

		FOR BHF USE			

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Supportive Living Facility
2006
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2006)

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 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: 36-4458072

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 _____	

In the event there are further questions about this report, please contact:
 Name: Steve Lavenda Telephone Number: (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2006 to 12/31/2006 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>Jeff Singer, C.P.A.</u>	
	(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>	
	(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>	

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: 1/1/2006 Ending: 12/31/2006

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	127	Single Unit Apartment	127	46,355	1
2	10	Double Unit Apartment	10	3,650	2
3		Other			3
4	137	TOTALS	137	50,005	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	33,814	2,852		36,666	5
6	Double Unit	2,662	225		2,887	6
7	Other					7
8	TOTALS	36,476	3,077		39,553	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 79.10%

D. Indicate the number of paid bed-hold days the SLF had during this year 113 Also, indicate the number of unpaid bed-hold days the SLF had during this year. N/A **(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: 12/31/06 Fiscal Year: 12/31/06

* 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? No 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? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

Facility Name: Coles Supportive Living

Report Period Beginning:

1/1/2006

Ending: 12/31/2006

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	154,828	227,472	1,469	383,769		383,769	1
2	Housekeeping, Laundry and Maintenance	135,560	41,702	87,011	264,273	(371)	263,902	2
3	Heat and Other Utilities			111,684	111,684	(14,400)	97,284	3
4	Other (specify): Scavenger, Security			114,037	114,037		114,037	4
5	TOTAL General Services	290,388	269,174	314,201	873,763	(14,771)	858,992	5
B. Health Care and Programs								
6	Health Care/ Personal Care	428,976	9,681	4,950	443,607	(3,754)	439,853	6
7	Activities and Social Services	71,157	9,907		81,064		81,064	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	500,133	19,588	4,950	524,671	(3,754)	520,917	9
C. General Administration								
10	Administrative and Clerical	211,656	13,486	153,030	378,172	(59,354)	318,818	10
11	Marketing Materials, Promotions and Advertising	14,046		2,848	16,894	(16,894)		11
12	Employee Benefits and Payroll Taxes		(166)	185,183	185,017	(345)	184,672	12
13	Insurance-Property, Liability and Malpractice			34,242	34,242	941	35,183	13
14	Other (specify):							14
15	TOTAL General Administration	225,702	13,320	375,303	614,325	(75,652)	538,673	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,016,223	302,082	694,454	2,012,759	(94,177)	1,918,582	16
Capital Expenses								
D. Ownership								
17	Depreciation			10,654	10,654	210,155	220,809	17
18	Interest			129,963	129,963	492,503	622,466	18
19	Real Estate Taxes			222,000	222,000	(55,200)	166,800	19
20	Rent -- Facility and Grounds			734,360	734,360	(734,196)	164	20
21	Rent -- Equipment			15,133	15,133		15,133	21
22	Other (specify):					33,719	33,719	22
23	TOTAL Ownership			1,112,110	1,112,110	(53,019)	1,059,091	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,016,223	302,082	1,806,564	3,124,869	(147,197)	2,977,672	24

Report Period Beginning: 1/1/2006
 Ending: 12/31/2006

Sch. V Line

NON-ALLOWABLE EXPENSES		
	Amount	Reference
1	Non-Straight Line Depreciation	\$ (49,435) 17 1
2	Phone Needs	(3,010) 06 2
3	Cable TV	(14,400) 03 3
4	Marketing Wages	(14,040) 11 4
5	Shared Marketing Expense	(2,348) 11 5
6	Advertising & Promotions	(53,673) 10 6
7	Bank Charges	(408) 10 7
8	Political Contributions	(1,000) 10 8
9	Charitable Contributions	(300) 10 9
10	Bad Debts	(23,253) 10 10
11	Franchise Tax	(250) 10 11
12	Penalties & Fines	(950) 10 12
13		
14	Venture Fund Interest	(129,963) 18 14
15		
16	Building Company:	
17	Rent	(734,196) 20 17
18	Amortization	33,719 22 18
19	Insurance	941 13 19
20	Miscellaneous	625 10 20
21	Depreciation	259,590 17 21
22	Interest Expense	62,247 18 22
23	Interest Income	(5) 18 23
24		
25	Prior Period Expense - Lab	(735) 06 25
26	Prior Period Expense - Data Processing	(145) 06 26
27	Prior Period Expense - P/E Tax	(55,200) 19 27
28	Prior Period Expense - Insurance	(345) 12 28
29	Prior Period Expense - Dietary R&M	(971) 2 29
30		
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100		
101	Total	(147,197) 101

