

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

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 type="checkbox"/> Trust	
	<input checked="" type="checkbox"/> Other <u>Limited Partnership</u>	

In the event there are further questions about this report, please contact:
Name: Steve Lavenda **Telephone Number:** (847) 236 - 1111
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 1/1/2013 to 12/31/2013 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) <u>Steven N. Lavenda, C.P.A.</u>	
	(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>	
	(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>	

**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 Bartlett

Report Period Beginning: 1/1/2013 Ending: 12/31/2013

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 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	21,347	11,495		32,842	5
6	Double Unit					6
7	Other					7
8	TOTALS	21,347	11,495		32,842	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.52%

D. Indicate the number of paid bed-hold days the SLF had during this year 190 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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: 12/31/13 Fiscal Year: 12/31/13

* 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 Bartlett

Report Period Beginning:

1/1/2013

Ending: 12/31/2013

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	213,954	172,371	140,397	526,722	(670)	526,052	1
2	Housekeeping, Laundry and Maintenance	153,986	29,618	102,569	286,173	4,927	291,100	2
3	Heat and Other Utilities			132,889	132,889	232	133,121	3
4	Other (specify):							4
5	TOTAL General Services	367,940	201,989	375,855	945,784	4,489	950,273	5
B. Health Care and Programs								
6	Health Care/ Personal Care	520,404	368	12,423	533,195	8,750	541,945	6
7	Activities and Social Services	40,186	3,385	18,814	62,385	7,771	70,156	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	560,590	3,753	31,237	595,580	16,521	612,101	9
C. General Administration								
10	Administrative and Clerical	194,944	27,206	1,066,074	1,288,224	(728,038)	560,186	10
11	Marketing Materials, Promotions and Advertising	96,941	1,395	65,504	163,840	28,026	191,866	11
12	Employee Benefits and Payroll Taxes			217,393	217,393		217,393	12
13	Insurance-Property, Liability and Malpractice			36,832	36,832	768	37,600	13
14	Other (specify):					22,981	22,981	14
15	TOTAL General Administration	291,885	28,601	1,385,803	1,706,289	(676,263)	1,030,026	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,220,415	234,343	1,792,895	3,247,653	(655,253)	2,592,400	16
Capital Expenses								
D. Ownership								
17	Depreciation			535,406	535,406	(44,322)	491,084	17
18	Interest			534,975	534,975	(22,596)	512,379	18
19	Real Estate Taxes			54,232	54,232		54,232	19
20	Rent -- Facility and Grounds			324	324	14,250	14,574	20
21	Rent -- Equipment			21,946	21,946	159	22,105	21
22	Other (specify):Mortgage Insurance Premium/Amort.			73,551	73,551		73,551	22
23	TOTAL Ownership			1,220,434	1,220,434	(52,509)	1,167,925	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,220,415	234,343	3,013,329	4,468,087	(707,761)	3,760,326	24

Victory Centre of Bartlett

Report Period Beginning: 1/1/2013
Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (44,322)	17	1
2	Meal Program Income	(300)	01	2
3	Guest Meals	(261)	01	3
4	Employee Meals	(122)	01	4
5	Damage Recovery	(225)	10	5
6	Telephone Service	(25,006)	10	6
7	Pet Fee	(500)	07	7
8	Meals & Entertainment	(1,489)	11	8
9	Bank Service Charges	(2,351)	10	9
10	Charitable Contributions	(858)	10	10
11	Resident Gifts	(669)	10	11
12	Bad Debt- Tenant	(66,941)	10	12
13	Bad Debt- Medicaid	(8,907)	10	13
14	Asset Management Fee	(10,404)	10	14
15	Cable TV	(19,310)	10	15
16	Partnership Mgmt Fee	(25,000)	10	16
17	Incentive Management Fee	(507,954)	10	17
18	Interest Income- Escrows	(3)	18	18
19	Interest Income	(22,593)	18	19
20	Additional R&M	868	02	20
21	Additional R&M	(5,342)	02	21
22				22
23	PATHWAY MANAGEMENT LLC:			23
24	Dietary	13	01	24
25	Maintenance	6,024	02	25
26	Utilities	232	03	26
27	Health Care/ Personal Care	5,873	06	27
28	Comumunity Life	1,600	07	28

29	Administrative	88,468	10	29
30	Marketing	14,159	11	30
31	Insurance	2	13	31
32	Employee Benefits	11,372	14	32
33	Rent- Building	13,312	20	33
34	Rent- Equipment	59	21	34
35				35
36				36
37	PATHWAY SENIOR LIVING LLC:			37
38	Maintenance	3,377	02	38
39	Health Care/ Personal Care	2,877	06	39
40	Comumunity Life	6,671	07	40
41	Administrative	90,238	10	41
42	Marketing	15,356	11	42
43	Insurance	766	13	43
44	Employee Benefits	11,609	14	44
45	Rent - Building	938	20	45
46	Rent - Equipment	100	21	46
47	Management Fees	(125,119)	10	47
48	Service Provider Fee	(114,000)	10	48
49				49
50				50
51				51
52				52
	Total	(707,761)		101

Facility Name: Victory Centre of Bartlett

Report Period Beginning 1/1/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.38	\$ 42.79	1
2	Licensed Practical Nurses	1.65	24.35	2
3	Certified Nurse Assistants	13.75	10.97	3
4	Activity Director & Assistants	1.01	19.16	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.71	10.59	7
8	Dishwashers			8
9	Maintenance Workers	2.72	15.30	9
10	Housekeepers	3.13	10.39	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.37	21.44	13
14	Clerical			14
15	Marketing	1.00	46.61	15
16	Other			16
17	Total (lines 1 thru 16)	38.72	\$ 15.15	17

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	25%	2.13	\$ 2,100	1
2					2
3					3
4					4
5					5
				Total	\$ 2,100 6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
		Total \$ 3

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).

