



Facility Name Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

**III. STATISTICAL DATA**

**A. Certified units; enter number of units and unit days**

Date of change in certified units \_\_\_\_\_

	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	89	Single Unit Apartment	89	32,485	1
2	26	Double Unit Apartment	26	9,490	2
3		Other		4,047	3
4	115	TOTALS	115	46,022	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	28,513	4,317		32,830	5
6	Double Unit	5,257	796		6,053	6
7	Other	3,515	532		4,047	7
8	TOTALS	37,285	5,645		42,930	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.28%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 1,579 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 969 (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)  
\_\_\_\_\_

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 12/31/06 Fiscal Year: 12/31/06

\* 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 principle? 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 principle? 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 principle? N/A

If no, explain. N/A

Facility Name: Victory Centre Of River Woods Slf

Report Period Beginning:

1/1/2006

Ending: 12/31/2006

## 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	248,875	223,111	3,742	475,728		475,728	1
2	Housekeeping, Laundry and Maintenance	80,767	40,315	38,624	159,706	1,743	161,449	2
3	Heat and Other Utilities			115,802	115,802	592	116,394	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>329,642</b>	<b>263,426</b>	<b>158,168</b>	<b>751,236</b>	<b>2,335</b>	<b>753,571</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	474,470		6,978	481,448		481,448	6
7	Activities and Social Services	31,239		9,868	41,107		41,107	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>505,709</b>		<b>16,846</b>	<b>522,555</b>		<b>522,555</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	219,281	25,130	669,602	914,013	(43,852)	870,161	10
11	Marketing Materials, Promotions and Advertising	103,242		32,322	135,564	(150,180)	(14,616)	11
12	Employee Benefits and Payroll Taxes			234,419	234,419	19,690	254,109	12
13	Insurance-Property, Liability and Malpractice			85,398	85,398	4,924	90,322	13
14	Other (specify):	610			610		610	14
15	<b>TOTAL General Administration</b>	<b>323,133</b>	<b>25,130</b>	<b>1,021,741</b>	<b>1,370,004</b>	<b>(169,418)</b>	<b>1,200,586</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,158,484</b>	<b>288,556</b>	<b>1,196,755</b>	<b>2,643,795</b>	<b>(167,083)</b>	<b>2,476,712</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			490,247	490,247	(15,871)	474,376	17
18	Interest			576,909	576,909	(27,578)	549,331	18
19	Real Estate Taxes			58,388	58,388		58,388	19
20	Rent -- Facility and Grounds					14,911	14,911	20
21	Rent -- Equipment			2,494	2,494	1,163	3,657	21
22	Other (specify):			12,390	12,390		12,390	22
23	<b>TOTAL Ownership</b>			<b>1,140,428</b>	<b>1,140,428</b>	<b>(27,376)</b>	<b>1,113,052</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,158,484</b>	<b>288,556</b>	<b>2,337,183</b>	<b>3,784,223</b>	<b>(194,459)</b>	<b>3,589,764</b>	<b>24</b>

Report Period Beginning: 1/1/2006  
 Ending: 12/31/2006

Sch. V Line

NON-ALLOWABLE EXPENSES		
	Amount	Reference
1	Non-Straight Line Depreciation	\$ (18,163) 17 1
2	Bank Fees	(62) 10 2
3	Meals and Entertainment	(9) 10 3
4	Contributions	(1,400) 10 4
5	Bus Toll	(37,866) 10 5
6	Marketing Salaries	(103,342) 11 6
7	Marketing Workers Comp	(3,897) 12 7
8	Marketing Consultant	(1,503) 11 8
9	Promotions & Hospitality	(384) 11 9
10	Special Events	(3,971) 11 10
11	Networking Events	(13,541) 11 11
12	Yellow Page	(249) 11 12
13	Advertising	(6,893) 11 13
14	Marketing Materials	(1,027) 11 14
15	SEPS	(1,000) 11 15
16	Broadures & Collaterals	(3,245) 11 16
17	Newletters	(629) 11 17
18	Marketing 401K Expense	(851) 11 18
19	Marketing Payroll Fee	(13,955) 11 19
20	Asset Management Fees	(21,800) 10 20
21	Incentive Management Fee	(30,000) 10 21
22	Interest income - Escrow	(25,482) 18 22
23	Interest income	(2,096) 18 23
24		
25	Pathway Senior Living, LLC	
26	Maintenance	1,743 03 26
27	Utilities	292 03 27
28	Administrative & Clerical	320,386 10 28
29	Advertising	(321) 11 29
30	Employee Benefits	23,287 12 30
31	Insurance	4,924 13 31
32	Depreciation	2,292 17 32
33	Interest income	(1) 18 33
34	Office Rent	14,911 20 34
35	Equipment Rental	1,163 21 35
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		
101	Total	(194,459) 101

