

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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: 1000069

Facility Name: Victory Centre of Bartlett

Address: 1101 W Bartlett Road Bartlett 60103

County: Cook

Telephone Number: (630) 213-0100 Fax # (630) 837-9356

Federal Employer ID Number:

Date Current Owners were Certified: 12/05/2006

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
X Other Limited Partnership

GOVERNMENTAL
State
County
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 1/1/2019 to 12/31/2019 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)
(Firm Name & Address)
(Telephone)

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	104	Single Unit Apartment	104	37,960	1
2		Double Unit Apartment			2
3		Other			3
4	104	TOTALS	104	37,960	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	23,130	12,455		35,585	5
6	Double Unit					6
7	Other					7
8	TOTALS	23,130	12,455		35,585	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.74%

D. Indicate the number of paid bed-hold days the SLF had during this year

299 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 325 (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: 12/31/19 Fiscal Year: 12/31/19

* 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 principal? 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 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

STATE OF ILLINOIS

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Facility Name: Victory Centre of Bartlett

Report Period Beginning:

1/1/2019

Ending: 12/31/2019

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	353,170	218,574	4,018	575,762	(2,734)	573,028	1
2	Housekeeping, Laundry and Maintenance	161,311	42,160	108,322	311,793	(12,140)	299,653	2
3	Heat and Other Utilities			167,981	167,981	277	168,258	3
4	Other (specify):							4
5	TOTAL General Services	514,481	260,734	280,321	1,055,536	(14,597)	1,040,939	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	741,223	1,173	40,587	782,983	10,117	793,100	6
7	Activities and Social Services	41,915	4,005	40,500	86,420	184	86,604	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	783,138	5,178	81,087	869,403	10,301	879,704	9
	C. General Administration							
10	Administrative and Clerical	215,193	12,379	1,148,460	1,376,032	(557,980)	818,052	10
11	Marketing Materials, Promotions and Advertising	104,200	1,487	108,786	214,473	26,704	241,177	11
12	Employee Benefits and Payroll Taxes			286,768	286,768		286,768	12
13	Insurance-Property, Liability and Malpractice			131,580	131,580	1,979	133,559	13
14	Other (specify):					31,517	31,517	14
15	TOTAL General Administration	319,393	13,866	1,675,594	2,008,853	(497,781)	1,511,072	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,617,012	279,778	2,037,002	3,933,792	(502,076)	3,431,716	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			567,361	567,361	(122,936)	444,425	17
18	Interest			478,241	478,241	(17,484)	460,757	18
19	Real Estate Taxes			100,508	100,508		100,508	19
20	Rent -- Facility and Grounds			1,142	1,142	15,927	17,069	20
21	Rent -- Equipment			17,274	17,274	54	17,328	21
22	Other (specify):			65,867	65,867		65,867	22
23	TOTAL Ownership			1,230,393	1,230,393	(124,440)	1,105,953	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,617,012	279,778	3,267,395	5,164,185	(626,516)	4,537,669	24

STATE OF ILLINOIS		Page 3A
Victory Centre of Bartlett		
Report Period Beginning:	1/1/2019	
Ending:	12/31/2019	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (135,972)	17 1
2 Additional R&M	16,360	02 2
3 Capitalized R&M	(34,641)	02 3
4 Meal Program Income	(350)	01 4
5 Guest Meals	(2,140)	01 5
6 Employee Meals	(244)	01 6
7 Damage Recovery	(350)	10 7
8 Telephone Service	(20,584)	10 8
9 Pet Fee	(750)	07 9
10 NSF Fees	(46)	10 10
11 Interest Income	(4,345)	18 11
12 Interest Income - Encows	(13,139)	18 12
13 Meals & Entertainment	(967)	10 13
14 Other Income	(806)	10 14
15 Bank Service Charges	(4,124)	10 15
16 Resident Gifts	(551)	10 16
17 Bad Debt - Tenant	(6,013)	10 17
18 Bad Debt - Medicaid	(26,000)	10 18
19 Cable TV	(18,809)	10 19
20 Management Fees	(184,427)	10 20
21 Service Provider Fee	(114,000)	10 21
22 Asset Management Fee	(10,404)	10 22
23 Partnership Mgmt Fee	(25,000)	10 23
24 Board Fees	(323,314)	10 24
25		25
26 Pathway Management Allocation		26
27 Maintenance	5,541	2 27
28 Utilities	277	3 28
29 Health Care / Personal Care	10,117	6 29
30 Community Life	934	7 30
31 Administrative	177,415	10 31
32 Marketing	26,704	11 32
33 Insurance	1,979	12 33
34 Employee Benefits	31,517	14 34
35 Depreciation	13,036	17 35
36 Rent - Building	15,927	20 36
37 Rent - Equipment	54	21 37
38		38
39		39
40		40
41		41
42		42
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90		90
91		91
92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(626,516)	101

Facility Name: Victory Centre of Bartlett

Report Period Beginning 1/1/2019 Ending: 12/31/2019

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.31	\$ 32.11	1
2	Licensed Practical Nurses	2.96	24.65	2
3	Certified Nurse Assistants	13.89	15.06	3
4	Activity Director & Assistants	1.05	19.14	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	12.08	14.06	7
8	Dishwashers			8
9	Maintenance Workers	2.31	18.12	9
10	Housekeepers	2.93	12.17	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.40	23.50	13
14	Clerical			14
15	Marketing	1.47	34.08	15
16	Other			16
17	Total (lines 1 thru 16)	43.40	\$ 17.91	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	0.001225%	2.33	\$ 14,535	1
2					2
3					3
4					4
5					5
Total				\$ 14535	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 Bartlett

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTSA. Purchase price of land 909,090 Year land was acquired 2006

