

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2011  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2011)**

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>100057</u></p> <p><b>Facility Name:</b> <u>JACKSON PARK SLF</u></p> <p><b>Address:</b> <u>1448 EAST 75TH STREET</u> <u>CHICAGO</u> <u>60649</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>COOK</u></p> <p><b>Telephone Number:</b> <u>(773) 667-6500</u> <b>Fax #</b> <u>(773) 667-1875</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>2/9/2006</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>  <b>Name:</b> <u>ANDREW B. CUTLER</u> <b>Telephone Number:</b> <u>(847) 940-3269</u>  <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>1/1/2011</u> to <u>12/31/2011</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>(Print Name and Title) <u>ANDREW B. CUTLER</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; 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> <b>Fax #</b> <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 <b>Phone #</b> (217) 782-1630</p>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(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> <b>Fax #</b> <u>(847) 374-0420</u>	
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Facility Name JACKSON PARK SLFReport Period Beginning: 1/1/2011 Ending: 12/31/2011

## 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	41,179	730		41,909	5
6	Double Unit					6
7	Other					7
8	TOTALS	41,179	730		41,909	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.43%

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

850 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 259 (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  NOTax Year: 12/31/2011 Fiscal Year: 12/31/2011

\* 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/AIf no, explain. N/AK. 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/AIf no, explain. N/AL. 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/AIf no, explain. N/A

Facility Name: JACKSON PARK SLF

Report Period Beginning:

1/1/2011

Ending: 12/31/2011

## 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	198,602	199,532	33,812	431,946	(2,281)	429,665	1
2	Housekeeping, Laundry and Maintenance	220,969	74,826	130,910	426,705	3,121	429,826	2
3	Heat and Other Utilities			186,422	186,422	(13,811)	172,611	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	419,571	274,358	351,144	1,045,073	(12,971)	1,032,102	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	474,954	4,822	9,317	489,093	10,814	499,907	6
7	Activities and Social Services	58,387	4,925		63,312		63,312	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	533,341	9,747	9,317	552,405	10,814	563,219	9
<b>C. General Administration</b>								
10	Administrative and Clerical	182,351	7,934	380,496	570,781	23,136	593,917	10
11	Marketing Materials, Promotions and Advertising	28,961		3,423	32,384	56	32,440	11
12	Employee Benefits and Payroll Taxes			207,750	207,750	35,701	243,451	12
13	Insurance-Property, Liability and Malpractice			92,120	92,120	(19,014)	73,106	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	211,312	7,934	683,789	903,035	39,879	942,914	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,164,224	292,039	1,044,250	2,500,513	37,722	2,538,235	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			7,777	7,777	271,414	279,191	17
18	Interest			134,604	134,604	524,864	659,468	18
19	Real Estate Taxes			94,068	94,068	(63,910)	30,158	19
20	Rent -- Facility and Grounds			794,717	794,717	(792,148)	2,569	20
21	Rent -- Equipment			9,966	9,966	1,239	11,205	21
22	Other (specify):					6,557	6,557	22
23	<b>TOTAL Ownership</b>			1,041,132	1,041,132	(51,984)	989,148	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,164,224	292,039	2,085,382	3,541,645	(14,262)	3,527,383	24

Facility Name: JACKSON PARK SLF

Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.50	\$ 24.97	1
2	Licensed Practical Nurses	5.12	21.06	2
3	Certified Nurse Assistants	8.80	9.43	3
4	Activity Director & Assistants	2.20	12.75	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.39	12.93	7
8	Dishwashers			8
9	Maintenance Workers	1.90	14.89	9
10	Housekeepers	6.98	11.17	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.91	20.44	13
14	Clerical	3.67	13.23	14
15	Marketing	0.10	137.91	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>39.57</b>	<b>\$ 14.14</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	1.6	\$ 12,000	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ 12,000 6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	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
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Jackson Park II LLC				Building Co.	
See Attached				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: JACKSON PARK SLF

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land \_\_\_\_\_ 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	\$ 8,007,168	\$ 291,170	35	\$ 228,776	\$ (62,394)	\$ 1,372,656	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				436,390	7,777		21,763	13,986	79,985	6
7	Various			2006	3,733		20	995	995		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)				\$ 8,447,291	\$ 298,947		\$ 251,533	\$ (47,414)	\$ 1,452,641	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	\$ 219,813	\$ 22,215	\$ 27,658	5,443	10	\$ 141,347	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 219,813	\$ 22,215	\$ 27,658	5,443		\$ 141,347	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 &amp; ID Number JACKSON PARK SLF

