

		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: 1000110

Facility Name: Victory Centre of Galewood

Address: 2370 N Newcastle Ave Chicago 60707

Number City Zip Code

County: Cook

Telephone Number: 773-385-5002 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 2/24/2009

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		

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)

*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

Facility Name Victory Centre of Galewood

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

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	37,230	1
2		Double Unit Apartment			2
3		Other			3
4	102	TOTALS	102	37,230	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	36,876	312		37,188	5
6	Double Unit					6
7	Other					7
8	TOTALS	36,876	312		37,188	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 99.89%

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

735 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 1858 (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?

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:

1/1/2021

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	385,009	266,061	2,458	653,528		653,528	1
2	Housekeeping, Laundry and Maintenance	150,106	35,785	132,896	318,787	14,795	333,582	2
3	Heat and Other Utilities			145,564	145,564	150	145,714	3
4	Other (specify):							4
5	TOTAL General Services	535,115	301,846	280,918	1,117,879	14,945	1,132,824	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	537,673	11,705	53,551	602,929	10,252	613,181	6
7	Activities and Social Services	37,616	5,447	15,977	59,040	2,721	61,761	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	575,289	17,152	69,528	661,969	12,973	674,942	9
	C. General Administration							
10	Administrative and Clerical	225,185	8,857	1,135,623	1,369,665	(544,997)	824,668	10
11	Marketing Materials, Promotions and Advertising	133,713	4,379	44,907	182,999	23,866	206,865	11
12	Employee Benefits and Payroll Taxes			276,243	276,243		276,243	12
13	Insurance-Property, Liability and Malpractice			172,810	172,810	4,620	177,430	13
14	Other (specify):					33,334	33,334	14
15	TOTAL General Administration	358,898	13,236	1,629,583	2,001,717	(483,177)	1,518,540	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,469,302	332,234	1,980,029	3,781,565	(455,259)	3,326,306	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			506,999	506,999	72,277	579,276	17
18	Interest			330,052	330,052	(2,800)	327,252	18
19	Real Estate Taxes			117,325	117,325		117,325	19
20	Rent -- Facility and Grounds			1,887	1,887	16,837	18,724	20
21	Rent -- Equipment			15,846	15,846		15,846	21
22	Other (specify):			63,112	63,112		63,112	22
23	TOTAL Ownership			1,035,221	1,035,221	86,314	1,121,535	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,469,302	332,234	3,015,250	4,816,786	(368,944)	4,447,842	24

STATE OF ILLINOIS

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Victory Centre of Galewood

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	62,688	17 1
2	Maintenance Fees	(465)	02 2
3	Telephone Service	(3,383)	10 3
4	NSF Fees	(36)	10 4
5	Late Fees	(104)	10 5
6	Other Income	(1,235)	10 6
7	Bank Service Charges	(5,799)	10 7
8	Resident Grls	(6,538)	10 8
9	Bad Debt - Tenant	(484,463)	10 9
10	Meals & Entertainment	(208)	10 10
11	Pet Care	(955)	10 11
12	Cable TV	(11,915)	10 12
13	Management Fees	(17,717)	10 13
14	Service Provider Fee	(207,600)	10 14
15	Interest Income	(2,800)	18 15
16	Additional R&M	8,181	02 16
17			17
18	Pathway Management Allocation:		18
19	Maintenance	7,079	2 19
20	Utilities	150	3 20
21	Health Care / Personal Care	10,252	6 21
22	Community Life	2,721	7 22
23	Administrative	194,956	10 23
24	Marketing	23,866	11 24
25	Insurance	4,620	13 25
26	Employee Benefits	33,334	14 26
27	Depreciation	9,592	17 27
28	Rent - Building	16,837	20 28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
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84			84
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	(368,044)	101

Facility Name: Victory Centre of Galewood

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	1.23	\$ 24.95	1
2	Licensed Practical Nurses	2.44	29.38	2
3	Certified Nurse Assistants	9.69	16.12	3
4	Activity Director & Assistants	1.12	16.17	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.66	17.37	7
8	Dishwashers			8
9	Maintenance Workers	2.02	21.89	9
10	Housekeepers	1.73	16.10	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.23	25.59	13
14	Clerical			14
15	Marketing	1.96	32.76	15
16	Other			16
17	Total (lines 1 thru 16)	35.08	\$ 20.14	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%	1.06	\$ 4,982	1
2					2
3					3
4					4
5					5
Total				\$ 4982	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 of Galewood

