

		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: 1000137

Facility Name: Victory Centre Vernon Hills

Address: 97 West Phillip Road Vernon Hills 60061

County: Lake

Telephone Number: (847-549-6070 Fax # 847-367-5530

Federal Employer ID Number:

Date Current Owners were Certified: 3/19/2012

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) _____
*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

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	120	Single Unit Apartment	120	43,800	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,800	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	21,411	11,529		32,940	5
6	Double Unit					6
7	Other					7
8	TOTALS	21,411	11,529		32,940	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 75.21%

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

452 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 94 (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 Vernon Hills

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	352,858	247,265	8,236	608,359	(3,839)	604,520	1
2	Housekeeping, Laundry and Maintenance	141,613	39,288	116,425	297,326	18,025	315,351	2
3	Heat and Other Utilities			150,329	150,329	266	150,595	3
4	Other (specify):							4
5	TOTAL General Services	494,471	286,553	274,990	1,056,014	14,452	1,070,466	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	520,271	8,940	287,027	816,238	9,725	825,963	6
7	Activities and Social Services	47,843	7,080	20,112	75,035	632	75,667	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	568,114	16,020	307,139	891,273	10,357	901,630	9
	C. General Administration							
10	Administrative and Clerical	224,896	12,194	727,050	964,140	(258,739)	705,401	10
11	Marketing Materials, Promotions and Advertising	67,678	1,495	139,005	208,178	25,042	233,220	11
12	Employee Benefits and Payroll Taxes			257,811	257,811		257,811	12
13	Insurance-Property, Liability and Malpractice			87,460	87,460	1,902	89,362	13
14	Other (specify):					30,294	30,294	14
15	TOTAL General Administration	292,574	13,689	1,211,326	1,517,589	(201,501)	1,316,088	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,355,159	316,262	1,793,455	3,464,876	(176,691)	3,288,185	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			718,883	718,883	60,384	779,267	17
18	Interest			467,818	467,818	(1,962)	465,856	18
19	Real Estate Taxes			140,648	140,648		140,648	19
20	Rent -- Facility and Grounds					15,309	15,309	20
21	Rent -- Equipment			9,694	9,694	52	9,746	21
22	Other (specify):			93,428	93,428		93,428	22
23	TOTAL Ownership			1,430,471	1,430,471	73,783	1,504,254	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,355,159	316,262	3,223,926	4,895,347	(102,908)	4,792,439	24

STATE OF ILLINOIS

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Victory Centre Vernon Hills

Report Period Beginning: 1/1/2019

Ending: 12/31/2019

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ 47,854	17 1
2	Guest Meals	(3,485)	01 2
3	Employee Meals	(354)	01 3
4	Maintenance Fees	(109)	02 4
5	Damage Recovery	(5,057)	10 5
6	Additional R&M	16,504	02 6
7	Late Fees	(10)	10 7
8	Other Income	(1,675)	10 8
9	Meals & Entertainment	(626)	11 9
10	Bank Service Charges	(3,816)	10 10
11	Resident Gifts	(445)	10 11
12	Resident Reimbursables	(35)	10 12
13	Bad Debt - Tenant	(48,828)	10 13
14	Pet Care	(266)	07 14
15	Cable TV	(2,099)	10 15
16	Management Fees	(32,571)	10 16
17	Service Provider Fee	(252,509)	10 17
18	Forgiveness of Debt	(45,322)	10 18
19	Asset Management Fee	(36,896)	10 19
20	Interest Income	(1,962)	18 20
21	Capitalized R&M	(3,696)	02 21
22	Pathway Management Allocation		
23	Maintenance	5,326	2 23
24	Utilities	266	3 24
25	Health Care / Personal Care	9,725	6 25
26	Community Life	898	7 26
27	Administrative	170,533	10 27
28	Marketing	25,668	11 28
29	Insurance	1,902	13 29
30	Employee Benefits	30,294	14 30
31	Depreciation	12,530	17 31
32	Rent - Building	15,309	20 32
33	Rent - Equipment	52	21 33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
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86			86
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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	(102,908)	101

Facility Name: Victory Centre Vernon Hills

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	1.53	\$ 34.10	1
2	Licensed Practical Nurses	2.30	27.70	2
3	Certified Nurse Assistants	9.75	13.76	3
4	Activity Director & Assistants	1.26	18.25	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.18	15.17	7
8	Dishwashers			8
9	Maintenance Workers	2.20	18.76	9
10	Housekeepers	2.22	12.12	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.21	25.71	13
14	Clerical			14
15	Marketing	1.43	22.80	15
16	Other			16
17	Total (lines 1 thru 16)	36.08	\$ 18.06	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%	2.24	\$ 13,972	1
2					2
3					3
4					4
5					5
Total				\$ 13972	6

