

		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: 1000117

Facility Name: Victory Centre of S Chicago

Address: 3251 East 92nd St Chicago 60617

Number City Zip Code

County: Cook

Telephone Number: (773-449-2600 Fax # 773-734-8022

Federal Employer ID Number:

Date Current Owners were Certified: 5/1/2009

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		

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) 5/28/2020

*Subject to the attached Accountants' Consulting Report (Date)

(Print Name and Title) Steven N. Lavenda, CPA Partner

(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

Facility Name Victory Centre of S Chicago

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	112	Single Unit Apartment	112	40,880	1
2		Double Unit Apartment			2
3		Other			3
4	112	TOTALS	112	40,880	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	32,700	667		33,367	5
6	Double Unit					6
7	Other					7
8	TOTALS	32,700	667		33,367	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.62%

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

628 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 187 (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: 12/31/2019

* 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

Page 3

Facility Name: Victory Centre of S Chicago

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	310,022	231,031	9,078	550,131	(495)	549,636	1
2	Housekeeping, Laundry and Maintenance	195,532	49,644	122,660	367,836	5,960	373,796	2
3	Heat and Other Utilities			138,607	138,607	230	138,837	3
4	Other (specify):							4
5	TOTAL General Services	505,554	280,675	270,345	1,056,574	5,695	1,062,269	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	465,868	1,243	184,120	651,231	8,391	659,622	6
7	Activities and Social Services	35,458	2,513	27,214	65,185	775	65,960	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	501,326	3,756	211,334	716,416	9,166	725,582	9
	C. General Administration							
10	Administrative and Clerical	260,050	15,037	752,443	1,027,530	(230,012)	797,518	10
11	Marketing Materials, Promotions and Advertising	95,232	2,028	66,607	163,867	22,148	186,015	11
12	Employee Benefits and Payroll Taxes			247,362	247,362		247,362	12
13	Insurance-Property, Liability and Malpractice			128,766	128,766	1,642	130,408	13
14	Other (specify):					26,140	26,140	14
15	TOTAL General Administration	355,282	17,065	1,195,178	1,567,525	(180,082)	1,387,443	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,362,162	301,496	1,676,857	3,340,515	(165,221)	3,175,294	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			652,442	652,442	(5,835)	646,607	17
18	Interest			474,149	474,149	(1,267)	472,882	18
19	Real Estate Taxes			28,292	28,292		28,292	19
20	Rent -- Facility and Grounds			786	786	13,210	13,996	20
21	Rent -- Equipment			16,477	16,477	45	16,522	21
22	Other (specify):			435,736	435,736		435,736	22
23	TOTAL Ownership			1,607,882	1,607,882	6,153	1,614,035	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,362,162	301,496	3,284,739	4,948,397	(159,068)	4,789,329	24

STATE OF ILLINOIS		Page 3A
Victory Centre of S Chicago		
Report Period Beginning:	1/1/2019	
Ending:	12/31/2019	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (16,647)	17 1
2 Employee Meals	(495)	01 2
3 Maintenance Fees	(10)	02 3
4 Telephone Service	(1,701)	10 4
5 Meals & Entertainment	(488)	10 5
6 NSF Fees	(130)	10 6
7 Bank Service Charges	(5,734)	10 7
8 Resident Gifts	(9,638)	10 8
9 Resident Reimbursables	(15)	10 9
10 Bad Debt - Tenant	(47,569)	10 10
11 Bad Debt - Medicaid	(60,995)	10 11
12 Cable TV	(14,805)	10 12
13 Management Fees	(55,304)	10 13
14 Service Provider Fee	(180,784)	10 14
15 Interest Income-Eacrows	(198)	18 15
16 Interest Income	(1,068)	18 16
17 Additional R&M	1,374	02 17
18		18
19 Pathway Management Allocation		19
20 Maintenance	4,596	2 20
21 Utilities	230	3 21
22 Health Care / Personal Care	8,391	6 22
23 Community Life	775	7 23
24 Administrative	147,151	10 24
25 Marketing	22,148	11 25
26 Insurance	1,642	13 26
27 Employee Benefits	26,140	14 27
28 Depreciation	10,812	17 28
29 Rent - building	13,210	20 29
30 Rent - Equipment	45	21 30
31		31
32		32
33		33
34		34
35		35
36		36
37		37
38		38
39		39
40		40
41		41
42		42
43		43
44		44
45		45
46		46
47		47
48		48
49		49
50		50
51		51
52		52
53		53
54		54
55		55
56		56
57		57
58		58
59		59
60		60
61		61
62		62
63		63
64		64
65		65
66		66
67		67
68		68
69		69
70		70
71		71
72		72
73		73
74		74
75		75
76		76
77		77
78		78
79		79
80		80
81		81
82		82
83		83
84		84
85		85
86		86
87		87
88		88
89		89
90		90
91		91
92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(159,068)	101

Facility Name: Victory Centre of S Chicago

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	1.13	\$ 29.00	1
2	Licensed Practical Nurses	1.95	26.33	2
3	Certified Nurse Assistants	10.60	13.20	3
4	Activity Director & Assistants	1.02	16.64	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.12	14.73	7
8	Dishwashers			8
9	Maintenance Workers	3.71	14.89	9
10	Housekeepers	3.03	12.81	10
11	Laundry			11
12	Managers			12
13	Other Administrative	6.49	19.27	13
14	Clerical			14
15	Marketing	2.26	20.28	15
16	Other			16
17	Total (lines 1 thru 16)	40.30	\$ 16.25	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%	1.93	\$ 12,056	1
2					2
3					3
4					4
5					5
Total				\$ 12056	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	None	\$		1
2				2
Total		\$		3

