

		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: 1000002

Facility Name: Victory Centre of Joliet

Address: 31 North Broadway Joliet 60435

Number City Zip Code

County: Will

Telephone Number: (815) 724-0308 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 1/17/2000

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 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 1/1/2019 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

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

Name: Steven N. Lavenda Telephone Number: (847) - 282- 6300

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

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	28	Single Unit Apartment	28	10,220	1
2	2	Double Unit Apartment	2	730	2
3		Other			3
4	30	TOTALS	30	10,950	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	8,369	356		8,725	5
6	Double Unit	450	19		469	6
7	Other	180			180	7
8	TOTALS	8,999	375		9,374	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.61%

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

202 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 59 (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?

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 Joliet

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	62,172	59,349	2,648	124,169	(420)	123,749	1
2	Housekeeping, Laundry and Maintenance	38,899	9,117	41,639	89,655	7,349	97,004	2
3	Heat and Other Utilities			36,626	36,626	71	36,697	3
4	Other (specify):							4
5	TOTAL General Services	101,071	68,466	80,913	250,450	6,999	257,449	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	262,968	77	44,871	307,916	2,588	310,504	6
7	Activities and Social Services	19,281	1,692	7,862	28,835	239	29,074	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	282,249	1,769	52,733	336,751	2,827	339,578	9
	C. General Administration							
10	Administrative and Clerical	72,811	7,068	262,561	342,440	(50,810)	291,630	10
11	Marketing Materials, Promotions and Advertising		1,498	21,663	23,161	6,831	29,992	11
12	Employee Benefits and Payroll Taxes			96,729	96,729		96,729	12
13	Insurance-Property, Liability and Malpractice			21,920	21,920	506	22,426	13
14	Other (specify):					8,063	8,063	14
15	TOTAL General Administration	72,811	8,566	402,873	484,250	(35,410)	448,840	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	456,131	78,801	536,519	1,071,451	(25,584)	1,045,867	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			164,640	164,640	(55,329)	109,311	17
18	Interest			15,684	15,684	(2,914)	12,770	18
19	Real Estate Taxes			20,311	20,311		20,311	19
20	Rent -- Facility and Grounds			905	905	4,074	4,979	20
21	Rent -- Equipment			5,666	5,666	14	5,680	21
22	Other (specify):			125	125		125	22
23	TOTAL Ownership			207,331	207,331	(54,155)	153,176	23
24	GRAND TOTAL (Sum of lines 16 and 23)	456,131	78,801	743,850	1,278,782	(79,739)	1,199,043	24

STATE OF ILLINOIS		Page 3A
Victory Centre of Joliet		
Report Period Beginning:	1/1/2019	
Ending:	12/31/2019	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (58,664)	17 1
2 Meal Program Income	(25)	01 2
3 Guest Meals	(395)	01 3
4 Maintenance Fees	(50)	02 4
5 Damage Recovery	(182)	10 5
6 Interest Income	(2,914)	18 6
7 Other Income	(207)	10 7
8 Meals & Entertainment	(416)	10 8
9 Bank Service Charges	(2,788)	10 9
10 Bad Debt	(13,292)	10 10
11 Cable TV	(935)	10 11
12 Management Fees	(22,736)	10 12
13 Service Provider Fee	(45,641)	10 13
14 Partnership Mgmt Fee	(10,000)	10 14
15 Additional R&M	5,981	02 15
16		16
17 Pathway Management Allocation		17
18 Maintenance	1,418	2 18
19 Utilities	71	3 19
20 Health Care / Personal Care	2,588	6 20
21 Community Life	239	7 21
22 Administrative	45,386	10 22
23 Marketing	6,831	11 23
24 Insurance	806	13 24
25 Employee Benefits	8,063	14 25
26 Depreciation	3,335	17 26
27 Rent - Building	4,074	20 27
28 Rent - Equipment	14	21 28
29		29
30		30
31		31
32		32
33		33
34		34
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36		36
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93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(79,739)	101

Facility Name: Victory Centre of Joliet

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	1.04	\$ 26.66	1
2	Licensed Practical Nurses	0.71	23.32	2
3	Certified Nurse Assistants	6.33	12.97	3
4	Activity Director & Assistants	0.67	13.89	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1.70	17.56	7
8	Dishwashers			8
9	Maintenance Workers	0.51	21.48	9
10	Housekeepers	0.67	11.55	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.58	22.17	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	13.21	\$ 16.60	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	0.001415%	0.59	\$ 3,718	1
2					2
3					3
4					4
5					5
Total				\$ 3718	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 Joliet

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 15,000 Year land was acquired 1999

