



Circle of Life Hospice

- F O U N D A T I O N -

Circle of Life Hospice Foundation Hospice House Project Business Plan October 2023

Executive Summary

COLHF Hospice House Project is a community-based social model for end-of-life care that is provided in a “home-away- from-home” environment for individuals (guests) who are unable to die in their own home. Resident care is provided by a combination of family members, volunteers and paid caregivers in collaboration with the many medical-hospice providers in the Reno area. COLHF Hospice House will provide a home-like environment with a variety of holistic support and activities that embraces and affirms both the dying residents and their families.

An alternative to the typically larger and less personal institutional settings of nursing homes and hospitals, COLHF Hospice House specializes in the ability to provide a very high level of care in a smaller, more personalized non-clinical environment. Working with their hospice provider, COLHF Hospice House provides a home with around-the-clock compassionate care and presence. While the Reno area offers many group homes and assisted living facilities that seek to provide a more home like environment, these facilities come at a cost that many cannot afford. COLHF Hospice house offers a home like environment with around the clock compassionate care and presence at no cost to the guest. Our model is a free of charge model giving all individuals an opportunity to die in a homelike environment. Currently, this option does not exist for the dying in the Reno area or the State of Nevada. Our model will be the first. Our goal is to lead and engage our community in a better understanding of the dying process while providing high-quality compassionate care for dying individuals in a comfortable, peaceful, and dignified setting focused solely on their unique needs at no cost to the dying individual.

Current statistics from Stanford University show that 80% of Americans want to die at home, but only 20% are able to. The reasons individuals aren't able to die in their home is primarily

due to a lack of caregivers willing to care for the dying, lack of funds to pay for private caregivers, or a lack of a home. The question becomes, where do the rest of Americans die if only 20% of them die at home – if they receive care, it is typically in a clinical setting like a hospital, or they have funds to go to a care facility such as an assisted living, group home or nursing home. For the rest of the individuals, they may not receive end of life care and we receive reports of individuals dying in their cars or in the streets of our community almost daily. Every individual deserves to die with dignity in a caring environment. This is the passion behind the COLF Hospice House project.

COLHF Hospice House Project will start operations with a capacity of three residents with plans for future expansion within the next three years to increase capacity to 10 guests. Our first home will be our pilot project to have evidence and data to the success of our model. We have already been gifted property for our 10-guest house. Projected referrals through our local hospitals, physicians and our local hospice agencies should allow the home to maintain a full occupancy. COLHF Hospice House operations will be funded by philanthropic donations, personal and corporate donations, state and federal grants as there currently is no budgeted state funding – there will be no charge to our guests staying at COLHF House.

We are embarking on our pilot project and will welcome our first guest in the coming weeks into our first home. This home will have room for 3 guests, which doesn't sound huge, but we have calculated the potential in terms of numbers of individuals we can help by using Hospice average length of stay data. In one year, we have the potential to help 51 individuals. 51 individuals that don't have a current option available to them to die with dignity in a home like caring environment and may die without any care if we don't get this project up and operational. We have the land to build a larger facility that will have room for 10 people, and we can help 170 individuals. Between the 2 homes we have the potential to help 221 individuals per year. 221 individuals that currently don't have a viable option to receive care when they are dying. 221 individuals that deserve to die a pain free death in a safe and caring environment with care. We must succeed in this project because every human being deserves to die with dignity and care surrounded by people that care.

COLHF has a strong, dedicated Board of Directors with demonstrated expertise in many areas of business and diverse skill sets. Each are ambassadors for our mission and build awareness, educate the community, and commit their personal time and resources with 100% board participation. COLHF also has many volunteers and committee members all working towards giving our community an option for the dying to die in a homelike environment with dignity, free of charge.

Mission Statement

The Circle of Giving, our non-profit foundation has four primary initiatives: community education, caregiving support, complimentary therapies and a hospice house. These initiatives are ways we have served and continue to serve the community since 1999.

