

		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.

<p>I. Facility ID Number: 1000139</p> <p>Facility Name: <u>Oak Hill SLF</u></p> <p>Address: <u>76 East Rollins Road</u> <u>Round Lake Beach</u> <u>60073</u> Number City Zip Code</p> <p>County: <u>Lake</u></p> <p>Telephone Number: <u>(847) 201-1100</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>7/30/2012</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td></td> </tr> </table>	<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>		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2018</u> to <u>12/31/2018</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																							
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<p>In the event there are further questions about this report, please contact: Name: <u>Steven N. Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u> Email Address: _____</p>	<table border="1"> <tr> <td rowspan="2">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2"><i>*Subject to the attached Accountants' Consulting Report</i></td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> <td></td> </tr> <tr> <td colspan="3">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</td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____		Paid Preparer	(Title) _____		(Signed) _____	(Date) _____	<i>*Subject to the attached Accountants' Consulting Report</i>		(Print Name and Title) _____			(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u>			(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</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			
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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 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	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

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			
A. General Services								
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	TOTAL General Services	428,099	242,254	232,066	902,419	9,320	911,739	5
B. Health Care and Programs								
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	TOTAL Health Care and Programs	566,147	8,438	64,007	638,592	13,393	651,985	9
C. General Administration								
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	TOTAL General Administration	309,939	21,543	1,485,318	1,816,800	(670,966)	1,145,834	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,304,185	272,235	1,781,391	3,357,811	(648,253)	2,709,558	16
Capital Expenses								
D. Ownership								
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	TOTAL Ownership			1,528,554	1,528,554	(583,528)	945,026	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,304,185	272,235	3,309,945	4,886,365	(1,231,780)	3,654,585	24

Oak Hill SLF

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ (594,887)	17 1
2	Guest Meals	(3,661)	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-Etcrows	(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
41			41
42			42
43			43
44			44
45			45
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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

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

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: 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	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	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	2	3	4	5	6	
		Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	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	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 Oak Hill SLF

Report Period Beginning:

1/1/2018 Ending:

12/31/2018

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	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
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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.

Facility Name & ID Number Oak Hill SLF

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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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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 & ID Number Oak Hill SLF

Report Period Beginning:

1/1/2018 Ending:

12/31/2018

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	
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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	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 Unit			/ /	239			5
6	Allocated from Pathway Management			/ /	10,715			6
7	TOTAL				\$ 10,954			7

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

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.

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
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 7,200,000	\$ 6,742,077			\$ 295,293
	B. Non-Facility Related									
8	Interest Income-Escrows		X		/ /			/ /		(332)
9	Interest Income		X		/ /			/ /		(2,135)
10	TOTALS (lines 7, 8 and 9)					\$ 7,200,000	\$ 6,742,077			\$ 292,825

* 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: 1/1/2018

Ending:

12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
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): <u>See Attached</u>	469,564		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,579,803	\$	10
	B. Long-Term Assets			
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): <u>See Attached</u>	721,322		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,436,128	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,015,931	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
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
	Other Current Liabilities(specify):			
35				35
36	<u>See Attached</u>	71,816		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 391,878	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,742,077		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)	\$ 6,742,077	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,133,955	\$	45
46	TOTAL EQUITY	\$ 7,881,976	\$	46
47	TOTAL LIABILITIES AND EQUITY (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	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,025,233	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,025,233	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	1,853	8
9	Non-Resident Meals	4,553	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 6,406	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,467	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,467	14
D. Other Revenue (specify):			
15	See Attached	13,726	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 13,726	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,047,832	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	902,419	19
20	Health Care/ Personal Care	638,592	20
21	General Administration	1,816,800	21
B. Capital Expense			
22	Ownership	1,528,554	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)	\$ 4,886,365	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (838,533)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (838,533)	31
III. Net Resident Care Revenue detailed by Payer Source			
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	TOTAL (This total must agree to Line 3)	\$ 4,025,233	37