	553,825	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) **Managed Care**	13,240	35
36	Other-(specify) **Other Rent/Food Stamp**	1,112,846	36
37	TOTAL (This total must agree to Line 3)	$ 3,213,099	37