

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2014  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2014)**

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><b>I. Facility ID Number:</b> <u>1000057</u></p> <p><b>Facility Name:</b> <u>Jackson Park SLF</u></p> <p><b>Address:</b> <u>1448 East 75th St</u> <u>Chicago</u> <u>60649</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> ( <u>773</u> ) <u>667-6500</u> Fax # <u>(773) 667-1875</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>02/09/2006</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Andrew B. Cutler</u> <b>Telephone Number:</b> ( <u>847</u> ) <u>374-0400</u>  <b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2014</u> to <u>12/31/2014</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) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) <u>Andrew B. Cutler</u> <u>Managing Director</u> (Firm Name &amp; Address) <u>FGMK, LLC</u> <u>2801 Lakeside Dr. Bannockburn, IL 60015</u> (Telephone) <u>(847) 374-0400</u> Fax <u>(847) 371-0420</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) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Andrew B. Cutler</u> <u>Managing Director</u> (Firm Name & Address) <u>FGMK, LLC</u> <u>2801 Lakeside Dr. Bannockburn, IL 60015</u> (Telephone) <u>(847) 374-0400</u> Fax <u>(847) 371-0420</u>
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Facility Name Jackson Park SLF

Report Period Beginning: 1/1/2014 Ending: 12/31/2014

**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	44,951			44,951	5
6	Double Unit					6
7	Other					7
8	TOTALS	44,951			44,951	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.55%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 714 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 29 (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)

N/A

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 12/31 Fiscal Year: 12/31

\* 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. \_\_\_\_\_

**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. \_\_\_\_\_

**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. \_\_\_\_\_

Facility Name: Jackson Park SLF

Report Period Beginning:

1/1/2014

Ending: 12/31/2014

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	154,190	258,427	86,569	499,186		499,186	1
2	Housekeeping, Laundry and Maintenance	220,939	62,870	65,112	348,921	(33,717)	315,204	2
3	Heat and Other Utilities			194,876	194,876		194,876	3
4	Other (specify):			20,802	20,802		20,802	4
5	<b>TOTAL General Services</b>	375,129	321,297	367,359	1,063,785	(33,717)	1,030,068	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	400,248		22,657	422,905		422,905	6
7	Activities and Social Services	44,748	9,866		54,614		54,614	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	444,996	9,866	22,657	477,519		477,519	9
<b>C. General Administration</b>								
10	Administrative and Clerical	197,463	4,478	518,376	720,317	(125,279)	595,038	10
11	Marketing Materials, Promotions and Advertising	29,057		2,562	31,619		31,619	11
12	Employee Benefits and Payroll Taxes			308,416	308,416	64,970	373,386	12
13	Insurance-Property, Liability and Malpractice			46,831	46,831	135	46,966	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	226,520	4,478	876,185	1,107,183	(60,174)	1,047,009	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,046,645	335,641	1,266,201	2,648,487	(93,891)	2,554,596	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			38,158	38,158	245,115	283,273	17
18	Interest			78,959	78,959	250,029	328,988	18
19	Real Estate Taxes			75,767	75,767		75,767	19
20	Rent -- Facility and Grounds			843,360	843,360	(837,679)	5,681	20
21	Rent -- Equipment			7,672	7,672	887	8,559	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			1,043,916	1,043,916	(341,648)	702,268	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,046,645	335,641	2,310,117	3,692,403	(435,539)	3,256,864	24

STATE OF ILLINOIS  
**JACKSON PARK SUPPORTIVE LIVING**

Report Period Beginning: 1/1/2013  
 Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. IV Line Reference	
1	Non-Straight Line Depreciation	\$ (48,191)	17	1
2	Cable TV	(20,299)	10	2
3	Bank Charges	(8,361)	10	3
4	Bad Debts	(129,528)	10	4
5	Non-Allowable Interest Expense	(78,959)	18	5
6	Penalties and Fines	(4,983)	10	6
7	Non-Allowable R&M Expense - Stujac	(34,387)	2	7
8	Interest Income	(8)	18	8
9				9
10				10
11	BUILDING COMPANY:			11
12	Rent Income	(843,360)	20	12
13	Interest Expense	329,329	18	13
14	Legal & Accounting Fees	54,275	10	14
15	Interest Income	(333)	18	15
16	Depreciation	291,141	17	16
17				17
18				18
19				19
20				20
21	MANAGEMENT OFFICE ALLOCATION:			21
22	Management Office Allocation	(19,894)	10	22
23	General and Administrative Expenses	26,143	10	23
24				24
25				25
26				26
27				27
28				28

