

SCHEDULE B

LONG TERM CARE FACILITIES PROJECTED BUDGET OF REVENUES AND EXPENSES

Item	First Year Ending
	Mo. Yr.
Revenues:	
Private Pay	\$ _____.
Medicaid	\$ _____.
Medicare	\$ _____.
Other (specify)	\$ _____.
Total Revenues	\$ _____.
Expenses:	
Payroll Expenses	\$ _____.
Other Operating Expenses	\$ _____.
Lease Expense	\$ _____.
Depreciation	\$ _____.
Interest:	
Assumed Debt	\$ _____.
New Debt	\$ _____.
Other (specify)	\$ _____.
<hr style="border: 0.5px solid black;"/>	
Total Expenses	\$ _____.
Net Income (Loss)	\$ _____.
Projected Patient Days:	
Private Pay	_____.
Medicaid	_____.
Medicare	_____.
Other	_____.
Total Projected Patient Days	_____.
Occupancy Rate (%)	_____.
Projected Charge Per Patient Day:	
Private Pay	\$ _____.
Medicaid	\$ _____.
Medicare	\$ _____.
Other	\$ _____.
Projected Cost Per Patient Day	\$ _____.