In addition to educating the public, we aim to support the patients' on-site caregivers to keep the patient in the comfort and familiarity of his/her own home when possible. Federal regulations limit the scope of direct caregiving support a given hospice is able to provide, so we rely on our foundation to support us in helping the family acquire the resources they need to care for their loved one.

The Foundation's funding will ultimately provide a positive alternative for individuals unable to die at home. This alternative is called a hospice house. We have initiated the Circle of Life Hospice Foundation Hospice House Project for the Washoe County area, an establishment that is the first of its kind here in Northern Nevada as well as the entire State of Nevada. Medicare, Medicaid, and commercial insurance policies do not cover the residential services of a social hospice house, a non-medical, home away from home model. Many dying in our community do not have the means to pay for room and board at a facility, nor have a caregiver to care for them. It is our goal that this house will be free to those in need. It is only through charitable giving to The Foundation that the Hospice House Project continues to move forward.

Our Mission is to enrich the quality of life for our patients and their families. We believe that death is a natural part of life, and we aspire to improve the physical, social, emotional, spiritual care and wellbeing of not only those at the end of life, but their loved ones as well.

Organizational Summary

The COLHF Hospice House Project is solely dedicated to compassionate end-of-life care in a home setting for individuals who cannot remain in their own home. Though most people would prefer to stay in their own homes, many are unable due to lack of adequate 24-hour caregiver support, challenges of symptom management and limitations of their own home environment. Our home provides an alternative residence--avoiding unnecessary hospitalizations and admissions into nursing homes or other care facilities.

A social model home for the dying is currently a setting not available for hospice care in Nevada; however, the number of these homes across the country are growing as we grapple with how best to provide care for our dying community members. COLHF Hospice joined the Omega home network that has provided much aid to current social model homes across the country, and they have been instrumental in providing resources to us in building our model.

In the past decade, Medicare-certified hospice providers may have built facilities that provide acute, short-term symptom management which requires the additional intervention of doctors, nurses and other clinicians. These institutions are funded by Medicare, Medicaid and private

insurance and require the patient to meet regulatory admission-criteria of need for these intensive services. Other local hospice providers admit their patients to our hospitals to receive similar short-term care focused on the alleviation or stabilization of uncontrolled symptoms. Few hospice patients require such intensity of clinical care as they move through the natural physiological stages of dying.

COLHF Hospice House, will provide a home-like setting dedicated exclusively to the needs of the person who is dying with continuous care and support, avoiding institutional settings that focus on clinical intervention and rehabilitation rather than promoting reverence for the natural process of dying. COLHF Hospice House is non- denominational, inclusive and open to all individuals and their choice of hospice-provider. Hospice providers, doctors, clergy and hospitals will gain a valuable new option to offer dying people and their families.

Successful end-of-life homes like ours do not receive Medicare, Medicaid or other dedicated state/federal dollars. Rather, COLHF House relies on a combination of funding sources: foundations, corporate giving, in-kind gifts, memorials, planned gifts, fundraising, events and volunteer support. Once our pilot project has had a few months in operation, we will be applying for any grants available to us at the state and federal level.

We believe that experiencing a good death is best accomplished not in any institution, but in the home or a home-like setting with the kindness of many. A key strength of our home is built around the active volunteerism and support from our community. Our community needs this resource and have already begun to rally around our project. The outpouring of support in our community has given COLHF Foundation even more passion to see this project complete and continue to build more houses to serve our region's need for the dying.

HISTORY

Circle of Life Hospice Foundation is a 501(c)3 entity founded in 2002 and is governed by a Board of Directors representative of the Reno community and surrounding areas. It includes a broad-based coalition of community leaders with demonstrated expertise and strengths in nonprofit development, palliative and hospice care, finance, marketing and business management. Each member brings their own personal loss stories to our culture and are excellent ambassadors for our mission. We are grateful for the 100% Board- giving participation as it is vital to our Mission.

