



Facility Name Victory Centre of Bartlett

Report Period Beginning: 1/1/2017 Ending: 12/31/2017

**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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	22,127	11,914		34,041	5
6	Double Unit					6
7	Other					7
8	TOTALS	22,127	11,914		34,041	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.68%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
263 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 455 (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: 12/31/17 Fiscal Year: 12/31/17

\* 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

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1/1/2017

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## 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	262,432	202,350	7,926	472,708	(5,108)	467,600	1
2	Housekeeping, Laundry and Maintenance	163,609	39,156	91,871	294,636	13,586	308,222	2
3	Heat and Other Utilities			146,317	146,317	332	146,649	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>426,041</b>	<b>241,506</b>	<b>246,114</b>	<b>913,661</b>	<b>8,810</b>	<b>922,471</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	609,086	179	29,927	639,192	1,790	640,982	6
7	Activities and Social Services	37,678	4,465	36,197	78,340	(17,478)	60,862	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>646,764</b>	<b>4,644</b>	<b>66,124</b>	<b>717,532</b>	<b>(15,689)</b>	<b>701,843</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	208,762	12,313	1,035,340	1,256,415	(493,216)	763,199	10
11	Marketing Materials, Promotions and Advertising	93,360	2,241	83,294	178,895	6,034	184,929	11
12	Employee Benefits and Payroll Taxes			242,550	242,550		242,550	12
13	Insurance-Property, Liability and Malpractice			58,043	58,043	2,229	60,272	13
14	Other (specify):					37,704	37,704	14
15	<b>TOTAL General Administration</b>	<b>302,122</b>	<b>14,554</b>	<b>1,419,227</b>	<b>1,735,903</b>	<b>(447,249)</b>	<b>1,288,654</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,374,927</b>	<b>260,704</b>	<b>1,731,465</b>	<b>3,367,096</b>	<b>(454,127)</b>	<b>2,912,969</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			582,393	582,393	(140,446)	441,947	17
18	Interest			498,469	498,469	(5,229)	493,240	18
19	Real Estate Taxes			103,526	103,526		103,526	19
20	Rent -- Facility and Grounds			1,413	1,413	12,185	13,598	20
21	Rent -- Equipment			18,349	18,349	105	18,454	21
22	Other (specify): MIP/Amortization			65,867	65,867		65,867	22
23	<b>TOTAL Ownership</b>			<b>1,270,017</b>	<b>1,270,017</b>	<b>(133,385)</b>	<b>1,136,632</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,374,927</b>	<b>260,704</b>	<b>3,001,482</b>	<b>4,637,113</b>	<b>(587,513)</b>	<b>4,049,600</b>	<b>24</b>

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Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	\$ (143,347)	07 1
2	Meal Program Income	(390)	01 2
3	Guest Meals	(2,734)	01 3
4	Employee Meals	(222)	01 4
5	Damage Recovery	(170)	10 5
6	Telephone Service	(21,412)	10 6
7	NSF Fees	(36)	10 7
8	Other Income	(70)	10 8
9	Meals & Entertainment	(513)	11 9
10	Bank Service Charges	(2,014)	10 10
11	Charitable Contributions	(1,519)	10 11
12	Resident Gifts	(214)	10 12
13	Resident Reimbursables	(71)	10 13
14	Bad Debt	(24,734)	10 14
15	Meals & Entertainment	(200)	10 15
16	Pet Care	(1,597)	07 16
17	Meals & Entertainment	(294)	11 17
18	Management Fees	(169,923)	10 18
19	Service Provider Fee	(114,000)	10 19
20	Asset Management Fee	(10,404)	10 20
21	Partnership Mgmt Fee	(25,000)	10 21
22	Board Fees	(402,426)	10 22
23	Interest Income-Escrows	(4,832)	18 23
24	Interest Income	(397)	18 24
25	Additional R&M	6,916	02 25
26			26
27	PATHWAY SENIOR LIVING LLC		27
28	Dietary	757	01 28
29	Maintenance	1,180	02 29
30	Health Care/Personal Care	7,891	06 30
31	Community Life	7,280	07 31
32	Administrative	118,459	10 32
33	Marketing	23,269	11 33
34	Insurance	1,545	13 34
35	Employee Benefits	15,275	14 35
36	Rent - Building	1,334	20 36
37	Rent - Equipment	80	21 37
38			38
39	PATHWAY MANAGEMENT LLC		39
40	Maintenance	5,490	02 40
41	Utilities	332	03 41
42	Health Care/Personal Care	13,082	06 42
43	Community Life	664	07 43
44	Administrative	165,854	10 44
45	Marketing	16,289	11 45
46	Insurance	684	13 46
47	Employee Benefits	22,429	14 47
48	Depreciation	2,201	17 48
49	Rent - Building	10,851	20 49
50	Rent - Equipment	25	21 50
51	Shared Services	(5,324)	10 51
52	Shared Services	(2,519)	01 52
53	Shared Services	(19,183)	06 53
54	Shared Services	(23,827)	07 54
55	Shared Services	(33,018)	11 55
56			56
57			57
58			58
59			59
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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	(587,513)	101

