

		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: 1000110

Facility Name: Victory Centre of Galewood

Address: 2370 N Newcastle Ave Chicago 60707

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
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
X Other

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 1/1/2020 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)
(Print Name Steven N. Lavenda, CPA and Title Partner)
(Firm Name Marcum LLP & Address 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: 1/1/2020 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	102	Single Unit Apartment	102	37,332	1
2		Double Unit Apartment			2
3		Other			3
4	102	TOTALS	102	37,332	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	33,873	1,782		35,655	5
6	Double Unit					6
7	Other					7
8	TOTALS	33,873	1,782		35,655	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.51%

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

945 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 1020 (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? 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

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Facility Name: Victory Centre of Galewood

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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	332,206	255,234	3,149	590,589		590,589	1
2	Housekeeping, Laundry and Maintenance	148,935	62,551	119,755	331,241	7,081	338,322	2
3	Heat and Other Utilities			129,542	129,542	169	129,711	3
4	Other (specify):							4
5	TOTAL General Services	481,141	317,785	252,446	1,051,372	7,250	1,058,622	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	531,837	30,367	194,643	756,847	16,778	773,625	6
7	Activities and Social Services	34,003	4,034	8,341	46,378	2,730	49,108	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	565,840	34,401	202,984	803,225	19,508	822,733	9
	C. General Administration							
10	Administrative and Clerical	205,920	12,584	1,538,305	1,756,809	(662,297)	1,094,512	10
11	Marketing Materials, Promotions and Advertising	100,303	1,117	62,216	163,636	16,665	180,301	11
12	Employee Benefits and Payroll Taxes			241,653	241,653		241,653	12
13	Insurance-Property, Liability and Malpractice			133,760	133,760	4,758	138,518	13
14	Other (specify):					29,898	29,898	14
15	TOTAL General Administration	306,223	13,701	1,975,934	2,295,858	(610,976)	1,684,882	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,353,204	365,887	2,431,364	4,150,455	(584,218)	3,566,237	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			504,781	504,781	74,260	579,041	17
18	Interest			335,949	335,949	(4,535)	331,414	18
19	Real Estate Taxes			69,042	69,042		69,042	19
20	Rent -- Facility and Grounds			217	217	14,958	15,175	20
21	Rent -- Equipment			16,502	16,502	37	16,539	21
22	Other (specify):			51,620	51,620		51,620	22
23	TOTAL Ownership			978,111	978,111	84,720	1,062,831	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,353,204	365,887	3,409,475	5,128,566	(499,498)	4,629,068	24

STATE OF ILLINOIS			Page 3A
Victory Centre of Galewood			
Report Period Beginning:	1/1/2020		
Ending:	12/31/2020		
NON-ALLOWABLE EXPENSES		Sch. V Line	
	Amount	Reference	
1 Non-Straight-Line Depreciation	\$ 63,471	07	1
2 Maintenance Fees	(280)	02	2
3 Telephone Service	(2,495)	10	3
4 Pet Care	(10)	07	4
5 NSF Fees	(1,132)	10	5
6 Other Income	202	10	6
7 Additional R&M	2,045	02	7
8 Bank Service Charges	(3,218)	10	8
9 Charitable Contributions	(5,150)	10	9
10 Resident Gifts	(9,965)	10	10
11 Bad Debt Expense	(498,170)	10	11
12 Equipment Rental Late Fee	(1)	21	12
13 Meals & Entertainment	(256)	10	13
14 Cable TV	(12,187)	10	14
15 Management Fees	(108,183)	10	15
16 Service Provider Fee	(207,600)	10	16
17 Interest Income-Escrows	(1,355)	18	17
18 Interest Income	(4,180)	18	18
19			19
20 Pathway Management Allocation:			20
21 Maintenance	5,316	2	21
22 Utilities	169	3	22
23 Health Care / Personal Care	16,778	6	23
24 Community Life	2,740	7	24
25 Administrative	186,261	10	25
26 Marketing	16,665	11	26
27 Insurance	4,758	13	27
28 Employee Benefits	29,896	14	28
29 Depreciation	11,689	17	29
30 Rent - Building	14,958	20	30
31 Rent - Equipment	38	21	31
32			32
33			33
34			34
35			35
36			36
37			37
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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	(499,498)		101

Facility Name: Victory Centre of Galewood

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	1.03	\$ 27.13	1
2	Licensed Practical Nurses	3.33	26.04	2
3	Certified Nurse Assistants	9.99	14.13	3
4	Activity Director & Assistants	1.00	16.32	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.39	15.37	7
8	Dishwashers			8
9	Maintenance Workers	2.11	20.61	9
10	Housekeepers	2.02	14.00	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.69	21.12	13
14	Clerical			14
15	Marketing	1.47	32.75	15
16	Other			16
17	Total (lines 1 thru 16)	36.02	\$ 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			

