		FOR BHF USE					

LL1

2025
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2025)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0018580

Facility Name: Selfhelp Home of Chicago

Address: 908 West Argyle St (Number) Chicago (City) 60640 (Zip Code)

County: Cook

Telephone Number: (773) 271-0300 **Fax #** (773) 271-0633

HFS ID Number:

Date of Initial License for Current Owners: 1/1/1957

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Joshua S. Banach, CPA Telephone Number: 847-628-8784
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 10/1/2024 to 9/30/2025 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)	Steve Levy
	(Title)	Chief Financial Officer
Paid Preparer	(Signed)	3/5/2026 (Date)
	(Print Name and Title)	Robert F. Long, CPA Partner
	(Firm Name & Address)	Plante & Moran, PLLC 3000 Town Center, Suite 100 Southfield MI 48075
	(Telephone)	(248) 223-3738 Fax # (248) 233-7349

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
2200 Churchill Rd.
Springfield, IL 62702-3406 Phone # (217) 782-1630

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	72	Skilled (SNF)	72	26,280	1
2	-	Skilled Pediatric (SNF/PED)	-	-	2
3	-	Intermediate (ICF)	-	-	3
4	-	Intermediate/DD	-	-	4
5	-	Sheltered Care (SC)	-	-	5
6	-	ICF/DD 16 or Less	-	-	6
7	72	TOTALS	72	26,280	7

B. Census-For the entire report period.

	1	2	3	4	5	6	7	8	9	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment								
		Medicaid Fee for Service	Medicaid MLTSS	MMAI Medicaid Primary	MMAI Medicare Primary	Private Pay	Medicare Part A Only	Other	Total	
8	SNF	316				5,920	3,996	963	11,195	8
9	SNF/PED									9
10	ICF	2,449	332	365	-	5,687		62	8,895	10
11	ICF/DD									11
12	SC									12
13	DD 16 OR LESS									13
14	TOTALS	2,765	332	365	-	11,607	3,996	1,025	20,090	14

C. Percent Occupancy. (Column 9, line 14 divided by total licensed bed days on column 4, line 7.) 76.45%

D. How many bed reserve days during this year were paid by the Department?
None (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 1/1/1957

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter certified beds.
number of certified beds 72

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 9/30/2025 Fiscal Year: 9/30/2025

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	719,474	52,086	16,218	787,778		787,778	-	787,778			1
2	Food Purchase		289,264		289,264		289,264	(7,355)	281,909			2
3	Housekeeping	222,339	-	-	222,339		222,339	-	222,339			3
4	Laundry	-	44,457	82,685	127,142	-	127,142	-	127,142			4
5	Heat and Other Utilities			228,677	228,677		228,677	-	228,677			5
6	Maintenance	117,343	-	246,339	363,682		363,682	(11,225)	352,457			6
7	Other (specify):*	-	-	-	-		-	-	-			7
8	**TOTAL General Services**	1,059,156	385,807	573,919	2,018,882	-	2,018,882	(18,580)	2,000,302			8
	B. Health Care and Programs											
9	Medical Director	-	-	30,000	30,000		30,000	-	30,000			9
10	Nursing and Medical Records	4,070,992	204,721	12,650	4,288,363		4,288,363	(8,413)	4,279,950			10
10a	Therapy	-	-	-	-		-	-	-			10a
11	Activities	136,710	-	81,175	217,885		217,885	-	217,885			11
12	Social Services	180,094	-	1,122	181,216		181,216	-	181,216			12
13	CNA Training	-	-	-	-		-	-	-			13
14	Program Transportation	-	-	1,768	1,768		1,768	-	1,768			14
15	Other (specify):*	-	-	-	-		-	-	-			15
16	**TOTAL Health Care and Programs**	4,387,796	204,721	126,715	4,719,232	-	4,719,232	(8,413)	4,710,819			16
	C. General Administration											
17	Administrative	108,558	-	-	108,558		108,558	-	108,558			17
18	Directors Fees			-	-		-	-	-			18
19	Professional Services			230,440	230,440		230,440	-	230,440			19
20	Dues, Fees, Subscriptions & Promotions			39,482	39,482		39,482	(15,725)	23,757			20
21	Clerical & General Office Expenses	564,977	13,091	145,794	723,862		723,862	(94,552)	629,310			21
22	Employee Benefits & Payroll Taxes			1,128,830	1,128,830		1,128,830	-	1,128,830			22
23	Inservice Training & Education			-	-		-	-	-			23
24	Travel and Seminar			11,676	11,676		11,676	(3,133)	8,543			24
25	Other Admin. Staff Transportation		-	-	-		-	-	-			25
26	Insurance-Prop.Liab.Malpractice			99,040	99,040		99,040	-	99,040			26
27	Other (specify):*	-	-	-	-		-	-	-			27
28	**TOTAL General Administration**	673,535	13,091	1,655,262	2,341,888	-	2,341,888	(113,410)	2,228,478			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	6,120,487	603,619	2,355,896	9,080,002	-	9,080,002	(140,403)	8,939,599			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Selfhelp Home of Chicago 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			385,742	385,742		385,742	(13,220)	372,522			30
31	Amortization of Pre-Op. & Org.			-	-		-	-	-			31
32	Interest			1,775	1,775		1,775	(190)	1,585			32
33	Real Estate Taxes			-	-		-	-	-			33
34	Rent-Facility & Grounds			-	-		-	-	-			34
35	Rent-Equipment & Vehicles			-	-		-	-	-			35
36	Other (specify):*			293	293		293	(293)	-			36
37	TOTAL Ownership			387,810	387,810	-	387,810	(13,703)	374,107			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation	-	-	-	-		-	-	-			38
39	Ancillary Service Centers	-	203,279	658,246	861,525		861,525	(4,392)	857,133			39
40	Barber and Beauty Shops	-	-	-	-		-	-	-			40
41	Coffee and Gift Shops	-	-	-	-		-	-	-			41
42	Provider Participation Fee	-	-	164,030	164,030		164,030	-	164,030			42
43	Other (specify):*	104,032	-	177,982	282,014		282,014	(282,014)	-			43
44	TOTAL Special Cost Centers	104,032	203,279	1,000,258	1,307,569	-	1,307,569	(286,406)	1,021,163			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,224,519	806,898	3,743,964	10,775,381	-	10,775,381	(440,512)	10,334,869			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(7,355)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(42,241)	30		9
10	Interest and Other Investment Income	(190)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(5,436)	21		24
25	Fund Raising, Advertising and Promotional		20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(414,311)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (469,533)		$ 0	30

BHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	29,021	VII-B	34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 29,021		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (440,512)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Selfhelp Home of Chicago

