

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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: 100X021

Facility Name: Asbury Court Memory Care

Address: 1750 S Elmhurst Road Des Plaines 60018

County: Cook

Telephone Number: (847) 228-1500 Fax #: (847) 228-1579

Federal Employer ID Number:

Date Current Owners were Certified: 2/28/2003

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
X 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 1/1/2021 to 12/31/2021 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)
(Print Name and Title) Steven N. Lavenda, CPA Partner
(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	28	Single Unit Apartment	28	10,220	1
2	12	Double Unit Apartment	12	4,380	2
3		Other		2,532	3
4	40	TOTALS	40	17,132	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	8,184	726		8,910	5
6	Double Unit	7,520	623		8,143	6
7	Other					7
8	TOTALS	15,704	1,349		17,053	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 99.54%

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

135 Also, indicate the number of unpaid bed-hold days the SLF had during this year. (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)

N/A

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

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

Tax Year: 12/31/2021 Fiscal Year: 12/31/2021

\* 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

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Facility Name: Asbury Court Memory Care

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

## 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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	110,413	130,092	326	240,831		240,831	1
2	Housekeeping, Laundry and Maintenance	48,206	17,078	80,893	146,177	4,586	150,763	2
3	Heat and Other Utilities			71,701	71,701	357	72,058	3
4	Other (specify):		60	17,692	17,752		17,752	4
5	<b>TOTAL General Services</b>	158,619	147,230	170,612	476,461	4,943	481,404	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	371,888	4,545	14,199	390,632		390,632	6
7	Activities and Social Services	38,909	5,462	1,528	45,899		45,899	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	410,797	10,007	15,727	436,531		436,531	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	60,234	8,288	283,869	352,391	(115,302)	237,089	10
11	Marketing Materials, Promotions and Advertising	25,631	1,244	35,911	62,786		62,786	11
12	Employee Benefits and Payroll Taxes			96,745	96,745	6,375	103,120	12
13	Insurance-Property, Liability and Malpractice			48,093	48,093	29,623	77,716	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	85,865	9,532	464,618	560,015	(79,304)	480,711	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	655,281	166,769	650,957	1,473,007	(74,361)	1,398,646	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			39,380	39,380	175,668	215,048	17
18	Interest					186,949	186,949	18
19	Real Estate Taxes					113,754	113,754	19
20	Rent -- Facility and Grounds			479,289	479,289	(479,289)		20
21	Rent -- Equipment			1,707	1,707		1,707	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			520,376	520,376	(2,919)	517,457	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	655,281	166,769	1,171,333	1,993,383	(77,279)	1,916,104	24



STATE OF ILLINOIS		Page 3A
Ashbury Court Memory Care		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Ashbury Healthcare		1
2 Professional Fees	5,966	10 2
3 License, Permits, and Dues	16	10 3
4 Personnel Recruitment	798	10 4
5 A&G Wages	64,720	10 5
6 Office Expenses	1,766	10 6
7 Travel	3,492	10 7
8 Insurance - General	1,023	13 8
9 Employee Benefits	6,375	12 9
10 Rent Expense	7,298	20 10
11		11
12 7040 N. Ridgeway		12
13 Utilities	1,120	03 13
14 Repairs and Maintenance	1,565	02 14
15 RE Tax Appeal	413	10 15
16 Licenses and Permits	5	10 16
17 Office Expense	309	10 17
18 Insurance	154	13 18
19 Interest	2,397	18 19
20 Real Estate Taxes	4,663	19 20
21 Rent	(7,298)	20 21
22		22
23 Non-Straight Line Depreciation	36,373	17 23
24		24
25 Other Income	(2,013)	10 25
26 Office - Food	(14)	10 26
27 Office Contracted Service	(156,008)	10 27
28 Bank Charges	(1,242)	10 28
29 Bad Debt Expense	(39,426)	10 29
30 TV Service	(763)	03 30
31 Misc Expenses	(367)	10 31
32 Donation	(390)	10 32
33 Interest Income	(1,749)	18 33
34		34
35 Building Co. - Rent Income	(479,289)	20 35
36 Building Co. - Depreciation	139,295	17 36
37 Building Co. - Insurance	5,144	13 37
38 Building Co. - Interest Expense	186,502	18 38
39 Building Co. - Real Estate Taxes	109,091	19 39
40 Building Co. - MIP Expense	23,343	13 40
41 Building Co. - Licenses and Permits	26	10 41
42 Building Co. - Legal	6,647	10 42
43 Building Co. - Interest Income	(201)	18 43
44 Capitalized R&M	(2,600)	02 44
45 Additional R&M	5,621	02 45
46		46
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99		99
100		100
101 Total	(77,279)	101



