

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2016  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2016)**

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><b>I. Facility ID Number:</b> <u>1000057</u></p> <p><b>Facility Name:</b> <u>Jackson Park SLF</u></p> <hr/> <p><b>Address:</b> <u>1448 East 75th St</u> <u>Chicago</u> <u>60649</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> ( <u>(773) 667-6500</u> Fax # <u>(773) 667-1875</u> )</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>1/1/2016</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b></p> <p><b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 282 - 6300</u></p> <p><b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2016</u> to <u>12/31/2016</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%;"><b>Officer or Administrator of Provider</b></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><b>Paid Preparer</b></td> <td>(Signed) _____ *</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td colspan="2">*Subject to the attached Accountants Consulting Report</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u></td> <td>Fax <u>(847) 282-6301</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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		<b>Paid Preparer</b>	(Signed) _____ *	(Date) _____		*Subject to the attached Accountants Consulting Report			(Print Name and Title) _____			(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>			(Telephone) <u>(847) 282-6300</u>	Fax <u>(847) 282-6301</u>
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Facility Name Jackson Park SLF

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

**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	45,018	1
2	13	Double Unit Apartment	13	4,758	2
3		Other			3
4	136	TOTALS	136	49,776	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	45,753	61		45,814	5
6	Double Unit					6
7	Other					7
8	TOTALS	45,753	61		45,814	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.04%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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: 12/31/16 Fiscal Year: 12/31/16

\* 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. \_\_\_\_\_

## Jackson Park SLF

Report Period Beginning: 1/1/2016  
 Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Sch. V Line	
	Amount	Reference	
1	Non-Straight Line Depreciation	\$ (861,991)	17 1
2			2
3	Cable TV	(17,293)	2 3
4	Bank Charges	(12,357)	10 4
5	Penalties and Fines	(834)	10 5
6	Interest Income	(950)	18 6
7			7
8			8
9			9
10	BUILDING COMPANY		10
11	Interest Income	(159)	18 11
12	Rent	(1,579,687)	20 12
13	Interest Expense	672,143	18 13
14	Depreciation and Amortization	1,405,098	17 14
15			15
16	MANAGEMENT OFFICE ALLOCATION		16
17	Housekeeping/Main Laundry	453	2 17
18	Utilities	978	3 18
19	Health Care/Personal Care	5,695	6 19
20	Health Care Emp Ben/Payroll Taxes	687	8 20
21	Administrative and General	124,526	10 21
22	Advertising and Marketing	542	11 22
23	Admin Emp Benefits & Payroll Taxes	8,696	14 23
24	Building Rental	8,280	20 24
25	Management Office Allocation	(243,727)	10 25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
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89			89
90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(467,990)	101

Facility Name: Jackson Park SLF

Report Period Beginning:

1/1/2016

Ending: 12/31/2016

## 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	192,279	300,850	5,433	498,562		498,562	1
2	Housekeeping, Laundry and Maintenance	156,840	44,095	104,956	305,891	(16,840)	289,051	2
3	Heat and Other Utilities			169,004	169,004	978	169,982	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>349,119</b>	<b>344,945</b>	<b>279,393</b>	<b>973,457</b>	<b>(15,862)</b>	<b>957,595</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	427,308	7,782		435,090	5,695	440,785	6
7	Activities and Social Services	54,324	2,389	4,315	61,028		61,028	7
8	Other (specify):					687	687	8
9	<b>TOTAL Health Care and Programs</b>	<b>481,632</b>	<b>10,171</b>	<b>4,315</b>	<b>496,118</b>	<b>6,382</b>	<b>502,500</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	201,620	3,775	282,832	488,227	(132,392)	355,835	10
11	Marketing Materials, Promotions and Advertising	38,814		7,354	46,168	542	46,710	11
12	Employee Benefits and Payroll Taxes			189,513	189,513		189,513	12
13	Insurance-Property, Liability and Malpractice			57,939	57,939		57,939	13
14	Other (specify):					8,606	8,606	14
15	<b>TOTAL General Administration</b>	<b>240,434</b>	<b>3,775</b>	<b>537,638</b>	<b>781,847</b>	<b>(123,244)</b>	<b>658,603</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,071,185</b>	<b>358,891</b>	<b>821,346</b>	<b>2,251,422</b>	<b>(132,724)</b>	<b>2,118,698</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation					543,107	543,107	17
18	Interest			4,404	4,404	671,034	675,438	18
19	Real Estate Taxes			137,536	137,536		137,536	19
20	Rent -- Facility and Grounds			1,557,687	1,557,687	(1,549,407)	8,280	20
21	Rent -- Equipment			77	77		77	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>1,699,704</b>	<b>1,699,704</b>	<b>(335,266)</b>	<b>1,364,438</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,071,185</b>	<b>358,891</b>	<b>2,521,050</b>	<b>3,951,126</b>	<b>(467,990)</b>	<b>3,483,136</b>	<b>24</b>

