

		FOR BHF USE			

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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.

<p>I. Facility ID Number: <u>1000051</u></p> <p>Facility Name: <u>Springfield SLC</u></p> <p>Address: <u>2034 Clearlake Ave</u> <u>Springfield</u> <u>62702</u> <small>Number City Zip Code</small></p> <p>County: <u>Sangamon</u></p> <p>Telephone Number: <u>(217) 522-8843</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>8/3/2005</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u> Email Address: _____</p>	<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 type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2015</u> to <u>12/31/2015</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>
<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 type="checkbox"/> "Sub-S" Corp.																												
	<input checked="" type="checkbox"/> Limited Liability Co.																												
	<input type="checkbox"/> Trust																												
	<input type="checkbox"/> Other _____																												
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____																												
Paid Preparer	(Signed) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>																												

Facility Name Springfield SLC

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	26,531	4,285		30,816	5
6	Double Unit	3,070	496		3,566	6
7	Other					7
8	TOTALS	29,601	4,781		34,382	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 69.78%

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: 12/31/15 Fiscal Year: 12/31/15

* 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

Facility Name: Springfield SLC

Report Period Beginning:

1/1/2015

Ending: 12/31/2015

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	169,831	268,856	1,600	440,287		440,287	1
2	Housekeeping, Laundry and Maintenance	144,051	20,688	79,149	243,888	6,532	250,420	2
3	Heat and Other Utilities			165,152	165,152	(30,969)	134,183	3
4	Other (specify):							4
5	TOTAL General Services	313,882	289,544	245,901	849,327	(24,437)	824,890	5
B. Health Care and Programs								
6	Health Care/ Personal Care	442,646	10,881	3,600	457,127		457,127	6
7	Activities and Social Services	36,428	5,581	7,619	49,628		49,628	7
8	Other (specify):			5,873	5,873		5,873	8
9	TOTAL Health Care and Programs	479,074	16,462	17,092	512,628		512,628	9
C. General Administration								
10	Administrative and Clerical	177,609	6,934	192,027	376,570	(49,435)	327,135	10
11	Marketing Materials, Promotions and Advertising	46,193		27,130	73,323	4,211	77,534	11
12	Employee Benefits and Payroll Taxes			222,280	222,280		222,280	12
13	Insurance-Property, Liability and Malpractice			28,941	28,941	10,524	39,465	13
14	Other (specify):							14
15	TOTAL General Administration	223,802	6,934	470,378	701,114	(34,700)	666,414	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,016,758	312,940	733,371	2,063,069	(59,137)	2,003,932	16
Capital Expenses								
D. Ownership								
17	Depreciation			17,676	17,676	254,615	272,291	17
18	Interest			56,509	56,509	388,715	445,224	18
19	Real Estate Taxes					78,293	78,293	19
20	Rent -- Facility and Grounds			633,034	633,034	(633,034)	(0)	20
21	Rent -- Equipment			788	788		788	21
22	Other (specify):							22
23	TOTAL Ownership			708,007	708,007	88,589	796,596	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,016,758	312,940	1,441,378	2,771,076	29,452	2,800,528	24

Springfield SLC

Report Period Beginning: 1/1/2015
Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (51,466)	17	1
2	Additional R&M	6,532	02	2
3	Misc. Income	(432)	10	3
4	Interest Income	(106)	18	4
5	Cable TV	(30,969)	03	5
6	Bank Charges	(1,368)	10	6
7	Bad Debts	(46,510)	10	7
8	Finance Charge	(441)	10	8
9	Penalties & Fines	(106)	10	9
10	Prior Year Expense	(578)	10	10
11				11
12	Building Co. - Rent Income	(633,034)	20	12
13	Building Co. - Amortization - Marketing Expense	4,211	11	13
14	Building Co. - Depreciation	306,081	17	14
15	Building Co. - Insurance	10,524	13	15
16	Building Co. - Interest Expense	388,821	18	16
17	Building Co. - Real Estate Taxes	78,293	19	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28

29			29
30			30
31			31
32			32
33			33
34			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			49
50			50
51			51
52			52
53			53
54			54
55			55
56			56
57			57
58			58
59			59
60			60
61			61
62			62
63			63
64			64

65			65
66			66
67			67
68			68
69			69
70			70
71			71
72			72
73			73
74			74
75			75
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
100			100

101	Total	29,452	101
-----	-------	--------	-----

Facility Name: Springfield SLC

Report Period Beginning 1/1/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 25.36	1
2	Licensed Practical Nurses	1	18.98	2
3	Certified Nurse Assistants	13	10.46	3
4	Activity Director & Assistants	1	12.17	4
5	Social Service Workers			5
6	Head Cook	1	20.04	6
7	Cook Helpers/Assistants	6	9.86	7
8	Dishwashers			8
9	Maintenance Workers	2	17.81	9
10	Housekeepers	4	11.97	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1	32.82	13
14	Clerical	3	15.83	14
15	Marketing	1	22.21	15
16	Other			16
17	Total (lines 1 thru 16)	36	\$ 13.75	17

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			\$	1
2		17%		96,000	2
3					3
4					4
5					5
Total				\$ 96000	6

VI. (B) Management fees paid to unrelated parties

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

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				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? \$ N/A

(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:

1/1/2015

Ending:

12/31/2015

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	\$ 306,081	35	\$ 230,398	\$ (75,683)	\$ 2,602,451	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				190,571	17,676		9,529	(8,147)	36,605	6
7	Various		2005		1,750		20	88	88	882	7
8	Various		2006		3,321		20	166	166	1,631	8
9	Various		2007		2,632		20	132	132	1,184	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,262,209	\$ 323,757		\$ 240,312	\$ (83,445)	\$ 2,642,753	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	\$ 319,793	\$	\$ 31,979	31,979		\$ 243,357	18
19	Vehicles	43,071					43,071	19
20	TOTAL (lines 18 and 19)	\$ 362,864	\$	\$ 31,979	31,979		\$ 286,428	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

