

		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>1000050</u></p> <p>Facility Name: <u>ROCKFORD SUPPORTIVE LVG CTR</u></p> <p>Address: <u>2114 KISHWAUKEE ST</u> <u>ROCKFORD</u> <u>61104</u> <small>Number City Zip Code</small></p> <p>County: <u>WINNEBAGO</u></p> <p>Telephone Number: <u>(815) 966-1030</u> Fax # <u>(815) 966-1090</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>7/12/2005</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></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 style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="border: none; vertical-align: top;">Paid Preparer</td> <td style="border: none;">(Signed) _____ (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></td> </tr> </table> <p align="right">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) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (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>
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Facility Name ROCKFORD SUPPORTIVE LVG CTR

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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	30,893	1,389		32,282	5
6	Double Unit					6
7	Other					7
8	TOTALS	30,893	1,389		32,282	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 65.03%

D. Indicate the number of paid bed-hold days the SLF had during this year 477 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 83 (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: ROCKFORD SUPPORTIVE LVG CTR

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	185,510	177,752	28,243	391,505		391,505	1
2	Housekeeping, Laundry and Maintenance	134,862	22,650	58,900	216,412	(27,373)	189,039	2
3	Heat and Other Utilities			103,517	103,517		103,517	3
4	Other (specify):							4
5	TOTAL General Services	320,372	200,402	190,660	711,434	(27,373)	684,061	5
B. Health Care and Programs								
6	Health Care/ Personal Care	464,042	4,921	10,377	479,340	3,454	482,794	6
7	Activities and Social Services	32,775	4,743		37,518		37,518	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	496,817	9,664	10,377	516,858	3,454	520,312	9
C. General Administration								
10	Administrative and Clerical	159,042	4,782	303,431	467,255	(874)	466,381	10
11	Marketing Materials, Promotions and Advertising	23,596	4,256		27,852		27,852	11
12	Employee Benefits and Payroll Taxes			233,114	233,114	28,377	261,491	12
13	Insurance-Property, Liability and Malpractice			105,885	105,885	304	106,189	13
14	Other (specify):							14
15	TOTAL General Administration	182,638	9,038	642,430	834,106	27,807	861,913	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	999,827	219,104	843,467	2,062,398	3,888	2,066,286	16
Capital Expenses								
D. Ownership								
17	Depreciation			17,066	17,066	255,643	272,709	17
18	Interest			107,074	107,074	282,170	389,244	18
19	Real Estate Taxes			89,832	89,832		89,832	19
20	Rent -- Facility and Grounds			826,824	826,824	(686,525)	140,299	20
21	Rent -- Equipment			5,315	5,315	814	6,129	21
22	Other (specify):					209,736	209,736	22
23	TOTAL Ownership			1,046,111	1,046,111	61,838	1,107,949	23
24	GRAND TOTAL (Sum of lines 16 and 23)	999,827	219,104	1,889,578	3,108,509	65,726	3,174,235	24

ROCKFORD SUPPORTIVE LVG CTR

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (16,645)	17	1
2	Interest Income	(6,161)	18	2
3	Cable TV	(17,408)	10	3
4	Bank Charges	(10,422)	10	4
5	Bad Debts	(4,061)	10	5
6	Non-Allowable Interest Expense	(107,074)	18	6
7	Non-Allowable Prior Period Expense	(55)	10	7
8	Non-Allowable Legal Expense	(6,875)	10	8
9				9
10				10
11	BUILDING COMPANY:			11
12	Rent Income	(689,020)	20	12
13	Amortization	209,736	22	13
14	Interest Expense	395,405	18	14
15	Legal & Accounting Fees	10,235	10	15
16	Depreciation	270,676	17	16
17				17
18	Non-Allowable R&M Expense - Stujac	(26,154)	02	18
19				19
20	PPD G&A Expense	(2,278)	10	20
21				21
22	MANAGEMENT OFFICE ALLOCATION:			22
23	Management Office Allocation	(26,188)	10	23
24	General and Administrative Expenses	15,519	10	24
25				25
26				26
27				27
28	APEX HEALTHCARE ALLOCATION:			28

29	Health Care Salaries	3,454	06	29
30	Employee Benefits-Healthcare	2,757	12	30
31	Administrative Salaries	114,833	10	31
32	Emp. Ben. - Gen. Admin.	25,620	12	32
33	General and Administrative Expenses	5,367	10	33
34	Seminars	1,530	10	34
35	Auto & Travel	17,262	10	35
36	Insurance	304	13	36
37	Depreciation	1,612	17	37
38	Rent	2,495	20	38
39	Equipment Rental	814	21	39
40	Professional Fees	1,292	10	40
41	Dues Fees, Subscriptions	5,251	10	41
42	Building Supplies Reimbursed	(1,219)	2	42
43	Management Allocation	(104,876)	10	43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51	Total	65,726		51

