

		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: 1000117

Facility Name: Victory Centre South Chicago

Address: 3251 East 92nd St Chicago 60617

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
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
X Other Limited Partnership

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 1/1/2021 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)
(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	40,880	1
2		Double Unit Apartment			2
3		Other			3
4	112	TOTALS	112	40,880	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	29,502	479		29,981	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,502	479		29,981	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 73.34%

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

372 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 1442 (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

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Facility Name: Victory Centre South Chicago

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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	335,335	209,963	2,860	548,158		548,158	1
2	Housekeeping, Laundry and Maintenance	220,978	39,114	120,339	380,431	2,859	383,290	2
3	Heat and Other Utilities			130,958	130,958	121	131,079	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	556,313	249,077	254,157	1,059,547	2,980	1,062,527	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	485,458	4,331	247,007	736,796	8,265	745,061	6
7	Activities and Social Services	37,541	4,340	16,143	58,024	2,194	60,218	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	522,999	8,671	263,150	794,820	10,459	805,279	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	288,769	11,032	645,465	945,266	(217,725)	727,541	10
11	Marketing Materials, Promotions and Advertising	109,374	15,339	40,637	165,350	19,241	184,591	11
12	Employee Benefits and Payroll Taxes			310,940	310,940		310,940	12
13	Insurance-Property, Liability and Malpractice			185,044	185,044	3,725	188,769	13
14	Other (specify):					26,873	26,873	14
15	<b>TOTAL General Administration</b>	398,143	26,371	1,182,086	1,606,600	(167,886)	1,438,714	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,477,455	284,119	1,699,393	3,460,967	(154,447)	3,306,520	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			606,943	606,943	44,233	651,176	17
18	Interest			401,308	401,308	(328)	400,980	18
19	Real Estate Taxes			120,796	120,796		120,796	19
20	Rent -- Facility and Grounds			603	603	13,574	14,177	20
21	Rent -- Equipment			13,183	13,183		13,183	21
22	Other (specify):			52,109	52,109	(4,817)	47,292	22
23	<b>TOTAL Ownership</b>			1,194,942	1,194,942	52,662	1,247,604	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,477,455	284,119	2,894,335	4,655,909	(101,785)	4,554,124	24

STATE OF ILLINOIS		Page 3A
Victory Centre South Chicago		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ 36,500	17 1
2 Telephone Service Income	(600)	10 2
3 Cable TV	(12,661)	10 3
4 NSF Fees	(79)	10 4
5 Interest Income	(328)	18 5
6 Other Income	(510)	10 6
7 Meals & Entertainment	(880)	10 7
8 Bank Service Charges	(7,917)	10 8
9 Late Fee / Finance Charges	(2,802)	10 9
10 Resident Gifts	(7,917)	10 10
11 Bad Debt Expense	(96,908)	10 11
12 Management Fees	(15,424)	10 12
13 Service Provider Fee	(329,200)	10 13
14 Additional R&M	4,258	02 14
15 Capitalized R&M	(7,186)	02 15
16 Amortization	(4,817)	22 16
17		17
18 Pathway Management Allocation		18
19 Maintenance	5,707	02 19
20 Utilities	121	03 20
21 Health Care / Personal Care	8,265	06 21
22 Community Life	2,194	07 22
23 Administrative	157,172	10 23
24 Marketing	19,241	11 24
25 Insurance	3,725	13 25
26 Employee Benefits	26,873	14 26
27 Depreciation	7,733	17 27
28 Rent - Building	13,574	20 28
29		29
30		30
31		31
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94		94
95		95
96		96
97		97
98		98
99		99
100 Total	(101,785)	100 101

Facility Name: Victory Centre South Chicago

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	0.89	\$ 24.77	1
2	Licensed Practical Nurses	1.49	27.44	2
3	Certified Nurse Assistants	11.31	15.09	3
4	Activity Director & Assistants	1.02	17.72	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.56	16.87	7
8	Dishwashers			8
9	Maintenance Workers	3.17	19.20	9
10	Housekeepers	2.89	15.74	10
11	Laundry			11
12	Managers			12
13	Other Administrative	6.27	22.15	13
14	Clerical			14
15	Marketing	1.69	31.13	15
16	Other			16
17	Total (lines 1 thru 16)	38.27	\$ 18.56	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%	0.85	\$ 4,016	1
2					2
3					3
4					4
5					5
Total				\$ 4016	6

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

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

Facility Name: Victory Centre South Chicago

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

## 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	\$ 606,943	35	\$ 613,750	\$ 6,807	\$ 7,978,750	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				515,004		20	25,752	25,752	125,551	6
7	Various			2011	2,785		20	139	139	1,531	7
8	Various			2012	2,296		20	115	115	1,148	8
9	Various			2013	5,103		20	255	255	2,296	9
10											10
11											11
12	Allocated from Pathway Management, LLC					7,733			(7,733)		12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 22,006,452	\$ 614,676		\$ 640,011	\$ 25,335	\$ 8,109,276	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	\$ 2,513,322	\$	\$ 11,520	11,520		\$ 2,456,880	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 2,513,322	\$	\$ 11,520	11,520		\$ 2,456,880	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 &amp; ID Number Victory Centre South Chicago