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.99	\$ 30.40	1
2	Licensed Practical Nurses	1.90	23.90	2
3	Certified Nurse Assistants	12.54	14.92	3
4	Activity Director & Assistants	0.99	18.37	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.76	12.92	7
8	Dishwashers			8
9	Maintenance Workers	2.52	16.70	9
10	Housekeepers	3.09	11.81	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.27	19.03	13
14	Clerical			14
15	Marketing	1.00	44.88	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>39.07</b>	<b>\$ 16.92</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	Jerry Finis	0.001225%	1.96	\$ 9,825	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$ 9825</b>	<b>6</b>

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

	Amount of Fee	
1	N/A	\$ 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	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

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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	\$ 585,294	35	\$ 395,559	\$ (189,735)	\$ 4,351,149	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				398,118			19,906	19,906	83,366	6
7	Various		2006		265,482		20	13,274	13,274	146,015	7
8	Various		2009		18,788		20	939	939	8,448	8
9	Various		2008		(29,549)		20	(1,477)	(1,477)	(13,297)	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,497,416	\$ 585,294		\$ 428,201	\$ (157,093)	\$ 4,575,682	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	\$ 851,834	\$	\$ 13,746	13,746		\$ 764,378	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 851,834	\$	\$ 13,746	13,746		\$ 764,378	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

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**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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									1
2	<u>Awning</u>	2010	6,417		20	321	321	2,567	2
3	<u>Water Softener</u>	2010	24,613		20	1,231	1,231	9,845	3
4	<u>Awning</u>	2010	4,019		20	201	201	1,608	4
5	<u>Pavement &amp; Concrete</u>	2011	5,994		20	300	300	2,098	5
6	<u>Fence</u>	2011	3,083		20	154	154	1,079	6
7	<u>Elevator Doors</u>	2011	4,800		20	240	240	1,680	7
8	<u>A/C</u>	2011	2,669		20	133	133	934	8
9	<u>Lawn Irrigation System</u>	2012	5,000		20	250	250	1,750	9
10	<u>Northern Ii Irrigation System</u>	2012	10,000		20	500	500	3,500	10
11	<u>Signs/Signage</u>	2013	3,402		20	170	170	851	11
12	<u>Raise/Rise Concrete</u>	2013	2,820		20	141	141	705	12
13	<u>Wireless System</u>	2013	42,265		20	2,113	2,113	10,566	13
14	<u>Replace Dining Room Floor</u>	2013	8,455		20	423	423	2,114	14
15	<u>Hvac Major Repairs</u>	2013	10,118		20	506	506	2,530	15
16	<u>Roof Repairs</u>	2013	2,750		20	138	138	688	16
17	<u>Catch Basin</u>	2014	10,433		20	522	522	2,087	17
18	<u>Paving/Sealcoating</u>	2014	3,463		20	173	173	693	18
19	<u>Wireless Call System</u>	2014	43,302		20	2,165	2,165	8,660	19
20	<u>Nurse Call System</u>	2014	68,063		20	3,403	3,403	13,613	20
21	<u>Phone System</u>	2014	21,400		20	1,070	1,070	4,280	21
22	<u>Repaired Heating And Cooling Unit</u>	2014	3,450		20	173	173	690	22
23	<u>Burner Replacement</u>	2015	3,600		20	180	180	540	23
24	<u>Replace Carpeting In Numerous Units</u>	2016	89,872		20	4,494	4,494	8,987	24
25	<u>Mulch</u>	2016	3,120		20	156	156	312	25
26	<u>Water Boiler</u>	2016	4,824		20	241	241	482	26
27	<u>Plumbing</u>	2017	2,750		20	138	138	138	27
28	<u>Ballard Lights &amp; Walkway</u>	2017	4,463		20	223	223	223	28
29	<u>Dock Doors</u>	2017	2,974		20	149	149	149	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 398,118	\$		\$ 19,906	\$ 19,906	\$ 83,366	34

