

Facility Name Aurora Supportive Living

Report Period Beginning: 1/1/2005 Ending: 12/31/2005

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	14,083	6,152	2,395	22,630	5
6	Double Unit	1,488	650	253	2,391	6
7	Other					7
8	TOTALS	15,571	6,802	2,648	25,021	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 50.40%

D. Indicate the number of paid bed-hold days the SLF had during this year 88 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 13 (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

ACCURAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/05 Fiscal Year: 12/31/05

* 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? _____

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? _____

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? _____

If no, explain. _____

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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	122,878	135,466	729	259,073		259,073	1
2	Housekeeping, Laundry and Maintenance	78,973	26,403	20,110	125,486		125,486	2
3	Heat and Other Utilities			107,559	107,559	(15,452)	92,107	3
4	Other (specify):							4
5	TOTAL General Services	201,851	161,869	128,398	492,118	(15,452)	476,666	5
B. Health Care and Programs								
6	Health Care/ Personal Care	366,717	8,837	7,485	383,039	(3,861)	379,178	6
7	Activities and Social Services	49,634	4,215		53,849		53,849	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	416,351	13,052	7,485	436,888	(3,861)	433,027	9
C. General Administration								
10	Administrative and Clerical	264,925	15,888	101,435	382,248	(64,201)	318,047	10
11	Marketing Materials, Promotions and Advertising	26,382		3,160	29,542	(26,382)	3,160	11
12	Employee Benefits and Payroll Taxes			172,232	172,232		172,232	12
13	Insurance-Property, Liability and Malpractice			27,879	27,879	6,496	34,375	13
14	Other (specify):							14
15	TOTAL General Administration	291,307	15,888	304,706	611,901	(84,087)	527,814	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	909,509	190,809	440,589	1,540,907	(103,400)	1,437,507	16
Capital Expenses								
D. Ownership								
17	Depreciation			5,395	5,395	198,887	204,282	17
18	Interest			21,216	21,216	448,864	470,080	18
19	Real Estate Taxes			87,968	87,968		87,968	19
20	Rent -- Facility and Grounds			138,418	138,418	(135,964)	2,454	20
21	Rent -- Equipment			6,231	6,231		6,231	21
22	Other (specify):					6,756	6,756	22
23	TOTAL Ownership			259,228	259,228	518,543	777,771	23
24	GRAND TOTAL (Sum of lines 16 and 23)	909,509	190,809	699,817	1,800,135	415,143	2,215,278	24

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.62	\$ 21.16	1
2	Licensed Practical Nurses	1.77	22.00	2
3	Certified Nurse Assistants	9.58	10.74	3
4	Activity Director & Assistants	2.24	10.65	4
5	Social Service Workers			5
6	Head Cook	0.96	18.23	6
7	Cook Helpers/Assistants	4.90	8.48	7
8	Dishwashers			8
9	Maintenance Workers	0.25	18.55	9
10	Housekeepers	3.86	8.61	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.51	39.38	13
14	Clerical	4.29	15.81	14
15	Marketing	0.52	24.43	15
16	Other			16
17	Total (lines 1 thru 16)	31.51	\$ 13.88	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	Jonathan Dougherty Relative	0%	40	\$ 37,846	1
2					2
3					3
4					4
5					5
Total				\$ 37,846	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 <u>1</u>	City <u>2</u>
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
See Attached		
Aurora Property LLC	Aurora	Building Company

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).

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VIII. OWNERSHIP COSTS

A. Purchase price of land _____ 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 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		2004	2004	\$ 6,599,506	\$ 229,983	35	\$ 188,557	\$ (41,426)	\$ 188,557	1	
2											2	
3											3	
4											4	
5											5	
Improvement Type												
6	Total From Page 5A											6
7				2005	2,850	-	20	143	143	143	7	
8				2005	2,651		20	133	133	133	8	
9				2005	1,211		20	61	61	61	9	
10				2005	1,920		20	96	96	96	10	
11				2005	560		20	28	28	28	11	
12								-	-	-	12	
13								-	-	-	13	
14								-	-	-	14	
15								-	-	-	15	
16						5,396		-	(5,396)	-	16	
17	TOTAL (lines 1 thru 16)				\$ 6,608,698	\$ 235,379		\$ 189,017	\$ (46,362)	\$ 189,017	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	\$ 152,664	\$ 7,950	\$ 15,266	7,316	10	\$ 15,266	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 152,664	\$ 7,950	\$ 15,266	7,316		\$ 15,266	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 & ID Number Aurora Supportive Living

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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
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								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)		\$	\$		\$	\$	34

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

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Report Period Beginning: 1/1/2005

Ending: 2/31/2005

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Related Party Lease

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	Crestwood Office Lease		/ /	2,454			5
6			/ /				6
7	TOTAL			\$ 2,454			7

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

9. Rental amount for movable equipment \$ 6,231

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				
		YES	NO			Original	Balance				
A. Directly Facility Related Long-Term											
1	Banco Popular		X	Mortgage	/ /	\$	\$ 7,500,000	/ /		\$ 470,080	1
2					/ /			/ /			2
3					/ /			/ /			3
Working Capital											
4	Venture Fund	X		Working Capital	/ /		456,889	/ /		21,216	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$ 7,956,889			\$ 491,296	7
B. Non-Facility Related											
8					/ /			/ /			8
9	Non-Allowable Interest				/ /			/ /		-21,216	9
10	TOTALS (lines 7, 8 and 9)					\$	\$ 7,956,889			\$ 470,080	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: **Aurora Supportive Living**Report Period Beginning: **1/1/2005**Ending: **12/31/2005****12/31/2005****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2005**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 59,861	\$ 60,149	1
2	Cash-Patient Deposits	1,875	1,875	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	537,959	537,959	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	30,981	30,981	6
7	Other Prepaid Expenses	4,277	4,277	7
8	Accounts Receivable (owners or related parties)		840,469	8
9	Other(specify): Employee Loans and Adv	2,700	2,700	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 637,653	\$ 1,478,410	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost		6,599,506	14
15	Leasehold Improvements, at Historical Cost	9,192	9,192	15
16	Equipment, at Historical Cost	41,364	152,663	16
17	Accumulated Depreciation (book methods)	(12,290)	(250,223)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	1,650	35,431	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(1,485)	(9,406)	20
21	Restricted Funds	1,000	1,000	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Permanent Mortgage Costs		201,525	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 39,431	\$ 6,739,688	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 677,084	\$ 8,218,098	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 92,914	\$ 290,967	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	41,994	41,994	30
31	Accrued Taxes Payable	100,722	100,722	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35				35
36	Due to Related Parties	375,088	375,088	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 610,718	\$ 808,771	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable		456,889	38
39	Mortgage Payable		7,500,000	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)	\$	\$ 7,956,889	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 610,718	\$ 8,765,660	45
46	TOTAL EQUITY	\$ 66,366	\$ (547,562)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 677,084	\$ 8,218,098	47

*(See instructions.)

Facility Name: Aurora Supportive Living

Report Period Beginning: 1/1/2005

Ending:

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 2,055,753	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 2,055,753	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
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15			15
16	Prior Period Adjustment	461	16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 461	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 2,056,214	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	492,118	19
20	Health Care/ Personal Care	436,888	20
21	General Administration	611,901	21
B. Capital Expense			
22	Ownership	259,228	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 1,800,135	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 256,079	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 256,079	31