

		FOR BHF USE			

LL2

Supportive Living Facility

2017

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2017)

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 Lvg Comm

Address: 395 Edwardsville Rd Wood River 62095

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

Charitable Corp.

Trust

IRS Exemption Code

X PROPRIETARY

Individual

Partnership

X Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

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 7/1/2016 to 6/30/2017 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)

Paid Preparer

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone)

* Subject to the attached Accountants' Consulting Report

(Date)

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	30,295	1
2	11	Double Unit Apartment	11	4,015	2
3		Other		1,460	3
4	94	TOTALS	94	35,770	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	13,544	12,217		25,761	5
6	Double Unit	1,262	1,100		2,362	6
7	Other	406	240		646	7
8	TOTALS	15,212	13,557		28,769	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 80.43%

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
ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO
Tax Year: 06/30/17 Fiscal Year: 06/30/17
* 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

HFS 3745C (N-4-05)

IL478-2471

Facility Name: Foxes Grove Support Lvg Comm

Report Period Beginning:

7/1/2016

Ending:

6/30/2017

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	8,790	177,466	333,376	519,632	(8,802)	510,830	1
2	Housekeeping, Laundry and Maintenance	142,255	23,794	187,319	353,368	(25,876)	327,492	2
3	Heat and Other Utilities			140,926	140,926	333	141,259	3
4	Other (specify):							4
5	TOTAL General Services	151,045	201,260	661,621	1,013,926	(34,346)	979,580	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	456,036	4,845		460,881	33,068	493,949	6
7	Activities and Social Services	32,798	12,656		45,454		45,454	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	488,834	17,501		506,335	33,068	539,403	9
	C. General Administration							
10	Administrative and Clerical	134,702	8,273	264,077	407,052	30,555	437,607	10
11	Marketing Materials, Promotions and Advertising	37,864		9,987	47,851		47,851	11
12	Employee Benefits and Payroll Taxes			152,617	152,617	26,387	179,004	12
13	Insurance-Property, Liability and Malpractice			64,713	64,713	21,214	85,927	13
14	Other (specify):							14
15	TOTAL General Administration	172,566	8,273	491,394	672,233	78,156	750,389	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	812,445	227,034	1,153,015	2,192,494	76,879	2,269,373	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			4,211	4,211	174,688	178,899	17
18	Interest			44,018	44,018	439,831	483,849	18
19	Real Estate Taxes					70,314	70,314	19
20	Rent -- Facility and Grounds			846,425	846,425	(831,682)	14,743	20
21	Rent -- Equipment							21
22	Other (specify): LOC Fees/MIP			7,564	7,564	35,068	42,632	22
23	TOTAL Ownership			902,218	902,218	(111,780)	790,438	23
24	GRAND TOTAL (Sum of lines 16 and 23)	812,445	227,034	2,055,233	3,094,712	(34,902)	3,059,810	24