ID# 0018580

Report Period Beginning: 10/1/2024

Ending: 9/30/2025

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Political Action Committee Payments	$ (3,250)	20	1
2	Other Expenses Related to Lobbying Activities			2
3	Miscellaneous Income	(5,191)	21	3
4	Marketing Salary	(104,032)	43	4
5	Heerey Fund	(114,948)	43	5
6	Marketing Expense	(63,034)	43	6
7	Bank Charges	(2,848)	21	7
8	Sequestration Expense	(64,827)	21	8
9	Guest Apartment Rental	(600)	06	9
10	Escorts Services	(8,413)	10	10
11	Out of State Seminar Expense	(3,133)	24	11
12	Prior Year Ambulance Service	(4,392)	39	12
13	Prior Year R&M Expense	(1,350)	06	13
14	Additional R&M	2,252	06	14
15	Penalties & Fines	(16,250)	21	15
16	Gift Shop Sales Tax	(293)	36	16
17	Marketing	(12,475)	20	17
18	Capitalized R&M	(11,527)	06	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				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(414,311)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	-	-	-	-	-	-	-	-	-	-	-	-	1
2	Food Purchase	(7,355)	-	-	-	-	-	-	-	-	-	-	(7,355)	2
3	Housekeeping	-	-	-	-	-	-	-	-	-	-	-	-	3
4	Laundry	-	-	-	-	-	-	-	-	-	-	-	-	4
5	Heat and Other Utilities	-	-	-	-	-	-	-	-	-	-	-	-	5
6	Maintenance	(11,225)	-	-	-	-	-	-	-	-	-	-	(11,225)	6
7	Other (specify):*	-	-	-	-	-	-	-	-	-	-	-	-	7
8	**TOTAL General Services**	(18,580)	-	-	-	-	-	-	-	-	-	-	(18,580)	8
	B. Health Care and Programs													
9	Medical Director	-	-	-	-	-	-	-	-	-	-	-	-	9
10	Nursing and Medical Records	(8,413)	-	-	-	-	-	-	-	-	-	-	(8,413)	10
10a	Therapy	-	-	-	-	-	-	-	-	-	-	-	-	10a
11	Activities	-	-	-	-	-	-	-	-	-	-	-	-	11
12	Social Services	-	-	-	-	-	-	-	-	-	-	-	-	12
13	CNA Training	-	-	-	-	-	-	-	-	-	-	-	-	13
14	Program Transportation	-	-	-	-	-	-	-	-	-	-	-	-	14
15	Other (specify):*	-	-	-	-	-	-	-	-	-	-	-	-	15
16	**TOTAL Health Care and Programs**	(8,413)	-	-	-	-	-	-	-	-	-	-	(8,413)	16
	C. General Administration													
17	Administrative	-	-	-	-	-	-	-	-	-	-	-	-	17
18	Directors Fees	-	-	-	-	-	-	-	-	-	-	-	-	18
19	Professional Services	-	-	-	-	-	-	-	-	-	-	-	-	19
20	Fees, Subscriptions & Promotions	(15,725)	-	-	-	-	-	-	-	-	-	-	(15,725)	20
21	Clerical & General Office Expenses	(94,552)	-	-	-	-	-	-	-	-	-	-	(94,552)	21
22	Employee Benefits & Payroll Taxes	-	-	-	-	-	-	-	-	-	-	-	-	22
23	Inservice Training & Education	-	-	-	-	-	-	-	-	-	-	-	-	23
24	Travel and Seminar	(3,133)	-	-	-	-	-	-	-	-	-	-	(3,133)	24
25	Other Admin. Staff Transportation	-	-	-	-	-	-	-	-	-	-	-	-	25
26	Insurance-Prop.Liab.Malpractice	-	-	-	-	-	-	-	-	-	-	-	-	26
27	Other (specify):*	-	-	-	-	-	-	-	-	-	-	-	-	27
28	**TOTAL General Administration**	(113,410)	-	-	-	-	-	-	-	-	-	-	(113,410)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(140,403)	-	-	-	-	-	-	-	-	-	-	(140,403)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(42,241)	29,021	-	-	-	-	-	-	-	-	-	(13,220)	30
31	Amortization of Pre-Op. & Org.	-	-	-	-	-	-	-	-	-	-	-	-	31
32	Interest	(190)	-	-	-	-	-	-	-	-	-	-	(190)	32
33	Real Estate Taxes	-	-	-	-	-	-	-	-	-	-	-	-	33
34	Rent-Facility & Grounds	-	-	-	-	-	-	-	-	-	-	-	-	34
35	Rent-Equipment & Vehicles	-	-	-	-	-	-	-	-	-	-	-	-	35
36	Other (specify):*	(293)	-	-	-	-	-	-	-	-	-	-	(293)	36
37	**TOTAL Ownership**	(42,724)	29,021	-	-	-	-	-	-	-	-	-	(13,703)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	-	-	-	-	-	-	-	-	-	-	-	-	38
39	Ancillary Service Centers	(4,392)	-	-	-	-	-	-	-	-	-	-	(4,392)	39
40	Barber and Beauty Shops	-	-	-	-	-	-	-	-	-	-	-	-	40
41	Coffee and Gift Shops	-	-	-	-	-	-	-	-	-	-	-	-	41
42	Provider Participation Fee	-	-	-	-	-	-	-	-	-	-	-	-	42
43	Other (specify):*	(282,014)	-	-	-	-	-	-	-	-	-	-	(282,014)	43
44	**TOTAL Special Cost Centers**	(286,406)	-	-	-	-	-	-	-	-	-	-	(286,406)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(469,533)	29,021	-	-	-	-	-	-	-	-	-	(440,512)	45

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Ownership & 6-Supplemental Tabs		See Ownership & 6-Supplemental Tabs		See Ownership & 6-Supplemental Tabs		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	30	Depreciation		The Selfhelp Home Inc. - Center Division		29,021	$ 29,021	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$ 29,021	$ * 29,021	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [X] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V							$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [X] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V							$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [X] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V							$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [X] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V							$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [X] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V							$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [X] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V							$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [X] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [X] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [X] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS **Ownership Listing-1**

Selfhelp Home of Chicago

ID# 0018580

Report Period Beginning: 10/1/2024

Ending: 9/30/2025

-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)
-Owners of companies must be listed instead of company names.
-Names of trust beneficiaries must be listed.

	First Name	M.I.	Last Name	Place of Residence City	State	Operator/Licensee Ownership Percentage	Building Co. Ownership Percentage	Management Co. /Home Office Ownership Percentage	
1	Board of Directors:								1
2	Austin		Hirsch						2
3	Diane		Altkorn						3
4	Ethan		Bensinger						4
5	Richard		Eggener						5
6	Jack		Bierig						6
7	James		Gimpel						7
8	Nate		Hartmann						8
9	Marc		Hork						9
10	Raphael		Juss						10
11	Nicole		Kane						11
12	Arthur		Kohn						12
13	Samuel		Lichtenfeld						13
14	Stephen		Nechtow						14
15	Michael		Perlstein						15
16	Michael		Ries						16
17	Rick		Richker						17
18	Jo		Reizner						18
19	Daniel		Wolf						19
20	Judith		Wolf						20
21	Jerrold		Wolf						21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
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66									66
67									67
68									68
69									69
70									70
71									71
72									72
73									73
74									74
75									75

STATE OF ILLINOIS **Ownership Listing-2**

Selfhelp Home of Chicago

ID# **0018580**

Report Period Beginning: **10/1/2024**

Ending: **9/30/2025**

-Names of individual owners must be listed. (Full legal name (no nicknames) and middle initial)
-Owners of companies must be listed instead of company names.
-Names of trust beneficiaries must be listed.

	First Name	M.I.	Last Name	Place of Residence City	State	Operator/Licensee Ownership Percentage	Building Co. Ownership Percentage	Management Co. /Home Office Ownership Percentage	
76									76
77									77
78									78
79									79
80									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
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103									103
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110									110
111									111
112									112
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121									121
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124									124
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127									127
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138									138
139									139
140									140
141									141
142									142
143									143
144									144
145									145
146									146
147									147
148									148
149									149
150									150

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VII. RELATED PARTIES

A. (Continued) **Enter below the names of ALL related nursing homes and related organizations (parties) as defined in the instructions.**

	1 RELATED NURSING HOMES		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Facility Name	City, State	Facility Name	City, State	Name	City, State	Type of Business	
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

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VII. RELATED PARTIES

A. (Continued) **Enter below the names of ALL related nursing homes and related organizations (parties) as defined in the instructions.**

	1 RELATED NURSING HOMES		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Facility Name	City, State	Facility Name	City, State	Name	City, State	Type of Business	
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

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	See Attached List of Board of Directors								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
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	TOTALS					$	$		$	25

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
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	TOTALS					$	$		$ 0	25

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
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	TOTALS					$	$		$ 0	25

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
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	TOTALS					$	$		$ 0	25

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
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	TOTALS					$	$		$ 0	25

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
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	TOTALS					$	$		$ 0	25

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
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	TOTALS					$	$		$ 0	25

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
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	TOTALS					$	$		$ 0	25

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
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	TOTALS					$	$		$ 0	25

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
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	TOTALS					$	$		$ 0	25

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	AFCO Direct		X								1,775	6
7												7
8												8
9	TOTAL Facility Related						$ 0	$ 0			$ 1,775	9
	B. Non-Facility Related*											
10	Interest Income										(190)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$ 0	$ 0			$ (190)	14
15	TOTALS (line 9+line14)						$ 0	$ 0			$ 1,585	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2024 report.	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$ 0	2
3. Under or (over) accrual (line 2 minus line 1).	$ 0	3
4. Real Estate Tax accrual used for 2025 report. (Detail and explain your calculation of this accrual on the lines below.)	$ 0	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ _____ For _____ Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$ 0	7

Assessed Value from Real Estate Tax Bill:	2024		8
Real Estate Tax Bill for Calendar Year:	2020	0	9
	2021	0	10
	2022	0	11
	2023	0	12
	2024	0	13

Facility does not pay R/E Taxes due to Not For Profit status

	FOR BHF USE ONLY		
14	FROM R. E. TAX STATEMENT FOR 2024	$	14
15	PLUS APPEAL COST FROM LINE 5	$	15
16	LESS REFUND FROM LINE 6	$	16
17	AMOUNT TO USE FOR RATE CALCULATION	$	17

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

2024 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME **Selfhelp Home of Chicago** COUNTY Cook

FACILITY IDPH LICENSE NUMBER **0018580**

CONTACT PERSON REGARDING THIS REPORT Joshua S. Banach, CPA

TELEPHONE 847-628-8784 FAX #:

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2024 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2024.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	-	-	$	$
2.	-	-	$	$
3.	-	-	$	$
4.	-	-	$	$
5.	-	-	$	$
6.	-	-	$	$
7.	-	-	$	$
8.	-	-	$	$
9.	-	-	$	$
10.	-	-	$	$
		TOTALS	$ 0.00	$ 0.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach copies of the original 2024 tax bills which were listed in Section A to this statement. Be sure to use the 2024 tax bill which is normally paid during 2025.