Facility Name: Jackson Park SLF

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.07	\$ 25.79	1
2	Licensed Practical Nurses	3.15	21.43	2
3	Certified Nurse Assistants	11.25	9.81	3
4	Activity Director & Assistants	2.27	11.53	4
5	Social Service Workers	-		5
6	Head Cook	0.44	14.75	6
7	Cook Helpers/Assistants	8.15	10.55	7
8	Dishwashers	-		8
9	Maintenance Workers	1.35	13.15	9
10	Housekeepers	5.92	9.73	10
11	Laundry	-		11
12	Managers	-		12
13	Other Administrative	1.16	27.61	13
14	Clerical	5.33	12.17	14
15	Marketing	0.79	23.50	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>40.88</b>	<b>\$ 12.60</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	N/A			\$	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
<b>Total</b>		<b>\$ 3</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	1	City	2
Coles SLF		Chicago, IL	
Rockford SLF		Rockford, IL	
Robbins SLF		Robbins, IL	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Jackson Park SLF Realty		Chicago, IL		Building Co	
Grand Lifestyles		Skokie, IL		Management 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

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:

1/1/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,027,500 Year land was acquired 2016

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		2016	2005	\$ 8,220,000	\$ 1,405,098	35	\$ 234,857	\$ (1,170,241)	\$ 234,857	1	
2											2	
3											3	
4											4	
5											5	
<b>Improvement Type</b>												
6	Total From Supplemental Page 5's											6
7											7	
8											8	
9											9	
10											10	
11											11	
12											12	
13											13	
14											14	
15											15	
16											16	
17	TOTAL (lines 1 thru 16)				\$ 8,220,000	\$ 1,405,098		\$ 234,857	\$ (1,170,241)	\$ 234,857	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	\$ 3,082,500	\$	\$ 308,250	308,250		\$ 308,250	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 3,082,500	\$	\$ 308,250	308,250		\$ 308,250	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 & ID Number Jackson Park SLF

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
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23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Jackson Park SLF

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
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13								13
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16								16
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22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Jackson Park SLF

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1							1	
2							2	
3							3	
4							4	
5							5	
6							6	
7							7	
8							8	
9							9	
10							10	
11							11	
12							12	
13							13	
14							14	
15							15	
16							16	
17							17	
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19							19	
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21							21	
22							22	
23							23	
24							24	
25							25	
26							26	
27							27	
28							28	
29							29	
30							30	
31							31	
32							32	
33							33	
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Jackson Park SLF

Report Period Beginning: 1/1/2016

Ending: 2/31/2016

**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				/ /				5
6	Allocated from Grand Lifestyle			/ /	8,280			6
7	<b>TOTAL</b>				\$ 8,280			7

