

		FOR BHF USE			

LL2

**Supportive Living Facility**  
**2020**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2020)**

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.

<p><b>I. Facility ID Number:</b> <u>1000059</u></p> <p><b>Facility Name:</b> <u>Eastgate Manor of Algonquin</u></p> <p><b>Address:</b> <u>101 Eastgate Court</u> <u>Algonquin</u> <u>60102</u>        Number City Zip Code</p> <p><b>County:</b> <u>McHenry</u></p> <p><b>Telephone Number:</b> <u>847 ) 458-2800</u> Fax # <u>847 458-0017</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>2/27/06</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Rob Schlicht</u> <b>Telephone Number:</b> <u>414 431-9335</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input 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 type="checkbox"/> County	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Print Name and Title) <u>Rob Schlicht</u> <u>Director</u> (Firm Name &amp; Address) <u>Wipfli LLP</u> <u>10000 Innovation Drive, Suite 250</u> (Telephone) <u>414 431-9335</u> Fax <u>414-431-9303</u></td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Print Name and Title) <u>Rob Schlicht</u> <u>Director</u> (Firm Name & Address) <u>Wipfli LLP</u> <u>10000 Innovation Drive, Suite 250</u> (Telephone) <u>414 431-9335</u> Fax <u>414-431-9303</u>
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Facility Name Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

III. STATISTICAL DATA

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

Date of change in certified units           / /          

	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	119	Single Unit Apartment	119	43,554	1
2		Double Unit Apartment			2
3		Other			3
4	119	TOTALS	119	43,554	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	5,426	6,094	20,051	31,571	5
6	Double Unit					6
7	Other	6	646	880	1,532	7
8	TOTALS	5,432	6,740	20,931	33,103	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)           76.00%          

D. Indicate the number of paid bed-hold days the SLF had during this year                           
 Also, indicate the number of unpaid bed-hold days the SLF had during this year.                          (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

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/20 Fiscal Year: 12/31/20

\* 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. 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 principal? n/a

If no, explain. n/a

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning:

01/01/2020

Ending: 12/31/2020

## 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		20,164	1,008,878	1,029,042		1,029,042	1
2	Housekeeping, Laundry and Maintenance	61,554		410,527	472,081		472,081	2
3	Heat and Other Utilities			151,794	151,794		151,794	3
4	Other (specify): satellite tv			17,084	17,084	(17,084)		4
5	<b>TOTAL General Services</b>	61,554	20,164	1,588,283	1,670,001	(17,084)	1,652,917	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	958,732	88,558	4,266	1,051,556		1,051,556	6
7	Activities and Social Services	67,248	7,557	10,318	85,123		85,123	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	1,025,980	96,115	14,584	1,136,679		1,136,679	9
<b>C. General Administration</b>								
10	Administrative and Clerical	489,473	16,768	448,112	954,353	110,141	1,064,494	10
11	Marketing Materials, Promotions and Advertising	63,316		36,353	99,669	(99,669)		11
12	Employee Benefits and Payroll Taxes			308,406	308,406		308,406	12
13	Insurance-Property, Liability and Malpractice			36,000	36,000		36,000	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	552,789	16,768	828,871	1,398,428	10,472	1,408,900	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,640,323	133,047	2,431,738	4,205,108	(6,612)	4,198,496	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			60,930	60,930	236,268	297,198	17
18	Interest			24,851	24,851	534,666	559,517	18
19	Real Estate Taxes					288,591	288,591	19
20	Rent -- Facility and Grounds			1,040,083	1,040,083	(1,040,083)		20
21	Rent -- Equipment			5,206	5,206		5,206	21
22	Other (specify): other admin			46,577	46,577	(45,007)	1,570	22
23	<b>TOTAL Ownership</b>			1,177,647	1,177,647	(25,565)	1,152,082	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,640,323	133,047	3,609,385	5,382,755	(32,177)	5,350,578	24

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	4.17	\$ 27.95	1
2	Licensed Practical Nurses	0.14	21.08	2
3	Certified Nurse Assistants	17.18	15.07	3
4	Activity Director & Assistants	2.04	17.02	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	0.94	31.67	9
10	Housekeepers			10
11	Laundry			11
12	Managers	4.00	30.05	12
13	Other Administrative			13
14	Clerical			14
15	Marketing	2.00	13.45	15
16	Other Dir of Caregiving	2.00	40.45	16
17	<b>Total (lines 1 thru 16)</b>	<b>32</b>	<b>\$</b>	<b>17</b>

**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	
				<b>Total</b>	<b>\$</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee			
1	n/a	\$ 1		
2		2		
		<b>Total</b>	<b>\$</b>	<b>3</b>

**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
see attachment 1			

**OTHER RELATED BUSINESS ENTITIES**

Name	3	City	4	Type of Business	5
see attachment 1					

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? \$ n/a

(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).