PLEASE NOTE: ***Payment information from the Internet*** or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 37,671 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 3

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

The Selfhelp Home, Inc; Retirement Facility: 72 Apartments, Square Footage of 80,832

F. List the bed capacity for the building if it differs from the licensed total. N/A

G. Have you properly capitalized all major repairs and equipment purchases? Yes

H. Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A

I. Are you presently operating under a sublease agreement? No

J. Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?
YES ____ NO X If YES, please indicate name of the facility,
IDPH license number of this related party and the date the present owners took over.
N/A

K. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: ____ 2. Number of Years Over Which it is Being Amortized: ____

3. Current Period Amortization: ____ 4. Dates Incurred: ____

Nature of Costs: ____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Residential Care	70,000	1970	$ 191,769	1
2					2
3	TOTALS	70,000		$ 191,769	3

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	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	
4	72		1974	1974	$ 822,760	$ 29,021	50	$ 8,224	$ (20,797)	$ 822,760	4
5								0		0	5
6								0		0	6
7								0		0	7
8								0		0	8
	Improvement Type**										
9	Various			1980	786		20	0		0	9
10	Various			1981	30,335		20	0		0	10
11	Various			1982	2,642		20	0		0	11
12	Various			1983	2,717		20	0		0	12
13	Various			1986	1,212		20	0		0	13
14	Various			1987	3,000		20	0		0	14
15	Various			1888	6,752		20	0		0	15
16	Various			1989	30,538		20	0		0	16
17	Various			1990	10,425		20	0		0	17
18	Various			1991	9,690		20	0		0	18
19	Various			1992	22,946		20	0		0	19
20	Various			1993	14,349		20	0		0	20
21	Various			1994	69,604		20	0		0	21
22	Various			1995	210,865		20	0		0	22
23	Various			1996	35,621		20	0		0	23
24	Various			1997	101,021		20	0		0	24
25	Various			1998	131,907		20	0		0	25
26	Various			1999	179,225		20	0		0	26
27	Various			2000	34,809		20	705	705	32,111	27
28	Various			2001	480,624		20	0		48,624	28
29	Various			2002	40,216		20	433	433	37,619	29
30	Various			2003	234,012		20	3,428	3,428	234,012	30
31	Various			2004	62,153		20	1,529	1,529	62,153	31
32	Various			2005	48,223		20	2,411	2,411	43,996	32
33	Various			2006	50,409		20	2,520	2,520	46,620	33
34	Various			2007	467,721		20	23,387	23,387	407,364	34
35	Various			2008	64,925		20	3,246	3,246	53,559	35
36	Various			2009	136,441		20	6,822	6,822	83,049	36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Various	2010	130,106		20	$ 6,507	$ 6,507	$ 96,873	37
38	Various	2011	82,478		20	4,124	4,124	57,493	38
39	Various	2012	102,706		20	4,198	4,198	71,237	39
40	Various	2013	48,558		20	2,429	2,429	28,109	40
41	Various	2014	120,843		20	6,045	6,045	64,175	41
42	Various	2015	2,484,601		20	124,235	124,235	1,254,566	42
43	Various	2016	54,767		20	2,739	2,739	22,850	43
44	Various	2017	80,620		20	4,031	4,031	28,217	44
45	Various	2018	85,919		20	4,297	4,297	30,080	45
46	Various	2019	52,321		20	2,617	2,617	18,319	46
47	Various	2020	500,376		20	25,019	25,019	133,742	47
48						0		0	48
49						0		0	49
50						0		0	50
51						0		0	51
52						0		0	52
53						0		0	53
54						0		0	54
55						0		0	55
56						0		0	56
57						0		0	57
58						0		0	58
59						0		0	59
60						0		0	60
61						0		0	61
62						0		0	62
63						0		0	63
64						0		0	64
65						0		0	65
66						0		0	66
67	Financial Statement Depreciation			385,742		0	(385,742)	0	67
68						0		0	68
69						0		0	69
70	TOTAL (lines 4 thru 69)		$ 7,049,223	$ 414,763		$ 238,946	$ (175,817)	$ 3,677,528	70

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

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 7,049,223	$ 414,763		$ 238,946	$ (175,817)	$ 3,677,528	1
2									2
3									3
4									4
5									5
6	Roof Deck - Install Decking Boards/Wood Panels	2021	5,691			285	285	1,425	6
7	Plumbing - 3 Eye Wash Stations,24 Locks Stairwell Doors	2021	48,771			2,439	2,439	12,195	7
8	Telephone System Upgrade	2021	7,417			371	371	1,855	8
9	Rms 835,836,837 Roller Shades,Cornice,Wall Panels,Flooring,Lighting	2021	9,161			458	458	2,290	9
10	Installation Of Pod In The Front Lobby	2021	21,942			1,097	1,097	5,485	10
11	7Th Floor Plumbing - Replace Ball Valve, Copper Piping	2021	2,840			142	142	710	11
12	Install Window Sill - Rms 634,635,633,637,638,628	2021	2,900			0		2,900	12
13	Replace 6Th Flr Annunciator At Nurses Station	2021	3,342			167	167	835	13
14	Plumbing Work - 6Th,7Th,8Th Flr Shower Valves	2021	4,875			244	244	1,220	14
15	1St Flr Social Hall Reno-Doors,Flooring,Electrical,Hvac,Drywall	2021	257,356			12,868	12,868	51,472	15
16	Water Heater Replacement	2022	6,889			344	344	1,376	16
17	Installation Of Electronic Controllers - Hcf	2022	6,283			314	314	1,256	17
18	2Nd Floor Locker Room - Flooring & Lockers	2022	8,509			425	425	1,700	18
19	Installation Of Nursing Station - 6Th Floor	2022	3,120			156	156	624	19
20	Replace Switch Board In Dining Room	2022	3,500			175	175	700	20
21	Installation of Door in 8th Floor Electrical Room	2022	3,735			187	187	748	21
22	Replace Fire Dampers	2022	7,441			372	372	1,488	22
23	8Th Flr Dayroom - Paint, Signage, Light & Sink Installation	2022	4,269			213	213	852	23
24	Dining Room - Painting, Flooring, Window Treatments	2022	10,199			510	510	2,040	24
25	1St Flr Social Hall - Flooring, Lighting,Millwork,Windows,Ceiling	2022	18,973			949	949	3,796	25
26	7Th Flr Ceiling - Install New Cast Iron T No Hub	2022	2,625			131	131	524	26
27	9Th Floor Roof Installation, Roof Deck, Sondulting & Architect Fees	2022	466,137			23,307	23,307	69,921	27
28	Replace Chute Door on Floors 6 & 8	2022	2,560			128	128	384	28
29	Replace Key Cards In The 6Th Floor Alarm System	2023	5,273			264	264	792	29
30	908-920 Building Masonary Work	2023	3,262			163	163	489	30
31	Replace 2nd Floor Electrical Panel - 920 Bldg	2023	3,150			158	158	474	31
32	Replace 920 - Install Duct Remp Sensors In Control Panel	2023	2,567			128	128	384	32
33	Rooms 716 & 717 Flooring	2023	4,080			204	204	612	33
34	TOTAL (lines 1 thru 33)		$ 7,976,090	$ 414,763		$ 285,145	$ (129,618)	$ 3,846,075	34

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

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 7,976,090	$ 414,763		$ 285,145	$ (129,618)	$ 3,846,075	1
2	Rooms 826 & 833 Flooring	2023	4,080		20	204	204	612	2
3	Generator Repairs - Breaker, Panels, and Pumps	2023	3,200		20	160	160	480	3
4	Sprinkler And Standpipe Replacement	2023	8,561		20	428	428	1,284	4
5	Signage	2023	4,575		20	229	229	458	5
6	Replace Hot Water Tank On The 1st Floor	2023	6,800		20	340	340	680	6
7	Flooring	2024	3,232		20	162	162	324	7
8	Ada Door Social Hall	2024	3,250		20	163	163	326	8
9	Window Replacement	2024	79,360		20	3,968	3,968	7,936	9
10	Tuckpointing For All Buildings	2024	269,477		20	13,474	13,474	26,948	10
11	Flooring - Transitiona Build Up On 8Th Floor	2024	2,500		20	125	125	250	11
12	Repair Fire Sprinkler System - New Flow Switch, Pendants, Cover	2024	3,813		20	191	191	382	12
13						0		0	13
14	Commercial Windows Installed throughout Facility (TC=236,580)	2025	118,290		20	5,915	5,915	5,915	14
15	Installation of Security System throughout Facility (TC=26,831)	2025	13,415		20	671	671	671	15
16	Replacement of (17) Smoke Detectors through SNF	2025	8,693		20	435	435	435	16
17	9th Floor Restroom Lever and Lock Replacement (TC=6,132)	2025	3,066		20	153	153	153	17
18	Back Garbage / Rear Parking Door Fillers and closers(TC=2,512)	2025	1,256		20	63	63	63	18
19	Music Room Carpeting (TC=5,383)	2025	2,692		20	135	135	135	19
20	Tuckpointing For All Buildings (TC=53,231)	2025	26,615		20	1,331	1,331	1,331	20
21	Security System for all Buildings (TC=157,675)	2025	78,837		20	3,942	3,942	3,942	21
22	First Floor Fireproofing (TC=11,625)	2025	2,906		20	145	145	145	22
23						0		0	23
24						0		0	24
25						0		0	25
26						0		0	26
27						0		0	27
28						0		0	28
29						0		0	29
30						0		0	30
31						0		0	31
32						0		0	32
33						0		0	33
34	TOTAL (lines 1 thru 33)		$ 8,620,708	$ 414,763		$ 317,378	$ (97,386)	$ 3,898,544	34

