

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

IMPORTANT NOTICE

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

I. Facility ID Number: 1000051

Facility Name: Springfield Slc

Address: 2034 Clearlake Ave Springfield 62702

County: Sangamon

Telephone Number: (217) 522-8843 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 8/3/2005

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
X Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: Steven N. Lavenda Telephone Number: (847) - 282- 6300
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2021 to 12/31/2021 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

(Signed)
(Date)
(Type or Print Name)
(Title)

Paid Preparer

(Signed)
(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

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

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	24,942	2,210		27,152	5
6	Double Unit	2,886	256		3,142	6
7	Other					7
8	TOTALS	27,828	2,466		30,294	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 61.48%

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

Not Tracker 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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/21 Fiscal Year: 12/31/21

* 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 principal? 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 principal? 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 principal? N/A

If no, explain. N/A

STATE OF ILLINOIS

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Facility Name: Springfield Slc

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase		514,272	1,800	516,072		516,072	1
2	Housekeeping, Laundry and Maintenance	225,947	30,714	112,714	369,375	32,867	402,242	2
3	Heat and Other Utilities			147,453	147,453	(33,120)	114,333	3
4	Other (specify):							4
5	TOTAL General Services	225,947	544,986	261,967	1,032,900	(253)	1,032,647	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	743,690	116,239	3,748	863,677		863,677	6
7	Activities and Social Services	90,968	17,928	8,593	117,489		117,489	7
8	Other (specify): Barber & Beauty			10,411	10,411		10,411	8
9	TOTAL Health Care and Programs	834,658	134,167	22,752	991,577		991,577	9
	C. General Administration							
10	Administrative and Clerical	301,805	14,863	238,184	554,852	(59,810)	495,042	10
11	Marketing Materials, Promotions and Advertising	64,761		68,066	132,827		132,827	11
12	Employee Benefits and Payroll Taxes			282,477	282,477		282,477	12
13	Insurance-Property, Liability and Malpractice			54,920	54,920	58,589	113,509	13
14	Other (specify):							14
15	TOTAL General Administration	366,566	14,863	643,647	1,025,076	(1,221)	1,023,855	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,427,171	694,016	928,366	3,049,553	(1,474)	3,048,079	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			65,285	65,285	289,319	354,604	17
18	Interest			46,815	46,815	316,382	363,197	18
19	Real Estate Taxes					80,489	80,489	19
20	Rent -- Facility and Grounds			756,000	756,000	(756,000)		20
21	Rent -- Equipment			682	682		682	21
22	Other (specify):			2,570	2,570	(2,570)	0	22
23	TOTAL Ownership			871,352	871,352	(72,379)	798,973	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,427,171	694,016	1,799,718	3,920,905	(73,853)	3,847,052	24

STATE OF ILLINOIS		Page 3A
Springfield Sle		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	(34,414)	17 1
2 Bad Debt	(5,884)	10 2
3 Bank Charges	(418)	10 3
4 Contributions	(22,129)	10 4
5 Amortization Expense	(2,570)	22 5
6 Cable TV	(33,120)	03 6
7 Penalties & Fines	(5)	10 7
8 Building Co. - Rent Income	(756,000)	20 8
9 Building Co. - Depreciation	323,733	17 9
10 Building Co. - Insurance	58,589	13 10
11 Building Co. - Interest Expense	316,452	18 11
12 Building Co. - Real Estate Taxes	80,409	19 12
13 Building Co. - Repairs & Maintenance	2,225	02 13
14 Additional R&M	30,642	02 14
15 Prior Year Expense	(31,374)	10 15
16 Interest Income	(70)	18 16
17		17
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19		19
20		20
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100		100
101 Total	(73,853)	101

