

		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: 1000112</p> <p>Facility Name: <u>Timberlake Senior Living</u></p> <hr/> <p>Address: <u>2521 Empowerment Dr</u> <u>Springfield</u> <u>62703</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Sangamon</u></p> <p>Telephone Number: (<u>217</u>) <u>321-2100</u> Fax # (<u>217</u>) <u>321-2130</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>3/13/2009</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <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 checked="" 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 type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Kenna Hudson</u> Telephone Number: (<u>314</u>) <u>587-7924</u></p> <p>Email Address: _____</p>	<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 checked="" 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 type="checkbox"/> Other _____		<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> <table border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Jerry Doss</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>President</u></td> <td></td> </tr> </table> <table border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Chuck Schmitz</u> <u>Chief Financial Officer</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Midwest Christian Villages, Inc</u> <u>622 Emerson Rd, Suite 310, St. Louis, MO 63141</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>314</u>) <u>587-7900</u> Fax <u>314-587-7916</u></td> <td></td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Jerry Doss</u>			(Title) <u>President</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) <u>Chuck Schmitz</u> <u>Chief Financial Officer</u>			(Firm Name & Address) <u>Midwest Christian Villages, Inc</u> <u>622 Emerson Rd, Suite 310, St. Louis, MO 63141</u>			(Telephone) <u>314</u>) <u>587-7900</u> Fax <u>314-587-7916</u>	
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Facility Name Timberlake Senior Living

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	60	Single Unit Apartment	60	21,900	1
2		Double Unit Apartment			2
3		Other			3
4	60	TOTALS	60	21,900	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	19,482	1,221		20,703	5
6	Double Unit					6
7	Other					7
8	TOTALS	19,482	1,221		20,703	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.53%

D. Indicate the number of paid bed-hold days the SLF had during this year 192 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 7 (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)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

* 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 principal? Yes
If no, explain. _____

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. _____

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. _____

Facility Name: Timberlake Senior Living

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	131,277	136,510	3,716	271,503	(425)	271,078	1
2	Housekeeping, Laundry and Maintenance	70,062	17,447	62,174	149,683		149,683	2
3	Heat and Other Utilities			107,242	107,242	(4,596)	102,645	3
4	Other (specify): Trash			7,350	7,350		7,350	4
5	TOTAL General Services	201,339	153,956	180,482	535,777	(5,021)	530,756	5
B. Health Care and Programs								
6	Health Care/ Personal Care	295,994	1,227	2,582	299,803		299,803	6
7	Activities and Social Services	31,213	1,330	2,561	35,103		35,103	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	327,206	2,557	5,143	334,906		334,906	9
C. General Administration								
10	Administrative and Clerical	114,498	3,510	478,273	596,281	(289,351)	306,930	10
11	Marketing Materials, Promotions and Advertising		2,319	14,276	16,596		16,596	11
12	Employee Benefits and Payroll Taxes			88,342	88,342		88,342	12
13	Insurance-Property, Liability and Malpractice			46,811	46,811		46,811	13
14	Other (specify):							14
15	TOTAL General Administration	114,498	5,829	627,702	748,029	(289,351)	458,678	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	643,043	162,343	813,326	1,618,712	(294,371)	1,324,340	16
Capital Expenses								
D. Ownership								
17	Depreciation			310,964	310,964	(57,519)	253,445	17
18	Interest			169,709	169,709		169,709	18
19	Real Estate Taxes			147,063	147,063		147,063	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Mortgage Insurance			17,916	17,916		17,916	22
23	TOTAL Ownership			645,651	645,651	(57,519)	588,132	23
24	GRAND TOTAL (Sum of lines 16 and 23)	643,043	162,343	1,458,978	2,264,363	(351,890)	1,912,473	24

Facility Name: Timberlake Senior Living

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		\$	1
2	Licensed Practical Nurses	1.12	19.15	2
3	Certified Nurse Assistants	8.57	10.40	3
4	Activity Director & Assistants	1.18	9.80	4
5	Social Service Workers	0.20	8.91	5
6	Head Cook			6
7	Cook Helpers/Assistants	5.10	11.27	7
8	Dishwashers			8
9	Maintenance Workers	0.81	17.26	9
10	Housekeepers	1.80	9.72	10
11	Laundry			11
12	Managers	2.00	19.69	12
13	Other Administrative	0.92	13.63	13
14	Clerical			14
15	Marketing			15
16	Other AL Coordinator	0.92	21.64	16
17	Total (lines 1 thru 16)	23	\$	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				\$	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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Midwest Christian Villages, Inc.	_____	St. Louis, MO	_____	Management	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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: _____ If yes, what is the value of those services? \$ _____
 (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: Timberlake Senior Living

