

		FOR BHF USE			

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2020)

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

Number City Zip Code

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	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☒	Other		Limited Partnership

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 1/1/2020 to 12/31/2020 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) 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 Bartlett

Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	38,064	1
2		Double Unit Apartment			2
3		Other			3
4	104	TOTALS	104	38,064	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	13,828	7,446		21,274	5
6	Double Unit					6
7	Other					7
8	TOTALS	13,828	7,446		21,274	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 55.89%

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

387 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 368 (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: 12/31/20 Fiscal Year: 12/31/20

* 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:

1/1/2020

Ending:

12/31/2020

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	375,891	248,013	3,188	627,092	(2,399)	624,693	1
2	Housekeeping, Laundry and Maintenance	173,353	42,593	90,517	306,463	9,952	316,415	2
3	Heat and Other Utilities			151,722	151,722	159	151,881	3
4	Other (specify):							4
5	TOTAL General Services	549,244	290,606	245,427	1,085,277	7,711	1,092,988	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	834,571	29,875	172,600	1,037,046	15,789	1,052,835	6
7	Activities and Social Services	49,208	2,243	11,256	62,707	2,411	65,118	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	883,779	32,118	183,856	1,099,753	18,200	1,117,953	9
	C. General Administration							
10	Administrative and Clerical	227,745	11,344	1,043,736	1,282,825	(255,997)	1,026,828	10
11	Marketing Materials, Promotions and Advertising	97,169	3,525	103,708	204,402	15,682	220,084	11
12	Employee Benefits and Payroll Taxes			302,861	302,861		302,861	12
13	Insurance-Property, Liability and Malpractice			124,606	124,606	4,477	129,083	13
14	Other (specify):					28,135	28,135	14
15	TOTAL General Administration	324,914	14,869	1,574,911	1,914,694	(207,703)	1,706,991	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,757,937	337,593	2,004,194	4,099,724	(181,792)	3,917,932	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			564,239	564,239	(118,454)	445,785	17
18	Interest			466,894	466,894	(6,853)	460,041	18
19	Real Estate Taxes			93,740	93,740		93,740	19
20	Rent -- Facility and Grounds			1,364	1,364	14,076	15,440	20
21	Rent -- Equipment			10,016	10,016	36	10,052	21
22	Other (specify):			184,913	184,913		184,913	22
23	TOTAL Ownership			1,321,166	1,321,166	(111,195)	1,209,971	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,757,937	337,593	3,325,360	5,420,890	(292,986)	5,127,904	24

STATE OF ILLINOIS		Page 3A
Victory Centre of Bartlett		
Report Period Beginning:	1/1/2020	
Ending:	12/31/2020	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (128,899)	07 1
2 Meal Program Income	(1,640)	01 2
3 Guest Meals	(1,359)	01 3
4 Damage Recovery	(350)	10 4
5 Telephone Service	(18,817)	10 5
6 NSF Fees	(55)	10 6
7 Other Income	(2,576)	10 7
8 Bank Service Charges	(3,107)	10 8
9 Charitable Contributions	(5,000)	10 9
10 Resident Gifts	(601)	10 10
11 Interest Income-Escrows	(6,410)	18 11
12 Interest Income	(443)	18 12
13 Additional R&M	4,949	02 13
14 Bad Debt Expense	(58,747)	10 14
15 Pet Care	(167)	07 15
16 Cable TV	(21,111)	10 16
17 Management Fee	(171,329)	10 17
18 Service Provider Fee	(114,000)	10 18
19 Asset Management Fee	(10,404)	10 19
20 Partnership Management Fee	(25,000)	10 20
21 Meals & Entertainment	(176)	10 21
22 Pathway Management Allocation:		22
23 Maintenance	5,003	02 23
24 Utilities	159	03 24
25 Health Care / Personal Care	15,789	06 25
26 Community Life	2,578	07 26
27 Administrative	175,375	10 27
28 Marketing	15,682	11 28
29 Insurance	4,477	13 29
30 Employee Benefits	28,135	14 30
31 Depreciation	10,435	17 31
32 Rent - Building	14,076	20 32
33 Rent - Equipment	36	21 33
34		34
35		35
36		36
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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	(292,986)	101

Facility Name: Victory Centre of Bartlett

Report Period Beginning 1/1/2020 Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.25	\$ 33.08	1
2	Licensed Practical Nurses	3.40	24.81	2
3	Certified Nurse Assistants	15.14	16.01	3
4	Activity Director & Assistants	1.21	19.57	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	12.10	14.94	7
8	Dishwashers			8
9	Maintenance Workers	2.25	19.75	9
10	Housekeepers	2.98	13.06	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.85	22.58	13
14	Clerical			14
15	Marketing	1.23	38.04	15
16	Other			16
17	Total (lines 1 thru 16)	45.40	\$ 18.61	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%	1.18	\$ 5,568	1
2					2
3					3
4					4
5					5
Total				\$ 5568	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:

1/1/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. 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	\$ 564,239	35	\$ 395,559	\$ (168,680)	\$ 5,537,826	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				395,261		20	19,765	19,765	115,180	6
7	Various			2006	265,482		20	13,274	13,274	185,837	7
8	Various			2009	18,788		20	938	938	11,265	8
9	Various			2010	35,049		20	1,753	1,753	19,278	9
10	Various			2011	16,546		20	827	827	8,272	10
11	Various			2012	15,000		20	750	750	7,500	11
12	Various			2008	(29,549)		20	(1,477)	(1,477)	(19,206)	12
13											13
14	Allocated from Pathway Management					10,435			(10,435)		14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,561,154	\$ 574,674		\$ 431,389	\$ (143,285)	\$ 5,865,952	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	\$ 876,104	\$	\$ 14,396	14,396		\$ 804,626	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 876,104	\$	\$ 14,396	14,396		\$ 804,626	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:

1/1/2020

Ending:

12/31/2020

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	Signs/Signage	2013	3,402		20	170	170	1,361	1
2	Raise/Rise Concrete	2013	2,820		20	141	141	1,128	2
3	Wireless System	2013	42,265		20	2,113	2,113	16,906	3
4	Replace Dining Room Floor	2013	8,455		20	423	423	3,382	4
5	Hvac Major Repairs	2013	10,118		20	506	506	4,047	5
6	Roof Repairs	2013	2,750		20	138	138	1,101	6
7	Catch Basin	2014	10,433		20	522	522	3,652	7
8	Paving/Sealcoating	2014	3,463		20	173	173	1,212	8
9	Wireless Call System	2014	43,302		20	2,165	2,165	15,156	9
10	Nurse Call System	2014	68,063		20	3,403	3,403	23,822	10
11	Phone System	2014	21,400		20	1,070	1,070	7,490	11
12	Repaired Heating And Cooling Unit	2014	3,450		20	173	173	1,208	12
13	Burner Replacement	2015	3,600		20	180	180	1,080	13
14	Replace Carpeting In Numerous Units	2016	89,872		20	4,494	4,494	22,468	14
15	Mulch	2016	3,120		20	156	156	780	15
16	Water Boiler	2016	4,824		20	241	241	1,205	16
17	Plumbing	2017	2,750		20	138	138	551	17
18	Ballard Lights & Walkway	2017	4,463		20	223	223	892	18
19	Dock Doors	2017	2,974		20	149	149	595	19
20	Hot Water Piping	2018	2,972		20	149	149	446	20
21	Replace Grout In Kitchen	2018	9,300		20	465	465	1,395	21
22	Repair Pumps	2018	3,128		20	156	156	469	22
23	Retractacle Pit Ladders In Elevator	2018	10,119		20	506	506	1,012	23
24	Replace Vent Motors	2019	3,577		20	179	179	358	24
25	Elevator Repair	2019	7,203		20	360	360	720	25
26	Elevator Repair	2019	5,640		20	282	282	564	26
27	Hvac Repairs	2019	4,578		20	229	229	458	27
28	Carpet Replacement-Various Units	2019	17,220		20	861	861	1,722	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 395,261	\$		\$ 19,765	\$ 19,765	\$ 115,180	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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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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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: 1/1/2020

Ending: 2/31/2020

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 Rental			/ /	1,364			5
6	Allocated from Pathway			/ /	14,076			6
7	TOTAL				\$ 15,440			7

8. Is movable equipment rental included in building rental?

☐ YES

☒ NO

9. Rental amount for movable equipment \$ 10,052

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	\$ 8,293,703	5/1/42	5.3150	\$ 446,731	1
2	IHDA		X	2nd Mortgage	4/1/07	3,000,000	1,972,073	5/1/42	1.0000	20,163	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,330,000	\$ 10,265,776			\$ 466,894	7
	B. Non-Facility Related										
8	Interest Income-Escrows				/ /			/ /		-6,410	8
9	Interest Income				/ /			/ /		-443	9
10	TOTALS (lines 7, 8 and 9)					\$ 13,330,000	\$ 10,265,776			\$ 460,041	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.

STATE OF ILLINOIS

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Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,011,423	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	823,840		3
4	Supply Inventory (priced at)	5,008		4
5	Short-Term Investments			5
6	Prepaid Insurance	161,973		6
7	Other Prepaid Expenses	28,222		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,324,931		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,355,397	\$	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	1,012,312		16
17	Accumulated Depreciation (book methods)	(8,387,355)		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	401,895		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,374,921	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,730,318	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 360,254	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	120,546		30
31	Accrued Taxes Payable	99,185		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	155,404		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 775,662	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,265,776		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	3,005		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 10,268,781	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,044,443	\$	45
46	TOTAL EQUITY	\$ 685,875	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,730,318	\$	47

*(See instructions.)

Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

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	\$ 5,059,936	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,059,936	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	2,399	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,399	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	6,853	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 6,853	14
	D. Other Revenue (specify):		
15	See Attached	402,260	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 402,260	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,471,448	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,085,277	19
20	Health Care/ Personal Care	1,099,753	20
21	General Administration	1,914,694	21
	B. Capital Expense		
22	Ownership	1,321,166	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)	\$ 5,420,890	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 50,558	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 50,558	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,569,908	32
33	Private Pay - Net Inpatient Revenue	2,490,028	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,059,936	37