

		FOR BHF USE			

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Supportive Living Facility
2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2008)

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>I.</p> <p>Facility Name: <u>Coles Supportive Living</u></p> <p>Address: <u>7419 South Exchange</u> <u>Chicago</u> <u>60649</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 721-6600</u> Fax # _____</p> <p>Federal Employer ID Number: <u>36-4458072</u></p> <p>Date Current Owners were Certified: <u>5/19/2004</u></p> <p>Type of Ownership:</p> <table border="0"> <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>IRS Exemption Code _____</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>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u> Email Address: <u>slavenda@fronline.com</u></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	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 _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2008</u> to <u>12/31/2008</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 border="1"> <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>(Title) _____</td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Jeff Singer, C.P.A.</u></td> <td></td> </tr> <tr> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> <td></td> </tr> </table> <p>MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	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>	
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Facility Name Coles Supportive Living

Report Period Beginning: 1/1/2008 Ending: 12/31/2008

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	47,214	1
2	10	Double Unit Apartment	10	3,660	2
3		Other			3
4	139	TOTALS	139	50,874	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	30,769	415		31,184	5
6	Double Unit	2,385	32		2,417	6
7	Other					7
8	TOTALS	33,154	447		33,601	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 66.05%

D. Indicate the number of paid bed-hold days the SLF had during this year 388 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 90 (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: 12/31/08 Fiscal Year: 12/31/08

* 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:

1/1/2008

Ending: 12/31/2008

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	167,913	223,125	1,898	392,936		392,936	1
2	Housekeeping, Laundry and Maintenance	243,149	65,222	295,782	604,153	(262,272)	341,881	2
3	Heat and Other Utilities			156,226	156,226	(15,407)	140,819	3
4	Other (specify):			95,293	95,293		95,293	4
5	TOTAL General Services	411,062	288,347	549,199	1,248,608	(277,679)	970,929	5
B. Health Care and Programs								
6	Health Care/ Personal Care	477,630	7,619	3,675	488,924		488,924	6
7	Activities and Social Services	45,542	7,850		53,392	(353)	53,039	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	523,172	15,469	3,675	542,316	(353)	541,963	9
C. General Administration								
10	Administrative and Clerical	194,603	11,897	317,011	523,511	(108,493)	415,018	10
11	Marketing Materials, Promotions and Advertising	39,334		19,595	58,929	9,162	68,091	11
12	Employee Benefits and Payroll Taxes			241,576	241,576	(162)	241,414	12
13	Insurance-Property, Liability and Malpractice			12,652	12,652	120	12,772	13
14	Other (specify):					23,889	23,889	14
15	TOTAL General Administration	233,937	11,897	590,834	836,668	(75,483)	761,185	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,168,171	315,713	1,143,708	2,627,592	(353,516)	2,274,076	16
Capital Expenses								
D. Ownership								
17	Depreciation			16,500	16,500	233,618	250,118	17
18	Interest			149,871	149,871	224,312	374,183	18
19	Real Estate Taxes			112,617	112,617		112,617	19
20	Rent -- Facility and Grounds			763,857	763,857	(759,167)	4,690	20
21	Rent -- Equipment			10,437	10,437	2,097	12,534	21
22	Other (specify):					2,442	2,442	22
23	TOTAL Ownership			1,053,282	1,053,282	(296,698)	756,584	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,168,171	315,713	2,196,990	3,680,874	(650,214)	3,030,660	24

Facility Name: Coles Supportive Living

Report Period Beginning: 1/1/2008 Ending: 12/31/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.21	\$ 21.11	1
2	Licensed Practical Nurses	5.77	17.40	2
3	Certified Nurse Assistants	11.82	8.76	3
4	Activity Director & Assistants	2.66	8.23	4
5	Social Service Workers			5
6	Head Cook	0.86	19.04	6
7	Cook Helpers/Assistants	7.64	8.42	7
8	Dishwashers			8
9	Maintenance Workers	2.32	17.65	9
10	Housekeepers	7.92	9.60	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.04	39.68	13
14	Clerical	3.58	14.62	14
15	Marketing	1.00	18.91	15
16	Other			16
17	Total (lines 1 thru 16)	45.82	\$ 12.26	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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	Management Fee - LEF Construction	\$ 48,000 1
2		
Total		\$ 48,000 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:

1/1/2008

Ending:

12/31/2008

VIII. OWNERSHIP COSTS

A. 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	139		2004	2004	\$ 6,855,929	\$ 249,307	35	\$ 195,884	\$ (53,423)	\$ 1,132,267	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				644,744			32,058	32,058	45,795	6
7	Total Book Depreciation					16,500			(16,500)		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)				\$ 7,500,673	\$ 265,807		\$ 227,942	\$ (37,865)	\$ 1,178,062	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	\$ 240,901	\$ 10,283	\$ 22,176	11,893	10	\$ 93,738	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 240,901	\$ 10,283	\$ 22,176	11,893		\$ 93,738	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:

1/1/2008

Ending:

12/31/2008

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2	Kickplates For Kitchen Doors	2005	406		20	20	20	81	2
3	Flooring Project	2005	4,898		20	245	245	980	3
4	Lobby Floor Replacement	2005	2,324		20	116	116	465	4
5	Dietary Office Construction	2005	1,120		20	56	56	224	5
6	Replace Office Floor	2005	3,788		20	189	189	758	6
7	1St Floor Corridor Floor Replacement	2005	5,055		20	253	253	1,011	7
8	Replace Floor In Room 313	2005	1,025		20	51	51	205	8
9	Replace Floor	2005	1,025		20	51	51	205	9
10	Fire Alarm Upgrade	2005	775		20	39	39	155	10
11	Valenes	2005	10,091		20	505	505	1,976	11
12	Signage	2005	369		20	18	18	71	12
13	Carpet In 3Rd Floor Kitchen	2005	2,070		20	104	104	380	13
14	1St Floor Corridor Floor Replacement	2005	960		20	48	48	152	14
15	Replace Floor In Room 328	2005	1,115		20	56	56	177	15
16	Replace Floor In Room 307	2005	1,115		20	56	56	177	16
17	Floor Replacement	2005	960		20	48	48	152	17
18	Replace Floor In Room 318	2005	1,115		20	56	56	177	18
19	Parking Blocks	2005	1,085		20	54	54	172	19
20	Boiler Switch Repair	2006	2,621		20	131	131	393	20
21	Awning	2006	1,500		20	75	75	225	21
22	Room Repairs / Renovations	2006	2,590		20	130	130	389	22
23	Troubleshoot And Repair Nurse Call System	2006	3,707		20	185	185	541	23
24	Nurse Call/Install Computer/	2006	3,794		20	190	190	553	24
25	Cabinets / Flooring	2006	2,758		20	138	138	391	25
26	Nurse Call/Install Speakers/Install Cable/	2006	551		20	28	28	78	26
27	Install Security Lock/Connectors/Fire Alarm/Labor	2006	1,352		20	68	68	186	27
28	Alum Threshold	2006	540		20	27	27	72	28
29	Install Beauty Shop/Install Water & Drain Lines/Chairs/Fixtures	2006	3,193		20	160	160	426	29
30	Install Covers On Fire Alarm Devices Pull Stations	2006	1,889		20	94	94	236	30
31	David Thomas Mechanical	2006	1,990		20	100	100	232	31
32	Remove Wall Paper/Install New Vending Mach	2006	1,891		20	95	95	221	32
33	Amana/Ptac 9000 Btu	2006	2,606		20	130	130	282	33
34	TOTAL (lines 1 thru 33)		\$ 70,278	\$		\$ 3,516	\$ 3,516	\$ 11,743	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:

1/1/2008

Ending:

12/31/2008

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	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1									1
2	8Port Data Switch, Jacks, Cat 5E Wire, Trim Plates, Mounting Brac	2006	1,043		20	52	52	109	2
3	Mohawk Commercial	2006	964		20	48	48	100	3
4	Installed 9-120 Volt A.C. Hardware With Battery/Carbon Mon.	2006	1,671		20	84	84	174	4
5	20 36' Cabinets For Dining Room 4 Per Floor	2006	5,879		20	294	294	612	5
6	Various Flooring Replacement	2006	36,095		20	1,805	1,805	3,760	6
7	5 Custom Counter Tops	2007	1,203		20	60	60	115	7
8	Install Gas Meter / Heater / Thermostat	2007	12,842		20	642	642	1,231	8
9	Flooring & Installation	2007	2,052		20	103	103	180	9
10	5Th Balcony Construction	2007	11,229		20	561	561	608	10
11	Two Line Railing At Rear Sidewalk	2007	3,700		20	185	185	200	11
12	Data Wiring For Rehab Room & Office	2007	3,625		20	181	181	196	12
13	New Door, Remove Carpeting & Painting In Therapy Room	2007	5,304		20	265	265	287	13
14	Ramps	2007	3,800		20	190	190	206	14
15	Flooring	2007	27,731		20	1,387	1,387	1,733	15
16	Floor Installation 2Nd Corridor	2007	13,214		20	661	661	826	16
17	Flooring	2007	33,193		20	1,660	1,660	1,936	17
18	Carpeting	2007	3,306		20	165	165	193	18
19	Floor Installation 3Rd Corridor	2007	13,214		20	661	661	771	19
20	Floor Installation 4Th Corridor	2007	13,214		20	661	661	826	20
21	Floor Installation 1St Corridor	2007	23,797		20	1,190	1,190	1,289	21
22	Carpeting	2007	2,770		20	139	139	162	22
23	Flooring	2007	33,193		20	1,660	1,660	1,936	23
24	Floor Installation	2007	25,740		20	1,287	1,287	1,394	24
25	Floor Installation	2007	4,484		20	224	224	448	25
26	Painting 2Nd & 4Th Floor	2007	4,850		20	243	243	263	26
27	Electrical Work	2007	8,808		20	440	440	477	27
28	Office Remodel	2007	11,166		20	558	558	884	28
29	Elevator - Solid State Starter System	2008	3,993		20	17	17	17	29
30	Flooring	2008	21,223		20	1,061	1,061	1,061	30
31	Carpeting	2008	3,263		20	163	163	163	31
32	Resident Bedroom Flooring	2008	28,859		20	1,443	1,443	1,443	32
33	Carpeting	2008	3,261		20	163	163	163	33
34	TOTAL (lines 1 thru 33)		\$ 368,686	\$		\$ 18,253	\$ 18,253	\$ 23,763	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:

1/1/2008

Ending:

12/31/2008

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	Flooring	2008	44,370		20	2,219	2,219	2,219	2
3	Resident Bedroom Flooring	2008	8,040		20	402	402	402	3
4	Flooring	2008	22,015		20	1,101	1,101	1,101	4
5	Resident Bedroom Flooring	2008	14,350		20	718	718	718	5
6	Resident Bedroom Flooring & Elevators	2008	3,582		20	179	179	179	6
7	Resident Bedroom Flooring	2008	19,302		20	965	965	965	7
8	Resident Bedroom Flooring	2008	27,172		20	1,359	1,359	1,359	8
9	Flooring	2008	3,362		20	168	168	168	9
10	Flooring	2008	6,702		20	335	335	335	10
11	Resident Bedroom Flooring	2008	19,448		20	972	972	972	11
12	Flooring	2008	37,437		20	1,872	1,872	1,872	12
13									13
14									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									33
34	TOTAL (lines 1 thru 33)		\$ 205,780	\$		\$ 10,289	\$ 10,289	\$ 10,289	34

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

Facility Name: Coles Supportive Living

Report Period Beginning: 1/1/2008

Ending: 2/31/2008

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 Management Office		/ /	4,690			6
7	TOTAL			\$ 4,690			7

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

9. Rental amount for movable equipment \$ 12,534

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		/ /	\$	7,981,121	/ /		\$	379,744	1
2					/ /			/ /				2
3					/ /			/ /				3
Working Capital												
4	Venture Fund	X		Working Capital/Line of Credit	/ /			/ /			149,871	4
5					/ /			/ /				5
6					/ /			/ /				6
7	TOTAL Facility Related					\$	7,981,121			\$	529,615	7
B. Non-Facility Related												
8	Interest Income		X		/ /			/ /			-5,561	8
9	Non-Allowable Interest	X			/ /			/ /			-149,871	9
10	TOTALS (lines 7, 8 and 9)					\$	7,981,121			\$	374,183	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: **1/1/2008**Ending: **12/31/2008****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/08**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 221,051	\$ 576,538	1
2	Cash-Patient Deposits	9,124	9,124	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	851,885	851,885	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,418	20,418	6
7	Other Prepaid Expenses	28,104	28,104	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	58,155	58,155	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,188,737	\$ 1,544,224	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	100,135	100,135	15
16	Equipment, at Historical Cost	109,755	253,719	16
17	Accumulated Depreciation (book methods)	(55,209)	(1,305,732)	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):		7,124	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 154,681	\$ 6,125,840	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,343,418	\$ 7,670,064	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,561,364	\$ 3,561,364	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	68,983	68,983	30
31	Accrued Taxes Payable	133,321	133,321	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,763,668	\$ 3,763,668	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		7,981,121	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)	\$	\$ 7,981,121	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,763,668	\$ 11,744,789	45
46	TOTAL EQUITY	\$ (2,420,250)	\$ (4,074,725)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,343,418	\$ 7,670,064	47

*(See instructions.)

Facility Name: Coles Supportive Living

Report Period Beginning: 1/1/2008

Ending:

12/31/2008

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	\$ 3,017,143	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,017,143	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	3,270	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,270	14
D. Other Revenue (specify):			
15	See Attached	125	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 125	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,020,538	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,248,608	19
20	Health Care/ Personal Care	542,316	20
21	General Administration	836,668	21
B. Capital Expense			
22	Ownership	1,053,282	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)	\$ 3,680,874	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (660,336)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (660,336)	31