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

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 8,620,708	$ 414,763		$ 317,378	$ (97,386)	$ 3,898,544	1
2						0		0	2
3						0		0	3
4						0		0	4
5						0		0	5
6						0		0	6
7						0		0	7
8						0		0	8
9						0		0	9
10						0		0	10
11						0		0	11
12						0		0	12
13						0		0	13
14						0		0	14
15						0		0	15
16						0		0	16
17						0		0	17
18						0		0	18
19						0		0	19
20						0		0	20
21						0		0	21
22						0		0	22
23						0		0	23
24						0		0	24
25						0		0	25
26						0		0	26
27						0		0	27
28						0		0	28
29						0		0	29
30						0		0	30
31						0		0	31
32						0		0	32
33						0		0	33
34	TOTAL (lines 1 thru 33)		$ 8,620,708	$ 414,763		$ 317,378	$ (97,386)	$ 3,898,544	34

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

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 8,620,708	$ 414,763		$ 317,378	$ (97,386)	$ 3,898,544	1
2						0		0	2
3						0		0	3
4						0		0	4
5						0		0	5
6						0		0	6
7						0		0	7
8						0		0	8
9						0		0	9
10						0		0	10
11						0		0	11
12						0		0	12
13						0		0	13
14						0		0	14
15						0		0	15
16						0		0	16
17						0		0	17
18						0		0	18
19						0		0	19
20						0		0	20
21						0		0	21
22						0		0	22
23						0		0	23
24						0		0	24
25						0		0	25
26						0		0	26
27						0		0	27
28						0		0	28
29						0		0	29
30						0		0	30
31						0		0	31
32						0		0	32
33						0		0	33
34	TOTAL (lines 1 thru 33)		$ 8,620,708	$ 414,763		$ 317,378	$ (97,386)	$ 3,898,544	34

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

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 8,620,708	$ 414,763		$ 317,378	$ (97,386)	$ 3,898,544	1
2						0		0	2
3						0		0	3
4						0		0	4
5						0		0	5
6						0		0	6
7						0		0	7
8						0		0	8
9						0		0	9
10						0		0	10
11						0		0	11
12						0		0	12
13						0		0	13
14						0		0	14
15						0		0	15
16						0		0	16
17						0		0	17
18						0		0	18
19						0		0	19
20						0		0	20
21						0		0	21
22						0		0	22
23						0		0	23
24						0		0	24
25						0		0	25
26						0		0	26
27						0		0	27
28						0		0	28
29						0		0	29
30						0		0	30
31						0		0	31
32						0		0	32
33						0		0	33
34	TOTAL (lines 1 thru 33)		$ 8,620,708	$ 414,763		$ 317,378	$ (97,386)	$ 3,898,544	34

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

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 8,620,708	$ 414,763		$ 317,378	$ (97,386)	$ 3,898,544	1
2						0		0	2
3						0		0	3
4						0		0	4
5						0		0	5
6						0		0	6
7						0		0	7
8						0		0	8
9						0		0	9
10						0		0	10
11						0		0	11
12						0		0	12
13						0		0	13
14						0		0	14
15						0		0	15
16						0		0	16
17						0		0	17
18						0		0	18
19						0		0	19
20						0		0	20
21						0		0	21
22						0		0	22
23						0		0	23
24						0		0	24
25						0		0	25
26						0		0	26
27						0		0	27
28						0		0	28
29						0		0	29
30						0		0	30
31						0		0	31
32						0		0	32
33						0		0	33
34	TOTAL (lines 1 thru 33)		$ 8,620,708	$ 414,763		$ 317,378	$ (97,386)	$ 3,898,544	34

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

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 8,620,708	$ 414,763		$ 317,378	$ (97,386)	$ 3,898,544	1
2						0		0	2
3						0		0	3
4						0		0	4
5						0		0	5
6						0		0	6
7						0		0	7
8						0		0	8
9						0		0	9
10						0		0	10
11						0		0	11
12						0		0	12
13						0		0	13
14						0		0	14
15						0		0	15
16						0		0	16
17						0		0	17
18						0		0	18
19						0		0	19
20						0		0	20
21						0		0	21
22						0		0	22
23						0		0	23
24						0		0	24
25						0		0	25
26						0		0	26
27						0		0	27
28						0		0	28
29						0		0	29
30						0		0	30
31						0		0	31
32						0		0	32
33						0		0	33
34	TOTAL (lines 1 thru 33)		$ 8,620,708	$ 414,763		$ 317,378	$ (97,386)	$ 3,898,544	34

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

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 8,620,708	$ 414,763		$ 317,378	$ (97,386)	$ 3,898,544	1
2						0		0	2
3						0		0	3
4						0		0	4
5						0		0	5
6						0		0	6
7						0		0	7
8						0		0	8
9						0		0	9
10						0		0	10
11						0		0	11
12						0		0	12
13						0		0	13
14						0		0	14
15						0		0	15
16						0		0	16
17						0		0	17
18						0		0	18
19						0		0	19
20						0		0	20
21						0		0	21
22						0		0	22
23						0		0	23
24						0		0	24
25						0		0	25
26						0		0	26
27						0		0	27
28						0		0	28
29						0		0	29
30						0		0	30
31						0		0	31
32						0		0	32
33						0		0	33
34	TOTAL (lines 1 thru 33)		$ 8,620,708	$ 414,763		$ 317,378	$ (97,386)	$ 3,898,544	34

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

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 518,832	$	$ 51,884	$ 51,884	10	$ 283,657	71
72	Current Year Purchases	32,607		3,261	3,261	10	3,261	72
73	Fully Depreciated Assets	965,052			-	10	965,052	73
74	See Attached	-	-	-	-		-	74
75	TOTALS	$ 1,516,491	$ 0	$ 55,145	$ 55,145		$ 1,251,970	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$ -		$	76
77							-			77
78							-			78
79							-			79
80	TOTALS			$ -	$ -	$ -	$ -		$ -	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 10,328,968	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 414,763	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 372,522	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (42,241)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 5,150,513	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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? If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: ☐ YES ☐ NO Terms: _____ *

10. Effective dates of current rental agreement:
Beginning _____
Ending _____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	9/30/2026	$
13.	9/30/2027	$
14.	9/30/2028	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ _____ Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

[ ] YES
[X] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM [ ]
IN OTHER FACILITY [ ]
COMMUNITY COLLEGE [ ]
HOURS PER CNA ____

3. CLINICAL PORTION:

IN-HOUSE PROGRAM [ ]
IN OTHER FACILITY [ ]
HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$ 0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payments				0
8	CNA Competency Tests				0
9	TOTALS	$ 0	$ 0	$ 0	$ 0
10	SUM OF line 9, col. 1 and 2 (e)	$ 0			

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	V10A/V39	hrs	$ -	3,317	$ 248,762	$ -	3,317	$ 248,762	1
2	Licensed Speech and Language Development Therapist	V10A/V39	hrs	-	504	37,808	-	504	37,808	2
3	Licensed Recreational Therapist	V10A/V39	hrs	-		-	-			3
4	Licensed Physical Therapist	V10A/V39	hrs	-	3,481	261,105	-	3,481	261,105	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	V39	# of prescrpts	-		-	203,279		203,279	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	V39								12
13	Other (specify): See Supplemental Sch	V39		-		110,571	-		110,571	13
14	TOTAL			$	7,302	$ 658,246	$ 203,279	7,302	$ 861,525	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Selfhelp Home of Chicago
0018580
9/30/2025
Supplemental Schedule of Schedule XIV
Special Services - Line 13 Detail

Other Costs - Scheudle XIV, Column 5		
Facility ACCOUNT NUMBER	**Facility ACCOUNT NUMBER**	**BALANCE**
52104.0008	Public Aid-X-ray	105.00
52104.0001	Private DME	31,813.00
52104.0004	Private X-Ray	245.00
52400.0005	Part A Lab	37,806.00
52400.0006	Part A X-Ray	12,989.00
52400.0009	Part A DME	19,764.00
52403.0001	Part B -Flu/Pneumonia	2,652.00
52600	Lab Rush Charge Fees	805.00
AJE	Ambulance and Transportation	4,392.00
Total Other Costs		110,571.00

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 9/30/2025 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 793,435	$	1
2	Cash-Patient Deposits	120		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (50,000)	450,684		3
4	Supply Inventory (priced at)	6,000		4
5	Short-Term Investments	-		5
6	Prepaid Insurance	-		6
7	Other Prepaid Expenses	17,645		7
8	Accounts Receivable (owners or related parties)	-		8
9	Other(specify): See Attached & TB	11,347		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,279,231	$	10
	B. Long-Term Assets			
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	7,421,619		15
16	Equipment, at Historical Cost	1,489,285		16
17	Accumulated Depreciation (book methods)	(5,436,586)		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): See Attached & TB	10,656,843		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 14,131,161	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 15,410,392	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 290,420	$	26
27	Officer's Accounts Payable	-		27
28	Accounts Payable-Patient Deposits	120		28
29	Short-Term Notes Payable	-		29
30	Accrued Salaries Payable	233,775		30
31	Accrued Taxes Payable (excluding real estate taxes)	17,257		31
32	Accrued Real Estate Taxes(Sch.IX-B)	-		32
33	Accrued Interest Payable	-		33
34	Deferred Compensation	-		34
35	Federal and State Income Taxes	-		35
	Other Current Liabilities(specify):			
36	See Attached & TB	106,213		36
37		-		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 647,785	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	-		39
40	Mortgage Payable	-		40
41	Bonds Payable	-		41
42	Deferred Compensation	-		42
	Other Long-Term Liabilities(specify):			
43		-		43
44	See Attached & TB	189,175		44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 189,175	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 836,960	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 14,573,432	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 15,410,392	$	48

*(See instructions.)