#

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	Paving	2014	\$ 7,728	\$ 614,676	20	\$ 386	\$ (614,290)	\$ 3,091	1
2	Signage	2014	4,560		20	228	228	1,824	2
3	Dining Room Floor	2014	14,810		20	741	741	5,924	3
4	Call System	2015	89,913		20	4,496	4,496	31,470	4
5	Emergency System	2015	11,534		20	577	577	4,037	5
6	Call System	2015	80,526		20	4,026	4,026	28,184	6
7	Freezer Door	2016	5,083		20	254	254	1,525	7
8	Wireless Pull Cords In Common Areas	2016	2,752		20	138	138	826	8
9	Replace & Install Pump	2016	3,562		20	178	178	1,068	9
10	Building Improvements	2018	13,870		20	694	694	2,775	10
11	Down Payment For Gate Repair	2018	7,600		20	380	380	1,520	11
12	Surveillance System	2018	17,550		20	878	878	3,511	12
13	Building Improvements	2018	9,335		20	467	467	1,867	13
14	Carpet	2018	80,059		20	4,003	4,003	16,012	14
15	Paint Exterior Lintels Upper Floor Panels	2018	27,000		20	1,350	1,350	5,400	15
16	Paint	2018	9,980		20	499	499	1,996	16
17	Fence	2018	10,000		20	500	500	2,000	17
18	Building Improvements	2018	2,519		20	126	126	504	18
19	Building Improvements	2018	9,892		20	495	495	1,979	19
20	Parking Lot Pavement	2018	13,064		20	653	653	1,959	20
21	Evaporator Fan Motor	2019	2,767		20	138	138	414	21
22	Landscaping	2019	5,100		20	255	255	765	22
23	Midwest Mechanical - Bldg Improvement	2019	22,581		20	1,129	1,129	3,387	23
24	A/C Repairs	2019	3,711		20	186	186	372	24
25	Repair Air Conditioners In Hallways	2020	3,326		20	166	166	332	25
26	Gate Improvement	2021	8,436		20	422	422	422	26
27	Building Improvement	2021	11,996		20	600	600	600	27
28	Water Heater	2021	22,972		20	1,149	1,149	1,149	28
29	3 Ptac Units	2021	5,672		20	284	284	284	29
30	Elevator Repairs	2021	7,106		20	355	355	355	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 515,004	\$ 614,676		\$ 25,752	\$ (588,924)	\$ 125,551	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			\$	\$ 614,676		\$	\$ (614,676)	\$	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)		\$	\$ 614,676		\$	\$ (614,676)	\$	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: Victory Centre South Chicago

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 Rental			/ /	603			5
6	Allocated from Pathway Management			/ /	13,574			6
7	TOTAL				\$ 14,177			7

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

9. Rental amount for movable equipment \$ 13,183

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	\$ 10,107,406	5/1/49	6.0200	\$ 401,308	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		2
3	IDHA Trust Fund Loan		X	3rd Mortgage	6/1/09	750,000	647,092	5/1/49	1.0000		3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,435,000	\$ 12,754,498			\$ 401,308	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		-328	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 13,435,000	\$ 12,754,498			\$ 400,980	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 South Chicago

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 228,281	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,492,287		3
4	Supply Inventory (priced at )	12,696		4
5	Short-Term Investments			5
6	Prepaid Insurance	44,350		6
7	Other Prepaid Expenses	25,625		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	806,097		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,609,336	\$	10
	<b>B. Long-Term Assets</b>			
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	352,348		15
16	Equipment, at Historical Cost	2,759,453		16
17	Accumulated Depreciation (book methods)	(8,282,720)		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): <a href="#">See Attached</a>	179,830		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 14,980,776	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 17,590,112	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 530,820	\$	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	125,762		30
31	Accrued Taxes Payable	115,673		31
32	Accrued Interest Payable	33,573		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>	924,801		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 1,967,669	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,517,458		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	<a href="#">See Attached</a>	62,329		43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$ 12,579,787	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 14,547,456	\$	45
46	<b>TOTAL EQUITY</b>	\$ 3,042,656	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 17,590,112	\$	47

\*(See instructions.)

Facility Name: Victory Centre South Chicago

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	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 3,790,966	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 3,790,966	3
	<b>B. Other Operating Revenue</b>		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	300,140	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 300,140	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	328	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 328	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached	99,971	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 99,971	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 4,191,405	18

2			
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	1,059,547	19
20	Health Care/ Personal Care	794,820	20
21	General Administration	1,606,600	21
	<b>B. Capital Expense</b>		
22	Ownership	1,194,942	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 4,655,909	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ (464,504)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ (464,504)	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 3,732,816	32
33	Private Pay - Net Inpatient Revenue	58,150	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 3,790,966	37