

		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.

<p>I. Facility ID Number: <u>1000036</u></p> <p>Facility Name: <u>Coles Supportive Living</u></p> <p>Address: <u>7419 South Exchange</u> <u>Chicago</u> <u>60649</u> <small>Number City Zip Code</small></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@frronline.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>1/1/2010</u> to <u>12/31/2010</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" style="width: 20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Type or Print Name) _____</td> </tr> <tr> <td></td> <td colspan="2">(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. 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 align="right">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. 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: 1/1/2010 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	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	29,775	1,098		30,873	5
6	Double Unit	2,308	85		2,393	6
7	Other					7
8	TOTALS	32,083	1,183		33,266	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 65.57%

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

838 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 27 (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?

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:

1/1/2010

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								
1	Dietary and Food Purchase	172,589	194,652	19,762	387,003	(95)	386,908	1
2	Housekeeping, Laundry and Maintenance	197,315	49,475	76,217	323,007	(26,756)	296,251	2
3	Heat and Other Utilities			175,884	175,884	(16,677)	159,207	3
4	Other (specify):			52,371	52,371	56	52,427	4
5	TOTAL General Services	369,904	244,127	324,234	938,265	(43,472)	894,793	5
B. Health Care and Programs								
6	Health Care/ Personal Care	510,111	7,646		517,757	14,438	532,195	6
7	Activities and Social Services	66,133	3,348		69,481		69,481	7
8	Other (specify):					2,673	2,673	8
9	TOTAL Health Care and Programs	576,244	10,994		587,238	17,111	604,349	9
C. General Administration								
10	Administrative and Clerical	173,523	6,182	269,099	448,804	(69,988)	378,816	10
11	Marketing Materials, Promotions and Advertising	9,309		1,986	11,295		11,295	11
12	Employee Benefits and Payroll Taxes			207,667	207,667	(20)	207,647	12
13	Insurance-Property, Liability and Malpractice			52,263	52,263	210	52,473	13
14	Other (specify):					29,777	29,777	14
15	TOTAL General Administration	182,832	6,182	531,015	720,029	(40,022)	680,007	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,128,980	261,303	855,249	2,245,532	(66,383)	2,179,149	16
Capital Expenses								
D. Ownership								
17	Depreciation			20,628	20,628	235,877	256,505	17
18	Interest			154,593	154,593	305,023	459,616	18
19	Real Estate Taxes			68,174	68,174		68,174	19
20	Rent -- Facility and Grounds			795,207	795,207	(788,626)	6,581	20
21	Rent -- Equipment			13,299	13,299	2,255	15,554	21
22	Other (specify):					4,583	4,583	22
23	TOTAL Ownership			1,051,901	1,051,901	(240,888)	811,013	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,128,980	261,303	1,907,150	3,297,433	(307,271)	2,990,162	24

Coles Supportive Living

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (23,713)	17	1
2	Interest Income	(14,942)	18	2
3	Cable TV	(17,762)	03	3
4	Bank Charges	(7,912)	10	4
5	Non-Allowable Legal	(2,585)	10	5
6	Penalties & Fines	(100)	10	6
7	Franchise Tax	(250)	10	7
8	Non-Allowable Interest Expense	(154,593)	18	8
9	Capitalized R&M	(28,676)	02	9
10	Additional R&M	1,540	02	10
11	Misc. Income	(300)	10	11
12				12
13				13
14	Prior Period Adjustments:			14
15	Rent	(489)	20	15
16	Professional Fees	(11,539)	10	16
17	Bank Fees	(50)	10	17
18	Food	(377)	01	18
19	City of Chicago Tax	(20)	12	19
20	Elevator Inspection	(215)	02	20
21	Resident Supplies	(508)	06	21
22	Office Supplies	(40)	10	22
23	Postage/Telephone	(58)	10	23
24				24
25	Building Company:			25
26	Rent Income	(794,718)	20	26
27	Amortization	4,583	22	27
28	Depreciation	259,590	17	28
29	Interest Expense	474,472	18	29
30	Interest Income	(242)	18	30
31				31
32				32
33				33
34	Management Office Allocations:			34
35	Management Office Allocation	(143,133)	10	35
36	Maintenance	587	2	36
37	Utilities	1,084	03	37
38	General & Administrative Expenses	108,067	10	38
39	Insurance	174	13	39
40	Employee Benefits	24,828	14	40
41	Office Lease	6,339	20	41
42	Rental Equipment	2,054	21	42
43				43
44	Apex Healthcare Solutions Allocation:			44
45	Health Care Salaries	14,946	06	45
46	Employee Benefits-Healthcare	2,673	08	46
47	Administrative Salaries	18,560	10	47
48	Emp. Ben.- Gen. Admin.	4,949	14	48
49	General and Administrative Expenses	7,632	10	49
50	Emp. Ben. General	56	04	50
51	Dietary Consultant Salaries	282	01	51
52	Building Supplies	8	02	52
53	Insurance	36	13	53