Selfhelp Home of Chicago
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Schedule XV - Page 17 Support

PG 17 Line 9 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
11057	Due From Insurance	9,104.00
11058	Due from Medicare	2,243.00
Total		11,347.00

PG 17 Line 23 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
15800	Interco A/C General Fund	10,633,173.00
15804	Interco A/C - Lifetime Ac	23,670.00
Total		10,656,843.00

PG 17 Line 36 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
21014.00	SNF Prepayment of Rent	106,213.00
Total		106,213.00

PG 17 Line 44 Detail

CLIENT ACCOUNT NUMBER	CLIENT ACCOUNT DESCRIPTION	BALANCE
22203.00	Deferred Retirement Pl EE	189,175.00
Total		189,175.00

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 12,212,457	1
2	Restatements (describe):		2
3	**Net Asset Transfer - Foundation**	2,300,000	3
4	**Rounding**	2	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 14,512,459	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(413,425)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(0)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) **Restricted Donations**	474,398	15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 60,973	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 0	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 14,573,432	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 9,954,806	1
2	Discounts and Allowances for all Levels	(2,656,279)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,298,527	3
	B. Ancillary Revenue		
4	Day Care	-	4
5	Other Care for Outpatients	-	5
6	Therapy	2,181,419	6
7	Oxygen	-	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 2,181,419	8
	C. Other Operating Revenue		
9	Payments for Education	-	9
10	Other Government Grants	-	10
11	CNA Training Reimbursements	-	11
12	Gift and Coffee Shop	2,944	12
13	Barber and Beauty Care	-	13
14	Non-Patient Meals	7,355	14
15	Telephone, Television and Radio	-	15
16	Rental of Facility Space	600	16
17	Sale of Drugs	204,860	17
18	Sale of Supplies to Non-Patients	-	18
19	Laboratory	36,479	19
20	Radiology and X-Ray	12,515	20
21	Other Medical Services	318,024	21
22	Laundry	-	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 582,777	23
	D. Non-Operating Revenue		
24	Contributions	280,393	24
25	Interest and Other Investment Income***	190	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 280,583	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Attached & TB	18,650	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 18,650	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,361,956	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,018,882	31
32	Health Care	4,719,232	32
33	General Administration	2,341,888	33
	B. Capital Expense		
34	Ownership	387,810	34
	C. Ancillary Expense		
35	Special Cost Centers	1,143,539	35
36	Provider Participation Fee	164,030	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,775,381	40
41	**Income before Income Taxes (line 30 minus line 40)****	(413,425)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (413,425)	43

	III. Net Inpatient Revenue detailed by Payer Source for each line		
44	Medicaid Fee for Service	$ 702,020	44
45	Medicaid Managed Long Term Services and Supports (MLTSS)	84,293	45
46	MMAI-Medicaid is the Primary Payer	92,672	46
47	MMAI-Medicare is the Primary Payer		47
48	Private Pay	5,440,745	48
49	Medicare Part A	2,710,320	49
50	Other-(specify) Medicare Managed Care & Contractual Allow.	(1,731,523)	50
51	Other-(specify) -		51
52	Other-(specify) -		52
53	Other-(specify) -		53
54	Other-(specify) -		54
55	Other-(specify) -		55
56	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 7,298,527	56

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Schedule XVII - Page 19 Support

PG 19 Line 28 Detail

CLIENT ACCOUNT	ACCOUNT DESCRIPTION	BALANCE
43021.00	Escorts Service	13,460.00
43200.00	Miscellaneous Income	5,190.00
Total		18,650.00

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,948	2,080	$ 160,242	$ 77.04	1
2	Assistant Director of Nursing			-		2
3	Registered Nurses	28,470	30,287	1,601,830	52.89	3
4	Licensed Practical Nurses	10,556	11,230	503,099	44.80	4
5	CNAs & Orderlies	62,128	66,094	1,750,661	26.49	5
6	CNA Trainees			-		6
7	Licensed Therapist			-		7
8	Rehab/Therapy Aides			-		8
9	Activity Director			-		9
10	Activity Assistants	5,349	5,690	136,710	24.03	10
11	Social Service Workers	4,536	4,845	180,094	37.17	11
12	Dietician			-		12
13	Food Service Supervisor	980	1,043	43,115	41.34	13
14	Head Cook	6,983	7,429	178,544	24.03	14
15	Cook Helpers/Assistants	24,334	25,887	497,815	19.23	15
16	Dishwashers			-		16
17	Maintenance Workers	4,415	4,697	117,343	24.98	17
18	Housekeepers	10,214	10,866	222,339	20.46	18
19	Laundry			-		19
20	Administrator	1,955	2,088	108,558	51.99	20
21	Assistant Administrator			-		21
22	Other Administrative	1,948	2,080	198,726	95.54	22
23	Office Manager			-		23
24	Clerical	11,308	12,077	366,251	30.33	24
25	Vocational Instruction			-		25
26	Academic Instruction			-		26
27	Medical Director			-		27
28	Qualified ID Prof (QIDP)			-		28
29	Resident Services Coordinator			-		29
30	Habilitation Aides (DD Homes)			-		30
31	Medical Records	1,767	1,887	55,160	29.23	31
32	Other Health Care(specify)			-		32
33	Other(specify) Marketing	1,799	1,921	104,032	54.16	33
34	TOTAL (lines 1 - 33)	178,690	190,201	$ 6,224,519 *	$ 32.73	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	306	$ 16,218	V01-3	35
36	Medical Director	Monthly	30,000	V09-3	36
37	Medical Records Consultant		-		37
38	Nurse Consultant		-		38
39	Pharmacist Consultant	Monthly	4,237	V10-3	39
40	Physical Therapy Consultant		-		40
41	Occupational Therapy Consultant		-		41
42	Respiratory Therapy Consultant		-		42
43	Speech Therapy Consultant		-		43
44	Activity Consultant	12	670	V11-3	44
45	Social Service Consultant	33	1,122	V12-3	45
46	Other(specify)		-		46
47			-		47
48			-		48
49	TOTAL (lines 35 - 48)	351	$ 52,247		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		$ -		50
51	Licensed Practical Nurses		-		51
52	Certified Nurse Assistants/Aides		-		52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Lauren Elkin	Administrator	0	$ 108,558
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 108,558

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$

C. Professional Services

Vendor/Payee	Type	Amount
See Attached	Legal	$ 41,758
Marcum LLP	Accounting	34,360
Martin G Brand Ltd	Accounting	1,462
Plante Moran	Accounting	13,500
Paychex	Payroll Services	38,572
Onshift	Payroll Services	3,150
Achieve Accreditation LLC	Accreditation Services	13,495
Healthmax USA LLC	MDS Consulting	21,870
DAS Health	Technology & IT Support	21,823
2401 Incorp - FSES	Consulting	2,530
SAS Architects & Planners, LLC	Architect	28,387
See Supplemental Page 21 (2)		9,533
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 230,440

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 51,323
Unemployment Compensation Insurance	12,324
FICA Taxes	467,127
Employee Health Insurance	550,314
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Other Employee Benefits	26,723
Retirement Plan	21,019
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,128,830

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	8,000
Health Care Worker Background Check	76
(Indicate # of checks performed 2)	
Patient Background Checks 271	2,710
Association Dues (total from pg 22, #4)	6,500
Licenses & Permits	5,113
Other Dues and Subscriptions	2,618
Less: Public Relations Expense	( )
PAC and Lobbying payments	(3,250)
All non-allowable advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 23,757

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	552
Seminar Expense	7,991
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 8,543

**See instructions.

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$

C. Professional Services

Vendor/Payee	Type	Amount
Full Circle	Architect	125
Gutnicki, LLP	Medicare Revalidation Consulting	9,408
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		$ 9,533

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$
Unemployment Compensation Insurance	
FICA Taxes	
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
TOTAL (agree to Schedule V, line 22, col.8)	$

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
Patient Background Checks	
Association Dues (total from pg 22, #4)	
Less: Public Relations Expense	( )
PAC and Lobbying payments	( )
All non-allowable advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$

