

Facility Name Victory Ctre Sierra Rdge Slf

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	100	Single Unit Apartment	100	36,500	1
2	10	Double Unit Apartment	10	3,650	2
3		Other		2,943	3
4	110	TOTALS	110	43,093	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	27,719	6,498		34,217	5
6	Double Unit	499	113		612	6
7	Other	2,943			2,943	7
8	TOTALS	31,160	6,611		37,772	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.65%

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

979 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 602 (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?

No If yes, did the facility make all of the required payments of interest and principle? N/A

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

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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			
A. General Services								
1	Dietary and Food Purchase	288,550	242,989	7,806	539,345	(2,896)	536,449	1
2	Housekeeping, Laundry and Maintenance	169,172	44,434	134,487	348,093	7,545	355,638	2
3	Heat and Other Utilities			147,034	147,034	316	147,350	3
4	Other (specify):							4
5	TOTAL General Services	457,722	287,423	289,327	1,034,472	4,965	1,039,437	5
B. Health Care and Programs								
6	Health Care/ Personal Care	568,949	633	42,653	612,235	(1,976)	610,259	6
7	Activities and Social Services	26,941	3,978	24,743	55,662	(10,396)	45,266	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	595,890	4,611	67,396	667,897	(12,372)	655,525	9
C. General Administration								
10	Administrative and Clerical	259,234	19,465	672,342	951,041	(126,179)	824,862	10
11	Marketing Materials, Promotions and Advertising	92,139	950	67,475	160,564	(5,769)	154,795	11
12	Employee Benefits and Payroll Taxes			255,327	255,327		255,327	12
13	Insurance-Property, Liability and Malpractice			56,940	56,940	2,125	59,065	13
14	Other (specify):					35,928	35,928	14
15	TOTAL General Administration	351,373	20,415	1,052,084	1,423,872	(93,896)	1,329,976	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,404,985	312,449	1,408,807	3,126,241	(101,303)	3,024,938	16
Capital Expenses								
D. Ownership								
17	Depreciation			394,067	394,067	48,201	442,268	17
18	Interest			305,466	305,466	(1,956)	303,510	18
19	Real Estate Taxes			185,115	185,115		185,115	19
20	Rent -- Facility and Grounds			1,876	1,876	11,610	13,486	20
21	Rent -- Equipment			21,197	21,197	100	21,297	21
22	Other (specify): MIP/Amortization			40,053	40,053		40,053	22
23	TOTAL Ownership			947,774	947,774	57,955	1,005,729	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,404,985	312,449	2,356,581	4,074,015	(43,347)	4,030,668	24

Report Period Beginning: 1/1/2017
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Sch. V Line

NON-ALLOWABLE EXPENSES		
	Amount	Reference
1	Non-Straight Line Depreciation	\$ 45,437 17 1
2	Guest Meals	785 01 2
3	Employee Meals	(427) 01 3
4	Damage Recovery	(117) 10 4
5	Telephone Service	(17,627) 10 5
6	Net Fee	250 07 6
7	Lane Fees	790 10 7
8	Misc. Concession	(406) 10 8
9	Other Income	(1,463) 10 9
10	Bank Service Charges	(3,594) 10 10
11	Charitable Contributions	(1,598) 10 11
12	Resident Gifts	(1,193) 10 12
13	Bad Debt-Tonam	(34,566) 10 13
14	Bad Debt- Medicaid	(32,000) 10 14
15	Meals & Entertainment	(554) 10 15
16	Cable TV	(28,833) 10 16
17	Sales/Use Tax	(1,630) 10 17
18	Management Fee	(58,151) 10 18
19	Service Provider Fee	(199,858) 10 19
20	Asset Management Fee	(7,500) 10 20
21	Partnership Misc Expense	(1,800) 10 21
22	Interest Income-Escrows	(1,614) 18 22
23	Interest Income	342 18 23
24	Additional R&M	4,295 02 24
25	Capitalized R&M	(3,107) 02 25
26		
27	Pathway Management LLC	
28	Maintenance	5,232 02 28
29	Utilities	316 03 29
30	Healthcare/Personal Care	12,466 06 30
31	Community Life	634 07 31
32	Administrative	158,041 10 32
33	Marketing	15,241 11 33
34	Insurance	652 13 34
35	Employee Benefits	21,372 14 35
36	Depreciation	2,764 17 36
37	Rent - Building	10,330 20 37
38	Rent - Equipment	24 21 38
39		
40	Pathway Senior Living LLC	
41	Dietary	722 01 41
42	Maintenance	1,125 02 42
43	Healthcare/Personal Care	7,519 06 43
44	Community Life	6,937 07 44
45	Administrative	112,879 10 45
46	Marketing	22,459 11 46
47	Insurance	1,473 13 47
48	Employee Benefits	14,556 14 48
49	Rent - Building	1,371 20 49
50	Rent - Equipment	76 21 50
51		
52	Shared Services	(6,143) 10 52
53	Shared Services	(2,907) 01 53
54	Shared Services	(21,961) 06 54
55	Shared Services	(17,717) 07 55
56	Shared Services	(43,749) 11 56
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100		
101	Total	(43,347) 101

