

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000051

Facility Name: Springfield SLC

Address: 2034 Clearlake Ave Springfield 62702

Number City Zip Code

County: Sangamon

Telephone Number: (217) 522-8843 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 8/3/2005

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input checked="" type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2018 to 12/31/2018 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)

(Type or Print Name)

(Title)

Paid Preparer

(Signed) (Date)

*Subject to the attached Accountants' Report

(Print Name and Title) Steven N. Lavenda, CPA Partner

(Firm Name & Address) Marcum LLP Nine Parkway North, Suite 200 Deerfield, IL 60015

(Telephone) (847) 282-6300 Fax (847) 282-6301

In the event there are further questions about this report, please contact:

Name: Steven N. Lavenda Telephone Number: (847) 282 - 6300

Email Address:

MAIL TO: BUREAU OF HEALTH FINANCE

IL DEPT OF HEALTHCARE AND FAMILY SERVICES

201 S. Grand Avenue East

Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name Springfield SLCReport Period Beginning: 1/1/2018 Ending: 12/31/2018**III. STATISTICAL DATA****A. Certified units; enter number of units and unit days**

Date of change in certified units

N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	121	Single Unit Apartment	121	44,165	1
2	14	Double Unit Apartment	14	5,110	2
3		Other			3
4	135	TOTALS	135	49,275	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	25,720	5,894		31,614	5
6	Double Unit	2,976	682		3,658	6
7	Other					7
8	TOTALS	28,696	6,576		35,272	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 71.58%

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

Not Tracked Also, indicate the number of unpaid bed-hold days the SLF had during this year. Not Tracked (Do not include bed-hold days in Section B.)

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

YES ☐NO ☒

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

YES ☐NO ☒

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

None**H. ACCOUNTING BASIS**

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/18 Fiscal Year: 12/31/18

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

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the

required payments of interest and principle? N/A

If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the

required payments of interest and principle? N/A

If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility

make all of the required payments of interest and principle? N/A

If no, explain. N/A

STATE OF ILLINOIS

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Facility Name: Springfield SLC

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase		497,826	1,032	498,858		498,858	1
2	Housekeeping, Laundry and Maintenance	179,886	31,689	88,915	300,490	29,084	329,574	2
3	Heat and Other Utilities			160,953	160,953	(30,969)	129,984	3
4	Other (specify):							4
5	TOTAL General Services	179,886	529,515	250,900	960,301	(1,885)	958,416	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	529,173	17,633	3,600	550,406		550,406	6
7	Activities and Social Services	57,727	11,272	10,739	79,738		79,738	7
8	Other (specify): Barber & Beauty			5,880	5,880		5,880	8
9	TOTAL Health Care and Programs	586,900	28,905	20,219	636,024		636,024	9
	C. General Administration							
10	Administrative and Clerical	238,114	13,868	176,870	428,852	(21,847)	407,005	10
11	Marketing Materials, Promotions and Advertising	50,692		76,249	126,941		126,941	11
12	Employee Benefits and Payroll Taxes			213,605	213,605		213,605	12
13	Insurance-Property, Liability and Malpractice			29,333	29,333	49,630	78,963	13
14	Other (specify):							14
15	TOTAL General Administration	288,806	13,868	496,057	798,731	27,783	826,514	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,055,592	572,288	767,176	2,395,056	25,897	2,420,953	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			62,867	62,867	244,668	307,535	17
18	Interest			43,822	43,822	325,358	369,180	18
19	Real Estate Taxes					82,250	82,250	19
20	Rent -- Facility and Grounds			661,407	661,407	(661,407)		20
21	Rent -- Equipment			708	708		708	21
22	Other (specify): Amortization			2,570	2,570	(2,570)	0	22
23	TOTAL Ownership			771,374	771,374	(11,701)	759,673	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,055,592	572,288	1,538,550	3,166,430	14,196	3,180,626	24