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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				2000	\$ 4,679,221	\$	40	\$ 116,981	\$ 116,981	\$ 2,637,663	1
2				2001	3,852,171		40	96,304	96,304	1,902,010	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		flagpoles		2001	2,637		10			2,637	6
7		tub conversion - disposed in 2016		2001							7
8		nurses station		2001	6,183	225	20	309	84	6,028	8
9		2nd floor carpet - disposed in 2016		2001							9
10		fire alarm doors - disposed in 2016		2001							10
11		2 exterior signs - disposed in 2016		2001							11
12		nurse call station		2004	21,485	781	20	1,074	293	17,366	12
13		asphalt paving		2005	19,397	1,146	10		(1,146)	19,397	13
14		apartments		2005	18,224		20	911	911	13,667	14
15		nurse call station		2006	2,761		20	138	138	2,036	15
16		see attachments 2&3			1,818,914	48,434		75,526	18,982	971,034	16
17		TOTAL (lines 1 thru 16)			\$ 10,420,993	\$ 50,586		\$ 291,243	\$ 232,547	\$ 5,571,838	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	\$ 1,113,701	\$ 10,344	\$ 10,344	\$	3-10	\$ 1,029,105	18
19	Vehicles	58,868					58,868	19
20	TOTAL (lines 18 and 19)	\$ 1,172,569	\$ 10,344	\$ 10,344	\$		\$ 1,087,973	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: Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2020

Ending: 2/31/2020

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: \_\_\_\_\_

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	n/a		/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			7

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

9. Rental amount for movable equipment \$ 5,206

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				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	Midcap Financial		x	mortgage	varies	\$ 7,454,212	\$ 7,494,506	5/29/21	libor +5.25%	\$ 534,666	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4	LHCS Lombard	x		line of credit	2/1/18	866,000	316,000	/ /	libor +5.25%	22,498	4
5	West Suburban Bank		x	PPP Loan	5/5/20	354,416	354,413	5/5/22	0.0100	2,353	5
6					/ /						6
7	<b>TOTAL Facility Related</b>					\$ 8,674,628	\$ 8,164,919			\$ 559,517	7
	<b>B. Non-Facility Related</b>										
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 8,674,628	\$ 8,164,919			\$ 559,517	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: Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 475,142	\$ 523,893	1
2	Cash-Patient Deposits	871	871	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>780,876</u> )	1,513,672	11,513,672	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	137,515	137,515	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(593,210)	(99,677)	8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,533,990	\$ 12,076,274	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		311,565	13
14	Buildings, at Historical Cost		4,679,221	14
15	Leasehold Improvements, at Historical Cost	868,447	5,752,251	15
16	Equipment, at Historical Cost	346,695	1,190,690	16
17	Accumulated Depreciation (book methods)	(701,560)	(6,373,918)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	309,145	309,145	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>deferred financing</u>		45,717	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 822,727	\$ 5,914,671	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,356,717	\$ 17,990,945	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 289,286	\$ 289,289	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	118,732	118,732	30
31	Accrued Taxes Payable	6,779	291,587	31
32	Accrued Interest Payable	(1,764)	43,411	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<u>see attachment 4</u>	1,719,644	1,036,668	35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 2,132,677	\$ 1,779,687	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		7,494,506	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$	\$ 7,494,506	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 2,132,677	\$ 9,274,193	45
46	<b>TOTAL EQUITY</b>	\$ 224,040	\$ 8,716,752	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,356,717	\$ 17,990,945	47

\*(See instructions.)

Facility Name: Eastgate Manor of Algonquin

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

## 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	\$ 4,500,590	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,500,590</b>	<b>3</b>
<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	3,681	8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 3,681</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	21,832	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 21,832</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	phone revenue/credits	(3,184)	15
16	miscellaneous revenue	133,927	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 130,743</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,656,846</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,670,001	19
20	Health Care/ Personal Care	1,136,679	20
21	General Administration	1,398,428	21
<b>B. Capital Expense</b>			
22	Ownership	1,177,647	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>	<b>\$ 5,382,755</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (725,909)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (725,909)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 3,923,529	32
33	Private Pay - Net Inpatient Revenue	577,061	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>	<b>\$ 4,500,590</b>	<b>37</b>