

Facility Name Coles Supportive Living

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

III. STATISTICAL DATA

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

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	129	Single Unit Apartment	129	47,085	1
2	10	Double Unit Apartment	10	3,650	2
3		Other			3
4	139	TOTALS	139	50,735	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	37,062	598		37,660	5
6	Double Unit					6
7	Other					7
8	TOTALS	37,062	598		37,660	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 74.23%

D. Indicate the number of paid bed-hold days the SLF had during this year
None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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: 12/31/18 Fiscal Year: 12/31/18

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A
 If no, explain. _____

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A
 If no, explain. _____

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A
 If no, explain. _____

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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	206,494	230,783	2,356	439,633		439,633	1
2	Housekeeping, Laundry and Maintenance	141,115	31,829	101,302	274,246	16,445	290,691	2
3	Heat and Other Utilities			127,872	127,872	1,964	129,836	3
4	Other (specify):							4
5	TOTAL General Services	347,609	262,612	231,530	841,751	18,409	860,160	5
B. Health Care and Programs								
6	Health Care/ Personal Care	424,795	5,464		430,259	5,603	435,862	6
7	Activities and Social Services	29,602	1,946	1,804	33,352		33,352	7
8	Other (specify):					629	629	8
9	TOTAL Health Care and Programs	454,397	7,410	1,804	463,611	6,232	469,843	9
C. General Administration								
10	Administrative and Clerical	239,304	3,856	272,004	515,164	(106,540)	408,624	10
11	Marketing Materials, Promotions and Advertising	56,090		17,055	73,145	1,088	74,233	11
12	Employee Benefits and Payroll Taxes			161,019	161,019		161,019	12
13	Insurance-Property, Liability and Malpractice			56,650	56,650	(5,170)	51,480	13
14	Other (specify):					8,379	8,379	14
15	TOTAL General Administration	295,394	3,856	506,728	805,978	(102,243)	703,735	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,097,400	273,878	740,062	2,111,340	(77,602)	2,033,738	16
Capital Expenses								
D. Ownership								
17	Depreciation			266,251	266,251	(86,621)	179,630	17
18	Interest					266,344	266,344	18
19	Real Estate Taxes			123,270	123,270		123,270	19
20	Rent -- Facility and Grounds			541,525	541,525	(524,129)	17,396	20
21	Rent -- Equipment			525	525		525	21
22	Other (specify):							22
23	TOTAL Ownership			931,571	931,571	(344,406)	587,165	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,097,400	273,878	1,671,633	3,042,911	(422,008)	2,620,903	24

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ (499,658)	17 1
2	Capitalized R&M	(6,778)	02 2
3	Cable TV	(9,799)	02 3
4	Bank Charges	(12,958)	10 4
5	Use Tax	(791)	10 5
6	Meals and Entertainment	(897)	10 6
7	Interest Income	(6,881)	13 7
8	Miscellaneous Income	(765)	02 8
9			9
10	MANAGEMENT OFFICE ALLOCATION		10
11	Housekeeping/Maint/Laundry	15,167	2 11
12	Utilities	1,964	3 12
13	Health Care/Personal Care	5,603	6 13
14	Health Care Emp Ben/Payroll Taxes	629	8 14
15	Administrative and General	111,468	10 15
16	Advertising and Marketing	1,088	11 16
17	Insurance	1,711	13 17
18	Admin Emp Benefits & Payroll Taxes	8,379	14 18
19	Building Rental	7,864	20 19
20	Management Office Allocation	(204,162)	10 20
21			21
22	BUILDING COMPANY		22
23	Rent	(531,993)	20 23
24	Interest Income	(28)	18 24
25	Asset Management Fee	18,620	02 25
26	Interest Expense	266,372	18 26
27	Depreciation and Amortization	413,029	17 27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
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88			88
89			89
90			90
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92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(422,008)	101