Facility Name: Asbury Court Memory Care

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.20	\$ 36.27	1
2	Licensed Practical Nurses	0.16	34.23	2
3	Certified Nurse Assistants	5.57	23.28	3
4	Activity Director & Assistants	0.98	18.21	4
5	Social Service Workers	0.03	24.66	5
6	Head Cook	0.09	40.30	6
7	Cook Helpers/Assistants	2.90	17.01	7
8	Dishwashers			8
9	Maintenance Workers	0.87	24.42	9
10	Housekeepers	0.15	12.56	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.66	40.07	13
14	Clerical	0.13	17.81	14
15	Marketing	0.27	45.93	15
16	Other			16
17	Total (lines 1 thru 16)	13.03	\$ 24.17	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 Attached			

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

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: If yes, what is the value of those services? \$

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).



Facility Name: Asbury Court Memory Care

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

## VIII. OWNERSHIP COSTS

A. Purchase price of land 5,011 Year land was acquired Allocated from 7040 N. Ridgeway

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			Allocated	2016	\$ 454,343	\$	35	\$ 12,981	\$ 12,981	\$ 77,887	1
2			7040 North								2
3			Ridgeway								3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				2,709,910	178,675	20	135,495	(43,180)	1,060,300	6
7	Various			1995	247,108		20			247,108	7
8	Various			1996	71,562		20			71,562	8
9	Various			1997	87,183		20			87,183	9
10	Various			1998	120,484		20			120,484	10
11	Various			1999	30,594		20			30,594	11
12	Various			2001	162,412		20			162,412	12
13	Various			2002	109,855		20			109,855	13
14	Various			2003	132,998		20	6,650	6,650	126,348	14
15	Various			2004	102,493		20	5,125	5,125	92,244	15
16	Various			2005	432,088		20	21,604	21,604	367,275	16
17	TOTAL (lines 1 thru 16)				\$ 4,661,030	\$ 178,675		\$ 181,856	\$ 3,181	\$ 2,553,252	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	\$ 681,522	\$	\$ 33,192	33,192		\$ 511,578	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 681,522	\$	\$ 33,192	33,192		\$ 511,578	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 &amp; ID Number Asbury Court Memory Care

#

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

**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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Kitchenettes	2014	\$ 16,800	\$ 178,675	20	\$ 840	\$ (177,835)	\$ 6,720	1
2	Wellness Center	2014	6,100		20	305	305	2,440	2
3	Gazebo	2014	18,900		20	945	945	7,560	3
4	Roofing	2014	94,165		20	4,708	4,708	37,666	4
5	Bathrooms	2014	153,300		20	7,665	7,665	61,320	5
6	Dr Office	2014	9,800		20	490	490	3,920	6
7	Unit Renovations	2014	68,305		20	3,415	3,415	27,322	7
8	Exterior Repairs	2014	70,795		20	3,540	3,540	28,318	8
9	Pavement Parking Blocks	2014	8,653		20	433	433	3,461	9
10	Leasehold Improvement	2016	9,630		20	481	481	2,889	10
11	Vinyl Flooring	2017	10,370		20	519	519	2,593	11
12	Building Improvements	2017	50,702		20	2,535	2,535	12,676	12
13	Lighting	2017	3,440		20	172	172	1,032	13
14	Parking Lot Repairs	2018	11,132		20	557	557	2,783	14
15	Corridor Improvements	2018	560,026		20	28,001	28,001	140,006	15
16	Signage	2018	20,781		20	1,039	1,039	5,195	16
17	Flooring	2019	50,621		20	2,531	2,531	10,124	17
18	Kitchenettes	2019	5,980		20	299	299	1,196	18
19	Bathrooms	2019	29,005		20	1,450	1,450	5,801	19
20	Window Treatments	2019	12,826		20	641	641	2,565	20
21	Wireless Nurse Calling System	2020	81,124		20	4,056	4,056	12,169	21
22	Office Furniture	2020	1,908		20	95	95	286	22
23	Installed New Booster Pump	2021	46,465		20	2,323	2,323	2,323	23
24	Installed New Control Valves For Hot Water Storage Tanks	2021	16,010		20	801	801	801	24
25	Installed Shadowbox Frames	2021	4,906		20	245	245	245	25
26	Installed Rtu	2021	15,848		20	792	792	792	26
27	Repaired Plumbing And Hvac	2021	7,184		20	359	359	359	27
28	Repaired Plumbing And Hvac	2021	10,535		20	527	527	527	28
29	Repaired Plumbing And Hvac	2021	2,977		20	149	149	149	29
30	Sprinkler System	2021	2,600		20	130	130	130	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,400,889	\$ 178,675		\$ 70,044	\$ (108,631)	\$ 383,368	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		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			\$	\$ 178,675		\$	\$ (178,675)	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$ 178,675		\$	\$ (178,675)	\$	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
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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: Asbury Court Memory Care Report Period Beginning: 1/1/2021 Ending: 12/31/2021

