

		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: Rockford Supportive Living Center

Address: 2114 Kishwaukee Street Rockford 61104
Number City Zip Code

County: Winnebago

Telephone Number: (815) 966-1030 Fax # _____

Federal Employer ID Number: _____

Date Current Owners were Certified: 7/12/2005

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 Pfungsten 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 Rockford Supportive Living Center

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	31,953	2,957		34,910	5
6	Double Unit	3,377	312		3,689	6
7	Other					7
8	TOTALS	35,330	3,269		38,599	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 77.76%

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

437 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 29 (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)

N/A

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: Rockford Supportive Living Center

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	214,842	305,032	2,525	522,399		522,399	1
2	Housekeeping, Laundry and Maintenance	196,791	86,827	292,749	576,367	(201,091)	375,276	2
3	Heat and Other Utilities			132,082	132,082	(12,682)	119,400	3
4	Other (specify):							4
5	TOTAL General Services	411,633	391,859	427,356	1,230,848	(213,773)	1,017,075	5
B. Health Care and Programs								
6	Health Care/ Personal Care	707,957	14,543		722,500		722,500	6
7	Activities and Social Services	63,475	10,588		74,063	147	74,210	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	771,432	25,131		796,563	147	796,710	9
C. General Administration								
10	Administrative and Clerical	172,795	14,049	375,800	562,644	(185,104)	377,540	10
11	Marketing Materials, Promotions and Advertising	26,093		70,417	96,510		96,510	11
12	Employee Benefits and Payroll Taxes			294,175	294,175		294,175	12
13	Insurance-Property, Liability and Malpractice			(4,931)	(4,931)	120	(4,811)	13
14	Other (specify):					25,199	25,199	14
15	TOTAL General Administration	198,888	14,049	735,461	948,398	(159,785)	788,613	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,381,953	431,039	1,162,817	2,975,809	(373,411)	2,602,398	16
Capital Expenses								
D. Ownership								
17	Depreciation			15,988	15,988	236,795	252,783	17
18	Interest			137,001	137,001	429,392	566,393	18
19	Real Estate Taxes			115,701	115,701	(32,501)	83,200	19
20	Rent -- Facility and Grounds			779,135	779,135	(773,897)	5,238	20
21	Rent -- Equipment			14,869	14,869	2,506	17,375	21
22	Other (specify):					5,620	5,620	22
23	TOTAL Ownership			1,062,694	1,062,694	(132,085)	930,609	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,381,953	431,039	2,225,511	4,038,503	(505,496)	3,533,007	24

Facility Name: Rockford Supportive Living Center

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	1.12	\$ 31.60	1
2	Licensed Practical Nurses	5.44	21.51	2
3	Certified Nurse Assistants	17.35	10.83	3
4	Activity Director & Assistants	2.76	11.05	4
5	Social Service Workers			5
6	Head Cook	0.86	13.08	6
7	Cook Helpers/Assistants	9.78	9.41	7
8	Dishwashers			8
9	Maintenance Workers	2.21	13.38	9
10	Housekeepers	7.06	9.20	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.99	42.27	13
14	Clerical	3.90	10.55	14
15	Marketing	0.37	34.02	15
16	Other			16
17	Total (lines 1 thru 16)	51.84	\$ 12.82	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	N/A			\$	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
Rockford Property				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? \$ 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: Rockford Supportive Living Center

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 254,481 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	\$ 6,841,013	\$ 248,764	35	\$ 195,458	\$ (53,306)	\$ 879,561	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				681,113	15,988		32,271	16,283	51,285	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)				\$ 7,522,126	\$ 264,752		\$ 227,729	\$ (37,023)	\$ 930,846	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	\$ 250,504	\$ 21,930	\$ 25,055	3,125	10	\$ 122,754	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 250,504	\$ 21,930	\$ 25,055	3,125		\$ 122,754	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 Rockford Supportive Living Center

