

		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: 1000110

Facility Name: Victory Centre of Galewood

Address: 2370 N Newcastle Ave Chicago 60707

Number City Zip Code

County: Cook

Telephone Number: (773-385-5002 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 2/24/2009

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.		
		☒	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)

*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 Victory Centre of Galewood

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

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	102	Single Unit Apartment	102	37,230	1
2		Double Unit Apartment			2
3		Other			3
4	102	TOTALS	102	37,230	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	32,098	1,689		33,787	5
6	Double Unit					6
7	Other					7
8	TOTALS	32,098	1,689		33,787	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 90.75%

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

1,000 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 189 (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

ACCRAUAL ☒ 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? No If yes, did the facility make all of the

required payments of interest and principal? 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 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

Page 3

Facility Name: Victory Centre of Galewood

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	306,135	227,614	4,127	537,876	(181)	537,695	1
2	Housekeeping, Laundry and Maintenance	129,405	33,604	118,803	281,812	4,533	286,345	2
3	Heat and Other Utilities			153,530	153,530	229	153,759	3
4	Other (specify):							4
5	TOTAL General Services	435,540	261,218	276,460	973,218	4,581	977,799	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	529,139	598	68,354	598,091	8,367	606,458	6
7	Activities and Social Services	39,442	4,851	22,447	66,740	(1,867)	64,873	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	568,581	5,449	90,801	664,831	6,500	671,331	9
	C. General Administration							
10	Administrative and Clerical	184,889	13,120	644,210	842,219	(188,426)	653,793	10
11	Marketing Materials, Promotions and Advertising	86,763	2,492	72,409	161,664	22,085	183,749	11
12	Employee Benefits and Payroll Taxes			262,681	262,681		262,681	12
13	Insurance-Property, Liability and Malpractice			118,304	118,304	1,637	119,941	13
14	Other (specify):					26,066	26,066	14
15	TOTAL General Administration	271,652	15,612	1,097,604	1,384,868	(138,638)	1,246,230	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,275,773	282,279	1,464,865	3,022,917	(127,557)	2,895,360	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			518,661	518,661	58,818	577,479	17
18	Interest			341,739	341,739	(4,795)	336,944	18
19	Real Estate Taxes			109,716	109,716		109,716	19
20	Rent -- Facility and Grounds			738	738	13,172	13,910	20
21	Rent -- Equipment			22,922	22,922	45	22,967	21
22	Other (specify):			59,683	59,683		59,683	22
23	TOTAL Ownership			1,053,459	1,053,459	67,240	1,120,699	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,275,773	282,279	2,518,324	4,076,376	(60,317)	4,016,059	24

STATE OF ILLINOIS		Page 3A
Victory Centre of Galewood		
Report Period Beginning:	1/1/2019	
Ending:	12/31/2019	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ 48,036	17 1
2 Guest Meals	(90)	01 2
3 Employee Meals	(91)	01 3
4 Maintenance Fees	(50)	02 4
5 Telephone Service	(2,823)	10 5
6 Pet Fee	(1,250)	07 6
7 NSF Fees	(530)	10 7
8 Other Income	(716)	10 8
9 Meals & Entertainment	(574)	10 9
10 Bank Service Charges	(3,902)	10 10
11 Charitable Contributions	(150)	10 11
12 Resident Gifts	(3,102)	10 12
13 Bad Debt - Tenant	(12,854)	10 13
14 Bad Debt - Medicaid	(39,000)	10 14
15 Pet Care	(1,390)	07 15
16 Cable TV	(11,623)	10 16
17 Management Fees	(81,559)	10 17
18 Service Provider Fee	(162,955)	10 18
19 Partnership Mgmt Fee	(14,378)	10 19
20 Interest Income-Escrows	(535)	18 20
21 Interest Income	(4,260)	18 21
22		
23		
24		
25 Pathway Management Allocation		
26 Maintenance	4,583	2 26
27 Utilities	229	3 27
28 Health Care / Personal Care	8,367	6 28
29 Community Life	722	7 29
30 Administrative	146,730	10 30
31 Marketing	22,085	11 31
32 Insurance	1,637	13 32
33 Employee Benefits	26,066	14 33
34 Depreciation	10,781	17 34
35 Rent - Building	13,172	20 35
36 Rent - Equipment	45	21 36
37		
38		
39		
40		
41		
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99		
100 Total	(60,317)	101

Facility Name: Victory Centre of Galewood

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	0.99	\$ 29.73	1
2	Licensed Practical Nurses	2.06	28.91	2
3	Certified Nurse Assistants	12.04	13.72	3
4	Activity Director & Assistants	1.09	17.38	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.11	14.56	7
8	Dishwashers			8
9	Maintenance Workers	1.82	20.75	9
10	Housekeepers	1.82	13.48	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.11	21.62	13
14	Clerical			14
15	Marketing	1.89	22.08	15
16	Other			16
17	Total (lines 1 thru 16)	35.94	\$ 17.07	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			

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%	1.92	\$ 12,021	1
2					2
3					3
4					4
5					5
Total				\$ 12021	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
Total		\$ 3

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).