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 %	1.26	\$ 5,917	1
2					2
3					3
4					4
5					5
Total				\$ 5917	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
See Attached		

Facility Name: Victory Centre of Galewood

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. 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	\$ 504,781	35	\$ 558,010	\$ 53,229	\$ 7,342,480	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				330,100		20	16,505	16,505	80,848	6
7	Various			2010	2,595		20	130	130	1,428	7
8	Various			2011	2,140		20	107	107	1,070	8
9											9
10											10
11											11
12											12
13											13
14	Allocated from Pathway Management					11,089			(11,089)		14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 19,865,193	\$ 515,870		\$ 574,752	\$ 58,882	\$ 7,425,826	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	\$ 927,646	\$	\$ 4,289	4,289		\$ 907,196	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 927,646	\$	\$ 4,289	4,289		\$ 907,196	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	16,213	1
2	Phone System	2014	46,084		20	2,304	2,304	16,129	2
3	Fire Alarm Repair	2014	4,987		20	249	249	1,745	3
4	Nurse Call System	2015	61,161		20	3,058	3,058	18,348	4
5	Common Area Carpet	2015	18,104		20	905	905	5,431	5
6	Ductless Split	2015	6,900		20	345	345	2,070	6
7	Nurse Call System	2015	40,774		20	2,039	2,039	12,232	7
8	Generator Repair	2015	2,800		20	140	140	840	8
9	Custom Carpeting In Office	2016	3,961		20	198	198	990	9
10	Wireless Pull Cords And System Install	2017	5,240		20	262	262	1,048	10
11	Roof Top Unit Replacement Parts	2018	6,368		20	318	318	955	11
12	Heat Pumps	2019	3,914		20	196	196	392	12
13	Strobe Lights For Hearing Impaired	2019	5,590		20	280	280	560	13
14	Sara System Replacement-Emergency Alert System	2020	13,324		20	666	666	666	14
15	Elevator Repair - Optiguard Installation	2020	8,883		20	444	444	444	15
16	Building Refresh	2020	46,500		20	2,325	2,325	2,325	16
17	Main Entry Door	2020	3,812		20	191	191	191	17
18	Rtu Upgrade	2020	5,374		20	269	269	269	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)		\$ 330,100	\$		\$ 16,505	\$ 16,505	\$ 80,848	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
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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.

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 of Galewood

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	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			/ /	217			5
6	Allocated from Pathway			/ /	14,958			6
7	TOTAL				\$ 15,176			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 16,538

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	\$ 8,548,086	/ /		\$ 309,323	1
2	City of Chicago Home Loan		X	2nd Mortgage	6/1/09	1,219,647	1,219,647	/ /		12,196	2
3	Mercy Loan		X	3rd Mortgage	10/1/07	300,000	300,000	/ /		14,430	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,069,647	\$ 10,067,733			\$ 335,949	7
	B. Non-Facility Related										
8	Interest Income-Escrows				/ /			/ /		-355	
9	Interest Income				/ /			/ /		-4,180	9
10	TOTALS (lines 7, 8 and 9)					\$ 11,069,647	\$ 10,067,733			\$ 331,415	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 Galewood

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	\$ 1,040,334	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,187,649		3
4	Supply Inventory (priced at)	18,075		4
5	Short-Term Investments			5
6	Prepaid Insurance	162,747		6
7	Other Prepaid Expenses	37,062		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,487,527		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,933,394	\$	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	229,736		15
16	Equipment, at Historical Cost	1,067,181		16
17	Accumulated Depreciation (book methods)	(6,867,357)		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	546,808		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,626,242	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 19,559,636	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 57,590	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	75,154		30
31	Accrued Taxes Payable	98,985		31
32	Accrued Interest Payable	351,033		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	213,345		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 796,107	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,067,733		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	418,578		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 10,486,311	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,282,418	\$	45
46	TOTAL EQUITY	\$ 8,277,218	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 19,559,636	\$	47

*(See instructions.)

Facility Name: Victory Centre of Galewood

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	\$ 4,424,803	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,424,803	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		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	4,535	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 4,535	14
	D. Other Revenue (specify):		
15	See Attached	836,645	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 836,645	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,265,983	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,051,372	19
20	Health Care/ Personal Care	803,225	20
21	General Administration	2,295,858	21
	B. Capital Expense		
22	Ownership	978,111	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)	\$ 5,128,566	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 137,417	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 137,417	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,168,955	32
33	Private Pay - Net Inpatient Revenue	255,848	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,424,803	37