

		FOR BHF USE			

LL2

Supportive Living Facility

**2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2010)**

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>1000057</u></p> <p>Facility Name: <u>Jackson Park SLF</u></p> <p>Address: <u>1448 East 75th Street</u> <u>Chicago</u> <u>60649</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 667-6500</u> Fax # <u>(773) 667-1875</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>2/9/2006</u></p> <p>Type of Ownership:</p> <table border="0"> <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) 236 - 1111</u> Email Address: <u>slavenda@frronline.com</u></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>1/1/2010</u> to <u>12/31/2010</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 border="1"> <tr> <td rowspan="2" style="width: 20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> </tr> <tr> <td>(Type or Print Name) _____ (Date) _____</td> </tr> <tr> <td></td> <td>(Title) _____</td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Jeff Singer, C.P.A.</u></td> </tr> <tr> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</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) _____ (Date) _____		(Title) _____	Paid Preparer	(Signed) _____	(Print Name and Title) <u>Jeff Singer, C.P.A.</u>	(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>	(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																	
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Facility Name Jackson Park SLF

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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	123	Single Unit Apartment	123	44,895	1
2	13	Double Unit Apartment	13	4,745	2
3		Other			3
4	136	TOTALS	136	49,640	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	27,521	1,187		28,708	5
6	Double Unit	2,909	125		3,034	6
7	Other					7
8	TOTALS	30,430	1,312		31,742	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 63.94%

D. Indicate the number of paid bed-hold days the SLF had during this year

704 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 83 (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: 12/31/2010 Fiscal Year: 12/31/2010

* 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: Jackson Park SLF

Report Period Beginning:

1/1/2010

Ending: 12/31/2010

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	142,327	170,228	19,582	332,137	269	332,406	1
2	Housekeeping, Laundry and Maintenance	144,200	53,708	89,739	287,647	(12,546)	275,101	2
3	Heat and Other Utilities			159,336	159,336	(12,706)	146,630	3
4	Other (specify):			105,942	105,942	53	105,995	4
5	TOTAL General Services	286,527	223,936	374,599	885,062	(24,930)	860,132	5
B. Health Care and Programs								
6	Health Care/ Personal Care	455,045	3,628	8,264	466,937	14,261	481,198	6
7	Activities and Social Services	60,626	3,491		64,117		64,117	7
8	Other (specify):					2,550	2,550	8
9	TOTAL Health Care and Programs	515,671	7,119	8,264	531,054	16,811	547,865	9
C. General Administration								
10	Administrative and Clerical	152,957	5,819	294,135	452,911	(63,194)	389,717	10
11	Marketing Materials, Promotions and Advertising	7,321		2,073	9,394		9,394	11
12	Employee Benefits and Payroll Taxes			190,582	190,582		190,582	12
13	Insurance-Property, Liability and Malpractice			46,987	46,987	209	47,196	13
14	Other (specify):					30,324	30,324	14
15	TOTAL General Administration	160,278	5,819	533,777	699,874	(32,661)	667,213	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	962,476	236,874	916,640	2,115,990	(40,780)	2,075,210	16
Capital Expenses								
D. Ownership								
17	Depreciation			7,377	7,377	263,048	270,425	17
18	Interest			134,945	134,945	353,349	488,294	18
19	Real Estate Taxes			81,947	81,947		81,947	19
20	Rent -- Facility and Grounds			779,135	779,135	(772,565)	6,570	20
21	Rent -- Equipment			13,303	13,303	2,246	15,549	21
22	Other (specify):					14,818	14,818	22
23	TOTAL Ownership			1,016,707	1,016,707	(139,104)	877,603	23
24	GRAND TOTAL (Sum of lines 16 and 23)	962,476	236,874	1,933,347	3,132,697	(179,884)	2,952,813	24