Facility Name: Springfield Slc

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3.91	\$ 28.72	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	17.78	13.80	3
4	Activity Director & Assistants	2.74	15.96	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	2.34	19.08	9
10	Housekeepers	4.44	14.39	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.04	41.24	13
14	Clerical	4.55	22.46	14
15	Marketing	1.06	29.25	15
16	Other			16
17	Total (lines 1 thru 16)	37.86	\$ 18.12	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

OTHER RELATED BUSINESS ENTITIES

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

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%		\$ 126,000	1
2					2
3					3
4					4
5					5
Total				\$ 126,000	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$	1
2			2
Total		\$	3

Facility Name: Springfield Slc

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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	\$ 323,733	35	\$ 230,398	\$ (93,335)	\$ 3,984,839	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				1,017,312	65,285	20	50,868	(14,417)	140,873	6
7	Various		2005		1,750		20	88	88	1,408	7
8	Various		2006		3,321		20	167	167	2,629	8
9	Various		2007		2,632		20	132	132	1,975	9
10	Various		2008		4,900		20	245	245	3,287	10
11	Various		2009		12,558		20	628	628	7,611	11
12	Various		2010		15,823		20	791	791	8,915	12
13	Various		2011		33,844		20	1,692	1,692	17,541	13
14	Various		2012		70,852		20	3,542	3,542	34,579	14
15	Various		2013		39,418		20	1,970	1,970	16,869	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 9,266,345	\$ 389,018		\$ 290,521	\$ (98,497)	\$ 4,220,526	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	\$ 455,108	\$	\$ 41,703	41,703		\$ 377,663	18
19	Vehicles	111,905		22,380	22,380		77,019	19
20	TOTAL (lines 18 and 19)		\$ 567,013	\$	\$ 64,083	64,083	\$ 454,682	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:

1/1/2021

Ending:

12/31/2021

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Replacement Pump For Fire Sprinkler	2014	\$ 3,382	\$	20	\$ 169	\$ 169	\$ 1,353	1
2	Repair Balcony / Railings On Building	2014	3,215		20	161	161	1,206	2
3	Flooring 1St Floor Activity Room	2014	6,579		20	329	329	2,412	3
4	5 Ptac Heat Pumps	2016	3,597		20	180	180	1,019	4
5	Hall Cameras	2016	2,723		20	136	136	703	5
6	Solar Panel Project	2016	57,630		20	2,882	2,882	17,291	6
7	Building Improvements	2016	173,969		20	8,698	8,698	52,189	7
8	Carpet	2017	3,765		20	188	188	941	8
9	3Rd Floor Remodel	2017	9,404		20	470	470	2,351	9
10	Service Area Remodel	2017	3,550		20	178	178	889	10
11	Remodel Improvements	2017	43,363		20	2,168	2,168	4,336	11
12	Flooring	2018	14,430		20	722	722	2,887	12
13	Sliding Door	2018	20,900		20	1,045	1,045	4,180	13
14	Improvements	2018	4,247		20	212	212	849	14
15	Ptac Units	2018	4,250		20	213	213	851	15
16	Boiler Improvements	2018	3,160		20	158	158	632	16
17	Boiler Improvements	2019	6,431		20	322	322	966	17
18	Heat Pumps	2019	3,692		20	185	185	555	18
19	Outside Lighting	2019	5,950		20	298	298	894	19
20	Fire Alarm Control Box	2019	6,336		20	317	317	951	20
21	Remodeling	2019	15,024		20	751	751	2,253	21
22	Flooring	2019	48,556		20	2,428	2,428	7,284	22
23	Wall Heaters	2020	13,666		20	683	683	1,366	23
24	Hvac System	2020	90,790		20	4,540	4,540	9,080	24
25	24 Ptac Units	2021	19,629		20	981	981	981	25
26	New A/C And Installation	2021	9,444		20	472	472	472	26
27	Blinds	2021	3,290		20	165	165	165	27
28	Bird Aviary	2021	6,700		20	335	335	335	28
29	Model C13 Diesel Generator	2021	126,350		20	6,318	6,318	6,318	29
30	Landscaping	2021	24,628		20	1,231	1,231	1,231	30
31	Back Patio	2021	50,396		20	2,520	2,520	2,520	31
32	Retaining Wall Repair	2021	3,000		20	150	150	150	32
33	Carpet	2021	4,062		20	203	203	203	33
34	TOTAL (lines 1 thru 33)		\$ 796,108	\$		\$ 39,808	\$ 39,808	\$ 129,813	34