Facility Name: Victory Centre of Galewood

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTSA. Purchase price of land 1,119,516 Year land was acquired 2009

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	102		2009	2009	\$ 19,530,358	\$ 518,661	35	\$ 558,010	\$ 39,349	\$ 6,784,470	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				252,207		20	12,610	12,610	64,343	6
7	Various			2010	2,595		20	130	130	1,298	7
8	Various			2011	2,140		20	107	107	963	8
9											9
10	Allocated from Pathway Management					10,781			(10,781)		10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 19,787,300	\$ 529,442		\$ 570,857	\$ 41,415	\$ 6,851,074	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	\$ 921,188	\$	\$ 6,621	6,621		\$ 902,907	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 921,188	\$	\$ 6,621	6,621		\$ 902,907	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

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	Wifi System In Building	2014	46,324		20	2,316	2,316	13,897	1
2	Phone System	2014	46,084		20	2,304	2,304	13,825	2
3	Fire Alarm Repair	2014	4,987		20	249	249	1,496	3
4	Nurse Call System	2015	61,161		20	3,058	3,058	15,290	4
5	Common Area Carpet	2015	18,104		20	905	905	4,526	5
6	Ductless Split	2015	6,900		20	345	345	1,725	6
7	Nurse Call System	2015	40,774		20	2,039	2,039	10,193	7
8	Generator Repair	2015	2,800		20	140	140	700	8
9	Custom Carpeting In Office	2016	3,961		20	198	198	792	9
10	Wireless Pull Cords And System Install	2017	5,240		20	262	262	786	10
11	Roof Top Unit Replacement Parts	2018	6,368		20	318	318	637	11
12	Heat Pumps	2019	3,914		20	196	196	196	12
13	Strobe Lights For Hearing Impaired	2019	5,590		20	280	280	280	13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
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)		\$ 252,207	\$		\$ 12,610	\$ 12,610	\$ 64,343	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 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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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
13									13
14									14
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18									18
19									19
20									20
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 Galewood

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 Unit			/ /	738			5
6	Allocated from Pathway			/ /	13,172			6
7	TOTAL				\$ 13,910			7

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

9. Rental amount for movable equipment \$ 22,967

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	Berkadia		X	1st Mortgage	2/1/10	\$ 9,550,000	\$ 8,715,234	1/1/50	4.4700	\$ 314,994	1
2	City of Chicago Home Loan		X	2nd Mortgage	6/1/09	1,219,647	1,219,647	6/1/49	1.0000	12,196	2
3	Mercy Loan		X	3rd Mortgage	10/1/07	300,000	300,000	N/A	4.8100	14,549	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,069,647	\$ 10,234,881			\$ 341,740	7
	B. Non-Facility Related										
8	Interest Income-Escrows				/ /			/ /		-535	8
9	Interest Income				/ /			/ /		-4,260	9
10	TOTALS (lines 7, 8 and 9)					\$ 11,069,647	\$ 10,234,881			\$ 336,945	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 Galewood

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	\$ 345,499	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,003,810		3
4	Supply Inventory (priced at)	6,096		4
5	Short-Term Investments			5
6	Prepaid Insurance	20,245		6
7	Other Prepaid Expenses	16,742		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,785,442		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,177,834	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,119,516		13
14	Buildings, at Historical Cost	19,530,358		14
15	Leasehold Improvements, at Historical Cost	157,217		15
16	Equipment, at Historical Cost	1,053,304		16
17	Accumulated Depreciation (book methods)	(6,362,576)		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	567,341		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 16,065,160	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 19,242,994	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 119,802	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	60,016		30
31	Accrued Taxes Payable	121,752		31
32	Accrued Interest Payable	324,887		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	168,746		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 795,203	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,234,881		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)	\$ 10,234,881	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,030,084	\$	45
46	TOTAL EQUITY	\$ 8,212,910	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 19,242,994	\$	47

*(See instructions.)

Facility Name: Victory Centre of Galewood

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	\$ 4,068,811	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,068,811	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	91	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 91	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	4,795	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 4,795	14
	D. Other Revenue (specify):		
15	See Attached	17,384	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 17,384	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,091,081	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	973,218	19
20	Health Care/ Personal Care	664,831	20
21	General Administration	1,384,868	21
	B. Capital Expense		
22	Ownership	1,053,459	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)	\$ 4,076,376	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 14,705	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 14,705	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,908,423	32
33	Private Pay - Net Inpatient Revenue	160,388	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,068,811	37