

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

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>100057</u></p> <p>Facility Name: <u>JACKSON PARK SLF</u></p> <p>Address: <u>1448 EAST 75TH ST</u> <u>CHICAGO</u> <u>60649</u> <small>Number City Zip Code</small></p> <p>County: <u>COOK</u></p> <p>Telephone Number: <u>(773) 667-6500</u> Fax # <u>(773) 667-1875</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>02/09/2006</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <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>1/1/2013</u> to <u>12/31/2013</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%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>ANDREW B. CUTLER</u> <u>MANAGING DIRECTOR</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>FGMK, LLC</u> <u>2801 LAKESIDE DRIVE BANNOCKBURN, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 374-0400</u> Fax <u>(847) 374-0420</u></td> <td></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) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) <u>ANDREW B. CUTLER</u> <u>MANAGING DIRECTOR</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) 374-0420</u>	
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Facility Name JACKSON PARK SLF

Report Period Beginning: 1/1/2013 Ending: 12/31/2013

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	45,931	259		46,190	5
6	Double Unit					6
7	Other					7
8	TOTALS	45,931	259		46,190	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.05%

D. Indicate the number of paid bed-hold days the SLF had during this year
610 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 27 (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: JACKSON PARK SLF

Report Period Beginning:

1/1/2013

Ending: 12/31/2013

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	144,776	245,562	111,914	502,252		502,252	1
2	Housekeeping, Laundry and Maintenance	221,265	55,613	64,341	341,219	(24,024)	317,195	2
3	Heat and Other Utilities			185,854	185,854		185,854	3
4	Other (specify):							4
5	TOTAL General Services	366,041	301,175	362,109	1,029,325	(24,024)	1,005,301	5
B. Health Care and Programs								
6	Health Care/ Personal Care	399,293		9,914	409,207		409,207	6
7	Activities and Social Services	49,647	9,646		59,293		59,293	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	448,940	9,646	9,914	468,500		468,500	9
C. General Administration								
10	Administrative and Clerical	221,490	3,893	325,494	550,877	(12,624)	538,253	10
11	Marketing Materials, Promotions and Advertising	30,680		3,929	34,609		34,609	11
12	Employee Benefits and Payroll Taxes			149,882	149,882	47,593	197,475	12
13	Insurance-Property, Liability and Malpractice			44,352	44,352	(15,902)	28,450	13
14	Other (specify):							14
15	TOTAL General Administration	252,170	3,893	523,657	779,720	19,067	798,787	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,067,151	314,714	895,680	2,277,545	(4,957)	2,272,588	16
Capital Expenses								
D. Ownership								
17	Depreciation			31,482	31,482	269,388	300,870	17
18	Interest			133,878	133,878	222,721	356,599	18
19	Real Estate Taxes			170,995	170,995		170,995	19
20	Rent -- Facility and Grounds			826,824	826,824	(821,501)	5,323	20
21	Rent -- Equipment			9,240	9,240	986	10,226	21
22	Other (specify):							22
23	TOTAL Ownership			1,172,419	1,172,419	(328,406)	844,013	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,067,151	314,714	2,068,099	3,449,964	(333,363)	3,116,601	24

Detail lines 29 and 35 of Page 5 starting in C12. **DO NOT DRAG AND DROP CELLS.**

The amounts in column F will transfer to the Adj. Summary column automatically.
 The amounts in the Adj. Summary column are linked to pages Summary A and B.

STATE OF ILLINOIS

Page 3A

JACKSON PARK SUPPORTIVE LIVING

Report Period Beginning: 1/1/2013
 Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. IV Line Reference	
1	Non-Straight Line Depreciation	\$ (35,056)	17	1
2	Cable TV	(20,583)	10	2
3	Bank Charges	(10,373)	10	3
4	Bad Debts	(35,134)	10	4
5	Non-Allowable Interest Expense	(133,878)	18	5
6	Non-Allowable Legal	(15,838)	10	6
7	Non-Allowable R&M Expense - Stujac	(24,988)	2	7
8				8
9				9
10				10
11	BUILDING COMPANY:			11
12	Rent Income	(826,824)	20	12
13	Interest Expense	356,941	18	13
14	Legal & Accounting Fees	5,541	10	14
15	Interest Income	(342)	18	15
16	Depreciation	302,244	17	16
17				17
18				18
19				19
20				20
21	MANAGEMENT OFFICE ALLOCATION:			21
22	Management Office Allocation	(17,979)	10	22
23	General and Administrative Expenses	26,117	10	23
24				24
25				25
26				26
27				27
28				28
29	APEX HEALTHCARE ALLOCATION:			29
30	Administrative Salaries	151,734	10	30
31	Emp. Ben. - Gen. Admin.	47,593	12	31
32	General and Administrative Expenses	20,867	10	32
33	Seminars	1,611	10	33
34	Auto & Travel	38,543	10	34
35	Insurance	9	13	35
36	Depreciation	2,200	17	36
37	Rent	5,323	20	37
38	Equipment Rental	986	21	38
39	Facility Wages reimbursed	964	02	39
40	Management Office Allocation	(157,130)	10	40
41				41
42				42
43				43
44				44
45	PPD Insurance	(15,911)	13	45
46				46
47				47
48				48
49				49
50				50
51	Total	(333,363)		51

Facility Name: JACKSON PARK SLF

Report Period Beginning: 1/1/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 23.13	1
2	Licensed Practical Nurses	4.04	20.96	2
3	Certified Nurse Assistants	8.67	9.69	3
4	Activity Director & Assistants	1.93	12.37	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.60	9.16	7
8	Dishwashers			8
9	Maintenance Workers	1.00	13.33	9
10	Housekeepers	7.21	12.91	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.04	27.23	13
14	Clerical	3.34	14.75	14
15	Marketing	1.00	26.21	15
16	Other			16
17	Total (lines 1 thru 16)	37.83	\$ 13.82	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	Aaron Mann Administrative	Relative	3	\$ 23,257	1
2					2
3					3
4					4
5					5
				Total	\$ 23257 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 <u>1</u>	City <u>2</u>
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
See Attached		
Jackson Park Property, LLC		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).

