

		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: 1000002

Facility Name: Victory Centre of Joliet

Address: 31 North Broadway Joliet 60435

Number City Zip Code

County: Will

Telephone Number: (815) 724-0308 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 1/17/2000

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 1/1/2021 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

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	28	Single Unit Apartment	28	10,220	1
2	2	Double Unit Apartment	2	730	2
3		Other		727	3
4	30	TOTALS	30	11,677	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	7,554	665		8,219	5
6	Double Unit	1,457			1,457	6
7	Other					7
8	TOTALS	9,011	665		9,676	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.86%

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

194 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 298 (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: 12/31/21 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 Joliet

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	60,856	58,834	1,792	121,482	(25)	121,457	1
2	Housekeeping, Laundry and Maintenance	49,370	19,798	56,534	125,702	9,025	134,727	2
3	Heat and Other Utilities			38,221	38,221	39	38,260	3
4	Other (specify):							4
5	TOTAL General Services	110,226	78,632	96,547	285,405	9,039	294,444	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	324,228	4,246	19,630	348,104	2,667	350,771	6
7	Activities and Social Services	22,386	3,165	4,812	30,363	708	31,071	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	346,614	7,411	24,442	378,467	3,376	381,843	9
	C. General Administration							
10	Administrative and Clerical	70,854	4,483	284,682	360,019	(80,594)	279,425	10
11	Marketing Materials, Promotions and Advertising	28,132	1,059	18,044	47,235	6,210	53,445	11
12	Employee Benefits and Payroll Taxes			103,903	103,903		103,903	12
13	Insurance-Property, Liability and Malpractice			30,244	30,244	1,202	31,446	13
14	Other (specify):					8,673	8,673	14
15	TOTAL General Administration	98,986	5,542	436,873	541,401	(64,509)	476,892	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	555,826	91,585	557,862	1,205,273	(52,094)	1,153,179	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			142,225	142,225	(30,079)	112,146	17
18	Interest			15,210	15,210	(518)	14,692	18
19	Real Estate Taxes			21,015	21,015		21,015	19
20	Rent -- Facility and Grounds			1,563	1,563	4,381	5,944	20
21	Rent -- Equipment			7,934	7,934		7,934	21
22	Other (specify):			125	125		125	22
23	TOTAL Ownership			188,072	188,072	(26,217)	161,855	23
24	GRAND TOTAL (Sum of lines 16 and 23)	555,826	91,585	745,934	1,393,345	(78,311)	1,315,034	24

STATE OF ILLINOIS		Page 3A
Victory Centre of Joliet		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	(32,575)	17 1
2 Interest Income	(518)	18 2
3 Meals & Entertainment	(383)	10 3
4 Bank Service Charges	(7,414)	10 4
5 Resident Gifts	(104)	10 5
6 Bad Debt	(44,727)	10 6
7 Management Fees	(48,691)	10 7
8 Partnership Mgmt Fee	(10,000)	10 8
9 Additional R&M	7,183	02 9
10 Guest Meals	(25)	01 10
11		
12 Pathway Management Allocation		
13 Maintenance	1,842	2 13
14 Utilities	39	3 14
15 Health Care / Personal Care	2,667	6 15
16 Community Life	708	7 16
17 Administrative	50,726	10 17
18 Marketing	6,310	11 18
19 Insurance	1,202	13 19
20 Employee Benefits	8,673	14 20
21 Depreciation	2,496	17 21
22 Rent - Building	4,381	20 22
23		
24		
25		
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100		
101 Total	(78,311)	101

Facility Name: Victory Centre of Joliet

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	0.86	\$ 29.93	1
2	Licensed Practical Nurses	1.24	28.28	2
3	Certified Nurse Assistants	5.87	16.24	3
4	Activity Director & Assistants	0.76	14.11	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1.44	20.30	7
8	Dishwashers			8
9	Maintenance Workers	0.58	20.31	9
10	Housekeepers	1.03	11.67	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.08	31.65	13
14	Clerical			14
15	Marketing	0.38	35.97	15
16	Other			16
17	Total (lines 1 thru 16)	13.22	\$ 20.21	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	0.001415%	0.28	\$ 1,296	1
2					2
3					3
4					4
5					5
Total				\$ 1296	6

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

1	N/A	\$	1
2			2
Total		\$	3

Facility Name: Victory Centre of Joliet

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 15,000 Year land was acquired 1999

