

		FOR BHF USE			

LL2

Supportive Living Facility
2006
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2006)

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.</p> <p>Facility Name: <u>Jackson Park Sif</u></p> <p>Address: <u>1448 East 75Th Street</u> <u>Chicago</u> <u>60619</u> Number City Zip Code</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: <u>37-1476312</u></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></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>2/9/2006</u> to <u>12/31/2006</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="0"> <tr> <td style="border: 1px solid black; width: 150px;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Date) _____</td> </tr> <tr> <td style="border: 1px solid black;">Paid Preparer</td> <td>(Type or Print Name) _____ (Title) _____ (Signed) _____ (Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Jeff Singer, C.P.A.</u></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> </tr> </table> <p align="center">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) _____ (Date) _____	Paid Preparer	(Type or Print Name) _____ (Title) _____ (Signed) _____ (Date) _____		(Print Name and Title) <u>Jeff Singer, C.P.A.</u>		(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>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: 2/9/2006 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	9,490	2
3		Other			3
4	136	TOTALS	136	54,385	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	15,235	1,186		16,421	5
6	Double Unit					6
7	Other					7
8	TOTALS	15,235	1,186		16,421	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 30.19%

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

3 Also, indicate the number of unpaid bed-hold days the SLF had during this year. N/A (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: 12/31/06 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? 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. _____

STATE OF ILLINOIS

Page 3

Facility Name: Jackson Park SIF

Report Period Beginning:

2/9/2006

Ending: 12/31/2006

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	92,042	113,131	1,295	206,468		206,468	1
2	Housekeeping, Laundry and Maintenance	112,535	20,879	21,911	155,325		155,325	2
3	Heat and Other Utilities			103,385	103,385	(12,984)	90,401	3
4	Other (specify):			99,148	99,148		99,148	4
5	TOTAL General Services	204,577	134,010	225,739	564,326	(12,984)	551,342	5
B. Health Care and Programs								
6	Health Care/ Personal Care	272,494	10,033	3,563	286,090	(2,634)	283,456	6
7	Activities and Social Services	15,662	9,917		25,579		25,579	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	288,156	19,950	3,563	311,669	(2,634)	309,035	9
C. General Administration								
10	Administrative and Clerical	234,312	14,294	49,250	297,856	72,808	370,664	10
11	Marketing Materials, Promotions and Advertising			19,296	19,296	(19,078)	218	11
12	Employee Benefits and Payroll Taxes			134,592	134,592		134,592	12
13	Insurance-Property, Liability and Malpractice			1,691	1,691	14,808	16,499	13
14	Other (specify):							14
15	TOTAL General Administration	234,312	14,294	204,829	453,435	68,538	521,973	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	727,045	168,254	434,131	1,329,430	52,920	1,382,350	16
Capital Expenses								
D. Ownership								
17	Depreciation			66	66	244,540	244,606	17
18	Interest			20,988	20,988	363,724	384,712	18
19	Real Estate Taxes			121,000	121,000		121,000	19
20	Rent -- Facility and Grounds			3,983	3,983		3,983	20
21	Rent -- Equipment			4,028	4,028		4,028	21
22	Other (specify):			250	250	(80)	170	22
23	TOTAL Ownership			150,315	150,315	608,183	758,498	23
24	GRAND TOTAL (Sum of lines 16 and 23)	727,045	168,254	584,446	1,479,745	661,103	2,140,848	24

Jackson Park SH

Report Period Beginning: 2/9/2006
 Ending: 12/31/2006

Sch. V Line

NON-ALLOWABLE EXPENSES		
	Amount	Reference
1	Non-Straight Line Depreciation	(56,714) 17 1
2	Patent Costs	(2,636) 06 2
3	Cable TV	(12,984) 03 3
4	Shared Marketing Exp.	(2,487) 11 4
5	Advertising & Promotion	(16,391) 11 5
6	Bank Charges	(77) 10 6
7	Contribution	(650) 10 7
8	Bad Debts	(2,700) 10 8
9	Franchise Tax	(250) 22 9
10	Building Company	
11	Amortization Organization Costs	170 23 11
12	Insurance	14,808 13 12
13	Depreciation	361,253 17 13
14	Interest	263,724 18 14
15	Professional Fees - Other	79,338 10 15
16		
17		
18		
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101	Total	681,103 101

Facility Name: Jackson Park Slf

Report Period Beginning 2/9/2006 Ending: 12/31/2006

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.06	\$ 17.89	1
2	Licensed Practical Nurses	3.04	18.45	2
3	Certified Nurse Assistants	5.52	10.12	3
4	Activity Director & Assistants	0.89	8.45	4
5	Social Service Workers			5
6	Head Cook	0.66	16.48	6
7	Cook Helpers/Assistants	3.56	9.39	7
8	Dishwashers			8
9	Maintenance Workers	0.95	17.25	9
10	Housekeepers	4.11	9.19	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.65	24.99	13
14	Clerical	6.96	10.26	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	28.40	\$ 12.31	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	1	City	2
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
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 N/A 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 SH

Report Period Beginning:

2/9/2006

Ending:

12/31/2006

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	\$ 290,145	35	\$ 228,776	\$ (61,369)	\$ 228,776	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's										6
7	Remove And Reinstall Carpet/1St Flr Hall			2006	1,916		20	96	96	96	7
8	Door/Corner Guard/Door/			2006	855		20	43	43	43	8
9	Install Door Alarms On 3 Doors			2006	962		20	48	48	48	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,010,901	\$ 290,145		\$ 228,963	\$ (61,182)	\$ 228,963	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	\$ 156,428	\$ 11,174	\$ 15,643	4,469	10	\$ 1,645	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 156,428	\$ 11,174	\$ 15,643	4,469		\$ 1,645	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 Jackson Park SIF

Report Period Beginning:

2/9/2006

Ending:

12/31/2006

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									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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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 & ID Number Jackson Park SIF

Report Period Beginning:

2/9/2006

Ending:

12/31/2006

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									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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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

Facility Name & ID Number Jackson Park SIF

Report Period Beginning:

2/9/2006

Ending:

12/31/2006

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									2
3									3
4									4
5									5
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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: Jackson Park SIF

Report Period Beginning: 2/9/2006

Ending: 2/31/2006

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	Office Lease		/ /	3,983			5
6			/ /				6
7	TOTAL			\$ 3,983			7

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

9. Rental amount for movable equipment \$ 4,028

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						
		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	Construction Loan Banco Popular		X	Mortgage	/ /	\$	8,372,632			\$ 363,724	1					
2					/ /			/ /			2					
3					/ /			/ /			3					
Working Capital																
4	Venture Fund	X		Working Capital; Line of Credit	/ /		660,750	/ /		20,988	4					
5					/ /			/ /			5					
6					/ /			/ /			6					
7	TOTAL Facility Related					\$	9,033,382			\$ 384,712	7					
B. Non-Facility Related																
8					/ /			/ /			8					
9					/ /			/ /			9					
10	TOTALS (lines 7, 8 and 9)					\$	9,033,382			\$ 384,712	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.

Supplemental Schedule of Equipment Rental
12/31/2006

Description	Amount
9A Copy Machines	3,951
9B Postage Meter	77
9A	
9B	
Total	<u>4,028</u>

STATE OF ILLINOIS

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Facility Name: Jackson Park SIF

Report Period Beginning: 2/9/2006

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	\$ 128,348	\$ 134,933	1
2	Cash-Patient Deposits	9,717	9,717	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	602,924	602,924	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	580	580	6
7	Other Prepaid Expenses	240	240	7
8	Accounts Receivable (owners or related parties)	2,476	2,476	8
9	Other(specify):		69,522	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 744,285	\$ 820,392	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			15
16	Equipment, at Historical Cost	920	156,425	16
17	Accumulated Depreciation (book methods)	(66)	(297,784)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		851	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(482)	20
21	Restricted Funds	30,830	30,830	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):		256,258	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 31,684	\$ 8,324,077	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 775,969	\$ 9,144,469	25

*(See instructions.)

	1	2		
	Operating	After Consolidation*		
C. Current Liabilities				
26	Accounts Payable	\$ 251,812	\$ 251,812	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	15,002	15,002	30
31	Accrued Taxes Payable	131,788	135,812	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	554,970	685,619	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 953,572	\$ 1,088,245	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable		9,033,382	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)	\$	\$ 9,033,382	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 953,572	\$ 10,121,627	45
46	TOTAL EQUITY	\$ (177,603)	\$ (977,158)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 775,969	\$ 9,144,469	47

Other Current Assets:	Operating	After Consolidation	Other Current Liabilities	Operating	After Consolidation
09A aDV - LEFF Construct. JP	-	69,522	36A 1244.0 · Due Venture Fund	553,074	553,074
09B	-	-	36B 1247.0 · Due Coles Supportive Living	1,896	1,896
09C	-	-	36C WIP - Architect	-	130,649
09D	-	-	36D	-	-
09E	-	-	36E	-	-
09F	-	-	36F	-	-
09G	-	-	36G	-	-
09H	-	-	36H	-	-
09I	-	-	36I	-	-
09J	-	-	36J	-	-
	<u>-</u>	<u>69,522</u>		<u>554,970</u>	<u>685,619</u>
	<u>-</u>	<u>69,522</u>		<u>554,970</u>	<u>685,619</u>
Other Non-Current Assets:	Operating	After Consolidation	Other Non-Current Liabilities	Operating	After Consolidation
23A Marketing Cost	-	41,307	43A	-	-
23B Permanenet Mortgage Costs	-	214,951	43B	-	-
23C	-	-	43C	-	-
23D	-	-	43D	-	-
23E	-	-	43E	-	-
23F	-	-	43F	-	-
23G	-	-	43G	-	-
23H	-	-	43H	-	-
23I	-	-	43I	-	-
23J	-	-	43J	-	-
	<u>-</u>	<u>256,258</u>		<u>-</u>	<u>-</u>
	<u>-</u>	<u>256,258</u>		<u>-</u>	<u>-</u>

Facility Name: Jackson Park SLF

Report Period Beginning: 2/9/2006

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	\$ 1,302,813	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 1,302,813	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			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 1,302,813	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	564,326	19
20	Health Care/ Personal Care	311,669	20
21	General Administration	453,435	21
B. Capital Expense			
22	Ownership	150,315	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)	\$ 1,479,745	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (176,932)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (176,932)	31

15A
15B
15C
15D
15E
15F
15G
15H
15I
15J
15K
15L
15M
15N
15O
15P
15Q
15R
15S

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