Facility Name: JACKSON PARK SLF

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

VIII. OWNERSHIP COSTS

A. Purchase price of land 170,811 Year land was acquired 2005

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	\$ 291,125	35	\$ 228,776	\$ (62,349)	\$ 1,892,557	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements		2006	3,733		20	187	187	1,369	6
7		Leasehold Improvements		2007	43,456		20	2,173	2,173	14,119	7
8		Leasehold Improvements		2008	359,920		20	17,996	17,996	102,445	8
9		Leasehold Improvements		2009	16,374		20	819	819	4,081	9
10		Leasehold Improvements		2010	13,240		20	662	662	1,986	10
11		Leasehold Improvements		2011	3,400		20	170	170	453	11
12		Leasehold Improvements		2012	31,252		20	1,563	1,563	2,672	12
13											13
14											14
15											15
16		Current Year Book Depreciation				4,381			(4,381)	4,381	16
17		TOTAL (lines 1 thru 16)			\$ 8,478,543	\$ 295,506		\$ 252,346	\$ (43,160)	\$ 2,024,063	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	\$ 463,245	\$ 38,220	\$ 46,325	8,105	10	\$ 210,647	18
19	Vehicles					5		19
20	TOTAL (lines 18 and 19)	\$ 463,245	\$ 38,220	\$ 46,325	8,105		\$ 210,647	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: JACKSON PARK SLF

Report Period Beginning: 1/1/2013

Ending: 2/31/2013

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.			/ /	986			5
6				/ /				6
7	TOTAL				\$ 986			7

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

9. Rental amount for movable equipment \$ 9,240

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		X	Mortgage	/ /	\$	7,567,857	/ /		\$ 356,941	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Venture Fund, LLC	X		Working Capital	/ /		3,167,529	/ /		133,878	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	10,735,386			\$ 490,819	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		(342)	8
9	Non-Allowable Interest				/ /			/ /		(133,878)	9
10	TOTALS (lines 7, 8 and 9)					\$	10,735,386			\$ 356,599	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 SLF

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 417,671	\$ 778,381	1
2	Cash-Patient Deposits	10,939	10,939	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	587,728	587,728	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	64,589	64,589	6
7	Other Prepaid Expenses	1,123	1,123	7
8	Accounts Receivable (owners or related parties)	3,548	3,548	8
9	Other(specify): <u>See attached</u>	421,618	788,397	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,507,216	\$ 2,234,705	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		8,007,167	14
15	Leasehold Improvements, at Historical Cost	74,341	74,341	15
16	Equipment, at Historical Cost	151,989	307,494	16
17	Accumulated Depreciation (book methods)	(89,206)	(2,561,844)	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): <u>See attached</u>	21,255	153,404	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 158,379	\$ 6,151,372	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,665,595	\$ 8,386,077	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 391,317	\$ 391,317	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	72,414	72,414	30
31	Accrued Taxes Payable	7,592	7,592	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	<u>See attached</u>	1,083	422,701	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 472,406	\$ 894,024	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,507,559	3,167,529	38
39	Mortgage Payable		7,567,857	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)	\$ 1,507,559	\$ 10,735,386	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,979,965	\$ 11,629,410	45
46	TOTAL EQUITY	\$ (314,370)	\$ (3,243,333)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,665,595	\$ 8,386,077	47

*(See instructions.)

Facility Name: JACKSON PARK SLF

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

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	\$ 4,507,784	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,507,784	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		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	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)	\$ 4,507,784	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,029,325	19
20	Health Care/ Personal Care	468,500	20
21	General Administration	779,720	21
B. Capital Expense			
22	Ownership	1,172,419	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)	\$ 3,449,964	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,057,820	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,057,820	31

1/1/13-12-31/13

Page 6

Copier	8,582
Postage Meter	658
Allocated Management Co.	986
Total Equipment Rental	<u>10,226</u>

Page 7 Supp - Line 9 Other - Specify

	<u>Operating</u>	<u>After Consolidation</u>
Replacement Reserve	387,201	733,055
Escrowed RE Taxes and Insurance	34,417	52,619
Wage Escrow	-	2,723
Total	<u>421,618</u>	<u>788,397</u>

Page 7 Supp - Line 23 Other - Specify

	<u>Operating</u>	<u>After Consolidation</u>
Deposits	21,255	21,255
Permanent Mortgage Costs	-	136,085
Amort - Permanent Mortgage Costs	-	(3,936)
Total	<u>21,255</u>	<u>153,404</u>

Page 7 Supp - Line 36 Other - Specify

	<u>Operating</u>	<u>After Consolidation</u>
Unclaimed Property Withholding	1,083	1,083
Lessee Escrow - RET & INS	-	34,417
Lessee Escrow - Replacement Reserve	-	387,201
Total	<u>1,083</u>	<u>422,701</u>