Circle of Life Hospice was founded in 1999 as the second hospice company to provide services in the Reno area and as the first locally owned and operated hospice. As Circle of Life Hospice enters it's 25th year of operation it has remained locally owned and operated with their focus on the original vision- providing the very best quality care to their patients. Additionally, Circle of Life Hospice maintains a 5-star rating from Medicare and is the only hospice in the state of Nevada to carry this rating. The rating comes directly from the families we serve as Medicare

calls and surveys the primary family caregiver after their loved one has passed. (<https://www.medicare.gov/care-compare/results?searchType=Hospice&page=1&query=circle%20of%20life%20hospice&city=Reno&state=NV&zipcode=89502&sort=alpha&tealiumEventAction=Landing%20Page%20-%20Search&tealiumSearchLocation=search%20bar>). Circle of Life Hospice has also maintained Hospice Honors consecutively for the last 4 years, which is a major accomplishment related to the outstanding care the organization has provided and continues to provide (<https://www.healthcarefirst.com/hospice-honors/>).

Most recently, Circle of Life Hospice was honored to be awarded Sierra Nevada's best hospice provide, receiving the Gold award and chosen by the people (<https://www.bestofsierranevada.com/listing/2023/home-care-hospice-facility>).

These awards are an honor to receive, but more over exemplify the outstanding quality of care our hospice company continuously provides in the Reno area. There are 11 Medicare certified Hospice providers serving the Reno area and 103 in the state of Nevada.

Circle of Life Hospice Foundation was created in 2002 by Circle of Life Hospice Owners and a few individuals very well versed in senior care from the Reno area. The foundation was founded with a vision to build Northern Nevada's first Hospice House. The vision of this hospice house was quite different than the Nevada regulations prescribed for a hospice house, which was a medical model much like a skilled nursing facility. The medical model hospice house didn't align with the foundations vision. The foundation continued to raise money and to provide aid to the dying in many other ways – paying for needs not covered by insurance such as private caregivers, motel rooms when patients had no place to go, non-medical supplies, transportation costs and many, many small, but very impactful ways. Through the years the hospice house vision has remained. Recently, the number of patients unable to be served by traditional hospice in the state of Nevada, primarily the reno and rural areas, has grown. The current owner and administrator of Circle of Life Hospice, Michelle Cagle, worked to broaden the COLHF board with diverse professionals passionate about closing this gap in our healthcare system. Over the last 15 months, the COLHF board members have been thoroughly researching and preparing to provide an end-of-life home, in close collaboration with local hospice providers, doctors, clergy, nursing homes and hospitals. By researching end-of-life homes in other states and participating in the national social-model for hospice Omega Network, the COLHF board has gained invaluable experience and knowledge to combine with their already existing knowledge and experiences from all facets of hospice care, senior care, non-profit organization and business operations. COLHF board and committee members have worked with the State of Nevada to develop a path towards a social model hospice house that aligns with regulations. The result is our non-clinical, social model of providing care in a home-setting for dying individuals and their families in collaboration with the medical care from their chosen hospice provider and the non-medical care from licensed Private Care Agencies.

We have received a rent-free home to pilot our project along with a very generous land donation to build our larger home. Our hospice house has gained astounding support from our community from residents to government and with the very dedicated and hard work of our board and committees, our vision and dream has grown into a reality as we welcome guests into our hospice house. This board has worked hard and fast to make this dream a reality and we have accomplished so much in the past 15 months, including raising over \$250,000 in donations. The community “buzz” we have grown in just 15 months has been extraordinary and we have created incredible relationships and partnerships that will not only aid in getting our hospice house up and operational but sustain our project for a healthy future of helping so many in our community.

