

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

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: 1000139

Facility Name: Oak Hill SLF

Address: 76 East Rollins Road

Round Lake Beach

60073

County: Lake

Telephone Number: ( 847) 201-1100

Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 7/30/2012

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 1/1/2018 to 12/31/2018 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)

(Type or Print Name)

(Title)

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone)

(Date)

\*Subject to the attached Accountants' Consulting Report (Date)

(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

HFS 3745C (N-4-05)

IL478-2471

Facility Name Oak Hill SLF Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	94	Single Unit Apartment	94	34,310	1
2		Double Unit Apartment			2
3		Other			3
4	94	TOTALS	94	34,310	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	17,779	11,852		29,631	5
6	Double Unit					6
7	Other					7
8	TOTALS	17,779	11,852		29,631	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.36%

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

308 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 21 (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: 12/31/18 Fiscal Year: 12/31/18

\* 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

## STATE OF ILLINOIS

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Facility Name: Oak Hill SLF

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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	304,953	209,592	8,992	523,537	(4,553)	518,984	1
2	Housekeeping, Laundry and Maintenance	123,146	32,662	115,016	270,824	13,527	284,351	2
3	Heat and Other Utilities			108,058	108,058	346	108,404	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	428,099	242,254	232,066	902,419	9,320	911,739	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	511,637	5,284	48,094	565,015	11,866	576,881	6
7	Activities and Social Services	54,510	3,154	15,913	73,577	1,527	75,104	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	566,147	8,438	64,007	638,592	13,393	651,985	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	225,231	16,733	1,104,729	1,346,693	(713,869)	632,824	10
11	Marketing Materials, Promotions and Advertising	84,708	4,810	101,392	190,910	15,348	206,258	11
12	Employee Benefits and Payroll Taxes			210,178	210,178		210,178	12
13	Insurance-Property, Liability and Malpractice			69,019	69,019	926	69,945	13
14	Other (specify):					26,629	26,629	14
15	<b>TOTAL General Administration</b>	309,939	21,543	1,485,318	1,816,800	(670,966)	1,145,834	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,304,185	272,235	1,781,391	3,357,811	(648,253)	2,709,558	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			991,536	991,536	(591,821)	399,715	17
18	Interest			295,293	295,293	(2,467)	292,826	18
19	Real Estate Taxes			134,543	134,543		134,543	19
20	Rent -- Facility and Grounds			239	239	10,715	10,954	20
21	Rent -- Equipment			4,462	4,462	46	4,508	21
22	Other (specify):			102,481	102,481		102,481	22
23	<b>TOTAL Ownership</b>			1,528,554	1,528,554	(583,528)	945,026	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,304,185	272,235	3,309,945	4,886,365	(1,231,780)	3,654,585	24

STATE OF ILLINOIS		Page 3A
Oak Hill SLF		
Report Period Beginning:	1/1/2018	
Ending:	12/31/2018	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (594,587)	17 1
2 Guest Meals	(2,661)	01 2
3 Employee Meals	(892)	01 3
4 Maintenance Fees	(175)	02 4
5 Damage Recovery	(2,092)	10 5
6 Pet Fee	(250)	07 6
7 NSF Fee	(272)	10 7
8 Termination Fee	(878)	10 8
9 Other income	(9,656)	10 9
10 Meals & Entertainment	(520)	11 10
11 Bank Service Charges	(3,645)	10 11
12 Charitable Contributions	(1,000)	10 12
13 Resident Gifts	(471)	10 13
14 Resident Reimbursables	(11)	10 14
15 Bad Debt - Tenant	(26,864)	10 15
16 Bad Debt - Medicaid	(36,000)	10 16
17 Incentive Management Fee	(509,974)	10 17
18 Cable TV	(1,176)	02 18
19 Management Fees	(40,012)	10 19
20 Service Provider Fee	(201,043)	10 20
21 Asset Management Fee	(11,941)	10 21
22 Partnership Mgmt Fee	(11,941)	10 22
23 Interest Income- Vacrows	(2,332)	18 23
24 Interest Income	(2,135)	18 24
25 Additional R&M	9,860	02 25
26		26
27 PATHWAY MANAGEMENT LLC:		27
28 Maintenance	5,018	02 28
29 Utilities	346	03 29
30 Health Care/Personal Care	11,866	06 30
31 Community Life	1,777	07 31
32 Administrative	141,920	10 32
33 Marketing	15,868	11 33
34 Insurance	926	13 34
35 Employee Benefits	26,629	14 35
36 Depreciation	2,766	17 36
37 Rent - Building	10,715	20 37
38 Rent - Equipment	46	21 38
39		39
40		40
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94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(1,231,780)	101