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

## XI. OWNERSHIP COSTS (continued)

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

1	2	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	Unit Heater	2007	4,539		20	227	227	1,116	2
3	Remodeling	2007	15,458		20	773	773	3,414	3
4	Balcony Enclosures & Roof	2007	16,707		20	835	835	3,410	4
5	Ramps	2007	6,752		20	338	338	1,379	5
6	New Master Key System	2008	1,426		20	71	71	273	6
7	Flooring	2008	26,031		20	1,302	1,302	4,773	7
8	Flooring	2008	22,185		20	1,109	1,109	4,437	8
9	Flooring	2008	22,185		20	1,109	1,109	4,437	9
10	Flooring	2008	3,261		20	163	163	652	10
11	Flooring	2008	4,091		20	205	205	802	11
12	Carpet Installation	2008	41,234		20	2,062	2,062	8,075	12
13	Flooring	2008	16,809		20	840	840	3,291	13
14	Flooring	2008	27,646		20	1,382	1,382	5,183	14
15	Carpet	2008	3,241		20	162	162	594	15
16	Carpet	2008	3,544		20	177	177	664	16
17	Carpeting	2008	42,136		20	2,107	2,107	7,725	17
18	Carpet Installation	2008	39,875		20	1,994	1,994	7,643	18
19	Flooring	2008	6,943		20	347	347	1,215	19
20	Flooring	2008	27,646		20	1,382	1,382	5,068	20
21	Flooring	2008	4,790		20	240	240	859	21
22	Flooring	2008	19,752		20	988	988	3,539	22
23	Flooring	2008	32,488		20	1,624	1,624	5,822	23
24	Elevator Repair	2008	6,239		20	312	312	1,066	24
25	Elevator Repair	2008	8,398		20	420	420	1,330	25
26	Frame & Door	2009	8,134		20	407	407	1,220	26
27	Framing, Plywood, Siding, Door	2009	5,040		20	252	252	756	27
28	Readjust New Door Opening; Remove Old Door	2009	3,200		20	160	160	467	28
29	Leasehold Improvement - Fr&R - 2010 - No Detail	2010	8,021		20	401	401	401	29
30	Replace Heaters, Wiring, Elevator Meetings	2010	2,660		20	133	133	133	30
31	Renovations	2010	2,559		20	128	128	128	31
32	Doors	2011	3,400		20	113	113	113	32
33	Total Book Depreciation			7,777			(7,777)		33
34	TOTAL (lines 1 thru 33)		\$ 436,390	\$ 7,777		\$ 21,763	\$ 13,986	\$ 79,985	34

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

Facility Name: JACKSON PARK SLF

Report Period Beginning: 1/1/2011

Ending: 2/31/2011

**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 APEX			/ /	2,569			6
7	TOTAL				\$ 2,569			7

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

9. Rental amount for movable equipment \$ 11,205

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	Cambridge Realty Capital		X		/ /	\$	7,433,900	/ /		\$ 658,872
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4	Venture Fund	X		Working Capital	/ /		4,436,957	/ /		134,604
5	Allocated from APEX		X		/ /			/ /		883
6					/ /			/ /		
7	TOTAL Facility Related					\$	11,870,857			\$ 794,359
	<b>B. Non-Facility Related</b>									
8	Interest Income				/ /			/ /		-287
9	Non-Allowable Interest				/ /			/ /		-134,604
10	TOTALS (lines 7, 8 and 9)					\$	11,870,857			\$ 659,468

\* 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: 1/1/2011

Ending: 12/31/2011

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 76,357	\$ 834,908	1
2	Cash-Patient Deposits	11,601	11,601	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	830,211	830,211	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	69,050	69,050	6
7	Other Prepaid Expenses	4,162	4,162	7
8	Accounts Receivable (owners or related parties)	2,315	2,315	8
9	Other(specify):	308,193	378,526	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,301,889	\$ 2,130,773	10
	<b>B. Long-Term Assets</b>			
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	46,856	46,856	15
16	Equipment, at Historical Cost	58,218	213,723	16
17	Accumulated Depreciation (book methods)	(45,000)	(1,902,069)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		41,307	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(41,307)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	35,255	266,938	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 95,329	\$ 6,803,427	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 1,397,218	\$ 8,934,200	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,043,394	\$ 1,043,394	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	49,586	49,586	30
31	Accrued Taxes Payable	6,866	6,866	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	67,610	375,803	36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 1,167,456	\$ 1,475,649	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	2,712,526	4,436,957	38
39	Mortgage Payable		7,433,900	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</b> (sum of lines 38 thru 43)	\$ 2,712,526	\$ 11,870,857	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 3,879,982	\$ 13,346,506	45
46	<b>TOTAL EQUITY</b>	\$ (2,482,764)	\$ (4,412,306)	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 1,397,218	\$ 8,934,200	47

\*(See instructions.)