Assets, Equipment and Furnishings

The assets of COLHF Hospice House consist primarily of cash, furnishings inside the home, and property recently donated to us to build on. Each bedroom is furnished with a hospital bed, chest of drawers, roll-up bed table, bedside commode, sitting chair and will be decorated for the comfort of the guest. The bedroom closets will have a custom shelf and rod system to accommodate both personal clothing and necessary personal medical supplies excluding medications. The living area has a comfortable sitting area for guests wanting and able to leave their beds and includes a relaxing water feature. The back yard has a very nice patio with a sitting area including a fire pit feature. The majority of household goods and furnishings have been donated with plans for future donations. This home was previously a rental property, and the owner has generously donated the home to us for use rent free.

In addition to the donation of the home rent free, the owner has generously donated the back lot to us as a land donation to build a larger home in addition to the small home on the front of the lot. This property is valued at \$81,090.00. COLHF board has started working with an engineer on the design of the new home with the goal of providing space for 10 guests.

Market Analysis

As our national and local healthcare environment continues to change, the need for alternative comfort-care accommodations for actively dying hospice patients are becoming more evident and growing at an alarming rate.

Hospice providers deliver their many services intermittently and on a regular basis, but do not provide around-the-clock in-home care routinely. A person receiving hospice services eventually requires a primary caregiver and 24/7 support as their needs while dying advance. This primary caregiver typically is family and friends willing to take on the commitment and

responsibility of continual care. Private-duty help is often cost-prohibitive and may feel intrusive, leading to unused service and wasted expense.

A study by AARP Public Policy Institute predicts a severe shortage of family caregivers as the Baby Boom generation faces end-of-life. In 2010, there were seven potential family caregivers for every patient; in 2020 that ratio drops to 5:1 and 3:1 by 2050. In addition, a study published in the June 2015 Health Affairs indicates a shortage of paid caregivers, as well -- “at least 2.5 million more long-term care workers will be needed to look after older Americans by 2030.”

For individuals without a family member able to serve as their primary caregiver they have limited options for the care they require as they transition through the dying process. Not only do individuals on hospice care have care needs they can't attend to themselves, Medicare requires hospice recipients to have a primary caregiver. As outlined above, we have a national shortage of caregivers with a growing population requiring care. Compounding this issue is the cost of care. According to a July 2022 article published by Elder Life Financial Nevada was reported to have an average cost for private caregivers of \$26.95 and they report this rate to be rapidly rising. The average contains the entire state of Nevada with Las Vegas having significantly lower rates and Reno area having significantly higher rates. We conducted market research in the Reno area to determine current averages in our Reno area. The average cost of private duty care in Reno through a licensed PCA company is \$35. With this rate being an average, the rates can be significantly higher reaching over \$40 per hour in cases where acuity of care is higher. Using the rate of \$35 per hour and the need for 24-hour care in the dying – it will cost a dying person in Reno an average of \$840 per day for care, \$5,880 per week and \$26,040 in a 31-day month. This is an extraordinary cost and is a leading reason many individuals are unable to die at home – the cost of home care.

When care at home is not an option, the next available option is an assisted living or residential group home. In the same article from Elder Life Financial, their research indicates that these facilities in Nevada range from \$3,650 in the Las Vegas area to a high of \$4,250 in the Reno area. The article notes that level of cares is not included in these rates and are often in addition to the cost cited, amongst many other additional fees that could be charged to residents. Our own market research indicates on average in the Reno area these facilities cost at minimum \$4,500 per month and if higher care is needed a minimum of \$5,500 – even with hospice supplementing care. Additionally, many of these facilities are hesitant to admit a dying patient into their facility because it doesn't align with their business model as a dying patient requiring 24-hour care will likely only be in their facility 10-21 days. Circle of Life Hospice aids their patients in placement every day and it is important to note it is our experience that we all too often find no placement for the dying. Often using foundation funds to pay for caregivers, and in many cases the foundation is also paying for motel rooms when the dying has no home. Facilities solve both problems, but at extraordinary costs a good majority of the Reno area population cannot afford.

