

		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: 1000042

Facility Name: The Vistas Fox Valley

Address: 1599 Farnsworth Aurora 60505

County: Kane

Telephone Number: (630) 896-7778 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 11/12/2004

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

X Limited Liability Co.

Trust

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)

(Type or Print Name)

(Title)

(Signed)

(Date)

Paid Preparer

(Print Name and Title)

(Firm Name & Address)

(Telephone)

(Date)

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	123	Single Unit Apartment	123	45,018	1
2	13	Double Unit Apartment	13	4,758	2
3		Other			3
4	136	TOTALS	136	49,776	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	33,409	2,774		36,183	5
6	Double Unit	1,541	898		2,439	6
7	Other					7
8	TOTALS	34,950	3,672		38,622	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 77.59%

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

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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)

N/A

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? No If yes, did the facility make all of the required payments of interest and principal?

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?

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?

If no, explain. N/A

STATE OF ILLINOIS

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Facility Name: The Vistas Fox Valley

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	269,229	340,905	1,888	612,022	7,451	619,473	1
2	Housekeeping, Laundry and Maintenance	126,985	44,565	86,516	258,066	8,301	266,367	2
3	Heat and Other Utilities			158,751	158,751	(29,672)	129,079	3
4	Other (specify):							4
5	TOTAL General Services	396,214	385,470	247,155	1,028,839	(13,921)	1,014,918	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	887,453	82,423	5,598	975,474	78,955	1,054,429	6
7	Activities and Social Services	115,740		6,985	122,725	4,466	127,191	7
8	Other (specify): Allocated Related Party Benefits					4,625	4,625	8
9	TOTAL Health Care and Programs	1,003,193	82,423	12,583	1,098,199	88,046	1,186,245	9
	C. General Administration							
10	Administrative and Clerical	206,122	22,004	279,796	507,922	180,759	688,681	10
11	Marketing Materials, Promotions and Advertising			4,220	4,220		4,220	11
12	Employee Benefits and Payroll Taxes			305,225	305,225		305,225	12
13	Insurance-Property, Liability and Malpractice			124,808	124,808	316	125,124	13
14	Other (specify): Allocated Related Party Benefits					19,895	19,895	14
15	TOTAL General Administration	206,122	22,004	714,049	942,175	200,970	1,143,145	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,605,529	489,897	973,787	3,069,213	275,096	3,344,309	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					26,879	26,879	17
18	Interest			888	888	1,162	2,050	18
19	Real Estate Taxes			240,000	240,000	2,734	242,734	19
20	Rent -- Facility and Grounds			745,000	745,000	77	745,077	20
21	Rent -- Equipment			6,090	6,090	3,605	9,695	21
22	Other (specify):			256,904	256,904	(256,904)		22
23	TOTAL Ownership			1,248,882	1,248,882	(222,447)	1,026,435	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,605,529	489,897	2,222,669	4,318,095	52,649	4,370,744	24

