

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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:

☐	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: 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 7/1/2018 to 6/30/2019 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) _____
* Subject to attached Accountants' Consulting Report (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

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		785	3
4	94	TOTALS	94	35,095	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	16,047	10,316		26,363	5
6	Double Unit	1,003	874		1,877	6
7	Other	493	292		785	7
8	TOTALS	17,543	11,482		29,025	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.70%

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: 6/30/19 Fiscal Year: 6/30/19

* 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 principal? 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 principal? 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 principal? N/A
If no, explain. N/A

STATE OF ILLINOIS

Page 3

Facility Name: Foxes Grove Supp Living Comm

Report Period Beginning:

7/1/2018

Ending:

6/30/2019

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		164,941	330,251	495,192	(4,378)	490,814	1
2	Housekeeping, Laundry and Maintenance	146,293	20,126	158,868	325,287	(2,403)	322,884	2
3	Heat and Other Utilities			164,069	164,069	(13,747)	150,322	3
4	Other (specify):							4
5	TOTAL General Services	146,293	185,067	653,188	984,548	(20,528)	964,020	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	573,861	6,797		580,658	20,939	601,597	6
7	Activities and Social Services	46,847		7,307	54,154		54,154	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	620,708	6,797	7,307	634,812	20,939	655,751	9
	C. General Administration							
10	Administrative and Clerical	134,651	4,613	356,997	496,261	(50,832)	445,429	10
11	Marketing Materials, Promotions and Advertising	48,285		7,409	55,694		55,694	11
12	Employee Benefits and Payroll Taxes			163,558	163,558	32,565	196,123	12
13	Insurance-Property, Liability and Malpractice			80,549	80,549	23,583	104,132	13
14	Other (specify):							14
15	TOTAL General Administration	182,936	4,613	608,513	796,062	5,316	801,378	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	949,937	196,477	1,269,008	2,415,422	5,727	2,421,149	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			3,480	3,480	169,142	172,622	17
18	Interest			37,835	37,835	(3,360)	34,475	18
19	Real Estate Taxes					70,483	70,483	19
20	Rent -- Facility and Grounds			846,425	846,425	(832,398)	14,027	20
21	Rent -- Equipment					24	24	21
22	Other (specify):							22
23	TOTAL Ownership			887,740	887,740	(596,108)	291,632	23
24	GRAND TOTAL (Sum of lines 16 and 23)	949,937	196,477	2,156,748	3,303,162	(590,381)	2,712,781	24

STATE OF ILLINOIS		Page 3A
Foxes Grove Supp Living Comm		
Report Period Beginning:	7/1/2018	
Ending:	6/30/2019	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight-Line Depreciation	\$ 1,899	17 1
2 Bad Debt- Private	(126,572)	10 2
3 Bank Charges	(2,813)	10 3
4 Meals/Entertainment	(16)	10 4
5 Interest Income	(12,418)	18 5
6 Vendor Discount	(4,378)	01 6
7 Miscellaneous Other Income	(295)	10 7
8 Midcap Line of Credit Fees	(4,849)	18 8
9 Line of Credit Fees - Capital Finance	(919)	18 9
10 Vendor Late Charges	(4,692)	10 10
11 Wood River Real Estate - Rental Income	(846,425)	20 11
12 Senior Living Services	(5,459)	02 12
13 Bravo Nursing Home Services - Base Fee	(24,000)	10 13
14 Midwest Admin - Base Fee	(36,000)	10 14
15 Midwest Admin- Incentive Fee	(21,578)	10 15
16 Cable TV	(13,854)	03 16
17 Wood River Real Estate		17
18 Real Estate Tax	70,483	19 18
19 Depreciation	163,620	17 19
20 Insurance Expense - Property	16,740	13 20
21		21
22 Bravo Holding Company		22
23 Professional Fees	10,205	10 23
24		24
25 Bravo Nursing Home Services, Inc.		25
26 Repairs & Maintenance	15	02 26
27 Corporate R.N. Salaries	20,939	06 27
28 Corporate R.N. Salaries Benefits	2,000	12 28
29 Administrative Salaries	44,200	10 29
30 Professional Fees	287	10 30
31 Office Expenses	557	10 31
32 Seminar & Lodging Expense	31	10 32
33 Auto Expense	4,893	10 33
34 Administrative & Office Benefits	3,855	12 34
35 Auto Lease	24	21 35
36		36
37 Midwest Administrative Services, Inc.		37
38 Utilities	78	03 38
39 Maintenance Expense	105	02 39
40 Professional Fees	1,153	10 40
41 Dues, Subscriptions, Licenses	2,472	10 41
42 Office Salaries	58,094	10 42
43 Office Expenses	35,100	10 43
44 Seminar	466	10 44
45 Travel Expense	7,499	10 45
46 Insurance	6,752	13 46
47 Employee Benefits	26,362	12 47
48 Depreciation	3,916	17 48
49 Interest	14,825	18 49
50 Building Rent	14,022	20 50
51		51
52 Senior Living Services, Inc.		52
53 Utilities	29	03 53
54 Maintenance Salary	2,789	02 54
55 Maintenance Expense	148	02 55
56 Maintenance Benefits	448	12 56
57 Licenses	0	10 57
58 Office Expense	26	10 58
59 Auto / Travel Expense	150	10 59
60 Insurance	92	13 60
61 Depreciation	7	17 61
62 Off-Site Storage	5	20 62
63		63
64		64
65		65
66		66
67		67
68		68
69		69
70		70
71		71
72		72
73		73
74		74
75		75
76		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	(590,381)	101