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

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	Flooring	2021	\$ 54,456	\$	20	\$ 2,723	\$ 2,723	\$ 2,723	1
2	Wallpaper	2021	11,890		20	595	595	595	2
3	Replace Roof - Facility Building	2021	105,000		20	5,250	5,250	5,250	3
4	Parking Lot Asphalt	2021	12,374		20	619	619	619	4
5	Paint Lower Part Of Building	2021	12,144		20	607	607	607	5
6	Patio/Sidewalk (Deposit)	2021	7,625		20	381	381	381	6
7	Upgrade To Common Areas	2021	17,715		20	886	886	886	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 221,204	\$		\$ 11,060	\$ 11,060	\$ 11,060	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
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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: 1/1/2021

Ending: 12/31/2021

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*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?

☐ YES ☐ NO

9. Rental amount for movable equipment \$ 682

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Signumd Lefkovitz		X	Operating Line of Credit	1/1/12	\$ 2,464,263	\$ 1,819,479	1/1/41	2.5%	\$ 46,240	1
2	IL National Bank		X	2017 Ford Starcraft	5/22/17	60,000	5,538	5/22/22	4.5%	576	2
3	Cambridge Realty		X	Mortgage	/ /		7,438,803	/ /		316,465	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 2,524,263	\$ 9,263,820			\$ 363,281	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(70)	8
9	Interest Income-Bldg Co.		X		/ /			/ /		(13)	9
10	TOTALS (lines 7, 8 and 9)					\$ 2,524,263	\$ 9,263,820			\$ 363,198	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: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 502,376	\$ 790,331	1
2	Cash-Patient Deposits	350	350	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	161,472	161,472	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	39,012	66,882	6
7	Other Prepaid Expenses	16,766	16,766	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	479	216,752	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 720,455	\$ 1,252,553	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		8,425,324	14
15	Leasehold Improvements, at Historical Cost	721,107	771,510	15
16	Equipment, at Historical Cost	741,832	1,057,040	16
17	Accumulated Depreciation (book methods)	(843,741)	(6,063,616)	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	433,885	498,845	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,053,083	\$ 4,889,210	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,773,538	\$ 6,141,763	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 93,353	\$ 93,353	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	54,981	54,981	30
31	Accrued Taxes Payable	5,746	83,746	31
32	Accrued Interest Payable		71,094	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	119,121	1,481,347	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 273,201	\$ 1,784,521	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,825,017	1,825,017	38
39	Mortgage Payable		7,438,803	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached			43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,825,017	\$ 9,263,820	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,098,218	\$ 11,048,341	45
46	TOTAL EQUITY	\$ (324,680)	\$ (4,906,578)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,773,538	\$ 6,141,763	47

*(See instructions.)

Facility Name: Springfield Slc

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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

1			
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,706,835	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,706,835	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
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	70	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 70	14
	D. Other Revenue (specify):		
15	See Attached		15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,706,905	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,032,900	19
20	Health Care/ Personal Care	991,577	20
21	General Administration	1,025,076	21
	B. Capital Expense		
22	Ownership	871,352	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,920,905	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (214,000)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (214,000)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 275,881	32
33	Private Pay - Net Inpatient Revenue	218,960	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Medicaid Mgd Care</u>	1,999,433	35
36	Other-(specify) <u>Other Rent / Food Stamp</u>	1,212,561	36
37	TOTAL (This total must agree to Line 3)	\$ 3,706,835	37