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

9. Rental amount for movable equipment \$ 77

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>									
	Long-Term									
1	MB Financial		X	Mortgage		\$	16,440,000			\$ 672,143
2										
3										
	Working Capital									
4	MB Financial		X	Line of Credit	/ /			/ /		4,404
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$	16,440,000			\$ 676,547
	<b>B. Non-Facility Related</b>									
8	Interest Income		X		/ /			/ /		(950)
9	Interest Inc. Bldg Co		X		/ /			/ /		(159)
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	16,440,000			\$ 675,438

\* 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: 1/1/2016

Ending:

12/31/2016

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 231,806	\$ 790,264	1
2	Cash-Patient Deposits	7,253	7,253	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	1,205,206	1,055,137	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	139,015	159,015	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	81,430	369,104	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,664,710	\$ 2,380,773	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,027,500	13
14	Buildings, at Historical Cost		8,220,000	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost		3,082,500	16
17	Accumulated Depreciation (book methods)		(1,405,098)	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):	16,443	8,236,443	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 16,443	\$ 19,161,345	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,681,153	\$ 21,542,118	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 71,617	\$ 143,786	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	48,290	48,290	30
31	Accrued Taxes Payable	136,500	136,500	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	See Attached	27,904	96,420	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 284,311	\$ 424,996	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		16,440,000	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	See Attached	473,419	473,419	43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 473,419	\$ 16,913,419	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 757,730	\$ 17,338,415	45
46	<b>TOTAL EQUITY</b>	\$ 923,423	\$ 4,203,703	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,681,153	\$ 21,542,118	47

\*(See instructions.)

Facility Name: Jackson Park SLF

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

		<b>1</b>	
<b>I. Revenue</b>		<b>Amount</b>	
<b>A. SLF Resident Care</b>			
<b>1</b>	Gross SLF Resident Revenue	\$ 4,873,599	<b>1</b>
<b>2</b>	Discounts and Allowances		<b>2</b>
<b>3</b>	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,873,599</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
<b>4</b>	Special Services		<b>4</b>
<b>5</b>	Other Health Care Services		<b>5</b>
<b>6</b>	Special Grants		<b>6</b>
<b>7</b>	Gift and Coffee Shop		<b>7</b>
<b>8</b>	Barber and Beauty Care		<b>8</b>
<b>9</b>	Non-Resident Meals		<b>9</b>
<b>10</b>	Laundry		<b>10</b>
<b>11</b>	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
<b>12</b>	Contributions		<b>12</b>
<b>13</b>	Interest and Other Investment Income	950	<b>13</b>
<b>14</b>	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 950</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
<b>15</b>			<b>15</b>
<b>16</b>			<b>16</b>
<b>17</b>	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
<b>18</b>	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,874,549</b>	<b>18</b>

		<b>2</b>	
<b>II. Expenses</b>		<b>Amount</b>	
<b>A. Operating Expenses</b>			
<b>19</b>	General Services	973,457	<b>19</b>
<b>20</b>	Health Care/ Personal Care	496,118	<b>20</b>
<b>21</b>	General Administration	781,847	<b>21</b>
<b>B. Capital Expense</b>			
<b>22</b>	Ownership	1,699,704	<b>22</b>
<b>C. Other Expenses</b>			
<b>23</b>	Special Cost Centers		<b>23</b>
<b>24</b>	Non-Operating Expenses		<b>24</b>
<b>25</b>	Other (specify):		<b>25</b>
<b>26</b>			<b>26</b>
<b>27</b>			<b>27</b>
<b>28</b>	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 3,951,126</b>	<b>28</b>
<b>29</b>	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 923,423</b>	<b>29</b>
<b>30</b>	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
<b>31</b>	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 923,423</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
<b>32</b>	Medicaid - Net Inpatient Revenue	\$ 3,779,101	<b>32</b>
<b>33</b>	Private Pay - Net Inpatient Revenue	1,094,498	<b>33</b>
<b>34</b>	Medicare - Net Inpatient Revenue		<b>34</b>
<b>35</b>	Other-(specify)		<b>35</b>
<b>36</b>	Other-(specify)		<b>36</b>
<b>37</b>	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 4,873,599</b>	<b>37</b>