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 75,000 Year land was acquired 2009

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	60		2009	2009	\$ 7,810,693	\$ 278,953	35	\$ 223,163	\$ (55,791)	\$ 2,789,533	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Landscaping, Engineering, & Soil Survey		2009	83,291	5,553	20	4,165	(1,388)	53,214	6
7		Grading, Seeding, Drain Tile		2010	8,382	559	20	419	(140)	4,796	7
8		Concrete Improvements		2011	12,021	801	20	601	(200)	6,077	8
9		Landscaping		2014	1,800	120	15	120		550	9
10		Holby Mising Valve, Rm 329 New AC Unit		2018	6,083	489	10	489		489	10
11		6 Ranges, 2 Convection Ovens, LED Lights and Fixtures		2015	20,644	2,064	10	2,064	(0)	7,570	11
12		Kitchenette Remodel for All Units		2015	16,216	1,081	15	1,081	(0)	3,874	12
13		Carpet - Units 308,329,204,131,229,133,330		Various	15,129	2,207	5	2,207		4,123	13
14		2 Wall Mount Kitchen Faucets, Siding/Trim for 14 Window		Various	12,093	1,209	10	1,209		2,392	14
15		Driveway 15x10 Landscaping		2016	3,454	230	15	230	(0)	633	15
16		New Vinyl Siding		2018	94,797	1,580	20	1,580		1,580	16
17		TOTAL (lines 1 thru 16)			\$ 8,084,604	\$ 294,847		\$ 237,328	\$ (57,519)	\$ 2,874,831	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	\$ 600,643	\$ 16,117	\$ 16,117		Various	\$ 532,271	18
19	Vehicles	11,523				4	11,523	19
20	TOTAL (lines 18 and 19)	\$ 612,166	\$ 16,117	\$ 16,117			\$ 543,795	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

Facility Name: Timberlake Senior Living

Report Period Beginning: 1/1/2018

Ending: 2/31/2018

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

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				/ /				5
6				/ /				6
7	TOTAL				\$			7

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

9. Rental amount for movable equipment \$ _____

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		HUD		X	Refinance - Construction	6/1/14	\$ 4,216,000	\$ 4,229,103	7/1/49	4.0600	\$ 161,653	1
2		IHDA		X	2nd Mortgage	5/1/08	835,000	282,494	3/1/24	1.0000	923	2
3					Def Tax Cred Fees & Org Cost	/ /	164,422		/ /		7,133	3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 5,215,422	\$ 4,511,597			\$ 169,709	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 5,215,422	\$ 4,511,597			\$ 169,709	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: **Timberlake Senior Living**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	\$ 113,618	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>442,771</u>)	308,448		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	38,633		6
7	Other Prepaid Expenses	5,812		7
8	Accounts Receivable (owners or related parties)	100		8
9	Other(specify): Lancaster Pollard Receivable	19,221		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 485,831	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	75,000		13
14	Buildings, at Historical Cost	7,975,655		14
15	Leasehold Improvements, at Historical Cost	108,949		15
16	Equipment, at Historical Cost	612,166		16
17	Accumulated Depreciation (book methods)	(3,418,626)		17
18	Deferred Charges	113,879		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	266,591		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,733,615	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,219,446	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 27,004	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	30,873		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Liabilities	40,956		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 98,833	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,229,103		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Accrued Real Estate Taxes	82,120		42
43	Due to General Partner/Unclaimed Property	705,162		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,016,385	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,115,218	\$	45
46	TOTAL EQUITY	\$ 1,104,228	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,219,446	\$	47

*(See instructions.)

Facility Name: Timberlake Senior Living

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	\$ 1,922,121	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,922,121	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	425	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 425	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	15,827	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 15,827	14
D. Other Revenue (specify):			
15	Miscellaneous Revenue	(9,593)	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ (9,593)	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,928,780	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	535,777	19
20	Health Care/ Personal Care	334,906	20
21	General Administration	748,029	21
B. Capital Expense			
22	Ownership	645,651	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)	\$ 2,264,363	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (335,584)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (335,584)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,766,133	32
33	Private Pay - Net Inpatient Revenue	53,951	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Tax Credit Imp Rev</u>	102,037	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,922,121	37