Jackson Park SLF

Report Period Beginning: 1/1/2010
Ending: 12/31/2010

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (50,336)	17	1
2	Cable TV	(13,791)	03	2
3	Bank Charges	(8,571)	10	3
4	Bad Debts	(42,606)	10	4
5	Franchise Tax	(250)	10	5
6	Interest Income	(1)	18	6
7	Non-Allowable interest	(134,945)	18	7
8	Capitalized R/M	(13,240)	02	8
9	Additional R/M	2,604	02	9
10	Non Allowable Legal	(2,560)	10	10
11				11
12	Building Company:			12
13	Amortization-PMC	6,557	22	13
14	Depreciation	313,385	17	14
15	Rental income	(779,135)	20	15
16	Interest Expense	488,231	18	16
17	Interest Income	(250)	18	17
18	Amortization-Marketing Expense	8,261	22	18
19				19
20				20
21				21
22	Prior Period Adjustments:			22
23	Housekeeping/Laundry Supplies	(2,504)	02	23
24				24
25				25
26	Management Office Allocations:			26
27	Management Office Allocations	(153,300)	10	27
28	Maintenance	587	2	28
29	Utilities	1,084	3	29
30	General & Administrative Expenses	117,459	10	30
31	Insurance	174	13	31
32	Employee Benefits	25,602	14	32
33	Office Lease	6,339	20	33
34	Equipment Rental	2,054	21	34
35				35
36	Apex Healthcare Solutions LLC Allocations:			36
37	Health Care Salaries	14,261	06	37
38	Employee Benefits-Healthcare	2,550	08	38
39	Administrative Salaries	17,710	10	39
40	Emp. Ben.- Gen. Admin.	4,722	14	40
41	General and Administrative Expenses	7,282	10	41
42	Emp. Ben. General	53	04	42
43	Dietary Consultant Salaries	269	01	43
44	Building Supplies	8	02	44
45	Insurance	35	13	45
46	Interest	313	18	46
47	Rent	230	20	47
48	Auto & Equip Rental	192	21	48
49	Regional Manager	1,616	10	49
50	Travel Expense	25	10	50
51				51
52				52
53				53

54			54
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95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(179,884)	101

Facility Name: Jackson Park SLF

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.04	\$ 26.07	1
2	Licensed Practical Nurses	4.90	20.47	2
3	Certified Nurse Assistants	10.05	9.07	3
4	Activity Director & Assistants	1.97	14.77	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	6.26	10.93	7
8	Dishwashers			8
9	Maintenance Workers	1.00	14.29	9
10	Housekeepers	5.32	10.34	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	33.61	13
14	Clerical	3.61	11.06	14
15	Marketing	0.24	14.70	15
16	Other			16
17	Total (lines 1 thru 16)	35.41	\$ 13.07	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	Aaron Mann, Administrative	Relative	0.3	\$ 1,694	1
2					2
3					3
4					4
5					5
				Total	\$ 1694 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
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name 3	City 4	Type of Business 5
Jackson Park II LLC		Building Co.
See Attached		See Attached

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: Jackson Park SLF

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

VIII. OWNERSHIP COSTS

A. Purchase price of land 170,811 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	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Units*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	136		2005	2005	\$ 8,007,168	\$ 291,170	35	\$ 228,776	\$ (62,394)	\$ 1,143,880	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				436,723	7,377		21,174	13,797	59,030	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,443,891	\$ 298,546		\$ 249,950	\$ (48,596)	\$ 1,202,910	17

C. Equipment Depreciation -- Including Transportation.

	Type	1	2	3	4	5	6	
		Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation	
18	Movable Equipment	\$ 209,648	\$ 22,215	\$ 20,475	(1,740)	10	\$ 77,442	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 209,648	\$ 22,215	\$ 20,475	(1,740)		\$ 77,442	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1	2	3	4	
	Description and Year Acquired	Cost	Current Book Depreciation	Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name & ID Number Jackson Park SLF

