

		FOR BHF USE			

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Supportive Living Facility

2010

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2010)

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.

I. Facility ID Number: 1000050 Facility Name: Rockford Supportive Living Center Address: 2114 Kishwaukee Street Rockford 61104 Number City Zip Code County: Winnebago Telephone Number: (815) 966-1030 Fax # Federal Employer ID Number: Date Current Owners were Certified: 7/12/2005 Type of Ownership: <table><tr><td>☐</td><td>VOLUNTARY, NON-PROFIT</td><td>☒</td><td>PROPRIETARY</td><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☐</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td colspan="2">IRS Exemption Code</td><td>☐</td><td>Corporation</td><td>☐</td><td>Other</td></tr><tr><td colspan="2"></td><td>☐</td><td>"Sub-S" Corp.</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☒</td><td>Limited Liability Co.</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Trust</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Other</td><td colspan="2"></td></tr></table> In the event there are further questions about this report, please contact: Name: Steve Lavenda Telephone Number: (847) 236 - 1111 Email Address: slavenda@frronline.com		☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL	☐	Charitable Corp.	☐	Individual	☐	State	☐	Trust	☐	Partnership	☐	County	IRS Exemption Code		☐	Corporation	☐	Other			☐	"Sub-S" Corp.					☒	Limited Liability Co.					☐	Trust					☐	Other			II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2010 to 12/31/2010 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. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. <table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Type or Print Name) _____</td><td></td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Title) _____</td><td></td></tr><tr><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) Jeff Singer, C.P.A.</td><td></td></tr><tr><td>(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</td><td></td></tr><tr><td></td><td>(Telephone) (847) 236-1111</td><td>Fax (847) 236-1155</td></tr></table> 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	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____		Paid Preparer	(Title) _____		(Signed) _____	(Date) _____	(Print Name and Title) Jeff Singer, C.P.A.		(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015			(Telephone) (847) 236-1111	Fax (847) 236-1155
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Facility Name Rockford Supportive Living Center

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	30,857	2,900		33,757	5
6	Double Unit	3,261	307		3,568	6
7	Other					7
8	TOTALS	34,118	3,207		37,325	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 75.19%

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

621 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 83 (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: 12/31/2010 Fiscal Year: 12/31/2010

* 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. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? N/A If yes, did the facility make all of the

required payments of interest and principle? N/A

If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? N/A If yes, did the facility

make all of the required payments of interest and principle? N/A

If no, explain. N/A

Facility Name: Rockford Supportive Living Center

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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					5	6	
1	Dietary and Food Purchase	203,022	221,804	21,925	446,751	316	447,067	1
2	Housekeeping, Laundry and Maintenance	172,912	37,524	119,737	330,173	(61,302)	268,871	2
3	Heat and Other Utilities			126,670	126,670	(13,129)	113,541	3
4	Other (specify):	1,417	2,645		4,062	(1,783)	2,279	4
5	TOTAL General Services	377,351	261,973	268,332	907,656	(75,898)	831,758	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	596,682	9,813		606,495	16,769	623,264	6
7	Activities and Social Services	51,359	4,309		55,668	(59)	55,609	7
8	Other (specify):					2,999	2,999	8
9	TOTAL Health Care and Programs	648,041	14,122		662,163	19,709	681,872	9
	C. General Administration							
10	Administrative and Clerical	135,970	7,722	247,369	391,061	(32,927)	358,134	10
11	Marketing Materials, Promotions and Advertising			11,352	11,352		11,352	11
12	Employee Benefits and Payroll Taxes			240,702	240,702	(37)	240,665	12
13	Insurance-Property, Liability and Malpractice			44,274	44,274	215	44,489	13
14	Other (specify):					30,380	30,380	14
15	TOTAL General Administration	135,970	7,722	543,697	687,389	(2,369)	685,020	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,161,362	283,817	812,029	2,257,208	(58,558)	2,198,650	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			17,592	17,592	236,972	254,564	17
18	Interest			158,440	158,440	385,482	543,922	18
19	Real Estate Taxes			83,015	83,015	(53)	82,962	19
20	Rent -- Facility and Grounds			794,717	794,717	(788,108)	6,609	20
21	Rent -- Equipment			18,412	18,412	2,279	20,691	21
22	Other (specify):					7,023	7,023	22
23	TOTAL Ownership			1,072,176	1,072,176	(156,405)	915,771	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,161,362	283,817	1,884,205	3,329,384	(214,963)	3,114,421	24

