

Facility Name Aurora Supportive LivingReport Period Beginning: 1/1/2006 Ending: 12/31/2006

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	28,334	5,938		34,272	5
6	Double Unit	2,995	628		3,623	6
7	Other					7
8	TOTALS	31,329	6,566		37,895	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.34%D. Indicate the number of paid bed-hold days the SLF had during this year 55 Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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

ACCRAUAL MODIFIED CASH* CASH* I. Is your fiscal year identical to your tax year? YES NOTax Year: 12/31/06 Fiscal Year: 12/31/06

* 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. N/AL. 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. N/A

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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	154,787	193,195	3,629	351,611	(2,226)	349,385	1
2	Housekeeping, Laundry and Maintenance	134,801	30,349	47,181	212,331	995	213,326	2
3	Heat and Other Utilities			121,701	121,701	(14,493)	107,208	3
4	Other (specify):							4
5	TOTAL General Services	289,588	223,544	172,511	685,643	(15,724)	669,919	5
B. Health Care and Programs								
6	Health Care/ Personal Care	525,988	22,606	10,963	559,557	(5,917)	553,640	6
7	Activities and Social Services	58,463	3,138		61,601		61,601	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	584,451	25,744	10,963	621,158	(5,917)	615,241	9
C. General Administration								
10	Administrative and Clerical	223,549	12,180	114,322	350,051	(33,916)	316,135	10
11	Marketing Materials, Promotions and Advertising	11,745		2,131	13,876	(11,745)	2,131	11
12	Employee Benefits and Payroll Taxes		(1,666)	188,561	186,895	(1,994)	184,901	12
13	Insurance-Property, Liability and Malpractice			38,861	38,861		38,861	13
14	Other (specify):							14
15	TOTAL General Administration	235,294	10,514	343,875	589,683	(47,655)	542,028	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,109,333	259,802	527,349	1,896,484	(69,296)	1,827,188	16
Capital Expenses								
D. Ownership								
17	Depreciation			10,448	10,448	196,733	207,181	17
18	Interest			54,807	54,807	445,504	500,311	18
19	Real Estate Taxes			96,000	96,000	86,552	182,552	19
20	Rent -- Facility and Grounds			821,568	821,568	(817,144)	4,424	20
21	Rent -- Equipment			6,162	6,162		6,162	21
22	Other (specify): Amortization					4,370	4,370	22
23	TOTAL Ownership			988,985	988,985	(83,986)	904,999	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,109,333	259,802	1,516,334	2,885,469	(153,281)	2,732,188	24

Report Period Beginning: 1/1/2006
Ending: 12/31/2006

Sch. V Line

NON-ALLOWABLE EXPENSES		
	Amount	Reference
1	Non-Straight Line Depreciation	\$ (59,149) 17 1
2	Phone Needs	(5,972) 69 2
3	Cable TV	(14,493) 03 3
4	Marketing Wages	(11,745) 11 4
5	Advertising and Promotion	(15,768) 16 5
6	Bank Charges	146 10 6
7	Political Contributions	(750) 10 7
8	Charitable Contributions	(200) 10 8
9	Bad Debt	(16,000) 10 9
10	Related Party Interest	(54,807) 18 10
11	Additional R&M Expense	995 02 11
12	Income Expense	(17) 18 12
13		
14	Building Company:	
15	Amortization	4,370 22 15
16	Depreciation	252,882 17 16
17	Property Taxes	86,852 19 17
18	Interest Expense	800,328 18 18
19	Rental Income	(817,144) 20 19
20		
21	Prior Period Adjustments:	
22	Employee Benefits	(1,994) 12 22
23	Administrative & Clerical	(1,325) 19 23
24	Dietary	(2,226) 01 24
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100		
101	Total	(153,281) 101

Facility Name: Aurora Supportive Living

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.77	\$ 22.72	1
2	Licensed Practical Nurses	2.42	23.49	2
3	Certified Nurse Assistants	13.59	11.47	3
4	Activity Director & Assistants	2.65	10.60	4
5	Social Service Workers			5
6	Head Cook	1.27	14.37	6
7	Cook Helpers/Assistants	6.47	8.68	7
8	Dishwashers			8
9	Maintenance Workers	0.89	15.56	9
10	Housekeepers	5.83	8.75	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.19	36.67	13
14	Clerical	4.46	14.34	14
15	Marketing	0.25	22.16	15
16	Other			16
17	Total (lines 1 thru 16)	40.79	\$ 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				\$	1
2					2
3					3
4					4
5					5
Total				\$	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).