VI. (B) Management fees paid to unrelated parties

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

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 Vernon Hills

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 600,000 Year land was acquired 2012

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	120		2012		\$ 18,937,617	\$ 718,883	28	\$ 676,343	\$ (42,540)	\$ 5,423,042	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				272,256		20	13,861	13,861	69,420	6
7											7
8	Allocated from Pathway Management					12,530			(12,530)		8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 19,209,873	\$ 731,413		\$ 690,204	\$ (41,209)	\$ 5,492,463	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	\$ 890,622	\$	\$ 89,063	89,063		\$ 604,833	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 890,622	\$	\$ 89,063	89,063		\$ 604,833	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 Vernon Hills

#

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	Land Improvements	2012	165,395		20	8,270	8,270	57,890	1
2	Sod Replacement	2014	6,326		20	316	316	1,582	2
3	Hvac Repairs	2015	2,516		20	126	126	503	3
4	Condenser Repairs	2015	2,954		20	148	148	591	4
5	Repair Heat Exchanger Leak/Clogged Pipe	2015	6,587		20	329	329	329	5
6	Landscaping- Plants, Sod, Mulch	2016	7,548		20	377	377	1,132	6
7	Parking Lot Re-Seal	2016	4,946		20	247	247	742	7
8	Dining Room Carpeting	2017	17,185		20	859	859	1,718	8
9	Laundry Room Door- Fire Panel	2017	3,962		20	198	198	396	9
10	Elevator Repair & Door Replacement	2018	3,169		20	158	158	317	10
11	Nurse Call System Upgrade	2018	9,047		20	452	452	905	11
12	Replace 12 Nurse Call Radios	2018	4,955		20	495	495	991	12
13	Cooling Tower Fan Parts Replacement	2018	4,409		20	220	220	441	13
14	Hvac Repairs	2018	4,404		20	220	220	440	14
15	Replace Heat Exchange	2019	2,754		20	138	138	138	15
16	Water Heater Replacement	2019	4,365		20	218	218	218	16
17	Replace Cooling Tower Motor	2019	3,854		20	193	193	193	17
18	Repair Fan & Misc Cooling Tower Repairs	2019	3,997		20	200	200	200	18
19	Install Key Fob Reader - Front Door	2019	2,809		20	140	140	140	19
20	Reconstruction Work In Room 5019	2019	7,379		20	369	369	369	20
21	Carpeting	2019	3,696		20	185	185	185	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)		\$ 272,256	\$		\$ 13,861	\$ 13,861	\$ 69,420	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
13									13
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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.

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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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 Vernon Hills 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			/ /				5
6	Allocated from Pathway Management			/ /	15,309			6
7	TOTAL				\$ 15,309			7

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

9. Rental amount for movable equipment \$ 9,746

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	Centennial Mortgage		X	1st Mortgage - Loan Premium	4/1/12	\$ 12,101,000	\$ 330,067	3/1/52	5.1500	\$ 467,818	1
2	Wells Fargo		X	1st Mortgage	3/1/17	12,101,000	11,610,153	3/1/57	4.0000		2
3	IHDA Loan		X	2nd Mortgage	/ /	1,246,626	664,870	/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 25,448,626	\$ 12,605,090			\$ 467,818	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-1,962	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 25,448,626	\$ 12,605,090			\$ 465,856	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 Vernon Hills

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	\$ 621,571	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,432,741		3
4	Supply Inventory (priced at)	13,302		4
5	Short-Term Investments			5
6	Prepaid Insurance	31,164		6
7	Other Prepaid Expenses	19,596		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,605,567		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,723,941	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	600,000		13
14	Buildings, at Historical Cost	18,937,617		14
15	Leasehold Improvements, at Historical Cost	250,691		15
16	Equipment, at Historical Cost	952,901		16
17	Accumulated Depreciation (book methods)	(6,365,812)		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	216,704		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,592,101	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,316,042	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 129,984	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	71,745		30
31	Accrued Taxes Payable	141,910		31
32	Accrued Interest Payable	38,700		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	425,563		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 807,902	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,605,090		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	16,344		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 12,621,434	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,429,336	\$	45
46	TOTAL EQUITY	\$ 4,886,706	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,316,042	\$	47

*(See instructions.)

Facility Name: Victory Centre Vernon Hills

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	\$ 4,736,962	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,736,962	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	2,969	8
9	Non-Resident Meals	3,839	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 6,808	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,962	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,962	14
	D. Other Revenue (specify):		
15	See Attached	107,205	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 107,205	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,852,937	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,056,014	19
20	Health Care/ Personal Care	891,273	20
21	General Administration	1,517,589	21
	B. Capital Expense		
22	Ownership	1,430,471	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)	\$ 4,895,347	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (42,410)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (42,410)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,360,241	32
33	Private Pay - Net Inpatient Revenue	1,376,721	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,736,962	37