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	30		1999	1999	\$ 3,172,274	\$ 142,225	35	\$ 90,636	\$ (51,589)	\$ 2,229,007	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				206,657		20	10,334	10,334	56,439	6
7	Various			1999	176,529		20			176,529	7
8	Various			2005	1,405		20	70	70	1,193	8
9	Various			2008	5,113		20	256	256	3,452	9
10	Various			2009	21,949		20	1,098	1,098	13,973	10
11	Various			2011	5,546		20	277	277	3,049	11
12	Various			2012	35,850		20	1,793	1,793	17,926	12
13	Various			2013	24,751		20	1,238	1,238	11,139	13
14											14
15	Allocated from Pathway Management					2,496			(2,496)		15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,650,074	\$ 144,721		\$ 105,702	\$ (39,019)	\$ 2,512,707	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	\$ 320,075	\$	\$ 6,444	6,444		\$ 298,439	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 320,075	\$	\$ 6,444	6,444		\$ 298,439	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 Joliet

#

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	Sewer Replacement	2015	\$ 5,281	\$ 144,721	20	\$ 264	\$ (144,457)	\$ 1,848	1
2	Call System	2015	19,734		20	987	987	6,907	2
3	Call System	2015	6,675		20	334	334	2,337	3
4	Freezer	2015	3,343		20	167	167	1,170	4
5	Nurse Call System	2015	32,487		20	1,624	1,624	11,370	5
6	Heat Exchanger	2015	6,675		20	334	334	2,337	6
7	Hot Water Tank	2016	7,525		20	376	376	2,257	7
8	Boilers/Water Heaters	2016	25,000		20	1,250	1,250	7,500	8
9	3 Boilers	2016	14,720		20	736	736	4,416	9
10	Replacement Of Grease Trap In Kitchen	2016	8,395		20	420	420	2,519	10
11	Wall Repairs To Multiple Floors Following Boiler Installation	2016	8,200		20	410	410	2,460	11
12	Replace Disposal Line	2016	2,750		20	138	138	826	12
13	Mulch At Entry, Courtvard, Broadway Fence	2016	3,000		20	150	150	900	13
14	Roof	2017	8,200		20	410	410	2,050	14
15	Water Heater Replacement	2018	14,985		20	749	749	2,997	15
16	Fire Panel Replacement	2018	5,752		20	288	288	1,151	16
17	Replace Circulatory Pump	2020	3,055		20	153	153	306	17
18	New Garbage Disposal	2020	3,317		20	166	166	332	18
19	Replace Elevator Pistons, Etc.	2020	10,340		20	517	517	1,034	19
20	Sara System - Emergency Alert System	2020	4,400		20	220	220	440	20
21	Basement Pipe	2020	5,385		20	269	269	538	21
22	Phone System	2020	7,438		20	372	372	744	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)		\$ 206,657	\$ 144,721		\$ 10,334	\$ (134,387)	\$ 56,439	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			\$	\$ 144,721		\$	\$ (144,721)	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$ 144,721		\$	\$ (144,721)	\$	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
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27									27
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29									29
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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 Joliet 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			/ /	1,563			5
6	Allocated from Pathway Mgmt			/ /	4,381			6
7	TOTAL				\$ 5,944			7

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

9. Rental amount for movable equipment \$ 7,934

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	6/1/00	\$ 995,000	\$ 507,440	5/1/39	0.0100	\$ 5,210	1
2	Interest - Other		X		/ /			/ /		10,000	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 995,000	\$ 507,440			\$ 15,210	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-518	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 995,000	\$ 507,440			\$ 14,692	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 of Joliet

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	\$ 26,290	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	296,187		3
4	Supply Inventory (priced at)	3,184		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	10,817		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	218,389		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 554,867	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	15,000		13
14	Buildings, at Historical Cost	3,307,274		14
15	Leasehold Improvements, at Historical Cost	207,495		15
16	Equipment, at Historical Cost	474,146		16
17	Accumulated Depreciation (book methods)	(3,160,301)		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	25,487		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 869,101	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,423,968	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 192,888	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	31,843		30
31	Accrued Taxes Payable	22,125		31
32	Accrued Interest Payable	41,525		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	76,925		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 365,306	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	507,440		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	200,000		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 707,440	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,072,746	\$	45
46	TOTAL EQUITY	\$ 351,222	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,423,968	\$	47

*(See instructions.)

Facility Name: Victory Centre of Joliet

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	\$ 1,181,492	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,181,492	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	107,723	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	25	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 107,748	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	518	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 518	14
	D. Other Revenue (specify):		
15	See Attached		15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,289,758	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	285,405	19
20	Health Care/ Personal Care	378,467	20
21	General Administration	541,401	21
	B. Capital Expense		
22	Ownership	188,072	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)	\$ 1,393,345	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (103,587)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (103,587)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,112,028	32
33	Private Pay - Net Inpatient Revenue	69,464	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,181,492	37