





Facility Name: Asbury of Kankakee Supp Lvg

Report Period Beginning:

1/1/17

Ending:

12/31/17

## 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	145,081	7,341	132,842	285,264		285,264	1
2	Housekeeping, Laundry and Maintenance	118,856	36,555	124,818	280,229		280,229	2
3	Heat and Other Utilities			92,841	92,841		92,841	3
4	Other (specify): Scavenger			16,260	16,260		16,260	4
5	<b>TOTAL General Services</b>	<b>263,937</b>	<b>43,896</b>	<b>366,761</b>	<b>674,594</b>		<b>674,594</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	314,290	7,611	50,829	372,730		372,730	6
7	Activities and Social Services	36,923	4,063	156	41,142		41,142	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>351,213</b>	<b>11,674</b>	<b>50,985</b>	<b>413,872</b>		<b>413,872</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	210,186	28,311	280,459	518,956	605	519,561	10
11	Marketing Materials, Promotions and Advertising	1,997	7,206	33,356	42,559		42,559	11
12	Employee Benefits and Payroll Taxes	107,068			107,068		107,068	12
13	Insurance-Property, Liability and Malpractice	34,996			34,996	6,647	41,643	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>354,247</b>	<b>35,517</b>	<b>313,815</b>	<b>703,579</b>	<b>7,252</b>	<b>710,831</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>969,397</b>	<b>91,087</b>	<b>731,561</b>	<b>1,792,045</b>	<b>7,252</b>	<b>1,799,297</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation					3,908	3,908	17
18	Interest					193,081	193,081	18
19	Real Estate Taxes					88,012	88,012	19
20	Rent -- Facility and Grounds			312,000	312,000	(312,000)		20
21	Rent -- Equipment			6,362	6,362		6,362	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>318,362</b>	<b>318,362</b>	<b>(26,999)</b>	<b>291,363</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>969,397</b>	<b>91,087</b>	<b>1,049,923</b>	<b>2,110,407</b>	<b>(19,747)</b>	<b>2,090,660</b>	<b>24</b>

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 31.53	1
2	Licensed Practical Nurses	2	20.57	2
3	Certified Nurse Assistants	9	10.77	3
4	Activity Director & Assistants	1	14.19	4
5	Social Service Workers			5
6	Head Cook	1	29.12	6
7	Cook Helpers/Assistants	5	9.51	7
8	Dishwashers	1	8.78	8
9	Maintenance Workers	2	18.33	9
10	Housekeepers	2	9.54	10
11	Laundry			11
12	Managers	1	56.75	12
13	Other Administrative	2	9.59	13
14	Clerical	1	21.92	14
15	Marketing	0	21.67	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>27</b>	<b>\$</b>	<b>17</b>

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
				<b>Total</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>3</b>

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
Asbury Gardens SLF		Aurora	
Asbury Court		Des Plaines	
Moraine Court		Bridgeview	
Asbury Gardens SNF			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Asbury Healthcare		Lincolnwood		Management	

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).

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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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6	See attachment1										6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	<b>TOTAL (lines 1 thru 16)</b>				\$	\$		\$	\$	\$	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	<b>TOTAL (lines 18 and 19)</b>	\$	\$	\$	\$		\$	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	<b>TOTALS (lines 21, 22 and 23)</b>	\$	\$	\$	24

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**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: \_\_\_\_\_

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	<b>TOTAL</b>				\$			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	Name of Lender	2		3	4	6		7	8	9		
			Related**				Purpose of Loan	Date of Note					Amount of Note
			YES	NO			Original	Balance					
		<b>A. Directly Facility Related</b>											
		<b>Long-Term</b>											
1						/ /	\$	\$	/ /		\$	1	
2						/ /			/ /			2	
3						/ /			/ /			3	
		<b>Working Capital</b>											
4						/ /			/ /			4	
5						/ /			/ /			5	
6						/ /			/ /			6	
7		<b>TOTAL Facility Related</b>					\$	\$			\$	7	
		<b>B. Non-Facility Related</b>											
8						/ /			/ /			8	
9						/ /			/ /			9	
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$			\$	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.

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 561,483	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	522,781		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,721		6
7	Other Prepaid Expenses	4,080		7
8	Accounts Receivable (owners or related parties)	(28,102)		8
9	Other(specify):	468		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,088,431	\$	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			16
17	Accumulated Depreciation (book methods)			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 (sum of lines 11 thru 23)</b>	\$	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,088,431	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 73,401	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	29,864		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Management Fee Payable	81,968		35
36	Other	816,729		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,001,962	\$	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 (sum of lines 38 thru 43)</b>	\$	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 1,001,962	\$	45
46	<b>TOTAL EQUITY</b>	\$ 86,469	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,088,431	\$	47

\*(See instructions.)

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**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	\$ 2,168,896	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,168,896</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services	1,650	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	125	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 1,775</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	7,608	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 7,608</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,178,279</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	674,594	19
20	Health Care/ Personal Care	413,872	20
21	General Administration	703,579	21
<b>B. Capital Expense</b>			
22	Ownership	318,362	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>	<b>\$ 2,110,407</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 67,872</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 67,872</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 1,303,768	32
33	Private Pay - Net Inpatient Revenue	865,128	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>	<b>\$ 2,168,896</b>	<b>37</b>

**Pg8 Line 36 Other:**

Rent Payable	384,000.00
Due to Affiliates	432,104.00
Clearing Acct	585.00
Payroll W/H Acct	40.00
Total	<u>816,729.00</u>

**Related Party Expenses**

VII. C.

Description	Amount
Accounting, Billing, Payroll Service	73,309.30
Property Taxes	88,012.00
Insurance	6,647.00
Depreciation	3,908.00
Interest	193,081.00
Other Fees	605.00
<b>Total Related Party Expenses</b>	<b><u>365,562</u></b>

**Expenses Adjustments:**

Other Fees	605	pg. 3 IV. 10
Property taxes	88,012.00	pg. 3 IV. 19
Insurance	6,647.00	pg. 3 IV. 13
Interest	193,081.00	pg. 3 IV. 18
Depreciation	3,908.00	pg. 3 IV. 17
Rent	(312,000)	pg. 3 IV. 20
<b>Total Adjustments</b>	<b><u>(19,747)</u></b>	