Another option that must be presented as an option for the dying to receive care are medical facilities, skilled nursing facilities. Medicare does not pay for long term care placement in skilled nursing facilities. Elder Life Financial found that Reno has the highest average cost for nursing homes in the state of Nevada with an average private room cost of \$12,212 per month. We must note again that this is an average, meaning that higher costs exist. If many cannot afford the lesser cost of an assisted living, they absolutely can't afford a nursing home.

Nevada Medicaid does cover the cost of nursing home placement for individuals with incomes below a certain threshold, however often times finding an opening in a Medicaid facility is unsuccessful as they are often full. This problem is growing exponentially every year as the population requiring care in a nursing home grows. For assisted living facilities, the majority in Reno are private pay. Residential Group homes accepting Medicaid do exist, but they are becoming fewer and fewer as the current rates Nevada Medicaid pay do not align with the actual cost of providing care. Group homeowners often report a loss when accepting Nevada Medicaid patients. Long term care insurance is an option aside from private pay if an individual has certain coverage they will help with the cost of private duty care, assisted living, and/or nursing home costs. It is important to note, according to statistics published by McKnight's senior living in 2022, only 10% of Americans over the age of 65 are carrying long term care insurance.

The 24/7 comfort care for residents at COLHF Hospice House is a free option to all individuals at the end of life to be able to have care and die with dignity in a home environment. This house is also an optimal solution to reduce hospice primary caregiver stress and fatigue and eliminate the "back and forth" relocation for the dying individual. It is also the only Reno community end-of-life home dedicated to the compassionate care for actively dying individuals. It provides an alternative to dying in an institutional facility; promotes a solution for primary caregiver "burn out"; gives family members peace of mind; creates an environment to allow the community to support the natural dying and death process; and educates the community and caregiving stakeholders about non-clinical care for the dying person and their family.

Circle of Life Hospice Community Relations team has met with local hospital case management teams, and they are all supportive of the COLHF Hospice house as this option would be welcomed as it is currently absent for the dying in our community. Through our educational presentations and one on one meetings with hospitals' senior management leaders, collaborative referral and financial support are key to impacting the community need for an alternative home to care for the dying. We have also met with Government leaders at the National, State, and County level and have received unanimous support and resources for future grants available and other financial resources for the funding our project. We have collaborated with all local hospice agencies and have received positive support for this project Across the board, we all see the same major need in our community – a home like environment for the dying that breaks the barrier of financial ability. Our alternative closes many gaps in our healthcare community and the support is 100%. COLHF Hospice House is a highly needed and the concept has been beyond well received.

Overview of Services

COLHF Hospice House provides a home-like environment and 24/7 comfort care and support for individuals who are dying, have a hospice provider and are not able or choose not to stay in their own home. Our 24/7 trained caregivers and volunteers will provide medication management, home-cooked meals, laundry, housekeeping, help with personal hygiene and grooming, entertainment, companionship and meaningful activities that support the dying resident and their loved ones through the transition stages of dying. A primary goal of COLHF hospice is to service dying individuals with residential care unique to each resident, in a private home environment dedicated to compassionate care for the dying.

Residents will have either a private bedroom or a shared bedroom with a divider, fully furnished including an electric hospital bed, chest of drawers, rolling bedside table, sitting chair, and bedside chair-commode. The resident may personalize their room with pictures and any items that space allows for to make the space their own and feel like home. We have partnered with Good Sheppard Non-Profit to provide all bedding for each resident as well as any clothing needs, they may have.

Residents will share the common bathroom. This bathroom will be remodeled for a roll in shower, warmed toilet seat and bidet. The Living room provides a common area with seating, a large TV, water feature, and sliding glass door exiting to the patio area with seating and a fire feature. The back yard is nicely landscape and provides a very serene and comfortable area to relax in when weather permits.

COLHF Hospice House will provide three meals a day and unlimited snacks tailored to each resident's requests prepared by caregivers. Guests may have family bring in prepared food, if desired. Medication management will be directed by the resident's hospice provider; resident medication assistance provided as necessary. Storage of each resident's medications is in a locked cabinet with a separate locked cabinet and/or a locked medication refrigerator.