Facility Name: Victory Centre of Bartlett

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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	\$ 535,406	35	\$ 395,559	\$ (139,847)	\$ 2,768,913	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				391,126			19,556	19,556	103,979	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,235,703	\$ 535,406		\$ 415,115	\$ (120,291)	\$ 2,872,892	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	\$ 774,381	\$	\$ 75,969	75,969	10	\$ 513,751	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 774,381	\$	\$ 75,969	75,969		\$ 513,751	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

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Bartlett

Report Period Beginning: 1/1/2013 Ending: _____

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2	Land Improvement	2006	265,482	20	13,274	13,274	
3	Offsite Improvements	2008	(29,549)	20	(1,477)	(1,477)	
4	Land Improvements	2009	4,369	20	218	218	
5	Building Improvement	2009	8,907	20	445	445	
6	Generator Repairs	2009	2,627	20	131	131	
7	Boiler Pumps	2009	2,885	20	144	144	
8	Awning	2010	6,417	20	321	321	
9	Water Softener	2010	24,613	20	1,231	1,231	
10	Awning	2010	4,019	20	201	201	
11	Pavement & Concrete	2011	5,994	20	300	300	
12	Fence	2011	3,083	20	154	154	
13	Elevator Doors	2011	4,800	20	240	240	
14	A/C	2011	2,669	20	133	133	
15	Lawn Irrigation System	2012	5,000	20	250	250	
16	Northern Ii Irrigation System	2012	10,000	20	500	500	
17	Signs/Signage	2013	3,402	20	170	170	
18	Raise/Rise Concrete	2013	2,820	20	141	141	
19	Wireless System	2013	42,265	20	2,113	2,113	
20	Replace Dining Room Floor	2013	8,455	20	423	423	
21	Hvac Major Repairs	2013	10,118	20	506	506	
22	Roof Repairs	2013	2,750	20	138	138	
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33	Total Book Depreciation						
34	TOTAL (lines 1 thru 33)		\$ 391,126	\$	\$ 19,556	\$ 19,556	\$

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

9	
Accumulated	
depreciation	
	1
92,919	2
(8,865)	3
1,092	4
2,226	5
655	6
720	7
1,283	8
4,923	9
804	10
899	11
462	12
720	13
400	14
750	15
1,500	16
170	17
141	18
2,113	19
423	20
506	21
138	22
	23
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	31
	32
	33
103,979	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Bartlett

Report Period Beginning: 1/1/2013 Ending: _____

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	Ac
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1								
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4								
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33								
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$

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

9	
Accumulated	
depreciation	
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STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Bartlett

Report Period Beginning: 1/1/2013 Ending: _____

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	Ac
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1								
2								
3								
4								
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25								
26								
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30								
31								
32								
33								
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$

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

9 Accumulated Depreciation	
	1
	2
	3
	4
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	13
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	15
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Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2013

Ending: 2/31/2013

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			/ /	324			5
6	Allocated from Pathway			/ /	14,250			6
7	TOTAL				\$ 14,574			7

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

YES NO

9. Rental amount for movable equipment \$ 22,105

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	
		Related**	Related**			Amount of Note	Amount of Note				
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
A. Directly Facility Related											
Long-Term											
1	IHDA		X	1st Mortgage	4/1/07	\$ 10,330,000	\$ 9,518,533	5/1/48	5.3150	\$ 509,371	1
2	IHDA		X	2nd Mortgage	4/1/07	3,000,000	2,525,559	5/1/48	1.0000	25,604	2
3					/ /			/ /			3
Working Capital											
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,330,000	\$ 12,044,092			\$ 534,975	7
B. Non-Facility Related											
8	Interest Income		X		/ /			/ /		-22,593	8
9	Interest Income - Escrow		X		/ /			/ /		-3	9
10	TOTALS (lines 7, 8 and 9)					\$ 13,330,000	\$ 12,044,092			\$ 512,379	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: 1/1/2013

Ending: 12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,339,699	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	410,569		3
4	Supply Inventory (priced at)	4,321		4
5	Short-Term Investments			5
6	Prepaid Insurance	38,617		6
7	Other Prepaid Expenses	27,397		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	996,657		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,817,260	\$	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	400,926		15
16	Equipment, at Historical Cost	775,950		16
17	Accumulated Depreciation (book methods)	(4,446,984)		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):	705,910		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,189,469	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,006,729	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 607,453	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	124,068		30
31	Accrued Taxes Payable	86,085		31
32	Accrued Interest Payable	44,264		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	117,253		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 979,123	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,044,092		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43		161,012		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 12,205,104	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,184,227	\$	45
46	TOTAL EQUITY	\$ 1,822,502	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,006,729	\$	47

*(See instructions.)

Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,116,406	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,116,406	3
B. Other Operating Revenue			
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	683	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 683	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	22,596	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 22,596	14
D. Other Revenue (specify):			
15	See Attached	54,738	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 54,738	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,194,423	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	945,784	19
20	Health Care/ Personal Care	595,580	20
21	General Administration	1,706,289	21
B. Capital Expense			
22	Ownership	1,220,434	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)	\$ 4,468,087	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (273,664)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (273,664)	31

