

		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: 1000117

Facility Name: Victory Centre South 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.		
		☐	Trust		
		☒	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)
	*Subject to the attached Accountants' Consulting Report		
	(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

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	112	Single Unit Apartment	112	40,992	1
2		Double Unit Apartment			2
3		Other			3
4	112	TOTALS	112	40,992	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	32,993	673		33,666	5
6	Double Unit					6
7	Other					7
8	TOTALS	32,993	673		33,666	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.13%

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

699 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 463 (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

Page 3

Facility Name: Victory Centre South Chicago

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	316,289	258,942	4,037	579,268		579,268	1
2	Housekeeping, Laundry and Maintenance	186,767	62,599	117,769	367,135	4,582	371,717	2
3	Heat and Other Utilities			143,101	143,101	166	143,267	3
4	Other (specify):							4
5	TOTAL General Services	503,056	321,541	264,907	1,089,504	4,749	1,094,253	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	582,944	34,665	248,304	865,913	16,536	882,449	6
7	Activities and Social Services	38,932	3,805	7,006	49,743	2,700	52,443	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	621,876	38,470	255,310	915,656	19,236	934,892	9
	C. General Administration							
10	Administrative and Clerical	293,366	12,535	1,085,306	1,391,207	(548,683)	842,524	10
11	Marketing Materials, Promotions and Advertising	115,128	2,547	66,554	184,229	16,424	200,653	11
12	Employee Benefits and Payroll Taxes			296,751	296,751		296,751	12
13	Insurance-Property, Liability and Malpractice			146,369	146,369	4,689	151,058	13
14	Other (specify):					29,466	29,466	14
15	TOTAL General Administration	408,494	15,082	1,594,980	2,018,556	(498,104)	1,520,452	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,533,426	375,093	2,115,197	4,023,716	(474,119)	3,549,597	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			601,535	601,535	45,425	646,960	17
18	Interest			441,352	441,352	(173)	441,179	18
19	Real Estate Taxes			105,503	105,503		105,503	19
20	Rent -- Facility and Grounds			790	790	14,742	15,532	20
21	Rent -- Equipment			12,736	12,736	38	12,774	21
22	Other (specify):			52,109	52,109	(8,455)	43,654	22
23	TOTAL Ownership			1,214,025	1,214,025	51,577	1,265,602	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,533,426	375,093	3,329,222	5,237,741	(422,543)	4,815,198	24

STATE OF ILLINOIS		Page 3A
Victory Centre South Chicago		
Report Period Beginning:	1/1/2020	
Ending:	12/31/2020	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ 34,496	17 1
2 Telephone Service	(825)	10 2
3 NSF Fees	(149)	10 3
4 Bank Service Charges	(2,890)	10 4
5 Resident Gifts	(7,600)	10 5
6 Bad Debt Expense	(408,425)	10 6
7 Meals & Entertainment	(1,178)	10 7
8 Cable TV	(11,357)	10 8
9 Management Fees	(71,558)	10 9
10 Service Provider Fee	(229,200)	10 10
11 Interest Income-Escrows	(166)	18 11
12 Interest Income	(7)	18 12
13 Additional R&M	3,054	02 13
14 Capitalized R&M	(3,711)	02 14
15 Vendor Refund	(69)	10 15
16 Bond Fund Excess Proceeds	(8,455)	22 16
17		17
18 Pathway Management Allocation:		18
19 Maintenance	5,239	02 19
20 Utilities	166	03 20
21 Health Care / Personal Care	16,536	06 21
22 Community Life	2,700	07 22
23 Administrative	183,568	10 23
24 Marketing	16,424	11 24
25 Insurance	4,689	13 25
26 Employee Benefits	29,466	14 26
27 Depreciation	10,929	17 27
28 Rent - Building	14,742	20 28
29 Rent - Equipment	38	21 29
30		30
31		31
32		32
33		33
34		34
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90		90
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93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(422,543)	101

Facility Name: Victory Centre South Chicago

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	1.15	\$ 29.94	1
2	Licensed Practical Nurses	2.23	25.20	2
3	Certified Nurse Assistants	13.54	14.00	3
4	Activity Director & Assistants	1.11	16.84	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.64	15.78	7
8	Dishwashers			8
9	Maintenance Workers	3.22	17.31	9
10	Housekeepers	2.44	14.00	10
11	Laundry			11
12	Managers			12
13	Other Administrative	6.93	20.36	13
14	Clerical			14
15	Marketing	2.10	26.34	15
16	Other			16
17	Total (lines 1 thru 16)	42.35	\$ 17.41	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%	1.24	\$ 5,832	1
2					2
3					3
4					4
5					5
Total				\$ 5832	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 South Chicago