STATE OF ILLINOIS		Page 3A
Foxes Grove Support Log Comm		
Report Period Beginning:	7/1/2016	
Ending:	6/30/2017	
		Sch. V Line
NON-ALLOWABLE EXPENSES		Amount Reference
1	Non-Straight Line Depreciation	\$ 205 17 1
2	Bounce Income	(458) 01 2
3	Bad Debts	(66,240) 10 3
4	Bank Charges	(2,341) 10 4
5	Meals/Entertainment	(77) 10 5
6	Cable TV	(7,330) 02 6
7	Vending Income	(27) 01 7
8	Guest and Employee Meals	(5,180) 01 8
9	Vendor Discounts	(3,538) 01 9
10	Miscellaneous Income	(2,285) 10 10
11	Interest - Bravo Holdings Note	(23,329) 18 11
12	Line of Credit Fees	(7,564) 22 12
13	Penalties and Fines	(997) 10 13
14	Vendor Late Charges	(6,424) 10 14
15	Wood River Real Estate - Rental Income	(846,425) 20 15
16	Claims Admin Services - Legal Fees	(7,641) 10 16
17	Senior Living Services -	(38,129) 02 17
18	Bravo Nursing Home Services - Base Fee	(24,000) 10 18
19	Midwest Admin - Base Fee	(36,000) 10 19
20	Midwest Admin - Incentive Fee	(23,012) 10 20
21		
22		
23	Bravo Holding Company	
24	Professional Fees	13,696 10 24
25	Seminar Expense	702 10 25
26	Interest	(31,394) 18 26
27		
28	Bravo Nursing Home Services, Inc	
29	Corporate RN Salaries	33,068 06 29
30	Corporate RN Salaries Benefits	2,295 12 30
31	Administrative Salaries	26,912 10 31
32	Professional Fees	329 10 32
33	Dues & Subscriptions	1 10 33
34	Office Expenses	773 10 34
35	Seminar & Lodging Expense	109 10 35
36	Auto Expense	2,701 10 36
37	Administrative & Office Benefits	3,125 12 37
38		
39	Claims Administration Services, LLC	
40	Professional Fees	272 10 40
41	Licenses	20 10 41
42	Office Salaries	3,064 10 42
43	Office Expense	41 10 43
44	Seminar	43 10 44
45	Auto/Travel Expense	297 10 45
46	Employee Benefits	361 12 46
47		
48	Midwest Admin Services, Inc	
49	Utilities	216 03 49
50	Maintenance Expense	94 02 50
51	Dues, Subscriptions, Licenses	2,636 10 51
52	Office Salaries	106,126 10 52
53	Office Expenses	34,213 10 53
54	Seminar	136 10 54
55	Travel Expense	3,217 10 55
56	Insurance	3,884 13 56
57	Employee Benefits	17,820 12 57
58	Depreciation	10,370 17 58
59	Interest	19,156 18 59
60	Building Rent	14,743 20 60
61		
62	Senior Living Services, Inc.	
63	Utilities	117 03 63
64	Maintenance Salary	18,548 02 64
65	Maintenance Expense	1,682 02 65
66	Maintenance Benefits	2,786 12 66
67	Licenses	57 10 67
68	Office Expense	379 10 68
69	Auto/Travel Expense	1,958 10 69
70	Insurance	515 13 70
71	Depreciation	336 17 71
72	Maintenance Supplies	278 02 72
73		
74	Wood River Real Estate	
75	Interest Income - Reserves	(19) 18 75
76	Interest Expense - HUD Mortgage	475,617 18 76
77	Interest Expense - HUD MIP	42,632 22 77
78	Real Estate Tax	76,314 19 78
79	Depreciation	163,577 17 79
80	Insurance Expense - Property	16,815 13 80
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		
101	Total	(34,902) 101

Facility Name: Foxes Grove Support Lvg Comm

Report Period Beginning: 7/1/2016 Ending: 6/30/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.98	\$ 27.85	1
2	Licensed Practical Nurses	3.95	23.69	2
3	Certified Nurse Assistants	10.80	9.10	3
4	Activity Director & Assistants	1.65	8.32	4
5	Social Service Workers	0.20	10.15	5
6	Head Cook	0.09	16.66	6
7	Cook Helpers/Assistants	0.29	9.53	7
8	Dishwashers			8
9	Maintenance Workers	3.29	9.00	9
10	Housekeepers	3.40	11.40	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.01	33.84	13
14	Clerical	2.64	11.55	14
15	Marketing	0.95	19.21	15
16	Other			16
17	Total (lines 1 thru 16)	29.26	\$ 13.35	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			

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 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? \$ _____
(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: Foxes Grove Support Lvg Comm Report Period Beginning: 7/1/2016 Ending: 6/30/2017

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	FOR BHF USE ONLY	2	Year	3	Year	4	5	Current Book	6	Life	7	Straight Line	8	9	Accumulated	
	Units*			Acquired		Constructed	Cost		Depreciation		in Years		Depreciation	Adjustments		Depreciation	
1	46			1987		1987	\$ 2,252,829	\$	163,577		40	\$	56,321	\$ (107,256)	\$	1,689,624	1
2	48			1990		1990	1,928,599				40		48,215	48,215		1,305,822	2
3																	3
4																	4
5																	5
	Improvement Type																
6	Total From Supplemental Page 5's						1,936,974		4,244				49,819	45,575		464,790	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)						\$ 6,118,402	\$	167,821			\$	154,355	\$ (13,466)	\$	3,460,236	17

C. Equipment Depreciation -- Including Transportation.

	Type	1	2	3	4	5	6	
		Cost	Current Book	Straight Line	Adjustments	Life	Accumulated	
			Depreciation	Depreciation		in Years	Depreciation	
18	Movable Equipment	\$ 180,340	\$ 2,463	\$ 16,134	13,671		\$ 116,764	18
19	Vehicles	66,682	8,410	8,410			58,915	19
20	TOTAL (lines 18 and 19)	\$ 247,022	\$ 10,873	\$ 24,544	13,671		\$ 175,679	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1	2	3	4	
	Description and Year Acquired	Cost	Current Book	Accumulated	
			Depreciation	Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name & ID Number Foxes Grove Support Lvg Comm

