

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input checked="" type="checkbox"/>	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 1/1/2021 to 12/31/2021 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

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	104	Single Unit Apartment	104	37,960	1
2		Double Unit Apartment			2
3		Other			3
4	104	TOTALS	104	37,960	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	23,073	13,044		36,117	5
6	Double Unit					6
7	Other					7
8	TOTALS	23,073	13,044		36,117	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.14%

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

597 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 892 (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: 12/31/21 Fiscal Year: 12/31/21

* 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 of Bartlett

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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	400,971	244,074	19,141	664,186	(1,223)	662,963	1
2	Housekeeping, Laundry and Maintenance	184,880	34,039	151,009	369,928	18,747	388,675	2
3	Heat and Other Utilities			160,291	160,291	145	160,436	3
4	Other (specify):							4
5	TOTAL General Services	585,851	278,113	330,441	1,194,405	17,669	1,212,074	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	674,460	10,648	82,333	767,441	9,957	777,398	6
7	Activities and Social Services	59,788	4,848	18,242	82,878	2,143	85,021	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	734,248	15,496	100,575	850,319	12,100	862,419	9
	C. General Administration							
10	Administrative and Clerical	233,322	6,580	1,184,202	1,424,104	(506,225)	917,879	10
11	Marketing Materials, Promotions and Advertising	136,646	4,469	65,028	206,143	23,179	229,322	11
12	Employee Benefits and Payroll Taxes			345,062	345,062		345,062	12
13	Insurance-Property, Liability and Malpractice			160,381	160,381	4,487	164,868	13
14	Other (specify):					32,374	32,374	14
15	TOTAL General Administration	369,968	11,049	1,754,673	2,135,690	(446,185)	1,689,505	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,690,067	304,658	2,185,689	4,180,414	(416,416)	3,763,998	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			559,637	559,637	(110,855)	448,782	17
18	Interest			492,319	492,319	(232)	492,087	18
19	Real Estate Taxes			119,875	119,875		119,875	19
20	Rent -- Facility and Grounds			1,992	1,992	16,352	18,344	20
21	Rent -- Equipment			11,699	11,699		11,699	21
22	Other (specify):			65,867	65,867		65,867	22
23	TOTAL Ownership			1,251,389	1,251,389	(94,735)	1,156,654	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,690,067	304,658	3,437,078	5,431,803	(511,151)	4,920,652	24

STATE OF ILLINOIS		Page 3A
Victory Centre of Bartlett		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	(120,171)	17 1
2 Guest Meals	(1,223)	01 2
3 Damage Recovery	(1,515)	10 3
4 Telephone Service	(14,709)	10 4
5 Pet Fee	(500)	07 5
6 NSF Fees	(54)	10 6
7 Other Income	(7,399)	10 7
8 Meals & Entertainment	(634)	10 8
9 Bank Service Charges	(6,824)	10 9
10 Bad Debt Expense	(334,141)	10 10
11 Resident Gifts	(654)	10 11
12 Cable TV	(27,670)	10 12
13 Management Fees	(152,662)	10 13
14 Service Provider Fee	(114,000)	10 14
15 Asset Management Fee	(10,404)	10 15
16 Partnership Mgmt Fee	(25,000)	10 16
17 Interest Income	(232)	18 17
18 Additional R&M	11,872	02 18
19 Pathway Management Allocation:		19
20 Maintenance	6,875	02 20
21 Utilities	145	03 21
22 Health Care / Personal Care	9,957	06 22
23 Community Life	2,643	07 23
24 Administrative-SLF Only	45,697	10 24
25 Marketing	23,179	11 25
26 Insurance	4,487	13 26
27 Employee Benefits-SLF Only	3,453	14 27
28 Depreciation	9,316	17 28
29 Rent - Building	16,352	20 29
30 Administrative	143,644	10 30
31 Employee Benefits	28,921	14 31
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98		98
99		99
100 Total	(511,151)	100 101

Facility Name: Victory Centre of Bartlett

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.08	\$ 33.64	1
2	Licensed Practical Nurses	3.11	25.91	2
3	Certified Nurse Assistants	10.44	16.63	3
4	Activity Director & Assistants	1.52	18.87	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	12.12	15.91	7
8	Dishwashers			8
9	Maintenance Workers	2.24	23.83	9
10	Housekeepers	2.61	13.60	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.08	27.50	13
14	Clerical			14
15	Marketing	1.83	35.97	15
16	Other			16
17	Total (lines 1 thru 16)	40.03	\$ 20.30	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%	1.03	\$ 4,838	1
2					2
3					3
4					4
5					5
Total				\$ 4838	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1		\$	1
2			2
Total		\$	3

