

		FOR BHF USE			

LL2

Supportive Living Facility

2012

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2012)

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: 1000011

Facility Name: Victory Centre Of Park Forest

Address: 101 Main Street Park Forest 60466

Number City Zip Code

County: Cook

Telephone Number: (708) 283-2921 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 3/19/2002

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☒	Other		Limited Partnership

In the event there are further questions about this report, please contact:

Name: Steve Lavenda Telephone Number: (847) 236 - 1111

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 1/1/2012 to 12/31/2012 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, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax (847) 236-1155

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	67	Single Unit Apartment	67	24,522	1
2	12	Double Unit Apartment	12	4,392	2
3		Other			3
4	79	TOTALS	79	28,914	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	22,286	1,639		23,925	5
6	Double Unit	962	70		1,032	6
7	Other					7
8	TOTALS	23,248	1,709		24,957	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 86.31%

D. Indicate the number of paid bed-hold days the SLF had during this year
573 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 60 (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

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2012 Fiscal Year: 12/31/2012

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

J. Does the facility have any Illinois Housing Development Authority Loans
outstanding? Yes If yes, did the facility make all of the
required payments of interest and principle? Yes
If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank
outstanding? N/A If yes, did the facility make all of the
required payments of interest and principle? 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 principle? N/A
If no, explain. N/A

Facility Name: Victory Centre Of Park Forest

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	187,234	125,919	74,242	387,395	(3,377)	384,018	1
2	Housekeeping, Laundry and Maintenance	90,905	20,956	73,548	185,409	1,731	187,140	2
3	Heat and Other Utilities			74,940	74,940	223	75,163	3
4	Other (specify):							4
5	TOTAL General Services	278,139	146,875	222,730	647,744	(1,423)	646,321	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	347,523	242	23,517	371,282		371,282	6
7	Activities and Social Services		2,769	13,018	15,787	(1,522)	14,265	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	347,523	3,011	36,535	387,069	(1,522)	385,547	9
	C. General Administration							
10	Administrative and Clerical	206,476	17,237	592,247	815,960	(326,350)	489,610	10
11	Marketing Materials, Promotions and Advertising	46,623	1,145	25,815	73,583	22,442	96,025	11
12	Employee Benefits and Payroll Taxes			150,054	150,054		150,054	12
13	Insurance-Property, Liability and Malpractice			24,848	24,848	446	25,294	13
14	Other (specify):					14,024	14,024	14
15	TOTAL General Administration	253,099	18,382	792,964	1,064,445	(289,438)	775,007	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	878,761	168,268	1,052,229	2,099,258	(292,382)	1,806,876	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			324,900	324,900	135,361	460,261	17
18	Interest			258,157	258,157	(19,063)	239,094	18
19	Real Estate Taxes			203,800	203,800		203,800	19
20	Rent -- Facility and Grounds			366	366	8,969	9,335	20
21	Rent -- Equipment			10,551	10,551	106	10,657	21
22	Other (specify):			64,033	64,033		64,033	22
23	TOTAL Ownership			861,807	861,807	125,374	987,181	23
24	GRAND TOTAL (Sum of lines 16 and 23)	878,761	168,268	1,914,036	2,961,065	(167,009)	2,794,056	24

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 135,361	17	1
2	Guest Meals	(30)	01	2
3	Employee Meals	(694)	01	3
4	Unidine Adjustment	(2,653)	01	4
5	Damage Recovery	(100)	10	5
6	Other Income	(18,460)	10	6
7	Bank Service Charges	(2,800)	10	7
8	Charitable Contributions	(1,464)	10	8
9	Resident Gifts	(79)	10	9
10	Bad Debt - Tenant	(24,426)	10	10
11	Bad Debt - Medicaid	(70,450)	10	11
12	Pet Care	(1,522)	07	12
13	Interest - Other	(17,140)	18	13
14	Interest Income	(1,707)	18	14
15	Asset Management Fee	(5,000)	10	15
16	Interest Income - Escrows	(215)	18	16
17	Refinancing Fees	(169,460)	10	17
18	Meals & Entertainment	(1,006)	10	18
19				19
20				20
21	PATHWAY MANAGEMENT LLC:			21
22	Maintenance	113	02	22
23	Utilities	188	03	23
24	Administrative	58,551	10	24
25	Marketing	12,678	11	25
26	Insurance	38	13	26
27	Employee Benefits	7,428	14	27
28	Rent - Building	6,229	20	28
29	Rent - Equipment	50	21	29
30				30
31	PATHWAY SENIOR LIVING LLC:			31
32	Maintenance	1,618	02	32
33	Utilities	35	03	33
34	Administrative	67,060	10	34
35	Marketing	9,764	11	35
36	Insurance	408	13	36
37	Employee Benefits	6,596	14	37
38	Rent - Building	2,740	20	38
39	Rent - Equipment	56	21	39
40	Management Fees	(158,716)	10	40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
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95				95
96				96
97				97
98				98
99				99
100				100
101	Total	(167,009)		101

Facility Name: Victory Centre Of Park Forest

Report Period Beginning 1/1/2012 Ending: 12/31/2012

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.25	\$ 25.22	1
2	Licensed Practical Nurses	1.26	24.27	2
3	Certified Nurse Assistants	10.01	10.48	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.91	11.38	7
8	Dishwashers			8
9	Maintenance Workers	1.76	16.12	9
10	Housekeepers	1.67	9.18	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.83	35.03	13
14	Clerical			14
15	Marketing	0.91	24.65	15
16	Other			16
17	Total (lines 1 thru 16)	27.61	\$ 15.30	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
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached					

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).