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTSA. 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	\$ 506,999	35	\$ 558,010	\$ 51,011	\$ 7,900,490	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				341,204		20	17,060	17,060	97,908	6
7	Various			2010	2,595		20	130	130	1,558	7
8	Various			2011	2,140		20	107	107	1,177	8
9											9
10											10
11											11
12											12
13											13
14	Allocated from Pathway Management					9,592			(9,592)		14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 19,876,297	\$ 516,591		\$ 575,307	\$ 58,716	\$ 8,001,133	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	\$ 930,367	\$	\$ 3,969	3,969		\$ 911,165	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 930,367	\$	\$ 3,969	3,969		\$ 911,165	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	\$ 516,591	20	\$ 2,316	\$ (514,275)	\$ 18,529	1
2	Phone System	2014	46,084		20	2,304	2,304	18,433	2
3	Fire Alarm Repair	2014	4,987		20	249	249	1,994	3
4	Nurse Call System	2015	61,161		20	3,058	3,058	21,406	4
5	Common Area Carpet	2015	18,104		20	905	905	6,336	5
6	Ductless Split	2015	6,900		20	345	345	2,415	6
7	Nurse Call System	2015	40,774		20	2,039	2,039	14,271	7
8	Generator Repair	2015	2,800		20	140	140	980	8
9	Custom Carpeting In Office	2016	3,961		20	198	198	1,188	9
10	Wireless Pull Cords And System Install	2017	5,240		20	262	262	1,310	10
11	Roof Top Unit Replacement Parts	2018	6,368		20	318	318	1,273	11
12	Heat Pumps	2019	3,914		20	196	196	588	12
13	Strobe Lights For Hearing Impaired	2019	5,590		20	280	280	840	13
14	Sara System Replacement-Emergency Alert System	2020	13,324		20	666	666	1,332	14
15	Elevator Repair - Optiguard Installation	2020	8,883		20	444	444	888	15
16	Building Refresh	2020	46,500		20	2,325	2,325	4,650	16
17	Main Entry Door	2020	3,812		20	191	191	382	17
18	Rtu Upgrade	2020	5,374		20	269	269	538	18
19	Office Painting	2021	7,000		20	350	350	350	19
20	2 Ptac Units	2021	4,104		20	205	205	205	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)		\$ 341,204	\$ 516,591		\$ 17,060	\$ (499,531)	\$ 97,908	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			\$	\$ 516,591		\$	\$ (516,591)	\$	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)		\$	\$ 516,591		\$	\$ (516,591)	\$	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: 1/1/2021 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	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			/ /	1,887			5
6	Allocated from Pathway			/ /	16,837			6
7	TOTAL				\$ 18,724			7

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

9. Rental amount for movable equipment \$ 15,847

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	\$ 8,381,521	1/1/50	4.4700	\$ 303,426	1
2	City of Chicago Home Loan		X	2nd Mortgage	6/1/09	1,219,647	1,219,647	6/1/49	1.0000	12,196	2
3	Mercy Loan		X	3rd Mortgage	10/1/07	300,000	300,000	/ /	4.8100	14,430	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,069,647	\$ 9,901,168			\$ 330,053	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-2,800	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,069,647	\$ 9,901,168			\$ 327,253	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: 1/1/2021

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	\$ 173,581	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,073,019		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	33,286		6
7	Other Prepaid Expenses	27,729		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	2,390,422		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,698,037	\$	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	237,947		15
16	Equipment, at Historical Cost	1,080,975		16
17	Accumulated Depreciation (book methods)	(7,374,356)		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	516,184		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,110,624	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,808,661	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 316,883	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	105,618		30
31	Accrued Taxes Payable	109,753		31
32	Accrued Interest Payable	156,983		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	265,374		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 954,611	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,901,168		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	20,940		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 9,922,108	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,876,719	\$	45
46	TOTAL EQUITY	\$ 7,931,942	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,808,661	\$	47

*(See instructions.)

Facility Name: Victory Centre of Galewood

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	\$ 4,493,723	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,493,723	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	52,513	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)	\$ 52,513	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,800	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,800	14
	D. Other Revenue (specify):		
15	See Attached	17,813	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 17,813	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,566,849	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,117,879	19
20	Health Care/ Personal Care	661,969	20
21	General Administration	2,001,717	21
	B. Capital Expense		
22	Ownership	1,035,221	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)	\$ 4,816,786	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (249,937)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (249,937)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,359,145	32
33	Private Pay - Net Inpatient Revenue	134,578	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,493,723	37