Our budget includes projected costs to update the property for our residents. These plans include installing ramps for wheelchair accessibility as well as some modifications inside the house to make our residents' mobility and access easier.

Regulations and Liability

COLHF House takes seriously its responsibility to safeguard the remaining health of its guests. Direct care in our home is provided by medical professionals from Medicare certified hospice

providers and non-medical care is provided by caregivers contracted from a licensed PCA company. Because both of the care entities are regulated by the State of Nevada, our home itself will not be regulated by the State of Nevada. That being stated, COLHF Hospice House is guided by, and has implemented policies, procedures and physical house attributes that align with State of Nevada Residential Group Home regulations as well as recommended best practices.

All caregivers will be trained in medication administration and this aspect of care will be overseen by a provider, in our case a Nurse Practitioner. Continual education related to medication and medication management will be provided by an RN. We have partnered with a Licensed PCA company that we will work very closely with our Executive Director in selecting caregivers and providing training above and beyond State of Nevada requirements and specific to COLHF Hospice House.

The COLHF Hospice House model ensures each entity we work with – Medicare certified Hospices and Licensed PCA Companies- both have insurance coverage for liability. By regulations, both entities are required to carry insurance coverage. COLHF has the following policies: \$25k property, \$1M General Liability, \$1M D&O, and a \$3M umbrella policy.

Our Board members and Committee members continue to have discussions with the State of Nevada, and it is all of our hopes we can continue to work together to understand and develop a pilot social-model that may impact future legislation to foster additional end-of- life homes across the state of Nevada.

Marketing and Development Plan

Successful end-of-life homes across the nation have sustained themselves through careful planning and the generosity of the community. COLHF Hospice House will follow a similar model, utilizing a combination of funding sources including grants in the future, but our projects are highly dependent on philanthropic donations. Our pilot project will give us real numbers and prove our concept, making it vital to the development of our project and in securing the financial pieces to sustain our first house and all future houses.

Exposure

The COLHF Hospice House has had a lot of exposure over the last 15 months via Circle of Life Hospice. Our hospice is very active in our community and has consistently provided the community at large bereavement and grief support while also putting on many events free to the community. Circle of Life Hospice is entering it's 25th year of operation and is a household name in the Reno area, not only because of age – because of our community involvement and consistent marketing and advertising in the Reno area. Circle of Life Hospice is branded. The COLHF Hospice House project has been advertised and marketing alongside the bulk of Circle

of Life Hospice advertising and marketing for the last 15 months. The Community Relations team at Circle of Life Hospice has educated the community in the need for our hospice house as well as the overview of the Hospice House Project. Our Foundation in general has been in existence since 2002 helping individuals in many ways. The foundation is very well known in the Reno community as well as the local Health Care Industry. In February of 2023 COLHF held a radiothon with over 10 radio stations live feeding our event for 12 hours, all Reno TV news medias covered this event and the exposure to our Hospice House project was phenomenal. We have many planned events designed to expand our exposure and raise knowledge of our project.

Fundraising

In the previous year, COLHF has planned and orchestrated multiple fundraising events for the hospice house project. Among them, our biggest fundraiser was our radiothon that generated over \$200K as well as many recurring donations and gave our project a very high level of exposure. COLHF board has developed into a very diverse group of professionals highly motivated by passion to fundraise. We have many upcoming events planned including black tie affairs, golf tournaments, marathon sponsorships – all for the purpose of raising money and expanding exposure for our hospice house project. In addition to events, we have several professionals currently planning and creating requests from multiple large philanthropic donors. Community support we have received on our hospice house project thus far has been unanimous and this includes our Governor, Senators, and many others at the state level. Many of our board members consistently meet with our local government including the Mayor, city council, and elected commissioners – all are not only supportive of this project but have given us their word to help with funding. Through continued exposure, organization, and careful execution by our dedicated board we feel highly confident our fundraising efforts will be wildly successful.