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	Jerry Finis	25%	1.42	\$ 5,477	1
2					2
3					3
4					4
5					5
Total				\$ 5477	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	N/A	\$		1
2				2
Total		\$		3

Facility Name: Victory Centre Of Park Forest

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

VIII. OWNERSHIP COSTS

A. Purchase price of land 146,208 Year land was acquired 2002

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	79		2002	2002	\$ 7,210,303	\$ 324,900	28	\$ 257,511	\$ (67,389)	\$ 2,770,159	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				221,111			11,056	11,056	43,196	6
7	Various			2002	323,939		20	178,167	178,167		7
8	Various			2003	6,687		20	3,344	3,344		8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,762,040	\$ 324,900		\$ 450,077	\$ 125,177	\$ 2,813,355	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	\$ 527,419	\$	\$ 10,184	10,184	10	\$ 478,346	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 527,419	\$	\$ 10,184	10,184		\$ 478,346	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 Victory Centre Of Park Forest

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	2006	3,462		20	173	173	1,212	2
3	2006	9,587		20	479	479	3,356	3
4	2007	1,495		20	75	75	449	4
5	2008	6,872		20	344	344	1,546	5
6	2008	16,650		20	833	833	3,331	6
7	2009	55,541		20	2,777	2,777	11,108	7
8	2009	41,240		20	2,062	2,062	8,248	8
9	2009	20,293		20	1,015	1,015	4,058	9
10	2009	15,890		20	795	795	3,178	10
11	2009	16,450		20	823	823	3,290	11
12	2010	1,130		20	57	57	170	12
13	2011	2,800		20	140	140	280	13
14	2011	2,725		20	136	136	273	14
15	2011	9,298		20	465	465	930	15
16	2011	2,085		20	104	104	209	16
17	2011	3,641		20	182	182	364	17
18	2011	3,846		20	192	192	385	18
19	2011	3,100		20	155	155	310	19
20	2012	1,500		20	75	75	150	20
21	2012	1,895		20	95	95	190	21
22	2012	1,611		20	81	81	161	22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34								34
Total Book Depreciation								
TOTAL (lines 1 thru 33)		\$ 221,111	\$		\$ 11,056	\$ 11,056	\$ 43,196	

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

Facility Name & ID Number Victory Centre Of Park Forest

Report Period Beginning: 1/1/2012 Ending: 12/31/2012

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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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 & ID Number Victory Centre Of Park Forest

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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: Victory Centre Of Park Forest

Report Period Beginning: 1/1/2012

Ending: 2/31/2012

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	Allocated from Pathway			/ /	8,969			5
6	Storage Rental			/ /	366			6
7	TOTAL				\$ 9,335			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 10,658

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	Red Mortgage Capital		X	1st Mortgage	5/31/07	\$ 5,500,000	\$ 5,824,318	4/1/42	6.1600	\$ 238,123	1
2	IHDA		X	2nd Mortgage	11/4/02	500,000	0	/ /	1.0000	2,894	2
3	Red Mortgage Capital		X	3rd Mortgage	/ /		177,347	/ /			3
	Working Capital										
4	Pathway Development	X		Loan	/ /	402,197		/ /	Prime + 1%	17,140	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,402,197	\$ 6,001,665			\$ 258,157	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-1,923	8
9	Pathway Development	X			/ /			/ /		-17,140	9
10	TOTALS (lines 7, 8 and 9)					\$ 6,402,197	\$ 6,001,665			\$ 239,094	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: Victory Centre Of Park Forest

Report Period Beginning: 1/1/2012

Ending: 12/31/2012

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 752,431	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	635,940		3
4	Supply Inventory (priced at)	5,419		4
5	Short-Term Investments			5
6	Prepaid Insurance	23,330		6
7	Other Prepaid Expenses	9,298		7
8	Accounts Receivable (owners or related parties)	1,711		8
9	Other(specify): See Attached	599,664		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,027,793	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	146,208		13
14	Buildings, at Historical Cost	7,210,303		14
15	Leasehold Improvements, at Historical Cost	403,067		15
16	Equipment, at Historical Cost	707,830		16
17	Accumulated Depreciation (book methods)	(3,696,702)		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): See Attached	71,600		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,842,306	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,870,099	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 24,983	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	69,501		30
31	Accrued Taxes Payable	170,000		31
32	Accrued Interest Payable	231,092		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	142,495		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 638,071	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,001,665		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)	\$ 6,001,665	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,639,736	\$	45
46	TOTAL EQUITY	\$ 230,363	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,870,099	\$	47

*(See instructions.)

Facility Name: Victory Centre Of Park Forest

Report Period Beginning: 1/1/2012

Ending:

12/31/2012

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,613,350	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,613,350	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	3,377	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,377	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,922	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,922	14
	D. Other Revenue (specify):		
15	See Attached	100,940	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 100,940	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,719,589	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	647,744	19
20	Health Care/ Personal Care	387,069	20
21	General Administration	1,064,445	21
	B. Capital Expense		
22	Ownership	861,807	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)	\$ 2,961,065	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (241,476)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (241,476)	31

