

Facility Name Aurora Supportive Living

Report Period Beginning: 1/1/2009 Ending: 12/31/2009

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 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	24,514	3,616		28,130	5
6	Double Unit	2,591	382		2,973	6
7	Other					7
8	TOTALS	27,105	3,998		31,103	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 62.66%

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

520 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 544 (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: 12/31/09 Fiscal Year: 12/31/09

* 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

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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	169,620	203,161	2,175	374,956	(8,088)	366,868	1
2	Housekeeping, Laundry and Maintenance	168,861	104,209	365,862	638,932	(223,452)	415,480	2
3	Heat and Other Utilities			138,235	138,235	(23,237)	114,998	3
4	Other (specify):	10,174	16,518	51,138	77,830	(3,471)	74,359	4
5	TOTAL General Services	348,655	323,888	557,410	1,229,953	(258,248)	971,705	5
B. Health Care and Programs								
6	Health Care/ Personal Care	572,237	7,722		579,959	(117)	579,842	6
7	Activities and Social Services	52,035	8,270		60,305	147	60,452	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	624,272	15,992		640,264	30	640,294	9
C. General Administration								
10	Administrative and Clerical	166,265	7,541	345,123	518,929	(228,861)	290,068	10
11	Marketing Materials, Promotions and Advertising	10,443		29,500	39,943		39,943	11
12	Employee Benefits and Payroll Taxes		(344)	243,705	243,361	(933)	242,428	12
13	Insurance-Property, Liability and Malpractice			(1,204)	(1,204)	120	(1,084)	13
14	Other (specify):					16,318	16,318	14
15	TOTAL General Administration	176,708	7,197	617,124	801,029	(213,356)	587,673	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,149,635	347,077	1,174,534	2,671,246	(471,575)	2,199,671	16
Capital Expenses								
D. Ownership								
17	Depreciation			24,450	24,450	221,093	245,543	17
18	Interest			136,078	136,078	404,725	540,803	18
19	Real Estate Taxes			122,223	122,223		122,223	19
20	Rent -- Facility and Grounds			865,716	865,716	(862,285)	3,431	20
21	Rent -- Equipment			10,366	10,366	1,844	12,210	21
22	Other (specify):					12,028	12,028	22
23	TOTAL Ownership			1,158,833	1,158,833	(222,595)	936,238	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,149,635	347,077	2,333,367	3,830,079	(694,170)	3,135,909	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	2.46	\$ 25.34	1
2	Licensed Practical Nurses	2.47	24.15	2
3	Certified Nurse Assistants	13.60	11.25	3
4	Activity Director & Assistants	1.86	13.43	4
5	Social Service Workers			5
6	Head Cook	0.54	17.41	6
7	Cook Helpers/Assistants	7.86	9.17	7
8	Dishwashers			8
9	Maintenance Workers	2.22	14.49	9
10	Housekeepers	5.29	9.26	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	30.22	13
14	Clerical	3.85	12.91	14
15	Marketing	0.30	16.82	15
16	Other Bistro Wages	0.37	13.30	16
17	Total (lines 1 thru 16)	41.83	\$ 13.21	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					
Aurora Property LLC		Aurora		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? \$ 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	\$ 239,982	35	\$ 188,557	\$ (51,425)	\$ 942,785	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				808,507	24,450		37,753	13,303	61,713	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)				\$ 7,408,013	\$ 264,432		\$ 226,310	\$ (38,122)	\$ 1,004,498	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	\$ 192,290	\$ 15,900	\$ 19,233	3,333	10	\$ 83,402	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 192,290	\$ 15,900	\$ 19,233	3,333		\$ 83,402	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

