

		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.

I. Facility ID Number: 1000080

Facility Name: Foxes Grove Supp Living 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:

<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 checked="" 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		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 7/1/2017 to 6/30/2018 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 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		

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

Name: Steven N. Lavenda Telephone Number: (847) 282 - 6300

Email Address:

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			3
4	94	TOTALS	94	34,310	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	11,903	11,077		22,980	5
6	Double Unit	1,008	878		1,886	6
7	Other	734	434		1,168	7
8	TOTALS	13,645	12,389		26,034	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 75.88%

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: 6/30/18 Fiscal Year: 6/30/18

* 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

STATE OF ILLINOIS

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Facility Name: Foxes Grove Supp Living Comm

Report Period Beginning:

7/1/2017

Ending:

6/30/2018

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase		175,276	331,848	507,124	(6,383)	500,741	1
2	Housekeeping, Laundry and Maintenance	150,460	23,993	210,360	384,813	(23,773)	361,040	2
3	Heat and Other Utilities			153,947	153,947	311	154,258	3
4	Other (specify):							4
5	TOTAL General Services	150,460	199,269	696,155	1,045,884	(29,845)	1,016,039	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	477,841	5,512		483,353	27,645	510,998	6
7	Activities and Social Services	42,477		11,361	53,838		53,838	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	520,318	5,512	11,361	537,191	27,645	564,836	9
	C. General Administration							
10	Administrative and Clerical	139,949	5,416	322,694	468,059	(68,121)	399,938	10
11	Marketing Materials, Promotions and Advertising	36,120		9,373	45,493		45,493	11
12	Employee Benefits and Payroll Taxes			152,049	152,049	26,032	178,081	12
13	Insurance-Property, Liability and Malpractice			75,288	75,288	18,308	93,596	13
14	Other (specify):							14
15	TOTAL General Administration	176,069	5,416	559,404	740,889	(23,781)	717,108	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	846,847	210,197	1,266,920	2,323,964	(25,981)	2,297,983	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			3,493	3,493	171,239	174,732	17
18	Interest			85,619	85,619	324,595	410,214	18
19	Real Estate Taxes					64,610	64,610	19
20	Rent -- Facility and Grounds			846,425	846,425	(832,705)	13,720	20
21	Rent -- Equipment							21
22	Other (specify):					35,527	35,527	22
23	TOTAL Ownership			935,537	935,537	(236,734)	698,803	23
24	GRAND TOTAL (Sum of lines 16 and 23)	846,847	210,197	2,202,457	3,259,501	(262,716)	2,996,785	24