STATE OF ILLINOIS

Facility Name & ID Number Springfield SLC

Report Period Beginning:

1/1/2015 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2	Elevator - Upgrade To Code	2008	4,900	20	245	245	
3	Concrete Sidewalk	2009	6,762	20	338	338	
4	Paint / Wallpaper	2009	5,796	20	290	290	
5	Water Damage Repair	2010	4,404	20	220	220	
6	Improvements	2010	11,419	20	571	571	
7	Fire Pump	2011	2,936	20	147	147	
8	Security Cameras / Installation	2011	8,136	20	407	407	
9	Carpet	2011	3,046	20	152	152	
10	2Nd Floor Dining Room Remodel	2011	19,726	20	986	986	
11	Exit Alarms	2012	3,994	20	200	200	
12	2Nd Floor Remodel-Chair Rail, Electrical, Window Treatments, Fire	2012	49,947	20	2,497	2,497	
13	3Rd Floor Activity Room Remodel	2012	3,200	20	160	160	
14	Carpet	2012	7,984	20	399	399	
15	Front Door Awning	2012	2,867	20	143	143	
16	Wall / Door Addition To Front Office	2012	2,860	20	143	143	
17	7 Ptac Heat Pump	2013	5,955	20	298	298	
18	Security Cameras	2013	5,626	20	281	281	
19	Outside Security Cameras	2013	6,048	20	302	302	
20	Stairwell Heaters	2013	2,990	20	150	150	
21	Carpet Replacement In Resident Rooms	2013	6,446	20	322	322	
22	Demolition Of House On Lot	2013	6,000	20	300	300	
23	Light Bars For Elevator	2013	3,367	20	168	168	
24	Remodel Suite On 5Th Floor	2013	2,986	20	149	149	
25	Replacement Pump For Fire Sprinkler	2014	3,382	20	169	169	
26	Repair Balcony / Railings On Building	2014	3,215	20	161	161	
27	Flooring 1St Floor Activity Room	2014	6,579	20	329	329	
28							
29							
30							
31							
32							
33	Total Book Depreciation		17,676			(17,676)	
34	TOTAL (lines 1 thru 33)		\$ 190,571	\$ 17,676	\$ 9,529	\$ (8,147)	\$

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

9	
Accumulated depreciation	
	1
1,817	2
2,057	3
1,787	4
1,266	5
2,902	6
734	7
1,865	8
762	9
4,027	10
616	11
9,781	12
587	13
1,397	14
502	15
441	16
868	17
750	18
680	19
311	20
698	21
875	22
477	23
386	24
338	25
241	26
439	27
	28
	29
	30
	31
	32
	33
36,605	34

STATE OF ILLINOIS

Facility Name & ID Number Springfield SLC

Report Period Beginning:

1/1/2015 Ending:

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

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

9 Accumulated Depreciation	
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20
	21
	22
	23
	24
	25
	26
	27
	28
	29
	30
	31
	32
	33
	34

STATE OF ILLINOIS

Facility Name & ID Number Springfield SLC

Report Period Beginning:

1/1/2015 Ending:

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

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

9 Accumulated Depreciation	
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20
	21
	22
	23
	24
	25
	26
	27
	28
	29
	30
	31
	32
	33
	34

Facility Name: Springfield SLC

Report Period Beginning: 1/1/2015

Ending: 2/31/2015

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 788

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 Leftkovitz		X	Operating line of credit	1/1/12	\$ 2,464,263	\$ 2,225,638	1/1/41	2.5000	\$ 56,509
2	Cambridge Realty		X	Mortgage	/ /		7,450,844	/ /		388,821
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 2,464,263	\$ 9,676,482			\$ 445,330
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		\$ (106)
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 2,464,263	\$ 9,676,482			\$ 445,224

* 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.

Facility Name: Springfield SLC

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 262,670	\$ 353,752	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	(44,916)	(44,916)	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	19,543	19,543	6
7	Other Prepaid Expenses	51,194	51,194	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	636	309,679	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 289,127	\$ 689,252	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		141,173	13
14	Buildings, at Historical Cost		8,091,365	14
15	Leasehold Improvements, at Historical Cost	146,051	146,051	15
16	Equipment, at Historical Cost	259,983	464,565	16
17	Accumulated Depreciation (book methods)	(289,170)	(3,573,571)	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):	452,268	612,272	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 569,132	\$ 5,881,855	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 858,259	\$ 6,571,107	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 169,643	\$ 169,643	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	57,225	57,225	30
31	Accrued Taxes Payable	8,780	8,780	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached		1,488,233	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 235,648	\$ 1,723,881	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,225,638	2,225,638	38
39	Mortgage Payable		7,450,844	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)	\$ 2,225,638	\$ 9,676,482	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,461,286	\$ 11,400,363	45
46	TOTAL EQUITY	\$ (1,603,027)	\$ (4,829,256)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 858,259	\$ 6,571,107	47

*(See instructions.)

Facility Name: Springfield SLC

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 2,974,138	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,974,138	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	106	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 106	14
D. Other Revenue (specify):			
15		432	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 432	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,974,676	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	849,327	19
20	Health Care/ Personal Care	512,628	20
21	General Administration	701,114	21
B. Capital Expense			
22	Ownership	708,007	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)	\$ 2,771,076	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 203,600	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 203,600	31