Facility Name: Victory Centre of Bartlett

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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	\$ 559,637	35	\$ 395,559	\$ (164,078)	\$ 5,933,385	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				356,520		20	17,827	17,827	105,082	6
7	Various			2006	265,482		20	13,274	13,274	199,111	7
8	Various			2009	18,788		20	938	938	12,203	8
9	Various			2010	35,049		20	1,753	1,753	21,031	9
10	Various			2011	16,546		20	827	827	9,099	10
11	Various			2012	15,000		20	750	750	8,250	11
12	Various			2013	69,810		20	3,491	3,491	31,416	12
13	Various			2008	(29,549)		20	(1,477)	(1,477)	(20,683)	13
14											14
15	Allocated from Pathway Manangement					9,316			(9,316)		15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,592,223	\$ 568,953		\$ 432,942	\$ (136,011)	\$ 6,298,894	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	\$ 890,531	\$	\$ 15,840	15,840		\$ 820,466	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 890,531	\$	\$ 15,840	15,840		\$ 820,466	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:

1/1/2021

Ending:

12/31/2021

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	Catch Basin	2014	\$ 10,433	\$ 568,953	20	\$ 522	\$ (568,431)	\$ 4,174	1
2	Paving/Sealcoating	2014	3,463		20	173	173	1,385	2
3	Wireless Call System	2014	43,302		20	2,165	2,165	17,321	3
4	Nurse Call System	2014	68,063		20	3,403	3,403	27,225	4
5	Phone System	2014	21,400		20	1,070	1,070	8,560	5
6	Repaired Heating And Cooling Unit	2014	3,450		20	173	173	1,381	6
7	Burner Replacement	2015	3,600		20	180	180	1,260	7
8	Replace Carpeting In Numerous Units	2016	89,872		20	4,494	4,494	26,962	8
9	Mulch	2016	3,120		20	156	156	936	9
10	Water Boiler	2016	4,824		20	241	241	1,446	10
11	Plumbing	2017	2,750		20	138	138	689	11
12	Ballard Lights & Walkway	2017	4,463		20	223	223	1,115	12
13	Dock Doors	2017	2,974		20	149	149	744	13
14	Hot Water Piping	2018	2,972		20	149	149	595	14
15	Replace Grout In Kitchen	2018	9,300		20	465	465	1,860	15
16	Repair Pumps	2018	3,128		20	156	156	625	16
17	Retractacle Pit Ladders In Elevator	2018	10,119		20	506	506	1,518	17
18	Replace Vent Motors	2019	3,577		20	179	179	537	18
19	Elevator Repair	2019	7,203		20	360	360	1,080	19
20	Elevator Repair	2019	5,640		20	282	282	846	20
21	Hvac Repairs	2019	4,578		20	229	229	687	21
22	Carpet Replacement-Various Units	2019	17,220		20	861	861	2,583	22
23	Sealcoat Parking Lot	2021	4,925		20	246	246	246	23
24	Concrete Work	2021	7,340		20	367	367	367	24
25	Storm Pipe Repair	2021	11,965		20	598	598	598	25
26	Key Fob Access Locking System	2021	3,983		20	199	199	199	26
27	Ge 10K Btu Thru Wall Air Conditioners	2021	2,856		20	143	143	143	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 356,520	\$ 568,953		\$ 17,827	\$ (551,126)	\$ 105,082	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			\$	\$ 568,953		\$	\$ (568,953)	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$ 568,953		\$	\$ (568,953)	\$	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
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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: 1/1/2021 Ending: 12/31/2021

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			/ /	1,992			5
6	Allocated from Pathway			/ /	16,352			6
7	TOTAL				\$ 18,344			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 11,699

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	\$ 8,078,594	5/1/42	5.3200	\$ 471,400	1
2	IHDA		X	2nd Mortgage	4/1/07	3,000,000	1,806,689	5/1/42	1.0000	20,919	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,330,000	\$ 9,885,283			\$ 492,319	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		-232	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 13,330,000	\$ 9,885,283			\$ 492,087	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.

Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,087,164	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	888,658		3
4	Supply Inventory (priced at)	5,361		4
5	Short-Term Investments			5
6	Prepaid Insurance	21,748		6
7	Other Prepaid Expenses	34,866		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,466,321		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,504,118	\$	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	628,062		15
16	Equipment, at Historical Cost	1,036,021		16
17	Accumulated Depreciation (book methods)	(8,946,992)		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	382,775		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,853,533	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,357,651	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 312,731	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	150,579		30
31	Accrued Taxes Payable	111,392		31
32	Accrued Interest Payable	77,627		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	273,604		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 925,933	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,885,283		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	29,021		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 9,914,304	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,840,237	\$	45
46	TOTAL EQUITY	\$ 517,414	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,357,651	\$	47

*(See instructions.)

Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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	\$ 5,063,103	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,063,103	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	146,509	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	1,223	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 147,732	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	232	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 232	14
	D. Other Revenue (specify):		
15	See Attached	52,279	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 52,279	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,263,346	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,194,405	19
20	Health Care/ Personal Care	850,319	20
21	General Administration	2,135,690	21
	B. Capital Expense		
22	Ownership	1,251,389	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)	\$ 5,431,803	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (168,457)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (168,457)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,992,751	32
33	Private Pay - Net Inpatient Revenue	2,070,352	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,063,103	37