

		FOR BHF USE			

LL2

Supportive Living Facility

**2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)**

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> <hr/> <p>Address: <u>2034 Clearlake Ave</u> <u>Springfield</u> <u>62702</u></p> <p align="center">Number City Zip Code</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:</p> <p>Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u></p> <p>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>1/1/2016</u> to <u>12/31/2016</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 align="center">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) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____ *</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> <td></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) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____ *	(Date) _____		(Print Name and Title) _____			(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>	
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Facility Name Springfield SLC

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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	44,286	1
2	14	Double Unit Apartment	14	5,124	2
3		Other			3
4	135	TOTALS	135	49,410	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	30,217	1,357		31,574	5
6	Double Unit	3,497	157		3,654	6
7	Other					7
8	TOTALS	33,714	1,514		35,228	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 71.30%

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: 12/31/16 Fiscal Year: 12/31/16

* 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:

1/1/2016

Ending: 12/31/2016

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	20,417	461,167	1,312	482,896		482,896	1
2	Housekeeping, Laundry and Maintenance	159,049	27,196	91,238	277,483	8,074	285,557	2
3	Heat and Other Utilities			151,025	151,025	(30,969)	120,056	3
4	Other (specify):							4
5	TOTAL General Services	179,466	488,363	243,575	911,404	(22,895)	888,509	5
B. Health Care and Programs								
6	Health Care/ Personal Care	476,200	13,528	3,600	493,328		493,328	6
7	Activities and Social Services	34,627	8,345	6,780	49,752		49,752	7
8	Other (specify):			5,865	5,865		5,865	8
9	TOTAL Health Care and Programs	510,827	21,873	16,245	548,945		548,945	9
C. General Administration								
10	Administrative and Clerical	190,743	10,517	136,123	337,383	(11,958)	325,425	10
11	Marketing Materials, Promotions and Advertising	48,273		31,162	79,435		79,435	11
12	Employee Benefits and Payroll Taxes			183,439	183,439		183,439	12
13	Insurance-Property, Liability and Malpractice			28,968	28,968	10,524	39,492	13
14	Other (specify):							14
15	TOTAL General Administration	239,016	10,517	379,692	629,225	(1,434)	627,791	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	929,309	520,753	639,512	2,089,574	(24,329)	2,065,245	16
Capital Expenses								
D. Ownership								
17	Depreciation			41,660	41,660	241,882	283,542	17
18	Interest			54,898	54,898	333,559	388,457	18
19	Real Estate Taxes			1,015	1,015	79,484	80,499	19
20	Rent -- Facility and Grounds			696,000	696,000	(696,000)		20
21	Rent -- Equipment			788	788		788	21
22	Other (specify):							22
23	TOTAL Ownership			794,361	794,361	(41,075)	753,286	23
24	GRAND TOTAL (Sum of lines 16 and 23)	929,309	520,753	1,433,873	2,883,935	(65,404)	2,818,531	24

Springfield SLC

Report Period Beginning: 1/1/2016
 Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	(77,667)	17
2	Other Income	25	10
3	Interest Income	(10)	48
4	Cable TV	(30,960)	03
5	Bank Charges	(921)	10
6	Political Contributions	(500)	10
7	Bad Debts	(8,746)	10
8	Finance Charge	(41)	10
9	Meals & Entertainment	(87)	10
10	Prior Year Expense	(1,638)	10
11	Additional R&M	8,074	02
12			12
13			13
14	Building Co. - Rent Income	(696,000)	20
15	Building Co. - Depreciation	319,549	17
16	Building Co. - Insurance	10,524	13
17	Building Co. - Interest Expense	333,569	48
18	Building Co. - Real Estate Taxes	79,484	19
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
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96			96
97			97
98			98
99			99
100			100
101	Total	(65,404)	101

Facility Name: Springfield SLC

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.21	\$ 24.97	1
2	Licensed Practical Nurses	1.12	18.71	2
3	Certified Nurse Assistants	14.00	10.91	3
4	Activity Director & Assistants	1.38	12.03	4
5	Social Service Workers			5
6	Head Cook	0.20	19.65	6
7	Cook Helpers/Assistants	0.59	10.10	7
8	Dishwashers			8
9	Maintenance Workers	1.85	17.32	9
10	Housekeepers	3.74	11.39	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.04	32.19	13
14	Clerical	4.44	13.13	14
15	Marketing	1.06	21.94	15
16	Other			16
17	Total (lines 1 thru 16)	31.63	\$ 14.12	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	17.00000%		\$ 96,000	1
2					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:

1/1/2016

Ending:

12/31/2016

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	\$ 319,549	35	\$ 230,398	\$ (89,151)	\$ 2,832,849	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				423,589	41,660		21,179	(20,481)	55,967	6
7	Various		2005		1,750		20	88	88	970	7
8	Various		2006		3,321		20	166	166	1,797	8
9	Various		2007		2,632		20	132	132	1,316	9
10	Various		2008		4,900		20	245	245	2,062	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,500,127	\$ 361,209		\$ 252,208	\$ (109,002)	\$ 2,894,961	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	\$ 322,800	\$	\$ 31,335	31,335		\$ 274,692	18
19	Vehicles	43,071					43,071	19
20	TOTAL (lines 18 and 19)	\$ 365,872	\$	\$ 31,335	31,335		\$ 317,763	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:

1/1/2016

Ending:

12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2	Concrete Sidewalk	2009	6,762		20	338	338	2,395	2
3	Paint / Wallpaper	2009	5,796		20	290	290	2,077	3
4	Water Damage Repair	2010	4,404		20	220	220	1,486	4
5	Improvements	2010	11,419		20	571	571	3,473	5
6	Fire Pump	2011	2,936		20	147	147	881	6
7	Security Cameras / Installation	2011	8,136		20	407	407	2,271	7
8	Carpet	2011	3,046		20	152	152	914	8
9	2Nd Floor Dining Room Remodel	2011	19,726		20	986	986	5,014	9
10	Exit Alarms	2012	3,994		20	200	200	816	10
11	2Nd Floor Remodel-Chair Rail, Electrical, Window Treatments, Fire	2012	49,947		20	2,497	2,497	12,279	11
12	3Rd Floor Activity Room Remodel	2012	3,200		20	160	160	747	12
13	Carpet	2012	7,984		20	399	399	1,796	13
14	Front Door Awning	2012	2,867		20	143	143	645	14
15	Wall / Door Addition To Front Office	2012	2,860		20	143	143	584	15
16	7 Ptac Heat Pump	2013	5,955		20	298	298	1,166	16
17	Security Cameras	2013	5,626		20	281	281	1,031	17
18	Outside Security Cameras	2013	6,048		20	302	302	983	18
19	Stairwell Heaters	2013	2,990		20	150	150	461	19
20	Carpet Replacement In Resident Rooms	2013	6,446		20	322	322	1,021	20
21	Demolition Of House On Lot	2013	6,000		20	300	300	1,175	21
22	Light Bars For Elevator	2013	3,367		20	168	168	645	22
23	Remodel Suite On 5Th Floor	2013	2,986		20	149	149	535	23
24	Replacement Pump For Fire Sprinkler	2014	3,382		20	169	169	507	24
25	Repair Balcony / Railings On Building	2014	3,215		20	161	161	402	25
26	Flooring 1St Floor Activity Room	2014	6,579		20	329	329	768	26
27	5 Ptac Heat Pumps	2016	3,597		20	180	180	180	27
28	Hall Cameras	2016	2,723		20	136	136	136	28
29	Solar Panel Project	2016	57,630		20	2,882	2,882	2,882	29
30	Building Improvements	2016	173,969		20	8,698	8,698	8,698	30
31									31
32									32
33	Total Book Depreciation			41,660			(41,660)		33
34	TOTAL (lines 1 thru 33)		\$ 423,589	\$ 41,660		\$ 21,179	\$ (20,481)	\$ 55,967	34

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

Facility Name & ID Number Springfield SLC

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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
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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 & ID Number Springfield SLC

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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
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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: 1/1/2016

Ending: 2/31/2016

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	\$ 2,160,531	1/1/41	2.5000	\$ 54,898
2	Cambridge Realty		X	Mortgage			7,366,860			333,569
3										
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 2,464,263	\$ 9,527,391			\$ 388,467
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		(10)
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 2,464,263	\$ 9,527,391			\$ 388,458

* 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: 1/1/2016

Ending:

12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 373,294	\$ 531,748	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	(23,312)	(23,312)	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,894	11,894	6
7	Other Prepaid Expenses	5,272	5,272	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):		229,926	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 367,148	\$ 755,528	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		8,599,294	14
15	Leasehold Improvements, at Historical Cost	144,994	144,994	15
16	Equipment, at Historical Cost	274,374	591,871	16
17	Accumulated Depreciation (book methods)	(345,653)	(3,949,603)	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):	449,698	605,492	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 523,413	\$ 6,192,155	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 890,561	\$ 6,947,683	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 68,719	\$ 68,719	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	23,654	23,654	30
31	Accrued Taxes Payable	2,875	2,875	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	2,570	1,465,065	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 97,818	\$ 1,560,313	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,160,531	2,160,531	38
39	Mortgage Payable		7,366,860	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)	\$ 2,160,531	\$ 9,527,391	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,258,349	\$ 11,087,704	45
46	TOTAL EQUITY	\$ (1,367,788)	\$ (4,140,021)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 890,561	\$ 6,947,683	47

*(See instructions.)

Facility Name: Springfield SLC

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

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	\$ 3,098,455	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,098,455	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	10	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 10	14
D. Other Revenue (specify):			
15	See Attached	25	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 25	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,098,490	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	911,404	19
20	Health Care/ Personal Care	548,945	20
21	General Administration	629,225	21
B. Capital Expense			
22	Ownership	794,361	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)	\$ 2,883,935	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 214,555	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 214,555	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,421,369	32
33	Private Pay - Net Inpatient Revenue	442,573	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	109,872	35
36	Other-(specify) <u>Other Rent/Food Stamp</u>	1,124,641	36
37	TOTAL (This total must agree to Line 3)	\$ 3,098,455	37