STATE OF ILLINOIS

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Springfield SLC

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ (70,725)	17 1
2	Additional R&M	6,995	02 2
3	Interest Income	(19)	18 3
4	Cable TV	(30,960)	03 4
5	Bank Charges	(1,324)	10 5
6	Charitable Contributions	(1,050)	10 6
7	Bad Debts	(17,326)	10 7
8	Amortization Expense	(2,570)	22 8
9	Building Co. - Rent Income	(661,407)	20 9
10	Building Co. - Depreciation	315,393	17 10
11	Building Co. - Insurance	49,630	13 11
12	Building Co. - Interest Expense	325,377	18 12
13	Building Co. - Real Estate Taxes	82,250	19 13
14	Building Co. - Repairs & Maintenance	22,089	02 14
15	Prior Period Expense	(2,153)	10 15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
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89			89
90			90
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92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	14,196	101

Facility Name: Springfield SLC

Report Period Beginning 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3.07	\$ 28.32	1
2	Licensed Practical Nurses	0.10	23.75	2
3	Certified Nurse Assistants	16.47	10.03	3
4	Activity Director & Assistants	1.86	14.91	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	1.99	17.85	9
10	Housekeepers	3.94	12.94	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	35.63	13
14	Clerical	4.40	17.91	14
15	Marketing	1.02	23.91	15
16	Other			16
17	Total (lines 1 thru 16)	33.85	\$ 14.99	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES			
Name	1	City	2

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Healthcare Development, LLC	17%		\$ 112,500	1
2					2
3					3
4					4
5					5
Total				\$ 112500	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Springfield Property, LLC				Building Co.	

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES ☐ NO ☒
Name of related entity: N/A If yes, what is the value of those services? \$
(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☒ NO ☐
If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Springfield SLC Report Period Beginning: 1/1/2018 Ending: 12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 115,071 Year land was acquired

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

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	135		2005	2005	\$ 8,063,935	\$ 315,393	35	\$ 230,398	\$ (84,995)	\$ 3,293,645	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				458,915	62,867		22,946	(39,922)	89,905	6
7	Various			2005	1,750		20	88	88	1,145	7
8	Various			2006	3,321		20	166	166	2,129	8
9	Various			2007	2,632		20	132	132	1,579	9
10	Various			2008	4,900		20	245	245	2,552	10
11	Various			2009	12,558		20	628	628	5,728	11
12	Various			2010	15,823		20	791	791	6,542	12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,563,834	\$ 378,260		\$ 255,393	\$ (122,867)	\$ 3,403,224	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 404,822	\$	\$ 38,483	38,483		\$ 348,422	18
19	Vehicles	68,298		13,660	13,660		27,319	19
20	TOTAL (lines 18 and 19)	\$ 473,120	\$	\$ 52,143	52,143		\$ 375,741	20

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

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

Facility Name & ID Number Springfield SLC

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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	Fire Pump	2011	2,936		20	147	147	1,174	1
2	Security Cameras / Installation	2011	8,136		20	407	407	3,085	2
3	Carpet	2011	3,046		20	152	152	1,219	3
4	2Nd Floor Dining Room Remodel	2011	19,726		20	986	986	6,986	4
5	Exit Alarms	2012	3,994		20	200	200	1,215	5
6	2Nd Floor Remodel-Chair Rail, Electrical, Window Treatments, Fire	2012	49,947		20	2,497	2,497	17,273	6
7	3Rd Floor Activity Room Remodel	2012	3,200		20	160	160	1,067	7
8	Carpet	2012	7,984		20	399	399	2,595	8
9	Front Door Awning	2012	2,867		20	143	143	932	9
10	Wall / Door Addition To Front Office	2012	2,860		20	143	143	870	10
11	7 Ptac Heat Pump	2013	5,955		20	298	298	1,762	11
12	Security Cameras	2013	5,626		20	281	281	1,594	12
13	Outside Security Cameras	2013	6,048		20	302	302	1,588	13
14	Stairwell Heaters	2013	2,990		20	150	150	760	14
15	Carpet Replacement In Resident Rooms	2013	6,446		20	322	322	1,665	15
16	Demolition Of House On Lot	2013	6,000		20	300	300	1,775	16
17	Light Bars For Elevator	2013	3,367		20	168	168	982	17
18	Remodel Suite On 5Th Floor	2013	2,986		20	149	149	834	18
19	Replacement Pump For Fire Sprinkler	2014	3,382		20	169	169	845	19
20	Repair Balcony / Railings On Building	2014	3,215		20	161	161	723	20
21	Flooring 1St Floor Activity Room	2014	6,579		20	329	329	1,425	21
22	5 Ptac Heat Pumps	2016	3,597		20	180	180	480	22
23	Hall Cameras	2016	2,723		20	136	136	295	23
24	Solar Panel Project	2016	57,630		20	2,882	2,882	8,645	24
25	Building Improvements	2016	173,969		20	8,698	8,698	26,095	25
26	Carpet	2017	3,765		20	188	188	377	26
27	3Rd Floor Remodel	2017	9,404		20	470	470	940	27
28	Service Area Remodel	2017	3,550		20	178	178	355	28
29	Flooring	2018	14,430		20	722	722	722	29
30	Sliding Door	2018	20,900		20	1,045	1,045	1,045	30
31	Improvements	2018	4,247		20	212	212	212	31
32	Ptac Units	2018	4,250		20	213	213	213	32
33	Boiler Improvements	2018	3,160		20	158	158	158	33
34	TOTAL (lines 1 thru 33)		\$ 458,915	\$		\$ 22,946	\$ 22,946	\$ 89,905	34

