

		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: 1000080

Facility Name: Foxes Grove Supp Living Comm

Address: 395 Edwardsville Rd Wood River 62095

County: Madison

Telephone Number: (618) 259-0851 Fax # (618) 259-0854

Federal Employer ID Number:

Date Current Owners were Certified: 2/1/2020

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: Carrie St. John
Telephone Number: (305) 819-9555
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) JACQUELINE PRICE
(Title) CFO

Paid Preparer

(Signed)
(Date)
(Print Name and Title) CARRIE ST. JOHN SHAREHOLDER
(Firm Name & Address) MSL, P.A. 500 E. Broward Blvd, Suite 1550, Ft Lauderdale, FL 333
(Telephone) (305) 819-9555 Fax (305) 351-0002

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 Foxes Grove Supp Living CommReport Period Beginning: 1/1/2021 Ending: 12/31/2021**III. STATISTICAL DATA****A. Certified units; enter number of units and unit days**Date of change in certified units 02/01/2020

	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	22,561	6,707	1	29,269	5
6	Double Unit	886	2,467		3,353	6
7	Other					7
8	TOTALS	23,447	9,174	1	32,622	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.08%

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

n/a Also, indicate the number of unpaid bed-hold days the SLF had during this year. N/A **(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 ☐ NOTax 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 therequired payments of interest and principal? N/AIf 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 therequired payments of interest and principal? N/AIf 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 facilitymake all of the required payments of interest and principal? N/AIf no, explain. N/A

STATE OF ILLINOIS

Page 3

Facility Name: Foxes Grove Supp Living Comm

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			
	A. General Services							
1	Dietary and Food Purchase	284,782	188,811	3,651	477,244	5,809	483,053	1
2	Housekeeping, Laundry and Maintenance	170,396	95,501	92,303	358,200	25,012	383,212	2
3	Heat and Other Utilities			190,119	190,119	(11,818)	178,301	3
4	Other (specify):			1,359	1,359		1,359	4
5	TOTAL General Services	455,178	284,312	287,432	1,026,922	19,003	1,045,925	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	790,788	87,792	7,129	885,709	31,898	917,607	6
7	Activities and Social Services	73,619	3,993	600	78,212		78,212	7
8	Other (specify):		4,221		4,221		4,221	8
9	TOTAL Health Care and Programs	864,407	96,006	7,729	968,142	31,898	1,000,040	9
	C. General Administration							
10	Administrative and Clerical	250,315	24,610	420,975	695,900	(726)	695,174	10
11	Marketing Materials, Promotions and Advertising	81,661		10,974	92,635	(8,190)	84,445	11
12	Employee Benefits and Payroll Taxes			209,988	209,988		209,988	12
13	Insurance-Property, Liability and Malpractice			144,055	144,055	120	144,175	13
14	Other (specify):							14
15	TOTAL General Administration	331,976	24,610	785,992	1,142,578	(8,796)	1,133,782	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,651,561	404,928	1,081,153	3,137,642	42,105	3,179,747	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			10,725	10,725	88,578	99,303	17
18	Interest			102,829	102,829	143,740	246,569	18
19	Real Estate Taxes			56,373	56,373		56,373	19
20	Rent -- Facility and Grounds			162,744	162,744	(162,744)		20
21	Rent -- Equipment			5,739	5,739		5,739	21
22	Other (specify): Home Office Property					2,902	2,902	22
23	TOTAL Ownership			338,410	338,410	72,476	410,886	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,651,561	404,928	1,419,563	3,476,052	114,581	3,590,633	24

