

		FOR BHF USE			

LL2

Supportive Living Facility

**2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)**

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>1000005</u></p> <p>Facility Name: <u>Barton Senior Resid Chicago</u></p> <hr/> <p>Address: <u>1245 South Wood</u> <u>Chicago</u> <u>60608</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>847</u>) <u>441-8200</u> Fax # (<u>847</u>) <u>441-0800</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>1/1/2000</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>Larry Templin</u> Telephone Number: (<u>630</u>) <u>361-2868</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>1/1/20</u> to <u>12/31/20</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%; vertical-align: top;">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 style="vertical-align: top;">Paid Preparer</td> <td>(Signed) <u>SEE ACCOUNTANT'S COMPILATION REPORT</u></td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Larry Templin Partner</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 326, Plainfield, IL 60544-0326</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) (<u>630</u>) <u>361-2868</u> Fax # () _____</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) <u>SEE ACCOUNTANT'S COMPILATION REPORT</u>	(Date) _____		(Print Name and Title) <u>Larry Templin Partner</u>			(Firm Name & Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 326, Plainfield, IL 60544-0326</u>			(Telephone) (<u>630</u>) <u>361-2868</u> Fax # () _____	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name Barton Senior Resid Chicago

Report Period Beginning: 1/1/20 Ending: 12/31/20

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	139	Single Unit Apartment	139	50,874	1
2	6	Double Unit Apartment	6	2,196	2
3		Other			3
4	145	TOTALS	145	53,070	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	37,656	26		37,682	5
6	Double Unit					6
7	Other					7
8	TOTALS	37,656	26		37,682	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 71.00%

D. Indicate the number of paid bed-hold days the SLF had during this year 784 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 26 (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: 12/31/20 Fiscal Year: 12/31/20

* 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

Facility Name: Barton Senior Resid Chicago

Report Period Beginning:

1/1/20

Ending:

12/31/20

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	465,703	386,525	456	852,684	(900)	851,784	1
2	Housekeeping, Laundry and Maintenance	270,557	40,261	129,809	440,627		440,627	2
3	Heat and Other Utilities			237,074	237,074		237,074	3
4	Other (specify):							4
5	TOTAL General Services	736,260	426,786	367,339	1,530,385	(900)	1,529,485	5
B. Health Care and Programs								
6	Health Care/ Personal Care	729,259	71,468		800,727		800,727	6
7	Activities and Social Services	87,380	3,587	892	91,859		91,859	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	816,639	75,055	892	892,586		892,586	9
C. General Administration								
10	Administrative and Clerical	449,117	10,285	861,375	1,320,777	(1,653)	1,319,124	10
11	Marketing Materials, Promotions and Advertising	74,702		24,157	98,859		98,859	11
12	Employee Benefits and Payroll Taxes			332,964	332,964		332,964	12
13	Insurance-Property, Liability and Malpractice			88,985	88,985		88,985	13
14	Other (specify):							14
15	TOTAL General Administration	523,819	10,285	1,307,481	1,841,585	(1,653)	1,839,932	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	2,076,718	512,126	1,675,712	4,264,556	(2,553)	4,262,003	16
Capital Expenses								
D. Ownership								
17	Depreciation			512,130	512,130	(51,743)	460,387	17
18	Interest			160,900	160,900	(13,677)	147,223	18
19	Real Estate Taxes			167,955	167,955		167,955	19
20	Rent -- Facility and Grounds			93,332	93,332		93,332	20
21	Rent -- Equipment			2,641	2,641		2,641	21
22	Other (specify): See Attached Sch I			35,712	35,712		35,712	22
23	TOTAL Ownership			972,670	972,670	(65,420)	907,250	23
24	GRAND TOTAL (Sum of lines 16 and 23)	2,076,718	512,126	2,648,382	5,237,226	(67,973)	5,169,253	24