Grant Request and Management

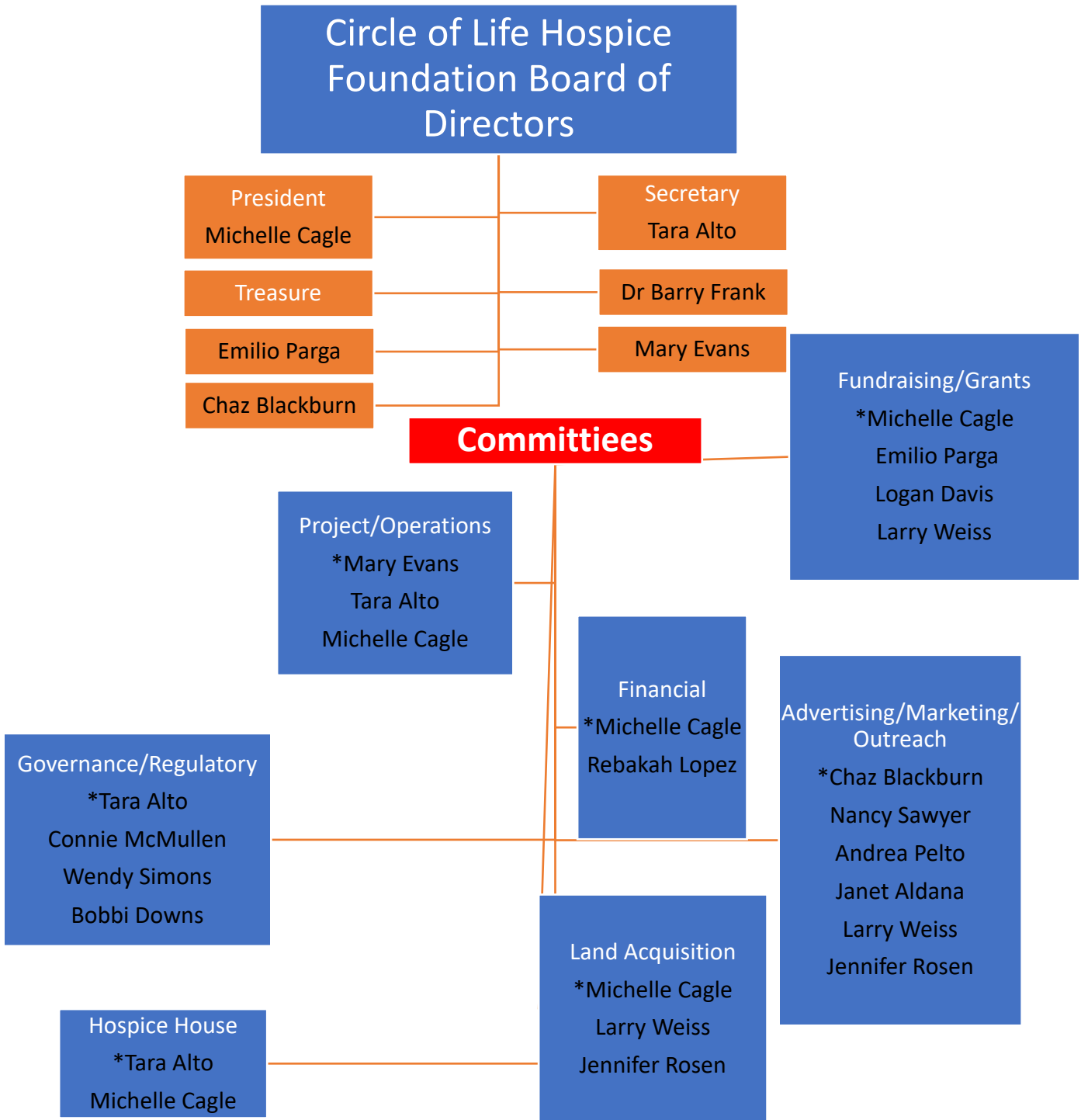
The COLHF board has more than one experienced and successful grant writer as well as committees dedicated to researching grant and financial opportunities. We are aware of many grants we feel confident we not only qualify for but will be awarded. These grants will add to philanthropic donations, personal and corporate donations and allow us to not only raise the funds for operations but fund our future builds and sustain us indefinitely.