Facility Name: Coles Supportive Living

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.77	\$ 22.12	1
2	Licensed Practical Nurses	8.72	8.77	2
3	Certified Nurse Assistants	11.12	10.13	3
4	Activity Director & Assistants	2.82	12.15	4
5	Social Service Workers			5
6	Head Cook	0.62	19.13	6
7	Cook Helpers/Assistants	7.92	7.91	7
8	Dishwashers			8
9	Maintenance Workers	1.14	14.66	9
10	Housekeepers	6.80	7.12	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.21	19.54	13
14	Clerical	2.53	9.23	14
15	Marketing	0.37	18.48	15
16	Other			16
17	Total (lines 1 thru 16)	45.02	\$ 10.85	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				\$	1
2					2
3					3
4					4
5					5
Total				\$	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 <u>1</u>	City <u>2</u>
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
See Attached		
Coles Property LLC	Chicago, IL	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:

1/1/2006

Ending:

12/31/2006

VIII. OWNERSHIP COSTSA. Purchase price of land 214,665 Year land was acquired 2004

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	137		2004	2004	\$ 6,855,929	\$ 249,307	35	\$ 195,884	\$ (53,423)	\$ 587,651	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				92,706	10,654		4,635	(6,019)	5,439	6
7	Valenes			2005	10,091		20	505	505	1,009	7
8	Signage			2005	369		20	18	18	37	8
9	Carpet In 3Rd Floor Kitchen			2005	2,070		20	104	104	207	9
10	Kickplates For Kitchen Doors			2005	406		20	20	20	41	10
11	1St Floor Corridor Floor Replacement			2005	960		20	48	48	96	11
12	Replace Floor In Room 328			2005	1,115		20	56	56	111	12
13	Replace Floor In Room 307			2005	1,115		20	56	56	111	13
14	Replace Floor In Room 318			2005	1,115		20	56	56	111	14
15	Parking Blocks			2005	1,085		20	54	54	109	15
16	Flooring Project			2005	4,898		20	245	245	490	16
17	TOTAL (lines 1 thru 16)				\$ 6,971,859	\$ 259,961		\$ 201,681	\$ (58,280)	\$ 595,412	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	\$ 191,283	\$ 10,283	\$ 19,128	8,845	10	\$ 52,619	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 191,283	\$ 10,283	\$ 19,128	8,845		\$ 52,619	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 Coles Supportive Living

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

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	Lobby Floor Replacement	2005	2,324		20	116	116	232	2
3	Dietary Office Construction	2005	1,120		20	56	56	112	3
4	Replace Office Floor	2005	3,788		20	189	189	379	4
5	1st Floor Corridor Floor Replacement	2005	5,055		20	253	253	505	5
6	Floor Replacement	2005	960		20	48	48	96	6
7	Replace Floor In Room 313	2005	1,025		20	51	51	102	7
8	Replace Floor	2005	1,025		20	51	51	102	8
9	Fire Alarm Upgrade	2005	775		20	39	39	78	9
10	Awning	2006	1,500		20	75	75	75	10
11	Room Repairs / Renovations	2006	2,590		20	130	130	130	11
12	Troubleshoot And Repair Nurse Call System	2006	3,707		20	185	185	185	12
13	Nurse Call/Install Computer/	2006	3,794		20	190	190	190	13
14	Cabinets / Flooring	2006	2,758		20	138	138	138	14
15	Nurse Call/Install Speakers/Install Cable/	2006	551		20	28	28	28	15
16	Install Security Lock/Connectors/Fire Alarm/Labor	2006	1,352		20	68	68	68	16
17	Alum Threshold	2006	540		20	27	27	27	17
18	Install Beauty Shop/Install Water & Drain Lines/Chairs/Fixtures	2006	3,193		20	160	160	160	18
19	Install Covers On Fire Alarm Devices Pull Stations	2006	1,889		20	94	94	94	19
20	David Thomas Mechanical	2006	1,990		20	100	100	100	20
21	Remove Wall Paper/Install New Vending Mach	2006	1,891		20	95	95	95	21
22	Amana/ Ptac 9000 Btu	2006	2,606		20	130	130	130	22
23	8Port Data Switch, Jacks, Cat 5E Wire, Trim Plates, Mounting Brac	2006	1,043		20	52	52	52	23
24	Mohawk Commercial	2006	964		20	48	48	48	24
25	Installed 9-120 Volt A.C. Hardware With Battery/Carbon Mon.	2006	1,671		20	84	84	84	25
26	20 36' Cabinets For Dining Room 4 Per Floor	2006	5,879		20	294	294	294	26
27	Various Flooring Replacement	2006	36,095		20	1,805	1,805	1,805	27
28	Boiler Switch Repair	2006	2,621		20	131	131	131	28
29									29
30	Total Book Depreciation			10,654			(10,654)		30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 92,706	\$ 10,654		\$ 4,635	\$ (6,019)	\$ 5,439	34

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

Facility Name & ID Number Coles Supportive Living

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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	
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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 Coles Supportive Living

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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
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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: Coles Supportive Living

