

|  |  |             |  |  |  |
|--|--|-------------|--|--|--|
|  |  | FOR BHF USE |  |  |  |
|  |  |             |  |  |  |
|  |  |             |  |  |  |
|  |  |             |  |  |  |

LL2

**Supportive Living Facility**  
**2020**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2020)**

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:** 1000058

**Facility Name:** The Glenwood of Greenville

**Address:** 605 S Dewey Street Greenville 62246  
 Number City Zip Code

**County:** Bond

**Telephone Number:** ( 618 ) 664-9012 **Fax #** 618 664-9057

**Federal Employer ID Number:** \_\_\_\_\_

**Date Current Owners were Certified:** \_\_\_\_\_ 2014  
 # #

**Type of Ownership:**

|                                                |                                                           |                                       |
|------------------------------------------------|-----------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> VOLUNTARY, NON-PROFIT | <input 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       |
| <b>IRS Exemption Code</b> _____                | <input type="checkbox"/> Corporation                      | <input type="checkbox"/> Other _____  |
|                                                | <input type="checkbox"/> "Sub-S" Corp.                    | _____                                 |
|                                                | <input checked="" 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 Jan 2020 to Dec 2020  
 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) \_\_\_\_\_ 6/29/2021  
 (Date)

(Type or Print Name) Michelle Sowell

(Title) Director of Operations

**Paid  
Preparer**

(Signed) \_\_\_\_\_  
 (Date)

(Print Name and Title) \_\_\_\_\_

(Firm Name & Address) \_\_\_\_\_

(Telephone) (      ) \_\_\_\_\_ **Fax #** (      ) \_\_\_\_\_

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

**Name:** Michelle Sowell **Telephone Number:** 217-342-4490 X:200  
**Email Address:** mlsowell10@gmail.com

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

Facility Name The Glenwood of Greenville

Report Period Beginning: Jan 2020 Ending: Dec 2020

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units       /      /      

|   | 1                                                | 2                     | 3                        | 4                                 |   |
|---|--------------------------------------------------|-----------------------|--------------------------|-----------------------------------|---|
|   | Units at<br>Facility ID Number:<br>Report Period |                       | 1000058<br>Report Period | Unit Days During<br>Report Period |   |
| 1 | 49                                               | Single Unit Apartment | 49                       | 17,934                            | 1 |
| 2 | 7                                                | Double Unit Apartment | 7                        | 2,562                             | 2 |
| 3 |                                                  | Other                 |                          |                                   | 3 |
| 4 | 56                                               | TOTALS                | 56                       | 20,496                            | 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<br>Recipient                               | Private Pay | Other | Total  |   |
| 5 | Single Unit  | 5,005                                               | 9,756       |       | 14,761 | 5 |
| 6 | Double Unit  | 792                                                 | 1,340       |       | 2,132  | 6 |
| 7 | Other        |                                                     |             |       |        | 7 |
| 8 | TOTALS       | 5,797                                               | 11,096      |       | 16,893 | 8 |

C. Percent Occupancy. (Column 5, line 8 divided by total certified  
bed days on line 4, column 4.) 82.42%

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

614 Also, indicate the number of unpaid bed-hold days the SLF  
had during this year. 235 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments  
not directly related to SLF services?

YES ☐ NO ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

G. List all services provided by your facility for non-residents.  
(E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED  
CASH\* ☐ CASH\* ☐

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

Tax Year: 2020 Fiscal Year: 2020

\* 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? \_\_\_\_\_  
If no, explain. \_\_\_\_\_

K. Does the facility have any loans from the Federal Home Loan Bank  
outstanding? No If yes, did the facility make all of the  
required payments of interest and principal? \_\_\_\_\_  
If no, explain. \_\_\_\_\_

L. Does the facility have any loans from the IL Dept of Commerce and  
Economic Opportunity outstanding? No If yes, did the facility  
make all of the required payments of interest and principal? \_\_\_\_\_  
If no, explain. \_\_\_\_\_