Report Period Beginning:

7/1/2016

Ending:

6/30/2017

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	1,760	2
3	Carpet & Vinly For 2 Bedrooms	2013	3,755		20	536	536	2,279	3
4	Carpet & Vinly For 3 Bedrooms	2013	4,818		20	688	688	2,811	4
5	Carpet & Vinly For 3 Bedrooms	2014	5,703		20	815	815	2,625	5
6									6
7									7
8									8
9									9
10									10
11	Wood River Real Estate:								11
12	Various	1990	37,085		25			37,085	12
13	Various	1992	14,250		25	570	570	13,633	13
14	Various	2007	1,699,624		40	42,490	42,490	382,415	14
15	Various	2008	25,239		40	631	631	5,009	15
16	Various	2009	17,760		40	445	445	3,113	16
17	Various	2010	37,071		25-40	993	993	6,067	17
18	Various	2012	37,916		25-40	1,001	1,001	4,088	18
19	Landscaping	2013	3,420		25	137	137	410	19
20	Deck Replacement	2013	23,749		40	593	593	1,943	20
21	New Heating & Cooling Unit	2013	5,090		40	127	127	414	21
22	Hot Water Heater	2013	3,166		40	79	79	251	22
23	Kitchen & Bath Remodel	2013	4,145		40	104	104	285	23
24	Carpet / Vinyl	2013	5,762		40	144	144	372	24
25	Decks	2015	5,240		40	131	131	197	25
26									26
27	Allocated from Senior Living Services, Inc.								27
28	Fire Protection Services	2017	165	33	20	33		33	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,936,974	\$ 33		\$ 49,819	\$ 49,786	\$ 464,790	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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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
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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 Lvg Comm

Report Period Beginning: 7/1/2016

Ending: 6/30/2017

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 \$ - 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	Allocated from Midwest Admin Serv			/ /	14,743			5	
6				/ /				6	
7	TOTAL		0		\$ 14,743			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	Berkadia		X	Mortgage	4/1/08	\$ 9,324,500	\$ 8,421,953	5/1/43	0.0565	\$ 475,617	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	44,012	4
5	Bldg Co - Interest Income				/ /			/ /		(19)	5
6	Bravo Holding Note Interest				/ /			/ /		(23,522)	6
7	TOTAL Facility Related					\$ 9,324,500	\$ 8,421,953			\$ 496,088	7
	B. Non-Facility Related										
8	Allocated from Midwest Admin Services, Inc				/ /			/ /		19,156	8
9	Allocated from Bravo Holding Company				/ /			/ /		(31,394)	9
10	TOTALS (lines 7, 8 and 9)					\$ 9,324,500	\$ 8,421,953			\$ 483,850	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

Page 7

Facility Name: Foxes Grove Support Lvg Comm

Report Period Beginning: 7/1/2016

Ending: 6/30/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 4,212	\$ 4,250	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	597,594	597,594	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	29,524	35,802	6
7	Other Prepaid Expenses	3,388	3,388	7
8	Accounts Receivable (owners or related parties)	518,812	518,812	8
9	Other(specify): See Attached	734	734	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,154,264	\$ 1,160,580	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)	(34,726)	(3,617,612)	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): See Attached		253,571	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,968	\$ 2,978,350	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,163,232	\$ 4,138,930	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 537,262	\$ 576,156	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,425	33,425	30
31	Accrued Taxes Payable	13,848	98,327	31
32	Accrued Interest Payable		989,542	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	2,098,714	432,455	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,686,434	\$ 2,159,120	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		8,421,953	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)	\$	\$ 8,421,953	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,686,434	\$ 10,581,073	45
46	TOTAL EQUITY	\$ (1,523,202)	\$ (6,442,143)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,163,232	\$ 4,138,930	47

*(See instructions.)

Facility Name: Foxes Grove Support Lvg Comm

Report Period Beginning: 7/1/2016

Ending:

6/30/2017

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	\$ 2,664,506	1
2	Discounts and Allowances	(12)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,664,494	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	1,200	8
9	Non-Resident Meals	5,841	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 7,041	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	23,529	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 23,529	14
	D. Other Revenue (specify):		
15	See Attached	7,500	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,500	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,702,564	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,013,926	19
20	Health Care/ Personal Care	506,335	20
21	General Administration	672,233	21
	B. Capital Expense		
22	Ownership	902,218	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)	\$ 3,094,712	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (392,148)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (392,148)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,464,882	32
33	Private Pay - Net Inpatient Revenue	1,199,612	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,664,494	37