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Non-Straight Line Depreciation	\$ (33,722)	17	1
2	Cable TV	(14,213)	03	2
3	Bank Charges	(9,015)	10	3
4	Interest Income	(6,110)	18	4
5	Bad Debts	(17,489)	10	5
6	Non-Allowable Interest	(158,440)	18	6
7	Additional R/M	753	02	7
8	Bistro Income	(1,846)	04	8
9	Franchise Tax	(250)	10	9
10	Non Allowable Legal	(2,410)	10	10
11	Capitalized R&M	(62,373)	02	11
12				12
13				13
14	Building Company:			14
15	Rental Income	(794,717)	20	15
16	Amortization - PMC	5,620	22	16
17	Depreciation	270,694	17	17
18	Interest Income	(358)	18	18
19	Interest Expense	550,020	18	19
20	Amortization- Marketing	1,403	22	20
21				21
22				22
23	Prior Period Adjustments:			23
24	Postage	(14)	10	24
25	Building Supplies	(278)	02	25
26	EE Benefits	(37)	12	26
27	Activity Supplies	(59)	07	27
28	Nursing Supplies	(53)	19	28
29				29
30	Management Allocation:			30
31	Management Allocation	(117,108)	10	31
32	Security	587	02	32
33	Utilities	1,084	03	33
34	General Administrative Expenses	82,042	10	34
35	Insurance	174	13	35
36	Employee Benefits	24,827	14	36
37	Office Lease	6,339	20	37
38	Equipment Rent	2,054	21	38
39				39
40	Apex Healthcare Solutions LLC Allocation:			40
41	Health Care Salaries	16,769	06	41
42	Employee Benefits-Healthcare	2,999	08	42
43	Administrative Salaries	20,825	10	43
44	Emp. Ben.- Gen. Admin.	5,553	14	44
45	General and Administrative Expenses	8,561	10	45
46	Emp. Ben. General Services	63	04	46
47	Dietary Consultant Salaries	316	01	47
48	Building Supplies	9	02	48
49	Insurance	41	13	49
50	Interest	369	18	50
51	Rent	270	20	51
52	Auto & Equip Rental	225	21	52
53	Regional Manager	1,901	10	53

54	Travel Expense	29	10	54
55				55
56				56
57				57
58				58
59				59
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61				61
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96				96
97				97
98				98
99				99
100				100
101	Total	(214,963)		101

Facility Name: Rockford Supportive Living Center

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.53	\$ 26.69	1
2	Licensed Practical Nurses	4.49	21.51	2
3	Certified Nurse Assistants	13.60	11.00	3
4	Activity Director & Assistants	2.21	11.15	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.40	11.62	7
8	Dishwashers			8
9	Maintenance Workers	1.45	14.94	9
10	Housekeepers	6.33	9.72	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.88	14.01	13
14	Clerical	1.97	19.80	14
15	Marketing			15
16	Other	0.08	8.24	16
17	Total (lines 1 thru 16)	41.93	\$ 13.31	17

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	

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	0.4	\$ 1,901	1
2					2
3					3
4					4
5					5
Total				\$ 1901	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Rockford Property		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: Rockford Supportive Living Center Report Period Beginning: 1/1/2010 Ending: 12/31/2010

VIII. OWNERSHIP COSTS

A. Purchase price of land 254,481 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	\$ 248,764	35	\$ 195,458	\$ (53,306)	\$ 1,075,019	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				739,940	17,592		34,056	16,464	85,341	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)				\$ 7,580,953	\$ 266,356		\$ 229,513	\$ (36,843)	\$ 1,160,359	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	\$ 254,051	\$ 21,930	\$ 25,051	3,121	10	\$ 147,805	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 254,051	\$ 21,930	\$ 25,051	3,121		\$ 147,805	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 Rockford Supportive Living Center

