

		FOR BHF USE			

LL2

Supportive Living Facility

**2009
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2009)**

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 # _____

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 _____	

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2009 to 12/31/2009 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) Jeff Singer, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfungsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax (847) 236-1155

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

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: 1/1/2009 Ending: 12/31/2009

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units _____

	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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	34,669	623		35,292	5
6	Double Unit	2,687	48		2,735	6
7	Other					7
8	TOTALS	37,356	671		38,027	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 74.95%

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

801 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 5 (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)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/09 Fiscal Year: 12/31/09

* 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:

1/1/2009

Ending: 12/31/2009

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	177,580	214,186	2,393	394,159	(642)	393,517	1
2	Housekeeping, Laundry and Maintenance	265,316	76,652	64,158	406,126	(19,679)	386,447	2
3	Heat and Other Utilities			155,355	155,355	14,511	169,866	3
4	Other (specify):			113,676	113,676		113,676	4
5	TOTAL General Services	442,896	290,838	335,582	1,069,316	(5,810)	1,063,506	5
B. Health Care and Programs								
6	Health Care/ Personal Care	518,981	7,613		526,594	(190)	526,404	6
7	Activities and Social Services	49,454	4,063		53,517	147	53,664	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	568,435	11,676		580,111	(43)	580,068	9
C. General Administration								
10	Administrative and Clerical	195,741	8,043	393,452	597,236	(179,599)	417,637	10
11	Marketing Materials, Promotions and Advertising	53,288		24,241	77,529		77,529	11
12	Employee Benefits and Payroll Taxes			277,580	277,580	(923)	276,657	12
13	Insurance-Property, Liability and Malpractice			21,630	21,630	120	21,750	13
14	Other (specify):					28,041	28,041	14
15	TOTAL General Administration	249,029	8,043	716,903	973,975	(152,361)	821,614	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,260,360	310,557	1,052,485	2,623,402	(158,214)	2,465,188	16
Capital Expenses								
D. Ownership								
17	Depreciation			18,751	18,751	235,124	253,875	17
18	Interest			140,668	140,668	12,175	152,843	18
19	Real Estate Taxes			116,735	116,735		116,735	19
20	Rent -- Facility and Grounds			779,135	779,135	(773,897)	5,238	20
21	Rent -- Equipment			10,697	10,697	2,506	13,203	21
22	Other (specify):					7,540	7,540	22
23	TOTAL Ownership			1,065,986	1,065,986	(516,552)	549,434	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,260,360	310,557	2,118,471	3,689,388	(674,766)	3,014,622	24

Facility Name: Coles Supportive Living

Report Period Beginning 1/1/2009

Ending: 12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.52	\$ 23.36	1
2	Licensed Practical Nurses	6.68	16.09	2
3	Certified Nurse Assistants	12.22	8.72	3
4	Activity Director & Assistants	2.17	10.95	4
5	Social Service Workers			5
6	Head Cook	1.19	13.81	6
7	Cook Helpers/Assistants	8.25	8.35	7
8	Dishwashers			8
9	Maintenance Workers	2.74	17.13	9
10	Housekeepers	8.17	9.87	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.04	39.36	13
14	Clerical	4.31	12.37	14
15	Marketing	1.02	25.08	15
16	Other			16
17	Total (lines 1 thru 16)	49.31	\$ 12.29	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	1	City	2
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
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:

1/1/2009

Ending:

12/31/2009

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)	\$ 1,328,151	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				677,609	18,751		33,511	14,760	76,671	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)				\$ 7,533,538	\$ 268,058		\$ 229,395	\$ (38,663)	\$ 1,404,822	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	\$ 243,159	\$ 10,283	\$ 24,480	14,197	10	\$ 118,311	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 243,159	\$ 10,283	\$ 24,480	14,197		\$ 118,311	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:

1/1/2009

Ending:

12/31/2009

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	Kickplates For Kitchen Doors	2005	406		20	20	20	102	2
3	Flooring Project	2005	4,898		20	245	245	1,225	3
4	Lobby Floor Replacement	2005	2,324		20	116	116	581	4
5	Dietary Office Construction	2005	1,120		20	56	56	280	5
6	Replace Office Floor	2005	3,788		20	189	189	947	6
7	1St Floor Corridor Floor Replacement	2005	5,055		20	253	253	1,264	7
8	Replace Floor In Room 313	2005	1,025		20	51	51	256	8
9	Replace Floor	2005	1,025		20	51	51	256	9
10	Fire Alarm Upgrade	2005	775		20	39	39	194	10
11	Valenes	2005	10,091		20	505	505	2,481	11
12	Signage	2005	369		20	18	18	89	12
13	Carpet In 3Rd Floor Kitchen	2005	2,070		20	104	104	483	13
14	1St Floor Corridor Floor Replacement	2005	960		20	48	48	200	14
15	Replace Floor In Room 328	2005	1,115		20	56	56	232	15
16	Replace Floor In Room 307	2005	1,115		20	56	56	232	16
17	Floor Replacement	2005	960		20	48	48	200	17
18	Replace Floor In Room 318	2005	1,115		20	56	56	232	18
19	Parking Blocks	2005	1,085		20	54	54	226	19
20	Boiler Switch Repair	2006	2,621		20	131	131	524	20
21	Awning	2006	1,500		20	75	75	300	21
22	Room Repairs / Renovations	2006	2,590		20	130	130	518	22
23	Troubleshoot And Repair Nurse Call System	2006	3,707		20	185	185	726	23
24	Nurse Call/Install Computer/	2006	3,794		20	190	190	743	24
25	Cabinets / Flooring	2006	2,758		20	138	138	529	25
26	Nurse Call/Install Speakers/Install Cable/	2006	551		20	28	28	106	26
27	Install Security Lock/Connectors/Fire Alarm/Labor	2006	1,352		20	68	68	253	27
28	Alum Threshold	2006	540		20	27	27	99	28
29	Install Beauty Shop/Install Water & Drain Lines/Chairs/Fixtures	2006	3,193		20	160	160	585	29
30	Install Covers On Fire Alarm Devices Pull Stations	2006	1,889		20	94	94	331	30
31	David Thomas Mechanical	2006	1,990		20	100	100	332	31
32	Remove Wall Paper/Install New Vending Mach	2006	1,891		20	95	95	315	32
33	Amana/ Ptac 9000 Btu	2006	2,606		20	130	130	413	33
34	TOTAL (lines 1 thru 33)		\$ 70,278	\$		\$ 3,516	\$ 3,516	\$ 15,254	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:

1/1/2009

Ending:

12/31/2009

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	8Port Data Switch, Jacks, Cat 5E Wire, Trim Plates, Mounting Brackets	2006	1,043		20	52	52	161	2
3	Mohawk Commercial	2006	964		20	48	48	149	3
4	Installed 9-120 Volt A.C. Hardware With Battery/Carbon Mon.	2006	1,671		20	84	84	258	4
5	20 36' Cabinets For Dining Room 4 Per Floor	2006	5,879		20	294	294	906	5
6	Various Flooring Replacement	2006	36,095		20	1,805	1,805	5,565	6
7	5 Custom Counter Tops	2007	1,203		20	60	60	175	7
8	Install Gas Meter / Heater / Thermostat	2007	12,842		20	642	642	1,873	8
9	Flooring & Installation	2007	2,052		20	103	103	282	9
10	5Th Balcony Construction	2007	11,229		20	561	561	1,170	10
11	Two Line Railing At Rear Sidewalk	2007	3,700		20	185	185	385	11
12	Data Wiring For Rehab Room & Office	2007	3,625		20	181	181	378	12
13	New Door, Remove Carpeting & Painting In Therapy Room	2007	5,304		20	265	265	553	13
14	Ramps	2007	3,800		20	190	190	396	14
15	Flooring	2007	27,731		20	1,387	1,387	3,120	15
16	Floor Installation 2Nd Corridor	2007	13,214		20	661	661	1,487	16
17	Flooring	2007	33,193		20	1,660	1,660	3,596	17
18	Carpeting	2007	3,306		20	165	165	358	18
19	Floor Installation 3Rd Corridor	2007	13,214		20	661	661	1,432	19
20	Floor Installation 4Th Corridor	2007	13,214		20	661	661	1,487	20
21	Floor Installation 1St Corridor	2007	23,797		20	1,190	1,190	2,479	21
22	Carpeting	2007	2,770		20	139	139	300	22
23	Flooring	2007	33,193		20	1,660	1,660	3,596	23
24	Floor Installation	2007	25,740		20	1,287	1,287	2,681	24
25	Floor Installation	2007	4,484		20	224	224	673	25
26	Painting 2Nd & 4Th Floor	2007	4,850		20	243	243	505	26
27	Electrical Work	2007	8,808		20	440	440	918	27
28	Office Remodel	2007	11,166		20	558	558	1,442	28
29	Elevator - Solid State Starter System	2008	3,993		20	200	200	216	29
30	Flooring	2008	21,223		20	1,061	1,061	2,122	30
31	Carpeting	2008	3,263		20	163	163	326	31
32	Resident Bedroom Flooring	2008	28,859		20	1,443	1,443	2,886	32
33	Carpeting	2008	3,261		20	163	163	326	33
34	TOTAL (lines 1 thru 33)		\$ 368,686	\$		\$ 18,436	\$ 18,436	\$ 42,201	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:

1/1/2009

Ending:

12/31/2009

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	Flooring	2008	44,370		20	2,219	2,219	4,437	2
3	Resident Bedroom Flooring	2008	8,040		20	402	402	771	3
4	Flooring	2008	22,015		20	1,101	1,101	2,110	4
5	Resident Bedroom Flooring	2008	14,350		20	718	718	1,315	5
6	Resident Bedroom & Elevator Flooring	2008	3,582		20	179	179	328	6
7	Resident Bedroom Flooring	2008	19,302		20	965	965	1,769	7
8	Resident Bedroom Flooring	2008	27,172		20	1,359	1,359	2,038	8
9	Flooring	2008	3,362		20	168	168	252	9
10	Flooring	2008	6,720		20	336	336	504	10
11	Resident Bedroom Flooring	2008	19,488		20	974	974	1,462	11
12	Flooring	2008	37,437		20	1,872	1,872	2,964	12
13	A/C Condensing Unit	2009	3,800		20	79	79	79	13
14	Slider Door With Swing Door Operator	2009	8,134		20	407	407	407	14
15	New Door, Wall Work	2009	2,880		20	132	132	132	15
16	Wall Work, Electric Work, Ceiling	2009	4,500		20	188	188	188	16
17	Remove Top Soil, Concrete Walk Way	2009	5,200		20	152	152	152	17
18	Build Shed, Remove & Install New Fence	2009	4,300		20	125	125	125	18
19	Elevator-Install New Solid State Soft Starter	2009	3,993		20	183	183	183	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	Total Book depreciation					18,751	(18,751)		32
33									33
34	TOTAL (lines 1 thru 33)		\$ 238,645	\$ 18,751		\$ 11,559	\$ (7,192)	\$ 19,216	34

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

Facility Name: Coles Supportive Living

Report Period Beginning: 1/1/2009

Ending: 2/31/2009

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			/ /	5,238			6
7	TOTAL				\$ 5,238			7

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

9. Rental amount for movable equipment \$ 13,203

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	Lake Forest Bank & Trust		X	Mortgage	/ /	\$	7,383,926	/ /		\$ 156,828	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Venture Fund	X		Working Capital	/ /			/ /		140,668	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	7,383,926			\$ 297,496	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-3,985	8
9	non-Allowable Interest	X			/ /			/ /		-140,668	9
10	TOTALS (lines 7, 8 and 9)					\$	7,383,926			\$ 152,843	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: **1/1/2009**

Ending:

12/31/2009**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/09**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 94,845	\$ 399,176	1
2	Cash-Patient Deposits	1,216	1,216	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	589,915	589,915	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,936	28,936	6
7	Other Prepaid Expenses	10,765	10,765	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	114,662	114,662	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 840,339	\$ 1,144,670	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	93,360	237,324	16
17	Accumulated Depreciation (book methods)	(75,936)	(1,586,049)	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):		4,583	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 117,559	\$ 5,826,587	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 957,898	\$ 6,971,257	25

*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,274,085	\$ 3,274,085	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	78,780	78,780	30
31	Accrued Taxes Payable	133,910	133,910	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)	\$ 3,486,775	\$ 3,486,775	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		7,383,926	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)	\$	\$ 7,383,926	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,486,775	\$ 10,870,701	45
46	TOTAL EQUITY	\$ (2,528,877)	\$ (3,899,444)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 957,898	\$ 6,971,257	47

Facility Name: Coles Supportive Living

Report Period Beginning: 1/1/2009

Ending:

12/31/2009

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	\$ 3,600,559	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,600,559	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
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,893	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 1,893	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)	\$ 3,602,452	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,069,316	19
20	Health Care/ Personal Care	580,111	20
21	General Administration	973,975	21
B. Capital Expense			
22	Ownership	1,065,986	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)	\$ 3,689,388	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (86,936)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (86,936)	31