**See instructions.

Selfhelp Home of Chicago
0018580
9/30/2025
Detail of Legal Expense

Date	General Ledger Accounts	Vendor	Description of Expense	Invoice Expense	Adjustments& Reclassifications	Final Expense
10/31/2024	52102.0000	Swanson, Martin & Bell, LLP	General consulting	257.22		257.22
10/31/2024	52102.0000	Swanson, Martin & Bell, LLP	General consulting	1,720.00		1,720.00
11/30/2024	52102.0000	Swanson, Martin & Bell, LLP	General consulting	264.00		264.00
11/30/2024	52102.0000	Swanson, Martin & Bell, LLP	General consulting	1,374.75		1,374.75
11/30/2024	52102.0000	Swanson, Martin & Bell, LLP	General consulting	3,196.00		3,196.00
12/31/2024	52102.0000	Swanson, Martin & Bell, LLP	General consulting	257.22		257.22
12/31/2024	52102.0000	Swanson, Martin & Bell, LLP	General consulting	435.00		435.00
1/31/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	589.00		589.00
1/31/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	473.00		473.00
1/31/2025	52102.0000	Much Shelist	General Compliance and Employment Matters	246.00		246.00
2/28/2025	52102.0000	Much Shelist	General Compliance and Employment Matters	1,225.50		1,225.50
2/28/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	302.50		302.50
2/28/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	1,280.00		1,280.00
3/31/2025	52102.0000	Much Shelist	General Compliance and Employment Matters	541.50		541.50
3/31/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	2,308.00		2,308.00
4/30/2025	52102.0000	Much Shelist	General Compliance and Employment Matters	2,664.00		2,664.00
4/30/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	412.50		412.50
4/30/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	3,870.50		3,870.50
5/31/2025	52102.0000	corr pd by ctr much shelist	General Compliance and Employment Matters	2,146.00		2,146.00
5/31/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	1,333.50		1,333.50
5/31/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	1,017.50		1,017.50
5/31/2025	52102.0000	Much Shelist	General Compliance and Employment Matters	256.50		256.50
6/30/2025	52102.0000	pd by ctr much shelist	General Compliance and Employment Matters	333.00		333.00
6/30/2025	52102.0000	Much Shelist	General Compliance and Employment Matters	142.50		142.50
6/30/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	715.00		715.00
6/30/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	1,055.00		1,055.00
7/31/2025	52102.0000	Much Shelist	General Compliance and Employment Matters	627.00		627.00
7/31/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	440.00		440.00
7/31/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	5,562.00		5,562.00
8/31/2025	52102.0000	Much Shelist	General Compliance and Employment Matters	57.00		57.00
8/31/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	2,458.00		2,458.00
9/30/2025	52102.0000	Swanson, Martin & Bell, LLP	General consulting	4,198.05		4,198.05
Total				41,757.74	-	41,757.74

Selfhelp Home of Chicago
0018580
9/30/2025
Seminar Expense Detail

Date	General Ledger Accounts	Description of Expense	Employee	Employee Function	Location of Seminar	Net Cost	Adjustments& Reclassifications	Final Expense
10/31/2024	52127	ALLOC OF RELIAS	all	education on Dementia Training	online	275.80		275.80
10/31/2024	52127	pd by ctr - leading age seminar	Mark Dubovick	National Leading age conference	Nashville Tn	689.01	(689.01)	-
10/1/2024	52127	movmoved seminar eed seminar exp to seminar leadin - m dubovick leadging age conf.	Mark Dubovick	National Leading age conference	Nashville Tn	728.73	(728.73)	-
11/30/2024	52127	ALLOC OF RELIAS	all	education on Dementia Training	online	275.80		275.80
11/30/2024	52127	pd by ctr - m dubovick	Mark Dubovick	National Leading age conference	Nashville Tn	87.92	(87.92)	-
12/31/2024	52127	ALLOC OF RELIAS	all	education on Dementia Training	online	275.80		275.80
1/31/2025	52127	ALLOC OF RELIAS	all	education on Dementia Training	online	275.80		275.80
2/28/2025	52127	ALLOC OF RELIAS	all	education on Dementia Training	online	275.80		275.80
3/31/2025	52127	pd by ctr	dietary	American Acd Food Srv	online	199.25		199.25
3/31/2025	52127	ALLOC OF RELIAS	all	education on Dementia Training	online	275.80		275.80
4/30/2025	52127	pd by ctr	Mark Dubovick, Lisa Carlton	AJAS Conference	Atlanta GA	1,351.68	(1,351.68)	-
4/30/2025	52127	ALLOC OF RELIAS	all	education on Dementia	online	275.80		275.80
5/31/2025	52127	pd by ctr	dietary	American Acd Food Srv	online	1,334.50		1,334.50
5/31/2025	52127	ALLOC OF RELIAS	dietary	Premier Food Safety	online	275.80		275.80
6/30/2025	52127	pd by ctr - Mark Dubovick	all	education on Dementia Training	online	326.22		326.22
6/30/2025	52127	ALLOC OF RELIAS	Mark	AJAS Conference	Atlanta GA	275.80	(275.80)	-
7/31/2025	52127	pd by ctr	all	education on Dementia Training	online	1,263.56		1,263.56
7/31/2025	52127	ALLOC OF RELIAS	Isbella Miller	ANNUAL LEADING CONFERENCE	Chicago IL	275.80		275.80
7/31/2025	52127	alloc of leading age seminar	all	education on Dementia Training	online	2,269.50		2,269.50
8/31/2025	52127	ALLOC OF RELIAS	Mark Dubovick Raclyn C, Lauren Elkin, Sofia Metovia	ANNUAL LEADING CONFERENCE	Chicago IL	275.80		275.80
8/31/2025	52127	pd by ctr - AAPACN 8/5/25	all	education on Dementia Training	online	116.00		116.00
9/30/2025	52127	ALLOC OF RELIAS	Nursing Staff	AAPACN Education	online	275.80		275.80
Total						11,675.97	(3,133.14)	8,542.83

Facility Name & ID Number Selfhelp Home of Chicago # 0018580 Report Period Beginning: 10/1/2024 Ending: 9/30/2025

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Please list the ALLOWABLE PAYMENTS OR dues paid to provider associations on the lines below. Use the drop down list to identify the association.

Association Name	Amount
Leading Age	3,250
-	
-	
	3,250 Total

(3) List the amount of NON-ALLOWABLE payments OR DUES made to PROVIDER ASSOCIATIONS OR political action organizations.
The total amount for Question #3 will be adjusted out of the cost report on Page 5A, Line 1.

Leading Age	3,250
-	
- -	
	3,250 Total

(4) EXHIBIT: Total payments OR DUES TO EACH ORGANIZATION LISTED ABOVE (2 and 3 combined)

Leading Age	6,500
-	-
- -	-
	-
	6,500 Total

(5) Indicate the total amount of both disposable and non-disposable incontinent expense and the location of this expense on Sch. V. $ 68,736 Line 10-2

(6) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.

(7) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ 164,030
This amount is to be recorded on line 42 of Schedule V.

(8) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

(9) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes

(10) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(11) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ N/A Has any meal income been offset against related costs? Yes Indicate the amount. $ 7,355

(12) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. $ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 100%Ln14
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ N/A

(13) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Plante & Moran PLLC

(14) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? Yes

(15) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.