## STATE OF ILLINOIS

Facility Name: The Glenwood of Greenville

Report Period Beginning:

Jan 2020

Ending:

Page 3  
Dec 2020

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

| Operating Expenses |                                                               | Costs Per General Ledger |               |            |            | Reclassifications<br>and Adjustments | Adjusted<br>Total |    |
|--------------------|---------------------------------------------------------------|--------------------------|---------------|------------|------------|--------------------------------------|-------------------|----|
|                    |                                                               | Salary/Wage<br>1         | Supplies<br>2 | Other<br>3 | Total<br>4 |                                      |                   |    |
|                    | <b>A. General Services</b>                                    |                          |               |            |            |                                      |                   |    |
| 1                  | Dietary and Food Purchase                                     | 46,607                   | 175,006       | 9,693      | 231,305    |                                      | 231,305           | 1  |
| 2                  | Housekeeping, Laundry and Maintenance                         | 37,689                   | 66,381        | 6,837      | 110,908    |                                      | 110,908           | 2  |
| ID Number:         |                                                               |                          |               |            | 1000058    |                                      |                   | 3  |
| 4                  | Other (specify):                                              |                          |               |            |            |                                      |                   | 4  |
| 5                  | <b>TOTAL General Services</b>                                 | 84,296                   | 241,387       | 16,530     | 342,213    |                                      | 342,213           | 5  |
|                    | <b>B. Health Care and Programs</b>                            |                          |               |            |            |                                      |                   |    |
| 6                  | Health Care/ Personal Care                                    | 348,061                  | 1,307         | 4,239      | 353,607    |                                      | 353,607           | 6  |
| 7                  | Activities and Social Services                                |                          |               | 4,289      | 4,289      |                                      | 4,289             | 7  |
| 8                  | Other (specify):                                              |                          |               |            |            |                                      |                   | 8  |
| 9                  | <b>TOTAL Health Care and Programs</b>                         | 348,061                  | 1,307         | 8,528      | 357,896    |                                      | 357,896           | 9  |
|                    | <b>C. General Administration</b>                              |                          |               |            |            |                                      |                   |    |
| 10                 | Administrative and Clerical                                   | 71,123                   | 2,931         | 135,022    | 209,075    |                                      | 209,075           | 10 |
| 11                 | Marketing Materials, Promotions and Advertising               |                          |               | 28,145     | 28,145     |                                      | 28,145            | 11 |
| 12                 | Employee Benefits and Payroll Taxes                           | 58,680                   |               | 4,330      | 63,010     |                                      | 63,010            | 12 |
| 13                 | Insurance-Property, Liability and Malpractice                 |                          |               | 55,519     | 55,519     |                                      | 55,519            | 13 |
| 14                 | Other (specify):                                              |                          |               | 260,229    | 260,229    |                                      | 260,229           | 14 |
| 15                 | <b>TOTAL General Administration</b>                           | 129,803                  | 2,931         | 483,245    | 615,978    |                                      | 615,978           | 15 |
| 16                 | <b>TOTAL Operating Expense<br/>(Sum of lines 5, 9 and 15)</b> | 366                      | 245,625       | 303        | 1,316,088  |                                      | 1,316,088         | 16 |
|                    | <b>Capital Expenses</b>                                       |                          |               |            |            |                                      |                   |    |
|                    | <b>D. Ownership</b>                                           |                          |               |            |            |                                      |                   |    |
| 17                 | Depreciation                                                  |                          |               |            |            |                                      |                   | 17 |
| 18                 | Interest                                                      |                          |               |            |            |                                      |                   | 18 |
| 19                 | Real Estate Taxes                                             |                          |               | 102,150    | 102,150    |                                      | 102,150           | 19 |
| 20                 | Rent -- Facility and Grounds                                  |                          |               | 779,805    | 779,805    |                                      | 779,805           | 20 |
| 21                 | Rent -- Equipment                                             |                          |               |            |            |                                      |                   | 21 |
| 22                 | Other (specify):                                              |                          |               |            |            |                                      |                   | 22 |
| 23                 | <b>TOTAL Ownership</b>                                        |                          |               | 881,955    | 881,955    |                                      | 881,955           | 23 |
| 24                 | <b>GRAND TOTAL (Sum of lines 16 and 23)</b>                   | 366                      | 245,625       | 882,258    | 2,198,042  |                                      | 2,198,042         | 24 |

