



Facility Name Foxes Grove Support Lvg Comm

Report Period Beginning: 7/1/2016 Ending: 6/30/2017

**III. STATISTICAL DATA**

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

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	83	Single Unit Apartment	83	30,295	1
2	11	Double Unit Apartment	11	4,015	2
3		Other		1,460	3
4	94	TOTALS	94	35,770	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	13,544	12,217		25,761	5
6	Double Unit	1,262	1,100		2,362	6
7	Other	406	240		646	7
8	TOTALS	15,212	13,557		28,769	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 80.43%

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

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (Do not include bed-hold days in Section B.)

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

YES  NO

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

YES  NO

**G. List all services provided by your facility for non-residents.**

(E.g., day care, "meals on wheels", outpatient therapy)

None

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 06/30/17 Fiscal Year: 06/30/17

\* 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 principle? N/A  
If no, explain. N/A

**K. Does the facility have any loans from the Federal Home Loan Bank outstanding?**

No If yes, did the facility make all of the required payments of interest and principle? N/A  
If no, explain. N/A

**L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?**

No If yes, did the facility make all of the required payments of interest and principle? N/A  
If no, explain. N/A

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## 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	8,790	177,466	333,376	519,632	(8,802)	510,830	1
2	Housekeeping, Laundry and Maintenance	142,255	23,794	187,319	353,368	(25,876)	327,492	2
3	Heat and Other Utilities			140,926	140,926	333	141,259	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>151,045</b>	<b>201,260</b>	<b>661,621</b>	<b>1,013,926</b>	<b>(34,346)</b>	<b>979,580</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	456,036	4,845		460,881	33,068	493,949	6
7	Activities and Social Services	32,798	12,656		45,454		45,454	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>488,834</b>	<b>17,501</b>		<b>506,335</b>	<b>33,068</b>	<b>539,403</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	134,702	8,273	264,077	407,052	30,555	437,607	10
11	Marketing Materials, Promotions and Advertising	37,864		9,987	47,851		47,851	11
12	Employee Benefits and Payroll Taxes			152,617	152,617	26,387	179,004	12
13	Insurance-Property, Liability and Malpractice			64,713	64,713	21,214	85,927	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>172,566</b>	<b>8,273</b>	<b>491,394</b>	<b>672,233</b>	<b>78,156</b>	<b>750,389</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>812,445</b>	<b>227,034</b>	<b>1,153,015</b>	<b>2,192,494</b>	<b>76,879</b>	<b>2,269,373</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			4,211	4,211	174,688	178,899	17
18	Interest			44,018	44,018	439,831	483,849	18
19	Real Estate Taxes					70,314	70,314	19
20	Rent -- Facility and Grounds			846,425	846,425	(831,682)	14,743	20
21	Rent -- Equipment							21
22	Other (specify): LOC Fees/MIP			7,564	7,564	35,068	42,632	22
23	<b>TOTAL Ownership</b>			<b>902,218</b>	<b>902,218</b>	<b>(111,780)</b>	<b>790,438</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>812,445</b>	<b>227,034</b>	<b>2,055,233</b>	<b>3,094,712</b>	<b>(34,902)</b>	<b>3,059,810</b>	<b>24</b>

