

		FOR BHF USE			

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2016)

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: 1000080

Facility Name: Foxes Grove Support Liv Comm

Address: 395 Edwardsville Rd Wood River 62095

Number City Zip Code

County: Madison

Telephone Number: (618) 259-0851 Fax # (618) 259-0854

Federal Employer ID Number:

Date Current Owners were Certified: 7/1/2008

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☒	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:

Name: Steve 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 7/1/2015 to 6/30/2016 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)		(Date)
	(Print Name and Title)		
	(Firm Name & Address)	Marcum LLP	111 Pfingsten Road, Suite 300 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	83	Single Unit Apartment	83	30,378	1
2	11	Double Unit Apartment	11	4,026	2
3		Other		1,464	3
4	94	TOTALS	94	35,868	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	13,018	13,643		26,661	5
6	Double Unit	846	737		1,583	6
7	Other	723	426		1,149	7
8	TOTALS	14,587	14,806		29,393	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.95%

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

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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: 6/30/16 Fiscal Year: 6/30/16

* 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: Foxes Grove Support Liv Comm

Report Period Beginning:

7/1/2015

Ending:

6/30/2016

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					5	6	
1	Dietary and Food Purchase	24,584	204,611	302,682	531,877	(5,533)	526,344	1
2	Housekeeping, Laundry and Maintenance	113,797	22,497	157,580	293,874	(25,220)	268,654	2
3	Heat and Other Utilities			117,317	117,317	270	117,587	3
4	Other (specify): Garbage Collection			11,572	11,572		11,572	4
5	TOTAL General Services	138,381	227,108	589,151	954,640	(30,484)	924,156	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	435,744	4,349		440,093	26,319	466,412	6
7	Activities and Social Services	41,346	12,529		53,875		53,875	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	477,090	16,878		493,968	26,319	520,287	9
	C. General Administration							
10	Administrative and Clerical	131,229	13,647	240,167	385,043	100,797	485,840	10
11	Marketing Materials, Promotions and Advertising	45,166		9,432	54,598		54,598	11
12	Employee Benefits and Payroll Taxes			129,289	129,289	25,899	155,188	12
13	Insurance-Property, Liability and Malpractice			57,667	57,667	20,430	78,097	13
14	Other (specify):							14
15	TOTAL General Administration	176,395	13,647	436,555	626,597	147,126	773,723	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	791,866	257,633	1,025,706	2,075,205	142,961	2,218,166	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			4,211	4,211	178,478	182,689	17
18	Interest			55,025	55,025	491,868	546,893	18
19	Real Estate Taxes					68,456	68,456	19
20	Rent -- Facility and Grounds			862,277	862,277	(849,148)	13,129	20
21	Rent -- Equipment					19	19	21
22	Other (specify): MIP			10,615	10,615	30,271	40,886	22
23	TOTAL Ownership			932,128	932,128	(80,056)	852,072	23
24	GRAND TOTAL (Sum of lines 16 and 23)	791,866	257,633	1,957,834	3,007,333	62,905	3,070,238	24