STATE OF ILLINOIS			Page 3A
The Vistas Fox Valley			
Report Period Beginning:	1/1/2020		
Ending:	12/31/2020		
NON-ALLOWABLE EXPENSES		Sch. V Line	
	Amount	Reference	
1 Non-Straight Line Depreciation	\$ 21,524	17	1
2 Patient Personal Items	(170)	06	2
3 Penalties	(177)	10	3
4 Meals and Entertainment	(196)	10	4
5 Cable TV	(30,541)	03	5
6 Bank Charges	(50,000)	10	6
7 State Income Tax	(442)	10	7
8 Charity Contributions	(2,000)	10	8
9 Bad Debt Expense	(51,381)	10	9
10 Capitalized R&M	(2,663)	02	10
11 Non-Allowable Expense	(256,904)	22	11
12 Interest Income	(1,847)	18	12
13 Rebates	(6,236)	06	13
14			14
15 Legacy Healthcare			15
16 Dietician Salary	2,553	01	16
17 Dietary Supplies	14	01	17
18 Food	4,884	01	18
19 Housekeeping	1,665	02	19
20 Linen Replacement	113	02	20
21 Maintenance Salary	7,877	02	21
22 Repairs & Maintenance	468	02	22
23 Nursing Salary	65,200	06	23
24 Nurse/Medical Director Consultant	6,154	06	24
25 Medical Supplies	14,008	06	25
26 Social Service Salary	4,442	07	26
27 Activities Program	7	07	27
28 Social Services Consultant	18	07	28
29 CEO / Administrative Salary	49,638	10	29
30 Professional Fees	16,296	10	30
31 Dues / Licenses / Permits	2,782	10	31
32 Clerical & General Wages	200,278	10	32
33 Clerical & Office Expense	14,605	10	33
34 Education & Seminars	131	10	34
35 Travel	3,711	10	35
36 Insurance - General	98	13	36
37 Non-Nursing Payroll Taxes / Benefits	19,895	14	37
38 Rent	25,121	20	38
39 Offsite Storage / Parking	77	20	39
40 Equipment Rental	335	21	40
41 Auto Rental	3,269	21	41
42 Nursing Payroll Taxes / Benefits	4,625	08	42
43			43
44 CP St. Louis			44
45 Utilities	868	03	45
46 Repairs & Maintenance	841	02	46
47 Property Valuation Fee	297	10	47
48 Accounting Fees	68	10	48
49 Office Expense	202	10	49
50 Insurance	218	13	50
51 Depreciation	5,355	17	51
52 Interest Expense	3,009	18	52
53 Real Estate Taxes	2,734	19	53
54 Rent	(25,121)	20	54
55			55
56 ProPayHR			56
57 Payroll Processing	(2,431)	10	57
58			58
59			59
60			60
61			61
62			62
63			63
64			64
65			65
66			66
67			67
68			68
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85			85
86			86
87			87
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	52,649		101

Facility Name: The Vistas Fox Valley

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	1.6	\$ 67.17	1
2	Licensed Practical Nurses	3.1	33.51	2
3	Certified Nurse Assistants	13.7	15.85	3
4	Activity Director & Assistants	1.3	17.21	4
5	Social Service Workers	1.6	20.51	5
6	Head Cook	4.1	17.18	6
7	Cook Helpers/Assistants	4.8	12.30	7
8	Dishwashers			8
9	Maintenance Workers	1.0	23.96	9
10	Housekeepers	2.6	14.18	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.7	29.73	13
14	Clerical	2.9	17.24	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	38	\$	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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	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: See Attached If yes, what is the value of 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).