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				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?  
YES NO

9. Rental amount for movable equipment \$ 1,707

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	Capital One			Mortgage	/ /	\$	27,252,163	/ /		\$ 186,502	1	
2					/ /			/ /			2	
3					/ /			/ /			3	
	Working Capital											
4					/ /			/ /			4	
5	Allocated from 7040 N. Ridgeway		X		/ /			/ /		2,397	5	
6					/ /			/ /			6	
7	TOTAL Facility Related					\$	27,252,163				\$ 188,899	7
	B. Non-Facility Related											
8	Interest Income		X		/ /			/ /		-1,749	8	
9	Ineterst Income-Bldg Co		X		/ /			/ /		-201	9	
10	TOTALS (lines 7, 8 and 9)					\$	27,252,163				\$ 186,949	10

\* If there is an option to buy the building, please provide complete details on an attached schedule.  
\*\* If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.



## STATE OF ILLINOIS

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Facility Name: Asbury Court Memory Care

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 856,647	\$ 2,453,001	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,622,494	1,622,494	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	380	11,918	6
7	Other Prepaid Expenses	5,322	29,172	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	7,213	7,213	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,492,056	\$ 4,123,798	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		375,000	13
14	Buildings, at Historical Cost		2,930,944	14
15	Leasehold Improvements, at Historical Cost	3,762,294	18,274,138	15
16	Equipment, at Historical Cost	1,140,730	2,088,881	16
17	Accumulated Depreciation (book methods)	(2,815,130)	(2,815,130)	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): <a href="#">See Attached</a>	2,937,050	6,308,045	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 5,024,944	\$ 27,161,878	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 7,517,000	\$ 31,285,676	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 706,357	\$ 706,357	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	117,229	117,229	30
31	Accrued Taxes Payable	6,365	1,022,882	31
32	Accrued Interest Payable		89,948	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>	14,727	370,579	36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 844,678	\$ 2,306,995	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		27,252,163	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	<a href="#">See Attached</a>	96,787	96,787	43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$ 96,787	\$ 27,348,950	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 941,465	\$ 29,655,945	45
46	<b>TOTAL EQUITY</b>	\$ 6,575,535	\$ 1,629,731	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 7,517,000	\$ 31,285,676	47

\*(See instructions.)



Facility Name: Asbury Court Memory Care

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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

1			
	I. Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 2,469,879	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 2,469,879	3
	<b>B. Other Operating Revenue</b>		
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	1,749	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 1,749	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached	281,453	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 281,453	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 2,753,081	18

2			
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	476,461	19
20	Health Care/ Personal Care	436,531	20
21	General Administration	560,015	21
	<b>B. Capital Expense</b>		
22	Ownership	520,376	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 1,993,383	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 759,698	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 759,698	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 1,823,039	32
33	Private Pay - Net Inpatient Revenue	646,840	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 2,469,879	37