Report Period Beginning: 1/1/2006

Ending: 2/31/2006

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	Office Lease		/ /	164			5
6			/ /				6
7	TOTAL			\$ 164			7

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

9. Rental amount for movable equipment \$ 15,134

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
		YES	NO			Original	Balance					
A. Directly Facility Related Long-Term												
1	Lake Forest Bank & Trust		X	Mortgage	/ /	\$	\$ 7,876,876			\$	622,471	1
2					/ /			/ /				2
3					/ /			/ /				3
Working Capital												
4					/ /			/ /				4
5					/ /			/ /				5
6					/ /			/ /				6
7	TOTAL Facility Related					\$	\$ 7,876,876			\$	622,471	7
B. Non-Facility Related												
8	Venture Fund	X			/ /		1,252,859	/ /				8
9	Interest Income		X		/ /			/ /			(5)	9
10	TOTALS (lines 7, 8 and 9)					\$	\$ 9,129,735			\$	622,466	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: 1/1/2006

Ending: 12/31/2006

12/31/2006

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 99,365	\$ 159,260	1
2	Cash-Patient Deposits	9,386	9,386	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,500,925	1,500,925	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,022	15,022	6
7	Other Prepaid Expenses	8,166	8,166	7
8	Accounts Receivable (owners or related parties)	12,941	12,941	8
9	Other(specify): See Attached	1,300	1,300	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,647,105	\$ 1,707,000	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	43,989	43,989	15
16	Equipment, at Historical Cost	56,144	200,108	16
17	Accumulated Depreciation (book methods)	(25,408)	(756,752)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	1,250	2,516	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(1,250)	(2,516)	20
21	Restricted Funds	17,036	17,036	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):		12,008	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 91,761	\$ 6,586,983	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,738,866	\$ 8,293,983	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 516,845	\$ 516,845	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	35,757	35,757	30
31	Accrued Taxes Payable	175,927	175,927	31
32	Accrued Interest Payable			32
33	Deferred Compensation	(576)	(576)	33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35				35
36	See Attached	83,161	83,161	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 811,114	\$ 811,114	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable	1,252,859	1,129,735	38
39	Mortgage Payable		8,000,000	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)	\$ 1,252,859	\$ 9,129,735	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 2,063,973	\$ 9,940,849	45
46	TOTAL EQUITY	\$ (325,107)	\$ (1,646,866)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,738,866	\$ 8,293,983	47

*(See instructions.)

Facility Name

Coles Supportive Living

Report Period Beginning: 1/1/2006

Ending:

12/31/2006

Supplemental Schedule of Other Assets and Liabilities

Other Current Assets:	Operating	After Consolidation	Other Current Liabilities	Operating	After Consolidation
09A 1128.0 · Employee Loans & Advances	1,300	1,300	36A	-	-
09B	-	-	36B	-	-
09C	-	-	36C 1249.0 · Due Robbins Supportive Living	74,799	74,799
09D	-	-	36D 1250.0 · Due Aurora Supportive Living	7,095	7,095
09E	-	-	36E 1251.0 · Due Lef Construction	1,160	1,160
09F	-	-	36F 1252.0 · Due Aurora Rehab	107	107
09G	-	-	36G	-	-
09H	-	-	36H	-	-
09I	-	-	36I	-	-
09J	-	-	36J	-	-
	<u>1,300</u>	<u>1,300</u>		<u>83,161</u>	<u>83,161</u>
	<u>1,300</u>	<u>1,300</u>		<u>83,161</u>	<u>83,161</u>
Other Non-Current Assets:	Operating	After Consolidation	Other Non-Current Liabilities	Operating	After Consolidation
23A Pemanent Mortgage Costs	-	12,212	43A	-	-
23B Amortization Permanent Mortgage Costs	-	(204)	43B	-	-
23C	-	-	43C	-	-
23D	-	-	43D	-	-
23E	-	-	43E	-	-
23F	-	-	43F	-	-
23G	-	-	43G	-	-
23H	-	-	43H	-	-
23I	-	-	43I	-	-
23J	-	-	43J	-	-
	<u>-</u>	<u>12,008</u>		<u>-</u>	<u>-</u>
	<u>-</u>	<u>12,008</u>		<u>-</u>	<u>-</u>

Facility Name: Coles Supportive Living

Report Period Beginning: 1/1/2006

Ending:

12/31/2006

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	\$ 3,144,019	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,144,019	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			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,144,019	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	873,763	19
20	Health Care/ Personal Care	524,671	20
21	General Administration	614,325	21
B. Capital Expense			
22	Ownership	1,112,110	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)	\$ 3,124,869	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 19,150	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 19,150	31

- 15A
- 15B
- 15C
- 15D
- 15E
- 15F
- 15G
- 15H
- 15I
- 15J
- 15K
- 15L
- 15M
- 15N
- 15O
- 15P
- 15Q
- 15R
- 15S

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