



Facility Name ROCKFORD SUPPORTIVE LVG CTRReport 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	31,278	3,511		34,789	5
6	Double Unit					6
7	Other					7
8	TOTALS	31,278	3,511		34,789	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 70.08%

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

514 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 89 (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  NOTax 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 therequired 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 therequired 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 facilitymake all of the required payments of interest and principle? N/A

If no, explain. \_\_\_\_\_

Facility Name: ROCKFORD SUPPORTIVE LVG CTR

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## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	138,491	190,812	87,234	416,537		416,537	1
2	Housekeeping, Laundry and Maintenance	119,893	33,443	65,619	218,955	(24,272)	194,683	2
3	Heat and Other Utilities			120,284	120,284		120,284	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>258,384</b>	<b>224,255</b>	<b>273,137</b>	<b>755,776</b>	<b>(24,272)</b>	<b>731,504</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	538,765		9,914	548,679		548,679	6
7	Activities and Social Services	53,286	8,663		61,949		61,949	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>592,051</b>	<b>8,663</b>	<b>9,914</b>	<b>610,628</b>		<b>610,628</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	150,949	5,271	301,166	457,386	2,319	459,705	10
11	Marketing Materials, Promotions and Advertising	50,159		6,046	56,205		56,205	11
12	Employee Benefits and Payroll Taxes			139,582	139,582	35,846	175,428	12
13	Insurance-Property, Liability and Malpractice			107,879	107,879	7	107,886	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>201,108</b>	<b>5,271</b>	<b>554,673</b>	<b>761,052</b>	<b>38,172</b>	<b>799,224</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,051,543</b>	<b>238,189</b>	<b>837,724</b>	<b>2,127,456</b>	<b>13,900</b>	<b>2,141,356</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			29,731	29,731	232,044	261,775	17
18	Interest			22,920	22,920	296,807	319,727	18
19	Real Estate Taxes			84,670	84,670		84,670	19
20	Rent -- Facility and Grounds			843,360	843,360	(839,351)	4,009	20
21	Rent -- Equipment			5,467	5,467	743	6,210	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>986,148</b>	<b>986,148</b>	<b>(309,757)</b>	<b>676,391</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,051,543</b>	<b>238,189</b>	<b>1,823,872</b>	<b>3,113,604</b>	<b>(295,857)</b>	<b>2,817,747</b>	<b>24</b>

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

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**ROCKFORD 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	\$ (18,352)	17	1
2	Interest Income	(12,076)	18	2
3	Cable TV	(14,326)	10	3
4	Bank Charges	(11,026)	10	4
5	Bad Debts	(17,489)	10	5
6	Non-Allowable Interest Expense	(22,920)	18	6
7	Non-Allowable Legal	(15,417)	10	7
8	Non-Allowable R&M Expense - Stujac	(24,998)	2	8
9				9
10				10
11	BUILDING COMPANY:			11
12	Rent Income	(843,360)	20	12
13	Interest Expense	332,266	18	13
14	Legal & Accounting Fees	6,721	10	14
15	Interest Income	(463)	18	15
16	Depreciation	248,739	17	16
17				17
18				18
19				19
20				20
21	MANAGEMENT OFFICE ALLOCATION:			21
22	Management Office Allocation	(17,610)	10	22
23	General and Administrative Expenses	22,411	10	23
24				24
25				25
26				26
27				27
28				28
29	APEX HEALTHCARE ALLOCATION:			29
30	Administrative Salaries	114,282	10	30
31	Emp. Ben. - Gen. Admin.	35,846	12	31
32	General and Administrative Expenses	15,716	10	32
33	Seminars	1,214	10	33
34	Auto & Travel	29,029	10	34
35	Insurance	7	13	35
36	Depreciation	1,657	17	36
37	Rent	4,009	20	37
38	Equipment Rental	743	21	38
39	Facility Wages Reimbursed	726	02	39
40	Management Office Allocation	(111,186)	10	40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51	<b>Total</b>	(295,857)		51

Facility Name: ROCKFORD SUPPORTIVE LVG CTR

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	0.55	\$ 45.74	1
2	Licensed Practical Nurses	4.95	20.14	2
3	Certified Nurse Assistants	13.40	10.03	3
4	Activity Director & Assistants	2.46	10.42	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	6.52	14.07	7
8	Dishwashers			8
9	Maintenance Workers	1.00	18.99	9
10	Housekeepers	4.07	9.50	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	31.06	13
14	Clerical	2.98	13.95	14
15	Marketing	0.98	24.50	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>37.90</b>	<b>\$ 14.00</b>	<b>17</b>