STATE OF ILLINOIS

FACILITY NAME:Foxes Grove Supp Living Comm

REPORT PERIOD BEGIN:1/1/2021

REPORT PERIOD END:12/31/2021

	ADJUSTMENT	AMOUNT	SCH V LINE
1	Expense Adjustments:		
2	American Express Undistributed	68	10
3	American Express Undistributed	(68)	10
4	Bad Debt	264	10
5	Finance Chgs Late Fees	(98)	10
6	Promotional Advertising	(8,190)	11
7	Amort Exp - Other Intangibles	(349)	10
8	Cable Television	(11,818)	3
9	Misc Rev Vending	(633)	1
10	Misc Rev Interest	(1,876)	18
11	Interest Income	(505)	18
12	Misc Rev Other	(200)	10
13	Rebate Income	(4,443)	10
14	Depreciation Expense Adjustment	796	17
15			
16			
17	HOME OFFICE COSTS: GREYSTONE HEALTHCARE MGMT CORP (eff 1/1 - 5/31/21)		
18	Management Fee	(67,279)	17
19	Home Office - Admin	56,529	17
20	Home Office - Nursing	15,585	6
21	Home Office - Property	2,804	22
22	Home Office - Dietary	686	1
23			
24	HOME OFFICE COSTS: ABLEHEARTS HEALTHCARE FOUNDATION (eff 6/1/21)		
25	Management Fee	(116,247)	17
26	Home Office - Admin	100,063	17
27	Home Office - Nursing	7,007	6
28	Home Office - Property	98	22
29			
30	RELATED PARTY LEASE: 395 EAST EDWARDSVILLE ROAD LLC		
31	RENT-FACILITY & GROUNDS	(162,744)	20
32	ADMINISTRATIVE - OTHER	19,427	10
33	INSURANCE - PROP LIAB MALPRACT	120	13
34	DEPRECIATION	87,782	17
35	INTEREST	146,122	18
36	EXPENSE EQUIP - DIETARY	5,756	1
37	EXPENSE EQUIP - LAUNDRY/HSKP/M	25,012	2
38	EXPENSE EQUIP - NURSING	9,305	6
39	EXPENSE EQUIP - ADMIN	11,606	10
40			
41			
	TOTAL ADJUSTMENTS	114,581	

SUMMARY BY LINE:

1	Dietary and Food Purchase	5,809
2	Housekeeping, Laundry and Maintenance	25,012
3	Heat and Other Utilities	(11,818)
6	Health Care/ Personal Care	31,898
10	Administrative and Clerical	26,207
11	Marketing Materials, Promotions and Advertising	(8,190)
12	Employee Benefits and Payroll Taxes	0
13	Insurance-Property, Liability and Malpractice	120
17	Depreciation	61,643
18	Interest	143,741
20	Rent -- Facility and Grounds	(162,744)
22	Other (specify):	2,902
		114,581

Facility Name: Foxes Grove Supp Living Comm

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	\$ 42.29	1
2	Licensed Practical Nurses	6	30.43	2
3	Certified Nurse Assistants	10	17.42	3
4	Activity Director & Assistants	2	15.34	4
5	Social Service Workers			5
6	Head Cook	1	21.30	6
7	Cook Helpers/Assistants	8	14.81	7
8	Dishwashers			8
9	Maintenance Workers	2	15.12	9
10	Housekeepers	4	13.97	10
11	Laundry	1	14.77	11
12	Managers	1	49.74	12
13	Other Administrative	2	21.64	13
14	Clerical	3	14.55	14
15	Marketing	1	41.16	15
16	Other Driver	1	17.38	16
17	Total (lines 1 thru 16)	43	\$ 20.25	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 ATTACHMENTS1	

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	NOT APPLICABLE			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	NOT APPLICABLE	\$ 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: Greystone HC Mngt Corp & Ablehearts HC Foundat If yes, what is the value of those services? \$ 182,773

(Please attach a separate schedule itemizing those services.) SEE ATTACHMENT PG3A, LINES 17-28

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).