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	\$ 601,535	35	\$ 613,750	\$ 12,215	\$ 7,365,000	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				463,925		20	23,197	23,197	101,840	6
7	Various			2011	2,785		20	139	139	1,392	7
8	Various			2012	2,296		20	115	115	1,033	8
9											9
10											10
11											11
12	Allocated from Pathway Management, LLC					10,929			(10,929)		12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 21,950,270	\$ 612,464		\$ 637,201	\$ 24,737	\$ 7,469,265	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	\$ 2,494,271	\$	\$ 9,759	9,759		\$ 2,445,360	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 2,494,271	\$	\$ 9,759	9,759		\$ 2,445,360	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 South Chicago

#

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	New Sign- Ne Corner In Front	2013	5,103		20	255	255	2,041	1
2	Paving	2014	7,728		20	386	386	2,705	2
3	Signage	2014	4,560		20	228	228	1,596	3
4	Dining Room Floor	2014	14,810		20	740	740	5,183	4
5	Call System	2015	89,913		20	4,496	4,496	26,974	5
6	Emergency System	2015	11,534		20	577	577	3,460	6
7	Call System	2015	80,526		20	4,026	4,026	24,158	7
8	Freezer Door	2016	5,083		20	254	254	1,271	8
9	Wireless Pull Cords In Common Areas	2016	2,752		20	138	138	688	9
10	Replace & Install Pump	2016	3,562		20	178	178	890	10
11	Building Improvements	2018	13,870		20	694	694	2,081	11
12	Down Payment For Gate Repair	2018	7,600		20	380	380	1,140	12
13	Surveillance System	2018	17,550		20	878	878	2,633	13
14	Building Improvements	2018	9,335		20	467	467	1,400	14
15	Carpet	2018	80,059		20	4,003	4,003	12,009	15
16	Paint Exterior Lintels Upper Floor Panels	2018	27,000		20	1,350	1,350	4,050	16
17	Paint	2018	9,980		20	499	499	1,497	17
18	Fence	2018	10,000		20	500	500	1,500	18
19	Building Improvements	2018	2,519		20	126	126	378	19
20	Building Improvements	2018	9,892		20	495	495	1,484	20
21	Parking Lot Pavement	2018	13,064		20	653	653	1,306	21
22	Evaporator Fan Motor	2019	2,767		20	138	138	276	22
23	Landscaping	2019	5,100		20	255	255	510	23
24	Midwest Mechanical - Bldg Improvement	2019	22,581		20	1,129	1,129	2,258	24
25	A/C Repairs	2019	3,711		20	186	186	186	25
26	Repair Air Conditioners In Hallways	2020	3,326		20	166	166	166	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 463,925	\$		\$ 23,197	\$ 23,197	\$ 101,840	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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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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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 South Chicago

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			/ /	790			5
6	Allocated from Pathway			/ /	14,742			6
7	TOTAL				\$ 15,532			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 12,774

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	Wells Fargo		X	1st Mortgage	1/1/08	\$ 10,685,000	\$ 10,217,417	5/1/49	6.0200	\$ 406,703	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	20,000	2
3	IDHA Trust Fund Loan		X	3rd Mortgage	6/1/09	750,000	647,092	5/1/49	1.0000	6,034	3
	Working Capital										
4	Fifth Third Bank		X	Line of Credit	/ /		200,000	/ /		8,615	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,435,000	\$ 13,064,509			\$ 441,352	7
	B. Non-Facility Related										
8	Interest Income-Escrows				/ /			/ /		-166	8
9	Interest Income				/ /			/ /		-7	9
10	TOTALS (lines 7, 8 and 9)					\$ 13,435,000	\$ 13,064,509			\$ 441,179	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

Page 7

Facility Name: Victory Centre South Chicago

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	\$ 556,917	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	846,112		3
4	Supply Inventory (priced at)	20,424		4
5	Short-Term Investments			5
6	Prepaid Insurance	188,514		6
7	Other Prepaid Expenses	21,223		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	777,506		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,410,696	\$	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	331,916		15
16	Equipment, at Historical Cost	2,707,500		16
17	Accumulated Depreciation (book methods)	(7,675,777)		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	184,647		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,520,151	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,930,847	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 471,084	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	237,040		29
30	Accrued Salaries Payable	102,138		30
31	Accrued Taxes Payable	107,181		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	445,157		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,400,506	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	200,000		38
39	Mortgage Payable	12,627,469		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	195,720		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 13,023,189	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 14,423,695	\$	45
46	TOTAL EQUITY	\$ 3,507,152	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 17,930,847	\$	47

*(See instructions.)

Facility Name: Victory Centre South Chicago

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	\$ 4,281,786	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 4,281,786	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
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	173	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 173	14
	D. Other Revenue (specify):		
15	See Attached	785,386	15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 785,386	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 5,067,345	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,089,504	19
20	Health Care/ Personal Care	915,656	20
21	General Administration	2,018,556	21
	B. Capital Expense		
22	Ownership	1,214,025	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 5,237,741	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (170,396)	29
30	Income Taxes	\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (170,396)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,244,904	32
33	Private Pay - Net Inpatient Revenue	36,882	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,281,786	37