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NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Non-Straight Line Depreciation	\$ 205	17	1
2	Bonus Income	449	01	2
3	Bad Debts	(66,248)	10	3
4	Bank Charges	(2,341)	10	4
5	Meals/Entertainment	(77)	10	5
6	Cable TV	(7,330)	02	6
7	Vending Income	(27)	01	7
8	Guest and Employee Meals	(5,188)	01	8
9	Vendor Discounts	(3,538)	01	9
10	Miscellaneous Income	(2,285)	10	10
11	Interest - Bravo Holdings Note	(23,529)	18	11
12	Line of Credit Fees	(7,564)	22	12
13	Penalties and Fines	(997)	10	13
14	Vendor Late Charges	(6,424)	10	14
15	Wood River Real Estate - Rental Income	(846,425)	20	15
16	Claims Admin Services - Legal Fees	(7,641)	10	16
17	Senior Living Services -	(39,129)	02	17
18	Bravo Nursing Home Services - Base Fee	(24,000)	10	18
19	Midwest Admin - Base Fee	(36,000)	10	19
20	Midwest Admin - Incentive Fee	(23,012)	10	20
21				21
22				22
23	<b>Bravo Holding Company</b>			23
24	Professional Fees	13,696	10	24
25	Seminar Expense	702	10	25
26	Interest	(31,394)	18	26
27				27
28	<b>Bravo Nursing Home Services, Inc</b>			28
29	Corporate RN Salaries	33,068	06	29
30	Corporate RN Salaries Benefits	2,295	12	30
31	Administrative Salaries	28,912	10	31
32	Professional Fees	329	10	32
33	Dues & Subscriptions	1	10	33
34	Office Expenses	773	10	34
35	Seminar & Lodging Expense	109	10	35
36	Auto Expense	2,701	10	36
37	Administrative & Office Benefits	3,125	12	37
38				38
39	<b>Claims Administration Services, LLC</b>			39
40	Professional Fees	272	10	40
41	Licenses	20	10	41
42	Office Salaries	3,064	10	42
43	Office Expense	41	10	43
44	Seminar	43	10	44
45	Auto/Travel Expense	297	10	45
46	Employee Benefits	361	12	46
47				47
48	<b>Midwest Admin Services, Inc</b>			48
49	Utilities	216	03	49
50	Maintenance Expense	94	02	50
51	Dues, Subscriptions, Licenses	2,636	10	51
52	Office Salaries	106,126	10	52
53	Office Expenses	34,213	10	53
54	Seminar	138	10	54
55	Travel Expense	3,217	10	55
56	Insurance	3,884	13	56
57	Employee Benefits	17,820	12	57
58	Depreciation	10,570	17	58
59	Interest	19,156	18	59
60	Building Rent	14,743	20	60
61				61
62	<b>Senior Living Services, Inc.</b>			62
63	Utilities	117	03	63
64	Maintenance Salary	18,548	02	64
65	Maintenance Expense	1,662	02	65
66	Maintenance Benefits	2,786	12	66
67	Licenses	57	10	67
68	Office Expense	379	10	68
69	Auto/Travel Expense	1,959	10	69
70	Insurance	515	13	70
71	Depreciation	336	17	71
72	Maintenance Supplies	278	02	72
73				73
74	<b>Wood River Real Estate</b>			74
75	Interest Income - Reserves	(19)	18	75
76	Interest Expense - HUD Mortgage	475,617	18	76
77	Interest Expense - HUD MIP	42,632	22	77
78	Real Estate Tax	70,314	19	78
79	Depreciation	163,571	17	79
80	Insurance Expense - Property	16,815	13	80
81				81
82				82
83				83
84				84
85				85
86				86
87				87
88				88
89				89
90				90
91				91
92				92
93				93
94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	<b>Total</b>	(34,902)		101

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.98	\$ 27.85	1
2	Licensed Practical Nurses	3.95	23.69	2
3	Certified Nurse Assistants	10.80	9.10	3
4	Activity Director & Assistants	1.65	8.32	4
5	Social Service Workers	0.20	10.15	5
6	Head Cook	0.09	16.66	6
7	Cook Helpers/Assistants	0.29	9.53	7
8	Dishwashers			8
9	Maintenance Workers	3.29	9.00	9
10	Housekeepers	3.40	11.40	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.01	33.84	13
14	Clerical	2.64	11.55	14
15	Marketing	0.95	19.21	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>29.26</b>	<b>\$ 13.35</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	N/A			\$	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$</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 <u>1</u>	City <u>2</u>
See Attachment	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
See Attachment		

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

Name of related entity: \_\_\_\_\_ If yes, what is the value of those services? \$ \_\_\_\_\_  
 (Please attach a separate schedule itemizing those services.)

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

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

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VIII. OWNERSHIP COSTS

A. Purchase price of land 55,000 Year land was acquired 1987

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. \*Total units on this schedule must agree with page 2.

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Units*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	46		1987	1987	\$ 2,252,829	\$ 163,577	40	\$ 56,321	\$ (107,256)	\$ 1,689,624	1
2	48		1990	1990	1,928,599		40	48,215	48,215	1,305,822	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				1,936,974	4,244		49,819	45,575	464,790	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)				\$ 6,118,402	\$ 167,821		\$ 154,355	\$ (13,466)	\$ 3,460,236	17

C. Equipment Depreciation -- Including Transportation.

	Type	1	2	3	4	5	6	
		Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation	
18	Movable Equipment	\$ 180,340	\$ 2,463	\$ 16,134	13,671		\$ 116,764	18
19	Vehicles	66,682	8,410	8,410			58,915	19
20	TOTAL (lines 18 and 19)	\$ 247,022	\$ 10,873	\$ 24,544	13,671		\$ 175,679	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1	2	3	4	
	Description and Year Acquired	Cost	Current Book Depreciation	Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