Facility Name: Victory Centre of S Chicago

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 628,250 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	112		2009	2009	\$ 21,481,264	\$ 652,442	35	\$ 613,750	\$ (38,692)	\$ 6,751,250	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				459,183		20	22,959	22,959	79,562	6
7	Various			2011	2,785		20	139	139	1,253	7
8											8
9											9
10											10
11											11
12	Allocated from Pathway Management, LLC					10,812			(10,812)		12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 21,943,232	\$ 663,254		\$ 636,849	\$ (26,405)	\$ 6,832,066	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	\$ 2,494,270	\$	\$ 9,758	9,758		\$ 2,435,603	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 2,494,270	\$	\$ 9,758	9,758		\$ 2,435,603	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	Replace Compressor	2012	2,296		20	115	115	918	1
2	New Sign- Ne Corner In Front	2013	5,103		20	255	255	1,786	2
3	Paving	2014	7,728		20	386	386	2,319	3
4	Signage	2014	4,560		20	228	228	1,368	4
5	Dining Room Floor	2014	14,810		20	740	740	4,443	5
6	Call System	2015	89,913		20	4,496	4,496	22,478	6
7	Emergency System	2015	11,534		20	577	577	2,883	7
8	Call System	2015	80,526		20	4,026	4,026	20,132	8
9	Freezer Door	2016	5,083		20	254	254	1,017	9
10	Wireless Pull Cords In Common Areas	2016	2,752		20	138	138	550	10
11	Replace & Install Pump	2016	3,562		20	178	178	712	11
12	Building Improvements	2018	13,870		20	694	694	1,387	12
13	Down Payment For Gate Repair	2018	7,600		20	380	380	760	13
14	Surveillance System	2018	17,550		20	878	878	1,755	14
15	Building Improvements	2018	9,335		20	467	467	933	15
16	Carpet	2018	80,059		20	4,003	4,003	8,006	16
17	Paint Exterior Lintels Upper Floor Panels	2018	27,000		20	1,350	1,350	2,700	17
18	Paint	2018	9,980		20	499	499	998	18
19	Fence	2018	10,000		20	500	500	1,000	19
20	Building Improvements	2018	2,519		20	126	126	252	20
21	Building Improvements	2018	9,892		20	495	495	989	21
22	Parking Lot Pavement	2018	13,064		20	653	653	653	22
23	Evaporator Fan Motor	2019	2,767		20	138	138	138	23
24	Landscaping	2019	5,100		20	255	255	255	24
25	Midwest Mechanical - Bldg Improvement	2019	22,581		20	1,129	1,129	1,129	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 459,183	\$		\$ 22,959	\$ 22,959	\$ 79,562	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
12									12
13									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)		\$	\$		\$	\$	\$	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
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)		\$	\$		\$	\$	\$	34

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

Facility Name: Victory Centre of S Chicago

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			/ /	786			5
6	Allocated from Pathway			/ /	13,210			6
7	TOTAL				\$ 13,996			7

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

9. Rental amount for movable equipment \$ 16,523

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	Capmark Finance		X	1st Mortgage	1/1/08	\$ 10,685,000	\$ 10,300,470	5/1/49	6.0200	\$ 474,149	1
2	City of Chicago Dept of Housing		X	2nd Mortgage	12/1/08	2,000,000	2,000,000	5/1/49	1.0000		2
3	IDHA Trust Fund Loan		X	3rd Mortgage	6/1/09	750,000	647,092	5/1/49	1.0000		3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,435,000	\$ 12,947,562			\$ 474,149	7
	B. Non-Facility Related										
8	Interest Income-Escrows				/ /			/ /		(198)	8
9	Interest Income				/ /			/ /		(1,068)	9
10	TOTALS (lines 7, 8 and 9)					\$ 13,435,000	\$ 12,947,562			\$ 472,882	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 S Chicago

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	\$ 181,950	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	978,120		3
4	Supply Inventory (priced at)	14,336		4
5	Short-Term Investments			5
6	Prepaid Insurance	33,647		6
7	Other Prepaid Expenses	4,720		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	778,870		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,991,643	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	628,250		13
14	Buildings, at Historical Cost	19,343,615		14
15	Leasehold Improvements, at Historical Cost	274,333		15
16	Equipment, at Historical Cost	2,705,136		16
17	Accumulated Depreciation (book methods)	(7,122,034)		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	180,113		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 16,009,413	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,001,056	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 469,368	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	213,745		29
30	Accrued Salaries Payable	75,452		30
31	Accrued Taxes Payable	103,054		31
32	Accrued Interest Payable	37,906		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	428,362		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,327,887	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,733,817		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	296,745		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 13,030,562	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 14,358,449	\$	45
46	TOTAL EQUITY	\$ 3,642,607	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,001,056	\$	47

*(See instructions.)

Facility Name: Victory Centre of S Chicago

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	\$ 3,985,564	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,985,564	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	495	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 495	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,266	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,266	14
	D. Other Revenue (specify):		
15	See Attached	2,764	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,764	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,990,089	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,056,574	19
20	Health Care/ Personal Care	716,416	20
21	General Administration	1,567,525	21
	B. Capital Expense		
22	Ownership	1,607,882	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)	\$ 4,948,397	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (958,308)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (958,308)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,968,905	32
33	Private Pay - Net Inpatient Revenue	16,659	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,985,564	37