

		FOR BHF USE			

LL2

Supportive Living Facility
2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2008)

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 SLF</u></p> <p>Address: <u>1448 East 75Th Street</u> <u>Chicago</u> <u>60649</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> 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>1/1/2008</u> to <u>12/31/2008</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">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Jeff Singer, C.P.A.</u></td> <td></td> </tr> <tr> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> <td></td> </tr> </table> <p>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) _____	(Type or Print Name) _____			(Title) _____		Paid Preparer	(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																																								
<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 _____																																									
Officer or Administrator of Provider	(Signed) _____	(Date) _____																																								
	(Type or Print Name) _____																																									
	(Title) _____																																									
Paid Preparer	(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>																																									

Facility Name Jackson Park SLF

Report Period Beginning: 1/1/2008 Ending: 12/31/2008

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	45,018	1
2	13	Double Unit Apartment	13	4,758	2
3		Other			3
4	136	TOTALS	136	49,776	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	28,963	2,438		31,401	5
6	Double Unit					6
7	Other					7
8	TOTALS	28,963	2,438		31,401	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 63.08%

D. Indicate the number of paid bed-hold days the SLF had during this year 217 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 76 (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: 12/31/08 Fiscal Year: 12/31/08

* 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

STATE OF ILLINOIS

Page 3

Facility Name: Jackson Park SLF

Report Period Beginning:

1/1/2008

Ending: 12/31/2008

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	172,794	278,200	1,938	452,932	(572)	452,360	1
2	Housekeeping, Laundry and Maintenance	176,376	92,052	422,168	690,596	(358,381)	332,215	2
3	Heat and Other Utilities			204,519	204,519	(12,846)	191,673	3
4	Other (specify):			143,651	143,651		143,651	4
5	TOTAL General Services	349,170	370,252	772,276	1,491,698	(371,799)	1,119,899	5
B. Health Care and Programs								
6	Health Care/ Personal Care	454,301	7,080	4,750	466,131	(440)	465,691	6
7	Activities and Social Services	74,570	19,896		94,466		94,466	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	528,871	26,976	4,750	560,597	(440)	560,157	9
C. General Administration								
10	Administrative and Clerical	133,986	15,520	379,465	528,971	(145,943)	383,028	10
11	Marketing Materials, Promotions and Advertising	29,408		23,230	52,638	8,915	61,553	11
12	Employee Benefits and Payroll Taxes			171,827	171,827		171,827	12
13	Insurance-Property, Liability and Malpractice			12,173	12,173	120	12,293	13
14	Other (specify):					20,253	20,253	14
15	TOTAL General Administration	163,394	15,520	586,695	765,609	(116,655)	648,954	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,041,435	412,748	1,363,721	2,817,904	(488,894)	2,329,010	16
Capital Expenses								
D. Ownership								
17	Depreciation			4,625	4,625	258,748	263,373	17
18	Interest			98,179	98,179	490,209	588,388	18
19	Real Estate Taxes			190,955	190,955	(55,536)	135,419	19
20	Rent -- Facility and Grounds			748,880	748,880	(744,190)	4,690	20
21	Rent -- Equipment			8,844	8,844	2,097	10,941	21
22	Other (specify):					14,847	14,847	22
23	TOTAL Ownership			1,051,483	1,051,483	(33,825)	1,017,658	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,041,435	412,748	2,415,204	3,869,387	(522,719)	3,346,668	24

Facility Name: Jackson Park SLF

Report Period Beginning: 1/1/2008 Ending: 12/31/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.02	\$ 25.96	1
2	Licensed Practical Nurses	4.15	21.74	2
3	Certified Nurse Assistants	11.95	8.50	3
4	Activity Director & Assistants	2.82	12.70	4
5	Social Service Workers			5
6	Head Cook	1.02	12.20	6
7	Cook Helpers/Assistants	8.61	8.20	7
8	Dishwashers			8
9	Maintenance Workers	1.38	14.79	9
10	Housekeepers	7.17	8.98	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.07	23.11	13
14	Clerical	2.96	13.44	14
15	Marketing	0.60	23.72	15
16	Other			16
17	Total (lines 1 thru 16)	42.76	\$ 11.71	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	Management Fees - Lef Construction	\$ 48,000 1
2		
Total		\$ 48,000 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>
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? \$ _____

(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:

1/1/2008

Ending:

12/31/2008

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	\$ 291,170	35	\$ 228,776	\$ (62,394)	\$ 686,328	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				407,110	4,625		15,821	11,196	16,697	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)				\$ 8,414,278	\$ 295,795		\$ 244,597	\$ (51,198)	\$ 703,025	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	\$ 204,867	\$ 22,215	\$ 18,776	(3,439)	10	\$ 36,530	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 204,867	\$ 22,215	\$ 18,776	(3,439)		\$ 36,530	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 SLF

Report Period Beginning:

1/1/2008

Ending:

12/31/2008

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	10
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	224	2
3	Door/Corner Guard	2006	855		20	43	43	100	3
4	Install Door Alarm On 3 Doors	2006	962		20	48	48	112	4
5	Furnish & Install Heater / Piping / Electric Power	2007	4,539		20	227	227	435	5
6	Remodeling Lobby, Office And Therapy Room	2007	15,458		20	773	773	1,095	6
7	Fifth Floor Balcony Roof	2007	2,150		20	108	108	116	7
8	Ramps	2007	6,752		20	338	338	366	8
9	Balcony Enclosures	2007	14,557		20	728	728	789	9
10	New Master Key System	2008	1,426		20	59	59	59	10
11	Flooring	2008	26,031		20	868	868	868	11
12	Flooring	2008	22,185		20	1,109	1,109	1,109	12
13	Flooring	2008	22,185		20	1,109	1,109	1,109	13
14	Flooring	2008	3,261		20	163	163	163	14
15	Flooring	2008	4,091		20	188	188	188	15
16	Carpet Installation	2008	41,234		20	1,890	1,890	1,890	16
17	Flooring	2008	16,809		20	770	770	770	17
18	Flooring	2008	27,646		20	1,037	1,037	1,037	18
19	Carpeting	2008	3,241		20	108	108	108	19
20	Carpeting	2008	3,544		20	133	133	133	20
21	Carpeting	2008	42,136		20	1,405	1,405	1,405	21
22	Carpet Installation	2008	39,875		20	1,661	1,661	1,661	22
23	Flooring	2008	6,943		20	174	174	174	23
24	Flooring	2008	27,646		20	922	922	922	24
25	Flooring	2008	4,790		20	140	140	140	25
26	Flooring	2008	19,752		20	576	576	576	26
27	Flooring	2008	32,489		20	948	948	948	27
28	Elevator Repair	2008	6,239		20	130	130	130	28
29	Elevator Repair	2008	8,398		20	70	70	70	29
30									30
31									31
32									32
33	Total Book Depreciation			4,625			(4,625)		33
34	TOTAL (lines 1 thru 33)		\$ 407,110	\$ 4,625		\$ 15,821	\$ 11,196	\$ 16,697	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: 1/1/2008 Ending: 12/31/2008

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.

Facility Name & ID Number Jackson Park SLF

Report Period Beginning: 1/1/2008 Ending: 12/31/2008

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.

Facility Name: Jackson Park SLF

Report Period Beginning: 1/1/2008

Ending: 2/31/2008

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 Mang. Office			/ /	4,690			5
6				/ /				6
7	TOTAL				\$ 4,690			7

8. Is movable equipment rental included in building rental?

 YES NO9. Rental amount for movable equipment \$ 10,941

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		/ /	\$	7,601,445	/ /		\$ 589,758
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	Venture Fund	X		Working Capital: Line of Credit	/ /		1,791,582	/ /		98,179
5	Non - Allowable Interest				/ /			/ /		-98,179
6					/ /			/ /		
7	TOTAL Facility Related					\$	9,393,027			\$ 589,758
	B. Non-Facility Related									
8	Interest Income				/ /			/ /		-986
9	Interest Income - Bldg. Co				/ /			/ /		-384
10	TOTALS (lines 7, 8 and 9)					\$	9,393,027			\$ 588,388

* 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: 1/1/2008

Ending: 12/31/2008

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 138,979	\$ 322,731	1
2	Cash-Patient Deposits	7,643	7,643	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	677,201	677,201	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,888	11,888	6
7	Other Prepaid Expenses	3,752	3,752	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	109,847	6,103	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 949,310	\$ 1,029,318	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	44,882	44,882	15
16	Equipment, at Historical Cost	46,513	202,018	16
17	Accumulated Depreciation (book methods)	(6,479)	(947,490)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		851	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(11,779)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	56,155	518,965	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 141,071	\$ 7,985,426	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,090,381	\$ 9,014,744	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 2,557,291	\$ 2,557,291	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	37,209	37,209	30
31	Accrued Taxes Payable	161,700	161,700	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	71,036		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,827,236	\$ 2,756,200	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable		9,393,027	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)	\$	\$ 9,393,027	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,827,236	\$ 12,149,227	45
46	TOTAL EQUITY	\$ (1,736,855)	\$ (3,134,483)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,090,381	\$ 9,014,744	47

*(See instructions.)

Facility Name: Jackson Park SLF

Report Period Beginning: 1/1/2008

Ending:

12/31/2008

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	\$ 2,798,745	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 2,798,745	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	986	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 986	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)	\$ 2,799,731	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,491,698	19
20	Health Care/ Personal Care	560,597	20
21	General Administration	765,609	21
B. Capital Expense			
22	Ownership	1,051,483	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)	\$ 3,869,387	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (1,069,656)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (1,069,656)	31