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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	Awning	2006	2,900		20	145	145	725	2
3	Construction Stations 2 & 3 Floor Nurses Station	2006	6,394		20	320	320	1,492	3
4	6 New Cameras/Cable/Power Supply	2006	3,342		20	167	167	752	4
5	Install Pull Station Covers 1-2-3-4 & 5 Floor	2006	2,521		20	126	126	546	5
6	Install Door Holders On Elevator Lobby Door1/2/3/4/& 5Th	2006	1,460		20	73	73	316	6
7	Repair Valve On Jockey Line, Replaced Mercoild Switch On Contro	2006	1,944		20	97	97	397	7
8	Fence Work For New Garbage Area	2007	2,625		20	131	131	405	8
9	Electric Work For New Garbage Area	2007	925		20	46	46	143	9
10	Install Gas Heater, Pipes, B-Vent, Thermostat	2007	4,579		20	229	229	897	10
11	Leasehold Improvements	2007	1,229		20	61	61	220	11
12	Leasehold Improvements	2007	652		20	33	33	117	12
13	Remodel Lobby & Office	2007	27,699		20	1,385	1,385	4,732	13
14	Water Leak Repair	2007	10,053		20	503	503	1,676	14
15	Roof Repair	2007	1,200		20	60	60	200	15
16	Install Hanging Electric Unit Heater	2008	1,670		20	84	84	237	16
17	Recplacement Nurse Call System	2008	2,685		20	134	134	347	17
18	Labor - New Windows In Balcony	2008	5,688		20	284	284	687	18
19	Move Parking Lot Light (Per Idot)	2008	3,270		20	164	164	491	19
20	Electrical Work - New Transformer Pad	2008	12,000		20	600	600	1,550	20
21	Architectual Sheet Metal; Wall Claddings; Flashings	2008	6,560		20	328	328	847	21
22	Video Security System	2008	20,714		20	1,036	1,036	2,503	22
23	Sprinkler Repairs	2008	3,650		20	183	183	517	23
24	Electrical Service	2008	8,846		20	442	442	1,106	24
25	Electrical Work, Transformer Pad, Wires	2008	4,000		20	200	200	600	25
26	Flooring	2008	55,293		20	2,765	2,765	7,372	26
27	Windows, Tile, Carpet Border	2008	27,777		20	1,389	1,389	3,588	27
28	Flooring	2008	8,304		20	415	415	1,038	28
29	Boiler Service	2008	2,880		20	144	144	360	29
30	Flooring	2008	6,495		20	325	325	974	30
31	Remove & Install Flooring	2008	22,968		20	1,148	1,148	3,254	31
32	Flooring	2008	27,646		20	1,382	1,382	3,917	32
33	Flooring	2008	27,646		20	1,382	1,382	3,801	33
34	TOTAL (lines 1 thru 33)		\$ 315,614	\$		\$ 15,781	\$ 15,781	\$ 45,805	34

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

Facility Name & ID Number Rockford Supportive Living Center

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1									1
2	Remove & Install Flooring	2008	17,608		20	880	880	2,494	2
3	Remove & Install Flooring	2008	14,199		20	710	710	1,952	3
4	Flooring	2008	24,800		20	1,240	1,240	3,307	4
5	Remove & Install Flooring	2008	36,555		20	1,828	1,828	4,874	5
6	Nurse Call System	2008	3,107		20	155	155	401	6
7	Concrete Work - Patio, Drainage Pipes, Ramp	2008	3,950		20	198	198	477	7
8	Railing System	2008	2,600		20	130	130	293	8
9	Flooring	2008	7,594		20	380	380	918	9
10	Flooring	2008	8,666		20	433	433	1,047	10
11	Concrete Slab	2008	10,000		20	500	500	1,083	11
12	Repair Outlets	2008	5,643		20	282	282	611	12
13	Flooring	2008	9,284		20	464	464	1,006	13
14	Flooring	2008	8,134		20	407	407	949	14
15	Flooring	2008	20,255		20	1,013	1,013	2,110	15
16	Balcony Enclosure	2008	9,760		20	488	488	1,464	16
17	Single Slider Door	2009	8,134		20	407	407	780	17
18	Elevator - Hydraulic Oil Coolers (25% Payment)	2009	2,724		20	136	136	272	18
19	Replace Switch On Pump, Replace Burst Pipe	2009	6,144		20	307	307	614	19
20	Repair Driveway Area	2009	2,550		20	128	128	202	20
21	Flooring	2009	12,314		20	616	616	1,231	21
22	Flooring	2009	5,924		20	296	296	592	22
23	Readjust New Door Opening, Remove Old Door, Wall Work	2009	2,720		20	136	136	261	23
24	Furnace Damper, Thermostat In Kitchen, Air Balancing	2009	2,556		20	128	128	245	24
25	Electrical Service	2009	2,907		20	145	145	291	25
26	Flooring	2009	16,939		20	847	847	1,694	26
27	Flooring, Doors	2009	30,274		20	1,514	1,514	2,901	27
28	Air Conditioner For Elevator Room	2009	3,055		20	153	153	280	28
29	Flooring	2009	17,325		20	866	866	1,588	29
30	Concrete Slab	2009	6,000		20	300	300	525	30
31	Flooring	2009	6,398		20	320	320	560	31
32	Railing For Front Of Building	2009	3,675		20	184	184	306	32
33	Flooring, Closet Doors, Concrete	2009	8,875		20	444	444	740	33
34	TOTAL (lines 1 thru 33)		\$ 320,671	\$		\$ 16,034	\$ 16,034	\$ 36,069	34

