	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: 1000014

Facility Name: Victory Centre Of River Oaks

Address: 1370 Ring Road (Number) Calumet City (City) 60409 (Zip Code)

County: Cook

Telephone Number: (708) 730-0994 **Fax #**

Federal Employer ID Number:

Date Current Owners were Certified: 7/2/2002

Type of Ownership:

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

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

In the event there are further questions about this report, please contact:
Name: Steve Lavenda Telephone Number: (847) 236 - 1111
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 Victory Centre Of River Oaks Report Period Beginning: 1/1/2012 Ending: 12/31/2012

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	103	Single Unit Apartment	103	37,698	1
2	6	Double Unit Apartment	6	2,196	2
3		Other			3
4	109	TOTALS	109	39,894	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	33,342	1,914		35,256	5
6	Double Unit	443	25		468	6
7	Other					7
8	TOTALS	33,785	1,939		35,724	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.55%

D. Indicate the number of paid bed-hold days the SLF had during this year 938 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 37 (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: 12/31/2012 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? 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: Victory Centre Of River Oaks | 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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	203,513	179,695	112,091	495,299	(8,891)	486,408	1
2	Housekeeping, Laundry and Maintenance	117,200	46,194	86,335	249,729	(3,293)	246,437	2
3	Heat and Other Utilities			89,987	89,987	311	90,298	3
4	Other (specify):							4
5	TOTAL General Services	320,713	225,889	288,413	835,015	(11,873)	823,143	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	450,862	282	14,600	465,744		465,744	6
7	Activities and Social Services	20,612	3,141	17,119	40,872	(213)	40,659	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	471,474	3,423	31,719	506,616	(213)	506,403	9
	C. General Administration							
10	Administrative and Clerical	191,324	13,426	704,922	909,672	109,405	1,019,077	10
11	Marketing Materials, Promotions and Advertising	55,598	343	24,694	80,635	31,317	111,952	11
12	Employee Benefits and Payroll Taxes			208,589	208,589	9,205	217,794	12
13	Insurance-Property, Liability and Malpractice			43,231	43,231	623	43,854	13
14	Other (specify):					10,365	10,365	14
15	TOTAL General Administration	246,922	13,769	981,436	1,242,127	160,915	1,403,042	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,039,109	243,081	1,301,568	2,583,758	148,830	2,732,588	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			405,681	405,681	60,528	466,209	17
18	Interest			400,665	400,665	(29,379)	371,286	18
19	Real Estate Taxes			193,616	193,616		193,616	19
20	Rent -- Facility and Grounds			339	339	12,516	12,855	20
21	Rent -- Equipment			10,826	10,826	149	10,975	21
22	Other (specify):			54,907	54,907		54,907	22
23	TOTAL Ownership			1,066,034	1,066,034	43,814	1,109,848	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,039,109	243,081	2,367,602	3,649,792	192,643	3,842,435	24

Victory Centre Of River Oaks

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

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	$ 60,528	17	1
2	Guest Meals	(774)	01	2
3	Employee Meals	(693)	01	3
4	Unidine Adjustment	(7,424)	01	4
5	Maintenance Fees	(80)	02	5
6	Damage Recovery	(600)	10	6
7	NSF Fees	(120)	10	7
8	Bank Service Charges	(2,750)	10	8
9	Charitable Contributions	(1,791)	10	9
10	Resident Gifts	(213)	07	10
11	Bad Debt	(37,463)	10	11
12	Referral Fees	(360)	10	12
13	Asset Management Fee	(38,238)	10	13
14	Partnership Management Fee	(25,000)	10	14
15	Incentive Management Fee	(179,942)	10	15
16	Interest Income	(29,379)	18	16
17	Other Income	(17)	10	17
18	Meals & Entertainment	(1,081)	10	18
19	Capitalized R&M	(5,628)	02	19
20	PATHWAY MANAGEMENT LLC:			20
21	Maintenance	157	02	21
22	Utilities	262	03	22
23	Administrative	81,706	10	23
24	Marketing Materials	17,692	11	24
25	Insurance	53	13	25
26	Employee Benefits	10,365	14	26
27	Rent- Building	8,692	20	27
28	Rent- Equipment	70	21	28
29				29
30				30
31	PATHWAY SENIOR LIVING LLC:			31
32	Maintenance	2,258	02	32
33	Utilities	49	03	33
34	Administrative	93,579	10	34
35	Marketing Materials	13,625	11	35
36	Insurance	570	13	36
37	Employee Benefits	9,205	12	37
38	Rent- Building	3,824	20	38
39	Rent- Equipment	79	21	39
40	Management Fee	221,482	10	40
41				41
42				42
43				43
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99				99
100				100
101	**Total**	192,643		101

Facility Name: Victory Centre Of River Oaks 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	0.89	$ 40.02	1
2	Licensed Practical Nurses	1.70	23.91	2
3	Certified Nurse Assistants	12.53	11.19	3
4	Activity Director & Assistants	0.39	25.22	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.07	10.78	7
8	Dishwashers			8
9	Maintenance Workers	1.79	14.78	9
10	Housekeepers	3.20	9.34	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.34	21.18	13
14	Clerical			14
15	Marketing	0.88	30.22	15
16	Other			16
17	Total (lines 1 thru 16)	34.81	$ 14.35	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	Jerry Finis	29%	1.98	$ 7,643	1
2					2
3					3
4					4
5					5
			Total	$ 7643	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	N/A	$	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
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 [X]
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 [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: Victory Centre Of River Oaks Report Period Beginning: 1/1/2012 Ending: 12/31/2012