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

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

XI. OWNERSHIP COSTS (continued)

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

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

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

Facility Name: Springfield SLC

Report Period Beginning: 1/1/2018 Ending: 2/31/2018

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ YES ☐ NO

		1 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*		8. Is movable equipment rental included in building rental? <input type="checkbox"/> YES <input type="checkbox"/> NO
3	Original Building			/ /	\$			3	9. Rental amount for movable equipment \$ 708 10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Sigmund Lefkovitz		X	Operating Line of Credit	1/1/12	\$ 2,464,263	\$ 2,025,347	1/1/41	2.5%	\$ 41,564	1
2	IL National Bank		X	2017 Ford Starcraft	5/22/17	60,000	42,455	5/22/22	4.5%	2,258	2
3	Cambridge Realty		X	Mortgage	/ /		7,710,593	/ /		325,504	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 2,524,263	\$ 9,778,396			\$ 369,326	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-19	8
9	Interest Income - Bldg Co		X		/ /			/ /		-128	9
10	TOTALS (lines 7, 8 and 9)					\$ 2,524,263	\$ 9,778,396			\$ 369,178	10

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

STATE OF ILLINOIS

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Facility Name: Springfield SLC

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 386,629	\$ 536,429	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	81,251	81,251	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,354	37,154	6
7	Other Prepaid Expenses	15,979	15,979	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached		249,470	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 495,213	\$ 920,283	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		200,107	13
14	Buildings, at Historical Cost		8,437,733	14
15	Leasehold Improvements, at Historical Cost	210,978	210,978	15
16	Equipment, at Historical Cost	404,150	674,965	16
17	Accumulated Depreciation (book methods)	(457,909)	(4,715,271)	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	441,989	512,245	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 599,208	\$ 5,320,757	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,094,421	\$ 6,241,040	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 95,939	\$ 95,939	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	26,199	26,199	30
31	Accrued Taxes Payable	3,214	3,214	31
32	Accrued Interest Payable		52,294	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached		1,539,519	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 125,352	\$ 1,717,165	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,067,802	2,067,802	38
39	Mortgage Payable		7,710,593	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 2,067,802	\$ 9,778,395	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,193,154	\$ 11,495,560	45
46	TOTAL EQUITY	\$ (1,098,733)	\$ (5,254,520)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,094,421	\$ 6,241,040	47

*(See instructions.)

Facility Name: Springfield SLC

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,245,463	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 3,245,463	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	19	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 19	14
	D. Other Revenue (specify):		
15			15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,245,482	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	960,301	19
20	Health Care/ Personal Care	636,024	20
21	General Administration	798,731	21
	B. Capital Expense		
22	Ownership	771,374	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 3,166,430	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 79,052	29
30	Income Taxes	\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 79,052	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,511,613	32
33	Private Pay - Net Inpatient Revenue	617,101	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify) <u>Other Rent/Food Stamp</u>	1,116,749	36
37	TOTAL (This total must agree to Line 3)	\$ 3,245,463	37