

		FOR BHF USE			

LL2

Supportive Living Facility

**2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2012)**

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. Facility ID Number: <u>1000042</u></p> <p>Facility Name: <u>AURORA SUPPORTIVE LIVING</u></p> <p>Address: <u>1599 FARNSWORTH</u> <u>AURORA</u> <u>60505</u> <small>Number City Zip Code</small></p> <p>County: <u>KANE</u></p> <p>Telephone Number: <u>(630) 896-7778</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/12/2004</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>ANDREW B. CUTLER</u> Telephone Number: <u>(847) 374-0400</u> Email Address: _____</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>1/1/2012</u> to <u>12/31/2012</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" style="width: 20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td rowspan="2"></td> <td>(Type or Print Name) _____</td> </tr> <tr> <td>(Title) _____</td> </tr> <tr> <td rowspan="2"></td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Print Name and Title) <u>ANDREW B. CUTLER</u></td> </tr> <tr> <td>(Firm Name & Address) <u>FGMK, LLC</u> <u>2801 LAKESIDE DRIVE BANNOCKBURN, IL 60015</u></td> </tr> <tr> <td>(Telephone) <u>(847) 374-0400</u> Fax <u>(847) 34-0420</u></td> </tr> <tr> <td>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</td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____	(Title) _____		(Signed) _____	(Date) _____	Paid Preparer	(Print Name and Title) <u>ANDREW B. CUTLER</u>	(Firm Name & Address) <u>FGMK, LLC</u> <u>2801 LAKESIDE DRIVE BANNOCKBURN, IL 60015</u>	(Telephone) <u>(847) 374-0400</u> Fax <u>(847) 34-0420</u>	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
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Facility Name AURORA SUPPORTIVE LIVING

Report Period Beginning: 1/1/2012 Ending: 12/31/2012

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	29,838	5,406		35,244	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,838	5,406		35,244	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 71.00%

D. Indicate the number of paid bed-hold days the SLF had during this year
290 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 66 (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 Fiscal Year: 12/31

* 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. _____

Facility Name: AURORA SUPPORTIVE LIVING

Report Period Beginning:

1/1/2012

Ending: 12/31/2012

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	198,308	185,006	29,340	412,654		412,654	1
2	Housekeeping, Laundry and Maintenance	141,042	28,819	47,028	216,889	(26,544)	190,345	2
3	Heat and Other Utilities			114,952	114,952	(202)	114,750	3
4	Other (specify):							4
5	TOTAL General Services	339,350	213,825	191,320	744,495	(26,746)	717,749	5
B. Health Care and Programs								
6	Health Care/ Personal Care	558,928	9,069		567,997	3,771	571,768	6
7	Activities and Social Services	34,170	2,751		36,921		36,921	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	593,098	11,820		604,918	3,771	608,689	9
C. General Administration								
10	Administrative and Clerical	93,299	7,739	306,771	407,809	(37,414)	370,395	10
11	Marketing Materials, Promotions and Advertising	2,470		3,639	6,109		6,109	11
12	Employee Benefits and Payroll Taxes			204,291	204,291	27,477	231,768	12
13	Insurance-Property, Liability and Malpractice			74,573	74,573	(2,405)	72,168	13
14	Other (specify):							14
15	TOTAL General Administration	95,769	7,739	589,274	692,782	(12,342)	680,440	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,028,217	233,384	780,594	2,042,195	(35,318)	2,006,877	16
Capital Expenses								
D. Ownership								
17	Depreciation			14,279	14,279	(11,612)	2,667	17
18	Interest			192,079	192,079	94,189	286,268	18
19	Real Estate Taxes			155,885	155,885	(3,954)	151,931	19
20	Rent -- Facility and Grounds			918,705	918,705	(915,981)	2,724	20
21	Rent -- Equipment			11,146	11,146	862	12,008	21
22	Other (specify):							22
23	TOTAL Ownership			1,292,094	1,292,094	(836,496)	455,598	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,028,217	233,384	2,072,688	3,334,289	(871,814)	2,462,475	24