Chart Account Number	Chart Account Description	Balance	Cost Report Page	Cost Report Line	Cost Report Column	Page 20 Balance	Page 20 Adjustments
	1124-0 Digital Prepaid Ads-BEACON	1,475.00	17	1			
	1125-0 Prepaid Ads-Google	1,000.00	17	1			
	1126-0 Prepaid Ads-Bing-PPC	1,000.00	17	1			
	1127-0 Prepaid Ads-Facebook-PPC	1,000.00	17	1			
	1129-0 Hosting-Arvixe-DS-WEB-TAS	10,383.00	17	1			
	1130-0 Prepaid Ads-Yahoo-Gemini-PPC	1,000.00	17	1			
	1140-0001 Accounts Receivable - Medicare	23,170.00	17	1			
	1140-0002 Accounts Receivable - Medicaid	0.00	17	1			
	1140-0003 Accounts Receivable - Medicaid	13,600.00	17	1			
	1140-0004 Accounts Receivable - Other	1,000.00	17	1	5		
	1180-0 Inventory - Central Kitchen	169,000.00	17	1	20		
	1190-0 Prepaid Insurance	12,000.00	17	1	26		
	1197-0 Cash Flow Insurance	5,344.00	17	1	9		
	1198-0 Prepaid Rent	12,000.00	17	1	30		
	1199-0 Prepaid Expenses	11,000.00	17	1	7		
	1200-0 Property, Plant and Equipment	1,000.00	17	1	8		
	1300-0 PP&E-Plant, Property	3,242,541.00	17	1	10		
	1301-0 Plant, Property - Kitchen	1,000.00	17	1	11		
	1302-0 Accumulated Depreciation	127,140.00	17	1	12		
	1303-0 Plant, Property - Other	0.00	17	1	13		
	1304-0 SUITE#400	0.00	17	1	15		
	1305-0 Plant, Property-Leasehold IMP		17	1	14		
	1306-0 Accumulated Amort-LH		17	1	16		
	1307-0 Plant, Property - Vehicles	0.00000000	17	1	17		
	1310-0 Accum. Deprec. - Vehicles	0.00000000	17	1	18		
	1320-0 Plant, Property - Computers	0.00000000	17	1	19		
	1321-0 Accum Depr - Software	0.00000000	17	1	20		
	2100-0 Accounts Payable-Trade	0.00	17	1	27		
	2101-0001 Accounts Payable-Accrual	0.00	17	1	28		
	2102-0 Accrued Payroll	0.00	17	1	29		
	2200-0 Sales Tax - Chicago	0.00000000	17	1	31		
	2201-0 Sales Tax - Illinois	0.00	17	1	32		
	2210-0 Payroll Taxes	0.00	17	1	35		
	2211-0 Payroll Taxes - Illinois	0.00	17	1	36		
	2212-0 Payroll Taxes	0.00	17	1	37		
	2213-0 Payroll Taxes - FUTA	0.00	17	1	38		
	2214-0 Payroll Taxes - SUTA	0.00	17	1	39		
	2215-0 Payroll Taxes - Cook Co.	0.00000000	17	1	40		
	2216-0 Payroll Taxes - Cook Co.	0.00000000	17	1	41		
	2300-0 Credit Cards	0.00	17	1	47		
	2400-0 Sales Tax Payable	0.00	17	1	30		
	2500-0 Accrued Payroll	0.00	17	1	33		
	2501-0 Accrued Payroll - Accr. -2	0.00000000	17	1	34		
	2510-0 Payroll Tax Accr. -1	0.00000000	17	1	42		
	2511-0 Payroll Tax Accr. -2	0.00000000	17	1	43		
	2600-0 Credit Card Payable	0.00000000	17	1	48		
	2700-0 Payroll Taxes	0.00	17	1	44		
	2800-0 Accrued Interest	0.00	17	1	45		
	2900-0 Accrued Vacation - FICO	0.00000000	17	1	46		
	4100-0000 Medicaid Income - FICO	0.00000000	19	1			
	4100-0001 Medicaid Income - FICO	0.00000000	19	1			
	4100-0004 Medicaid IP - FICO	0.00000000	19	1			
	4100-0005 Medicaid IP	0.00000000	19	1			
	4100-0006 Medicaid IP	0.00000000	19	1			
	4100-0007 MEDICARE PART A-DESIGATE/ACTION	0.00000000	19	1	21	0	
	4100-0008 Medicaid Income	0.00000000	19	1			
	4100-0009 Medicaid Income	0.00000000	19	1			
	4100-0010 Medicaid Income - FICO	0.00000000	19	1			
	4100-0011 Medicaid Income - FICO	0.00000000	19	1			
	4100-0012 Medicaid IP - FICO	0.00000000	19	1			
	4100-0013 Medicaid IP	0.00000000	19	1			
	4100-0014 Medicaid IP	0.00000000	19	1			
	4100-0015 MEDICARE PART A-DESIGATE/ACTION	0.00000000	19	1	21	0	
	4100-0016 Medicaid Income	0.00000000	19	1			
	4100-0017 Medicaid Income	0.00000000	19	1			
	4100-0018 Medicaid Income	0.00000000	19	1			
	4100-0019 Medicaid IP	0.00000000	19	1			
	4100-0020 Medicaid IP	0.00000000	19	1			
	4100-0021 MEDICARE PART A-DESIGATE/ACTION	0.00000000	19	1	21	0	
	4100-0022 Medicaid Income	0.00000000	19	1			
	4100-0023 Medicaid Income	0.00000000	19	1			
	4100-0024 Medicaid Income	0.00000000	19	1			
	4100-0025 Medicaid IP	0.00000000	19	1			
	4100-0026 Medicaid IP	0.00000000	19	1			
	4100-0027 MEDICARE PART A-DESIGATE/ACTION	0.00000000	19	1	21	0	
	4100-0028 Medicaid Non Ft.Greenhouse	0.00000000	19	1			
	4100-0029 Medicaid Non Ft.Greenhouse	0.00000000	19	1			
	4100-0030 Medicaid-In-Patient	0.00000000	19	1	2		
	4100-0031 Medicaid-In-Patient	0.00000000	19	1	3		
	4100-0032 Medicaid-In-Patient	0.00000000	19	1	4		
	4100-0033 Medicaid-In-Patient	0.00000000	19	1	5		
	4100-0034 Medicaid-In-Patient	0.00000000	19	1	6		
	4100-0035 Medicaid-In-Patient	0.00000000	19	1	7		
	4100-0036 Medicaid-In-Patient	0.00000000	19	1	8		
	4100-0037 Medicaid-In-Patient	0.00000000	19	1	9		
	4100-0038 Medicaid-In-Patient	0.00000000	19	1	10		
	4100-0039 Medicaid-In-Patient	0.00000000	19	1	11		
	4100-0040 Medicaid-In-Patient	0.00000000	19	1	12		
	4100-0041 Medicaid-In-Patient	0.00000000	19	1	13		
	4100-0042 Medicaid-In-Patient	0.00000000	19	1	14		
	4100-0043 Medicaid-In-Patient	0.00000000	19	1	15		
	4100-0044 Medicaid-In-Patient	0.00000000	19	1	16		
	4100-0045 Medicaid-In-Patient	0.00000000	19	1	17		
	4100-0046 Medicaid-In-Patient	0.00000000	19	1	18		
	4100-0047 Medicaid-In-Patient	0.00000000	19	1	19		
	4100-0048 Medicaid-In-Patient	0.00000000	19	1	20		
	4100-0049 Medicaid-In-Patient	0.00000000	19	1	21		
	4100-0050 Medicaid-In-Patient	0.00000000	19	1	22		
	4100-0051 Medicaid-In-Patient	0.00000000	19	1	23		
	4100-0052 Medicaid-In-Patient	0.00000000	19	1	24		
	4100-0053 Medicaid-In-Patient	0.00000000	19	1	25		
	4100-0054 Medicaid-In-Patient	0.00000000	19	1	26		
	4100-0055 Medicaid-In-Patient	0.00000000	19	1	27		
	4100-0056 Medicaid-In-Patient	0.00000000	19	1	28		
	4100-0057 HCP-Audatexa-DP	0.00000000	19	1	6		
	4100-0058 HCP-Audatexa-DP	0.00000000	19	1	7		
	4100-0059 HCP-Audatexa-DP	0.00000000	19	1	8		
	4100-0060 Medicaid-Other	0.00000000	19	1	9		
	4100-0061 Medicaid-Other	0.00000000	19	1	10		
	4100-0062 Medicaid-Other	0.00000000	19	1	11		
	4100-0063 Medicaid-Other	0.00000000	19	1	12		
	4100-0064 Medicaid-Other	0.00000000	19	1	13		
	4100-0065 Medicaid-Other	0.00000000	19	1	14		
	4100-0066 Medicaid-Other	0.00000000	19	1	15		
	4100-0067 Medicaid-Other	0.00000000	19	1	16		
	4100-0068 Medicaid-Other	0.00000000	19	1	17		
	4100-0069 Medicaid-Other	0.00000000	19	1	18		
	4100-0070 Medicaid-Other	0.00000000	19	1	19		
	4100-0071 Medicaid-Other	0.00000000	19	1	20		
	4100-0072 Medicaid-Other	0.00000000	19	1	21		
	4100-0073 Medicaid-Other	0.00000000	19	1	22		
	4100-0074 Medicaid-Other	0.00000000	19	1	23		
	4100-0075 Medicaid-Other	0.00000000	19	1	24		
	4100-0076 Medicaid-Other	0.00000000	19	1	25		
	4100-0077 Medicaid-Other	0.00000000	19	1	26		
	4100-0078 Medicaid-Other	0.00000000	19	1	27		
	4100-0079 Medicaid-Other	0.00000000	19	1	28		
	4100-0080 Medicaid-Other	0.00000000	19	1	29		
	4100-0081 Medicaid-Other	0.00000000	19	1	30		
	4100-0082 Medicaid-Other	0.00000000	19	1	31		
	4100-0083 Medicaid-Other	0.00000000	19	1	32		
	4100-0084 Medicaid-Other	0.00000000	19	1	33		
	4100-0085 Medicaid-Other	0.00000000	19	1	34		
	4100-0086 Medicaid-Other	0.00000000	19	1	35		
	4100-0087 HCP-Audatexa-DP	0.00000000	19	1	4		
	4100-0088 HCP-Audatexa-DP	0.00000000	19	1	5		
	4100-0089 Outpatient - LCP	0.00000000	19	1	6		
	4100-0090 Outpatient - LCP	0.00000000	19	1	7		
	4100-0091 Outpatient - LCP	0.00000000	19	1	8		
	4100-0092 Grants-DP TODAY	1,000.00	19	1	3		
	4100-0093 Grants-DP	0.00	19	1	2		
	4100-0094 INSTRUCENT TWENTY - COVID-RAD	0.00	19	1	31	0	
	4100-0095 MEDICARE PART A-DESIGATE/ACTION	0.00000000	19	1	21	0	
	4100-0101 HCP-Audatexa-DP	0.00000000	19	1	4		
	4100-0102 Contractual Allow	0.00000000	19	1	37		
	4100-0103 Contractual Allow	0.00000000	19	1	38		
	4100-0104 Contractual Allow	0.00000000	19	1	39		
	4200-0 Donations	0.00000000	19	1	40		
	4300-0 Donations-Cash	0.00000000	19	1	41		
	4310-0 Grant-Meals	0.00	19	1	42		
	4320-0 Grant-Other	0.00	19	1	43		
	4330-0 Donations-Spinning Program	0.00000000	19	1	44		
	4400-0 Miscellaneous Income	0.00000000	19	1	45		
	4500-0 Miscellaneous Income	0.00000000	19	1	46		
	4600-0 Interest Income	0.00000000	19	1	47		
	4900-0 HCP-Fin. Inc.Inc. & Exp.	0.00000000	19	1	48		
	5000-0 Cost of Goods	0.00000000	19	2	1	0	
	5300-0001 Food Purchases	191,000.00	19	2	20	0	
	5300-0002 Food	0.00000000	19	2	20		
	5301-0 WIC Operations	0.00000000	19	2	20	0	
	5400-0 Food Purchases - Other	0.00000000	19	2	20	0	
	5500-0 Restaurant Plan	0.00000000	19	2	20	0	
	5600-0 Food Waste	0.00000000	19	2	20	0	
	5300-1-0000 Maintenance Equipment	0.00000000	19	2	6		17
	5300-1-0001 Maintenance Equipment	0.00000000	19	2	6		17
	5300-1-0002 Service Repairs	0.00000000	19	2	6		
	5300-1-0003 Maintenance Equipment	0.00000000	19	2	6		
	5300-1-0004 Other Service Contracts	0.00	19	2	6		
	5300-1-0005 Rent	0.00000000	19	2	6		
	5300-1-0006 Rent	0.00000000	19	2	6		
	5300-1-0007 Rent	0.00000000	19	2	6		
	5300-2-0000 Water and Sewer	0.00000000	19	2	6	0	
	5300-2-0001 Water and Sewer	0.00000000	19	2	6		
	5300-2-0002 Cleaning Equipment	0.00000000	19	2	6		10
	5300-2-0003 Cleaning Equipment	0.00000000	19	2	6		10
	5300-2-0004 Hand Sanitizer Dispen.	0.00000000	19	2	6		10
	5300-2-0005 Cleaning Supplies	0.00000000	19	2	6		10
	5300-2-0006 Kitchen Supplies	0.00000000	19	2	6		
	5300-2-0007 Kitchen Supplies-paper goods	0.00000000	19	2	6		
	5300-2-0008 Health Care Supplies	0.00000000	19	2	6		
	5300-2-0009 Gas	0.00000000	19	2	6		
	5300-2-0010 Gas-Meals	0.00000000	19	2	6		
	5300-2-0011 Gas-Meals	0.00000000	19	2	6		
	5300-2-0012 Gas-Meals	0.00000000	19	2	6		
	5300-2-0013 Gas-Meals	0.00000000	19	2	6		
	5300-2-0014 Food-Meals Cost Goods	0.00000000	19	2	6		
	5300-2-0015 Food-Products	0.00000000	19	2	6		
