

		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: 1000011

Facility Name: Victory Centre Park Forest

Address: 101 Main Street Park Forest 60466

Number City Zip Code

County: Cook

Telephone Number: (708) 283-2921 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 3/19/2002

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.		
		☐	Trust		
		☒	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 1/1/2020 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) 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

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	67	Single Unit Apartment	67	24,522	1
2	12	Double Unit Apartment	12	4,392	2
3		Other			3
4	79	TOTALS	79	28,914	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	19,912	1,464		21,376	5
6	Double Unit	3,236	235		3,471	6
7	Other					7
8	TOTALS	23,148	1,699		24,847	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 85.93%

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

491 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 161 (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: 12/31/20 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

Page 3

Facility Name: Victory Centre Park Forest

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	246,775	156,190	3,165	406,130	(187)	405,943	1
2	Housekeeping, Laundry and Maintenance	126,639	54,455	143,308	324,402	5,951	330,353	2
3	Heat and Other Utilities			97,916	97,916	111	98,027	3
4	Other (specify):							4
5	TOTAL General Services	373,414	210,645	244,389	828,448	5,875	834,323	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	521,331	28,464	106,081	655,876	11,036	666,912	6
7	Activities and Social Services	38,927	6,800	13,469	59,196	(2,984)	56,212	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	560,258	35,264	119,550	715,072	8,052	723,124	9
	C. General Administration							
10	Administrative and Clerical	171,455	13,567	837,728	1,022,750	(366,787)	655,963	10
11	Marketing Materials, Promotions and Advertising	31,586	984	50,508	83,078	10,961	94,039	11
12	Employee Benefits and Payroll Taxes			208,775	208,775		208,775	12
13	Insurance-Property, Liability and Malpractice			115,301	115,301	3,129	118,430	13
14	Other (specify):					19,665	19,665	14
15	TOTAL General Administration	203,041	14,551	1,212,312	1,429,904	(333,032)	1,096,872	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,136,713	260,460	1,576,251	2,973,424	(319,105)	2,654,319	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			293,008	293,008	22,849	315,857	17
18	Interest			206,695	206,695	(652)	206,043	18
19	Real Estate Taxes			163,330	163,330		163,330	19
20	Rent -- Facility and Grounds			1,325	1,325	9,838	11,163	20
21	Rent -- Equipment			12,249	12,249	25	12,274	21
22	Other (specify):			25,888	25,888		25,888	22
23	TOTAL Ownership			702,495	702,495	32,060	734,555	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,136,713	260,460	2,278,746	3,675,919	(287,045)	3,388,874	24

STATE OF ILLINOIS		Page 3A
Victory Centre Park Forest		
Report Period Beginning:	1/1/2020	
Ending:	12/31/2020	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ 15,555	07 1
2 Guest Meals	(187)	01 2
3 Maintenance Fees	(22)	02 3
4 Community Life Income	(2,081)	07 4
5 NSF Fees	(109)	10 5
6 Late Fees	(30)	10 6
7 Interest Income-Escrows	(386)	18 7
8 Interest Income	(364)	18 8
9 Bad Debt Expense	(292,504)	10 9
10 Meals & Entertainment	(303)	10 10
11 Bank Service Charges	(2,667)	10 11
12 Resident Gifts	(2,457)	10 12
13 Per Care	(2,705)	07 13
14 Management Fees	(186,226)	10 14
15 Asset Management Fee	(5,000)	10 15
16 Additional R&M	5,623	02 16
17 Capitalized R&M	(3,147)	02 17
18		18
19 Pathway Management Allocation:		19
20 Maintenance	3,497	2 20
21 Utilities	111	3 21
22 Health Care / Personal Care	11,036	6 22
23 Community Life	1,802	7 23
24 Administrative	122,509	10 24
25 Marketing	10,961	11 25
26 Insurance	3,129	13 26
27 Employee Benefits	19,665	14 27
28 Depreciation	7,294	17 28
29 Rent - Building	9,838	20 29
30 Rent - Equipment	25	21 30
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98		98
99		99
100		100
101 Total	(287,045)	101