<b>29</b>	<b>APEX HEALTHCARE ALLOCATION:</b>			<b>29</b>
<b>30</b>	Administrative Salaries	<b>166,541</b>	<b>10</b>	<b>30</b>
<b>31</b>	Emp. Ben. - Gen. Admin.	<b>64,970</b>	<b>12</b>	<b>31</b>
<b>32</b>	General and Administrative Expenses	<b>19,386</b>	<b>10</b>	<b>32</b>
<b>33</b>	Seminars	<b>904</b>	<b>10</b>	<b>33</b>
<b>34</b>	Auto & Travel	<b>28,149</b>	<b>10</b>	<b>34</b>
<b>35</b>	Insurance	<b>135</b>	<b>13</b>	<b>35</b>
<b>36</b>	Depreciation	<b>2,165</b>	<b>17</b>	<b>36</b>
<b>37</b>	Rent	<b>5,681</b>	<b>20</b>	<b>37</b>
<b>38</b>	Equipment Rental	<b>887</b>	<b>21</b>	<b>38</b>
<b>39</b>	Facility Wages reimbursed	<b>670</b>	<b>02</b>	<b>39</b>
<b>40</b>	Management Office Allocation	<b>(226,192)</b>	<b>10</b>	<b>40</b>
<b>41</b>				<b>41</b>
<b>42</b>				<b>42</b>
<b>43</b>				<b>43</b>
<b>44</b>				<b>44</b>
<b>45</b>				<b>45</b>
<b>46</b>	PPD Expense Offset	<b>(11,420)</b>	<b>10</b>	<b>46</b>
<b>47</b>				<b>47</b>
<b>48</b>				<b>48</b>
<b>49</b>				<b>49</b>
<b>50</b>				<b>50</b>
<b>51</b>	<b>Total</b>	<b>(435,539)</b>		<b>51</b>

Facility Name: Jackson Park SLF

Report Period Beginning 1/1/2014 Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.58	\$ 47.72	1
2	Licensed Practical Nurses	5.32	14.95	2
3	Certified Nurse Assistants	16.64	5.12	3
4	Activity Director & Assistants	1.86	11.57	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.23	10.25	7
8	Dishwashers			8
9	Maintenance Workers	1.14	11.11	9
10	Housekeepers	4.47	20.94	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.03	17.24	13
14	Clerical	1.98	21.63	14
15	Marketing	1.00	13.97	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>43.25</b>	<b>\$ 11.64</b>	<b>17</b>

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 Administrator	Relative	3.8	\$ 29,992	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ 29992 6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>\$ 3</b>

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
See Attached					
Jackson Park 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? \$

(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:

1/1/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 170,811 Year land was acquired 2005

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	136		2005	2005	\$ 8,007,168	\$ 291,141	35	\$ 228,776	\$ (62,365)	\$ 2,121,333	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Leasehold Improvements		2006		3,733		20	187	187	1,556	6
7	Leasehold Improvements		2007		43,456		20	2,173	2,173	16,292	7
8	Leasehold Improvements		2008		359,920		20	17,996	17,996	120,441	8
9	Leasehold Improvements		2009		16,374		20	819	819	4,900	9
10	Leasehold Improvements		2010		13,240		20	662	662	2,648	10
11	Leasehold Improvements		2011		3,400		20	170	170	623	11
12	Leasehold Improvements		2012		31,252		20	1,563	1,563	4,235	12
13											13
14											14
15											15
16						4,441			(4,441)	4,441	16
17	TOTAL (lines 1 thru 16)				\$ 8,478,543	\$ 295,582		\$ 252,346	\$ (43,236)	\$ 2,276,469	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	\$ 493,468	\$ 33,717	\$ 28,762	(4,955)	10	\$ 389,556	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 493,468	\$ 33,717	\$ 28,762	(4,955)		\$ 389,556	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: Jackson Park SLF