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	104		2006		\$ 13,844,577	\$ 567,361	35	\$ 395,559	\$ (171,802)	\$ 5,142,267	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				410,261		20	20,513	20,513	102,164	6
7	Various			2006	265,482		20	13,274	13,274	172,563	7
8	Various			2009	18,788		20	939	939	10,326	8
9	Various			2010	35,049		20	1,752	1,752	17,524	9
10	Various			2011	16,546		20	827	827	7,446	10
11	Various			2008	(29,549)		20	1,477	(1,477)	(17,727)	11
12											12
13											13
14	Allocated from Pathway Management					13,036			(13,036)		14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,561,154	\$ 580,397		\$ 434,342	\$ (149,009)	\$ 5,434,564	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	\$ 876,103	\$	\$ 13,037	13,037		\$ 790,230	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 876,103	\$	\$ 13,037	13,037		\$ 790,230	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 Bartlett

#

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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	Lawn Irrigation System	2012	5,000		20	250	250	2,250	1
2	Northern li Irrigation System	2012	10,000		20	500	500	4,500	2
3	Signs/Signage	2013	3,402		20	170	170	1,191	3
4	Raise/Rise Concrete	2013	2,820		20	141	141	987	4
5	Wireless System	2013	42,265		20	2,113	2,113	14,793	5
6	Replace Dining Room Floor	2013	8,455		20	423	423	2,959	6
7	Hvac Major Repairs	2013	10,118		20	506	506	3,541	7
8	Roof Repairs	2013	2,750		20	138	138	963	8
9	Catch Basin	2014	10,433		20	522	522	3,130	9
10	Paving/Sealcoating	2014	3,463		20	173	173	1,039	10
11	Wireless Call System	2014	43,302		20	2,165	2,165	12,991	11
12	Nurse Call System	2014	68,063		20	3,403	3,403	20,419	12
13	Phone System	2014	21,400		20	1,070	1,070	6,420	13
14	Repaired Heating And Cooling Unit	2014	3,450		20	173	173	1,035	14
15	Burner Replacement	2015	3,600		20	180	180	900	15
16	Replace Carpeting In Numerous Units	2016	89,872		20	4,494	4,494	17,974	16
17	Mulch	2016	3,120		20	156	156	624	17
18	Water Boiler	2016	4,824		20	241	241	964	18
19	Plumbing	2017	2,750		20	138	138	413	19
20	Ballard Lights & Walkway	2017	4,463		20	223	223	669	20
21	Dock Doors	2017	2,974		20	149	149	446	21
22	Hot Water Piping	2018	2,972		20	149	149	297	22
23	Replace Grout In Kitchen	2018	9,300		20	465	465	930	23
24	Repair Pumps	2018	3,128		20	156	156	313	24
25	Retractacle Pit Ladders In Elevator	2018	10,119		20	506	506	506	25
26	Replace Vent Motors	2019	3,577		20	179	179	179	26
27	Elevator Repair	2019	7,203		20	360	360	360	27
28	Elevator Repair	2019	5,640		20	282	282	282	28
29	Hvac Repairs	2019	4,578		20	229	229	229	29
30	Carpet Replacement-Various Units	2019	17,220		20	861	861	861	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 410,261	\$		\$ 20,513	\$ 20,513	\$ 102,164	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		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									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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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)		\$	\$		\$	\$	\$	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		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									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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21									21
22									22
23									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)		\$	\$		\$	\$	\$	34

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

Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2019

Ending: 2/31/2019

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	Storage Rental			/ /	1,142			5
6	Allocated from Pathway			/ /	15,927			6
7	TOTAL				\$ 17,069			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 17,328

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	IHDA		X	1st Mortgage	4/1/07	\$ 10,330,000	\$ 8,497,705	5/1/42	5.3150	\$ 457,268	1
2	IHDA		X	2nd Mortgage	4/1/07	3,000,000	2,053,533	5/1/42	1.0000	20,973	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,330,000	\$ 10,551,237			\$ 478,241	7
	B. Non-Facility Related										
8	Interest Income-Escrows				/ /			/ /		(13,139)	8
9	Interest Income				/ /			/ /		(4,345)	9
10	TOTALS (lines 7, 8 and 9)					\$ 13,330,000	\$ 10,551,237			\$ 460,756	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 Bartlett

Report Period Beginning: 1/1/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,286,735	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	562,604		3
4	Supply Inventory (priced at)	7,337		4
5	Short-Term Investments			5
6	Prepaid Insurance	14,777		6
7	Other Prepaid Expenses	14,964		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,378,281		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,264,698	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	909,090		13
14	Buildings, at Historical Cost	13,844,577		14
15	Leasehold Improvements, at Historical Cost	594,402		15
16	Equipment, at Historical Cost	1,007,363		16
17	Accumulated Depreciation (book methods)	(7,823,116)		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	419,776		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,952,092	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,216,790	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 539,471	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	89,719		30
31	Accrued Taxes Payable	101,741		31
32	Accrued Interest Payable	40,273		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	153,980		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 925,184	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,551,238		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	8,953		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 10,560,191	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,485,375	\$	45
46	TOTAL EQUITY	\$ 731,415	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,216,790	\$	47

*(See instructions.)

Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2019

Ending:

12/31/2019

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	\$ 5,152,851	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,152,851	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	2,734	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,734	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	17,484	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 17,484	14
	D. Other Revenue (specify):		
15	See Attached	48,031	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 48,031	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,221,100	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,055,536	19
20	Health Care/ Personal Care	869,403	20
21	General Administration	2,008,853	21
	B. Capital Expense		
22	Ownership	1,230,393	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)	\$ 5,164,185	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 56,915	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 56,915	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,310,738	32
33	Private Pay - Net Inpatient Revenue	2,842,113	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,152,851	37