Facility Name: The Glenwood of Greenville

Report Period Beginning Jan 2020 Ending: Dec 2020

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

|            | Personnel                      | Number of FTE | Average Hourly Wage |    |
|------------|--------------------------------|---------------|---------------------|----|
| 1          | Registered Nurses              | 1             | \$ 23.00            | 1  |
| 2          | Licensed Practical Nurses      |               |                     | 2  |
| 3          | Certified Nurse Assistants     | 4             | 12.25               | 3  |
| 4          | Activity Director & Assistants | 4             | 10.85               | 4  |
| ID Number: |                                |               | 1000058             |    |
| 6          | Head Cook                      | 1             | 12.00               | 6  |
| 7          | Cook Helpers/Assistants        | 2             | 10.50               | 7  |
| 8          | Dishwashers                    |               |                     | 8  |
| 9          | Maintenance Workers            |               |                     | 9  |
| 10         | Housekeepers                   | 1             | 10.00               | 10 |
| 11         | Laundry                        |               |                     | 11 |
| 12         | Managers                       | 1             | 19.97               | 12 |
| 13         | Other Administrative           | 1             | 14.97               | 13 |
| 14         | Clerical                       |               |                     | 14 |
| 15         | Marketing                      |               |                     | 15 |
| 16         | Other                          |               |                     | 16 |
| 17         | Total (lines 1 thru 16)        | 15            | \$                  | 17 |

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related parties 366 ##

RELATED SLF's & HEALTH CARE BUSINESSES

| Name | 1 | City | 2 |
|------|---|------|---|
|      |   |      |   |
|      |   |      |   |
|      |   |      |   |
|      |   |      |   |

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     |                   |                    |                                                      | \$                                               | 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 |
|--------------------------------|---|------|---|------------------|---|
| GAHCR II Greenville ALF TRS    |   |      |   |                  |   |
| Senior Health Specialties, Inc |   |      |   |                  |   |
|                                |   |      |   |                  |   |
|                                |   |      |   |                  |   |

Facility Name: The Glenwood of Greenville Report Period Beginning: Jan 2020 Ending: Dec 2020

VIII. OWNERSHIP COSTS

A. Purchase price of land Year land was acquired

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        | 3           | 4    | 5            | 6        | 7             | 8           | 9            |    |
|------------|-------------------------|------------------|----------|-------------|------|--------------|----------|---------------|-------------|--------------|----|
|            | Units*                  |                  | Year     | Year        | Cost | Current Book | Life     | Straight Line | Adjustments | Accumulated  |    |
|            |                         |                  | Acquired | Constructed |      | Depreciation | in Years | Depreciation  |             | Depreciation |    |
| 1          |                         |                  |          |             | \$   | \$           |          | \$            | \$          | \$           | 1  |
| 2          |                         |                  |          |             |      |              |          |               |             |              | 2  |
| 3          |                         |                  |          |             |      |              |          |               |             |              | 3  |
| ID Number: |                         |                  | 1000058  |             |      |              |          |               |             |              | 4  |
| 5          |                         |                  |          |             |      |              |          |               |             |              | 5  |
|            | Improvement Type        |                  |          |             |      |              |          |               |             |              |    |
| 6          |                         |                  |          |             |      |              |          |               |             |              | 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) |                  |          |             | \$   | \$           |          | \$            | \$          | \$           | 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       | \$   | \$           | \$            | \$          |          | \$           | 18 |
| 19 | Vehicles                |      |              |               |             |          |              | 19 |
| 20 | TOTAL (lines 18 and 19) | \$   | \$           | \$            | \$          |          | \$           | 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: The Glenwood of Greenville