Facility Name: Oak Hill SLF

Report Period Beginning 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.04	\$ 28.57	1
2	Licensed Practical Nurses	1.67	24.40	2
3	Certified Nurse Assistants	11.36	12.94	3
4	Activity Director & Assistants	1.41	18.59	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.21	13.08	7
8	Dishwashers			8
9	Maintenance Workers	2.06	17.55	9
10	Housekeepers	2.15	10.76	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.96	21.84	13
14	Clerical			14
15	Marketing	0.96	42.52	15
16	Other			16
17	Total (lines 1 thru 16)	37.81	\$ 16.59	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			

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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

			Amount of Fee
1		\$	1
2			2
Total			\$ 3

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 X 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: Oak Hill SLF Report Period Beginning: 1/1/2018 Ending: 12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 615,000 Year land was acquired 2012

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	94		2012		\$ 13,516,738	\$ 991,536	35	\$ 386,193	\$ (605,343)	\$ 2,317,157	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				77,878			3,894	3,894	7,228	6
7											7
8	Allocated from Pathway Management					2,766			(2,766)		8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 13,594,616	\$ 994,302		\$ 390,087	\$ (604,215)	\$ 2,324,385	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	\$ 96,278	\$	\$ 9,628	9,628		\$ 42,277	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 96,278	\$	\$ 9,628	9,628		\$ 42,277	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

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	Civil Engineering	2013	6,694		20	335	335	2,008	1
2	Smoking Shelter	2014	3,996		20	200	200	999	2
3	Parking Lot Seal Coating	2016	5,745		20	287	287	862	3
4	Kick Plates For Doors	2016	2,873		20	144	144	431	4
5	Lamp & Light Fixture Upgrade To Led	2018	40,642		20	2,032	2,032	2,032	5
6	Dining Room Carpet Replacement	2018	11,667		20	583	583	583	6
7	Phone System Repairs	2018	3,655		20	183	183	183	7
8	Flag Pole Replacement	2018	2,607		20	130	130	130	8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 77,878	\$		\$ 3,894	\$ 3,894	\$ 7,228	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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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.



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
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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)		\$	\$		\$	\$	\$	34

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

Facility Name: Oak Hill SLF Report Period Beginning: 1/1/2018 Ending: 2/31/2018

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*		8. Is movable equipment rental included in building rental? YES NO
3	Original Building			/ /	\$			3	9. Rental amount for movable equipment \$ 4,508  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.
4	Additions			/ /				4	
5	Storage Unit			/ /	239			5	
6	Allocated from Pathway Management			/ /	10,715			6	
7	TOTAL				\$ 10,954			7	

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	Centennial Mortgage		X	Mortgage	1/1/13	\$ 7,200,000	\$ 6,742,077	12/1/52	4.3500	\$ 295,293	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,200,000	\$ 6,742,077			\$ 295,293	7
	B. Non-Facility Related										
8	Interest Income-Escrows		X		/ /			/ /		(332)	8
9	Interest Income		X		/ /			/ /		(2,135)	9
10	TOTALS (lines 7, 8 and 9)					\$ 7,200,000	\$ 6,742,077			\$ 292,825	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: Oak Hill SLF

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,377,764	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	662,732		3
4	Supply Inventory (priced at )	7,389		4
5	Short-Term Investments			5
6	Prepaid Insurance	47,973		6
7	Other Prepaid Expenses	14,381		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	469,564		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,579,803	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	615,000		13
14	Buildings, at Historical Cost	13,516,738		14
15	Leasehold Improvements, at Historical Cost	2,147,169		15
16	Equipment, at Historical Cost	2,423,058		16
17	Accumulated Depreciation (book methods)	(6,987,159)		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>	721,322		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 12,436,128	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 15,015,931	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 64,695	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	87,916		30
31	Accrued Taxes Payable	142,703		31
32	Accrued Interest Payable	24,748		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>	71,816		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 391,878	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,742,077		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</b> (sum of lines 38 thru 43)	\$ 6,742,077	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 7,133,955	\$	45
46	<b>TOTAL EQUITY</b>	\$ 7,881,976	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 15,015,931	\$	47

\*(See instructions.)

Facility Name: Oak Hill SLF

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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

		1	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 4,025,233	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 4,025,233	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	1,853	8
9	Non-Resident Meals	4,553	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 6,406	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	2,467	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 2,467	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached	13,726	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 13,726	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 4,047,832	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	902,419	19
20	Health Care/ Personal Care	638,592	20
21	General Administration	1,816,800	21
	<b>B. Capital Expense</b>		
22	Ownership	1,528,554	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>	\$ 4,886,365	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ (838,533)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ (838,533)	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 2,300,881	32
33	Private Pay - Net Inpatient Revenue	1,408,315	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	316,037	35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 4,025,233	37