VIII. OWNERSHIP COSTS

A. Purchase price of land 541,601 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	109		2002	2002	$ 9,842,367	$ 405,681	35	$ 281,210	$ (124,471)	$ 3,589,529	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				201,034			10,052	10,052	44,039	6
7	Various			2002	246,335		20	161,967	161,967		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)				$ 10,289,736	$ 405,681		$ 453,229	$ 47,548	$ 3,633,568	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	$ 549,091	$	$ 12,980	12,980	10	$ 464,513	18
19	Vehicles	16,646				5	16,646	19
20	TOTAL (lines 18 and 19)	$ 565,737	$	$ 12,980	12,980		$ 481,159	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 River Oaks 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	Carpet	2005	1,039		20	52	52	572	2
3	Air Conditioning	2005	11,778		20	589	589	6,479	3
4	Air Conditioning	2005	957		20	48	48	526	4
5	Air Conditioning	2005	1,412		20	71	71	776	5
6	Repair Parking Lot	2007	4,198		20	210	210	1,260	6
7	Repair Walk-In Freezer	2007	2,690		20	135	135	807	7
8	Replace Carpeting In Common Area	2008	15,028		20	751	751	3,757	8
9	Dorman Door Closer Operator	2008	4,065		20	203	203	1,017	9
10	Repair Heating	2008	7,591		20	380	380	1,898	10
11	Plumbing	2008	4,430		20	222	222	1,108	11
12	Boiler	2009	8,880		20	444	444	1,776	12
13	Locks	2009	7,843		20	392	392	1,568	13
14	Land Improvements	2009	14,000		20	700	700	2,800	14
15	Paint	2009	9,332		20	467	467	1,866	15
16	Carpet	2009	40,000		20	2,000	2,000	8,000	16
17	Paint	2009	18,664		20	933	933	3,732	17
18	Kitchened Drain Line Repair	2009	2,740		20	137	137	548	18
19	Paving	2010	7,200		20	360	360	1,080	19
20	Hp Pump	2010	1,816		20	91	91	273	20
21	Boiler Replacement	2010	14,023		20	701	701	2,103	21
22	Door Frame Guards	2010	3,714		20	186	186	557	22
23	Carpet	2010	1,055		20	53	53	159	23
24	Repair Entrance Door	2010	1,260		20	63	63	189	24
25	Heating System Flushing And Replaced Heating Controllers	2011	6,448		20	322	322	645	25
26	Hot Water System	2012	5,243		20	262	262	262	26
27	Hot Gas Line Repair	2012	2,692		20	135	135	135	27
28	Crack Hot Gas Bypass Line	2012	2,936		20	147	147	147	28
29									29
30									30
31									31
32									32
33	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		$ 201,034	$		$ 10,052	$ 10,052	$ 44,039	34

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

Facility Name & ID Number Victory Centre Of River Oaks 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
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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 & ID Number Victory Centre Of River Oaks 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 River Oaks 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 [X] 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	Storage Rental			/ /	339			5
6	Allocated From Pathway			/ /	12,516			6
7	TOTAL				$ 12,855			7

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

9. Rental amount for movable equipment $ 10,974

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** YES	Related** NO	Purpose of Loan	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	IHDA		X	1st Mortgage	5/1/01	$ 6,150,000	$ 5,716,203	9/1/42	6.7000	$ 384,774	1
2	Cook County Treasurer		X	2nd Mortgage	5/29/01	2,000,000	1,564,797	11/1/42	1.0000	15,891	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 8,150,000	$ 7,281,000			$ 400,665	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-29,379	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 8,150,000	$ 7,281,000			$ 371,286	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 River Oaks 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	$ 772,323	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,028,480		3
4	Supply Inventory (priced at)	5,356		4
5	Short-Term Investments			5
6	Prepaid Insurance	55,306		6
7	Other Prepaid Expenses	17,175		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	776,452		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,655,092	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	541,601		13
14	Buildings, at Historical Cost	9,842,367		14
15	Leasehold Improvements, at Historical Cost	319,931		15
16	Equipment, at Historical Cost	643,597		16
17	Accumulated Depreciation (book methods)	(4,569,019)		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	175,583		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 6,954,060	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 9,609,152	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 305,365	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	93,781		30
31	Accrued Taxes Payable	176,147		31
32	Accrued Interest Payable	33,330		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	179,426		36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 788,049	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,281,001		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)**	$ 7,281,001	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 8,069,050	$	45
46	**TOTAL EQUITY**	$ 1,540,102	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 9,609,152	$	47

*(See instructions.)

Facility Name: Victory Centre Of River Oaks 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	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 3,776,901	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,776,901	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	8,891	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 8,891	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	29,379	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 29,379	14
	D. Other Revenue (specify):		
15	**See Attached**	1,395	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 1,395	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,816,566	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	835,015	19
20	Health Care/ Personal Care	506,616	20
21	General Administration	1,242,127	21
	B. Capital Expense		
22	Ownership	1,066,034	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)**	$ 3,649,792	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 166,774	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 166,774	31