54	Interest	328	18	54
55	Rent	241	20	55
56	Auto & Equip Rental	201	21	56
57	Regional Manager	1,694	10	57
58	Travel Expense	26	10	58
59	Management Fees	(40,000)	10	59
60				60
61				61
62				62
63				63
64				64
65				65
66				66
67				67
68				68
69				69
70				70
71				71
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87				87
88				88
89				89
90				90
91				91
92				92
93				93
94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	Total	(307,271)		101

Facility Name: Coles Supportive Living

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	1.30	\$ 23.74	1
2	Licensed Practical Nurses	6.82	16.24	2
3	Certified Nurse Assistants	11.64	8.91	3
4	Activity Director & Assistants	2.83	11.22	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.89	10.52	7
8	Dishwashers			8
9	Maintenance Workers	1.38	19.70	9
10	Housekeepers	6.76	10.01	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	33.24	13
14	Clerical	4.33	11.59	14
15	Marketing	0.27	16.86	15
16	Other			16
17	Total (lines 1 thru 16)	44.21	\$ 12.28	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	0.3	\$ 1,694	1
2					2
3					3
4					4
5					5
Total				\$ 1694	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		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? \$ _____

(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:

1/1/2010

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12/31/2010

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	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Units*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	139		2004	2004	\$ 6,855,929	\$ 249,307	35	\$ 195,884	\$ (53,423)	\$ 1,524,035	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				717,678	20,628		35,684	15,056	112,351	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)				\$ 7,573,607	\$ 269,935		\$ 231,568	\$ (38,367)	\$ 1,636,386	17

C. Equipment Depreciation -- Including Transportation.

	Type	1	2	3	4	5	6	
		Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation	
18	Movable Equipment	\$ 247,749	\$ 10,283	\$ 24,937	14,654	10	\$ 143,249	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 247,749	\$ 10,283	\$ 24,937	14,654		\$ 143,249	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1	2	3	4	
	Description and Year Acquired	Cost	Current Book Depreciation	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:

1/1/2010

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	Kickplates For Kitchen Doors	2005	406		20	20	20	122	2
3	Flooring Project	2005	4,898		20	245	245	1,470	3
4	Lobby Floor Replacement	2005	2,324		20	116	116	697	4
5	Dietary Office Construction	2005	1,120		20	56	56	336	5
6	Replace Office Floor	2005	3,788		20	189	189	1,136	6
7	1St Floor Corridor Floor Replacement	2005	5,055		20	253	253	1,516	7
8	Replace Floor In Room 313	2005	1,025		20	51	51	308	8
9	Replace Floor	2005	1,025		20	51	51	308	9
10	Fire Alarm Upgrade	2005	775		20	39	39	233	10
11	Valenes	2005	10,091		20	505	505	2,985	11
12	Signage	2005	369		20	18	18	108	12
13	Carpet In 3Rd Floor Kitchen	2005	2,070		20	104	104	587	13
14	1St Floor Corridor Floor Replacement	2005	960		20	48	48	248	14
15	Replace Floor In Room 328	2005	1,115		20	56	56	288	15
16	Replace Floor In Room 307	2005	1,115		20	56	56	288	16
17	Floor Replacement	2005	960		20	48	48	248	17
18	Replace Floor In Room 318	2005	1,115		20	56	56	288	18
19	Parking Blocks	2005	1,085		20	54	54	280	19
20	Boiler Switch Repair	2006	2,621		20	131	131	655	20
21	Awning	2006	1,500		20	75	75	375	21
22	Room Repairs / Renovations	2006	2,590		20	130	130	648	22
23	Troubleshoot And Repair Nurse Call System	2006	3,707		20	185	185	911	23
24	Nurse Call/Install Computer/	2006	3,794		20	190	190	933	24
25	Cabinets / Flooring	2006	2,758		20	138	138	667	25
26	Nurse Call/Install Speakers/Install Cable/	2006	551		20	28	28	133	26
27	Install Security Lock/Connectors/Fire Alarm/Labor	2006	1,352		20	68	68	321	27
28	Alum Threshold	2006	540		20	27	27	126	28
29	Install Beauty Shop/Install Water & Drain Lines/Chairs/Fixtures	2006	3,193		20	160	160	745	29
30	Install Covers On Fire Alarm Devices Pull Stations	2006	1,889		20	94	94	425	30
31	David Thomas Mechanical	2006	1,990		20	100	100	431	31
32	Remove Wall Paper/Install New Vending Mach	2006	1,891		20	95	95	410	32
33	Total Book Depreciation	2006	2,606		20	130	130	543	33
34	TOTAL (lines 1 thru 33)		\$ 70,278	\$		\$ 3,514	\$ 3,514	\$ 18,767	34