Report Period Beginning: Jan 2020

Ending: Dec 2020

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Colony Northstar

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* |
| Facility ID Number: |           |                  |                 |               | 1000058       |                     |                             |
| 3                   | Building  | Building         | 2006 38         | 11/1/2014     | \$ 779,805    | 5                   | 3                           |
| 4                   | Additions | Additions        | 2006 8          | / /           |               |                     | 4                           |
| 5                   |           |                  | 2007 10         | / /           |               |                     | 5                           |
| 6                   |           |                  |                 | / /           |               |                     | 6                           |
| 7                   | TOTAL     |                  | 56              |               | \$ 779,805    |                     | 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  |                              |           |    |                 | / /          | \$             | \$      | / /           |                          | \$                            | 1  |
| 2  |                              | 366       |    | 303             | / /          |                |         | / /           |                          |                               | 2  |
| 3  |                              |           |    |                 | / /          |                |         | / /           |                          |                               | 3  |
|    | Working Capital              |           |    |                 |              |                |         |               |                          |                               |    |
| 4  |                              |           |    |                 | / /          |                |         | / /           |                          |                               | 4  |
| 5  |                              |           |    |                 | / /          |                |         | / /           |                          |                               | 5  |
| 6  |                              |           |    |                 | / /          |                |         | / /           |                          |                               | 6  |
| 7  | TOTAL Facility Related       |           |    |                 |              | \$             | \$      |               |                          | \$                            | 7  |
|    | B. Non-Facility Related      |           |    |                 |              |                |         |               |                          |                               |    |
| 8  |                              |           |    |                 | / /          |                |         | / /           |                          |                               | 8  |
| 9  |                              |           |    |                 | / /          |                |         | / /           |                          |                               | 9  |
| 10 | TOTALS (lines 7, 8 and 9)    |           |    |                 |              | \$             | \$      |               |                          | \$                            | 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: The Glenwood of Greenville

Report Period Beginning: Jan 2020

Ending:

Dec 2020

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of Dec 2020

(last day of reporting year)

|                   |                                                                   | 1<br>Operating | 2<br>After<br>Consolidation* |    |
|-------------------|-------------------------------------------------------------------|----------------|------------------------------|----|
|                   | <b>A. Current Assets</b>                                          |                |                              |    |
| 1                 | Cash on Hand and in Banks                                         | \$ 153,618     | \$                           | 1  |
| 2                 | Cash-Patient Deposits                                             | 34,368         |                              | 2  |
| 3                 | Accounts & Short-Term Notes Receivable-Patients (less allowance ) | 344,873        |                              | 3  |
| <b>ID Number:</b> |                                                                   | 1000058        |                              | 4  |
| 5                 | Short-Term Investments                                            |                |                              | 5  |
| 6                 | Prepaid Insurance                                                 | 105,186        |                              | 6  |
| 7                 | Other Prepaid Expenses                                            |                |                              | 7  |
| 8                 | Accounts Receivable (owners or related parties)                   |                |                              | 8  |
| 9                 | Other(specify):                                                   |                |                              | 9  |
| 10                | <b>TOTAL Current Assets</b><br>(sum of lines 1 thru 9)            | \$ 638,045     | \$                           | 10 |
|                   | <b>B. Long-Term Assets</b>                                        |                |                              |    |
| 11                | Long-Term Notes Receivable                                        |                |                              | 11 |
| 12                | Long-Term Investments                                             |                |                              | 12 |
| 13                | Land                                                              |                |                              | 13 |
| 14                | Buildings, at Historical Cost                                     |                |                              | 14 |
| 15                | Leasehold Improvements, at Historical Cost                        |                |                              | 15 |
| 16                | Equipment, at Historical Cost                                     | 503,173        |                              | 16 |
| 17                | Accumulated Depreciation (book method 366)                        | 303            |                              | 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):                                                   |                |                              | 23 |
| 24                | <b>TOTAL Long-Term Assets</b><br>(sum of lines 11 thru 23)        | \$ 503,476     | \$                           | 24 |
| 25                | <b>TOTAL ASSETS</b><br>(sum of lines 10 and 24)                   | \$ 1,141,520   | \$                           | 25 |