AURORA SUPPORTIVE LIVING

Report Period Beginning: 1/1/2012
Ending: 12/31/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (13,371)	17	1
2	Interest Income	(18)	18	2
3	Cable TV	(20,053)	10	3
4	Bank Charges	(9,492)	10	4
5	Bad Debts	(56,849)	10	5
6	Non-Allowable Interest Expense	(192,079)	18	6
7	Non-Allowable Legal	(6,900)	10	7
8	Non-Allowable R&M Expense - Stujac	(24,998)	2	8
9	Non-Allowable Insurance - Stujac	(1,155)	13	9
10				10
11	BUILDING COMPANY:			11
12	Rent Income	(918,705)	20	12
13	Interest Expense	286,644	18	13
14	Legal & Accounting Fees	13,094	10	14
15	Other Professional Fees	2,500	10	15
16	Interest Income	(358)	18	16
17				17
18				18
19	Non-Allowable Association (Political Lobby)	(685)	10	19
20				20
21	MANAGEMENT OFFICE ALLOCATION:			21
22	Management Office Allocation	(14,910)	10	22
23	General and Administrative Expenses	15,527	10	23
24				24
25				25
26				26
27	APEX HEALTHCARE ALLOCATION:			27
28	Health Care Salaries	3,771	06	28
29	Employee Benefits-Healthcare	3,010	12	29
30	Administrative Salaries	124,242	10	30
31	Emp. Ben. - Gen. Admin.	27,971	12	31
32	General and Administrative Expenses	13,003	10	32
33	Seminars	1,671	10	33
34	Auto & Travel	18,846	10	34
35	Insurance	332	13	35
36	Depreciation	1,759	17	36
37	Rent	2,724	20	37
38	Equipment Rental	888	21	38
39	Facility Wages reimbursed	(1,331)	02	39
40	Management Office Allocation	(116,887)	10	40
41				41
42	PPD Employee Benefits	(3,504)	12	42
43	PPD R&M	(215)	02	43
44	PPD Utilities	(202)	03	44
45	PPD Insurance	(1,582)	13	45
46	PPD G&A	(521)	10	46
47	PPD Equipment Rental	(26)	21	47
48	PPD R/E Tax	(3,954)	19	48
49				49
50				50
51	Total	(871,814)		51

Facility Name: AURORA SUPPORTIVE LIVING

Report Period Beginning: 1/1/2012 Ending: 12/31/2012

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.82	\$ 28.22	1
2	Licensed Practical Nurses	2.33	24.81	2
3	Certified Nurse Assistants	11.44	11.47	3
4	Activity Director & Assistants	0.93	17.70	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	6.64	14.35	7
8	Dishwashers			8
9	Maintenance Workers	1.03	16.72	9
10	Housekeepers	4.50	11.25	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.45	20.40	13
14	Clerical	3.07	11.65	14
15	Marketing	0.06	19.76	15
16	Other			16
17	Total (lines 1 thru 16)	33.27	\$ 14.86	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	Aaron Mann, Administrative	Relative	1.6	\$ 12,292	1
2					2
3					3
4					4
5					5
				Total	\$ 12292 6

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	

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
See Attached		Building Co.
Aurora Property, LLC		

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: AURORA SUPPORTIVE LIVING

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	\$ 241,947	35	\$ 188,557	\$ (53,390)	\$ 1,508,446	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements			2005	9,192	508	20	461	(47)	2,999	6
7	Leasehold Improvements			2006	48,312	309	20	2,416	2,107	12,821	7
8	Leasehold Improvements			2007	69,208	358	20	3,461	3,103	17,445	8
9	Leasehold Improvements			2008	459,294	1,302	20	22,966	21,664	95,331	9
10	Leasehold Improvements			2009	242,036		20	12,101	12,101	40,666	10
11	Leasehold Improvements			2011	6,874	458	20	344	(114)	603	11
12							20				12
13							20				13
14							20				14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,434,422	\$ 244,882		\$ 230,306	\$ (14,576)	\$ 1,678,311	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	\$ 219,369	\$ 19,294	\$ 20,499	1,205	10	\$ 168,329	18
19	Vehicles					5		19
20	TOTAL (lines 18 and 19)	\$ 219,369	\$ 19,294	\$ 20,499	1,205		\$ 168,329	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: AURORA SUPPORTIVE LIVING