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

Facility Name & ID Number Victory Centre of Bartlett

Report Period Beginning:

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**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	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

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

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**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	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 Bartlett

Report Period Beginning: 1/1/2017

Ending: 2/31/2017

**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			/ /	1,413			5
6	Allocated from Pathway			/ /	12,185			6
7	<b>TOTAL</b>				\$ 13,598			7

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

9. Rental amount for movable equipment \$ 18,454

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</b>										
	<b>Long-Term</b>										
1	IHDA		X	1st Mortgage	4/1/07	\$ 10,330,000	\$ 8,874,641	5/1/42	5.3150	\$ 475,966	1
2	IHDA		X	2nd Mortgage	4/1/07	3,000,000	2,134,182	5/1/42	1.0000	22,503	2
3					/ /			/ /			3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 13,330,000	\$ 11,008,823			\$ 498,470	7
	<b>B. Non-Facility Related</b>										
8	Interest Income		X		/ /			/ /		(397)	8
9	Interest Income - Escrow		X		/ /			/ /		(4,832)	9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 13,330,000	\$ 11,008,823			\$ 493,241	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.

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12/31/2017

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,263,955	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	494,341		3
4	Supply Inventory (priced at )	9,783		4
5	Short-Term Investments			5
6	Prepaid Insurance	60,602		6
7	Other Prepaid Expenses	13,323		7
8	Accounts Receivable (owners or related parties)	3,644		8
9	Other(specify): <a href="#">See Attached</a>	1,210,672		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,056,320	\$	10
	<b>B. Long-Term Assets</b>			
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	563,995		15
16	Equipment, at Historical Cost	959,678		16
17	Accumulated Depreciation (book methods)	(6,682,873)		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>	457,716		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 10,052,183	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 13,108,503	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 569,120	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	183,473		29
30	Accrued Salaries Payable	115,367		30
31	Accrued Taxes Payable	109,811		31
32	Accrued Interest Payable	41,152		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>	138,632		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,157,555	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,825,350		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>	\$ 10,825,350	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 11,982,905	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,125,598	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 13,108,503	\$	47

\*(See instructions.)

Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

## 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	\$ 4,706,048	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 4,706,048	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	3,346	9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 3,346	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	5,229	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 5,229	14
<b>D. Other Revenue (specify):</b>			
15		48,400	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 48,400	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 4,763,023	18

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	913,661	19
20	Health Care/ Personal Care	717,532	20
21	General Administration	1,735,903	21
<b>B. Capital Expense</b>			
22	Ownership	1,270,017	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 4,637,113	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ 125,910	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ 125,910	31
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 1,341,562	32
33	Private Pay - Net Inpatient Revenue	2,614,728	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	749,758	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,706,048	37