Facility Name: Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.54	\$ 34.66	1
2	Licensed Practical Nurses	1.57	30.11	2
3	Certified Nurse Assistants	16.39	9.91	3
4	Activity Director & Assistants	1.14	13.13	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.77	11.11	7
8	Dishwashers			8
9	Maintenance Workers	0.99	23.53	9
10	Housekeepers	1.95	7.93	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.24	20.11	13
14	Clerical			14
15	Marketing	1.31	38.01	15
16	Other	0.02	18.91	16
17	<b>Total (lines 1 thru 16)</b>	<b>39.92</b>	<b>\$ 13.95</b>	<b>17</b>

**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	Brian Cloch	29%	6.33	\$ 37,773	1
2	Jerry Fins	29%	6.33	53,216	2
3	Robert Helle	13%	6.33	48,334	3
4	E Keledjian	29%	6.33	40,398	4
5					5
<b>Total</b>				<b>\$ 179,721</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>\$ 3</b>

**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 <u>1</u>	City <u>2</u>
See Attached	See Attached

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
See Attached	See Attached	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: \_\_\_\_\_ If yes, what is the value of those services? \$ \_\_\_\_\_  
 (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 River Woods Slf

Report Period Beginning: 1/1/2006

Ending: 12/31/2006

## VIII. OWNERSHIP COSTS

A. Purchase price of land 918,820 Year land was acquired 2003

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	115		2003	2003	\$ 10,971,031	\$ 398,947	28	\$ 398,947	\$	\$ 1,396,314	1
2	Allocated From Pathway					2,292			(2,292)		2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's										6
7	Site Improvements			2003	63,245		20	3,162	3,162	9,486	7
8	Nurse Call System			2005	3,762		20	188	188	188	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16						4,216			(4,216)		16
17	TOTAL (lines 1 thru 16)				\$ 11,038,038	\$ 405,455		\$ 402,297	\$ (3,158)	\$ 1,405,988	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	\$ 720,784	\$ 87,084	\$ 72,078	(15,006)	10	\$ 215,141	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 720,784	\$ 87,084	\$ 72,078	(15,006)		\$ 215,141	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 River Woods Slf

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

**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	
13								13	
14								14	
15								15	
16								16	
17								17	
18								18	
19								19	
20								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	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

**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
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								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	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Victory Centre Of River Woods Slf

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

**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
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								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	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2006

Ending: 2/31/2006

**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	Allocated From Pathway		/ /	14,911			5
6			/ /				6
7	<b>TOTAL</b>			<b>\$ 14,911</b>			<b>7</b>

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

9. Rental amount for movable equipment \$ 3,657

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			
	<b>A. Directly Facility Related Long-Term</b>									
1	IHDA		X	Mortgage	6/1/02	\$ 7,150,000	\$ 6,910,366	12/1/33	7.2000	\$ 552,926
2	Cook County		X	Mortgage	6/13/02	1,800,000	1,682,243	12/1/43	1.0000	17,029
3	IHDA		X	Mortgage	6/1/02	750,000	682,874	12/1/33	1.0000	6,954
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					<b>\$ 9,700,000</b>	<b>\$ 9,275,483</b>			<b>\$ 576,909</b>
	<b>B. Non-Facility Related</b>									
8	Interest Income		X		/ /			/ /		(27,577)
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					<b>\$ 9,700,000</b>	<b>\$ 9,275,483</b>			<b>\$ 549,332</b>

\* 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 & ID Number Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2006

Ending: 12/31/2006

Supplemental Schedule of Equipment Rental  
12/31/2006

Description	Amount
9A Copier	1,790
9B Postage Meter	704
9A Allocated From Pathway	1,163
9B	
9A	
9B	
Total	<u><u>3,657</u></u>