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

STATE OF ILLINOIS

Page 5B

Facility Name & ID Number Coles Supportive Living

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	8Port Data Switch, Jacks, Cat 5E Wire, Trim Plates, Mounting Brackets	2006	1,043		20	52	52	213	2
3	Mohawk Commercial	2006	964		20	48	48	197	3
4	Installed 9-120 Volt A.C. Hardware With Battery/Carbon Mon.	2006	1,671		20	84	84	341	4
5	20 36' Cabinets For Dining Room 4 Per Floor	2006	5,879		20	294	294	1,200	5
6	Various Flooring Replacement	2006	36,095		20	1,805	1,805	7,369	6
7	5 Custom Counter Tops	2007	1,203		20	60	60	236	7
8	Install Gas Meter / Heater / Thermostat	2007	12,842		20	642	642	2,515	8
9	Flooring & Installation	2007	2,052		20	103	103	385	9
10	5Th Balcony Construction	2007	11,229		20	561	561	1,731	10
11	Two Line Railing At Rear Sidewalk	2007	3,700		20	185	185	570	11
12	Data Wiring For Rehab Room & Office	2007	3,625		20	181	181	559	12
13	New Door, Remove Carpeting & Painting In Therapy Room	2007	5,304		20	265	265	818	13
14	Ramps	2007	3,800		20	190	190	586	14
15	Flooring	2007	27,731		20	1,387	1,387	4,506	15
16	Floor Installation 2Nd Corridor	2007	13,214		20	661	661	2,147	16
17	Flooring	2007	33,193		20	1,660	1,660	5,256	17
18	Carpeting	2007	3,306		20	165	165	523	18
19	Floor Installation 3Rd Corridor	2007	13,214		20	661	661	2,092	19
20	Floor Installation 4Th Corridor	2007	13,214		20	661	661	2,147	20
21	Floor Installation 1St Corridor	2007	23,797		20	1,190	1,190	3,669	21
22	Carpeting	2007	2,770		20	139	139	439	22
23	Flooring	2007	33,193		20	1,660	1,660	5,256	23
24	Floor Installation	2007	25,740		20	1,287	1,287	3,968	24
25	Floor Installation	2007	4,484		20	224	224	897	25
26	Painting 2Nd & 4Th Floor	2007	4,850		20	243	243	748	26
27	Electrical Work	2007	8,808		20	440	440	1,358	27
28	Office Remodel	2007	11,166		20	558	558	2,001	28
29	Elevator - Solid State Starter System	2008	3,993		20	200	200	416	29
30	Flooring	2008	21,223		20	1,061	1,061	3,183	30
31	Carpeting	2008	3,263		20	163	163	489	31
32	Resident Bedroom Flooring	2008	28,859		20	1,443	1,443	4,329	32
33	Carpeting	2008	3,261		20	163	163	489	33
34	TOTAL (lines 1 thru 33)		\$ 368,686	\$		\$ 18,434	\$ 18,434	\$ 60,633	34