Report Period Beginning: 1/1/2014

Ending: 2/31/2014

**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	Alloc. Management Co.			/ /	887			5
6				/ /				6
7	<b>TOTAL</b>				\$ 887			7

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

9. Rental amount for movable equipment \$ 8,559

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				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	Walker & Dunlop		X	Mortgage	/ /	\$	7,454,304	/ /		\$ 329,329	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4	Venture Fund, LLC	X		Working Capital	/ /		2,337,529	/ /		78,959	4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$	9,791,833			\$ 408,288	7
	<b>B. Non-Facility Related</b>										
8	Interest Income				/ /			/ /		-341	8
9	Non-Allowable Interest				/ /			/ /		-78,959	9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	9,791,833			\$ 328,988	10

\* 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: 1/1/2014

Ending:

12/31/2014

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 296,768	\$ 581,268	1
2	Cash-Patient Deposits	12,896	12,896	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	1,074,970	1,074,970	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	66,312	66,312	6
7	Other Prepaid Expenses	2,326	2,326	7
8	Accounts Receivable (owners or related parties)	24,269	24,269	8
9	Other(specify): <a href="#">See Attached</a>	490,365	957,937	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,967,906	\$ 2,719,978	10
	<b>B. Long-Term Assets</b>			
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	76,534	76,534	15
16	Equipment, at Historical Cost	193,849	349,348	16
17	Accumulated Depreciation (book methods)	(127,364)	(2,891,144)	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): <a href="#">See Attached</a>	21,255	150,235	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 164,274	\$ 5,862,952	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,132,180	\$ 8,582,930	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 392,256	\$ 392,256	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	74,125	74,125	30
31	Accrued Taxes Payable	11,880	11,880	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>		490,365	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 478,261	\$ 968,626	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	1,007,559	2,337,529	38
39	Mortgage Payable		7,454,304	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 1,007,559	\$ 9,791,833	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 1,485,820	\$ 10,760,459	45
46	<b>TOTAL EQUITY</b>	\$ 646,610	\$ (2,177,529)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,132,430	\$ 8,582,930	47

\*(See instructions.)

Facility Name: Jackson Park SLF

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 4,653,375	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,653,375</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	8	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 8</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,653,383</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,063,785	19
20	Health Care/ Personal Care	477,519	20
21	General Administration	1,107,183	21
<b>B. Capital Expense</b>			
22	Ownership	1,043,916	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 3,692,403</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 960,980</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 960,980</b>	<b>31</b>

1/1/14-12-31/14

**Page 6**

Copier	7,046
Postage Meter	626
Allocated Management Co.	887
Total Equipment Rental	<u>8,559</u>

**Page 7 Supp - Line 9 Other - Specify**

	<u>Operating After Consolidation</u>	
Replacement Reserve	416,277	792,260
Escrowed RE Taxes and Insurance	74,088	162,954
Wage Escrow	-	2,723
Total	<u>490,365</u>	<u>957,937</u>

**Page 7 Supp - Line 23 Other - Specify**

	<u>Operating After Consolidation</u>	
Deposits	21,255	21,255
Permanent Mortgage Costs	-	136,085
Amort - Permanent Mortgage Costs	-	(7,105)
Total	<u>21,255</u>	<u>150,235</u>

**Page 7 Supp - Line 36 Other - Specify**

	<u>Operating After Consolidation</u>	
Unclaimed Property Withholding	-	-
Lessee Escrow - RET & INS	-	74,088
Lessee Escrow - Replacement Reserve	-	416,277
Total	<u>-</u>	<u>490,365</u>