Facility Name: Victory Ctre Sierra Rdge SLF

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Ending:

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 26.65	1
2	Licensed Practical Nurses	2.85	24.64	2
3	Certified Nurse Assistants	14.00	12.61	3
4	Activity Director & Assistants	0.80	16.21	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.01	13.86	7
8	Dishwashers			8
9	Maintenance Workers	2.61	16.41	9
10	Housekeepers	3.70	10.44	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.80	25.97	13
14	Clerical			14
15	Marketing	1.33	33.31	15
16	Other			16
17	Total (lines 1 thru 16)	41.09	\$ 16.44	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	0.01225%	1.87	\$ 9,362	1
2					2
3					3
4					4
5					5
Total				\$ 9362	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					
Sierra Ridge ILF		County Club Hills		Independent Living	

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).

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VIII. OWNERSHIP COSTS

A. Purchase price of land 675,000 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	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Units*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	110		2006	2006	\$ 14,125,609	\$ 396,831	35	\$ 403,589	\$ 6,758	\$ 4,843,068	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				404,317			21,808	21,808	72,381	6
7	Various			2006	42,076		20	2,104	2,104	25,246	7
8	Various			2007	5,160		20	258	258	2,838	8
9	Various			2008	3,920		20	196	196	1,960	9
10	Various			2009	40,920		20	2,046	2,046	18,622	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,622,002	\$ 396,831		\$ 430,001	\$ 33,169	\$ 4,964,115	17

C. Equipment Depreciation -- Including Transportation.

	Type	1	2	3	4	5	6	
		Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation	
18	Movable Equipment	\$ 806,318	\$	\$ 12,268	12,268		\$ 751,541	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 806,318	\$	\$ 12,268	12,268		\$ 751,541	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1	2	3	4	
	Description and Year Acquired	Cost	Current Book Depreciation	Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name & ID Number Victory Ctre Sierra Rdge Slf

Report Period Beginning:

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Ending:

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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	Compressor	2010	5,900		20	295	295	2,360	2
3	Vacuums, Wet Drys	2010	2,609		20	130	130	1,043	3
4	Parking Lot Repairs	2011	15,178		20	759	759	5,312	4
5	Fence	2011	2,250		20	113	113	788	5
6	Building Signage	2011	7,350		20	368	368	2,573	6
7	Replace Light Fixtures	2012	7,530		20	753	753	4,518	7
8	Replace Light Fixtures	2012	1,902		20	190	190	1,141	8
9	Replace Light Fixtures	2012	9,177		20	918	918	5,506	9
10	Air Handler Repair	2012	3,686		20	184	184	1,106	10
11	Compressor Repairs	2012	4,311		20	216	216	1,293	11
12	Landscaping	2013	2,880		20	144	144	720	12
13	Emergency Elevator Repairs	2013	6,677		20	334	334	1,669	13
14	New Hot Water Heater	2013	2,667		20	133	133	667	14
15	Wireless System	2014	81,226		20	4,061	4,061	16,245	15
16	Flooring	2014	21,382		20	1,069	1,069	4,276	16
17	Compressor Replacement	2014	13,190		20	660	660	2,638	17
18	Lightening Protection	2015	8,115		20	406	406	1,217	18
19	Shamrock Electric	2015	6,742		20	337	337	1,011	19
20	Door Replacement	2015	13,500		20	675	675	2,025	20
21	Phone System Exp	2015	5,546		20	555	555	1,664	21
22	Condensor Replacement	2015	7,690		20	769	769	2,307	22
23	Doors And Locks- Northeast Door	2016	3,032		20	152	152	303	23
24	Concrete/Asphalt Work-Fix Cracks, Seal Coat, Line Striping	2016	3,860		20	193	193	386	24
25	Painting Community Room	2016	3,600		20	180	180	360	25
26	Painting 2Nd/Third Floors	2016	18,350		20	918	918	1,835	26
27	Painting 1St Floor	2016	19,140		20	957	957	1,914	27
28	Phone System Installation	2016	4,348		20	217	217	435	28
29	Repair Of 4 Corridor Ahu'S Served By 2 Control Panels	2016	3,046		20	152	152	305	29
30	Ahu1 Piping Repair-Recover Refrigerant, Remove Evaporator Coil	2016	11,350		20	568	568	1,135	30
31	Dining Room Ceiling Water Damage	2016	4,500		20	225	225	450	31
32	Server Room A/C	2017	4,500		20	225	225	225	32
33	Landscaping North End	2017	9,900		20	495	495	495	33
34	TOTAL (lines 1 thru 33)		\$ 315,132	\$		\$ 17,349	\$ 17,349	\$ 67,922	34