Facility Name: JACKSON PARK SLF

Report Period Beginning: 1/1/2011

Ending:

12/31/2011

## 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	\$ 4,154,415	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 4,154,415	3
<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</b> (sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	1	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 1	14
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 4,154,416	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,045,073	19
20	Health Care/ Personal Care	552,405	20
21	General Administration	903,035	21
<b>B. Capital Expense</b>			
22	Ownership	1,041,132	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</b> (sum of lines 19 thru 27)	\$ 3,541,645	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ 612,771	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ 612,771	31

DESCRIPTION	AMOUNT	SCHEDULE V REF.
<b>NON-ALLOWABLE EXPENSE</b>		
Non-Straight Line Depreciation	(41,971)	17
Interest Income	(1)	18
Cable TV	(14,312)	03
Bank Charges	(8,362)	10
Bad Debts	(142,977)	10
Penalties & Fines	(315)	10
Non-Allowable Interest	(134,604)	18
Non-Allowable Legal	(6,276)	10
 <b>BUILDING COMPANY:</b>		
Rent Income	(794,717)	20
Amortization	6,557	22
Depreciation	313,385	17
Insurance	2,248	13
Interest Expense	658,872	18
Legal Fees	85	10
Accounting Fees	4,200	10
Other Professional Fees	4,560	10
Interest Income	(286)	18
 <b>PRIOR PERIOD ADJUSTMENTS:</b>		
Food	(2,281)	01
Management Allocation	878	10
Employee Insurance	(140)	12
Equipment Maintenance & Repairs	2,622	02
Utilities	501	03
Laundry Supplies	499	02
Advertising & Promotions	56	11
Accounting Fees	(250)	10
Real Estate Taxes	(63,910)	19
Insurance	(21,262)	13
 <b>MANAGEMENT OFFICE ALLOCATION:</b>		
Management Office Allocation	(14,943)	10
General and Administrative Expenses	14,574	10
Employee Benefits	369	12
 <b>APEX HEALTHCARE ALLOCATION:</b>		
Health Care Salaries	10,814	06
Employee Benefits-Healthcare	4,597	12
Administrative Salaries	120,016	10
Emp. Ben. - Gen. Admin.	30,875	12
General and Administrative Expenses	51,326	10
Emp. Ben. General	620	10
Interest	883	18
Rent	2,569	20
Auto & Equip Rental	1,239	21

JACKSON PARK SLF

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1/1/11-12/31/11

Page 6 Supplemental Schedule

<b>Description</b>	<b>Amount</b>
Copy Machine	7,774
Vehicle-2006 Ford van used for resident transportation	1,340
Postage and Meter Rental	852
Allocated from APEX Management	1,239
	<u>11,205</u>

JACKSON PARK SLF  
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1/1/11-12/31/11

**Page 7 Supplemental Schedule**

	<b>Operating</b>	<b>After Consolidation</b>
<b>Other Current Assets:</b>		
Replacement Reserve	308,193	310,916
Lessee Escrow - Ret & Ins	-	67,610
	<u>308,193</u>	<u>378,526</u>
<b>Other Non-Current Assets:</b>		
Permanent Mortgage Costs	-	262,283
Amort - Perm Mtg Costs	-	(30,600)
Deposits	35,255	35,255
	<u>35,255</u>	<u>266,938</u>
<b>Other Current Liabilities</b>		
Escrowed Re Taxes & Insurance	67,610	67,610
Lessee Escrow - Replace Res	-	308,193
	<u>67,610</u>	<u>375,803</u>

JACKSON PARK SLF

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1/1/11-12/31/11

PAGE 4 RELATED ORGANIZATIONS

RELATED SLFs	CITY	OTHER RELATED BUSINESS ENTITIES	CITY	TYPE OF BUSINESS
AURORA SUPPORTIVE LIVING CENTER	AURORA	APEX HEALTHCARE SOLUTIONS LLC	LONG GROVE, IL	MANAGEMENT
COLES SUPPORTIVE LIVING CENTER	CHICAGO	SIMPLY REHAB	SKOKIE, IL	THERAPY
ROBBINS SUPPORTIVE LIVING CENTER	ROBBINS	ARLINGTON REHAB AND LIVING CENTER	LONG GROVE, IL	SNF
ROCKFORD SUPPORTIVE LIVING CENTER	ROCKFORD	AURORA SUPPORTIVE LIVING CENTER	AURORA, IL	SNF
		KOLOB-CEDAR CITY	CEDAR CITY, UT	SNF
		KOLOB-ST GEORGE	ST GEORGE, UT	SNF
		CARVER LIVING CENTER	DURHAM, NC	SNF
		WILLOWRIDGE	RUTHERFORDTON, NC	SNF
		PINEVILLE REHAB & LIVING CENTER	PINEVILLE, NC	SNF
		RIDGEWOOD RLC, LLC	WASHINGTON, NC	SNF
		BROOMFIELD SKILLED NURSING	BROOMFIELD, CO	SNF