Facility Name: Barton Senior Resid Chicago

Report Period Beginning: 1/1/20 Ending: 12/31/20

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.50	\$ 36.00	1
2	Licensed Practical Nurses	3.00	27.39	2
3	Certified Nurse Assistants	13.00	15.22	3
4	Activity Director & Assistants	2.00	24.22	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	15.00	15.15	7
8	Dishwashers			8
9	Maintenance Workers	1.00	28.34	9
10	Housekeepers	6.75	15.21	10
11	Laundry			11
12	Managers	1.00	26.11	12
13	Other Administrative	5.75	14.83	13
14	Clerical			14
15	Marketing	1.00	34.25	15
16	Other			16
17	Total (lines 1 thru 16)	50.00	\$ 17.50	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	N/A			\$	1
2					2
3					3
4					4
5					5
				Total	6
				\$	

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	None	\$ 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
Barton Management, Inc.		Northfield, IL		Management 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: Barton Senior Resid Chicago

Report Period Beginning:

1/1/20

Ending:

12/31/20

VIII. OWNERSHIP COSTS

A. Purchase price of land

Year land was acquired N/A

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				2001	\$ 12,437,545	\$ 452,274	30	\$ 414,585	\$ (37,689)	\$ 8,838,006	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Building Improvement		2001	16,810	611	30	560	(51)	11,737	6
7		Building Improvement		2002	15,063	548	30	502	(46)	9,896	7
8		Building Improvement		2003	7,757	282	30	259	(23)	4,737	8
9		Building Improvement		2004	1,845	67	30	62	(5)	1,088	9
10		Building Improvement		2005	8,532	310	30	284	(26)	4,612	10
11		Building Improvement		2006	1,771		30			1,771	11
12		Building Improvement		2007	46,041	1,674	30	1,535	(139)	22,810	12
13		Building Improvement		2008	28,159	1,024	30	939	(85)	12,588	13
14		Building Improvement		2009	57,483	3,396	30	1,916	(1,480)	41,398	14
15		Building Improvement		2010	18,318	1,083	30	611	(472)	12,238	15
16		Building Improvement		2011	22,680	1,338	30	756	(582)	13,562	16
17		TOTAL (lines 1 thru 16)			\$ 12,662,004	\$ 462,607		\$ 422,009	\$ (40,598)	\$ 8,974,443	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	\$ 1,097,170	\$ 25,508	\$ 30,578	5,070	7	\$ 1,054,228	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,097,170	\$ 25,508	\$ 30,578	5,070		\$ 1,054,228	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	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name & ID Number Barton Senior Resid Chicago

#

Report Period Beginning:

1/1/20

Ending:

12/31/20

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	Totals from Page 5, Carried Forward		\$ 12,662,004	\$ 462,607		\$ 422,009	\$ (40,598)	\$ 8,974,443	1
2	Building Improvement	2012	3,700	219	30	62	(157)	1,933	2
3	Building Improvement	2014	2,147		30	36	36	1,958	3
4	Building Improvement	2014	80,105	2,913	30	1,335	(1,578)	16,749	4
5	First Floor renovation	2015	156,741	5,700	30	2,612	(3,088)	27,311	5
6	Carpeting	2015	5,735	357	30	96	(261)	1,800	6
7	Parking Lot Seal Coat	2015	2,624	163	30	44	(119)	823	7
8	Tuckpointing	2015	2,500	156	30	42	(114)	784	8
9	Building Improvement	2015	5,700	355	30	95	(260)	1,789	9
10	Tuckpointing	2015	500	31	30	8	(23)	157	10
11	Carpeting	2016	4,588	318	30	76	(242)	1,047	11
12	HVAC	2016	43,740	3,031	30	729	(2,302)	9,989	12
13	Building Improvement	2016	29,051	1,056	30	484	(572)	3,829	13
14	Building Improvement	2017	4,500	347	30	75	(272)	600	14
15	Building Improvement	2017	62,000	4,706	30	1,033	(3,673)	9,042	15
16	Building Improvement	2017	13,283	483	30	221	(262)	1,522	16
17	Entrance Door	2018	2,596	222	30	43	(179)	173	17
18	Elevator	2018	41,248	3,527	30	687	(2,840)	2,749	18
19	Entrance Door	2019	2,718	258	30	45	(213)	90	19
20	Door	2020	4,610	173	30	77	(96)	77	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	TOTAL (lines 1 thru 33)		\$ 13,130,090	\$ 486,622		\$ 429,809	\$ (56,813)	\$ 9,056,865	34