Facility Name: ROCKFORD SUPPORTIVE LVG CTR

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	0.96	\$ 28.99	1
2	Licensed Practical Nurses	4.57	22.33	2
3	Certified Nurse Assistants	9.16	10.18	3
4	Activity Director & Assistants	1.54	10.25	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	6.58	13.55	7
8	Dishwashers			8
9	Maintenance Workers	1.00	20.19	9
10	Housekeepers	4.86	9.19	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.94	35.31	13
14	Clerical	3.01	14.39	14
15	Marketing	0.46	24.57	15
16	Other			16
17	Total (lines 1 thru 16)	33.08	\$ 14.53	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	Relative	1.6	\$ 12,292	1
2					2
3					3
4					4
5					5
				Total	\$ 12292 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					

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 LVG CTR

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

VIII. OWNERSHIP COSTS

A. Purchase price of land 236,796 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	248,739	35	195,458	\$ (53,281)	\$ 1,465,935	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Building Improvements			2006	18,561	523		928	405	6,084	6
7	Building Improvements			2007	48,962	1,224		2,448	1,224	12,286	7
8	Building Improvements			2008	430,247			21,513	21,513	96,202	8
9	Building Improvements			2009	183,343			9,168	9,168	33,725	9
10	Building Improvements			2010	58,827			2,942	2,942	5,884	10
11	Building Improvements			2011	15,240	1,016		762	(254)	1,108	11
12											12
13											13
14											14
15											15
16	Current Depreciation										16
17	TOTAL (lines 1 thru 16)				\$ 7,596,193	\$ 251,502		\$ 233,219	\$ (18,283)	\$ 1,621,224	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	\$ 272,550	\$ 25,261	\$ 26,899	1,638		\$ 206,974	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 272,550	\$ 25,261	\$ 26,899	1,638		\$ 206,974	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: **ROCKFORD SUPPORTIVE LVG CTR**

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.			/ /	2,495			5
6				/ /				6
7	TOTAL				\$ 2,495			7

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

YES NO

9. Rental amount for movable equipment \$ 6,129

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	Walker & Dunlop, LLC		X	Mortgage	/ /	\$	6,715,401	/ /		\$ 395,405
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	Venture Fund	X		Working Capital	/ /		3,982,623	/ /		107,074
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$	10,698,024			\$ 502,479
	B. Non-Facility Related									
8	Interest Income				/ /			/ /		-6,161
9	Non-Allowable Interest				/ /			/ /		-107,074
10	TOTALS (lines 7, 8 and 9)					\$	10,698,024			\$ 389,244

* 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 LVG CTR**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	\$ 403,686	\$ 1,223,094	1
2	Cash-Patient Deposits	(8,415)	(8,415)	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	458,120	458,120	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	54,792	54,792	6
7	Other Prepaid Expenses	8,190	8,190	7
8	Accounts Receivable (owners or related parties)	16,427	16,427	8
9	Other(specify): See attached	372,505	433,133	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,305,305	\$ 2,185,341	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		236,797	13
14	Buildings, at Historical Cost		6,841,013	14
15	Leasehold Improvements, at Historical Cost	56,812	56,812	15
16	Equipment, at Historical Cost	148,284	301,794	16
17	Accumulated Depreciation (book methods)	(129,259)	(2,149,064)	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 attached	27,556	160,628	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 103,393	\$ 5,447,980	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,408,698	\$ 7,633,321	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 574,105	\$ 574,105	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	300,000	300,000	29
30	Accrued Salaries Payable	44,909	44,909	30
31	Accrued Taxes Payable	13,328	13,328	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	76,544	449,049	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,008,886	\$ 1,381,391	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,687,372	3,682,623	38
39	Mortgage Payable		6,715,401	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)	\$ 2,687,372	\$ 10,398,024	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,696,258	\$ 11,779,415	45
46	TOTAL EQUITY	\$ (2,287,560)	\$ (4,146,094)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,408,698	\$ 7,633,321	47

*(See instructions.)

Facility Name: ROCKFORD SUPPORTIVE LVG CTR

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	\$ 3,025,188	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,025,188	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	6,161	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 6,161	14
D. Other Revenue (specify):			
15			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)	\$ 3,031,349	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	711,434	19
20	Health Care/ Personal Care	516,858	20
21	General Administration	834,106	21
B. Capital Expense			
22	Ownership	1,046,111	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)	\$ 3,108,509	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (77,160)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (77,160)	31

ROCKFORD SUPPORTIVE LVG CTR

1/1/12-12/31/12

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Copier	4,725	
Postage Meter	590	
Allocated Management Co.	3,309	
Total Equipment Rental	<u>8,624</u>	

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Other Current Assets	Operating	Consolidated
Replacement Reserve	372,505	372,505
Exchange		1,433
Lessee Deposit - RET & Ins.		59,195
	<u>372,505</u>	<u>433,133</u>

Other Non-Current Assets	Operating	Consolidated
New Permanent Mortgage Costs		135,615
Amortization New PMC		(2,543)
Deposits	27,556	27,556
	<u>27,556</u>	<u>160,628</u>

Other Current Liabilities	Operating	Consolidated
Lessee Deposit - Replac. Res.		372,505
Unclaimed Property	525	525
Escrowed RE Taxes/Ins.	59,195	59,195
Due Rockford Property	16,824	16,824
	<u>76,544</u>	<u>449,049</u>