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	30		1999	1999	\$ 3,172,274	\$ 164,640	35	\$ 90,636	\$ (74,004)	\$ 2,047,735	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				233,322		20	11,666	11,666	58,773	6
7	Various			1999	176,529		20			176,529	7
8	Various			2005	1,405		20	70	70	1,053	8
9	Various			2008	5,113		20	256	256	2,940	9
10	Various			2009	21,949		20	1,098	1,098	11,777	10
11	Various			2011	5,546		20	277	277	2,495	11
12											12
13	Allocated from Pathway Management					3,335			(3,335)		13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,616,137	\$ 167,975		\$ 104,003	\$ (63,972)	\$ 2,301,302	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	\$ 302,331	\$	\$ 5,308	5,308		\$ 285,362	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 302,331	\$	\$ 5,308	5,308		\$ 285,362	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	Install Carrier Rtu	2012	6,950		20	348	348	2,780	1
2	Sif Nurse Call System	2012	28,900		20	1,445	1,445	11,560	2
3	Hard Surface Lobby/Recept, Carpet-Lobby/Res Halls	2013	15,491		20	775	775	5,422	3
4	Hall To Elevator Flooring	2013	2,985		20	149	149	1,045	4
5	Perimeter Flashing Repair	2013	6,275		20	314	314	2,196	5
6	Sewer Replacement	2015	5,281		20	264	264	1,320	6
7	Call System	2015	19,734		20	987	987	4,933	7
8	Call System	2015	6,675		20	334	334	1,669	8
9	Freezer	2015	3,343		20	167	167	836	9
10	Nurse Call System	2015	32,487		20	1,624	1,624	8,122	10
11	Heat Exchanger	2015	6,675		20	334	334	1,669	11
12	Hot Water Tank	2016	7,525		20	376	376	1,505	12
13	Boilers/Water Heaters	2016	25,000		20	1,250	1,250	5,000	13
14	3 Boilers	2016	14,720		20	736	736	2,944	14
15	Replacement Of Grease Trap In Kitchen	2016	8,395		20	420	420	1,679	15
16	Wall Repairs To Multiple Floors Following Boiler Installation	2016	8,200		20	410	410	1,640	16
17	Replace Disposal Line	2016	2,750		20	138	138	550	17
18	Mulch At Entry, Courtyard, Broadway Fence	2016	3,000		20	150	150	600	18
19	Roof	2017	8,200		20	410	410	1,230	19
20	Water Heater Replacement	2018	14,985		20	749	749	1,499	20
21	Fire Panel Replacement	2018	5,752		20	288	288	575	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)		\$ 233,322	\$		\$ 11,666	\$ 11,666	\$ 58,773	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
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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
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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.

Facility Name: Victory Centre of Joliet

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 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			/ /	\$			3
4	Additions			/ /				4
5	Storage Unit			/ /	905			5
6	Allocated from Pathway Mgmt			/ /	4,074			6
7	TOTAL				\$ 4,979			7

8. Is movable equipment rental included in building rental?

☐ YES

☒ NO

9. Rental amount for movable equipment \$ 5,679

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				
	A. Directly Facility Related										
	Long-Term										
1	IHDA		X	1st Mortgage	6/1/00	\$ 995,000	\$ 557,155	5/1/39	1.0000	\$ 5,684	1
2	Interest - Other				/ /			/ /		10,000	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 995,000	\$ 557,155			\$ 15,684	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-2,914	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 995,000	\$ 557,155			\$ 12,770	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 Joliet

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	\$ 95,840	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	151,237		3
4	Supply Inventory (priced at)	2,868		4
5	Short-Term Investments			5
6	Prepaid Insurance	20,549		6
7	Other Prepaid Expenses	6,573		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	185,670		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 462,737	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	15,000		13
14	Buildings, at Historical Cost	3,307,274		14
15	Leasehold Improvements, at Historical Cost	186,965		15
16	Equipment, at Historical Cost	434,228		16
17	Accumulated Depreciation (book methods)	(2,900,353)		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	2,621		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,045,735	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,508,472	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 108,248	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	16,497		30
31	Accrued Taxes Payable	22,796		31
32	Accrued Interest Payable	21,532		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	73,570		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 242,643	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	557,155		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	190,507		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 747,662	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 990,305	\$	45
46	TOTAL EQUITY	\$ 518,167	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,508,472	\$	47

*(See instructions.)

Facility Name: Victory Centre of Joliet

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	\$ 1,129,316	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,129,316	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	420	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 420	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,914	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,914	14
	D. Other Revenue (specify):		
15	See Attached	1,433	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,433	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,134,083	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	250,450	19
20	Health Care/ Personal Care	336,751	20
21	General Administration	484,250	21
	B. Capital Expense		
22	Ownership	207,331	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)	\$ 1,278,782	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (144,699)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (144,699)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,035,203	32
33	Private Pay - Net Inpatient Revenue	94,113	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,129,316	37