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

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	Electrical Service For Compactor	2009	2,844	20	142	142	225	2
3	Flooring, Doors	2009	9,374	20	469	469	742	3
4	Flooring, Doors	2009	6,909	20	345	345	518	4
5	Flooring, Door Materials	2009	6,840	20	342	342	513	5
6	Flooring, Doors	2009	6,106	20	305	305	433	6
7	Flooring, Doors, Nurses Station	2009	4,582	20	229	229	286	7
8	New Hydraulic Oil Coolers - Elevator	2009	8,174	20	409	409	749	8
9	Renovations	2010	13,540	20				9
10	Rough & Trim Bistro; Demo 5Th Plumbing	2010	8,340	20				10
11	Furnish & Install Bistro Counter Top	2010	2,700	20				11
12	2Nd Floor Office Flooring	2010	10,830	20				12
13	Renovations	2010	7,800	20				13
14	Bistro Renovations-Walls, Tile	2010	15,617	20				14
15								15
16								16
17								17
18								18
19								19
20								20
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	Total Book Depreciation		17,592			(17,592)		33
34	TOTAL (lines 1 thru 33)		\$ 103,656	\$ 17,592		\$ 2,241	\$ (15,351)	\$ 3,467 34

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

Facility Name: Rockford Supportive Living Center

Report Period Beginning: 1/1/2010

Ending: 2/31/2010

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	Allocated from APEX			/ /	6,609			5
6				/ /				6
7	TOTAL				\$ 6,609			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 20,691

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	Cambridge Realty		X	Mortgage	/ /	\$	6,649,549	/ /		\$ 550,020	1	
2					/ /			/ /			2	
3					/ /			/ /			3	
	Working Capital											
4	Venture Fund	X		Working Capital	/ /			/ /		158,440	4	
5	Non-Allowable Interest				/ /			/ /		-158,440	5	
6	Allocated from APEX		X		/ /			/ /		369	6	
7	TOTAL Facility Related					\$	6,649,549				\$ 550,389	7
	B. Non-Facility Related											
8	Interest Income				/ /			/ /		-6,110	8	
9	Interest Income-Blg. Co.				/ /			/ /		-358	9	
10	TOTALS (lines 7, 8 and 9)					\$	6,649,549				\$ 543,921	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: **Rockford Supportive Living Center**Report Period Beginning: **1/1/2010**Ending: **12/31/2010****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2010**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 334,417	\$ 671,967	1
2	Cash-Patient Deposits	15,888	15,888	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	68,586	68,586	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,658	2,658	6
7	Other Prepaid Expenses	1,710	1,710	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	274,064	392,685	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 697,323	\$ 1,153,494	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		254,481	13
14	Buildings, at Historical Cost		6,841,013	14
15	Leasehold Improvements, at Historical Cost	41,572	41,572	15
16	Equipment, at Historical Cost	129,785	283,295	16
17	Accumulated Depreciation (book methods)	(96,214)	(1,574,666)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		14,033	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(14,033)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	24,773	224,287	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 99,916	\$ 6,069,982	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 797,239	\$ 7,223,476	25

*(See instructions.)

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,893,795	\$ 2,893,795	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	42,375	42,375	30
31	Accrued Taxes Payable	109,275	109,275	31
32	Accrued Interest Payable		34,184	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	26,291	1,330,677	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,071,736	\$ 4,410,306	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		6,649,549	38
39	Mortgage Payable			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)	\$	\$ 6,649,549	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,071,736	\$ 11,059,855	45
46	TOTAL EQUITY	\$ (2,274,497)	\$ (3,836,379)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 797,239	\$ 7,223,476	47

Facility Name: Rockford Supportive Living Center

Report Period Beginning: 1/1/2010

Ending:

12/31/2010

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,414,773	1
2	Discounts and Allowances	(8,117)	2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 3,406,656	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	1,846	7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 1,846	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	6,110	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 6,110	14
	D. Other Revenue (specify):		
15			15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,414,612	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	907,656	19
20	Health Care/ Personal Care	662,163	20
21	General Administration	687,389	21
	B. Capital Expense		
22	Ownership	1,072,176	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 3,329,384	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 85,228	29
30	Income Taxes	\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 85,228	31