

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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

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 1/1/2021 to 12/31/2021 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)
(Print Name and Title) Steven N. Lavenda, CPA Partner
(Firm Name & Address) Marcum LLP Nine Parkway North, Suite 200 Deerfield, IL 60015
(Telephone) (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

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	10	Double Unit Apartment	10	3,650	2
3		Other			3
4	104	TOTALS	104	37,960	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	28,106	5,809		33,915	5
6	Double Unit					6
7	Other					7
8	TOTALS	28,106	5,809		33,915	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.34%

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

591 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 277 (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

ACCRAUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

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

Tax Year: 12/31/21 Fiscal Year: 12/31/21

\* 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 principal? 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 principal? 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 principal? N/A  
If no, explain. N/A

## STATE OF ILLINOIS

Page 3

Facility Name: Oak Hill Slf

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

## 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	352,681	227,572	3,317	583,570		583,570	1
2	Housekeeping, Laundry and Maintenance	149,230	31,287	136,400	316,917	9,379	326,296	2
3	Heat and Other Utilities			117,801	117,801	(1,106)	116,695	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>501,911</b>	<b>258,859</b>	<b>257,518</b>	<b>1,018,288</b>	<b>8,273</b>	<b>1,026,561</b>	<b>5</b>
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	583,204	7,007	75,559	665,770	9,350	675,120	6
7	Activities and Social Services	61,977	3,266	12,200	77,443	982	78,425	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>645,181</b>	<b>10,273</b>	<b>87,759</b>	<b>743,213</b>	<b>10,331</b>	<b>753,544</b>	<b>9</b>
	<b>C. General Administration</b>							
10	Administrative and Clerical	289,187	7,716	2,663,680	2,960,583	(1,807,908)	1,152,675	10
11	Marketing Materials, Promotions and Advertising	120,691	4,952	51,682	177,325	21,766	199,091	11
12	Employee Benefits and Payroll Taxes			286,532	286,532		286,532	12
13	Insurance-Property, Liability and Malpractice			108,448	108,448	4,214	112,662	13
14	Other (specify):					30,400	30,400	14
15	<b>TOTAL General Administration</b>	<b>409,878</b>	<b>12,668</b>	<b>3,110,342</b>	<b>3,532,888</b>	<b>(1,751,530)</b>	<b>1,781,358</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,556,970</b>	<b>281,800</b>	<b>3,455,619</b>	<b>5,294,389</b>	<b>(1,732,925)</b>	<b>3,561,464</b>	<b>16</b>
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			648,629	648,629	(240,427)	408,202	17
18	Interest			234,787	234,787	(942)	233,845	18
19	Real Estate Taxes			123,816	123,816		123,816	19
20	Rent -- Facility and Grounds			422	422	15,355	15,777	20
21	Rent -- Equipment			6,221	6,221		6,221	21
22	Other (specify):			424,631	424,631	(384,584)	40,047	22
23	<b>TOTAL Ownership</b>			<b>1,438,506</b>	<b>1,438,506</b>	<b>(610,598)</b>	<b>827,908</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,556,970</b>	<b>281,800</b>	<b>4,894,125</b>	<b>6,732,895</b>	<b>(2,343,523)</b>	<b>4,389,372</b>	<b>24</b>

STATE OF ILLINOIS		Page 3A
Oak Hill SHF		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	(249,175)	17 1
2 Maintenance Fees	(2,625)	02 2
3 Pet Fee	(1,500)	07 3
4 NSF Fees	(35)	10 4
5 Late Fees	(20)	10 5
6 Termination Fees	(91)	10 6
7 Other Income	(4,615)	10 7
8 Bank Service Charges	(5,201)	10 8
9 Late Fees/Finance Charges	(268)	10 9
10 Resident Gifts	(109)	10 10
11 Bad Debt	(1,557,057)	10 11
12 Meals & Entertainment	(276)	10 12
13 Cable TV	(1,243)	03 13
14 Management Fees	(90,162)	10 14
15 Service Provider Fee	(206,400)	10 15
16 Refinancing Fees	(95,377)	10 16
17 Asset Management Fee	(13,048)	10 17
18 Partnership Mgmt Fee	(13,048)	10 18
19 Interest Income	(942)	18 19
20 Additional R&M	8,839	02 20
21 Capitalized R&M	(3,291)	02 21
22 Amortization	(384,584)	22 22
23		23
24 Pathway Management Allocation		24
25 Maintenance	6,456	2 25
26 Utilities	137	3 26
27 Health Care / Personal Care	9,350	6 27
28 Community Life	2,482	7 28
29 Administrative	177,798	10 29
30 Marketing	21,766	11 30
31 Insurance	4,214	13 31
32 Employee Benefits	30,400	14 32
33 Depreciation	8,748	17 33
34 Rent - Building	15,355	20 34
35		35
36		36
37		37
38		38
39		39
40		40
41		41
42		42
43		43
44		44
45		45
46		46
47		47
48		48
49		49
50		50
51		51
52		52
53		53
54		54
55		55
56		56
57		57
58		58
59		59
60		60
61		61
62		62
63		63
64		64
65		65
66		66
67		67
68		68
69		69
70		70
71		71
72		72
73		73
74		74
75		75
76		76
77		77
78		78
79		79
80		80
81		81
82		82
83		83
84		84
85		85
86		86
87		87
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 Total	(2,343,523)	100 101

Facility Name: Oak Hill Slf

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.46	\$ 32.45	1
2	Licensed Practical Nurses	2.18	28.51	2
3	Certified Nurse Assistants	10.65	16.03	3
4	Activity Director & Assistants	1.36	21.86	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.70	15.85	7
8	Dishwashers			8
9	Maintenance Workers	1.95	20.81	9
10	Housekeepers	2.38	13.12	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.21	26.68	13
14	Clerical			14
15	Marketing	1.93	30.06	15
16	Other			16
17	Total (lines 1 thru 16)	37.82	\$ 19.79	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			

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).