Facility Name: Foxes Grove Supp Living Comm

Report Period Beginning 7/1/2018 Ending: 6/30/2019

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.25	\$ 27.41	1
2	Licensed Practical Nurses	5.85	20.64	2
3	Certified Nurse Assistants	9.97	12.14	3
4	Activity Director & Assistants	0.87	9.55	4
5	Social Service Workers	0.92	15.51	5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	3.02	10.69	9
10	Housekeepers	3.91	9.74	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.95	33.28	13
14	Clerical	3.20	10.34	14
15	Marketing	0.99	23.43	15
16	Other			16
17	Total (lines 1 thru 16)	30.92	\$ 14.77	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:

7/1/2018

Ending:

6/30/2019

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	\$ 163,620	40	\$ 56,321	\$ (107,299)	\$ 1,802,266	1
2	48		1990	1990	1,928,599		40	48,215	48,215	1,402,252	2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				1,936,479	3,487	20	49,186	45,699	561,730	6
7	Various			2011	3,016		20	302	302	2,363	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)				\$ 6,120,923	\$ 167,107		\$ 154,024	\$ (13,083)	\$ 3,768,611	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	\$ 185,678	\$ 2,027	\$ 16,709	14,682		\$ 149,869	18
19	Vehicles	63,724	1,889	1,889			63,724	19
20	TOTAL (lines 18 and 19)	\$ 249,402	\$ 3,916	\$ 18,598	14,682		\$ 213,593	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:

7/1/2018

Ending:

6/30/2019

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Carpet & Vinly For 2 Bedrooms	2013	3,755		20	536	536	3,352	1
2	Carpet & Vinly For 3 Bedrooms	2013	4,818		20	688	688	4,187	2
3	Carpet & Vinly For 3 Bedrooms	2014	5,703		20	815	815	4,255	3
4	Installation Of Fire Suppression System	2019	2,650		20	265	265	265	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			14,250	13
14	Various	2007	1,699,624		40	42,490	42,490	467,395	14
15	Various	2008	25,239		40	631	631	6,271	15
16	Various	2009	17,760		40	445	445	4,003	16
17	Various	2010	37,071		25-40	993	993	8,053	17
18	Various	2012	37,916		25-40	1,001	1,001	6,090	18
19	Landscaping	2013	3,420		25	137	137	684	19
20	Deck Replacement	2013	23,749		40	593	593	3,129	20
21	New Heating & Cooling Unit	2013	5,090		40	127	127	668	21
22	Hot Water Heater	2013	3,166		40	79	79	409	22
23	Kitchen & Bath Remodel	2013	4,145		40	104	104	493	23
24	Carpet / Vinyl	2013	5,762		40	144	144	660	24
25	Decks	2015	5,240		40	131	131	459	25
26									26
27									27
28	Allocated from Senior Living Services	2017	36	7	20	7		22	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,936,479	\$ 7		\$ 49,186	\$ 49,179	\$ 561,730	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)
B. Building and Improvement Costs-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									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
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.

Facility Name: Foxes Grove Supp Living Comm

Report Period Beginning: 7/1/2018

Ending: 6/30/2019

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*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5	Allocated from Midwest Admin Service			/ /	14,022			5
6	Allocated from Senior Living Services			/ /	5			6
7	TOTAL				\$ 14,027			7

8. Is movable equipment rental included in building rental?

YES

NO

9. Rental amount for movable equipment \$ 24

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	\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Midcap		X	Line of Credit	/ /			/ /		25,081	4
5	Capital Financial		X	Line of Credit	/ /			/ /		6,986	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,324,500	\$ 8,421,953			\$ 32,067	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-12,418	8
9	Allocated from Midwest Admin Services, Inc				/ /			/ /		14,825	9
10	TOTALS (lines 7, 8 and 9)					\$ 9,324,500	\$ 8,421,953			\$ 34,474	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 Supp Living Comm**Report Period Beginning: **7/1/2018**

Ending:

6/30/2019**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **6/30/2019**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 500	\$ 777	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	797,991	797,991	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,345	4,345	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,240,742	1,240,742	8
9	Other(specify): See Attached	9,843	9,843	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,053,421	\$ 2,053,698	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	29,052	175,873	16
17	Accumulated Depreciation (book methods)	(41,699)	(3,950,503)	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		208,005	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,645	\$ 2,606,614	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,058,066	\$ 4,660,312	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,004,464	\$ 1,082,721	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	34,031	34,031	30
31	Accrued Taxes Payable	90,615	243,449	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	See Attached	3,769,520	566,685	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 4,898,630	\$ 3,314,595	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)	\$ 4,898,630	\$ 11,736,548	45
46	TOTAL EQUITY	\$ (2,840,564)	\$ (7,076,236)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,058,066	\$ 4,660,312	47

*(See instructions.)

Facility Name: Foxes Grove Supp Living Comm

Report Period Beginning: 7/1/2018

Ending:

6/30/2019

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	\$ 2,662,756	1
2	Discounts and Allowances	(1,071)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,661,685	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		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	12,418	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 12,418	14
	D. Other Revenue (specify):		
15	See Attached	55,777	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 55,777	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,729,880	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	984,548	19
20	Health Care/ Personal Care	634,812	20
21	General Administration	796,062	21
	B. Capital Expense		
22	Ownership	887,740	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)	\$ 3,303,162	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (573,282)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (573,282)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,650,956	32
33	Private Pay - Net Inpatient Revenue	1,010,729	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,661,685	37