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**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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									1
2	Carpet & Vinly For 2 Bedrooms	2011	3,016		20	302	302	1,760	2
3	Carpet & Vinly For 2 Bedrooms	2013	3,755		20	536	536	2,279	3
4	Carpet & Vinly For 3 Bedrooms	2013	4,818		20	688	688	2,811	4
5	Carpet & Vinly For 3 Bedrooms	2014	5,703		20	815	815	2,625	5
6									6
7									7
8									8
9									9
10									10
11	Wood River Real Estate:								11
12	Various	1990	37,085		25			37,085	12
13	Various	1992	14,250		25	570	570	13,633	13
14	Various	2007	1,699,624		40	42,490	42,490	382,415	14
15	Various	2008	25,239		40	631	631	5,009	15
16	Various	2009	17,760		40	445	445	3,113	16
17	Various	2010	37,071		25-40	993	993	6,067	17
18	Various	2012	37,916		25-40	1,001	1,001	4,088	18
19	Landscaping	2013	3,420		25	137	137	410	19
20	Deck Replacement	2013	23,749		40	593	593	1,943	20
21	New Heating & Cooling Unit	2013	5,090		40	127	127	414	21
22	Hot Water Heater	2013	3,166		40	79	79	251	22
23	Kitchen & Bath Remodel	2013	4,145		40	104	104	285	23
24	Carpet / Vinyl	2013	5,762		40	144	144	372	24
25	Decks	2015	5,240		40	131	131	197	25
26									26
27	Allocated from Senior Living Services, Inc.								27
28	Fire Protection Services	2017	165	33	20	33		33	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,936,974	\$ 33		\$ 49,819	\$ 49,786	\$ 464,790	34

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

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**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

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

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**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

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

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**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	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	Allocated from Midwest Admin Serv			/ /	14,743			5
6				/ /				6
7	<b>TOTAL</b>		<b>0</b>		<b>\$ 14,743</b>			<b>7</b>

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				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	Berkadia		X	Mortgage	4/1/08	\$ 9,324,500	\$ 8,421,953	5/1/43	0.0565	\$ 475,617	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4	MidCap (Thru Allocation of Bravo I	X		Revolving Line of Credit	8/1/09			12/31/15	0.0500	44,012	4
5	Bldg Co - Interest Income				/ /			/ /		(19)	5
6	Bravo Holding Note Interest				/ /			/ /		(23,522)	6
7	<b>TOTAL Facility Related</b>					<b>\$ 9,324,500</b>	<b>\$ 8,421,953</b>			<b>\$ 496,088</b>	<b>7</b>
	<b>B. Non-Facility Related</b>										
8	Allocated from Midwest Admin Services, Inc				/ /			/ /		19,156	8
9	Allocated from Bravo Holding Company				/ /			/ /		(31,394)	9
10	<b>TOTALS (lines 7, 8 and 9)</b>					<b>\$ 9,324,500</b>	<b>\$ 8,421,953</b>			<b>\$ 483,850</b>	<b>10</b>

\* 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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Ending:

**6/30/2017****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 6/30/2017

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 4,212	\$ 4,250	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	597,594	597,594	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	29,524	35,802	6
7	Other Prepaid Expenses	3,388	3,388	7
8	Accounts Receivable (owners or related parties)	518,812	518,812	8
9	Other(specify): <b>See Attached</b>	734	734	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,154,264	\$ 1,160,580	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		55,000	13
14	Buildings, at Historical Cost		6,038,366	14
15	Leasehold Improvements, at Historical Cost	17,292	79,873	15
16	Equipment, at Historical Cost	26,402	169,152	16
17	Accumulated Depreciation (book methods)	(34,726)	(3,617,612)	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): <b>See Attached</b>		253,571	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 8,968	\$ 2,978,350	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,163,232	\$ 4,138,930	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 537,262	\$ 576,156	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,425	33,425	30
31	Accrued Taxes Payable	13,848	98,327	31
32	Accrued Interest Payable		989,542	32
33	Deferred Compensation			33
34	Federal and State Income Taxes	3,185	29,215	34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<b>See Attached</b>	2,098,714	432,455	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 2,686,434	\$ 2,159,120	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		8,421,953	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>	\$	\$ 8,421,953	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 2,686,434	\$ 10,581,073	45
46	<b>TOTAL EQUITY</b>	\$ (1,523,202)	\$ (6,442,143)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,163,232	\$ 4,138,930	47

\*(See instructions.)

Facility Name: Foxes Grove Support Lvg Comm

Report Period Beginning: 7/1/2016

Ending:

6/30/2017

**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	\$ 2,664,506	1
2	Discounts and Allowances	(12)	2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 2,664,494	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	1,200	8
9	Non-Resident Meals	5,841	9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 7,041	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	23,529	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 23,529	14
<b>D. Other Revenue (specify):</b>			
15	See Attached	7,500	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 7,500	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 2,702,564	18

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,013,926	19
20	Health Care/ Personal Care	506,335	20
21	General Administration	672,233	21
<b>B. Capital Expense</b>			
22	Ownership	902,218	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 3,094,712	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (392,148)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (392,148)	31
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 1,464,882	32
33	Private Pay - Net Inpatient Revenue	1,199,612	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,664,494	37