

		FOR BHF USE			

LL2

Supportive Living Facility

**2009
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2009)**

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.

I.

Facility Name: Jackson Park SLF

Address: 1448 East 75th Street Chicago 60649
Number City Zip Code

County: Cook

Telephone Number: (773) 667-6500 Fax # (773) 667-1875

Federal Employer ID Number: _____

Date Current Owners were Certified: 2/9/2006

Type of Ownership:

<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 _____	

In the event there are further questions about this report, please contact:
Name: Steve Lavenda Telephone Number: (847) 236 - 1111
Email Address: slavenda@frronline.com

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2009 to 12/31/2009 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date) _____

(Type or Print Name) _____

(Title) _____

Paid Preparer

(Signed) _____ (Date) _____

(Print Name and Title) Jeff Singer, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax (847) 236-1155

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

Facility Name Jackson Park Slf

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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	36,377	1,650		38,027	5
6	Double Unit					6
7	Other					7
8	TOTALS	36,377	1,650		38,027	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.61%

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

479 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 69 (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

Facility Name: Jackson Park Slf

Report Period Beginning:

1/1/2009

Ending: 12/31/2009

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	166,402	223,524	2,147	392,073	(386)	391,687	1
2	Housekeeping, Laundry and Maintenance	164,787	60,567	107,536	332,890	(11,356)	321,534	2
3	Heat and Other Utilities			142,138	142,138	(16,696)	125,442	3
4	Other (specify):			149,948	149,948		149,948	4
5	TOTAL General Services	331,189	284,091	401,769	1,017,049	(28,438)	988,611	5
B. Health Care and Programs								
6	Health Care/ Personal Care	544,346	15,734	2,155	562,235		562,235	6
7	Activities and Social Services	71,120	12,578		83,698	147	83,845	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	615,466	28,312	2,155	645,933	147	646,080	9
C. General Administration								
10	Administrative and Clerical	188,058	12,306	492,851	693,215	(266,617)	426,598	10
11	Marketing Materials, Promotions and Advertising	40,709		17,708	58,417		58,417	11
12	Employee Benefits and Payroll Taxes			220,287	220,287	(75)	220,212	12
13	Insurance-Property, Liability and Malpractice			30,377	30,377	120	30,497	13
14	Other (specify):					29,300	29,300	14
15	TOTAL General Administration	228,767	12,306	761,223	1,002,296	(237,272)	765,024	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,175,422	324,709	1,165,147	2,665,278	(265,563)	2,399,715	16
Capital Expenses								
D. Ownership								
17	Depreciation			6,484	6,484	263,891	270,375	17
18	Interest			115,075	115,075	558,544	673,619	18
19	Real Estate Taxes			133,324	133,324		133,324	19
20	Rent -- Facility and Grounds			763,857	763,857	(758,619)	5,238	20
21	Rent -- Equipment			10,279	10,279	2,506	12,785	21
22	Other (specify):					14,819	14,819	22
23	TOTAL Ownership			1,029,019	1,029,019	81,141	1,110,160	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,175,422	324,709	2,194,166	3,694,297	(184,422)	3,509,875	24

Facility Name: Jackson Park Slf

Report Period Beginning 1/1/2009

Ending: 12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.06	\$ 27.23	1
2	Licensed Practical Nurses	5.30	21.24	2
3	Certified Nurse Assistants	13.59	8.85	3
4	Activity Director & Assistants	3.06	11.19	4
5	Social Service Workers			5
6	Head Cook	0.81	12.02	6
7	Cook Helpers/Assistants	8.30	8.47	7
8	Dishwashers			8
9	Maintenance Workers	0.86	13.66	9
10	Housekeepers	7.38	9.13	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.01	30.92	13
14	Clerical	5.01	11.80	14
15	Marketing	1.00	19.48	15
16	Other			16
17	Total (lines 1 thru 16)	47.39	\$ 11.92	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
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:

1/1/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 170,811 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		2005	2005	\$ 8,007,168	\$ 291,170	35	\$ 228,776	\$ (62,394)	\$ 915,104	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				423,484	6,484		21,163	14,679	37,856	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)				\$ 8,430,652	\$ 297,654		\$ 249,939	\$ (47,715)	\$ 952,960	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	\$ 20,436	(1,779)	10	\$ 56,968	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 204,867	\$ 22,215	\$ 20,436	(1,779)		\$ 56,968	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:

1/1/2009

Ending:

12/31/2009

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	Remove And Reinstall Carpet In 1St Floor Hall	2006	1,916		20	96	96	319	2
3	Door/Corner Guard	2006	855		20	43	43	142	3
4	Install Door Alarm On 3 Doors	2006	962		20	48	48	160	4
5	Furnish & Install Heater / Piping / Electric Power	2007	4,539		20	227	227	662	5
6	Remodeling Lobby, Office And Therapy Room	2007	15,458		20	773	773	1,868	6
7	Fifth Floor Balcony Roof	2007	2,150		20	108	108	224	7
8	Ramps	2007	6,752		20	338	338	703	8
9	Balcony Enclosures	2007	14,557		20	728	728	1,516	9
10	New Master Key System	2008	1,426		20	71	71	131	10
11	Flooring	2008	26,031		20	1,302	1,302	2,169	11
12	Flooring	2008	22,185		20	1,109	1,109	2,219	12
13	Flooring	2008	22,185		20	1,109	1,109	2,219	13
14	Flooring	2008	3,261		20	163	163	326	14
15	Flooring	2008	4,091		20	205	205	392	15
16	Carpet Installation	2008	41,234		20	2,062	2,062	3,952	16
17	Flooring	2008	16,809		20	840	840	1,611	17
18	Flooring	2008	27,646		20	1,382	1,382	2,419	18
19	Carpet	2008	3,241		20	162	162	270	19
20	Carpet	2008	3,544		20	177	177	310	20
21	Carpeting	2008	42,136		20	2,107	2,107	3,511	21
22	Carpet Installation	2008	39,875		20	1,994	1,994	3,655	22
23	Flooring	2008	6,943		20	347	347	521	23
24	Flooring	2008	27,646		20	1,382	1,382	2,304	24
25	Flooring	2008	4,790		20	240	240	379	25
26	Flooring	2008	19,752		20	988	988	1,564	26
27	Flooring	2008	32,489		20	1,624	1,624	2,572	27
28	Elevator Repair	2008	6,239		20	312	312	442	28
29	Elevator Repair	2008	8,398		20	420	420	490	29
30	Frame And Door	2009	8,134		20	407	407	407	30
31	Framing, Plywood, Siding, Door	2009	5,040		20	252	252	252	31
32	Readjusting New Door, Remove Old Door	2009	3,200		20	147	147	147	32
33	Total Book Depreciation			6,484			(6,484)		33
34	TOTAL (lines 1 thru 33)		\$ 423,484	\$ 6,484		\$ 21,163	\$ 14,679	\$ 37,856	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:

1/1/2009

Ending:

12/31/2009

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:

1/1/2009

Ending:

12/31/2009

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: 1/1/2009

Ending: 2/31/2009

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5	Allocated from Mang. Office			/ /	5,238			5
6				/ /				6
7	TOTAL				\$ 5,238			7

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

9. Rental amount for movable equipment \$ 12,785

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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Cambridge Realty Capital		X		/ /	\$	7,548,893	/ /		\$ 675,375	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Venture Fund	X		Working Capital; Line of Credit	/ /		1,789,596	/ /		115,075	4
5	Non - Allowable Interest				/ /			/ /		-115,075	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	9,338,489			\$ 675,375	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		-1,586	8
9	Interest Income - Bldg Co				/ /			/ /		-170	9
10	TOTALS (lines 7, 8 and 9)					\$	9,338,489			\$ 673,619	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: Jackson Park SIF

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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 82,145	\$ 131,894	1
2	Cash-Patient Deposits	486	486	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	244,456	244,456	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,838	20,838	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	175,009	4,023	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 522,934	\$ 401,697	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	43,456	43,456	15
16	Equipment, at Historical Cost	46,512	202,017	16
17	Accumulated Depreciation (book methods)	(29,912)	(1,292,569)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(17,486)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	77,000	669,218	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 137,056	\$ 7,782,615	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 659,990	\$ 8,184,312	25

*(See instructions.)

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,318,309	\$ 3,318,309	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	35,000	35,000	30
31	Accrued Taxes Payable	168,924	168,924	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	90,679		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,612,912	\$ 3,522,233	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		9,338,489	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)	\$	\$ 9,338,489	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,612,912	\$ 12,860,722	45
46	TOTAL EQUITY	\$ (2,952,922)	\$ (4,676,410)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 659,990	\$ 8,184,312	47

Facility Name: Jackson Park Slf

Report Period Beginning: 1/1/2009

Ending:

12/31/2009

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	\$ 2,495,320	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 2,495,320	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	1,586	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 1,586	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)	\$ 2,496,906	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,017,049	19
20	Health Care/ Personal Care	645,933	20
21	General Administration	1,002,296	21
B. Capital Expense			
22	Ownership	1,029,019	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)	\$ 3,694,297	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (1,197,391)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (1,197,391)	31