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

Facility Name & ID Number Victory Ctre Sierra Rdge Slf

Report Period Beginning:

1/1/2017

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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	Compressor Replacement	2017	8,150		20	408	408	408	2
3	Common Area Carpet Replacement- Offices And 1St Floor	2017	77,928		20	3,896	3,896	3,896	3
4	Installed 2 Seal, Seal Kit, Gasket And Water Slinger For Pumps #1 A	2017	3,107		20	155	155	155	4
5									5
6									6
7									7
8									8
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 89,185	\$		\$ 4,459	\$ 4,459	\$ 4,459	34

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

Facility Name & ID Number Victory Ctre Sierra Rdge Slf

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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
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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 Ctre Sierra Rdge Slf

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			/ /	1,876			5
6	Allocated from Pathway			/ /	11,610			6
7	TOTAL				\$ 13,486			7

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

9. Rental amount for movable equipment \$ 21,299

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	Red Capital Mortgage		X	1st Mortgage	3/1/12	\$ 8,200,000	\$ 7,570,129	3/1/46	3.9300	\$ 289,723
2	Department of Planning		X	2nd Mortgage	5/1/08	2,000,000	1,574,345	5/1/47	1.0000	15,743
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 10,200,000	\$ 9,144,474			\$ 305,467
	B. Non-Facility Related									
8	Interest Income - Escrows		X		/ /			/ /		(1,614)
9	Interest Income		X		/ /			/ /		(342)
10	TOTALS (lines 7, 8 and 9)					\$ 10,200,000	\$ 9,144,474			\$ 303,511

* 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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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 671,731	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,569,701		3
4	Supply Inventory (priced at)	7,361		4
5	Short-Term Investments			5
6	Prepaid Insurance	65,861		6
7	Other Prepaid Expenses	15,883		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	1,680,796		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,011,333	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	675,000		13
14	Buildings, at Historical Cost	13,978,740		14
15	Leasehold Improvements, at Historical Cost	381,306		15
16	Equipment, at Historical Cost	918,282		16
17	Accumulated Depreciation (book methods)	(5,291,405)		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): <u>See Attached</u>	144,295		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,806,218	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,817,551	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 55,100	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	77,356		30
31	Accrued Taxes Payable	183,408		31
32	Accrued Interest Payable	40,308		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	<u>See Attached</u>	458,229		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 814,401	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,144,474		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 9,144,474	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,958,875	\$	45
46	TOTAL EQUITY	\$ 4,858,676	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,817,551	\$	47

*(See instructions.)

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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	\$ 4,302,582	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 4,302,582	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	712	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 712	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,956	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 1,956	14
D. Other Revenue (specify):			
15		39,881	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 39,881	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 4,345,131	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,034,472	19
20	Health Care/ Personal Care	667,897	20
21	General Administration	1,423,872	21
B. Capital Expense			
22	Ownership	947,774	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 4,074,015	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 271,116	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 271,116	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,963,947	32
33	Private Pay - Net Inpatient Revenue	419,473	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,919,162	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,302,582	37