Management Plan

COLHF Board and Committee members

The COLHF Board and Committee members put full focus on our Hospice House project. The board has been designed by carefully selecting professional members that all bring different

strengths to our mission. Our committee members bring even more diverse strength, and we all give 100% to our project and share the same vision and passion. It is the hard work and dedication of this board that has made our vision a reality and will continue to see that this project is successful. Below is the organization of our board



COLHF Hospice House Management

The COLHF Board has retained an individual experienced in long term care administration and currently licensed as a Long-Term Care Administrator in the State of Nevada as our Executive Director. While this experience and licensure is not required by regulation or our designed model, the background and understanding this individual possesses will highly benefit not only the operation of our first hospice house, but in building a foundation for our future houses. Our Executive Director has worked with our board to establish COLHF Hospice House policy and procedures and will oversee the operations of our house. This individual will serve as the administrative staff for our house and will be guided by the Hospice House committee as needed. This individual will ensure all referrals are appropriate, ensure training is fulfilled, ensure staffing is maintained, quality care is provided, coordinate between care entities and outside vendors, ensure our home is maintained and our mission and vision is carried out. This individual has donated their time to establish a solid foundation for our hospice house project and will work with the Hospice House committee to eventually recruit a house manager to oversee COLHF hospice house.

Financial Outlook and Budget

Below you will find our budget that shows our current financial position and our projected 12-month budget. This budget makes a few assumptions that should be explained. You will notice we have not placed projected donations or grant funds. These numbers currently are impossible to predict, however, we feel very strongly that we will raise funds well above our operating expenses through our dedicated fundraising efforts.

All projected expenses are estimations. Actuals will be tracked monthly for variances, and we will have actual numbers for next year's business plan.

Many of the projected expenses will be donated such as the Executive Director Salary and we anticipate a few other expenses will be donated.

These are the anticipated expenses that we expect. As it is our first year in operation, there very well could be unexpected expenses.

The Maintenance expense may be nonexistent for our first property as it is a donated lease, the homeowner will maintain the home for the most part. We included this expense on the budget for maintenance that would be above and beyond the expectations of the landlord.

Our board is dedicated 100% to this project as is our community and government. We have no fears that we will not be able to continue to gain exposure for this very needed community resource and in so doing so continue to gain support and in doing so raise the very needed funds for the operation of this project.

	Current Jan-Sept 2023	Projected 12 month
Company Donations	13,487.00	
Individual Donations	253,271.78	
Recurring Monthly (Angel Donors)		\$9,180.00
Grants		
Medicaid Payments for Caregiving		
Total Revenues	266,758.78	\$9,180.00
Accounting		\$2,000.00
Legal		\$2,500.00
Maintenance/Property updates		\$18,000
Office Supplies		\$1,800.00
Electric/Gas		\$1,920.00
Cable/Phone/Internet		\$1,680.00
Trash		\$316.56
Water		\$600.00
Groceries/house supplies		\$3,000.00
Biohazard Waste		\$1,200.00
Insurance and Bonds		\$3,438.00
Executive Director contract		\$60,000.00
Caregiver Vendor		\$262,080.00
Contract Labor		\$0.00
Consultant Development		\$0.00
Marketing/Advertising/Print	13,928.00	\$15,000.00
Administrative costs	3,257.46	\$4,500.00
Secretary of State Nevada		\$200.00
Total Expenses	17,185.46	\$341,734.56
Net Operating Income	249,573.32	(\$369,054.56)