	5300-2-0016 Food-Beverage	0.00000000	19	2	6		
	5300-2-0017 Food-Meals	0.00000000	19	2	6		
	5300-2-0018 Food-Meals-Breakfast	0.00000000	19	2	6		10
	5300-2-0019 Medical Supplies-Lab Paper	0.00000000	19	2	6		
	5300-2-0020 Medical Supplies	0.00000000	19	2	6		
	5300-2-0021 UTA Self - Paper	0.00000000	19	2	10		4
	5300-2-0022 UTA Self - Medical Supp Paper	0.00000000	19	2	10		4
	5300-2-0023 Kitchen Equipt	0.00000000	19	2	11		4
	5300-2-0024 UTA SELF - DISPENSER-Tot. Paper	0.00	19	2	10		4
	5300-2-0025 UTA SELF - DISPENSER-Tot. Paper	0.00	19	2	10		4
	5300-2-0026 Medical Supplies-Medical Supp Paper	0.00	19	2	10		4
	5300-2-0027 Medical Supplies	0.00000000	19	2	6		
	5300-2-0028 Phone-SMT	0.00000000	19	2	38	0	
	5300-2-0029 Phone-Cell Phone Crownell-Mashman	0.00000000	19	2	38	0	
	5300-2-0030 Phone-Cell	0.00000000	19	2	38	0	
	5300-2-0031 Service Charges	0.00000000	19	2	7		36
	5300-2-0032 Vehicles - Transport	0.00000000	19	2	14	0	
	5300-2-0033 Vehicles - Transport	0.00000000	19	2	14	0	
	5300-2-0034 Vehicles - Transport	0.00000000	19	2	14	0	
	5300-2-0035 Motor Pools-Program	0.00000000	19	2	14	0	
	5300-2-0036 Phone-TT Therapy	0.00	19	2	38	0	1
	5300-2-0037 Phone-TT Therapy	0.00	19	2	38	0	1
	5300-2-0038 Phone-Therapy	0.00	19	2	38	0	1
	5300-2-0039 Phone-Therapy-OT	0.00	19	2	38	0	1
	5300-2-0040 Phone-Therapy-OT	0.00000000	19	2	38	0	1
	5300-2-0041 Phone-Therapy-OT-Cell	0.00000000	19	2	38	0	1
	5300-2-0042 Phone-Therapy	0.00000000	19	2	38	0	1
	5300-2-0043 Phone-Therapy	0.00000000	19	2	38	0	1
	5300-2-0044 Phone - S.Sp	0.00000000	19	2	38	0	10
	5300-2-0045 Phone-Speech	0.00000000	19	2	38	0	10
	5300-2-0046 Phone-Speech-Lorusso	0.00000000	19	2	38	0	10
	5300-2-0047 Phone-Therapy-OT	0.00000000	19	2	38	0	1
	5300-2-0048 Phone-Therapy-OT	0.00000000	19	2	38	0	1
	5300-2-0049 Phone-Therapy-OT-Cell	0.00000000	19	2	38	0	1
	5300-2-0050 Phone-Therapy-Cell Phone	0.00000000	19	2	38	0	1
	5300-2-0051 Cell Phone - Speech Phone	0.00	19	2	38	0	10
	5300-2-0052 Computers	0.00000000	19	2	38	0	1
	5300-2-0053 Computers-Lab	0.00000000	19	2	38	0	1
	5300-2-0054 Heavy Food	0.00000000	19	2	7		10
	5300-2-0055 Heavy Food - Staff - Round	0.00000000	19	2	7		
	5300-2-0056 Groceries(only 5 months Food)	0.00000000	19	2	7	0	
	5300-2-0057 Food-Meals	0.00000000	19	2	7	0	
	5300-2-0058 Food-Meals-Breakfast	0.00000000	19	2	7	0	
	5300-2-0059 Food-Meals	0.00000000	19	2	7	0	
	5300-2-0060 Calculation-DP	0.00000000	19	2	38	0	1
	5300-2-0061 Calculation-DP	0.00000000	19	2	38	0	1
	5300-2-0062 Heavy Food	0.00000000	19	2	7		10
	5300-2-0063 Heavy Food - Staff - Round	0.00000000	19	2	7		
	5300-2-0064 Groceries(only 5 months Food)	0.00000000	19	2	7	0	
	5300-2-0065 Food-Meals	0.00000000	19	2	7	0	
	5300-2-0066 Food-Meals-Breakfast	0.00000000	19	2	7	0	
	4100-0096 Medicare In-Patient Bad Debt	0.00	19	1	31	0	
	4100-0097 MEDICARE PART B-CARE-BAD DEBT	0.00	19	1	31	0	
	5300-3-0000 Administration	0.00000000	19	2	17		23
	5300-3-0001 Administration-DP Payroll	0.00000000	19	2	17		23
	5300-3-0002 Administration	0.00000000	19	2	17		23
	5300-3-0003 Administration	0.00000000	19	2	17		23
	5300-3-0004 Dues-Fees	0.00000000	19	2	17		23
	5300-3-0005 Dues-Fees	0.00000000	19	2	17		23
	5300-3-0006 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0007 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0008 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0009 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0010 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0011 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0012 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0013 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0014 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0015 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0016 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0017 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0018 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0019 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0020 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0021 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0022 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0023 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0024 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0025 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0026 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0027 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0028 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0029 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0030 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0031 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0032 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0033 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0034 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0035 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0036 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0037 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0038 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0039 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0040 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0041 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0042 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0043 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0044 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0045 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0046 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0047 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0048 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0049 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0050 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0051 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0052 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0053 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0054 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0055 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0056 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0057 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0058 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0059 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0060 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0061 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0062 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0063 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0064 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0065 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0066 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0067 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0068 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0069 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0070 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0071 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0072 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0073 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0074 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0075 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0076 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0077 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0078 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0079 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0080 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0081 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0082 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0083 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0084 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0085 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0086 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0087 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0088 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0089 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0090 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0091 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0092 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0093 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0094 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0095 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0096 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0097 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0098 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0099 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0100 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0101 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0102 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0103 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0104 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0105 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0106 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0107 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0108 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0109 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0110 Cash Flow Insurance	0.00000000	19	2	17		23
	5300-3-0111 Cash Flow Insurance