STATE OF ILLINOIS		Page 3A
Foxes Grove Support Liv Comm		
Report Period Beginning:	7/1/2015	
Ending:	6/30/2016	
Sch. V Line		
NON-ALLOWABLE EXPENSES		
	Amount	Reference
1 Non-Straight Line Depreciation	\$	17 1
2 Bad Debt Private	(23,421)	10 2
3 Bank Charges	(2,872)	10 3
4 Cable TV	(6,376)	02 4
5 MidCap Line of Credit Fees	(10,615)	22 5
6 Vendor Late Charges	(352)	10 6
7 Brunch Income	(16)	01 7
8 Vending Income	(123)	01 8
9 Guest & Employee Meals	(3,387)	01 9
10 Vendor Discount	(2,422)	01 10
11 Midwest Admin - Base Fee	(36,000)	10 11
12 Midwest Admin - Incentive Fee	(21,967)	10 12
13 Bldg Co - Base Fee	(7,200)	10 13
14 Bravo Nursing Home Services - Base Fee	(24,000)	10 14
15 Claims Admin Services - Legal Fees	(7,023)	10 15
16 Senior Living Services -	(39,740)	02 16
17 Interest - Bravo Holdings None	(7,889)	18 17
18 Wood River Real Estate - Rental Income	(862,273)	20 18
19		19
20		20
21		21
22		22
23		23
24		24
25 Midwest Admin Services, Inc		25
26 Utilities	141	03 26
27 Maintenance Expense	86	02 27
28 Professional Fees	103	10 28
29 Dues, Subscriptions, Licenses	2,078	10 29
30 Office Salaries	108,511	10 30
31 Office Expenses	29,284	10 31
32 Seminar	426	10 32
33 Travel Expense	2,138	10 33
34 Insurance	3,741	13 34
35 Employee Benefits	17,234	12 35
36 Depreciation	14,118	17 36
37 Interest	16,156	18 37
38 Building Rent	13,129	20 38
39		39
40 Bravo Nursing Home Services, Inc		40
41 Dietary Salary	414	01 41
42 Dietary Benefits	44	12 42
43 Corporate RN Salaries	26,319	06 43
44 Corporate RN Salaries Benefits	2,374	12 44
45 Administrative Salaries	40,662	10 45
46 Professional Fees	74	10 46
47 Dues & Subscriptions	2	10 47
48 Office Expenses	414	10 48
49 Seminar & Lodging Expense	151	10 49
50 Auto Expense	2,728	10 50
51 Administrative & Office Benefits	3,272	12 51
52 Auto Lease	8	21 52
53		53
54 Bravo Holding Company		54
55 Consulting Fees	6,358	10 55
56 Professional Fees	16,922	10 56
57 Dues & Subscriptions	217	10 57
58 Office Expenses	293	10 58
59 Seminar Expense	281	10 59
60 Auto & Travel Expense	1,322	10 60
61 Interest	(1,112)	18 61
62 Auto Rental	5	21 62
63		63
64 Claims Administration Services, LLC		64
65 Professional Fees	66	10 65
66 Licenses	11	10 66
67 Office Salaries	2,293	10 67
68 Office Expense	48	10 68
69 Seminar	13	10 69
70 Auto/Travel Expense	144	10 70
71 Employee Benefits	138	12 71
72		72
73 Senior Living Services, Inc.		73
74 Utilities	129	03 74
75 Maintenance Salary	18,599	02 75
76 Maintenance Expense	1,887	02 76
77 Maintenance Benefits	2,637	12 77
78 Professional Fees	63	10 78
79 Licenses	68	10 79
80 Office Expense	227	10 80
81 Auto/Travel Expense	1,542	10 81
82 Insurance	518	13 82
83 Depreciation	578	17 83
84 Auto Lease	6	21 84
85 Maintenance Supplies	224	02 85
86		86
87 Wood River Real Estate		87
88 Interest Income - Reserves	(48)	18 88
89 Interest Expense - HUD Mortgage	484,761	18 89
90 Interest Expense - HUD MIP	40,886	22 90
91 Real Estate Tax	68,456	19 91
92 Depreciation	163,780	17 92
93 Base Admin Fee	7,200	10 93
94 Insurance Expense - Property	16,171	13 94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	62,905	101

Facility Name: Foxes Grove Support Liv Comm

Report Period Beginning: 7/1/2015 Ending: 6/30/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.04	\$ 26.03	1
2	Licensed Practical Nurses	4.17	19.90	2
3	Certified Nurse Assistants	10.02	9.94	3
4	Activity Director & Assistants	2.39	8.32	4
5	Social Service Workers			5
6	Head Cook	0.12	16.66	6
7	Cook Helpers/Assistants	1.03	9.53	7
8	Dishwashers			8
9	Maintenance Workers	2.24	9.74	9
10	Housekeepers	3.73	8.82	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.98	33.84	13
14	Clerical	2.59	11.55	14
15	Marketing	1.13	19.21	15
16	Other			16
17	Total (lines 1 thru 16)	29.43	\$ 12.94	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 Attachment			

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? \$

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	Mark Yampol		1.27	\$ 6,358	1
2	Hillel Yampol	50.00000%	1.27	1,442	2
3					3
4					4
5					5
Total				\$ 7800	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	Odessa Healthcare	\$ 30,803	1
2			2
Total		\$ 30,803	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attachment					

VIII. OWNERSHIP COSTS

A. Purchase price of land 55,000 Year land was acquired 1987

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	46		1987	1987	\$ 2,252,829	\$ 163,780	40	\$ 56,321	\$ (107,459)	\$ 1,633,303	1
2	48		1990	1990	1,928,599		40	48,215	48,215	1,257,607	2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				1,936,809	4,211		49,786	45,575	462,416	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 6,118,237	\$ 167,991		\$ 154,322	\$ (13,669)	\$ 3,353,326	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	\$ 179,898	\$ 2,676	\$ 16,347	13,671	10	\$ 100,299	18
19	Vehicles	72,331	12,020	12,020		5	52,208	19
20	TOTAL (lines 18 and 19)	\$ 252,229	\$ 14,696	\$ 28,367	13,671		\$ 152,507	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 & ID Number Foxes Grove Support Liv Comm

Report Period Beginning:

7/1/2015

Ending:

6/30/2016

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	Carpet & Vinly For 2 Bedrooms	2011	3,016		20	302	302	1,459	2
3	Carpet & Vinly For 2 Bedrooms	2013	3,755		20	536	536	1,742	3
4	Carpet & Vinly For 3 Bedrooms	2013	4,818		20	688	688	2,122	4
5	Carpet & Vinly For 3 Bedrooms	2014	5,703		20	815	815	1,811	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14	Wood River Real Estate:								14
15	Various	1990	37,085		25			37,085	15
16	Various	1992	14,250		25	570	570	13,633	16
17	Various	2007	1,699,624		40	42,490	42,490	382,415	17
18	Various	2008	25,239		40	631	631	5,009	18
19	Various	2009	17,760		40	445	445	3,113	19
20	Various	2010	37,071		25-40	993	993	6,067	20
21	Various	2012	37,916		25-40	1,001	1,001	4,088	21
22	Landscaping	2013	3,420		25	137	137	410	22
23	Deck Replacement	2013	23,749		40	593	593	1,943	23
24	New Heating & Cooling Unit	2013	5,090		40	127	127	414	24
25	Hot Water Heater	2013	3,166		40	79	79	251	25
26	Kitchen & Bath Remodel	2013	4,145		40	104	104	285	26
27	Carpet / Vinyl	2013	5,762		40	144	144	372	27
28	Decks	2015	5,240		40	131	131	197	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,936,809	\$		\$ 49,786	\$ 49,786	\$ 462,416	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.

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
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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: Foxes Grove Support Liv Comm

Report Period Beginning: 7/1/2015

Ending: 6/30/2016

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	Allocated from Midwest Admin Service			/ /	13,129			5
6				/ /				6
7	TOTAL				\$ 13,129			7

8. Is movable equipment rental included in building rental?

☐ YES ☐ NO

9. Rental amount for movable equipment \$ 19

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	Berkadia		X	Mortgage	4/1/08	\$ 9,324,500	\$ 8,585,410	5/1/43	0.0565	\$ 484,761	1
2											2
3											3
	Working Capital										
4	MidCap (Thru Allocation of Bravo I	Bravo I	X	Revolving Line of Credit	8/1/09			12/31/15	0.0500	55,025	4
5	Bldg Co - Interest Income				/ /			/ /		(47)	5
6	Bravo Holding Note Interest				/ /			/ /		(7,889)	6
7	TOTAL Facility Related					\$ 9,324,500	\$ 8,585,410			\$ 531,850	7
	B. Non-Facility Related										
8	Allocated from Midwest Admin Services, Inc				/ /			/ /		16,156	8
9	Allocated from Bravo Holding Company				/ /			/ /		(1,112)	9
10	TOTALS (lines 7, 8 and 9)					\$ 9,324,500	\$ 8,585,410			\$ 546,894	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: Foxes Grove Support Liv Comm

Report Period Beginning: 7/1/2015

Ending: 6/30/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,601	\$ 4,544	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	237,217	237,217	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	34,254	40,607	6
7	Other Prepaid Expenses	3,388	3,388	7
8	Accounts Receivable (owners or related parties)	386,981	386,981	8
9	Other(specify):	734	734	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 665,175	\$ 673,471	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		55,000	13
14	Buildings, at Historical Cost		6,038,366	14
15	Leasehold Improvements, at Historical Cost	17,292	79,873	15
16	Equipment, at Historical Cost	26,402	169,152	16
17	Accumulated Depreciation (book methods)	(30,515)	(3,449,824)	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):		381,249	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,179	\$ 3,273,816	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 678,354	\$ 3,947,287	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 468,350	\$ 491,708	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	34,916	34,916	30
31	Accrued Taxes Payable	39,839	123,197	31
32	Accrued Interest Payable		542,418	32
33	Deferred Compensation			33
34	Federal and State Income Taxes	3,185	29,215	34
	Other Current Liabilities(specify):			
35				35
36	See Attached	1,263,115	232,576	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,809,405	\$ 1,454,030	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		8,585,410	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)	\$	\$ 8,585,410	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,809,405	\$ 10,039,440	45
46	TOTAL EQUITY	\$ (1,131,051)	\$ (6,092,153)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 678,354	\$ 3,947,287	47

*(See instructions.)

Facility Name: Foxes Grove Support Liv Comm

Report Period Beginning: 7/1/2015

Ending:

6/30/2016

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	\$ 2,586,492	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,586,492	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	1,350	8
9	Non-Resident Meals	3,983	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 5,333	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	7,889	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 7,889	14
	D. Other Revenue (specify):		
15	Various - See Attached	4,345	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,345	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,604,059	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	954,640	19
20	Health Care/ Personal Care	493,968	20
21	General Administration	626,597	21
	B. Capital Expense		
22	Ownership	932,128	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)	\$ 3,007,333	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (403,274)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (403,274)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,346,186	32
33	Private Pay - Net Inpatient Revenue	1,240,306	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,586,492	37