Facility Name: Victory Centre Park Forest

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	1.05	\$ 29.47	1
2	Licensed Practical Nurses	2.00	25.61	2
3	Certified Nurse Assistants	12.40	13.59	3
4	Activity Director & Assistants			4
5	Social Service Workers	1.01	18.54	5
6	Head Cook			6
7	Cook Helpers/Assistants	8.04	14.76	7
8	Dishwashers			8
9	Maintenance Workers	2.26	16.72	9
10	Housekeepers	1.78	13.00	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.91	21.10	13
14	Clerical			14
15	Marketing	0.39	38.94	15
16	Other			16
17	Total (lines 1 thru 16)	32.83	\$ 16.65	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	0.001415%	0.83	\$ 3,892	1
2					2
3					3
4					4
5					5
Total				\$ 3892	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 Park Forest

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 146,208 Year land was acquired 2002

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	79		2002	2002	\$ 7,210,303	\$ 293,008	28	\$ 257,511	\$ (35,497)	\$ 4,830,247	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				303,988		20	15,199	15,199	76,615	6
7	Various			2002	323,939		20	16,197	16,197	307,743	7
8	Various			2003	6,687		20	335	335	6,019	8
9	Various			2006	13,049		20	652	652	9,787	9
10	Various			2007	1,495		20	75	75	1,047	10
11	Various			2008	23,522		20	1,177	1,177	14,287	11
12	Various			2009	149,414		20	7,472	7,472	89,650	12
13	Various			2010	1,130		20	57	57	623	13
14	Various			2011	27,495		20	1,374	1,374	13,746	14
15	Various			2012	5,006		20	251	251	2,504	15
16	Allocated from Pathway Management					7,294			(7,294)		16
17	TOTAL (lines 1 thru 16)				\$ 8,066,028	\$ 300,302		\$ 300,300	\$ (2)	\$ 5,352,268	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	\$ 667,002	\$	\$ 15,557	15,557		\$ 609,679	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 667,002	\$	\$ 15,557	15,557		\$ 609,679	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 Park Forest

#

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	Tile Replacement	2013	6,263		20	313	313	2,505	1
2	Phone System	2014	3,100		20	155	155	1,085	2
3	Phone System	2014	3,099		20	155	155	1,085	3
4	Common Area Carpeting	2015	73,896		20	3,695	3,695	22,169	4
5	It-Communications	2015	19,887		20	994	994	10,938	5
6	Pull Cord System	2015	24,680		20	1,234	1,234	7,404	6
7	Pull Cord System	2015	6,510		20	325	325	1,952	7
8	Phone System	2015	20,199		20	1,010	1,010	6,060	8
9	Pull Cord System	2015	33,325		20	1,666	1,666	9,997	9
10	Repair Heating Element	2015	2,655		20	133	133	797	10
11	Motor Blower For A/C	2015	2,952		20	148	148	886	11
12	Elevator Repair	2016	2,512		20	126	126	630	12
13	New Steamer Hookup- Main Water Line	2017	4,676		20	234	234	935	13
14	Patching, Priming, Painting- Slf Building- Hallways/Common Area	2017	6,000		20	300	300	1,200	14
15	Pull Cords, Pendants, Transmitters	2017	6,482		20	324	324	1,296	15
16	Repair Leak In Walk In Cooler	2018	2,595		20	130	130	390	16
17	Water Damage Repairs - Unit 330, 138	2019	5,769		20	288	288	576	17
18	Light Fixture Upgrade	2019	3,750		20	188	188	376	18
19	Water Damage Repairs	2019	4,174		20	209	209	418	19
20	New Furnace - Unit 318	2019	5,345		20	267	267	534	20
21	Heat Exchangers	2019	9,118		20	456	456	912	21
22	Gate Valve Install	2019	4,600		20	230	230	460	22
23	A/C Units X 2	2019	3,245		20	162	162	324	23
24	Sprinkler Replacement	2019	2,866		20	143	143	286	24
25	Repaired Leak In Attic	2019	2,932		20	147	147	294	25
26	Paint Apts-138,125,205,223,324,215,311	2019	3,925		20	196	196	392	26
27	Install Carpet-Apt 306,232,134,330	2019	4,340		20	217	217	434	27
28	Install Carpet-Apt 209	2019	4,424		20	221	221	442	28
29	Install Carpet-Apt 322,220,309	2019	2,749		20	137	137	274	29
30	Install Carpet-Apt 125,205	2019	3,362		20	168	168	336	30
31	Furnish And Install Door & Operator	2020	9,960		20	498	498	498	31
32	Furnish And Install New Compressor	2020	4,075		20	204	204	204	32
33	Water Pump, Brass Pump	2020	3,028		20	151	151	151	33
34	TOTAL (lines 1 thru 33)		\$ 296,493	\$		\$ 14,824	\$ 14,824	\$ 76,240	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	Wireless Pull Cords, Universal Transmitter & Pendant Programm	2020	4,349		20	217	217	217	1
2	Kitchen Hot Water Repair	2020	3,147		20	157	157	157	2
3									3
4									4
5									5
6									6
7									7
8									8
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,496	\$		\$ 375	\$ 375	\$ 375	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
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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 Park Forest