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	<u>Awning</u>	2006	2,900		20	145	145	580	2
3	<u>Construction Stations 2 & 3 Floor Nurses Station</u>	2006	6,394		20	320	320	1,172	3
4	<u>6 New Cameras/Cable/Power Supply</u>	2006	3,342		20	167	167	585	4
5	<u>Install Pull Station Covers 1-2-3-4 & 5 Floor</u>	2006	2,521		20	126	126	420	5
6	<u>Install Door Holders On Elevator Lobby Door 1/2/3/4/ & 5Th</u>	2006	1,460		20	73	73	243	6
7	<u>Repair Valve On Jockey Line, Replaced Mercoid Switch On Contro</u>	2006	1,944		20	97	97	300	7
8	<u>Fence Work For New Garbage Area</u>	2007	2,625		20	131	131	273	8
9	<u>Electric Work For New Garbage Area</u>	2007	925		20	46	46	96	9
10	<u>Install Gas Heater, Pipes, B-Vent, Thermostat</u>	2007	4,579		20	229	229	668	10
11	<u>Leasehold Improvements</u>	2007	1,229		20	61	61	159	11
12	<u>Leasehold Improvements</u>	2007	652		20	33	33	84	12
13	<u>Remodel Lobby & Office</u>	2007	27,699		20	1,385	1,385	3,347	13
14	<u>Water Leak Repair</u>	2007	10,053		20	503	503	1,173	14
15	<u>Roof Repair</u>	2007	1,200		20	60	60	140	15
16	<u>Install Hanging Electric Unit Heater</u>	2008	1,670		20	84	84	153	16
17	<u>Recplacement Nurse Call System</u>	2008	2,685		20	134	134	213	17
18	<u>Labor - New Windows In Balcony</u>	2008	5,688		20	284	284	403	18
19	<u>Move Parking Lot Light (Per Idot)</u>	2008	3,270		20	164	164	327	19
20	<u>Electrical Work - New Transformer Pad</u>	2008	12,000		20	600	600	950	20
21	<u>Architectual Sheet Metal; Wall Claddings; Flashings</u>	2008	6,560		20	328	328	519	21
22	<u>Video Security System</u>	2008	20,714		20	1,036	1,036	1,467	22
23	<u>Sprinkler Repairs</u>	2008	3,650		20	183	183	335	23
24	<u>Electrical Service</u>	2008	8,846		20	442	442	663	24
25	<u>Electrical Work, Transformer Pad, Wires</u>	2008	4,000		20	200	200	400	25
26	<u>Flooring</u>	2008	55,293		20	2,765	2,765	4,608	26
27	<u>Windows, Tile, Carpet Border</u>	2008	27,777		20	1,389	1,389	2,199	27
28	<u>Flooring</u>	2008	8,304		20	415	415	623	28
29	<u>Boiler Service</u>	2008	2,880		20	144	144	216	29
30	<u>Flooring</u>	2008	6,495		20	325	325	650	30
31	<u>Remove & Install Flooring</u>	2008	22,968		20	1,148	1,148	2,105	31
32	<u>Flooring</u>	2008	27,646		20	1,382	1,382	2,534	32
33	<u>Flooring</u>	2008	27,646		20	1,382	1,382	2,419	33
34	TOTAL (lines 1 thru 33)		\$ 315,615	\$		\$ 15,781	\$ 15,781	\$ 30,024	34

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

Facility Name & ID Number Rockford Supportive Living Center

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 & Install Flooring	2008	17,608		20	880	880	1,614	2
3	Remove & Install Flooring	2008	14,199		20	710	710	1,242	3
4	Flooring	2008	24,800		20	1,240	1,240	2,067	4
5	Remove & Install Flooring	2008	36,555		20	1,828	1,828	3,046	5
6	Nurse Call System	2008	3,107		20	155	155	246	6
7	Concrete Work - Patio, Drainage Pipes, Ramp	2008	3,950		20	198	198	280	7
8	Railing System	2008	2,600		20	130	130	163	8
9	Flooring	2008	7,594		20	380	380	538	9
10	Flooring	2008	8,666		20	433	433	614	10
11	Concrete Slab	2008	10,000		20	500	500	583	11
12	Repair Outlets	2008	5,643		20	282	282	329	12
13	Flooring	2008	9,284		20	464	464	542	13
14	Flooring	2008	8,134		20	407	407	542	14
15	Flooring	2008	20,255		20	1,013	1,013	1,097	15
16	Balcony Enclosure	2008	9,760		20	488	488	976	16
17	Single Slider Door	2009	8,134		20	373	373	373	17
18	Elevator - Hydraulic Oil Coolers (25% Payment)	2009	2,724		20	136	136	136	18
19	Replace Mercoid Switch On Fire Pump	2009	6,144		20	307	307	307	19
20	Repair Driveway Area	2009	2,550		20	74	74	74	20
21	Flooring	2009	12,314		20	616	616	616	21
22	Flooring	2009	5,924		20	296	296	296	22
23	Electrical Service, Wall Mounted Heater In Fire Pump Room	2009	2,907		20	125	125	125	23
24	Readjusting New Door Opening, Remove Old Door, Wall Work	2009	2,720		20	117	117	117	24
25	Damper In Furnace, Thermostat In Kitchen, Air Balancing	2009	2,556		20	145	145	145	25
26	Flooring	2009	16,939		20	847	847	847	26
27	Flooring, Doors	2009	30,274		20	1,388	1,388	1,388	27
28	Air Conditioner For Elevator Room	2009	3,055		20	127	127	127	28
29	Flooring	2009	17,325		20	722	722	722	29
30	Concrete Slab	2009	6,000		20	225	225	225	30
31	Flooring	2009	6,398		20	240	240	240	31
32	Railing For Front Of Building	2009	3,675		20	123	123	123	32
33	Flooring, Closet Doors, Concrete	2009	8,875		20	296	296	296	33
34	TOTAL (lines 1 thru 33)		\$ 320,669	\$		\$ 15,265	\$ 15,265	\$ 20,036	34