STATE OF ILLINOIS		Page 3A
Foxes Grove Supp Living Comm		
Report Period Beginning:	7/1/2017	
Ending:	6/30/2018	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ 1,683	17 1
2 Bad Debt- Private	(123,429)	10 2
3 Bank Charges	(2,759)	10 3
4 Meals/Entertainment	(19)	10 4
5 Cable TV	(8,383)	02 5
6 Guest and Employee Meals	(2,850)	01 6
7 Vendor Discount	(3,532)	01 7
8 Misc Other Income	(80)	10 8
9 Interest - Bravo Holding Note	(37,808)	18 9
10 MidCap Line of Credit Fees	(11,857)	18 10
11 Penalties and Fines	(764)	10 11
12 Vendor Late Charges	(107)	10 12
13 Wood River Real Estate - Rental Income	(846,425)	20 13
14 Claims Admin Services - Legal Fees	(956)	10 14
15 Senior Living Services	(31,391)	02 15
16 Bravo Nursing Home Services - Base Fee	(24,000)	10 16
17 Midwest Admin - Base Fee	(36,000)	10 17
18 Midwest Admin- Incentive Fee	(18,552)	10 18
19		19
20 Wood River Real Estate		20
21 Interest Expense - HUD Mortgage	361,938	18 21
22 Interest Expense - HUD MIP	35,527	22 22
23 Real Estate Tax	64,610	19 23
24 Depreciation	162,498	17 24
25 Insurance Expense - Property	13,950	13 25
26		26
27 Bravo Holding Company		27
28 Consulting Fees	11,683	10 28
29 Professional Fees	16,130	10 29
30 Interest	(944)	18 30
31		31
32 Bravo Nursing Home Services, Inc.		32
33 Corporate RN Salaries	27,648	06 33
34 Corporate RN Salaries Benefits	2,812	12 34
35 Administrative Salaries	19,973	10 35
36 Professional Fees	298	10 36
37 Dues & Subscriptions	7	10 37
38 Office Expenses	515	10 38
39 Seminar & Lodging Expense	52	10 39
40 Auto Expense	3,355	10 40
41 Administrative and Office Benefits	1,808	12 41
42		42
43 Claims Administration Services, LLC		43
44 Professional Fees	30	10 44
45 Licenses	7	10 45
46 Legal Salaries	636	10 46
47 Office Expense	31	10 47
48 Seminar	5	10 48
49 Auto Travel Expense	21	10 49
50 Employee Benefits	70	12 50
51		51
52 Midwest Administrative Services, Inc.		52
53 Utilities	209	03 53
54 Maintenance Expense	40	02 54
55 Dues, Subscriptions, Licenses	2,443	10 55
56 Office Salaries	61,446	10 56
57 Office Expenses	15,333	10 57
58 Seminar	132	10 58
59 Travel Expense	5,172	10 59
60 Insurance	3,949	13 60
61 Employee Benefits	19,420	12 61
62 Depreciation	7,359	17 62
63 Interest	13,267	18 63
64 Building Rent	13,720	20 64
65		65
66 Senior Living Services, Inc.		66
67 Utilities	102	03 67
68 Maintenance Salary	13,720	02 68
69 Maintenance Expense	1,442	02 69
70 Maintenance Benefits	1,922	12 70
71 Licenses	10	10 71
72 Office Expense	209	10 72
73 Auto Travel Expense	1,056	10 73
74 Insurance	409	13 74
75 Depreciation	99	17 75
76 Maintenance Supplies	668	02 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		100
101 Total	(262,716)	101

Facility Name: Foxes Grove Supp Living Comm

Report Period Beginning 7/1/2017 Ending: 6/30/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.03	\$ 27.27	1
2	Licensed Practical Nurses	4.88	20.53	2
3	Certified Nurse Assistants	9.66	10.51	3
4	Activity Director & Assistants	0.82	9.59	4
5	Social Service Workers	0.83	15.20	5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	3.08	9.81	9
10	Housekeepers	4.55	9.27	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.95	32.74	13
14	Clerical	0.29	11.26	14
15	Marketing	0.86	20.16	15
16	Other			16
17	Total (lines 1 thru 16)	27.94	\$ 14.57	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	

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).

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

Facility Name: Foxes Grove Supp Living Comm

Report Period Beginning:

7/1/2017

Ending:

6/30/2018

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	\$ 162,298	40	\$ 56,321	\$ (105,977)	\$ 1,745,945	1
2	48		1990	1990	1,928,599		40	48,215	48,215	1,354,037	2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				1,936,930	3,517		49,810	46,293	514,591	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)				\$ 6,118,358	\$ 165,815		\$ 154,346	\$ (11,469)	\$ 3,614,573	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	\$ 177,639	\$ 2,062	\$ 15,014	12,952		\$ 129,517	18
19	Vehicles	60,878	5,371	5,371			59,243	19
20	TOTAL (lines 18 and 19)	\$ 238,517	\$ 7,433	\$ 20,385	12,952		\$ 188,760	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 Supp Living Comm

Report Period Beginning:

7/1/2017 Ending:

6/30/2018

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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	Carpet & Vinly For 2 Bedrooms	2011	3,016		20	302	302	2,062	1
2	Carpet & Vinly For 2 Bedrooms	2013	3,755		20	536	536	2,815	2
3	Carpet & Vinly For 3 Bedrooms	2013	4,818		20	688	688	3,499	3
4	Carpet & Vinly For 3 Bedrooms	2014	5,703		20	815	815	3,440	4
5									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	14,203	13
14	Various	2007	1,699,624		40	42,490	42,490	424,905	14
15	Various	2008	25,239		40	631	631	5,640	15
16	Various	2009	17,760		40	445	445	3,558	16
17	Various	2010	37,071		25-40	993	993	7,060	17
18	Various	2012	37,916		25-40	1,001	1,001	5,089	18
19	Landscaping	2013	3,420		25	137	137	547	19
20	Deck Replacement	2013	23,749		40	593	593	2,536	20
21	New Heating & Cooling Unit	2013	5,090		40	127	127	541	21
22	Hot Water Heater	2013	3,166		40	79	79	330	22
23	Kitchen & Bath Remodel	2013	4,145		40	104	104	389	23
24	Carpet / Vinyl	2013	5,762		40	144	144	516	24
25	Decks	2015	5,240		40	131	131	328	25
26									26
27	Allocated from Senior Living Services, Inc.								27
28	Fire Protection Services	2017	121	24	20	24		48	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,936,930	\$ 24		\$ 49,810	\$ 49,786	\$ 514,591	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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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 Supp Living Comm

Report Period Beginning: 7/1/2017

Ending: 6/30/2018

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	Allocated from Midwest Admin Service			/ /	13,720			5
6				/ /				6
7	TOTAL				\$ 13,720			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	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	\$ 361,938	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	MidCap		X	Line of Credit	8/1/09			12/31/15	0.0500	73,762	4
5	Bravo Holding Note Interest		X		/ /			/ /		-37,808	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,324,500	\$ 8,421,953			\$ 397,891	7
	B. Non-Facility Related										
8	Allocated from Midwest Admin Services, Inc				/ /			/ /		13,267	8
9	Allocated from Bravo Holding Company				/ /			/ /		-944	9
10	TOTALS (lines 7, 8 and 9)					\$ 9,324,500	\$ 8,421,953			\$ 410,214	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: **Foxes Grove Supp Living Comm**Report Period Beginning: **7/1/2017**Ending: **6/30/2018****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **6/30/2018**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 500	\$ 538	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	504,670	504,670	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		(7,673)	6
7	Other Prepaid Expenses	34,481	34,481	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	965,085	965,085	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,504,736	\$ 1,497,101	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)	(38,219)	(3,783,403)	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>		213,481	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,475	\$ 2,772,469	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,510,211	\$ 4,269,570	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 695,143	\$ 746,727	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	45,185	45,185	30
31	Accrued Taxes Payable	94,027	176,378	31
32	Accrued Interest Payable		1,361,679	32
33	Deferred Compensation			33
34	Federal and State Income Taxes		26,030	34
	Other Current Liabilities(specify):			
35				35
36	<u>See Attached</u>	2,943,138	567,728	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,777,493	\$ 2,923,727	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)	\$ 3,777,493	\$ 11,345,680	45
46	TOTAL EQUITY	\$ (2,267,282)	\$ (7,076,110)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,510,211	\$ 4,269,570	47

*(See instructions.)

Facility Name: Foxes Grove Supp Living Comm

Report Period Beginning: 7/1/2017

Ending:

6/30/2018

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	\$ 2,442,193	1
2	Discounts and Allowances	(236)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,441,957	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	950	8
9	Non-Resident Meals	2,850	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,800	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	37,808	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 37,808	14
	D. Other Revenue (specify):		
15		31,855	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 31,855	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,515,420	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,045,884	19
20	Health Care/ Personal Care	537,191	20
21	General Administration	740,889	21
	B. Capital Expense		
22	Ownership	935,537	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)	\$ 3,259,501	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (744,081)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (744,081)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,346,260	32
33	Private Pay - Net Inpatient Revenue	1,095,697	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,441,957	37