|    |                                                                 | 1<br>Operating | 2<br>After<br>Consolidation* |    |
|----|-----------------------------------------------------------------|----------------|------------------------------|----|
|    | <b>C. Current Liabilities</b>                                   |                |                              |    |
| 26 | Accounts Payable                                                | \$ 126,537     | \$                           | 26 |
| 27 | Officer's Accounts Payable                                      |                |                              | 27 |
| 28 | Accounts Payable-Patient Deposits                               | 34,368         |                              | 28 |
| 29 | Short-Term Notes Payable                                        |                |                              | 29 |
| 30 | Accrued Salaries Payable                                        | 45,101         |                              | 30 |
| 31 | Accrued Taxes Payable                                           | 101,935        |                              | 31 |
| 32 | Accrued Interest Payable                                        |                |                              | 32 |
| 33 | Deferred Compensation                                           |                |                              | 33 |
| 34 | Federal and State Income Taxes                                  |                |                              | 34 |
|    | <b>Other Current Liabilities(specify):</b>                      |                |                              |    |
| 35 |                                                                 |                |                              | 35 |
| 36 |                                                                 |                |                              | 36 |
| 37 | <b>TOTAL Current Liabilities</b><br>(sum of lines 26 thru 36)   | \$ 307,941     | \$                           | 37 |
|    | <b>D. Long-Term Liabilities</b>                                 |                |                              |    |
| 38 | Long-Term Notes Payable                                         |                |                              | 38 |
| 39 | Mortgage Payable                                                |                |                              | 39 |
| 40 | Bonds Payable                                                   |                |                              | 40 |
| 41 | Deferred Compensation                                           |                |                              | 41 |
|    | <b>Other Long-Term Liabilities(specify):</b>                    |                |                              |    |
| 42 |                                                                 |                |                              | 42 |
| 43 |                                                                 |                |                              | 43 |
| 44 | <b>TOTAL Long-Term Liabilities</b><br>(sum of lines 38 thru 43) | \$             | \$                           | 44 |
| 45 | <b>TOTAL LIABILITIES</b><br>(sum of lines 37 and 44)            | \$ 307,941     | \$                           | 45 |
| 46 | <b>TOTAL EQUITY</b>                                             | \$ 775,370     | \$                           | 46 |
| 47 | <b>TOTAL LIABILITIES AND EQUITY</b><br>(sum of lines 45 and 46) | \$ 1,083,311   | \$                           | 47 |

\*(See instructions.)

Facility Name: The Glenwood of Greenville

Report Period Beginning: Jan 2020

Ending:

Dec 2020

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)****1**

I.