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 Rental			/ /	1,325			5
6	Allocated from Pathway			/ /	9,838			6
7	TOTAL				\$ 11,163			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 12,274

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	Red Mortgage - Capital		X	1st Mortgage	5/31/07	\$ 5,500,000	\$ 4,521,093	4/1/42	4.1300	\$ 206,695	1
2	IHDA		X	3rd Mortgage	11/4/02	500,000	128,979	8/1/42	1.0000		2
3					/ /			/ /			3
	Working Capital										
4	Pathway Development	X		Loan	/ /	402,197	402,197	/ /	Prime+ 1 %		4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,402,197	\$ 5,052,269			\$ 206,695	7
	B. Non-Facility Related										
8	Interest Income-Escrows				/ /			/ /		-288	8
9	Interest Income				/ /			/ /		-364	9
10	TOTALS (lines 7, 8 and 9)					\$ 6,402,197	\$ 5,052,269			\$ 206,043	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 Park Forest

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	\$ 400,635	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	577,643		3
4	Supply Inventory (priced at)	7,855		4
5	Short-Term Investments			5
6	Prepaid Insurance	3,093		6
7	Other Prepaid Expenses	18,434		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	356,808		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,364,468	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	146,208		13
14	Buildings, at Historical Cost	7,210,303		14
15	Leasehold Improvements, at Historical Cost	540,240		15
16	Equipment, at Historical Cost	1,026,384		16
17	Accumulated Depreciation (book methods)	(6,264,192)		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	38,268		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,697,211	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,061,679	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ (112,326)	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	70,600		30
31	Accrued Taxes Payable	169,735		31
32	Accrued Interest Payable	365,610		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	236,936		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 730,555	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,052,269		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	2,041		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,054,310	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,784,865	\$	45
46	TOTAL EQUITY	\$ (1,723,186)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,061,679	\$	47

*(See instructions.)

Facility Name: Victory Centre Park Forest

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	\$ 3,058,965	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,058,965	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	187	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 187	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	651	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 651	14
	D. Other Revenue (specify):		
15	See Attached	632,589	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 632,589	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,692,392	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	828,448	19
20	Health Care/ Personal Care	715,072	20
21	General Administration	1,429,904	21
	B. Capital Expense		
22	Ownership	702,495	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)	\$ 3,675,919	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 16,473	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 16,473	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,004,687	32
33	Private Pay - Net Inpatient Revenue	54,278	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,058,965	37