VII. RELATED PARTIES

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2			River Crossing of Alton	Alton, IL	Foxes Grove Supportive Living	Wood River, IL	Supportive Living	2
3			River Crossing of East Peoria	East Peoria, IL				3
4			River Crossing of Edwardsville	Edwardsville, IL				4
5			River Crossing of Elgin	Elgin, IL				5
6			Inverness Health & Rehab	Inverness, IL				6
7			River Crossing of Joliet	Joliet, IL				7
8			River Crossing of Moline	Moline, IL				8
9			Deerfield Crossing Northbrook	Northbrook, IL				9
10			River Crossing of Peoria	Peoria, IL				10
11			River Crossing of Rockford	Rockford, IL				11
12			River Crossing of St. Charles	St. Charles, IL				12
13			River Crossing Creve Coeur	St. Louis, MO				13
14			Apopka Health and Rehabilitation Center	Apopka, FL				14
15			Lakes of Clermont Health and Rehab Ctr	Clermont, FL				15
16			Lake Gibson Village Health and Rehab Ctr	Lakeland, FL				16
17								17
18								18
19			THE FOLLOWING FACILITIES ARE RELATED THROUGH 5/31/21 ONLY:		THE FOLLOWING FACILITIES ARE RELATED THROUGH 5/31/21 ONLY:			19
20								20
21			Alhambra NH, L.L.C.	Saint Petersburg,FL	Springs of Lady Lake ALF, L.L.C.	Lady Lake, FL	Assisted Living	21
22			Greenbrook NH, L.L.C.	Saint Petersburg,FL				22
23			Carlton Shores NH LLC	Daytona Beach,FL				23
24			Greenbriar NH, L.L.C.	Bradeenton,FL	THE FOLLOWING ENTITIES TERMINATED LICENSE EFF 7/22/21			24
25			Isle Health NH LLC	Orange Park,FL				25
26			La Mer LLC	Miami,FL	Greystone Home Healthcare of Greater Orlando	Orlando, FL	Home Health	26
27			Lady Lake NH, L.L.C.	Lady Lake,FL	Greystone Home Healthcare of Greater Tampa	Sun City Center, FL	Home Health	27
28			Lehigh Acres NH LLC	Lehigh Acres,FL	Greystone Home Health Care LLC	Clearwater, FL	Home Health	28
29			Colonial Care NH, L.L.C.	Saint Petersburg,FL	Greystone Home Health Care LLC	The Villages, FL	Home Health	29
30			Heritage NH, L.L.C.	North Miami Beach,FL	Greystone Home Health Care LLC	Daytona Beach, FL	Home Health	30
31			North Rehab NH, L.L.C.	Saint Petersburg,FL	Solana Home Health Agency LLC	Sarasota, FL	Home Health	31
32			The Oaks NH, L.L.C.	Gainesville,FL				32
33			Ridgecrest NH, L.L.C.	Deland,FL				33
34			Riverwood Health NH LLC	Starke,FL				34
35			Rockledge NH, L.L.C.	Rockledge,FL				35
36			Venice NH, L.L.C.	Venice,FL				36
37	0		Terrace Health NH LLC	Gainesville,FL				37
38			Mulberry Grove NH LLC	The Villages,FL				38
39			Gardens Health NH LLC	Daytona Beach,FL				39
40			Citrus Hills NH LLC	Hernando,FL				40
41			New Horizon NH, L.L.C.	Ocala,FL				41
42			Ponce NH LLC	St. Augustine,FL				42
43			Jackson Heights NH, L.L.C.	Miami,FL				43
44			Viera NH LLC	Viera,FL				44
45			Villa Health NH LLC	Deland,FL				45
46			Village Place NH LLC	Port Charlotte,FL				46
47			Palm Court NH, L.L.C.	Wilton Manors,FL				47
48			Woodland Grove NH LLC	Jacksonville,FL				48

Facility Name: Foxes Grove Supp Living Comm

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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 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	94		2020	1987-1990	\$ 1,847,004	\$ 47,359	39	\$ 47,359		\$ 90,772	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Parking Lot Asphalt			2020	28,641	1,909	15	1,909		2,546	6
7	New Carpeting for Various Rooms			2020	20,600	1,373	15	1,373		1,602	7
8	1 Air Handler			2020	2,633	376	7	376		596	8
9	1 Nurse Call System Computer			2020	4,740	677	7	677		1,072	9
10	25 - 1 1/2 Ton Carrier Condensers			2020	40,847	5,835	7	5,835		6,808	10
11	2 - 2 Ton Condensers			2020	2,920	417	7	417		556	11
12											12
13	SEE PG5A FOR 2021 ADDITIONS										13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 1,947,385	\$ 57,946		\$ 57,946		\$ 103,952	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	\$ 71,774	\$ 10,386	\$ 10,386		5-7	\$ 17,745	18
19	Vehicles	\$ 57,605	\$ 11,521	\$ 11,521		5	\$ 15,361	19
20	TOTAL (lines 18 and 19)	\$ 129,379	\$ 21,907	\$ 21,907			\$ 33,106	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