VIII. OWNERSHIP COSTS

A. Purchase price of land 3,867 Year land was acquired

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											1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				353,692	4,937	20	17,397	12,460	61,248	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 353,692	\$ 4,937		\$ 17,397	\$ 12,460	\$ 61,248	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	\$ 94,828	\$ 418	\$ 9,482	9,064		\$ 22,456	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 94,828	\$ 418	\$ 9,482	9,064		\$ 22,456	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	Patio	2017	13,300		20	665	665	2,660	1
2	Fence - West Side Of Bldg - Dog Walk	2017	5,400		20	270	270	1,080	2
3	Boiler & Mixing Valve	2017	3,410		20	171	171	682	3
4	Concrete Along Ramp, Wooden Fence	2017	4,600		20	230	230	920	4
5	96' Fence And 10' Wide Double Gate	2017	5,760		20	288	288	1,152	5
6	Enlarge Patio, Extend Fence	2017	4,800		20	240	240	960	6
7	Sidewalk Connecting Parking Lot & City Sidewalk	2017	3,700		20	185	185	740	7
8	Vinyl Flooring	2017	4,976		20	249	249	995	8
9	Lighting, Plumbing, Shelving - 103,106,122,225,506	2017	25,163		20	1,258	1,258	5,033	9
10	Cabinets For Remodeled Rooms 103,106,122,225,506	2017	2,632		20	132	132	526	10
11	Remove Old A/C & Install New Unit	2017	4,500		20	225	225	900	11
12	Mixing Valve Replacement	2017	3,543		20	177	177	709	12
13	Electrical Work On East/West Stairwell Doors	2017	3,000		20	150	150	600	13
14	Repipe At Water Boiler & Mixing Valve	2017	3,972		20	199	199	794	14
15	New Gutters & Downspouts Northeast Section Of Roof	2018	2,650		20	133	133	398	15
16	4 Heater Fans On Heaters	2019	4,200		20	210	210	420	16
17	Sealed And Striped Asphalt (\$3150)	2020	3,073		20	154	154	154	17
18	Installed Cables And Wall Mount Rake For Voice Term (\$3637)	2020	3,548		20	177	177	177	18
19	Installed Flooring/Panels In Kitchen (\$7625)	2020	7,438		20	372	372	372	19
20	Installed Pocket Pagers (\$3500)	2020	3,414		20	171	171	171	20
21	Installed Ptac (\$3242.8)	2020	3,164		20	316	316	316	21
22	Installed Handrails (\$12412)	2020	12,108		20	605	605	605	22
23	Installed Cabinets Accessible For Wheelchair (\$30000)	2020	29,265		20	1,463	1,463	1,463	23
24	Installed Insulating Cover Kits (\$3803.63)	2020	3,711		20	186	186	186	24
25	Instaled Concrete Patio, Sliding Door, Gutter (\$3800)	2020	3,707		20	185	185	185	25
26	Repaired Roof (\$4150)	2020	4,048		20	202	202	202	26
27	Installed And Repaired Door (\$2663.46)	2020	2,598		20	130	130	130	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 171,679	\$		\$ 8,742	\$ 8,742	\$ 22,531	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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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.

Facility Name: The Vistas Fox Valley

Report Period Beginning: 1/1/2020

Ending: 2/31/2020

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Tom Neshek

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	2004	136	06/01/18	\$ 745,000	10		3
4	Additions			/ /				4
5	Allocated from Legacy HC			/ /	77			5
6				/ /				6
7	TOTAL		136		\$ 745,077			7

8. Is movable equipment rental included in building rental?

☐ YES ☐ NO

9. Rental amount for movable equipment \$ 9,694

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					/ /	\$		/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	CIBC		X	Line of Credit	/ /		110,300	/ /		888	4
5	Allocated from Legacy HC		X		/ /			/ /		3,009	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	110,300			\$ 3,897	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-1,847	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	110,300			\$ 2,050	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: The Vistas Fox Valley

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	\$ 1,291,197	\$	1
2	Cash-Patient Deposits	23,146		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	533,055		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	31,880		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	257,989		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,137,267	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	173,083		15
16	Equipment, at Historical Cost	92,050		16
17	Accumulated Depreciation (book methods)	(1,548)		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	1,645,792		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,909,377	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,046,644	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 102,486	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	47,789		30
31	Accrued Taxes Payable	71,089		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	383,404		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 604,768	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	110,300		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	1,784,687		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,894,987	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,499,755	\$	45
46	TOTAL EQUITY	\$ 1,546,889	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,046,644	\$	47

*(See instructions.)

Facility Name: The Vistas Fox Valley

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	\$ 13,020,245	1
2	Discounts and Allowances	(8,682,933)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,337,312	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	1,847	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,847	14
	D. Other Revenue (specify):		
15	See Attached	1,029,039	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,029,039	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,368,198	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,028,839	19
20	Health Care/ Personal Care	1,098,199	20
21	General Administration	942,175	21
	B. Capital Expense		
22	Ownership	1,248,882	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)	\$ 4,318,095	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,050,103	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,050,103	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,997,427	32
33	Private Pay - Net Inpatient Revenue	339,885	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,337,312	37