

		FOR BHF USE			

LL2

Supportive Living Facility

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)

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: 1000036

Facility Name: Coles Supportive Living

Address: 7419 South Exchange Chicago 60649
 Number City Zip Code

County: Cook

Telephone Number: (773) 721-6600 Fax # (773) 721-6602

Federal Employer ID Number: _____

Date Current Owners were Certified: 5/19/2004

Type of Ownership:

<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 _____	

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2014 to 12/31/2014 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.

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 Drive Bannockburn, IL 60015</u>	
	(Telephone) <u>(847) 374-0400</u> Fax <u>(847) 374-0420</u>	

In the event there are further questions about this report, please contact:
Name: Andrew B. Cutler **Telephone Number:** (847) 374-0400
Email Address: _____

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

Facility Name Coles Supportive Living

Report Period Beginning: 1/1/2014 Ending: 12/31/2014

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	129	Single Unit Apartment	129	47,085	1
2	10	Double Unit Apartment	10	3,650	2
3		Other			3
4	139	TOTALS	139	50,735	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	26,172	1,801		27,973	5
6	Double Unit					6
7	Other					7
8	TOTALS	26,172	1,801		27,973	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 55.14%

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

584 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 42 (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 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: Coles Supportive Living

Report Period Beginning:

1/1/2014

Ending: 12/31/2014

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	161,200	174,272	54,233	389,705		389,705	1
2	Housekeeping, Laundry and Maintenance	120,409	27,214	48,774	196,397	(24,802)	171,595	2
3	Heat and Other Utilities			134,642	134,642		134,642	3
4	Other (specify): Scavenger/Alarm Services			22,564	22,564		22,564	4
5	TOTAL General Services	281,609	201,486	260,213	743,308	(24,802)	718,506	5
B. Health Care and Programs								
6	Health Care/ Personal Care	415,298		21,157	436,455		436,455	6
7	Activities and Social Services	42,196	8,138		50,334		50,334	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	457,494	8,138	21,157	486,789		486,789	9
C. General Administration								
10	Administrative and Clerical	183,865	3,306	366,669	553,840	(60,839)	493,001	10
11	Marketing Materials, Promotions and Advertising	11,770		220	11,990		11,990	11
12	Employee Benefits and Payroll Taxes			240,540	240,540	40,663	281,203	12
13	Insurance-Property, Liability and Malpractice			230,892	230,892	85	230,977	13
14	Other (specify):							14
15	TOTAL General Administration	195,635	3,306	838,321	1,037,262	(20,091)	1,017,171	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	934,738	212,930	1,119,691	2,267,359	(44,893)	2,222,466	16
Capital Expenses								
D. Ownership								
17	Depreciation			32,315	32,315	221,710	254,025	17
18	Interest			157,803	157,803	183,672	341,475	18
19	Real Estate Taxes			110,467	110,467		110,467	19
20	Rent -- Facility and Grounds			673,428	673,428	(669,872)	3,556	20
21	Rent -- Equipment			7,025	7,025	555	7,580	21
22	Other (specify):							22
23	TOTAL Ownership			981,038	981,038	(263,935)	717,103	23
24	GRAND TOTAL (Sum of lines 16 and 23)	934,738	212,930	2,100,729	3,248,397	(308,828)	2,939,569	24

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	\$ (28,927)	17	1
2				2
3	Cable TV	(23,091)	10	3
4	Bank Charges	(11,538)	10	4
5	Bad Debts	(54,099)	10	5
6	Non-Allowable Interest Expense	(157,803)	18	6
7	Penalties and Fines	(322)	10	7
8	Non-Allowable R&M Expense - Stujac	(25,221)	2	8
9	Misc. Income	(300)	10	9
10				10
11	BUILDING COMPANY:			11
12	Rent Expense	(673,428)	20	12
13	Interest Expense	356,534	18	13
14	Legal & Accounting Fees	32,550	10	14
15	Other Professional Fees	200	10	15
16	Interest Income	(15,059)	18	16
17	Depreciation	249,282	17	17
18				18
19				19
20				20
21	MANAGEMENT OFFICE ALLOCATION:			21
22	Management Office Allocation	(20,101)	10	22
23	General and Administrative Expenses	22,354	10	23
24				24
25				25
26				26
27				27
28				28
29	APEX HEALTHCARE ALLOCATION:			29
30	Administrative Salaries	104,234	10	30
31	Emp. Ben. - Gen. Admin.	40,663	12	31
32	General and Administrative Expenses	12,133	10	32
33	Seminars	566	10	33
34	Auto & Travel	17,618	10	34
35	Insurance	85	13	35
36	Depreciation	1,355	17	36
37	Rent	3,556	20	37
38	Equipment Rental	555	21	38
39	Facility Wages reimbursed	419	02	39
40	Management Office Allocation	(141,043)	10	40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51	Total	(308,828)		51