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		0.96	\$ 4,543	1
2					2
3					3
4					4
5					5
Total				\$ 4543	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	N/A	\$	1
2			2
Total		\$	3

Facility Name: Oak Hill Slf

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

## 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	104		2012		\$ 13,516,738	\$ 648,629	35	\$ 386,193	\$ (262,436)	\$ 3,475,736	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				125,285		20	6,266	6,266	20,489	6
7	Various			2013	6,694		20	335	335	3,013	7
8											8
9											9
10											10
11	Allocated from Pathway Management					8,748			(8,748)		11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 13,648,717	\$ 657,377		\$ 392,794	\$ (264,583)	\$ 3,499,238	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	\$ 154,084	\$	\$ 15,409	15,409		\$ 84,293	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 154,084	\$	\$ 15,409	15,409		\$ 84,293	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Smoking Shelter	2014	\$ 3,996	\$ 657,377	20	\$ 200	\$ (657,177)	\$ 1,599	1
2	Parking Lot Seal Coating	2016	5,745		20	287	287	1,723	2
3	Kick Plates For Doors	2016	2,873		20	144	144	863	3
4	Lamp & Light Fixture Upgrade To Led	2018	40,642		20	2,032	2,032	8,128	4
5	Dining Room Carpet Replacement	2018	11,667		20	583	583	2,333	5
6	Phone System Repairs	2018	3,655		20	183	183	732	6
7	Flag Pole Replacement	2018	2,607		20	130	130	521	7
8	Hot Patch 2 Areas In Parking Lot	2019	2,650		20	133	133	399	8
9	Seal Coat & Restrip Parking Lot	2019	6,795		20	340	340	1,020	9
10	New Rear Double Doors & Dock Door Replacement	2020	4,571		20	229	229	458	10
11	Elevator Button Panel Replacement	2020	3,898		20	195	195	390	11
12	Install/Replace Walk In Cooler	2020	10,254		20	513	513	1,026	12
13	Furnish & Install New Split System	2021	8,060		20	403	403	403	13
14	Carpeting-2Nd Floor/4 Offices	2021	14,581		20	729	729	729	14
15	Boiler Valve Repairs	2021	3,291		20	165	165	165	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)		\$ 125,285	\$ 657,377		\$ 6,266	\$ (651,111)	\$ 20,489	34

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

**XI. OWNERSHIP COSTS (continued)**  
**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1			\$	\$ 657,377		\$	\$ (657,377)	\$	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)		\$	\$ 657,377		\$	\$ (657,377)	\$	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
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: Oak Hill Slf Report Period Beginning: 1/1/2021 Ending: 12/31/2021

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*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5	Storage Rental			/ /	422			5
6	Allocated from Pathway Management			/ /	15,355			6
7	TOTAL				\$ 15,777			7

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

9. Rental amount for movable equipment \$ 6,221

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	Merchants Capital		X	1st Mortgage	1/1/13	\$ 7,200,000	\$ 6,778,247	12/1/52	4.3500	\$ 229,717	1
2	Interest		X	3rd Mortgage	/ /			/ /		5,070	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,200,000	\$ 6,778,247			\$ 234,787	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-942	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,200,000	\$ 6,778,247			\$ 233,845	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: Oak Hill Slf

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,642,950	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	573,711		3
4	Supply Inventory (priced at )	10,633		4
5	Short-Term Investments			5
6	Prepaid Insurance	74,025		6
7	Other Prepaid Expenses	27,241		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	695,854		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,024,414	\$	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	2,183,826		15
16	Equipment, at Historical Cost	2,513,946		16
17	Accumulated Depreciation (book methods)	(8,566,349)		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>	316,689		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 10,579,850	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 13,604,264	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 53,716	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	119,120		30
31	Accrued Taxes Payable	127,264		31
32	Accrued Interest Payable	15,195		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>	497,593		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 812,888	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,778,247		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	<a href="#">See Attached</a>	45,152		43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 6,823,399	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 7,636,287	\$	45
46	<b>TOTAL EQUITY</b>	\$ 5,967,977	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 13,604,264	\$	47

\*(See instructions.)

Facility Name: Oak Hill Slf

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

**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	\$ 4,819,230	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 4,819,230	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	82	8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 82	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	942	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 942	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached	8,851	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 8,851	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 4,829,105	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	1,018,288	19
20	Health Care/ Personal Care	743,213	20
21	General Administration	3,532,888	21
	<b>B. Capital Expense</b>		
22	Ownership	1,438,506	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>	\$ 6,732,895	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ (1,903,790)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ (1,903,790)	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 3,565,504	32
33	Private Pay - Net Inpatient Revenue	1,253,726	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 4,819,230	37