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	Totals from Page 5, Carried Forward		\$ 1,947,385	\$ 57,946		\$ 57,946	\$	\$ 103,952	1
2	Fence Replacement	2021	39,949	1,554		1,554		1,554	2
3	Hedge Planting	2021	9,500	369		369		369	3
4	Tree Servicing	2021	3,700	82		82		82	4
5	Library Renovation	2021	6,762	301		301		301	5
6	Siding Replacement	2021	132,250	5,143		5,143		5,143	6
7	Surveillance Camera, Indoor Cameras, Cables	2021	11,830	563		563		563	7
8	Phone System	2021	31,178	1,114		1,114		1,114	8
9	1.5 Ton AC Unit	2021	2,652	158		158		158	9
10	Replace Flooring- Rm 244	2021	2,534	211		211		211	10
11	Renovate Rm 201- Paint/Flooring	2021	4,395	366		366		366	11
12	Renovate Room 137/207- Floor/Paint/Door Cas.	2021	7,650	638		638		638	12
13	Renovate Rm 310- Floor/Walls/Blinds/Thermosta	2021	5,216	373		373		373	13
14	Replace Flooring- Rm 205	2021	3,380	282		282		282	14
15	Replace Flooring- Rm 306	2021	2,635	220		220		220	15
16	Replace Flooring- Rm 331	2021	2,635	220		220		220	16
17	Replace Flooring- Rm 308	2021	2,980	248		248		248	17
18	Monument Sign & Gate Signs	2021	9,350	779		779		779	18
19	Carpet- Directors, Marketing, Recept Offices	2021	3,021	252		252		252	19
20	Flooring/Painting- Rm 113	2021	4,640	387		387		387	20
21	Vinyl Tile- Entryway/Reception Room	2021	4,900	350		350		350	21
22	Vinyl Tile- Dining Rooms	2021	7,340	524		524		524	22
23	Replace Flooring- Rm 231	2021	2,766	198		198		198	23
24	Replace Flooring- Rm 334	2021	4,812	344		344		344	24
25	Renovate Rm 309- Paint/Flooring	2021	5,409	451		451		451	25
26	Renovate Rm 102- Paint/Flooring	2021	4,790	399		399		399	26
27	Renovate Sunroom/Library/Main Rm- Paint/Floor	2021	8,958	746		746		746	27
28	Flooring in Resident Room	2021	3,275	195		195		195	28
29	Flooring in Resident Room	2021	3,275	195		195		195	29
30	Reno Common Areas/Hallway- Floor/Paint/Boards	2021	123,433	1,469		1,469		1,469	30
31	Cooling Unit on Roof	2021	19,862	946		946		946	31
32	Elevator Valve Replacement	2021	8,762	313		313		313	32
33	Deck Renovations	2021	2,548	61		61		61	33
34	TOTAL (lines 1 thru 33)		\$ 2,433,772	\$ 77,397		\$ 77,397	\$	\$ 123,403	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: 1/1/2021

Ending: 2/31/2021

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: RELATED PARTY LEASE - SEE ADJ AT PG3A

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				/ /				5
6				/ /				6
7	TOTAL				\$			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	Series 2020A Bonds - AZIDA		X	Mortgage	2/1/20	\$ 2,345,878	\$ 2,345,878	2/1/45	0.0700	\$ 146,122	1
2	TCF National Bank		X	Van Lease	9/4/20	56,900	44,329	9/4/25	0.0640	3,192	2
3					/ /			/ /			3
	Working Capital										
4	Series 2020B Bonds		X	Working Capital	2/1/20	1,132,234	1,132,234	/ /	0.0880	99,637	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 3,535,012	\$ 3,522,441			\$ 248,951	7
	B. Non-Facility Related										
8	INTEREST INCOME		X		/ /			/ /		-2,382	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 3,535,012	\$ 3,522,441			\$ 246,569	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: **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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 6,738	\$ 6,738	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (20,000))	15,608	15,608	3
4	Supply Inventory (priced COST)	24,290	24,290	4
5	Short-Term Investments			5
6	Prepaid Insurance	10,318	10,318	6
7	Other Prepaid Expenses	10,785	10,785	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 67,739	\$ 67,739	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		320,358	13
14	Buildings, at Historical Cost		1,813,060	14
15	Leasehold Improvements, at Historical Cost		132,250	15
16	Equipment, at Historical Cost	50,778	508,445	16
17	Accumulated Depreciation (book methods)	(5,924)	(62,977)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		155,999	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): CON Operating Rights	13,279	13,279	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 58,133	\$ 2,880,414	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 125,872	\$ 2,948,153	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 173,779	\$ 203,580	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	28,150	28,150	28
29	Short-Term Notes Payable	56,699	56,699	29
30	Accrued Salaries Payable	95,643	95,643	30
31	Accrued Taxes Payable		65,205	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	3,824	3,824	34
	Other Current Liabilities(specify):			
35	Other Accrued Expenses	99,222	129,081	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 457,317	\$ 582,182	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	33,525	159,677	38
39	Mortgage Payable			39
40	Bonds Payable		2,345,878	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)	\$ 33,525	\$ 2,505,555	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 490,842	\$ 3,087,737	45
46	TOTAL EQUITY	\$ (364,970)	\$ (139,584)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 125,872	\$ 2,948,153	47

*(See instructions.)

Facility Name: Foxes Grove Supp Living Comm

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	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,819,339	1
2	Discounts and Allowances	(196,357)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,622,982	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	500	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	900	8
9	Non-Resident Meals	633	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,033	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,382	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,382	14
	D. Other Revenue (specify):		
15	Misc Revenues	4,643	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,643	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,632,040	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,026,922	19
20	Health Care/ Personal Care	968,142	20
21	General Administration	1,142,578	21
	B. Capital Expense		
22	Ownership	338,410	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)	\$ 3,476,052	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 155,988	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 155,988	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,745,303	32
33	Private Pay - Net Inpatient Revenue	874,273	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Hospice</u>	3,406	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,622,982	37