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

STATE OF ILLINOIS

Facility Name & ID Number Coles Supportive Living

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	Flooring	2008	44,370		20	2,219	2,219	6,656	2
3	Resident Bedroom Flooring	2008	8,040		20	402	402	1,173	3
4	Flooring	2008	22,015		20	1,101	1,101	3,211	4
5	Resident Bedroom Flooring	2008	14,350		20	718	718	2,033	5
6	Resident Bedroom & Elevator Flooring	2008	3,582		20	179	179	507	6
7	Resident Bedroom Flooring	2008	19,302		20	965	965	2,734	7
8	Resident Bedroom Flooring	2008	27,172		20	1,359	1,359	3,397	8
9	Flooring	2008	3,362		20	168	168	420	9
10	Flooring	2008	6,720		20	336	336	840	10
11	Resident Bedroom Flooring	2008	19,488		20	974	974	2,436	11
12	Flooring	2008	37,437		20	1,872	1,872	4,836	12
13	A/C Condensing Unit	2009	3,800		20	190	190	269	13
14	Slider Door With Swing Door Operator	2009	8,134		20	407	407	813	14
15	New Door, Wall Work	2009	2,880		20	144	144	276	15
16	Wall Work, Electric Work, Ceiling	2009	4,500		20	225	225	413	16
17	Remove Top Soil, Install Concrete Walkway	2009	5,200		20	260	260	412	17
18	Build Shed; Remove & Install New Fence	2009	4,300		20	215	215	340	18
19	Elevator-Install New Solid State Soft Starter	2009	3,993		20	200	200	383	19
20	Security - Access Control System	2010	15,985		20	599	599	599	20
21	A/C Compressor-5Th Floor	2010	2,659		20	133	133	133	21
22	Wallpaper-Sm Conference, Sm Lobby, Sm 5Th Dining	2010	3,165		20	158	158	158	22
23	Supervision & Expenses, Materials	2010	2,733		20	137	137	137	23
24	Remodel Fitness Rm-Demo & Rebuild Walls, Remodel Bathroom	2010	6,250		20	313	313	313	24
25	Remodel Lobby-Remove Wallpaper, Prep Walls, Install New Wallp	2010	5,832		20	292	292	292	25
26	Hair Salon-Installation Of New Plumbing	2010	3,445		20	172	172	172	26
27									27
28									28
29									29
30									30
31									31
32									32
33	Total Book Depreciation			20,628			(20,628)		33
34	TOTAL (lines 1 thru 33)		\$ 278,714	\$ 20,628		\$ 13,736	\$ (6,892)	\$ 32,951	34

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

Facility Name: Coles Supportive Living

Report Period Beginning: 1/1/2010

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			/ /	6,580			5
6				/ /				6
7	TOTAL				\$ 6,580			7

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

9. Rental amount for movable equipment \$ 15,555

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	/ /	\$	\$ 6,957,533	/ /		\$ 474,472	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Venture Fund	X		Working Capital	/ /			/ /		154,593	4
5	Allocated from APEX		X		/ /			/ /		328	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$ 6,957,533			\$ 629,393	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-15,185	8
9	Non-Allowable Interest	X			/ /			/ /		-154,593	9
10	TOTALS (lines 7, 8 and 9)					\$	\$ 6,957,533			\$ 459,616	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: **1/1/2010**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	\$ 348,364	\$ 553,475	1
2	Cash-Patient Deposits	2,286	2,286	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	358,613	358,613	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,662	23,662	6
7	Other Prepaid Expenses	12,146	12,146	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	26,513	51,513	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 771,584	\$ 1,001,695	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	110,884	254,848	16
17	Accumulated Depreciation (book methods)	(96,565)	(1,866,267)	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): See Attached	21,755	21,755	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 136,209	\$ 5,581,065	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 907,793	\$ 6,582,760	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,301,408	\$ 3,301,408	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	70,911	70,911	30
31	Accrued Taxes Payable	126,356	126,356	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	8,391	8,641	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,507,066	\$ 3,507,316	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		6,957,533	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)	\$	\$ 6,957,533	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,507,066	\$ 10,464,849	45
46	TOTAL EQUITY	\$ (2,599,273)	\$ (3,882,089)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 907,793	\$ 6,582,760	47

*(See instructions.)

Facility Name: Coles Supportive Living

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.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,205,198	1
2	Discounts and Allowances	(4,866)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,200,332	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	14,942	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 14,942	14
D. Other Revenue (specify):			
15	See Attached	12,600	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,600	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,227,874	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	938,265	19
20	Health Care/ Personal Care	587,238	20
21	General Administration	720,029	21
B. Capital Expense			
22	Ownership	1,051,901	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)	\$ 3,297,433	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (69,559)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (69,559)	31