Report Period Beginning: 1/1/2012

Ending: 2/31/2012

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	Alloc. Management Co.			/ /	888			5
6				/ /				6
7	TOTAL				\$ 888			7

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

9. Rental amount for movable equipment \$ 11,119

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**				Amount of Note					
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
A. Directly Facility Related											
Long-Term											
1	Walker & Dunlop		X	Mortgage	/ /	\$	\$ 6,408,226	/ /		\$ 286,644	1
2					/ /			/ /			2
3					/ /			/ /			3
Working Capital											
4	Venture Fund, LLC	X		Note Payable	/ /			/ /		192,079	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$ 6,408,226			\$ 478,723	7
B. Non-Facility Related											
8	Interest Income				/ /			/ /		-376	8
9	Non-Allowable Interest				/ /			/ /		-192,079	9
10	TOTALS (lines 7, 8 and 9)					\$	\$ 6,408,226			\$ 286,268	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: **AURORA SUPPORTIVE LIVING**Report Period Beginning: **1/1/2012**Ending: **12/31/2012****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2012**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 436,214	\$ 1,285,904	1
2	Cash-Patient Deposits	(540)	(540)	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	421,159	421,159	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	47,497	47,497	6
7	Other Prepaid Expenses	1,114	1,114	7
8	Accounts Receivable (owners or related parties)	9,090	9,090	8
9	Other(specify): See Attachment	495,032	495,032	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,409,566	\$ 2,259,256	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	56,978	56,978	15
16	Equipment, at Historical Cost	138,282	249,581	16
17	Accumulated Depreciation (book methods)	(133,310)	(2,155,720)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attachment	22,554	172,397	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 84,504	\$ 4,922,742	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,494,070	\$ 7,181,998	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 452,393	\$ 452,393	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	81,529	81,529	29
30	Accrued Salaries Payable	49,452	49,452	30
31	Accrued Taxes Payable	12,787	12,787	31
32	Accrued Interest Payable	479,260	479,260	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	Unclaimed Property Holding	5,249	434,921	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,080,670	\$ 1,510,342	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,977,744	2,977,744	38
39	Mortgage Payable		6,408,226	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)	\$ 2,977,744	\$ 9,385,970	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,058,414	\$ 10,896,312	45
46	TOTAL EQUITY	\$ (2,564,344)	\$ (3,714,315)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,494,070	\$ 7,181,997	47

*(See instructions.)

Facility Name: AURORA SUPPORTIVE LIVING

Report Period Beginning: 1/1/2012

Ending:

12/31/2012

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	\$ 3,447,082	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,447,082	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
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	18	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 18	14
D. Other Revenue (specify):			
15	Misc. Income		15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,447,100	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	744,495	19
20	Health Care/ Personal Care	604,918	20
21	General Administration	692,782	21
B. Capital Expense			
22	Ownership	1,292,094	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,334,289	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 112,811	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 112,811	31

Aurora Supportive Living
Page 6 & 7 SUPPLEMENTAL
1/1/12-12/31/12

Page 6 Supp	
Copier	7,144
Postage Meter	812
Dish Washing Machine	2,335
Water Softner	828
Allocated Management Co.	888
Total Equipment Rental	<u>12,007</u>

Page 7 Supp - Line 9 Other - Specify	<u>Operating</u>	<u>After Consolidation</u>
Replacement Reserve	395,561	395,561
Escrowed RE Taxes and Insurance	99,471	99,471
Total	<u>495,032</u>	<u>495,032</u>

Page 7 Supp - Line 23 Other - Specify	<u>Operating</u>	<u>After Consolidation</u>
Deposits	22,554	22,554
Permanent Mortgage Costs	-	152,369
Amort - Permanent Mortgage Costs	-	(2,526)
Total	<u>22,554</u>	<u>172,397</u>