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

Facility Name & ID Number Rockford Supportive Living Center

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	Electrical Service For Compactor	2009	2,844		20	83	83	83	2
3	Flooring, Doors	2009	9,374		20	273	273	273	3
4	Flooring, Doors	2009	6,909		20	173	173	173	4
5	Flooring, Door Materials	2009	6,840		20	171	171	171	5
6	Flooring, Doors	2009	6,106		20	127	127	127	6
7	Flooring, Doors, Nurses Stations	2009	4,582		20	57	57	57	7
8	New Hydraulic Oil Coolers - Elevator	2009	8,174		20	341	341	341	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	Depreciation			15,988			(15,988)		33
34	TOTAL (lines 1 thru 33)		\$ 44,829	\$ 15,988		\$ 1,225	\$ (14,763)	\$ 1,225	34

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

Facility Name: Rockford Supportive Living Center

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	Alloc. 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 \$ 17,375

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		X	Mortgage	/ /	\$	6,698,924	/ /		\$ 566,676	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	LOC - Venture Fund	X		Working Capital	/ /			/ /		137,001	4
5	Non - Allowable Interest				/ /			/ /		-137,001	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	6,698,924			\$ 566,676	7
	B. Non-Facility Related										
8	Interest Income - Bldg Co.				/ /			/ /		-283	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	6,698,924			\$ 566,393	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: **Rockford Supportive Living Center**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	\$ 38,333	\$ 230,271	1
2	Cash-Patient Deposits	7,453	7,453	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	478,559	478,559	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	26,283	26,283	6
7	Other Prepaid Expenses	1,390	1,390	7
8	Accounts Receivable (owners or related parties)	122	122	8
9	Other(specify): See Attached	311,452	587,498	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 863,592	\$ 1,331,576	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		254,481	13
14	Buildings, at Historical Cost		6,841,013	14
15	Leasehold Improvements, at Historical Cost	41,572	41,572	15
16	Equipment, at Historical Cost	129,030	282,540	16
17	Accumulated Depreciation (book methods)	(78,623)	(1,286,381)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		15,683	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(14,279)	20
21	Restricted Funds	11,975	11,975	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):		205,134	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 103,954	\$ 6,351,738	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 967,546	\$ 7,683,314	25

*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,188,889	\$ 3,188,889	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	44,483	44,483	30
31	Accrued Taxes Payable	93,905	93,905	31
32	Accrued Interest Payable		34,184	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36			1,494,911	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,327,277	\$ 4,856,372	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		6,698,924	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)	\$	\$ 6,698,924	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,327,277	\$ 11,555,296	45
46	TOTAL EQUITY	\$ (2,359,731)	\$ (3,871,982)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 967,546	\$ 7,683,314	47

Facility Name: Rockford Supportive Living Center

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	\$ 3,447,052	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,447,052	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)	\$ 3,447,052	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,230,848	19
20	Health Care/ Personal Care	796,563	20
21	General Administration	948,398	21
B. Capital Expense			
22	Ownership	1,062,694	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)	\$ 4,038,503	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (591,451)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (591,451)	31