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

Facility Name: Barton Senior Resid Chicago

Report Period Beginning: 1/1/20

Ending: 12/31/20

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	Land Lease	1999		/ /	93,332	60	90	5
6				/ /				6
7	TOTAL				\$ 93,332			7

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

9. Rental amount for movable equipment \$ N/A

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	HUD		X	Mortgage	12/20/12	\$ 7,808,400	\$ 6,556,297	1/1/48	2.4200	\$ 160,900
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 7,808,400	\$ 6,556,297			\$ 160,900
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /		Offset Interest In	/ /		(13,677)
10	TOTALS (lines 7, 8 and 9)					\$ 7,808,400	\$ 6,556,297			\$ 147,223

* 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: Barton Senior Resid Chicago

Report Period Beginning: 1/1/20

Ending:

12/31/20

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/20

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,111,357	\$ 2,111,357	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>118,043</u>)	490,559	490,559	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	26,940	26,940	6
7	Other Prepaid Expenses	71,885	71,885	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,700,741	\$ 2,700,741	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	12,437,546	12,437,545	14
15	Leasehold Improvements, at Historical Cost	692,549	692,545	15
16	Equipment, at Historical Cost	1,097,170	1,097,170	16
17	Accumulated Depreciation (book methods)	(10,257,876)	(10,111,093)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	950,093	950,093	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Loan Fees, Net</u>	155,819	155,819	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,075,301	\$ 5,222,079	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,776,042	\$ 7,922,820	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 511,819	\$ 511,819	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	28,283	28,283	30
31	Accrued Taxes Payable	184,108	184,105	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 724,210	\$ 724,207	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,556,297	6,556,297	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>PPP Loan</u>	337,147	337,147	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,893,444	\$ 6,893,444	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,617,654	\$ 7,617,651	45
46	TOTAL EQUITY	\$ 158,388	\$ 305,169	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,776,042	\$ 7,922,820	47

*(See instructions.)

Facility Name: Barton Senior Resid Chicago

Report Period Beginning: 1/1/20

Ending:

12/31/20

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	\$ 6,358,384	1
2	Discounts and Allowances	(924,787)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,433,597	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	245,541	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)	\$ 245,541	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	13,677	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13,677	14
D. Other Revenue (specify):			
15			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)	\$ 5,692,815	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,530,385	19
20	Health Care/ Personal Care	892,586	20
21	General Administration	1,841,585	21
B. Capital Expense			
22	Ownership	972,670	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)	\$ 5,237,226	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 455,589	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 455,589	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 4,377,117	32
33	Private Pay - Net Inpatient Revenue	913,751	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Food Stamps</u>	142,729	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,433,597	37

Period Beginning 1/1/2020
 Period End 12/31/2020

Schedule I

IV. Cost Center Expenses
 Line 22 Other

	<u>Amount</u>
Amortization Expense	5,771
Mortgage Preimum Insurance	29,941
TOTAL	<u><u>35,712</u></u>

Adjustment Detail

Line	Description	<u>Amount</u>
	1 Disallow Sales Tax on Food	(900)
	10 Disallow Bad Debt Expense	(903)
	10 Disallow Contributions	(750)
	17 Adjust Depreciation to Medicaid Basis	(51,743)
	18 Offset Interest Income Against Expense	(13,677)
	Total Adjustments	<u><u>(67,973)</u></u>