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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	Remove And Reinstall Carpet In 1St Floor Hall	2006	1,916		20	96	96	415	2
3	Door/Corner Guard	2006	855		20	43	43	185	3
4	Install Door Alarm On 3 Doors	2006	962		20	48	48	208	4
5	Furnish & Install Heater / Piping / Electric Power	2007	4,539		20	227	227	889	5
6	Remodeling Lobby, Office And Therapy Room	2007	15,458		20	773	773	2,641	6
7	Fifth Floor Balcony Roof	2007	2,150		20	108	108	331	7
8	Ramps	2007	6,752		20	338	338	1,041	8
9	Balcony Enclosures	2007	14,557		20	728	728	2,244	9
10	New Master Key System	2008	1,426		20	71	71	202	10
11	Flooring	2008	26,031		20	1,302	1,302	3,471	11
12	Flooring	2008	22,185		20	1,109	1,109	3,328	12
13	Flooring	2008	22,185		20	1,109	1,109	3,328	13
14	Flooring	2008	3,261		20	163	163	489	14
15	Flooring	2008	4,091		20	205	205	597	15
16	Carpet Installation	2008	41,234		20	2,062	2,062	6,013	16
17	Flooring	2008	16,809		20	840	840	2,451	17
18	Flooring	2008	27,646		20	1,382	1,382	3,801	18
19	Carpet	2008	3,241		20	162	162	432	19
20	Carpet	2008	3,544		20	177	177	487	20
21	Carpeting	2008	42,136		20	2,107	2,107	5,618	21
22	Carpet Installation	2008	39,875		20	1,994	1,994	5,649	22
23	Flooring	2008	6,943		20	347	347	868	23
24	Flooring	2008	27,646		20	1,382	1,382	3,686	24
25	Flooring	2008	4,790		20	240	240	619	25
26	Flooring	2008	19,752		20	988	988	2,551	26
27	Flooring	2008	32,489		20	1,624	1,624	4,197	27
28	Elevator Repair	2008	6,239		20	312	312	754	28
29	Elevator Repair	2008	8,398		20	420	420	910	29
30	Frame & Door	2009	8,134		20	407	407	813	30
31	Framing, Plywood, Siding, Door	2009	5,040		20	252	252	504	31
32	Readjust New Door Opening; Remove Old Door	2009	3,200		20	160	160	307	32
33	Total Book Depreciation	2010	8,021	7,377	20		(7,377)		33
34	TOTAL (lines 1 thru 33)		\$ 431,504	\$ 7,377		\$ 21,174	\$ 13,797	\$ 59,030	34

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

Facility Name & ID Number Jackson Park SLF

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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	Replace Heaters, Wiring, Elevator Meetings	2010	2,660		20				2
3	Renovations	2010	2,559		20				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)		\$ 5,219	\$		\$	\$	\$	34

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

Facility Name & ID Number Jackson Park SLF

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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
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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: Jackson Park SLF

Report Period Beginning: 1/1/2010

Ending: 2/31/2010

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	Allocated from Management Office			/ /	6,569			5
6				/ /				6
7	TOTAL				\$ 6,569			7

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

9. Rental amount for movable equipment \$ 15,549

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	Cambridge Realty Capital		X		/ /	\$	7,493,111	/ /		\$ 488,231
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	Venture Fund	X		Working Capital;Line of Credit	/ /		1,789,871	/ /		134,945
5	Allocated from APEX		X		/ /			/ /		313
6					/ /			/ /		
7	TOTAL Facility Related					\$	9,282,982			\$ 623,489
	B. Non-Facility Related									
8	Interest Income				/ /			/ /		-251
9	Non- Allowable Interest				/ /			/ /		-134,945
10	TOTALS (lines 7, 8 and 9)					\$	9,282,982			\$ 488,293

* 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: Jackson Park SLF

Report Period Beginning: 1/1/2010

Ending: 12/31/2010

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 335,958	\$ 567,966	1
2	Cash-Patient Deposits	4,908	4,908	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	105,045	105,045	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	1,928	1,928	6
7	Other Prepaid Expenses	813	813	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	241,289	3,061	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 689,941	\$ 683,721	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		170,811	13
14	Buildings, at Historical Cost		8,007,168	14
15	Leasehold Improvements, at Historical Cost	43,456	43,456	15
16	Equipment, at Historical Cost	53,899	209,404	16
17	Accumulated Depreciation (book methods)	(37,290)	(1,621,594)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(24,043)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached</u>	35,755	802,878	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 95,820	\$ 7,588,080	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 785,761	\$ 8,271,801	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,586,079	\$ 3,586,079	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	37,923	37,923	30
31	Accrued Taxes Payable	158,269	158,269	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	<u>See Attached</u>	98,032	13,849	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,880,303	\$ 3,796,120	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		9,282,982	38
39	Mortgage Payable			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)	\$	\$ 9,282,982	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,880,303	\$ 13,079,102	45
46	TOTAL EQUITY	\$ (3,094,542)	\$ (4,807,301)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 785,761	\$ 8,271,801	47

*(See instructions.)

Facility Name: Jackson Park SLF

Report Period Beginning: 1/1/2010

Ending:

12/31/2010

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,013,346	1
2	Discounts and Allowances	(22,269)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,991,077	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	1	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1	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)	\$ 2,991,078	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	885,062	19
20	Health Care/ Personal Care	531,054	20
21	General Administration	699,874	21
	B. Capital Expense		
22	Ownership	1,016,707	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)	\$ 3,132,697	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (141,619)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (141,619)	31