|           | <b>I. Revenue</b>                       | <b>Amount</b>   |           |
|-----------|-----------------------------------------|-----------------|-----------|
|           | <b>A. SLF Resident Care</b>             |                 |           |
|           | <b>ID Number:</b>                       |                 |           |
| <b>2</b>  | Discounts and Allowances                |                 | <b>2</b>  |
|           | <b>SUBTOTAL Resident Care</b>           |                 |           |
| <b>3</b>  | (line 1 minus line 2)                   | \$              | <b>3</b>  |
|           | <b>B. Other Operating Revenue</b>       |                 |           |
| <b>4</b>  | Special Services                        | <b>5,000</b>    | <b>4</b>  |
| <b>5</b>  | Other Health Care Services              |                 | <b>5</b>  |
| <b>6</b>  | Special Grants                          |                 | <b>6</b>  |
| <b>7</b>  | Gift and Coffee Shop                    |                 | <b>7</b>  |
| <b>8</b>  | Barber and Beauty Care                  |                 | <b>8</b>  |
| <b>9</b>  | Non-Resident Meals                      | <b>357</b>      | <b>9</b>  |
| <b>10</b> | Laundry                                 |                 | <b>10</b> |
|           | <b>SUBTOTAL OTHER OPERATING REVENUE</b> |                 |           |
| <b>11</b> | (sum of lines 4 thru 10)                | \$ <b>5,357</b> | <b>11</b> |
|           | <b>C. Non-Operating Revenue</b>         |                 |           |
| <b>12</b> | Contributions                           | <b>366</b>      | <b>12</b> |
| <b>13</b> | Interest and Other Investment Income    |                 | <b>13</b> |
|           | <b>SUBTOTAL Non-Operating Revenue</b>   |                 |           |
| <b>14</b> | (sum of lines 12 and 13)                | \$ <b>366</b>   | <b>14</b> |
|           | <b>D. Other Revenue (specify):</b>      |                 |           |
| <b>15</b> |                                         |                 | <b>15</b> |
| <b>16</b> |                                         |                 | <b>16</b> |
|           | <b>SUBTOTAL Other Revenue</b>           |                 |           |
| <b>17</b> | (sum of lines 15 and 16)                | \$              | <b>17</b> |
|           | <b>TOTAL REVENUE</b>                    |                 |           |
| <b>18</b> | (sum of lines 3, 11, 14 and 17)         | \$ <b>5,723</b> | <b>18</b> |

**2**

1000058

303

|           | <b>II. Expenses</b>                                            | <b>Amount</b>         |           |
|-----------|----------------------------------------------------------------|-----------------------|-----------|
|           | <b>A. Operating Expenses</b>                                   |                       |           |
|           | <b>1000058</b>                                                 | <b>342,213</b>        | <b>19</b> |
| <b>20</b> | Health Care/ Personal Care                                     | <b>357,896</b>        | <b>20</b> |
| <b>21</b> | General Administration                                         | <b>615,978</b>        | <b>21</b> |
|           | <b>B. Capital Expense</b>                                      |                       |           |
| <b>22</b> | Ownership                                                      | <b>881,955</b>        | <b>22</b> |
|           | <b>C. Other Expenses</b>                                       |                       |           |
| <b>23</b> | Special Cost Centers                                           |                       | <b>23</b> |
| <b>24</b> | Non-Operating Expenses                                         |                       | <b>24</b> |
| <b>25</b> | Other (specify):                                               |                       | <b>25</b> |
| <b>26</b> |                                                                |                       | <b>26</b> |
| <b>27</b> |                                                                |                       | <b>27</b> |
|           | <b>TOTAL EXPENSES</b>                                          |                       |           |
| <b>28</b> | (sum of lines 19 thru 27)                                      | \$ <b>2,198,042</b>   | <b>28</b> |
|           | <b>Income Before Income Taxes</b>                              |                       |           |
| <b>29</b> | (line 18 minus line 28)                                        | \$ <b>(2,192,319)</b> | <b>29</b> |
|           | <b>Income Taxes</b>                                            |                       |           |
| <b>30</b> |                                                                | \$                    | <b>30</b> |
|           | <b>NET INCOME OR LOSS FOR THE YEAR</b>                         |                       |           |
| <b>31</b> | (line 29 minus line 30)                                        | \$ <b>(2,192,319)</b> | <b>31</b> |
|           | <b>III. Net Resident Care Revenue detailed by Payer Source</b> |                       |           |
| <b>32</b> | Medicaid - Net Inpatient Revenue                               | \$ <b>415,617</b>     | <b>32</b> |
| <b>33</b> | Private Pay - Net Inpatient Revenue                            | <b>1,758,412</b>      | <b>33</b> |
| <b>34</b> | Medicare - Net Inpatient Revenue                               |                       | <b>34</b> |
| <b>35</b> | Other-(specify)                                                |                       | <b>35</b> |
| <b>36</b> | Other-(specify)                                                |                       | <b>36</b> |
| <b>37</b> | TOTAL (This total must agree to Line 3)                        | \$ <b>2,174,029</b>   | <b>37</b> |