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.27	\$ 33.44	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12.60	10.19	3
4	Activity Director & Assistants	1.20	11.85	4
5	Social Service Workers			5
6	Head Cook	1.08	13.33	6
7	Cook Helpers/Assistants	7.64	11.10	7
8	Dishwashers			8
9	Maintenance Workers	0.69	13.85	9
10	Housekeepers	5.13	11.36	10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.91	39.10	13
14	Clerical	4.77	16.62	14
15	Marketing	0.90	30.09	15
16	Other			16
17	Total (lines 1 thru 16)	37.20	\$ 14.18	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	N/A	\$ 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
Rockford Supportive Living		Rockford, IL	
Robbins Supportive Living		Robbins, IL	
Jackson Park Supportive Living		Chicago, IL	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Grand Lifestyles		Skokie, IL		Management Co.	
Coles IL SLF Realty		Chicago, IL		Building Co.	
Grand at Twin Lakes		Palatine, IL		Ind. Living	

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).

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VIII. OWNERSHIP COSTS

A. Purchase price of land 305,000 Year land was acquired 2016

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		2016	2004	\$ 2,458,747	\$ 679,280	35	\$ 70,250	\$ (609,030)	\$ 210,750	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				148,457			7,423	7,423	7,886	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)				\$ 2,607,204	\$ 679,280		\$ 77,673	\$ (601,607)	\$ 218,636	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	\$ 1,010,053	\$	\$ 101,005	101,005		\$ 280,255	18
19	Vehicles	9,522		952	952		2,856	19
20	TOTAL (lines 18 and 19)	\$ 1,019,575	\$	\$ 101,957	101,957		\$ 283,111	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

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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	Installed Scaled Protectors	2017	2,535		20	127	127	254	1
2	Installed Door Restrictors On Elevators	2017	2,980		20	149	149	298	2
3	Installed Surveillance System	2017	3,755		20	188	188	376	3
4	1St-5Th Floor Corridor/Lounge-Paint/Lighting/Floor Base	2018	132,410		20	6,620	6,620	6,620	4
5	Power Events Work - Parts & Labor	2018	6,778		20	339	339	339	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
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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)		\$ 148,457	\$		\$ 7,423	\$ 7,423	\$ 7,886	34

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

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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
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)		\$	\$		\$	\$	34

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

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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
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)		\$	\$		\$	\$	34

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

Facility Name: Coles Supportive Living

Report Period Beginning: 1/1/2018

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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 Grand Lifestyle			/ /	17,396			6
7	TOTAL				\$ 17,396			7

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

9. Rental amount for movable equipment \$ 525

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	MB Financial		X	Motgage	/ /	\$	7,055,995	/ /		\$ 266,344
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$	7,055,995			\$ 266,344
	B. Non-Facility Related									
8	Interest Income				/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$	7,055,995			\$ 266,344

* 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.

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 314,710	\$ 432,385	1
2	Cash-Patient Deposits	7,543	7,543	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	671,895	624,954	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	49,441	764,502	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):		382,062	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,043,589	\$ 2,211,446	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		305,000	13
14	Buildings, at Historical Cost		2,458,747	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	266,251	1,162,504	16
17	Accumulated Depreciation (book methods)	(266,251)	(1,651,984)	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): <u>See Attached</u>	158,234	2,598,234	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 158,234	\$ 4,872,501	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,201,823	\$ 7,083,947	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ (182,878)	\$ (136,443)	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	72,124	72,124	30
31	Accrued Taxes Payable	123,014	123,014	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	<u>See Attached</u>	131,416	131,416	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 143,676	\$ 190,111	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		7,055,995	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	<u>See Attached</u>	267,383	267,383	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 267,383	\$ 7,323,378	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 411,059	\$ 7,513,489	45
46	TOTAL EQUITY	\$ 790,764	\$ (429,542)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,201,823	\$ 7,083,947	47

*(See instructions.)

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XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,075,602	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,075,602	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	6,881	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 6,881	14
D. Other Revenue (specify):			
15		765	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 765	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,083,248	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	841,751	19
20	Health Care/ Personal Care	463,611	20
21	General Administration	805,978	21
B. Capital Expense			
22	Ownership	931,571	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)	\$ 3,042,911	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,040,337	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,040,337	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,925,666	32
33	Private Pay - Net Inpatient Revenue	1,149,936	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,075,602	37