Facility Name: Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2006

Ending: 12/31/2006

12/31/2006

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 47,578	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	793,011		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	53,484		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	2,623		8
9	Other(specify): <a href="#">See Attached</a>	316,729		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,213,425	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable	128,961		11
12	Long-Term Investments			12
13	Land	918,820		13
14	Buildings, at Historical Cost	10,971,031		14
15	Leasehold Improvements, at Historical Cost	63,245		15
16	Equipment, at Historical Cost	746,431		16
17	Accumulated Depreciation (book methods)	(2,004,994)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	660,317		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(412,696)		20
21	Restricted Funds	51,575		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <a href="#">See Attached</a>	645,257		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 11,767,947	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 12,981,372	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 257,421	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	38,972		30
31	Accrued Taxes Payable	61,600		31
32	Accrued Interest Payable	5,508		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>	157,748		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 521,249	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,275,483		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 9,275,483	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 9,796,732	\$	45
46	<b>TOTAL EQUITY</b>	\$ 3,184,640	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 12,981,372	\$	47

\*(See instructions.)

Facility Name Victory Centre Of River Woods SlfReport Period Beginning: 1/1/2006

Ending:

12/31/2006**Supplemental Schedule of Other Assets and Liabilities**

<b>Other Current Assets:</b>	<b>Operating</b>	<b>After Consolidation</b>	<b>Other Current Liabilities</b>	<b>Operating</b>	<b>After Consolidation</b>
09A Payroll/Benefit Reserve	80,100	-	36A Accrued Incentive Fee	157,548	-
09B Operating Expense	2,100	-	36B Security Deposits	200	-
09C F F & E Reserve Account	54,496	-	36C	-	-
09D Resident S/D Escrow	200	-	36D	-	-
09E Replacement Reserve lhda	168,485	-	36E	-	-
09F Re Tax Escrow lhda	11,348	-	36F	-	-
09G	-	-	36G	-	-
09H	-	-	36H	-	-
09I	-	-	36I	-	-
09J	-	-	36J	-	-
	<u>316,729</u>	<u>-</u>		<u>157,748</u>	<u>-</u>
	<u>316,729</u>	<u>-</u>		<u>157,748</u>	<u>-</u>
<b>Other Non-Current Assets:</b>	<b>Operating</b>	<b>After Consolidation</b>	<b>Other Non-Current Liabilities</b>	<b>Operating</b>	<b>After Consolidation</b>
23A Operating Contng Res	273,305	-	43A	-	-
23B Debt Service Reserve	53,215	-	43B	-	-
23C Mip Escrow lhda	9,372	-	43C	-	-
23D Const Int Reserve lhda	11,266	-	43D	-	-
23E Marketing Reserve lhda	22,584	-	43E	-	-
23F Lp Long Term Reserve	275,515	-	43F	-	-
23G	-	-	43G	-	-
23H	-	-	43H	-	-
23I	-	-	43I	-	-
23J	-	-	43J	-	-
	<u>645,257</u>	<u>-</u>		<u>-</u>	<u>-</u>
	<u>645,257</u>	<u>-</u>		<u>-</u>	<u>-</u>

Facility Name: Victory Centre Of River Woods SIF

Report Period Beginning: 1/1/2006

Ending:

12/31/2006

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,490,339	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 3,490,339	3
<b>B. Other Operating Revenue</b>			
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	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	27,578	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 27,578	14
<b>D. Other Revenue (specify):</b>			
15	See Attached	3,271	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 3,271	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 3,521,188	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	751,236	19
20	Health Care/ Personal Care	522,555	20
21	General Administration	1,370,004	21
<b>B. Capital Expense</b>			
22	Ownership	1,140,428	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</b> (sum of lines 19 thru 27)	\$ 3,784,223	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (263,035)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (263,035)	31

Supplemental Schedule of Other Revenue & Expense

15A	Meal Program Income	3,271
15B		
15C		
15D		
15E		
15F		
15G		
15H		
15I		
15J		
15K		
15L		
15M		
15N		
15O		
15P		
15Q		
15R		
15S		

3,271