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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	<u>Call Light System</u>	2005	2,651		20	133	133	608	2
3	<u>Construct Second Floor Office</u>	2005	2,850		20	143	143	653	3
4	<u>Construct Second Floor Office</u>	2005	1,211		20	61	61	272	4
5	<u>Construct Fifth Floor Office</u>	2005	1,920		20	96	96	424	5
6	<u>Construct Fifth Floor Office</u>	2005	560		20	28	28	121	6
7	<u>25 Parking Lots Paved</u>	2006	1,175		20	59	59	235	7
8	<u>Awning</u>	2006	2,300		20	115	115	460	8
9	<u>Cabinets</u>	2006	1,443		20	72	72	277	9
10	<u>Install Fire Alarm Pull Stations</u>	2006	2,085		20	104	104	365	10
11	<u>Install Cabinets/Monitors/Cooling Fans For Nurses Call Stations</u>	2006	2,906		20	145	145	509	11
12	<u>Install Cabinets In Room/Double Door/Single Doors/</u>	2006	4,066		20	203	203	712	12
13	<u>Install Doors/Fire Doors/Install Fire Alarm System</u>	2006	4,233		20	212	212	741	13
14	<u>Install Door Bell</u>	2006	2,116		20	106	106	353	14
15	<u>Locks</u>	2006	719		20	36	36	120	15
16	<u>Rm 502-503-309 Rewired</u>	2006	3,479		20	174	174	551	16
17	<u>Kitchen Cabinets</u>	2006	3,514		20	176	176	542	17
18	<u>Various Flooring Replacement</u>	2006	20,276		20	1,014	1,014	3,126	18
19	<u>Install Gas Heater & Thermostat</u>	2007	5,376		20	269	269	784	19
20	<u>Flooring & Cabinets</u>	2007	2,813		20	141	141	363	20
21	<u>Various Floor Work</u>	2007	4,874		20	244	244	690	21
22	<u>Countertops</u>	2007	1,203		20	60	60	175	22
23	<u>Gas Meter & Unit Heaters</u>	2007	12,842		20	642	642	1,873	23
24	<u>Office Remodeling</u>	2007	14,442		20	722	722	1,865	24
25	<u>5Th Floor Balcony Remodeling</u>	2007	18,554		20	928	928	1,933	25
26	<u>Therapy Room Remodel</u>	2007	5,304		20	265	265	553	26
27	<u>Ramps</u>	2007	3,800		20	190	190	396	27
28	<u>Video Equipment - Nurse Call</u>	2008	783		20	39	39	62	28
29	<u>Domed Security Cameras</u>	2008	2,086		20	104	104	122	29
30	<u>Balcony Contruction - Roofing</u>	2008	2,150		20	108	108	161	30
31	<u>Remodel Lobby, Office, Therapy</u>	2008	17,431		20	872	872	1,307	31
32	<u>Garden Electric Nurse Call Repairs, Balcony</u>	2008	12,719		20	636	636	1,113	32
33	<u>2 Door Starter Kit</u>	2008	1,432		20	72	72	107	33
34	TOTAL (lines 1 thru 33)		\$ 163,313	\$		\$ 8,169	\$ 8,169	\$ 21,573	34

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

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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	New Master Key System	2008	3,304		20	165	165	289	2
3	Flooring	2008	2,620		20	131	131	262	3
4	Flooring	2008	2,640		20	132	132	231	4
5	Carpeting	2008	3,261		20	163	163	326	5
6	Flooring	2008	33,193		20	1,660	1,660	3,319	6
7	Carpeting, Flooring Material	2008	33,193		20	1,660	1,660	3,319	7
8	Flooring	2008	42,192		20	2,110	2,110	3,164	8
9	Flooring	2008	42,277		20	2,114	2,114	3,347	9
10	Flooring	2008	71,490		20	3,575	3,575	5,362	10
11	Flooring	2008	58,540		20	2,927	2,927	4,391	11
12	Electrical Work	2008	5,086		20	254	254	339	12
13	Sprinkler Repair	2008	2,845		20	142	142	178	13
14	Painting Services	2008	4,846		20	242	242	303	14
15	Electrical Work & Repairs	2008	4,147		20	207	207	242	15
16	Tear Out Units / Install	2008	19,972		20	999	999	1,165	16
17	Tear Out Units / Install	2008	9,098		20	455	455	569	17
18	Replace Flooring	2008	34,699		20	1,735	1,735	2,169	18
19	Flooring, Weld Rods, Adhesive	2008	41,576		20	2,079	2,079	2,252	19
20	Painting & Repairs	2008	3,600		20	180	180	225	20
21	Flooring & Tear Out	2008	4,114		20	206	206	240	21
22	Flooring	2009	22,129		20	1,106	1,106	1,106	22
23	Flooring	2009	10,908		20	545	545	545	23
24	Readjusting New Door Opening, Removing Old Door, Wall Work	2009	2,720		20	125	125	125	24
25	Flooring, Wall Work, Column Installation, Elctrical	2009	13,898		20	637	637	637	25
26	New Fire Door	2009	3,500		20	160	160	160	26
27	Wall Work	2009	3,388		20	155	155	155	27
28	Flooring	2009	45,992		20	1,916	1,916	1,916	28
29	Flooring	2009	13,606		20	567	567	567	29
30	Repaint Walls	2009	10,087		20	420	420	420	30
31	Frame & Door	2009	8,134		20	305	305	305	31
32	Relocate 5 Mail Boxes, Wall Work For New Cabinets	2009	14,950		20	461	461	461	32
33	Flooring	2009	9,422		20	353	353	353	33
34	TOTAL (lines 1 thru 33)		\$ 581,426	\$		\$ 27,886	\$ 27,886	\$ 38,442	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:

1/1/2009

Ending:

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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	Flooring, Wall Work	2009	11,252		20	375	375	375	2
3	Flooring	2009	15,488		20	516	516	516	3
4	Flooring	2009	6,405		20	187	187	187	4
5	Flooring	2009	2,795		20	82	82	82	5
6	Flooring, Sink And Faucet, Electrical Work	2009	14,236		20	297	297	297	6
7	A/C Repairs In Kitchen	2009	3,544		20	74	74	74	7
8	Repair Damaged Roof, Gutters Around Building	2009	3,200		20	53	53	53	8
9	Granite Counter Tops	2009	2,500		20	42	42	42	9
10	Bistro Materials	2009	4,349		20	72	72	72	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	Total Book Depereciation			24,450			(24,450)		33
34	TOTAL (lines 1 thru 33)		\$ 63,768	\$ 24,450		\$ 1,698	\$ (22,752)	\$ 1,698	34

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

Facility Name: Aurora Supportive Living

Report Period Beginning: 1/1/2009

Ending: 2/31/2009

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				/ /				5
6	Allocated from Management Office			/ /	3,431			6
7	TOTAL				\$ 3,431			7

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

9. Rental amount for movable equipment \$ 12,210

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	/ /	\$	6,389,903	/ /		\$ 542,122
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	Venture Fund	X		Working Capital/Line of Credit	/ /		473,309	/ /		136,078
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$	6,863,212			\$ 678,200
	B. Non-Facility Related									
8	Interest Income	X			/ /			/ /		-1,319
9	Non-Allowable Interest	X			/ /			/ /		-136,078
10	TOTALS (lines 7, 8 and 9)					\$	6,863,212			\$ 540,803

* 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: **1/1/2009**

Ending:

12/31/2009**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/09**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 77,568	\$ 475,388	1
2	Cash-Patient Deposits	17,402	17,402	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	470,456	470,456	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,940	17,940	6
7	Other Prepaid Expenses	1,949	1,949	7
8	Accounts Receivable (owners or related parties)	156	156	8
9	Other(specify): See Attached	371,807	371,807	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 957,278	\$ 1,355,098	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	50,104	50,104	15
16	Equipment, at Historical Cost	111,930	223,229	16
17	Accumulated Depreciation (book methods)	(99,023)	(1,360,483)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		32,117	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(32,117)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	1,258	204,419	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 64,269	\$ 5,716,775	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,021,547	\$ 7,071,873	25

*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,279,307	\$ 3,279,307	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	41,729	41,729	30
31	Accrued Taxes Payable	155,017	155,017	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	11,915	296,684	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,487,968	\$ 3,772,737	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		473,309	38
39	Mortgage Payable		6,389,903	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)	\$	\$ 6,863,212	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,487,968	\$ 10,635,949	45
46	TOTAL EQUITY	\$ (2,466,421)	\$ (3,564,076)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,021,547	\$ 7,071,873	47

Facility Name: Aurora Supportive Living

Report Period Beginning: 1/1/2009

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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	\$ 2,947,599	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 2,947,599	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	3,448	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)	\$ 3,448	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,088	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 1,088	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)	\$ 2,952,135	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,229,953	19
20	Health Care/ Personal Care	640,264	20
21	General Administration	801,029	21
B. Capital Expense			
22	Ownership	1,158,833	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)	\$ 3,830,079	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (877,944)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (877,944)	31