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	
				<b>Total</b>	<b>\$ 23257</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>\$</b>

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		
Rockford 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? \$ \_\_\_\_\_

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:

1/1/2013

Ending:

12/31/2013

VIII. OWNERSHIP COSTS

A. Purchase price of land 236,797 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)	\$ 1,714,674	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Building Improvements		2006	18,561		20	928	928	7,012	6
7		Building Improvements		2007	48,962		20	2,448	2,448	14,734	7
8		Building Improvements		2008	430,247		20	21,513	21,513	117,715	8
9		Building Improvements		2009	183,343		20	9,168	9,168	42,893	9
10		Building Improvements		2010	58,827		20	2,942	2,942	8,826	10
11		Building Improvements		2011	15,240		20	762	762	1,870	11
12											12
13											13
14											14
15											15
16		Current Year Book Depreciation				2,762			(2,762)	2,762	16
17		TOTAL (lines 1 thru 16)			\$ 7,596,193	\$ 251,501		\$ 233,219	\$ (18,282)	\$ 1,910,486	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	\$ 330,095	\$ 26,969	\$ 26,899	(70)	10	\$ 233,873	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 330,095	\$ 26,969	\$ 26,899	(70)		\$ 233,873	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: **1/1/2013**

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.			/ /	743			5
6				/ /				6
7	<b>TOTAL</b>				\$ 743			7

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

9. Rental amount for movable equipment \$ 5,467

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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	Walker & Dunlop, LLC		X	Mortgage	/ /	\$	6,633,586	/ /		\$ 332,266
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4	Venture Fund, LLC	X		Working Capital	/ /		3,413,835	/ /		22,920
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$	10,047,421			\$ 355,186
	<b>B. Non-Facility Related</b>									
8	Interest Income				/ /			/ /		-12,539
9	Non-Allowable Interest				/ /			/ /		-22,920
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	10,047,421			\$ 319,727

\* 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: **1/1/2013**

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 162,682	\$ 517,569	1
2	Cash-Patient Deposits	780	780	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	368,113	368,113	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	60,476	60,476	6
7	Other Prepaid Expenses	2,325	2,325	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>See attached</b>	340,594	418,603	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 934,970	\$ 1,367,866	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			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	205,830	359,340	16
17	Accumulated Depreciation (book methods)	(158,990)	(2,416,555)	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): <b>See attached</b>	24,773	122,094	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 128,425	\$ 4,962,704	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,063,395	\$ 6,330,570	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 591,201	\$ 591,201	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	57,543	57,543	30
31	Accrued Taxes Payable	13,013	13,013	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<b>See Attached</b>	2,015	411,752	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 963,772	\$ 1,373,509	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	2,255,513	3,113,835	38
39	Mortgage Payable		6,633,586	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 2,255,513	\$ 9,747,421	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 3,219,285	\$ 11,120,930	45
46	<b>TOTAL EQUITY</b>	\$ (2,155,890)	\$ (4,790,360)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,063,395	\$ 6,330,570	47

\*(See instructions.)

Facility Name: ROCKFORD SUPPORTIVE LVG CTR

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	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,233,202	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,233,202</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	12,076	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 12,076</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,245,278</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	755,776	19
20	Health Care/ Personal Care	610,628	20
21	General Administration	761,052	21
<b>B. Capital Expense</b>			
22	Ownership	986,148	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 3,113,604</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 131,674</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 131,674</b>	<b>31</b>

**Page 6**

Copier	4,787
Postage Meter	680
Allocated Management Co.	743
Total Equipment Rental	<u>6,210</u>

**Page 7 Supp - Line 9 Other - Specify**

	<u>Operating</u>	<u>After Consolidation</u>
Replacement Reserve	409,737	409,737
Escrowed RE Taxes and Insurance	(69,143)	4,226
Wage Escrow		4,640
Total	<u>340,594</u>	<u>418,603</u>

**Page 7 Supp - Line 23 Other - Specify**

	<u>Operating</u>	<u>After Consolidation</u>
Deposits	24,773	24,773
Permanent Mortgage Costs	-	101,773
Amort - Permanent Mortgage Costs	-	(4,452)
Total	<u>24,773</u>	<u>122,094</u>

**Page 7 Supp - Line 36 Other - Specify**

	<u>Operating</u>	<u>After Consolidation</u>
Unclaimed Property Withholding	2,015	2,015
Lessee Escrow - RET & INS	-	-
Lessee Escrow - Replacement Reserve	-	409,737
Total	<u>2,015</u>	<u>411,752</u>