Facility Name: Coles Supportive Living

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	4.54	20.88	2
3	Certified Nurse Assistants	10.48	10.01	3
4	Activity Director & Assistants	2.01	10.10	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.95	9.75	7
8	Dishwashers			8
9	Maintenance Workers	0.99	14.09	9
10	Housekeepers	4.78	9.18	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.04	17.81	13
14	Clerical	2.37	14.45	14
15	Marketing	0.32	17.91	15
16	Other			16
17	Total (lines 1 thru 16)	36.48	\$ 12.32	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	3.8	\$ 29,992	1
2					2
3					3
4					4
5					5
Total				\$ 29992	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					
Coles 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: Coles Supportive Living

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

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	139		2004	2004	\$ 6,855,929	\$ 249,282	35	\$ 195,884	\$ (53,398)	\$ 2,360,969	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Leasehold Improvements			2005	39,296		20	1,965	1,965	19,299	6
7	Leasehold Improvements			2006	76,634		20	3,834	3,834	28,981	7
8	Leasehold Improvements			2007	262,435		20	13,123	13,123	82,401	8
9	Leasehold Improvements			2008	266,438		20	13,323	13,323	73,056	9
10	Leasehold Improvements			2009	32,807		20	1,641	1,641	9,472	10
11	Leasehold Improvements			2010	40,068		20	2,004	2,004	8,820	11
12	Leasehold Improvements			2011	3,840		20	192	192	592	12
13	Leasehold Improvements			2012	3,836		20	192	192	240	13
14	Leasehold Improvements			2014	4,015		20	24	24	24	14
15											15
16	This Years Book Depreciation					6,542			(6,542)	6,542	16
17	TOTAL (lines 1 thru 16)				\$ 7,585,298	\$ 255,824		\$ 232,182	\$ (23,642)	\$ 2,590,396	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	\$ 332,860	\$ 25,773	\$ 20,488	(5,285)	10	\$ 270,938	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 332,860	\$ 25,773	\$ 20,488	(5,285)		\$ 270,938	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: Coles Supportive Living

Report Period Beginning: 1/1/2014

Ending: 2/31/2014

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.			/ /	555			5
6				/ /				6
7	TOTAL				\$ 555			7

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

9. Rental amount for movable equipment \$ 7,580

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	Private Bank & Trust		X	Mortgage	/ /	\$	4,326,255	/ /		\$ 356,534	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Arlene Ventures, LLC	X		Working Capital	/ /		2,000,000	/ /			4
5	Venture Fund, LLC	X		Working Capital	/ /		2,605,638	/ /		157,803	5
6	Due to /From Related Parties	X		Working Capital	/ /		373,891	/ /			6
7	TOTAL Facility Related					\$	9,305,784			\$ 514,337	7
	B. Non-Facility Related										
8	Non-Allowable Interest	X			/ /			/ /		-157,803	8
9	Interest Income	X			/ /			/ /		-15,059	9
10	TOTALS (lines 7, 8 and 9)					\$	9,305,784			\$ 341,475	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: Coles Supportive Living

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 249,937	\$ 471,447	1
2	Cash-Patient Deposits	8,675	8,675	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	379,020	379,020	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments		329,788	5
6	Prepaid Insurance	80,917	80,917	6
7	Other Prepaid Expenses	3,140	3,140	7
8	Accounts Receivable (owners or related parties)	565	115,565	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 722,254	\$ 1,388,552	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		214,665	13
14	Buildings, at Historical Cost		6,855,929	14
15	Leasehold Improvements, at Historical Cost	119,595	119,595	15
16	Equipment, at Historical Cost	204,112	348,076	16
17	Accumulated Depreciation (book methods)	(207,171)	(2,979,209)	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): Deposits	21,255	63,821	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 137,791	\$ 4,622,877	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 860,045	\$ 6,011,429	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 441,748	\$ 441,748	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	373,891	373,891	29
30	Accrued Salaries Payable	35,013	35,013	30
31	Accrued Taxes Payable	3,395	3,395	31
32	Accrued Interest Payable	465,274	465,274	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	Unclaimed Property Withholding	1,211	1,211	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,320,532	\$ 1,320,532	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,427,745	4,605,638	38
39	Mortgage Payable		4,326,254	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)	\$ 2,427,745	\$ 8,931,892	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,748,277	\$ 10,252,424	45
46	TOTAL EQUITY	\$ (2,888,232)	\$ (4,240,995)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 860,045	\$ 6,011,429	47

*(See instructions.)

Facility Name: Coles Supportive Living

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

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	\$ 2,875,050	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,875,050	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		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	Miscellaneous Income	300	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 300	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,875,350	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	743,308	19
20	Health Care/ Personal Care	486,789	20
21	General Administration	1,037,262	21
B. Capital Expense			
22	Ownership	981,038	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)	\$ 3,248,397	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (373,047)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (373,047)	31

1/1/14-12-31/14

Page 6

Description	Amount
Copier	6,490
Postage Meter	535
Allocated Management Co.	555
Total Equipment Rental	7,580

Page 7: Line 23 Other (specify)

Description	Operating Consolidated	
Deposits	21,255	21,255
Permanent Mortgage Costs	-	91,212
Amort. Permanent Mortgage Costs	-	(48,646)
Total	21,255	63,821