Facility Name: Aurora Supportive Living

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

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	\$ 239,982	35	\$ 188,557	\$ (51,425)	\$ 377,114	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				38,405	10,448		1,920	(8,528)	1,920	6
7	Construct Second Floor Office			2005	2,850		20	143	143	285	7
8	Call Light System			2005	2,651		20	133	133	265	8
9	Construct Second Floor Office			2005	1,211		20	61	61	121	9
10	Construct Fifth Floor Office			2005	1,920		20	96	96	192	10
11	Construct Fifth Floor Office			2005	560		20	28	28	56	11
12	25 Parking Lots Paved			2006	1,175		20	59	59	59	12
13	Awning			2006	2,300		20	115	115	115	13
14	Cabinets			2006	1,443		20	72	72	72	14
15	Install Fire Alarm Pull Stations			2006	2,085		20	104	104	104	15
16	Install Cabinets/Monitors/Cooling Fans For Nurses Call St			2006	2,906		20	145	145	145	16
17	TOTAL (lines 1 thru 16)				\$ 6,657,012	\$ 250,430		\$ 191,432	\$ (58,998)	\$ 380,449	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	\$ 157,483	\$ 15,900	\$ 15,748	(152)	10	\$ 31,015	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 157,483	\$ 15,900	\$ 15,748	(152)		\$ 31,015	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

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

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	2006	4,066		20	203	203	203	2
3	2006	4,233		20	212	212	212	3
4	2006	2,116		20	106	106	106	4
5	2006	719		20	36	36	36	5
6	2006	3,479		20	174	174	174	6
7	2006	3,514		20	176	176	176	7
8	2006	20,276		20	1,014	1,014	1,014	8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19					10,448		(10,448)	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		\$ 38,405	\$ 10,448		\$ 1,920	\$ (8,528)	\$ 1,920	34

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

Facility Name & ID Number Aurora Supportive Living

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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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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 & ID Number Aurora Supportive Living

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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
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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.

Facility Name: Aurora Supportive Living

Report Period Beginning: 1/1/2006

Ending: 2/31/2006

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		/ /	4,424			5
6			/ /				6
7	TOTAL			\$ 4,424			7

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

9. Rental amount for movable equipment \$ 6,162

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	Banco Popular		X	Mortgage	/ /	\$	6,517,093	/ /		\$ 500,328
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	Venture Fund	X		Working Capital	/ /		776,012	/ /		54,807
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$	7,293,105			\$ 555,135
	B. Non-Facility Related									
8	Interest Expense				/ /			/ /		(17)
9	Non-Allowable Interest				/ /			/ /		(54,807)
10	TOTALS (lines 7, 8 and 9)					\$	7,293,105			\$ 500,311

* 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: **1/1/2006**Ending: **12/31/2006****12/31/2006****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2006**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 67,369	\$ 264,939	1
2	Cash-Patient Deposits	1,195	1,195	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	963,565	931,042	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,594	15,594	6
7	Other Prepaid Expenses	7,828	7,828	7
8	Accounts Receivable (owners or related parties)	281,125	6,880,631	8
9	Other(specify): See Attached	125,991	125,991	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,462,667	\$ 8,227,220	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	12,667	12,667	15
16	Equipment, at Historical Cost	72,820	184,119	16
17	Accumulated Depreciation (book methods)	(22,573)	(516,388)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	1,650	35,431	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(1,650)	(16,161)	20
21	Restricted Funds	2,817	2,817	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):		219,975	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 65,731	\$ (77,540)	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,528,398	\$ 8,149,680	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 282,304	\$ 282,304	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	44,735	44,735	30
31	Accrued Taxes Payable	192,890	192,890	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35				35
36	See Attached	998,901	1,114,891	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,518,830	\$ 1,634,820	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable		7,293,105	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)	\$	\$ 7,293,105	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,518,830	\$ 8,927,925	45
46	TOTAL EQUITY	\$ 9,568	\$ (778,245)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,528,398	\$ 8,149,680	47

*(See instructions.)

Facility Name: Aurora Supportive Living

Report Period Beginning: 1/1/2006

Ending:

12/31/2006

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	\$ 3,179,253	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,179,253	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	17	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 17	14
D. Other Revenue (specify):			
15			15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,179,270	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	685,643	19
20	Health Care/ Personal Care	621,158	20
21	General Administration	589,683	21
B. Capital Expense			
22	Ownership	988,985	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)	\$ 2,885,469	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 293,801	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 293,801	31

- 15A
- 15B
- 15C
- 15D
- 15E
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