

		FOR BHF USE			

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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>1000057</u></p> <p>Facility Name: <u>Jackson Park SLF</u></p> <hr/> <p>Address: <u>1448 East 75th St</u> <u>Chicago</u> <u>60649</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>773</u>) <u>667-6500</u> Fax # (<u>773</u>) <u>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:</p> <p>Name: <u>Andrew B. Cutler</u> Telephone Number: <u>(847) 374-0400</u></p> <p>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>01/01/2015</u> to <u>12/31/2015</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 Dr., 3rd Floor, 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 Dr., 3rd Floor, Bannockburn, IL 60015</u>			(Telephone) <u>(847) 374-0400</u> Fax # <u>(847) 374-0420</u>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name Jackson Park SLF

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	45,911			45,911	5
6	Double Unit					6
7	Other					7
8	TOTALS	45,911			45,911	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.49%

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

455 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 18 (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)

None

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:

01/01/2015

Ending: 12/31/2015

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	191,996	278,366	4,921	475,283		475,283	1
2	Housekeeping, Laundry and Maintenance	240,571	64,851	92,335	397,757	(30,695)	367,062	2
3	Heat and Other Utilities			267,371	267,371		267,371	3
4	Other (specify): Scavenger/Alarm Services			21,342	21,342		21,342	4
5	TOTAL General Services	432,567	343,217	385,969	1,161,753	(30,695)	1,131,058	5
B. Health Care and Programs								
6	Health Care/ Personal Care	424,509			424,509		424,509	6
7	Activities and Social Services	47,205	16,300		63,505		63,505	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	471,714	16,300		488,014		488,014	9
C. General Administration								
10	Administrative and Clerical	204,114	4,631	665,335	874,080	(173,429)	700,651	10
11	Marketing Materials, Promotions and Advertising	48,885		844	49,729		49,729	11
12	Employee Benefits and Payroll Taxes			302,179	302,179	75,053	377,232	12
13	Insurance-Property, Liability and Malpractice			59,180	59,180	161	59,341	13
14	Other (specify):							14
15	TOTAL General Administration	252,999	4,631	1,027,538	1,285,168	(98,215)	1,186,953	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,157,280	364,148	1,413,507	2,934,935	(128,910)	2,806,025	16
Capital Expenses								
D. Ownership								
17	Depreciation			41,727	41,727	237,616	279,343	17
18	Interest			30,385	30,385	200,838	231,223	18
19	Real Estate Taxes			127,673	127,673		127,673	19
20	Rent -- Facility and Grounds			860,228	860,228	(853,326)	6,902	20
21	Rent -- Equipment			7,829	7,829	643	8,472	21
22	Other (specify):							22
23	TOTAL Ownership			1,067,842	1,067,842	(414,229)	653,613	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,157,280	364,148	2,481,349	4,002,777	(543,139)	3,459,638	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

COLES 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	\$ (54,084)	17	1
2				2
3	Cable TV	(20,068)	10	3
4	Bank Charges	(4,731)	10	4
5	Bad Debts	(215,382)	10	5
6	Non-Allowable Interest Expense	(30,385)	18	6
7	Penalties and Fines	(265)	10	7
8	Non-Allowable R&M Expense - Stujac	(31,248)	2	8
9	Interest Income	(1,659)	18	9
10	Franchise Tax	(250)	10	10
11	BUILDING COMPANY:			11
12	Rent Expense	(860,228)	20	12
13	Interest Expense	336,496	18	13
14	Accounting Fees	38,652	10	14
15				15
16	Interest Income	(196)	18	16
17	Depreciation	291,141	17	17
18	Non-Allowable Interest Expense	(103,418)	18	18
19				19
20				20
21	MANAGEMENT OFFICE ALLOCATION:			21
22	Management Office Allocation	(20,048)	10	22
23	General and Administrative Expenses	15,483	10	23
24	Employee Benefits	3,963	12	24
25				25
26				26
27				27
28				28
29	APEX HEALTHCARE ALLOCATION:			29
30	Administrative Salaries	220,530	10	30
31	Emp. Ben. - Gen. Admin.	71,090	12	31
32	General and Administrative Expenses	28,712	10	32
33	Seminars	68	10	33
34	Auto & Travel	14,672	10	34
35	Insurance	161	13	35
36	Depreciation	559	17	36
37	Rent	6,902	20	37
38	Equipment Rental	643	21	38
39	Building Supplies	553	02	39
40	Management Office Allocation	(230,802)	10	40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51	Total	(543,139)		51

Facility Name: Jackson Park SLF

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0	\$ 25.79	1
2	Licensed Practical Nurses	5	21.43	2
3	Certified Nurse Assistants	9	9.81	3
4	Activity Director & Assistants	2	11.53	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9	10.55	7
8	Dishwashers			8
9	Maintenance Workers	3	13.15	9
10	Housekeepers	8	9.73	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2	27.61	13
14	Clerical	4	12.17	14
15	Marketing	1	23.50	15
16	Other			16
17	Total (lines 1 thru 16)	42	\$ 13.20	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	10	\$ 79,256	1
2					2
3					3
4					4
5					5
Total				\$ 79256	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
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:

01/01/2015

Ending:

12/31/2015

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	\$ 291,141	35	\$ 228,776	\$ (62,365)	\$ 2,350,109	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Leashold Improvements			2006	3,733		20	187	187	1,743	6
7	Leashold Improvements			2007	43,456		20	2,173	2,173	18,465	7
8	Leashold Improvements			2008	359,920		20	17,996	17,996	138,437	8
9	Leashold Improvements			2009	16,374		20	819	819	5,719	9
10	Leashold Improvements			2010	13,240		20	662	662	3,310	10
11	Leashold Improvements			2011	3,400		20	170	170	793	11
12	Leashold Improvements			2012	31,252		20	1,563	1,563	5,798	12
13	Leashold Improvements			2014	13,829		20	691	691	1,382	13
14	Leashold Improvements			2015	1,540		20	77	77	77	14
15	Allocated APEX					559		559			15
16	Book Depreciation					41,727			(41,727)		16
17	TOTAL (lines 1 thru 16)				\$ 8,493,912	\$ 333,427		\$ 253,672	\$ (79,755)	\$ 2,525,832	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	\$ 499,115	\$	\$ 25,671	25,671	10	\$ 415,227	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 499,115	\$	\$ 25,671	25,671		\$ 415,227	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: 01/01/2015

Ending: 2/31/2015

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.			/ /	643			5
6				/ /				6
7	TOTAL				\$ 643			7

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

9. Rental amount for movable equipment \$ 8,472

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	/ /	\$	7,337,762	/ /		\$ 233,078
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4	Venture Fund, LLC	X		Working Capital	/ /		1,919,970	/ /		133,803
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$	9,257,732			\$ 366,881
	B. Non-Facility Related									
8	Non-Allowable Interest				/ /			/ /		-133,803
9	Interest Income/Allocated Interest				/ /			/ /		-1,855
10	TOTALS (lines 7, 8 and 9)					\$	9,257,732			\$ 231,223

* 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: 01/01/2015

Ending:

12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 428,359	\$ 713,681	1
2	Cash-Patient Deposits	11,896	11,896	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	528,610	528,610	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	113,699 #	113,699	6
7	Other Prepaid Expenses	341	341	7
8	Accounts Receivable (owners or related parties)	23,073	23,073	8
9	Other(specify):	539,221	1,028,783	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,645,199	\$ 2,420,083	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		8,007,168	14
15	Leasehold Improvements, at Historical Cost	78,074	78,074	15
16	Equipment, at Historical Cost	199,496	355,001	16
17	Accumulated Depreciation (book methods)	(169,089)	(3,224,010)	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):	21,255	924,366	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 129,736	\$ 6,311,410	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,774,935	\$ 8,731,493	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 524,627	\$ 524,627	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	102,563	102,563	30
31	Accrued Taxes Payable	(4,163)	(4,163)	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		540,121	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 623,027	\$ 1,163,148	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		1,919,970	38
39	Mortgage Payable		7,337,762	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)	\$	\$ 9,257,732	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 623,027	\$ 10,420,880	45
46	TOTAL EQUITY	\$ 1,151,908	\$ (1,689,387)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,774,935	\$ 8,731,493	47

*(See instructions.)

Page 6

Description	Amount
Copier	6,880
Postage Meter	949
Allocated Management Co.	643
Total Equipment Rental	8,472

Page 7: Line 9 Other (Specify)

Description	Operating	Consolidated
Real Estate Escrow	88,891	88891
Insurance Escrow	4,977	4977
Replacement Reserve	445,353	445353
Escrows Building Co.		489562
Total	539,221	1,028,783

Page 7: Line 23 Other (specify)

Description	Operating	Consolidated
Deposits	21,255	21,255
Permanent Mortgage Costs	-	136,084
Amort. Permanent Mortgage Costs	-	(10,507)
N/R TODO Holdings		750,000
Capitalized Legal Expense		27,534
Total	21,255	924,366

Page 7: Line 36 Other (specify)

Description	Operating	Consolidated
Lessee Escrow - RET		108722
Lessee Escrow - INS		-13954
Lessee Escrow - Replacement Reserve		445353
Total	-	540,121

Facility Name: Jackson Park SLF

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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	\$ 4,831,416	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,831,416	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	1,659	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,659	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)	\$ 4,833,075	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,161,753	19
20	Health Care/ Personal Care	488,014	20
21	General Administration	1,285,168	21
B. Capital Expense			
22	Ownership	1,067,842	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)	\$ 4,002,777	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 830,298	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 830,298	31